The Royal College of Ophthalmologists' response to the Care Quality Commission's second consultation on the Next Phase of Regulation

August 17

Introduction

The RCOphth is the professional body for ophthalmologists and trainees in the UK. We work to ensure quality of patient care through the maintenance of high standards in ophthalmology and the wider eye service. We work closely with clinical leaders across the sector to shape eye care for the benefit of patients.

The RCOphth responded to the CQC's first consultation on the next phase of regulation[1] in which we commented on key principles for regulating developing new models of care. We welcome the opportunity to respond to this subsequent consultation to consider in more depth realigning regulation with the increasingly complex structure of care providers.

In the sections below we have responded the consultation questions which relate most to our key areas of expertise.

Consultation Questions

PART 1: REGULATING IN A COMPLEX CHANGING LANDSCAPE

1.1 Clarifying how we define providers and improving the structure of registration

1a What are your views on our proposal that the register should include all those with accountability for care as well as those that directly deliver services?

We support this change. Registration should cover all organisations that have accountability for providing care to the public. We strongly agree that leadership is crucial for ensuring safe, sustainable and high quality services and this should be recognised within the regulatory framework.

1b What are your views on our proposed criteria for identifying organisations that have accountability for care (see page 12)?

[1] https://www.rcophth.ac.uk/wp-content/uploads/2017/01/22_RCOphth-Response-to-Evidence-Directorate-Plan-consultation-proforma-060716.pdf

We support the proposed criteria.

2 We have suggested that our register show more detailed descriptions of services and the information we collect. What specific information about providers should be displayed on our register?

Overall, we support this and the suggested description format and types of information to be collected. However, some areas of care may not uniformly fit within the categories, so we urge you to work with specialists and providers to ensure that service descriptions are accurate.

Ophthalmology includes both surgery and non-surgical services, while ophthalmic surgery is a distinct service from general surgery. Furthermore, ophthalmic care is increasingly delivered in community and primary settings in addition to hospitals. The complexity of this system needs to be carefully considered in order to capture and describe it accurately. We would be pleased to support the CQC with this where possible and to discuss in further detail the kinds of information that we consider are most important to eye care across all settings.

1.2 Monitoring and inspecting new and complex providers

3a Do you agree with our proposals to monitor and inspect complex providers that deliver services across traditional hospital, primary care and adult social care sectors?

Strongly agree

3b Please explain the reasons for your response.

We consider the proposals present a more coordinated approach to monitoring complex networked care. It is important to join up and assess whole patient pathways to detect issues not currently addressed by the usual reporting or investigating methods which tend to be limited to individual providers or sectors.

Coordinated monitoring should also reduce the burden of data collection which currently diverts limited resources from delivering care into managing inspections.

Lastly, it is crucial to pilot and trial the proposed methods. The changes will be challenging and complex and take time to embed, therefore there must be opportunities to test out and amend the new methods in consultation with those inspected, before rolling out nationally.

1.3 Provider-level assessment and rating

4a Do you agree that a provider-level assessment in all sectors will encourage improvement and accountability in the quality and safety of care?

Agree

4b What factors should we consider when developing and testing an assessment at this level?

Safety and leadership are the most important aspects to monitor at provider-level.

Assessment and aggregated scores must be a true reflection of the experiences of those who use or are familiar with the services they have accountability for. Therefore if the vast majority of care and leadership are deemed safe and well led, it may be inappropriate to lower the overall ratings.

Achieving proportional accurate ratings at provider-level will be complex, so it is crucial to work together while piloting the new assessment to decide what the most appropriate domains and methods are. This should include allowing providers and other stakeholders to challenge the outcome or methodology where a rating does not seem to reflect actual experience.

1.4 Encouraging improvements in the quality of care in a place

5a Do you think our proposals will help to encourage improvement in the quality of care across a local area?

Neither agree or disagree

5b How could we regulate the quality of care services in a place more effectively?

The proposals should help to identify local areas of need but could miss areas of excellence within regions of difficulty and vice versa. It may be useful for some specialties to look specifically at their services in a region, especially where there is evidence of difficulty. For instance ophthalmology or urology services in a region may struggle or have very different quality challenges in a region than the overall quality of care.

We have serious concerns about the management of ophthalmology follow up appointments, as delays in care are becoming an increasing threat to patient safety. We would therefore welcome any measures to better regulate the management of review outpatients, such as improved monitoring of waiting times against clinically recommended times.

PART 2: NEXT PHASE OF REGULATION

2.1 Primary medical services

6a Do you agree with our proposed approach to monitoring quality in GP practices?

No comment

7a Do you agree with our proposed approach to inspection and reporting in GP practices?

Agree

7b Please give reasons for your response.

This will provide flexibility and up to date ratings and short notice inspections give a more accurate view of day to day practice.

8a Do you agree with our proposal to rate population groups using only the effective and responsive key questions? (Safe, caring, and well-led would only be rated at practice level.)

Disagree

8b Please give reasons for your response.

The most important question is safety and it should be rated in all circumstances.

9a Do you agree with our proposal that the majority of our inspections will be focused rather than comprehensive?

Strongly agree

9b Please give reasons for your response.

This will minimise the burden of inspections on service delivery.

10a Do you agree with our proposed approach for regulating the following services?

i. Independent sector primary care

Strongly agree

ii. NHS 111, GP out-of-hours and urgent care services

No comment

iii. Primary care delivered online

No comment

iv. Primary care at scale

No comment

10b Please give reasons for your response (naming the type of service you are commenting on).

It is crucial that independent sector services are held to the same standards of quality as the NHS to avoid a two-tier system and ensure all patients are assured of their services no matter who provides that service.

PART 3: FIT AND PROPER PERSONS REQUIREMENT

15a Do you agree with the proposal to share all information with providers?

Strongly agree

15b Do you think this change is likely to incur further costs for providers?

This is unlikely to be significant, however the importance for safety of ensuring that unfit persons do not move from place to place without appropriate management outweighs the costs.

16 Do you agree with the proposed guidance for providers on interpreting what is meant by "serious mismanagement" and "serious misconduct"?

Yes

For more information please contact Laura Coveney – laura.coveney@rcophth.ac.uk