



Cambridgeshire Community Services **NHS**
NHS Trust

Providing a lifetime of care

Becoming a provider – a viable strategy for industry?

Monday 15th November 2010

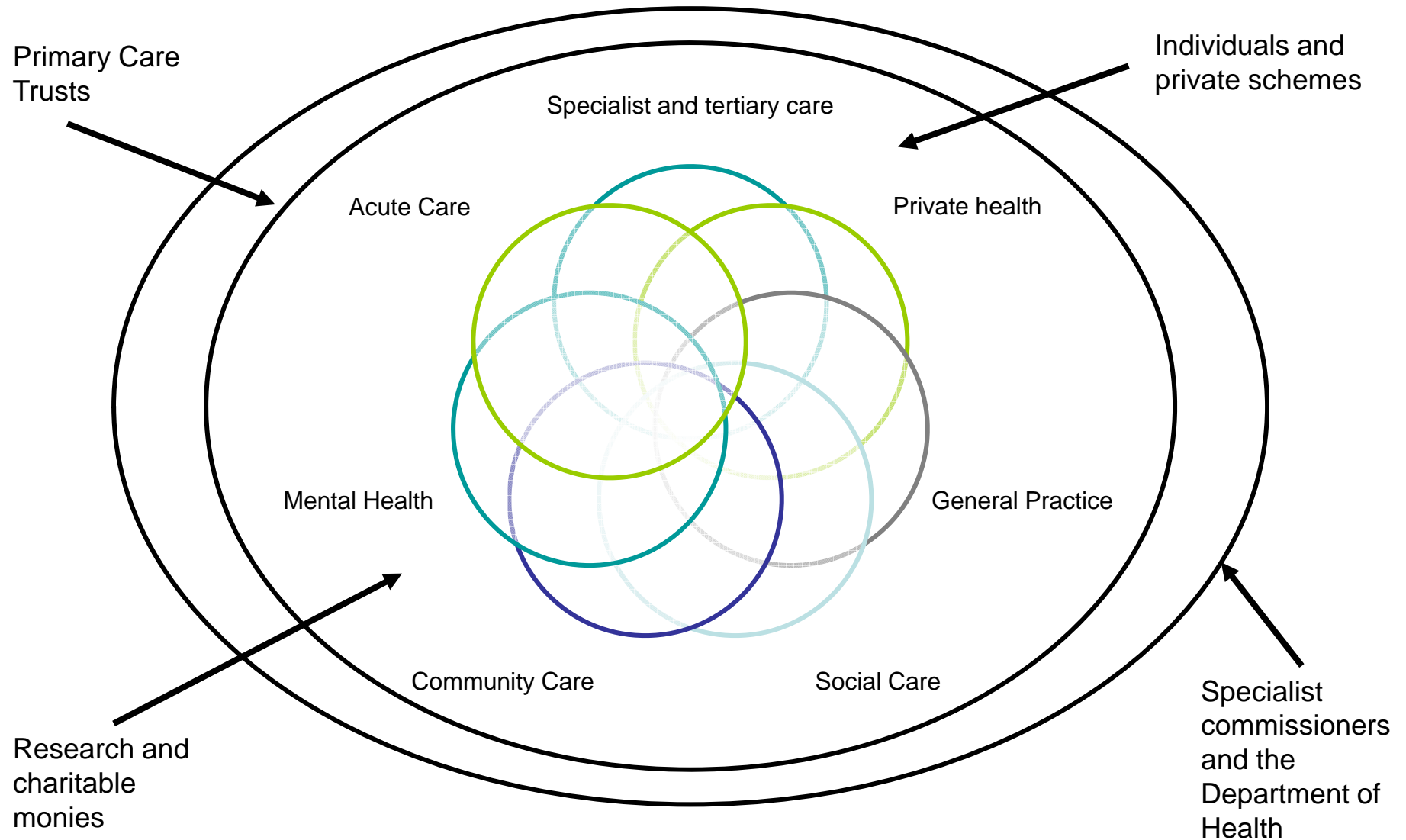
Matthew Winn, Chief Executive

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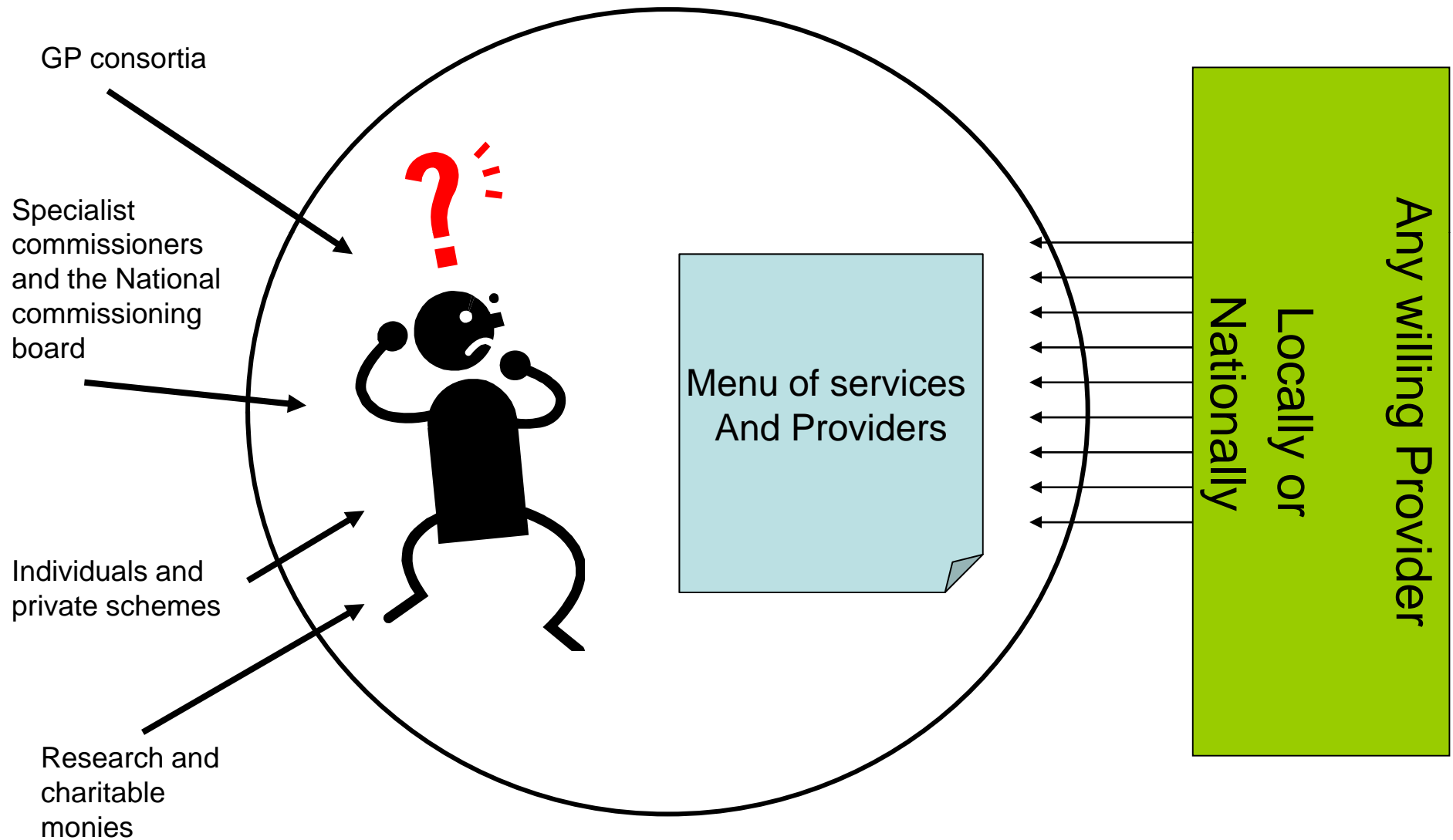


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Times are changing.....

- Being a care provider, sub contractor or supplier brings any organisation into the NHS regulatory framework
- The future will be based around:
 - Patient choice
 - The 'any willing provider' framework





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NHS Regulatory Framework

- Care Quality Commission
- NHS Litigation Authority
- NHS Connecting for Health (Information Governance Toolkit)
- National Patient Safety Agency (reporting requirements)
- Quality Accounts (DH)



Care Quality Commission

- Legislation includes: the *Health & Social Care Act 2008 (Regulated Activities) Regulations 2010* and the *Care Quality Commission (Registration) Regulations 2009*.
- Pre registration re Infection Prevention & Control.
- Full Health Regulated Activities Registration from April 2010 and Social Care (Domiciliary Care) July 2010.
- Compliance declared against Essential Standards of Quality and Safety (28 regulations and associated outcomes).
- Detailed action plans required where non compliance identified.
- Programme of planned and responsive reviews of compliance including visits and assessment of evidence base for standards. Information also from self declaration, Quality and Risk Profile and national reviews, i.e. safeguarding.



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NHS Litigation Authority

- NHS Indemnity scheme covering three areas: professional & clinical practice, estates/equipment and third party.
- Framework for award of cover and related discount - Risk Management Standards – 50 criteria grouped in five standards.
- Three levels of assessment with increased related discount on premium (10% L1, 20% L2, 30% L3).
- Complex scoring mechanism based on evidence presented.
- Any organisation providing NHS care would need comparable cover



Other areas

- National Patient Safety Agency – although a body identified for dispersal, it is anticipated that core functions will be incorporated elsewhere. Requirement to report patient safety incidents, including Serious Incidents. Information currently transferred to CQC via National Reporting and Learning Service.
- Quality Account (legislated in the Health Act 2009).
- Connecting for Health Information Governance Toolkit – over 40 standards requiring evidence collation and annual self declaration. N3 connection to clinical IT system dependent on this assessment.



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Summary

- Extensive assessment frameworks for NHS providers to comply with.
- Any clinical or professional activity completely dependent on active registration with CQC.
- Any NHS organisation in future will require full detailed assurance from any sub-contractor that their activity meets required standards and would not affect overall registration.