

## The future regulation of health and adult social care

### Consultation questionnaire

Thank you for taking time to give us your views about the issues raised in the future regulation of health and adult social care consultation.

The consultation closes on 17 June 2008.

You will need to refer back to consultation document as you go through the questionnaire.

Please send your completed response to:

Consultation Response  
Room 5W55 Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

or e-mail: [registration.consultation@dh.gsi.gov.uk](mailto:registration.consultation@dh.gsi.gov.uk)

#### About yourself

It will help us to analyse the responses we receive if you fill in a few details about yourself.

Confidentiality: Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information that you have provided to be confidential. If we receive a request for disclosure of the information we will take full account of your request, but we cannot give an assurance that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and, in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Name

Professor Peter Crome

Job title

President

Organisation

British Geriatrics Society

Are you replying as an individual or on behalf of an organisation or group (please put an x in the appropriate box)?

	Individual
X	Group

If you are responding as an individual, do you work in health, social care or are you a member of the public?

X	health
	social care
	member of the public

Did you hold a meeting to discuss the document?

	yes
X	No

If the views you are submitting are the outcome of a meeting, can you describe what kind of people were at the meeting (for example, was it a group of people within an organisation, a group of people from across different organisations, a patient forum etc)?

N/a

We may wish to contact you to discuss your comments. If you are happy to do so, please fill in your contact details - that could be an e-mail address, phone number or postal address.

committees@bgs.org.uk

The details you provide here will not be shared with any third party.

## **RESPONSE TO CONSULTATION DOCUMENT ON FUTURE REGULATION OF HEALTH & ADULT SOCIAL CARE**

**This document is a consultation on the framework of health and adult social care providers right across independent as well as public health and social care sectors. It provides the registration requirements for all these providers who were previously under various umbrellas including Health Care Commission, Commission for Social Care Inspection and the Mental Health Act Commission, which will all be replaced from April 2009 by the Care Quality Commission.**

**The document sets out the registration requirements for various providers to be registered with this regulator, The Care Quality Commission (CQC). The proposal is to develop a coherent system of registration across health and adult social care based on one set of generic registration requirements. It will replace the currently operated registration for independent providers under the Care Standard Req 2000 and for the first time NHS providers will be within a legally binding system of registration where the registration requirements will replace the core standards within their current standards for better health assessed by the Healthcare Commission.**

**The main objectives of the registration system are to ensure that people using these services, no matter which service they use, are operating to the same requirements of safety and quality, enable independent and where necessary strong enforcement action and ensure a proportionate approach to monitoring compliance for registration requirements as well as establish a flexible system that can add up to the new and innovative service models.**

**The intention is to establish the Care Quality Commission in October 2008 and become operational in April 2009 when the functions of the Healthcare Commission, CSCI and MHAC will be transferred to the new commission. The new registration system will be implemented in full from April 2010.**

## **Chapter 2: Registration requirements for essential safety and quality**

You will be asked for your comments on the individual requirements later in the questionnaire.

We propose to introduce a generic set of registration requirements (set out in regulations) for all providers offering services that are within scope. These requirements will be supplemented by compliance criteria, to be developed by the Care Quality Commission, that are specific to the type of activity. These will be consulted on at a later date. Do you agree with this approach? Do you have any comments?

We agree with the approach of introducing a generic set of registration requirements for all providers as long as there is reasonable flexibility within the requirements to adapt to the nature of activity and level of care, that each specific type of service aims to provide.

We would have some reservations on the regulation focusing only on the type of care given rather than the setting in which it is given for example hospital or care home. This is because, as is clearly evident, the level of resources both in terms of personnel as well as equipment varies between the types of setting and therefore it would be important for the registration regulation to focus on both the type of care given as well as the setting in which the care is given.

Whatever the institute without adequate staffing levels the institute will fail on most of the measures, so we would recommend staffing levels and training of staff as being prime requirements for registration.

Are the areas covered by the registration requirements (set out in Annex A) the right ones to provide the assurance of the essential levels of safety and quality that we are aiming for? If not, are there any we need to add or take out?

We feel that the areas covered by the registration requirements in Annex A are appropriate as most of them are in fact commensurate to the standards laid out in the National Services Framework for Older People 2001. However, it will be important to pay attention to detail when the compliance criteria have been developed to the specific providers.

We again wish to emphasise the importance of adequate staffing levels and

training of staff as being key to any organisation's ability to meet any of the other proposed registration requirements.

Does the wording of the registration requirements in Annex A provide appropriate coverage of these areas? If not, what do we need to add?

The wording of the registration is appropriate.

Are there any overlaps, or gaps or unintended consequences that will not be picked up by other parts of the system? If so, what are they?

The 18 requirements should cover all domains of safety and quality of care that people have the right to expect. Requirements 6 & 7 could perhaps be amalgamated bearing in mind that people should get care in safe places using safe equipment. We do not believe that the two could be separated or need to be separated.

What are your views on the transition arrangements for existing providers to enter the new registration system?

The transition arrangements, in our opinion, for existing providers to enter the new registration system might be too short bearing in mind that if the Care Quality Commission is going to be implemented from April 2009 it will only be 12 months for all existing providers to enter the new registration which might be too short for it to be fully implemented. Secondly, there are bound to be resource implications in this transition and currently we do not find any extra funding or resources to support this transition.

### **Chapter 3: Scope - which health and adult social care services should be registered?**

You will be able to comment on the specific activity topics in Annex B of the document later in the questionnaire.

Do you agree with our proposed list of regulated activities in Annex B to be included within the scope of registration?

X	yes
	no
	don't know

Are there any high-risk services not covered? If so, what are they?

The Care Quality Commission should assume the role of regulating recommendation of personal care and further education since much of this education would be targeted towards rehabilitation and reorientation which involves a lot of health and social care rather than simple education. E.g. Young People Disability schemes.

Have we proposed any inappropriate registration of lower-risk services? If so, which are they?

We believe that alternative medicine especially acupuncture and homeopathy should be regulated given the fact that these services are very widespread across the nation and will continue to be increasingly used in future.

What are your views on the exclusion of non-urgent patient transport services under the Emergency and Urgent Care activity topic?

We believe it is appropriate to exclude non urgent patient transport services under the activity topic of emergency and urgent care. However, we believe that non-urgent transport services do need to be regulated as a means of ensuring those who require such services can have appropriately timed access to other services, e.g. outpatient appointments.

What are your views on the proposals for the registration of agencies who supply workers to other registered providers, under the 'Personal Care' and 'Nursing Care' activity topics?

Our view is that agencies supplying workers to other registered services should be subject to the regulations by the new Care Quality Commission as this will ensure competency and quality of the personnel that they supply.

Are the activities for registration described at the right level of detail, given that they will be underpinned by more specific and legally enforceable regulations? If not, what do we need to change?

Although telemedicine and telecare at the moment are not widespread and therefore the CQC is not proposing to register this would have to be reviewed fairly soon as centres providing hyper acute care for stroke would be employing such methods reasonably soon. Furthermore, as such systems are already in use, e.g. in dermatological and ophthalmology services, they should be included in the regulatory process soon.

Is there a risk of inappropriately de regulating high-risk activities in this approach? If so, what do we need to do to avoid that?

No

Have we determined the right situations in which to register a manager? If not, what do we need to change?

Yes

#### **Chapter 4: Registration of primary care**

Does the list of activities in Annex B appropriately capture the services, where people might be at risk of harm provided in primary care settings? In particular, do you agree with our proposal that ultimately all GP and primary dental services should be within the scope of registration? If not, what are your views?

Although we have little experience of working in primary care, it would seem

reasonable that GP and primary dental services should be within the scope of registration.

Does the list of activities in Annex B inappropriately capture some services that are less likely to cause harm when provided in primary care settings? If so, what are they?

Yes

What information would you expect the new Commission to draw on when making decisions? How could it best do this?

Unable to comment further as not within our clinical domain.

What is the scope for rationalising the existing requirements on primary care providers if a registration system is introduced?

When should services provided in primary care settings be required to register? Should we phase in registration?

If we do phase in registration, how should we determine the services to be captured?

Is our assessment of the costs and benefits in our accompanying Impact Assessment (available on the DH website, alongside the consultation document) reasonable? Do you have any additional information on impact that we could use?

**Annex A: Proposed topics for registration requirements - for essential levels of safety and quality**

If you have any specific comments on any of the proposed registration requirements, please tell us about them here.

**No specific comments, apart from those mentioned above**

**We agree with all the proposed requirements, subject to adequate resources**

You will need to refer back to Annex A of the document to see the detailed explanation of the requirement.

Requirement 1. Making sure people get care and treatment that meets their needs safely and effectively

[Empty box]

Requirement 2. Safeguarding people when they are vulnerable

[Empty box]

Requirement 3. Managing cleanliness, hygiene and infection control

[Empty box]

Requirement 4. Managing medicines safely

[Empty box]

Requirement 5. Making sure people get the nourishment they need

[Empty box]

Requirement 6. Making sure people get care and treatment in safe, suitable places which supports their independence, privacy and personal dignity

[Empty box]

Requirement 7. Using equipment that is safe and suitable for people's care and treatment and supports people's independence, privacy and personal dignity

[Empty box]

Requirement 8. Involving people in making informed decisions about their care and treatment

[Empty box]

Requirement 9. Getting people's ongoing agreement to care and treatment

[Empty box]

Requirement 10. Responding to people's comments and complaints

[Empty box]

Requirement 11. Supporting people to be independent

Requirement 12. Respecting people and their families and carers

Requirement 13. Having arrangements for risk management, quality assurance and clinical governance

Requirement 14. Keeping records about the provision of care and treatment

Requirement 15. Checking that workers are safe and competent to give people the care and treatment they need

Requirement 16. Having enough competent staff to give people the care and treatment they need

Requirement 17. Supporting workers to give people the care and treatment they need

Requirement 18. Working effectively with other services

### **Annex B: Scope**

If you have any specific comments on our proposals for the scope of regulation please tell us about them here.

You will need to refer back to Annex B of the document to see the lists of activities.

Do you have any comments on the proposals under the activity topic: **Personal care**

Do you have any comments on the proposals under the activity topic: **Accommodation together with personal or nursing care**

Do you have any comments on the proposals under the activity topic: **Accommodation together with intensive treatments**

Do you have any comments on the proposals under the activity topic: **Accommodation together with personal care and further education**

Do you have any comments on the proposals under the activity topic: **Palliative care**

Do you have any comments on the proposals under the activity topic: **Surgical services**

Do you have any comments on the proposals under the activity topic: **Dental services**

Do you have any comments on the proposals under the activity topic: **Diagnostic services**

Do you have any comments on the proposals under the activity topic: **Specialist medical services**

Do you have any comments on the proposals under the activity topic: **Emergency and urgent care**

Do you have any comments on the proposals under the activity topic: **Maternity services – obstetrics and gynaecology**

Do you have any comments on the proposals under the activity topic: **Termination of pregnancy**

Do you have any comments on the proposals under the activity topic: **Specialist mental health services**

Do you have any comments on the proposals under the activity topic: **Detention or deprivation of liberty for care or treatment**

Do you have any comments on the proposals under the activity topic: **Nursing care**

Do you have any comments on the proposals under the activity topic: **Prescribing, administration, sale and supply of medicines**

Do you have any comments on the proposals under the activity topic: **Therapies**

Do you have any comments on the proposals under the activity topic: **Telemedicine and telecare**

Do you have any comments on the proposals under the activity topic: **Primary medical services**

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**Equalities Monitoring**

You do not have to complete these questions if you do not wish to but it will help us to understand the views of different groups.

The information you provide will be treated as confidential. It will not be saved by the Department of Health once the consultation has been completed. It will not be shared with any other person or organisation.

The ethnic groups used are standard categories for collecting ethnic group information. Using these codes will help us to analyse the responses we get to the consultation. The list of groups is designed to allow most people to identify themselves. The list is not intended to leave out any groups of people but to keep the collection of ethnic information simple.

**Ethnicity**

Please indicate your ethnic group

	White British
	White Irish
	Any different White background
	White and Black Caribbean
	White and Black African
	White and Asian
	Any different mixed background
	Indian
	Pakistani
	Bangladeshi
	Any different Asian background
	Black Caribbean
	Black African
	Any different Black background
	Chinese

If your ethnic group is not in the list, please fill in the box below

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**Disabilities or impairments**

If you have an impairment, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, you may wish to fill in the "other impairment" box, specifying the type of impairment:

	physical impairment - such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
	sensory impairment - such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment
	mental health condition - such as depression or schizophrenia
	learning disability/difficulty
	autistic spectrum disorder
	long-standing illness or health condition such as cancer
	HIV
	Diabetes
	chronic heart disease
	Epilepsy

Other impairment - please state.

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**Age**

Please click in the button that shows your age

	under 25
	25-34
	35-44
	45-54
	55-64
	65 or over

Thank you for completing the questionnaire.

Please send your completed response to:

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