Measuring quality: This has always been challenging to do, at least from the patient experience perspective. It involves establishing clinical dashboards and patient reported outcome measures (PROMs) and patient reported experience measures (PREMs).

Publishing quality: Every trust must publish a quality account each year. This demonstrates that quality is important as finance, since financial accounts have long been published annually.

Recognise and reward: the Commissioning for Quality and Innovation (CQUIN) payment framework means that trusts sign up to deliver certain quality improvements. If particular standards are not delivered, financial rewards are withheld.

Raise standards: a national Quality Board and Quality Observatory have been established to support the quality agenda.

Safeguarding quality: the amalgamation of the regulators into one – the Care Quality Commission – and the development of new methods for regulation are part of this.

Staying ahead: This includes best practice tariffs. For example, if a patient pathway includes certain steps and lengths of stay, trusts will only be paid for that pathway, even if they deliver a different service or longer stay. The Health Innovation Council and academic health science centres have been developed to ensure that the quest for evidence based improvements is rigorously supported.

How do commissioners do this?
Currently, PCTs have to demonstrate their capabilities as commissioners by meeting the requirements of world class commissioning. Many nurses have been involved in collecting evidence for the Standards for Better Health assessment, and this is a similar framework.

There are 11 WCC competencies, which include procurement and contracting skills, and quality and innovation; these must all be supported by self-assessment and evidence to arrive at a score for each competency. This information is published each year, so the public can judge their PCT’s commissioning. It is not yet clear how commissioning competencies will be developed and assessed in the new system, if at all.

One competency covers the ability to set contracts that include quality standards which are measurable and seek year on year improvements. This presents a challenge. How do you choose which measurements describe a good patient experience? Hospital food and car parking are important to patients and are relatively easy to measure, but how do you systematically demonstrate that compassionate care is being delivered?

What do quality standards look like?
All three components of quality have to be covered in these standards. One example for each area might be:

Safety: reducing healthcare associated infection rates by 30%.

Experience: setting up a mechanism to capture patients’ views, establishing a baseline and showing improvement of 20% by year end in three out of five categories.

Effectiveness: demonstrating full compliance with NICE guidance.

How are they measured?
Once standards have been developed, written into the contract and agreed by providers, they must be monitored. This can be explained by using a manufacturing analogy. In retail, if a brand of cake is marketed as a quality product, the company that owns the brand needs to ensure that the quality is consistently met. If it does not manufacture its own products, it needs suppliers to make the cakes and package them. Each supplier is governed by health and safety legislation and has contractual requirements to deliver products. The company’s reputation stands or falls on the quality of the cakes, and it cannot afford to leave this to its manufacturers. It therefore employs people to regularly make unannounced visits to the sites, who check every step to ensure that quality is being met. This is the role of the PCT; we cannot leave quality to providers alone. We are guardians of the public purse and so have to assure ourselves that public money is being spent wisely and delivering the level of quality as described in the contract and quality schedules. Therefore we have developed processes that enable us to fulfil this role.

Clinical quality review meetings
First, a monthly clinical quality review meeting takes place, which is separate from monitoring activity, performance and financial contract. These are chaired by the PCT’s director of nursing or medical director, and practice based clinicians and professional executive committee members also attend. Directors of nursing and medicine and a number of other clinical staff from provider trusts are expected to attend (including those in acute, mental health and community services).

The vision is that clinical colleagues will transcend organisational boundaries, discuss care and devise improvement methods. This may not always happen in reality, as it is extremely difficult for providers to share concerns if it results in commissioners serving performance notices for non-delivery of the requisite standard of care. For commissioners, it would be impossible to hear about clinical risks and patient care concerns if they result in commissioners serving performance notices for non-delivery of the requisite standard of care. For commissioners, it would be impossible to hear about clinical risks and patient care concerns if they result in commissioners serving performance notices for non-delivery of the requisite standard of care. For commissioners, it would be impossible to hear about clinical risks and patient care concerns if they result in commissioners serving performance notices for non-delivery of the requisite standard of care. For commissioners, it would be impossible to hear about clinical risks and patient care concerns if they result in commissioners serving performance notices for non-delivery of the requisite standard of care.

The tension can only be managed by building trusting relationships where people can have the courage to own inherent risks together and develop shared solutions to ensure patient care continually improves, and if unacceptable standards of care are not tolerated by either party.

Under the new arrangements, GP consortia will have to develop their own approach to monitoring quality. They may...