



BRITISH GERIATRICS SOCIETY
SPECIALIST MEDICAL SOCIETY FOR HEALTH IN OLD AGE

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Patron: H.R.H. The Prince of Wales

Submission by the British Geriatrics Society to the Care Quality Commission on:

THE CQC STRATEGY FOR 2010-15

The Society is delighted to be given the opportunity to contribute to this debate.

1. Have we set the right priorities to improve the quality and safety of care?

The priorities set are right and in accordance with the British Geriatrics Society's views on promoting care for older people that is patient centred, integrated across various interdisciplinary services, of high quality and well regulated. The principles of dignity and respect are very important to us.

2. Are we planning to go about our work in the right way?

You are planning appropriately though you will need to consider and adapt according to the dynamics of financial constraints, changing demographics and health expectations that are poised to occur over the next few years in your strategy. Adequate training for your staff is important, as there was concern that CSCI were not always able to assess the issues of greatest importance in determining quality.

3. Are we clear about our role in improving the quality of care for people in the wider system?

Your role of monitoring and regulating the wider system is fairly clear; your approach of 'one size does not fit all' is most welcome.

4. How can our regulation:

Strengthen the voice of people in our assessments of the quality of care?

Improve services and organisations where performance is poor?

Contribute to better integrated and joined-up care?

-The wider nature of your regulation will provide a collective view of a whole range of service users rather than individual comments and experiences, thus will strengthen the voice of the people in your assessment.

-provide leverage to improve services where performance is poor

-The fact that CQC will be regulating care across a wide range of services will indirectly help in better joined-up care, as several of the indicators used to monitor the services will be common to all, and your work should enable examples of good practices to be shared across various services and organisations.

5. How can we streamline regulation most effectively?

You could streamline regulation by having electronic systems, obtaining as much information you need from existing data / information systems, being able to cross-reference various indicators of regulation, and ensuring that your quality indicators are mutually exclusive (the five you quote seem to be relevant and appropriate)

6. How can you support the achievement of our plans?

The British Geriatrics Society will be fully supportive of your achievements and will be happy to promote any improvements that occur in the quality and health and social care of older people due to the efforts of your commission

Professor Graham Mulley
President
For and on behalf of British Geriatrics Society
7th December 2009

Prepared for the BGS by Dr Mehool Patel Deputy Chair BGS England Council

The British Geriatrics Society

The British Geriatrics Society (BGS) is the only professional association, in the United Kingdom, for doctors practising geriatric medicine. The 2,500 members worldwide are consultants in geriatric medicine, the psychiatry of old age, public health medicine, general practitioners, nurses, allied health professionals, and scientists engaged in the research of age-related disease. The Society offers specialist medical expertise in the whole range of health care needs of older people, from acute hospital care to high quality long-term care in the community.

Geriatric Medicine

Geriatric Medicine (Geriatrics) is that branch of general medicine concerned with the clinical, preventive, remedial and social aspects of illness of older people. Their high morbidity rates, different patterns of disease presentation, slower response to treatment and requirements for social support, call for special medical skills. The purpose is to restore an ill and disabled person to a level of maximum ability and, wherever possible, return the person to an independent life at home.