Measuring Quality

Purpose

The purpose of this paper is to consider the recommendations of the Health Foundation’s report on measuring general practice performance and the King’s Fund’s report on measuring the performance of local health systems, and to consider the implications for NQB’s role in relation to quality measurement.

Recommendations

NQB members are asked to:

- Discuss the recommendations from the recent Health Foundation and King’s Fund reports;
- Agree whether NQB should put itself forward to lead or coordinate this and other quality measurement activity across the health and care system;
- Recommend an approach to resourcing additional work.

Discussion

NQB has agreed that, as part of its Quality Strategy workstream, it will:

- identify a core set of metrics to measure quality (and the ‘quality gap’), linked to an agreed definition of quality that is relevant from a range of perspectives (provider and population, health and care);
- oversee the development of comparable measures of quality across all major pathways of care by 2020;
- support the system in using measurement to aid prioritisation and drive quality improvement, working with the improvement architecture and with the National Information Board.

It has been agreed that in the short term, NQB will take a pragmatic approach, using existing measures, wherever possible, derived from a small number of key sources, such CQC ratings, the three outcome frameworks, and NICE indicators, where the validity of the measures has already been tested and can continue to be evaluated over time.

At the last meeting of the NQB (16 September 2015), it was also agreed that the system would benefit from a more coherent measurement strategy to direct national and local effort on quality measure development and utilisation in the longer term.
Members agreed that the NQB could play an important role in leading the system to prioritise activity and to support the use of measurement to drive quality improvement, working with the improvement architecture.

The recent publication of the reviews of general practice performance indicators and the measurement of local health system quality now raises further questions about the scope and ambition of NQB’s work on quality measurement.

Recommendations from the Health Foundation and King’s Fund reviews

In June 2015, the Secretary of State commissioned two independent reviews to inform the approach to measuring the performance of general practices and of measuring the quality of local health systems. The Health Foundation was invited to review the indicators of quality provided by general practices in England, and the King’s Fund was invited to review how the performance of local health systems could be assessed and to advise on the ‘first principles’ of a local health system scorecard for the NHS in England.

The Health Foundation and King’s Fund both published their findings and recommendations on 12 October 2015, and the key points are summarised in Annex A. The reports share a number of common themes that are relevant to NQB’s measuring strategy workstream, including recommendations to:

- select a small set of headline indicators to present key performance information to the public;
- engage the public, professionals and other key stakeholders in agreeing the measures that are most meaningful to them;
- avoid the use of aggregate scores based on performance indicators alone, and incorporate a more rounded approach to assessment, as used in CQC ratings and the CCG assurance framework;
- support transparency by consolidating the number of websites used to publish information for the public and professionals;
- continue to involve NICE and others with expertise in indicator development and assurance for indicators relating to quality and outcomes.

The King’s Fund also specifically recommends the consolidation of the existing NHS, social care and public health outcomes frameworks to create a ‘single definition of success’ for local systems, alongside the CCG assurance framework.

The Health Foundation recommends that NQB (or NIB) could lead or support priority setting for measuring and improving quality of care in general practice, drawing on NICE’s expertise in indicator development and assurance. The King’s Fund does not specifically make a recommendation for NQB.
The Secretary of State is currently reviewing these reports and how these recommendations should be taken forward. This potentially provides a short window of opportunity for NQB to put itself forward to oversee this work, should this be considered appropriate.

**Implications for NQB**

The publication of these reports raises questions about who should take forward the recommendations, and in turn, about the implications for NQB’s existing workstream and any additional responsibilities it may take on in relation to quality measurement.

The Five Year Forward View and Shared Delivery Plan are also already underpinned by a suite of metrics selected to measure progress towards the outputs that deliver improved outcomes, and there are a number of other important developments – at both a national and local level – including the development of a Patient Safety measurement unit, that could be better coordinated at a national level, aligned with the NQB’s work on quality measurement.

NQB therefore needs to decide if it wishes to:

- proceed with its existing priorities – to identify a ‘basket of measures’ and develop a ‘measurement strategy’ - in parallel with other developments in the system, potentially targeting additional work where gaps are identified (but not itself taking forward the specific recommendations from the King’s Fund or Health Foundation);

- provide a forum for discussion and coordination of existing measurement activity lead by the Department of Health and the ALBs, in collaboration with the National Information Board and other relevant organisations (that would involve whoever is asked to take forward the King’s Fund and Health Foundation recommendations);

- take on a leadership role for quality measurement, with oversight for the prioritisation and development, implementation and evaluation of measures for the purposes of accountability, improvement, choice and voice (that would include responsibility for taking forward the King’s Fund and Health Foundation recommendations).

Should NQB decide to take on a clearer coordination or leadership role, it would need to:

- move quickly to position itself while the Secretary of State is considering the Department of Health’s response to the reports;
• identify resources to take this work forward - NQB is not currently resourced to take on additional work beyond the identification of a ‘basket of measures’ and would need to secure funding to outsource work;
• continue to liaise with NIB and work with the Improvement Board, to agree how the Boards will work together.

Conclusion

It is clear that there would be benefit in developing a more coherent approach to quality measurement across the health and care system and NQB could play an important role in bringing this together at a national level. NQB is asked to consider the recommendations from the Health Foundation and King’s Fund and consider the implications for NQB’s role and work programme, and how additional work should be resourced.

NQB Secretariat

October 2015
Indicators of quality of care in general practices in England: The Health Foundation

In June 2015, the Health Foundation was asked by the Secretary of State for Health to review indicators of the quality of care provided by general practices in England. The review considered how indicators could be developed to generate meaningful information that supports improvements to care and helps the public choose which practice might best meet their needs. Between June and September 2015, the Health Foundation consulted with a wide range of organisations and individuals with an interest in how information about general practice care quality is collated and published. They assessed the literature, analysed indicators currently used as well as the websites on which they are published, and worked with insight agency BritainThinks to understand the public's views. The review focused on publication of indicators for the purposes of supporting local improvement of care, patient choice and voice, and the accountability and performance management of general practices.

The findings were published in October 2015 in “Indicators of Quality of Care in General Practice in England” with a series of recommendations to government, including:

- developing a small set of indicators that show information about what matters most to the public, health care professionals and those accountable for the quality of general practice;
- consolidating the multiple existing websites currently sharing information about general practice quality, with information selected and presented to meet the differing needs of health care professionals and the public;
- developing a national strategy for improving the quality of general practice and primary care that guides indicator development, with progress assessed through the Secretary of State’s annual report; and
- providing support to those working in general practice about how to understand and use information to improve patient care.

The review also strongly advises against making a composite score out of selected indicators to indicate the quality of care overall in general practice, or for particular population groups.

The report also notes that NICE has a tested and respected process for some areas of indicator development, with assurance of the robustness of the indicators developed by the Health and Social Care Information Centre, and suggests that NICE could be tasked with expanding its role. It argues that priority setting would need to involve a wide set of stakeholders, that could be supported or led by the

1 http://www.health.org.uk/sites/default/files/IndicatorsOfQualityOfCareInGeneralPracticesInEngland.pdf
National Quality Board (or the National Information Board), and linked to an overall strategy to improve quality of care in general practices.

Measuring the performance of local health systems: A review for the Department of Health – The King’s Fund

In June 2015, The King’s Fund was commissioned by the Department of Health (DH) to review how the performance of local health systems could be assessed and to advise on the ‘first principles’ of a local health system scorecard for the NHS in England.

The Kings Fund were asked to report on the development of a health systems scorecard that would:

- allow commissioners to assess the quality and effectiveness of local services and identify areas for improvement;
- provide accountability to patients and the public, allowing them to compare local health services on the basis of objective information; and
- help NHS England identify areas where clinical commissioning groups (CCGs) may need targeted support to improve care quality and health outcomes.

The review considered how to measure the performance of health services within clinical commissioning group (CCG) areas, including how well these services work with social care and public health services.

The findings were published on 12 October 2015 in “Measuring the performance of local health systems” with high-level recommendations including:

- there should be a radical simplification and better alignment of existing NHS performance frameworks;
- an aggregate score of the performance of local health systems should not be produced using performance indicators alone;
- information about the performance of local health systems should draw on the three national outcomes frameworks that currently exist and the commissioning outcome indicator set. This information should be presented at three levels to inform patients and the public about services in their area and to support commissioners and providers in achieving improvements in care:

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o **First Level:** would focus on a small number of headline indicators aimed at providing a picture of performance for the population as a whole.

o **Second Level:** would be organised around the domains and indicators in the outcomes frameworks and the commissioning outcome indicator set.

o **Third Level:** would include a larger set of indicators to enable patients and the public to drill down into population groups and medical conditions of particular interest to them, and to support commissioners and providers in quality improvement.

- there is a consolidation / rationalisation of the disparate public-facing websites presenting information about local health system performance and the public should be consulted on which aspects of performance should be covered and how information should be presented; and

- rather than create an additional new way of measuring performance, a better approach would be to consolidate the three national Outcomes Frameworks into a single framework covering the NHS, public health and adult social care.