

THE CARE QUALITY COMMISSION (CQC) CONSULTATION SCHEDULE 2008/ 2009

1.0 Introduction

The purpose of this paper is to inform the Board of the schedule of consultations which the CQC are releasing and the PCT response to the first consultation which has now finished. The immediate actions required are summarised in attachment 2.1.

2.0 Schedule

The CQC has a series of consultation planned over the next year, as in the table below. These consultations will inform the PCT about how the CQC process will be implemented and of the actions they will be required to take.

Consultations	Time period
Enforcement policy	October 2008 – January 2009
Periodic reviews and special reviews and studies in 2009/10	December 2008 – March 2009
Statement of user involvement	January – March 2009
Five-year strategy	Spring/summer 2009
Registration guidance for 2010/11	Summer 2009
Reviews in 2010/11	Summer 2009

The Deputy Director of Performance & OD asked for feedback and comment from Directors to collate a response to the CQC.

Responses have been received from 3 Directors on the first consultation, which has now closed. Some feedback has also been received on the second consultation, which has not yet been submitted.

3.0 Comments on CQC Enforcement in 2009/10 Consultation

3.1 The CQC launched its consultation on 24th October 2008 on its enforcement policy. The CQC ran a consultation event at Aston Villa Football Ground on 25th November which was attended by 3 PCT staff for all or part of the day. Feedback was given by the 3 attendees.

3.2 During 2009/10 the enforcement powers in the 2008 Act will only apply to NHS providers in relation to healthcare-associated infection (HCAI). (See Medical Director's paper) For other purposes, the CQC will use the same powers and the same enforcement frameworks that the Healthcare Commission and CSCI use now (those in the CSA 2000). From 1 April 2010 health and adult social care providers, and in some cases managers, will be subject to the full range of powers under the 2008 Act.

3.3 The CQC asked three questions in response to the consultation.

The responses are summarised below.

1. Do you agree with our proposed principles and overall approach to enforcement?

A. The PCT endorses the principles set out but seeks further explanation on how the process will be implemented and how the CQC will ensure that it has the right people in place to undertake the review and enforcement.

2. Do you agree with the circumstances and manner in which we intend to use each enforcement power?

A. The examples used were mainly in Social Care and the one NHS example was not very realistic so it was not clear how the CQC would really respond in the case of a an incident occurring.

In general, from the processes described, the enforcement powers appeared acceptable. However, how this would be enacted would have to be demonstrated to understand the process and the severity of the penalties more fully and this will need to be delivered at a later date.

B, Learning from the enforcement will be of significant importance to all providers, both to help those at risk take avoidance actions as well as helping those embroiled in the process to understand the direction of travel.

3. Does the way in which we propose to work with other organisations ensure a co-ordinated approach to enforcement?

A. Whilst the right aspirations are expressed by the CQC to work with other organisations in a co-ordinated fashion, only time will tell. Some organisations such as Monitor will need to be fully engaged to ensure that work is aligned.

Overall, the consultation document was viewed as non-contentious and set the process and direction of the work which would be carried out, without detail.

Further information on the CQC consultations and schedules can be found at <http://www.cqc.org.uk/consultation.aspx>

5.0 Recommendation

It is recommended that the Board notes the schedule of consultation for the process of review, registration and guidance with the Care Quality Commission.

Rosey Monaghan
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