

Moving in step with legislation

The Health and Social Care Bill is moving through the legislative process with its second reading due in the House of Lords on 12 October. We are making progress in preparing for our new roles and responsibilities as the Professional Standards Authority in 2012, subject to parliamentary approval.

This year we are auditing initial stages of fitness to practise (FtP) of the regulators using a risk-based approach. The first of the series of our audit reports is on the General Dental Council (GDC) and can be found [here](#). We will be publishing the audit reports as they are completed.

We are working on several new commissions for advice from the Department of Health. One such was on modernising and improving the efficiency of fitness to practise adjudication among the health professional regulators. This followed the government's decision not to proceed with the establishment of the Office of the Health Professions Adjudicator (OHPA). You can see our final report [here](#).

We were commissioned by Sir David Nicholson to develop ethical standards for NHS managers. In this project we aim to pin down the values, behaviours and relationships that make NHS managers excel at their job. We want the standards we develop to be a useful aid to board members, helping them to make difficult decisions in a way that is ethically sound and publicly defensible. For further information on this project to see [here](#) and [here](#).

As part of the work programme proposed for us in the Health and Social Care Bill, we are developing an accreditation scheme for voluntary registers. These registers are for professionals who deliver health and care services to the public but are not required by law to be regulated. You can find this information on [our website](#). We welcome your feedback to an online questionnaire in this web link.

We responded to a recent Business Innovation and Skills consultation 'Transforming Regulatory Enforcement.' Our response reflected our views on risk-based regulation which can be found in [our paper](#).

In this issue of CHRE-News we publish:

- An update from the Care Quality Commission (CQC) on their engagement with the public in their *Experts by Experience* Scheme
- A brief overview of our project, *Cost Efficiency and Effectiveness of the Regulators*
- The Scottish Government's article on its three quality ambitions in *The Healthcare Quality Strategy and Professionalism*.

Cost efficiency and effectiveness of regulators

Earlier this year, the Government announced that they would be asking us to undertake a review of the cost efficiency and effectiveness of the health professional regulators.

Regulation places a direct cost on health professionals through the fees they pay to be registered. There are also indirect costs of regulation in other parts of the healthcare and education systems, for example, the costs to education providers of meeting regulators' requirements, or the cost to employers of staff who may be suspended because of concerns about their fitness to practise.

The fees paid by health professionals vary between different regulators. A number of reasons for this difference have been suggested. The size of the regulator can offer some economies of scale. Regulators have adopted different processes for managing their regulatory functions, and these different approaches incur different costs.

Over the last few years, the costs of regulation have been increasing. One of the main reasons for this is the increase in complaints to regulators about health professionals. However, it is not appropriate to expect that this demand would be met by simply increasing registrants' fees when there is widespread pressure to restrain pay in healthcare at the moment.

To address this issue of rising costs in regulation we have been asked to identify what scope there is for making efficiencies and savings over the next three years among the regulators, while maintaining their effectiveness and focus on public protection. We will be using what we have learnt through our annual performance reviews to ensure that this primary purpose of health professional regulation is at the heart of this project.

Further details will available on our website over the next few weeks.

Visit: <http://www.chre.org.uk/satellite/414/>

Kate Webb
Policy Manager at CHRE

The Healthcare Quality Strategy and Professionalism

[The Strategy](#) builds upon existing foundations by ensuring that healthcare development work is integrated and aligned to the three *Quality Ambitions* that provide a shared understanding of healthcare quality for Scotland.

The three *Quality Ambitions* are:

- **Person Centred:** mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making
- **Safe:** there will be no avoidable injury or harm to people from healthcare they receive and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times
- **Effective:** the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated.

In Scotland, we believe that everyone involved in delivering healthcare services is collectively motivated by the quality of service they provide, in partnership with their colleagues and with patients and their families.

NHSScotland operates within a performance culture, putting patients and service users at the heart of decision-making and moving in focus from treatment, to prevention. Improving the quality of healthcare and the healthcare experience for the people of Scotland is an ongoing process.

Delivering compassionate care is at the very heart of clinical values and it is the cornerstone of the mutual NHS Scotland. The work on Professionalism, currently underway, is aligned to the *Quality Ambitions* and aspires to revitalise compassionate behaviour and regard in practice. This work will endeavour to make professionalism a delivery reality as a shared understanding and cultural expectation.

Further information is available at:

<http://www.knowledge.scot.nhs.uk/qualitycouncils>

Audrey Cowie
The Scottish Government

Claire Tester
Strategic Lead for Quality in NHSScotland

The Care Quality Commission's *Experts by Experience* Scheme

At the Care Quality Commission (CQC) we are committed to involving people who use services and their carers in our work. One of the ways we do this is through the *Acting Together* programme which enables us to call on people to take part in any of our activities, but the most significant element of the programme is involving people in our inspections. We call the people who take part in inspections '*Experts by Experience*'. Many people who use services can find it easier to talk to someone who has a shared common experience rather than an inspector, and our Experts help us to amplify the voices of people who can find it harder to make their views heard.

CQC works through a number of support organisations to recruit, train, pay and support *Experts by Experience*. We aim to ensure that we have Experts who have experience of a wide range of services and who come from a variety of cultural backgrounds.

Training and support are very important. Experts are given induction training so that they have an understanding of CQC and how we register and assess services; the key outcome areas that CQC focuses on; and the importance of equality, diversity and human rights. Our inspectors also liaise closely with Experts prior to each inspection. And the support organisations play an important role in helping to identify on-going training needs and providing holistic support – for example around any emotional issues raised during conversations with people using services. And of course, all of our Experts must have a Criminal Records Bureau (CRB) check.

Many of our Experts have said they find working with us an empowering experience, and we aim to maintain this momentum by making *Acting Together* as inclusive as possible, working in partnership to develop the programme. Ultimately our Experts play an important role in helping CQC to ensure people receive the best possible outcomes from health, mental health and social care services in England.

Maria Ostoja-Starzewski
Involvement Team Leader, CQC