CHARTERED SOCIETY OF PHYSIOTHERAPY

A new start: Consultation on changes to the way the CQC regulates, inspects and monitors care

Chartered Society of Physiotherapy
Consultation response

To: CQC Inspection Changes
CQC National Service Centre
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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 51,000 chartered physiotherapists, physiotherapy students and support workers.

The CSP welcomes the opportunity to respond to the CQC's consultation on changes to how it regulates, inspects and monitors care.

Our response is focused on the areas in which we feel we can most effectively contribute to debate and the progression and development of the CQC's proposals. We would be pleased to supply additional information on any of the points raised in our response at a later stage.

The contribution of physiotherapy

Physiotherapy enables people to move and function as well as they can, maximising quality of life, physical and mental health and well-being. With a focus on quality and productivity, it puts meeting patient and population needs, and optimising clinical outcomes and the patient experience, at the centre of all it does.

As an adaptable, engaged workforce, physiotherapists have the skills to address healthcare priorities, meet individual needs, and to develop and deliver integrated services in clinically and cost-effective ways.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists work with children, those of working age and older people; across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, and help prevent episodes of ill health and disability developing into chronic conditions. Physiotherapy supports people across a wide range of areas including musculoskeletal disorders (MSD); many long-term conditions, such as stroke, MS and Parkinson's disease; cardiac and respiratory rehabilitation; children's disabilities; cancer; women's health; continence; mental health; falls prevention.

Physiotherapy delivers high-quality, innovative services in accessible, responsive, timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person-centred professionalism.

The CSP produces a range of resources that actively seek to lead and support its members' professionalism and to promote implementation of evidence to optimise the delivery of clinically- and cost-effective patient care. These are grounded strongly in compassionate, patient-centred care; optimising the quality of patient experience and outcomes; and working collaboratively with all members of health and social care teams to achieve service improvements that are in the interests of patients and their families and carers.

1. Section 2: General

1.1 The CSP supports the overall proposals for changing how the CQC regulates care. The primary focuses on ensuring patient care is safe, effective, caring, responsive and well-led and that public confidence in services can be rebuilt seem appropriate ones. At the same time, it is important to ensure that the intended substance of the broad criteria for regulating services is sufficiently explicit about the intended meaning and interpretation (while not being unhelpfully prescriptive or inappropriately narrow) and sufficiently substantiated (to avoid being perceived simply as platitudes). This is key to ensuring that collective confidence can be built in the CQC's revised regulatory requirements and how these are implemented.

1.2 As part of this, it is imperative that implementation of the criteria discerns how each provider develops, maintains and enhances its fulfilment of the proposed criteria. Otherwise, there is a risk that the regulatory regime will only use superficial measures of acceptable levels of care by individual providers, and not seek to discern whether each has the on-going capacity and arrangements in place to sustain and develop its delivery of safe, effective care to all patients, including in response to changing needs and opportunities for delivering services differently to enhance their clinical and cost-effectiveness.

1.3 Examples of areas of which we would expect the regulatory process to take account are as follows:

- How all staff are supported in their onward development, so that links are clear between the regular implementation of staff appraisal processes and support for accessing and undertaking continuing professional development (CPD), for all levels of staff, including those in support worker roles, and the progression and fulfillment of corporate objectives relating to the continuous improvement of patient care and service delivery
- How staffing levels and skill mix/role development opportunities within teams are kept under careful review relative to changing population, patient and service needs, including to test how health inequalities are being challenged and addressed, and to ensure the best arrangements continue to be place to deliver safe, compassionate, clinically-effective care in cost-effective ways
- How all staff are supported and expected to engage genuinely in inter-professional team working and collaboration, with the needs and interests of patients and developments in the evidence determining optimal models for service delivery

- How all staff have access to quality employment arrangements to sustain their delivery of high-quality services, in terms of safety, effectiveness and compassionate care, to patients
- How all staff are supported in developing and exercising their individual and collective professionalism and engagement in clinical governance, including in ways that create opportunities to share good practice and to capture and apply learning from incidents in which things have gone wrong
- How all staff are supported in ensuring that their practice remains up-to-date, in line with developments in the evidence base, and including through being encouraged to develop innovative, collaborative approaches to service delivery and role development, and to integrate research activity into their day-to-day roles
- How all staff have access to appropriate levels of clinical leadership, professional supervision and peer review, and feel confident in identifying areas for service improvement and taking action to achieve these
- How staff are supported in contributing to the development of future members of the professions through providing safe, effective and appropriately diverse practice education placement opportunities across all sectors and settings.

2. Section 3: Intelligent monitoring of NHS acute hospitals

2.1 We welcome the proposal to use a relatively simple ratings system and indicators to discern and make clear whether providers are delivering acceptable levels of care. However, we question whether the criteria that define each of the ratings are couched in sufficiently robust terms, including to ensure that public confidence in the quality of services and patient care delivered can be developed and sustained. In particular, we question whether it is appropriate to define the rating of 'outstanding' largely in terms of the absence of negative features of care (i.e. 'no fundamental care breaches, 'no inadequate services ...', etc.). It seems essential that public confidence is founded on evidence of positive service delivery and quality of care, including where lessons have been learned from incidences of less good care, rather than the absence of breaches that require legal action.

2.2 We support the proposal that inspections should focus on the quality of patients' experience throughout their pathways of care, rather than simply comprising piecemeal focuses on particular episodes of care and specific interventions, or looking at care in different settings in isolation. At the same time, we are not confident that the complexity of inspection that this approach creates is sufficiently scoped or recognised in the proposals. In particular, it seems essential that the integration of services to optimise patients' access, progression and overall quality and outcome of their pathway needs to be a fundamental aspect of the inspection approach and ratings.

2.3 Progression of this approach to inspection clearly will require appropriate expertise to be drawn upon in the inspection process to evaluate the overall quality of patients' experience and outcomes. This needs to be done while not diminishing the planned and necessary focus on areas of specialty, with the requisite expertise drawn in to do this. Given the relative novelty of focusing on how patient care is delivered in integrated ways through patient pathways, this approach is likely to generate a training and development need for those leading, acting within and supporting inspection teams. It also highlights importance of drawing on a diversity

of professionals (and certainly not just from medicine and nursing) and service users to make up appropriately informed, insightful and expert teams.

2.4 While we understand the particular and initial focus on NHS acute hospitals, we question whether the degree of change needed to develop public confidence can be achieved simply through this approach, and whether such an approach may become outmoded as more care is shifted to delivery in community-based settings. Instead, it seems essential that new regulatory arrangements are progressed across the delivery of all health and social care, taking account of contextual factors and differences, in ways that can achieve due accountability and instil public confidence in the safety and quality of services wherever and by whomever they are delivered. In line with our point 2.3 above, this approach will require CQC processes to draw in appropriate expertise, both specific to specialties and services and in relation to service delivery models and integrating care across patient pathways. Over time, inspection models will also need to develop to take account of changes in service delivery models.

2.5 We support the CQC's proposal to draw upon a range of information sources to inform inspections and ratings. Clearly patient-reported data must be key to this. We also welcome the planned link into the information that can be gleaned through service accreditation schemes. Again, we would expect this to be done in ways that ensure scrutiny of services from a genuinely inter-professional perspective, together with considering how services are integrated to optimise the quality of the patient experience and outcomes. This point also highlights the need for inspection teams to comprise a diverse mix of representatives from different professions and service delivery perspectives, as well as service users.

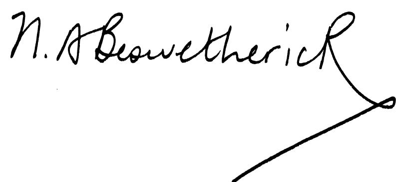
3. Section 4: Duty of candour

3.1 We support the planned introduction of a duty of candour as a registration requirement, such that providers are required to ensure all their staff are open with patients and their families/carers when failings in care occur. We support this being introduced in such a way that a lapse in this corporate responsibility can be pursued via prosecution as an ultimate sanction against service providers.

3.2 However, we have some concerns about how duty of candour, as outlined above, would be implemented to uphold patient interests and welfare (in terms of how they receive information, and how this is done in caring ways) and to ensure that the well-being of staff (both individually and as teams) are not compromised inappropriately. In particular, we see the following as being of key importance:

- That there is an overriding aim of ensuring that organisational cultures are nurtured, such that constructive lessons are learned from failings, staff feel comfortable in highlighting where things could be done better, and that the focus within each provider is on ensuring continuous improvement in its services and all aspects of patient care (in the interests of current and future service users)
- That it becomes an integral part of the CQC's exercising of its regulatory role to seek information from providers about how they have implemented their duty of candour responsibilities, including through developing a supportive, learning culture (inclusive of staff in all roles and all levels) and through enacting robust

mechanisms for identifying, implementing and evaluating changed approaches to service delivery and patient care
- That strong links are made between the CQC's regulation of providers and professional regulators' oversight of registrants' practice (see below)
- That the particular risks attached to progressing duty of candour are mitigated; this needs to include avoiding the generation of a culture in which failings are repeatedly shared with patients so that all members of a team can feel confident that they have fulfilled their individual/professional responsibilities and contributed appropriately to the fulfilment of corporate responsibility; to avoid this, sharing of information in line with duty of candour needs to be co-ordinated carefully, such that the interests and well-being of patients and their families/carers are always preserved
- That careful consideration is given to how staff need to be supported, including through access to development opportunities, to ensure clarity about their responsibilities (relative to corporate/systems and individual/professional regulatory responsibilities) and that the enactment of duty of candour processes avoids unnecessary duplication of effort and disjointed data collection and usage, and achieves an overarching focus on creating and enacting a culture of learning when things go wrong
- That all staff can be confident that they will be supported in contributing to fulfilment of providers' duty of candour responsibilities, including – in scenarios in which all earlier stages of appropriate action have failed to trigger appropriate organisational responses – if individual staff members are obliged to act as a 'whistle-blower'.



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For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work, please contact:

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