ACADEMY OF MEDICAL ROYAL COLLEGES

CLINICAL SERVICE ACCREDITATION

A JOINT STATEMENT BY THE ACADEMY OF MEDICAL ROYAL COLLEGES AND THE ROYAL COLLEGE OF NURSING

This joint statement sets out the position of the Academy of Medical Royal Colleges (the Academy) and of the Royal College of Nursing (RCN) on the principles that should underpin clinical service accreditation schemes. It also states the two organisations' position about how such schemes should relate to one another and to other elements of the system for the regulation and performance management of health and social care in England and proposes the next steps in achieving this.

Background

In recent years there has been an increase in the number of schemes established by professional associations to accredit clinical services. More are being planned. In response to this, Professor Sir Bruce Keogh, the NHS Medical Director, asked the Academy to lead the development of a core model for such schemes that would be shared across the health service. The resulting recommendations[1] were endorsed by the National Quality Board at its meeting in December 2009. In its first annual report, the National Quality Board states that it views *"accreditation schemes as very much part of the NHS system for quality improvement. In particular, accreditation schemes should:*

- *feed into trusts' returns to regulators;*
- *inform and feed into a trust's Quality Account; and*
- *support the implementation of the relevant NICE quality standard(s), which are developed and draw on the quality standards in determining what 'excellent' looks like for that service."*

Definition and principles

The Academy and the RCN support the definition set out in the document endorsed by the National Quality Board. This requires that accreditation:

- Is professionally led, both nationally in the leadership of the scheme and locally in the peer-review process
- Focuses on a health/social care facility, a clinical team or a specific group of patients; and

[1] A Core Model for Professionally led, Clinical Service Accreditation Schemes. Version 2: 26th November 2008. The Healthcare Quality Improvement Partnership.

- Involves both self-assessment and external peer-review against standards with a view to continuous improvement.

The Academy and the RCN strongly endorse the eight principles set out in the document; namely that accreditation schemes should:

1. Be **inclusive** of the range of interests in the clinical service that is the focus of accreditation
2. Have a **patient-focus**
3. Have **methodological rigour** and draw on the **evidence base** in the development of standards and in the processes used to assess levels of performance
4. Be about **excellence** and show a **commitment to quality improvement**
5. Have **sound governance**
6. Be subject to **evaluation and external quality assurance**
7. Be **aligned** with the system that regulates and performance manages healthcare and be **recognised** as being part of that system. In particular, they should be based on NICE quality standards and contribute information to support registration by the Care Quality Commission; and
8. Demonstrate that the accreditation scheme is **value for money**.

The report on the core model that was endorsed by the National Quality Board explains more fully how each of these principles applies to clinical service accreditation schemes. In the remainder of this statement we focus on the principle of alignment and on what might be done to both promote participation in existing schemes that adhere to the eight principles and to the development of new schemes that will support quality improvement in priority clinical areas.

Alignment between accreditation schemes

The Academy and the RCN believe that health and social care providers would derive more benefit and incur less cost if accreditation schemes operated in a more uniform manner. Existing schemes should work progressively towards the position where they:

- Can demonstrate that they adhere to the eight principles set out in the core model paper approved by the Academy and the National Quality Board
- Adhere to a common set of standards for all aspects of the accreditation process (in this respect the core model paper recommends the adoption of ISQua principles)
- Use a common, agreed approach to the process of accreditation and use a common language to describe common concepts
- Apply the same standards to functions that are common to all health and social care services; and
- Create a sense of seamlessness for staff and patients when separate accreditation schemes act on different parts of a common care pathway.

Alignment with the wider system for regulation and performance management

Accreditation schemes that follow the core principles are an example of partnership between professional associations and the NHS and independent sector. The shared goal is improvement in the quality of care delivered. It is in the interests of the NHS that these schemes make their maximum contribution to quality improvement and it is in the interests of those managing such schemes that the NHS creates incentives for health and social care providers to participate.

On its side, the Academy and the RCN will encourage accreditation schemes to:

- Always incorporate NICE quality standards that apply to the service area
- Map accreditation standards to any relevant standards endorsed by other statutory bodies including the Care Quality Commission, Monitor, the National Patient Safety Agency and the NHS Litigation Authority
- Incorporate relevant nationally supported quality indicators that apply to the service area
- Include standards and indicators that evaluate the efficiency and productivity of clinical services - these might consider: elimination of waste, value for money, throughput, appropriateness of investigations and interventions and timeliness of assessment and treatment
- Make use of the e health record, which has an impact on efficiency and productivity; and
- Be committed to openness and public accountability and contribute to breaking the 'secrecy culture'. This includes making information available to patients and the wider public as part of the changes of the NHS quality information architecture[2].

In return, we ask that:

- The National Quality Board endorses full use of accreditation schemes as levers for quality improvement, including in the implementation of NICE quality standards, and as sources of evidence to inform the setting of priorities for quality improvement for the NHS
- NHS providers are asked to report participation in accreditation schemes in their annual Quality Account
- The Care Quality Commission actively uses participation, and the results of participation, in its work to regulate health and social care
- Monitor takes account of participation in its performance management of Foundation trusts
- The General Medical Council considers participation by doctors in schemes relevant to their specialty as part of medical revalidation
- The Nursing and Midwifery Council includes evidence of participation for registration and ongoing revalidation
- The NHS promotes a culture in provider organisations that recognises and rewards clinicians that act as unpaid external reviewers for accreditation schemes and provides time for this activity; and
- The NHS creates positive financial incentives for provider organizations to participate in accreditation, for example by commissioners through Commissioning for Quality Improvement and Innovation or by discounts on Clinical Negligence Scheme for Trusts contributions to the NHS Litigation Authority.

[2]This must avoid damaging schemes by creating disincentives for clinicians and clinical teams to participate fully and honestly.

The next steps

The Academy and RCN would welcome the opportunity to develop a written agreement or written agreements that confirm the relationship between accreditation schemes and other elements of the system for regulation and performance management of health and social care as set out above. This would incorporate an agreement about information sharing.

Alignment between accreditation schemes requires consensus among the bodies that lead the clinical professions and those that manage accreditation schemes. It should also have the confidence of organizations that represent the patient interest. The task of aligning accreditation schemes must be led by a single body that has been given the authority to do this by the Academy, the RCN and the National Quality Board. This might also be the body that confirms that the requirements for alignment have been met. The Healthcare Quality Improvement Partnership (HQIP) would have the confidence of the Academy and the RCN to undertake this task because both are Members of HQIP and both are represented on its board; as are National Voices, an umbrella body of more than 100 patient organisations.

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