



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

26th September 2005

QUALITY OF CLINICAL SERVICES PROVIDED BY THE INDEPENDENT HEALTHCARE SECTOR ON BEHALF OF THE NHS

Addresses

For action

Chief Executives, NHS Boards
Chief Executives, Special Health
Boards
Chief Executive, Care Commission

For information

Directors of Finance, NHS Boards
Medical Directors, NHS Boards
Clinical Governance Leads, NHS
Boards

Purpose

1. This letter sets out the arrangements that should apply for ensuring the quality of services delivered to NHS patients where these services are secured through independent sector providers.

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Background

2. NHS Boards will be responsible for entering into contracts with the independent sector. These contracts will need to specify that the services delivered should meet the quality standards that would apply in the NHS. Boards must ensure that suitable clinical governance arrangements are in place to ensure that risks are identified and managed, and planned outcomes are being delivered.

3. The Care Commission and NHS Quality Improvement Scotland have developed arrangements to work more closely and effectively together to monitor and review the quality of care offered in the independent sector

Action

4. Chief Executives should ensure that the necessary contracting and clinical governance arrangements are put in place

Yours sincerely

IAN GORDON
Director of Service Policy
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JOHN CONNAGHAN
Director, National
Waiting Times Unit



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1. The Minister has announced a more strategic engagement and greater use of the independent sector to deliver services to NHS patients in Scotland.

Responsibility of NHS Boards

2. Where NHS Boards are responsible for contracting with independent sector providers for the delivery of these services, the terms of each contract will need to specify that the services delivered meet the quality standards that would apply in the NHS.

3. The primary responsibility rests with Boards as contracting parties to ensure that these quality standards are being met. This means that suitable clinical governance arrangements will need to be in place so that the chair, chief executive and board members of each NHS Board have the necessary assurance that risks are being identified and appropriately managed, and that planned outcomes are being delivered.

Role of the Care Commission and NHS Quality Improvement Scotland

4. The Care Commission and NHS Quality Improvement Scotland work closely together to monitor and review the quality of care offered in the independent sector, based on a Memorandum of Understanding between the organisations.

5. The Care Commission is responsible for regulating the independent healthcare sector and securing quality of care. However, certain services are not subject to regulation. The quality of these services must be monitored through the contract management process.

6. The Care Commission has a responsibility to all patients in the independent sector, whether or not their treatment is funded by the NHS. The Commission provides external monitoring of independent healthcare providers to ensure they provide appropriate standards of service. It also investigates complaints about services and allegations that standards have not been met.

7. NHS Quality Improvement Scotland sets standards for quality and care for patients in the National Health Service. This now includes services that the NHS contracts from the independent sector.

8. It is agreed between Scottish Ministers and NHS QIS that NHS QIS clinical standards should be followed both in the NHS and in the independent sector. In the light of the expected increase in the number of NHS patients in the independent sector, arrangements have now been developed between the Care Commission and NHS Quality Improvement Scotland to work more closely and effectively together to review the quality of clinical care in the independent sector. These arrangements are set out in the annex, and will apply to all independent hospitals and hospice care services currently registered with the Care Commission.

Complaints

9. The NHS complaints procedure is based on resolving complaints as quickly as possible at local level. We would expect a similar emphasis on prompt local resolution of complaints in relation to NHS patients in the independent sector. Contracts with the independent sector should provide for complaints in relation to clinical and other services for NHS patients to be referred to NHS Boards if they cannot be resolved at local level. If a complaint cannot be resolved satisfactorily between the NHS Board and the patient, then it may be referred to the Ombudsman.

10. The Care Commission also has a statutory duty to provide access to its complaints procedure and to investigate any complaints made to it by a patient receiving care in a registered service. This duty would extend to any complaint made by NHS patients under a contract with an independent hospital.

Scottish Executive Health Department
August 2005

Annex

Reviewing the quality of clinical care in the independent healthcare sector

1. NHS QIS will in future include the independent healthcare sector, wherever it provides the relevant service, in its review programmes relating to condition-specific and service standards. This will include the services provided both to NHS patients and to patients in the independent sector. The timing of visits will be co-ordinated with Care Commission inspection visits, and information will be shared. At this stage these will be separate visits to reflect the distinct purpose of each exercise and the different statutory responsibilities involved. Both organisations will take care not to increase the burdens on providers, and will share information gathered to assess risk and target activity.

2. For services where there are no NHS QIS condition-specific or service standards, clinical governance and risk management standards will be the key mechanism for ensuring the safety and effectiveness of clinical services. The National Care Standards currently incorporate generic clinical governance standards. NHS QIS is developing revised clinical governance and risk management standards, and there will be a need to review the National Care Standards in the light of these when they are issued. The Care Commission has developed a programme for monitoring clinical governance in the independent sector in 2005-06 and this will be informed by any new NHS QIS standards.

3. NHS QIS will review as part of its clinical governance processes the arrangements NHS Boards have put in place to ensure the safety and effectiveness of the services they contract from the independent sector.

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