

By email to: ratingsreview@nuffieldtrust.org.uk

1st March 2013

Dear Sir/Madam,

Review of aggregate assessment of providers of health and social care in England ('Rating review')

I am writing to make a response, on behalf of Healthwatch England, to the consultation on the rating review.

Established on 1st October 2012, Healthwatch England is the new, independent statutory consumer champion for health and social care in England. Our role is to represent the interests of all those who use health and social care services. We will work with emerging local Healthwatch organisations to help build a national picture of the trends and issues that matter most to people.

Currently there are a range of mechanisms that enable consumers and users of health and social care to submit information about their experiences of care and provide feedback on whether their expectations have been met. Recognising the use of existing patient feedback systems, Healthwatch England can see that an aggregated system of ratings, based on the experiences of patients and taking into account clinical effectiveness and patient safety, could be of value to consumers and users of health and social care.

Principles for any Aggregate Rating system

Any system should:

- Include a central role for consumers and users of health and social care in the design of the system - the consumer view should be given the same credence as the professional view
- Be simple, robust and useful to stakeholders who might have different priorities
- Make use of other forms of evidence (e.g. from Care Quality Commission)
- Be credible, and trusted by consumers and users of health and social care
- Encourage improvement in services and pathways
- Provide ratings according to service or pathway

Role for Consumers and users

Consumers and users of health and social care should be central to the development of any rating system. The ratings should reflect what is

important to them and should retain the trust and confidence of the people using services. Engendering public trust in the ratings may be difficult.

To move forward with any ratings system, work needs to be undertaken to ascertain what exactly the public want and why they would use any ratings system. Different people, using different services have different needs for ratings and so would use them accordingly; whether it be for choice, whether it be expressing their view on services or whether it be to help a service to improve. In addition, each individual will place different importance to these, and this should be reflected in any ratings system.

There must be a central role for consumers and users of health and social care in the governance of any system, and its implementation. For any system to succeed, consumers will need to be assured that it is a high quality, independent, trustworthy and robust scheme. The consumer view must be placed on a par with the professional view.

Role for local Healthwatch

In addition, any scheme should provide a mechanism to take account of the views and experiences which consumers and users have shared with local Healthwatch. A ratings system may also be useful for local Healthwatch in helping consumers and users of services to make an informed choice.

Experience of consumers and users

Healthwatch England has a number of concerns around the timing of surveys to collate patient feedback as this can impact upon results. Patients, particularly the most vulnerable (including those in long term care), may feel pressured to provide positive responses. Also in small providers, it may be more obvious which consumer has left particular feedback. This may mean that specific patients may be less likely to leave feedback; or conversely that those that do will be easily identifiable as having submitted specific ratings.

Any attempt to create a universal index of quality necessarily relies on value-laden assumptions. It could be extremely difficult to develop a system of ratings which remain simple and useful to stakeholders who might have different priorities. Finding the most appropriate level of aggregation will be challenging. A single provider rating could be potentially misleading. Ideally there would be service level or pathway comparison. A ratings system must avoid providing 'false reassurance' to consumers and users of health and social care. There is also a danger in aggregating ratings by organisation. Although perhaps simpler in some ways, this would reveal far less than aggregation around analysis of a consumer or user experience.

Timescales

It appears clear that the introduction of an aggregate rating system is not something that can happen overnight; the picture is complex and requires

detailed consideration. Time should be taken to ensure that any rating system is developed with consumers and users of services at the fore.

Conclusion

Use of existing patient feedback systems suggest that consumers and users of health and social care services may see value in an aggregated system of ratings, based on the experiences of patients and taking into account clinical effectiveness and patient safety. As detailed above, there are a number of principles which the development of any ratings system should follow in its development, introduction and continuing monitoring if it is to be useful and effective in meeting the requirements of consumers and users of services. It is clear that if any rating system is developed, it must place the consumers and service users of health and social care services at the centre. Gathering views via a consultation of this nature marks the very beginnings of this process.

Yours faithfully

Christopher Corfield
Healthwatch England Policy Officer