

TRANSPARENCY IN OUTCOMES: A FRAMEWORK FOR ADULT SOCIAL CARE

COMMENTS FROM NICE

Introduction

1. NICE is the organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE is also responsible for providing Quality Standards for the NHS, managing NHS Evidence (a service providing easy access to high quality clinical and non-clinical information from accredited sources about health, public health, and social care), and for reviewing and developing clinical and health improvement indicators for the quality and outcomes framework (QOF) for primary care.
2. The consultation document states that NICE's role will be expanded to include adult social care from 2012/13 (as confirmed in the recently published Health and Social Care Bill), and that it will work through the social care sector to bring together the evidence on best practice, and publish Quality Standards which can guide effective and efficient services and commissioning. The document also states that local government and the social care sector will work together to identify areas for Quality Standards, and will provide leadership in building the social care evidence base.
3. In our response to the document we comment on the proposals about the social care role of 'new' NICE, the National Institute for Health and Care Excellence. Our comments reflect our early thinking on the proposals. Over the coming months we will be working with the local government and social care sectors, user and carer organisations, the Social Care Institute for Excellence (SCIE), and other interested parties to discuss the methods and processes for preparing Quality Standards and the other types of advice and guidance for social care referred to in the Health and Social Care Bill.

Chapter 2: Build the evidence base

4. NICE welcomes the expansion of its role to include social care with the functions now specified in the Health and Social Care Bill of preparing Quality Standards and other types of 'advice, guidance, information and recommendations' for social care.

5. NICE will continue to improve its evidence-based information service to health and social care through NHS Evidence. High quality social care evidence is selected and prioritised through this service, in conjunction with SCIE.
6. The consultation document highlights the interconnections between the adult social care outcomes framework and the outcomes frameworks for the NHS and public health. The remit set out in the Bill means that NICE will be able to design Quality Standards and other advice so that they take account of and encourage connections among services and along care pathways which cut across the NHS, social care, and public health, thus increasing the potential to achieve both shared outcomes and each sector's own outcomes.
7. As the document points out, NICE already produces guidance that crosses service boundaries, and there are a number of examples, such as the joint NICE/SCIE guidance on dementia. We will build on this experience when establishing the methodology for defining 'high quality' and 'best practice' in social care (section 2.2). A pilot project is being developed. The responses to this consultation will be a valuable contribution to this task.
8. The underpinning principles of NICE's current methodology and processes have been re-affirmed in the Bill and will continue to be valid. They meet the requirements set out in this document for building the evidence base. For example, Quality Standards will:
 - be based on systematic analysis of the evidence, recognising that:
 - social care meets a diverse range of needs through an array of publicly and privately funded services, which are increasingly shaped by personalisation of care and support;
 - the social care evidence base therefore comprises a variety of types of evidence, including intervention research, knowledge from professional practice, guidance derived from audit and inspection, evaluations of implementation, and user and carer experience and expectations.
 - be informed by consultation with users and the public.
 - be developed through a process that ensures the participation of all the relevant interests: user and carer, voluntary sector, commissioner and provider, and professional.
 - be prepared in an open and transparent way to encourage involvement.

- be designed and disseminated with the particular needs of adult social care commissioners, providers, practitioners, and users and carers at the forefront of attention.
 - set criteria and provide indicators that enable professional and organisational accountability, as well as giving users and local people a means of assessing the performance of services.
9. We recognise that partnership with others interested in developing Quality Standards for adult social care is essential and have begun a programme of engagement with sector leaders and user and carer organisations so that we can better contribute to the thinking on governance structures for Quality Standards (sections 2.12–2.13).

Chapter 3: Demonstrate progress

10. We support in particular the following aims for information collection (section 3.6):
- alignment of the principles and approach with those for the NHS and public health, so as to support joint working, including the implementation of Quality Standards; and
 - allowing for disaggregation, to flag up disparities and promote excellence and equality.
11. The quality measures in Quality Standards will draw where possible on currently collected datasets (section 3.22). We would welcome the opportunity to be part of the ‘broad conversation’ on developing the Quality and Outcomes Data Set (QODS) (sections 3.14–3.15).
12. We agree with the definitions of different and distinct levels of information (section 3.22), with Quality Standards helping to provide supporting data and measures which are ‘closer to individual groups or the impact of local services’.
13. We welcome the importance attached to efficiency both as one of the four factors constituting quality (section 1.8), and in the discussion about efficiency and productivity measures (section 3.27).

Chapter 4: Support transparency

14. Because they are specific and provide measures of quality for purposes of assessing progress, Quality Standards will support transparency. We suggest that:
- priorities related to Quality Standards could be among the priorities on which local accounts might report (sections 4.4–4.8).

- Quality Standards can provide criteria for peer review (sections 4.9–4.10).
- Quality Standards could be used by user- and carer-led organisations as part of their assessment of services (section 4.11).

Chapter 5: Reward and incentivise

15. We welcome the proposed ‘excellence’ rating system to enable providers to demonstrate they are achieving a higher level of quality than the essential standards (sections 5.3–5.6). NICE Quality Standards would, by definition, provide criteria of high quality for the rating assessment and should form a key component of any system. We would be happy to work with CQC, SCIE, and others in the sector in developing the rating system.
16. We agree that Quality Standards, because of the balance they aim to achieve between quality and economy, can support the design of a system of financial incentives to encourage continuous improvement among providers (sections 5.7–5.11).

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