



Royal College
of Surgeons

ADVANCING SURGICAL CARE

**Next Phase Consultation
Care Quality Commission
151 Buckingham Palace Road
London SW1W 9SZ**

22nd March 2018

Dear Sir/Madam,

I am writing to set out the position of the Royal College of Surgeons with regard to questions posed in the Care Quality Commission's consultation 'A more targeted, responsive and collaborative approach: Independent healthcare'.

As you know, a significant amount of surgery in England is undertaken in the independent sector. Consequently, the College has had a longstanding interest in improving safety and clinical outcomes in non-NHS provider settings. This activity has become all the more relevant in light of the unacceptable actions of Ian Paterson many of which were carried out in the private sector.

As part of our response to the Paterson case, the College is working with providers to drive a number of improvements. These include better data collection and publication of outcomes in the independent sector. We have previously raised concerns over the publication and dissemination of national patient safety data (including 'never events' which the private sector does not independently publish), along with the independent sector's contributions to clinical audit data sets. The College has also raised concerns about clinical governance issues - most notably the appropriate registration of clinicians in private provider settings. This is with a view to improving information sharing between the NHS and private sector around the appraisal and revalidation of doctors, and the monitoring of clinical safety and outcomes. We would support any further steps the CQC can take to facilitate improved data collection and clinical governance in the private sector.

We welcome the CQC's consultation on these proposals, and hope that our comments contribute to the development of constructive and effective inspections in the independent sector.

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Monitoring the quality of services

The College supports the CQC's proposal to strengthen how it manages relationships with independent providers and local and national organisations, along with the appropriate development of the CQC Insight tool.

To support better data collection and publication we welcome the CQC's indication that it will work more closely with the Private Healthcare Information Network (PHIN). PHIN data has the potential to inform the CQC's data analysis to help spot warning signs that a provider or unit may not be providing good care. The CQC may also wish to develop a stronger relationship with the Healthcare Quality Improvement Partnership (HQIP) should there be further private sector involvement in existing and new clinical audits. We would also strongly welcome any move by the CQC to increase compliance by private providers with existing data registries and to continue working with us to overcome barriers to improved participation in clinical audit and patient safety data collection.

Planning inspections

The College is broadly supportive of the CQC's proposals to move towards more unannounced and short-notice inspections, in line with the approach to NHS organisations. We hope that this will help to encourage and support high-quality outcomes and patient safety levels in the independent sector.

In terms of the frequency of inspections, the CQC should ensure that inspections reflect circumstances where independent providers change the type of service delivered. For instance, providers given an 'outstanding' rating for a service should receive an earlier follow-up inspection if the service previously inspected has notably changed. This will help ensure that providers are continuing to deliver safe and effective care for patients.

Accreditation

The College broadly welcomes proposals regarding the CQC's use of recognised accreditation schemes to inform inspections. We believe that this is an appropriate way to reduce unnecessary duplication of activity whilst recognising service standards.

In addition to these proposals, we would urge the CQC to consider whether staff have received relevant accreditation, and not just services. In this regard, we would highlight the College's accreditation certificate for cosmetic surgeons as a way in which inspections could potentially be enhanced and streamlined through the consideration of staff-specific schemes.

Core services

The College believes that the CQC's proposals to split 'imaging' and 'out patients' for the purposes of assessment are welcome. High quality and timely imaging are essential for contemporary practice and need to be carefully scrutinised as a separate issue.

The College supports the CQC's proposal to assess 'medical care' and 'surgery' as a single core service ('inpatients'), insofar as the same standards of inspection continue to be applied for surgical services under this combined category.

Ratings

The College supports the CQC's proposals to rate independent healthcare services covered by this consultation in the same way it rates all other services.

I hope that these comments prove helpful, and look forward to receiving the CQC's response to this consultation in due course.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mark Loughridge', with a long horizontal flourish extending to the right.

Mark Loughridge
Public Affairs and Policy Manager
Royal College of Surgeons