



Department
of Health

Scope of performance assessments of providers regulated by the Care Quality Commission

Response to the Consultation

September 2017

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Ministerial foreword



A core theme in the Government's response to The Francis Report (Report of the Mid-Staffordshire NHS Foundation Trust public inquiry) was the need for greater transparency about the quality and safety of health and social care services. This is why, through the Care Act 2014, the Government placed a duty on the Care Quality Commission (CQC) to carry out and publish ratings of providers of health and adult social care. We intended these ratings to be easy for people who use services, their families and carers, to see and understand, while also providing a reliable assessment of a provider's performance. As the CQC have continued to develop their ratings methodology and gained more experience in applying ratings to different sectors, the CQC are now in a position to expand the scope of ratings to other sectors.

When ratings were introduced in 2014 by means of the Care Quality Commission (Reviews and Performance Assessments) Regulations 2014 the focus was on ensuring that the CQC provided ratings for those sectors where a rating would have the most benefit. This was limited to NHS Trusts and NHS Foundation Trusts, GP practices, adult social care providers and independent hospitals. The Government would now like performance assessments and the publication of ratings applied to certain other registered service providers and regulated activities, i.e. providers of:

- Cosmetic Surgery Services¹
- Independent Ambulance Services
- Independent Dialysis Services
- Refractive Eye Surgery Services
- Substance Misuse Services
- Termination of Pregnancy Services

We consulted on this proposal between August and October 2016. This document summarises what we heard and the regulations we will be bringing forward as a result.

Philip Dunne MP
Minister of State for Health

¹ Surgical procedures for cosmetic purposes where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant.

Policy Background

1. Section 46 of the Health and Social Care Act 2008 (as amended by the Care Act 2014), allows the Secretary of State to require the CQC to carry out periodic performance assessments of regulated activities performed by all health and adult social care providers. To deliver assessments of all providers in health and social care would have been a significant undertaking for the CQC, as it would have had to develop different methodologies for many different sectors in a short space of time.
2. The Government wanted to avoid overloading the CQC with having to develop methodologies for all provider types without first testing its new approach. Therefore under the Care Act 2014 the providers and activities to be rated were limited. This allowed the CQC to develop and test its methodologies for those included sectors, to ensure that its approach was robust before scaling up.

What are ratings intended to achieve?

3. The purpose of a CQC rating is to provide the public with a clear, authoritative, summary of the quality and safety of a health, or social care, providers services. A rating is intended to provide the public, commissioners and other providers, with a clear starting point when it comes to making an informed decision about the services they choose.
4. Where choice exists between providers, a rating can help the public in exercising that choice in an informed way. A rating also provides the public with a clear summary about how their local services are performing, and when combined with the detailed inspection report provides a means through which the public, service commissioners and other stakeholders can challenge providers to improve.

Proposed Approach

Why did we propose rating these sectors?

5. Since the CQC began its new approach to inspections and publishing ratings for NHS Hospitals, GPs, social care providers and independent hospitals in 2014, it has been working to apply its new approach to inspections to other provider sectors. These are sectors where the Department and the CQC feels that a rating will add value and either assist the public in making choices about which services to use or provide assurance of the quality of services.
6. Across all the sectors which were consulted on, respondents agreed with the principle that rating these sectors will allow the public to make informed choices about which services to use and will facilitate comparisons between the newly rated independent services and services already rated by the CQC.

Will the scope of ratings be expanded further?

7. Following the consultation that was conducted last year, the Department of Health will amend the performance assessment regulations for all service types consulted on except for independent community health service providers due to the difficulties in ascertaining the scope and extent of such providers. We believe that it is important to act on the outcomes of the consultation and will be laying new regulations to impose a duty on the CQC to assess the performance and rate the following sectors:
 - Cosmetic Surgery Services (where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant)
 - Independent Ambulance Services
 - Independent Dialysis Services
 - Refractive Eye Surgery Services
 - Substance Misuse Services
 - Termination of Pregnancy Services
8. Up until now the policy has been to review and assess the performance of specified types of service provider. As the CQC's confidence in assessing performance has now grown we believe it is time to change this approach. We think it is important to rate all providers of regulated activities registered with the CQC and we are working on proposals to extend the CQC's duty to undertake reviews and performance assessments of all regulated activities carried out by service providers, unless specifically excluded.
9. Before extending the CQC's duty, we will consult further to obtain the views of providers who would be brought within the ratings regime, as well as other interested parties, to ensure that we are not erroneously excluding or including inappropriate provider types or activities.

Equality Impact

10. It is our understanding that on balance the policy proposal in this consultation is fundamentally positive for all groups, including protected groups under the Equality Act 2010. It is our understanding that expanding the scope of the performance assessment regulations will provide greater clarity to service users on the quality of the treatment or service they choose.
11. The Department has considered the impact of the policy on protected groups under the Equality Act 2010 and this has informed the development of the policy.
12. With regards to the consultation, the vast majority of responses did not report that the new regulations would have a negative impact on individuals sharing the protected characteristics under the Equality Act 2010. However, there were some comments about how a provider would go about bringing their rating to the attention of people with a visual impairment or people without access to online services which might limit their ability to benefit from the display of ratings.

Responding to the Consultation

13. We received a total of 144 complete responses, a large proportion of which was received from one organisation. We received responses from a large range of organisations including NHS trusts, Royal Colleges, regulators, charity and voluntary sector organisations, clinicians and individual members of the public.

Overall Comments on the Consultation

14. A number of organisations welcomed the publication of performance ratings for an increased number of services for numerous different reasons. The main reasons cited were that having an increased number of services rated would:

- Improve information available to patients, their families and the general public
- Increase transparency in the health service, in line with the duty of candour
- Help drive-up standards in health service providers and improve patient care
- Facilitate patients, their families or representatives to better compare service providers

15. For example, the NHS Partners Network said:

"We believe that ratings are a useful tool to support meaningful comparisons made by the public, patients and commissioners. The question talks about services in hospitals and other sectors already rated by the CQC, and no doubt users will consider the CQC ratings to assist these comparisons" - NHS Partners Network

16. Other organisations raised concerns. The British Medical Association (BMA) highlighted a concern about whether the ratings produced using the current methodology would provide a clear indication of which providers were performing well and which were performing poorly. They also said:

"We have significant concerns that a proposal to extend the scope of the CQC's duty to undertake performance assessments is being considered without any evidence being provided by the Department to demonstrate that the (over 10,000) ratings already attached to regulated services are actually being used by patients, their families or representatives to select healthcare providers." – British Medical Agency

Our Response

17. In April 2017, the CQC published a report to identify the impact of their services on the quality of care and quality improvement in health and social care². This report provides

² CQC, *Review of CQC's impact on quality and improvement in health and social care* (2017):

<http://www.cqc.org.uk/publications/evaluation/review-cqc%E2%80%99s-impact-quality-and-improvement-health-and-social-care>

evidence which suggests that the CQC ratings do have some influence on the service provider chosen by patients, their families or representatives. It also includes evidence which suggests that the CQC ratings can be a catalyst for positive change.

Sectors We Consulted On

Independent Non-Hospital Community Healthcare Providers

18. Independent community health providers deliver a diverse range of services that can be similar to those provided by the NHS, but are not provided by the NHS or by independent hospital services.
19. These providers work from a variety of community settings and in different locations, such as community hospitals, community clinics, schools, nursing homes and primary care settings, as well as within people's homes to provide services to children, families and adults.
20. The overall response to the consultation proposal that these providers be included within the scope of the CQC ratings was positive. However, through the process of consulting we are concerned that due to the diversity of services provided by organisations in this sector more information will be needed to clarify which providers are included in this group.
21. The diversity of services provided by independent, non-hospital community healthcare organisations means that they cannot easily be identified by regulated activities alone. Nor can they easily be identified by other legislative definitions, as their services cover a broad spectrum across publicly funded and privately funded organisations. As stated in the previous consultation, these providers work from a variety of community settings and in different locations, such as community hospitals, community clinics, schools, nursing homes and other primary care settings, as well as within people's homes to provide services to children, families and adults.
22. It is important that both providers and the public understand which organisations will have ratings applied to them and where the scope of ratings begin and end. The policy intent of ratings is to provide the public with clarity and this approach is undermined if there is a lack of clarity about which providers will receive a rating for these services.
23. As a result of the difficulties identified, we will be consulting further on this to ensure that providers of this service type are appropriately engaged.

Results from Questions 4-6:

24. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services

and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree /Agree | % Response Strongly Disagree /Disagree |
|-----------------|----------------------------------|--|
| 4 | 80.5 | 2.52 |
| 5 | 56.6 | 14.47 |
| 6 | 82.39 | 3.14 |

Cosmetic Surgery Providers

25. These providers are registered with the CQC for the following surgical regulated activity:

‘Surgical procedures (including all pre-operative and post-operative care associated with such procedures) carried on by a health care professional for cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body’³

26. This includes procedures such as face lifts, breast implants, liposuction, removal of bags under the eyes, brow lifts and buttock implants. Other procedures, such as skin tag, wart and skin blemish removal are also offered by cosmetic surgery providers. Most of these other procedures are not regulated by the CQC and such procedures are considered low risk. Where these types of services are regulated by the CQC they are low-risk services that will be subject to a lower frequency of inspection and as such this lower frequency of inspections would not support the timely allocation or refresh of ratings across the sector. We will therefore restrict the rating of cosmetic surgery services to those regulated activities where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant.

27. As stated in the consultation document, the rationale for proposing providers of cosmetic surgery be included in the scope of the ratings regulations, is because of historic concerns about safety and quality of some providers in the cosmetic surgery sector. Extending ratings of providers to this sector combined with the requirement to display the rating⁴, is intended to meet the recommendation of Sir Bruce Keogh’s review of the regulation of cosmetic interventions. Sir Bruce’s review recommended that ‘Providers should be required to notify the public on their websites of any CQC inspection concerns or notices.’

³ Paragraph 6(1)(c) of the Schedule 1 to the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

⁴ Regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Results from Questions 7-9:

28. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree/Agree | % Response Strongly Disagree/Disagree |
|-----------------|---------------------------------|---------------------------------------|
| 7 | 79.88 | 6.29 |
| 8 | 55.35 | 15.1 |
| 9 | 77.99 | 6.29 |

Independent Ambulance Services

29. Independent ambulance services are non-NHS ambulance companies, i.e. ambulance services providers who are not NHS trusts or NHS foundation trusts and who provide patient transport triage services. The majority of providers in this sector deliver patient transport services that are non-emergency journeys to hospital for individuals seeking treatment and care.

30. Independent ambulance service providers are registered with the CQC for the regulated activity 'transport services provided by means of a vehicle which is designed for the primary purpose of carrying a person who requires treatment'⁵. Where an independent ambulance provides an emergency response service, they will also be registered for the treatment of disease, disorder or injury.

31. Although there are a small number of providers of independent ambulances across England, their number is sufficient for patients to be presented with a degree of choice in provider depending on where they live. Ratings will help those individuals determine which provider is the best patient transport service for them. Ratings will also help commissioners when deciding from whom to contract services which will encourage providers to deliver good quality care and make improvements in the quality of their services.

⁵ There is an exemption at 9(3) which excludes transport services which are provided within the confines of the site or venue being used for an activity or event mentioned in paragraph 4(3)(f) and (g). 4 (3)(f) – refers to the provision of treatment in a sports ground or gymnasium where it is provided for the sole benefit of persons taking part in, or attending, sporting activities and events. 4 (3)(g) – refers to the provisions of treatment under temporary arrangements to deliver health care to those taking part in, or attending, sporting or cultural events.

32. Although the response to the consultation was positive, concerns were raised about how ratings would be applied to the sector in a way that would provide the public with information about independent ambulance providers that allows them to draw meaningful comparisons between services.
33. Ratings help the public and commissioners by providing a starting point for understanding broadly how good or poor a particular service provider is. The CQC's methodology for rating providers does vary from sector to sector, so that the ratings offer the best overview of services in a given sector.

Results from Questions 10-12:

34. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree/Agree | % Response Strongly Disagree/Disagree |
|------------------------|--|--|
| 10 | 67.93 | 11.07 |
| 11 | 45.91 | 16.35 |
| 12 | 71.57 | 8.81 |

Independent Dialysis Units

35. Independent dialysis units operate outside of hospitals, and are run by independent sector organisations. They provide ongoing, long term treatment for patients suffering from acute renal failure. Around 30% of people undergoing long term dialysis are receiving it in units of this type.
36. Independent dialysis units are registered by the CQC primarily for the regulated activity of 'treatment of disease, disorder or injury'. These are predominately nurse-led with medical input when required. For individuals using the services of an independent dialysis unit, whether through choice or due to links with their local acute trust, ratings would improve awareness of the quality and safety of services which often care for people for a significant period of time.
37. There are a number of NHS Trusts that have links with independent dialysis centres, which provide services to their patients. These Trusts retain overall responsibility for the safety and quality of care that these patients receive. Allowing the CQC to apply ratings for these

units will assist Trusts in making decisions about which of these service providers to contract with.

Results from Questions 13-15

38. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree /Agree | % Response Strongly Disagree /Disagree |
|-----------------|----------------------------------|--|
| 13 | 71.69 | 3.77 |
| 14 | 53.46 | 12.58 |
| 15 | 72.96 | 5.66 |

Refractive Eye Surgery

39. Refractive eye surgery i.e. the correction of refractive error is largely accessed privately, through independent sector providers and high street opticians. In a limited number of cases, where correction of sight by glasses or lenses is not possible, patients can be referred for surgery through the NHS.
40. Laser vision correction surgery is the most common form of refractive eye surgery but refractive eye surgery can take other forms, for example implants and lens replacement.
41. Given the nature of the service provided and the ways in which service users choose to undergo procedures of this nature, awarding performance assessment ratings would provide information about the quality of services for potential service users in a competitive market.

Results from Questions 16-18:

42. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents

agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree/Agree | % Response Strongly Disagree/Disagree |
|-----------------|---------------------------------|---------------------------------------|
| 16 | 83.02 | 3.15 |
| 17 | 62.26 | 11.32 |
| 18 | 81.13 | 3.77 |

Substance misuse centres

43. Substance misuse services provide treatment for people with drug and alcohol misuse problems. The CQC regulates:
- Hospital inpatient-based services
 - Community-based services
 - Residential rehabilitation services
44. Substance misuse services are offered by different types of providers, in both the NHS and independent sector.
45. Not all substance misuse service providers need to register with the CQC – this depends on the activities that they provide. The regulated activities that are most relevant to substance misuse services are accommodation for persons who require treatment for substance misuse, and/or treatment of disease, disorder and injury. Some substance misuse services may also be registered for other regulated activities, for example diagnostic and screening procedures.
46. Ratings of services in this sector would provide clear information on the quality of services for individuals seeking help with drug or alcohol misuse problems and for commissioners of services. Ratings may also encourage improvement by providers.

Results from Questions 19-22:

47. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree/Agree | % Response Strongly Disagree/Disagree |
|------------------------|--|--|
| 19 | 74.85 | 3.78 |
| 20 | 55.34 | 15.73 |
| 21 | 72.96 | 4.4 |
| 22 | 72.33 | 5.66 |

Termination of pregnancy services

48. Providers of these services are registered with the CQC to provide the regulated activity of the termination of pregnancy. Only providers of this regulated activity will be brought into scope of performance assessments in accordance with the new regulations.
49. Whilst the NHS does provide termination of pregnancies, individuals may prefer to go to an independent provider.
50. Access to clear information about the quality and safety of those providers will be of considerable help in making an informed choice.

Results from Questions 23-25:

51. As can be seen in the below table, the results from the consultation indicate that an overwhelming percentage of respondents agree with the principle that awarding performance assessments for this sector will help service users to make informed choices about which service they use and will facilitate comparison between newly rated services and services already rated by the CQC. Additionally, the results indicate that respondents agreed that there is sufficient variation in the quality of service to warrant expanding the scope of performance assessments to incorporate this sector.

| Question Number | % Response Strongly Agree/Agree | % Response Strongly Disagree/Disagree |
|------------------------|--|--|
| 23 | 71.07 | 7.55 |
| 24 | 52.2 | 15.1 |
| 25 | 69.19 | 7.55 |

Other Comments

52. The Care Quality Commission also said:

“In particular, we invite DH to draft amendments to the regulations which ensure that the CQC is able to inspect and rate new models of care, including where registered providers who currently fall within scope of ratings are joining new organisational forms which set up such a model”. –Care Quality Commission

Our Response

53. The necessary regulatory changes are in hand to enable the CQC to inspect and rate registered providers of these new services as they come into being.

Next steps

Regulations to come into force before November 2017

54. All sectors identified as part of the consultation, with the exception of non-hospital independent community healthcare providers, will be included in a new set of regulations which will impose a duty on the CQC to conduct performance assessment reviews for any other provider in the identified sectors who carry out specific regulated activities, and assign a rating for the quality and safety of the service provided. These include service providers of:

- Cosmetic surgery services (where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant)
- Independent ambulance services
- Independent dialysis services
- Refractive eye surgery services
- Substance misuse services
- Termination of pregnancy services

Further Consultation and Changes to the regulations

55. The expansion of the scope of ratings to include certain areas presents challenges in clearly identifying these sectors in regulations. The non-hospital independent community health service providers are not a discrete sector and carry out a diverse range of regulated activities. These providers cannot be easily identified by the regulated activities they undertake or other contractual or legal arrangements.

56. As mentioned previously, the CQC's confidence in assessing performance has now grown and as such we believe it is time to change approach. It has become apparent that instead of bringing particular service providers and regulated activities within scope of the performance and assessment regime we should proceed on the basis that all providers and activities are subject to the regime unless they are expressly excluded. We believe that this will bring parity and allow people to exercise choice when comparing services between those provided by the NHS and those provided by the independent sector.

57. Before undertaking this change of regulations we will be consulting on this new approach within this Parliamentary session and will be ensuring that those providers who will be brought into ratings by this new approach will have sufficient opportunity to raise any concerns through that consultation. Our proposal is to extend the CQC's duty to undertake performance assessments to all provider types unless the regulations specifically exclude them.

Annex A: Consultation Questions and Results

Question 1: What is your name?

Question 2: What is your email address?

Question 3: What is your organisation?

Question 4: Independent community health providers - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|----------------|-------|---------|
| Strongly Agree | 65 | 40.88 |
| Agree | 63 | 39.62 |
| Neither | 11 | 6.92 |
| Disagree | 4 | 2.52 |
| Not Answered | 16 | 10.06 |

Question 5: Independent community health providers - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|----------------|-------|---------|
| Strongly Agree | 36 | 22.64 |
| Agree | 54 | 33.96 |
| Neither | 33 | 20.75 |
| Disagree | 23 | 14.47 |
| Not Answered | 13 | 8.18 |

Question 6: Independent community health providers - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|----------------|-------|---------|
| Strongly Agree | 69 | 43.4 |
| Agree | 62 | 38.99 |
| Neither | 9 | 5.66 |
| Disagree | 5 | 3.14 |
| Not Answered | 14 | 8.81 |

Question 7: Cosmetic surgery providers - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 88 | 55.35 |
| Agree | 39 | 24.53 |
| Neither | 10 | 6.29 |
| Disagree | 9 | 5.66 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 12 | 7.55 |

Question 8: Cosmetic surgery providers - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 47 | 29.56 |
| Agree | 41 | 25.79 |
| Neither | 33 | 20.75 |
| Disagree | 23 | 14.47 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 14 | 8.81 |

Question 9: Cosmetic surgery providers - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 73 | 45.91 |
| Agree | 51 | 32.08 |
| Neither | 13 | 8.18 |
| Disagree | 7 | 4.4 |
| Strongly Disagree | 3 | 1.89 |
| Not Answered | 12 | 7.55 |

Question 10: Independent ambulances - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 57 | 35.85 |
| Agree | 51 | 32.08 |
| Neither | 23 | 14.47 |
| Disagree | 14 | 8.81 |
| Strongly Disagree | 2 | 1.26 |
| Not Answered | 12 | 7.55 |

Question 11: Independent ambulances - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 29 | 18.24 |
| Agree | 44 | 27.67 |
| Neither | 46 | 28.93 |
| Disagree | 24 | 15.09 |
| Strongly Disagree | 2 | 1.26 |
| Not Answered | 14 | 8.81 |

Question 12: Independent ambulances - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|--------------|----------------|
| Strongly Agree | 51 | 32.08 |
| Agree | 62 | 38.99 |
| Neither | 20 | 12.58 |
| Disagree | 11 | 6.92 |
| Strongly Disagree | 3 | 1.89 |
| Not Answered | 12 | 7.55 |

Question 13: Independent dialysis units - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 61 | 38.36 |
| Agree | 53 | 33.33 |
| Neither | 22 | 13.84 |
| Disagree | 5 | 3.14 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 17 | 10.69 |

Question 14: Independent dialysis units - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 30 | 18.87 |
| Agree | 55 | 34.59 |
| Neither | 39 | 24.53 |
| Disagree | 19 | 11.95 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 15 | 9.43 |

Question 15: Independent dialysis units - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 56 | 35.22 |
| Agree | 60 | 37.74 |
| Neither | 18 | 11.32 |
| Disagree | 7 | 4.4 |
| Strongly Disagree | 2 | 1.26 |
| Not Answered | 16 | 10.06 |

Question 16: Refractive eye surgery - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 69 | 43.4 |
| Agree | 63 | 39.62 |
| Neither | 9 | 5.66 |
| Disagree | 4 | 2.52 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 13 | 8.18 |

Question 17: Refractive eye surgery - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 38 | 23.9 |
| Agree | 61 | 38.36 |
| Neither | 30 | 18.87 |
| Disagree | 17 | 10.69 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 12 | 7.55 |

Question 18: Refractive eye surgery - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 65 | 40.88 |
| Agree | 64 | 40.25 |
| Neither | 12 | 7.55 |
| Disagree | 5 | 3.14 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 12 | 7.55 |

Question 19: Substance misuse centres - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 70 | 44.03 |
| Agree | 49 | 30.82 |
| Neither | 19 | 11.95 |
| Disagree | 3 | 1.89 |
| Strongly Disagree | 3 | 1.89 |
| Not Answered | 15 | 9.43 |

Question 20: Substance misuse centres - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 44 | 27.67 |
| Agree | 44 | 27.67 |
| Neither | 29 | 18.24 |
| Disagree | 22 | 13.84 |
| Strongly Disagree | 3 | 1.89 |
| Not Answered | 17 | 10.69 |

Question 21: Substance misuse centres - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 66 | 41.51 |
| Agree | 50 | 31.45 |
| Neither | 20 | 12.58 |
| Disagree | 6 | 3.77 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 16 | 10.06 |

Question 22: Substance misuse centres - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 66 | 41.51 |
| Agree | 49 | 30.82 |
| Neither | 18 | 11.32 |
| Disagree | 8 | 5.03 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 17 | 10.69 |

Question 23: Termination of pregnancy - Is this sector one where a rating is necessary to help you make an informed decision about which service to use?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 69 | 43.4 |
| Agree | 44 | 27.67 |
| Neither | 19 | 11.95 |
| Disagree | 9 | 5.66 |
| Strongly Disagree | 3 | 1.89 |
| Not Answered | 15 | 9.43 |

Question 24: Termination of pregnancy - Is there sufficient variation in performance across the sector for ratings to give a clear indication of which providers are good and which are poorly performing?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 40 | 25.16 |
| Agree | 43 | 27.04 |
| Neither | 37 | 23.27 |
| Disagree | 22 | 13.84 |
| Strongly Disagree | 2 | 1.26 |
| Not Answered | 15 | 9.43 |

Question 25: Termination of pregnancy - Will ratings of this sector enable the public, patients and commissioners to draw meaningful comparisons with services in hospitals and other sectors already rated by CQC?

| Option | Total | Percent |
|-------------------|-------|---------|
| Strongly Agree | 60 | 37.74 |
| Agree | 50 | 31.45 |
| Neither | 21 | 13.21 |
| Disagree | 11 | 6.92 |
| Strongly Disagree | 1 | 0.63 |
| Not Answered | 16 | 10.06 |

Question 26: Do you have any concerns about the impact of any of the proposals on people sharing protected characteristics as listed in the Equality Act 2010? (The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.)

Question 27: Do you have any further comments?

Annex B: New Regulations

STATUTORY INSTRUMENTS

2017 No. 0000

NATIONAL HEALTH SERVICE, ENGLAND

PUBLIC HEALTH, ENGLAND

SOCIAL CARE, ENGLAND

**The Care Quality Commission (Reviews and Performance Assessments)
(Amendment) Regulations 2017**

Made - - - - - ***
Laid before Parliament ***
1. Coming into force - - - - - ***

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 46(1) and (2) of the Health and Social Care Act 2008⁽⁶⁾.

Citation and commencement

These Regulations may be cited as the Care Quality Commission (Reviews and Performance Assessments) (Amendment) Regulations 2017 and come into force on [***].

Amendment of the Care Quality Commission (Reviews and Performance Assessments) Regulations 2014

—(1) The Care Quality Commission (Reviews and Performance Assessments) Regulations 2014⁽⁷⁾ are amended as follows.

In regulation 1(2) for the definition of “the 2010 Regulations”, substitute—

““the 2014 Regulations” mean the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014⁽⁸⁾”.

For the table in the Schedule, substitute—

“Table

| <i>Registered Service Provider</i> | <i>Regulated Activity</i> |
|------------------------------------|---|
| An NHS Trust | All regulated activities, except for surgical procedures as referred to in paragraph 6(1) |

⁽⁶⁾ 2008 c.14. Section 46 was substituted by section 91(2) of the Care Act 2014 (c.23).

⁽⁷⁾ S.I. 2014/1788.

⁽⁸⁾ S.I. 2014/2936, as amended by S.I. 2015/64, 643 and 664 and S.I. 2016/765.

| | |
|---|--|
| | <p>of Schedule 1 to the 2014 Regulations which is carried out in connection with any of the activities listed in Schedule 2 (activities for which licences may be granted) to the Human Fertilisation and Embryology Act 1990⁽⁹⁾ and for which a licence has been granted to that person under section 16 (grant of licence) of that Act.</p> |
| <p>An NHS Foundation Trust</p> | <p>All regulated activities, except for surgical procedures as referred to in paragraph 6(1) of Schedule 1 to the 2014 Regulations which is carried out in connection with any of the activities listed in Schedule 2 (activities for which licences may be granted) to the Human Fertilisation and Embryology Act 1990 and for which a licence has been granted to that person under section 16 (grant of licence) of that Act.</p> |
| <p>An independent hospital</p> | <p>All regulated activities except for surgical procedures as referred to in paragraph 6(1) of Schedule 1 to the 2014 Regulations which is carried out in connection with any of the activities listed in Schedule 2 (activities for which licences may be granted) to the Human Fertilisation and Embryology Act 1990 and for which a licence has been granted to that person under section 16 (grant of licence) of that Act.</p> |
| <p>A provider whose sole or main purpose is the provision of primary medical services pursuant to—</p> <p>(a) section 83(2) of the 2006 Act (primary medical services);</p> <p>(b) section 84 of that Act (general medical services contracts); or</p> <p>(c) section 92 of that Act (arrangements by the Board for the provision of primary medical services).</p> | <p>All regulated activities.</p> |
| <p>Any other service provider</p> | <p>Personal Care as referred to in paragraph 1 of Schedule 1 to the 2014 Regulations. Accommodation for persons who require nursing or personal care as referred to in paragraph 2 of Schedule 1 to the 2014 Regulations.</p> |

⁽⁹⁾ 1990 c. 37, to which amendments have been made by sections 11 and 16 of, and Schedule 2 to, the Human Fertilisation and Embryology Act 2008 (c. 22) and by S.I. 2007/1522.

Activity—

(a) within paragraph 3 of Schedule 1 to the 2014 Regulations (accommodation for persons who require treatment for substance misuse);

(b) of treatment for a disease, disorder or injury within paragraph 4 of Schedule 1 to the 2014 Regulations, to the extent that it is for the treatment for drug or alcohol misuse, where that is the main or sole activity carried out by the service provider;

(c) of diagnostic and screening procedures within paragraph 7 of Schedule 1 to the 2014 Regulations, to the extent that it is provided for or in connection with the diagnosis or treatment of drug or alcohol misuse, where that is the main or sole activity carried out by the service provider.

Activity of treatment for a disease, disorder or injury within paragraph 4(1) of Schedule 1 to the 2014 Regulations, to the extent that it is dialysis treatment.

Activity within paragraph 6 of Schedule 1 to the 2014 Regulations, to the extent that the surgery is carried out to the eye to correct refractive error.

Surgical procedures for cosmetic purposes within paragraph 6(1)(c) of Schedule 1 to the 2014 Regulations, where the procedure requires intravenous sedation, general anaesthesia or the insertion of an implant.

Activity—

(a) within paragraph 9(1) of Schedule 1 to the 2014 Regulations (transport services);

(b) of treatment for a disease, disorder or injury within paragraph 4 of Schedule 1 to the 2014 Regulations, to the extent that it is carried out in connection with the regulated activity within paragraph 9(1) of that Schedule;

(c) of surgical procedures within paragraph 6 of Schedule 1 to the 2014 Regulations, to the extent that it is carried out in connection with the regulated activity within paragraph 9(1) of that Schedule.

Termination of pregnancies as referred to in paragraph 11 of Schedule 1 to the 2014 Regulations.

Nursing Care as referred to in paragraph 13 of Schedule 1 to the 2014 Regulations.”

Signed by authority of the Secretary of State for Health.

Name

Minister of State

Date

Department of Health

EXPLANATORY NOTE

(This note is not part of the Regulations)

Section 46 of the Health and Social Care Act 2008 (“the 2008 Act”) imposes a duty on the Care Quality Commission (“the CQC”) to conduct reviews and performance assessments of the carrying on by prescribed registered service providers of such regulated activities as may be prescribed and to publish reports of such assessments. These Regulations substitute the table in the Schedule to the Care Quality Commission (Reviews and Performance Assessments) Regulations 2014 (S.I. 2014/1788) (which currently relates to NHS Trusts and Foundation Trusts, independent hospitals and providers of personal and nursing care and primary medical services) to expand the scope of the rating regime to include providers undertaking certain regulated activities relating to cosmetic surgery services, transport services, dialysis services, refractive eye surgery services, substance misuse services and termination of pregnancy services. The Regulations also take the opportunity to replace existing cross references to the now revoked Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (S.I. 2010/781) with references to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (S.I. 2014/2936).

A full impact assessment of the effect that this instrument will have on the costs of business, the voluntary sector and the public sector is available from Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS (39 Victoria Street, London SW1H 0EU from 12 November 2017) and is annexed to the Explanatory Memorandum which is available alongside the instrument on www.legislation.gov.uk.