

1. Who has to publish a Quality Account?

The requirement to publish a Quality Account only covers services:

- that are NHS services, i.e. a PCT has commissioned them (if this is not the case, then for our purposes you are not providing NHS services, even if the patients are NHS patients, and you will not need to publish a Quality Account);
- **not** primary care services or NHS continuing care (the Regulations set out the definitions of these); and
- your organisation is **not** a small provider (total income for the organisation from NHS services per annum is not more than £130,000 **and** you have less than 50 staff).

2. What kind of services are in scope?

The legislation applies to all NHS healthcare providers, but exempts some services (the possible ending of the exemption for other sectors is currently under discussion and testing).

Primary care services and NHS continuing care are currently **exempt** from producing a Quality Account.

The definition of “primary care services” are set out in the regulations for Quality Accounts, which in turn refer back to the NHS Act 2006.

“Primary care services” are NHS services provided under a contract, agreement or arrangement made in relation to the following services:

- primary medical services
- general medical services
- general dental services
- primary dental services• ophthalmic services
- pharmaceutical services
- additional pharmaceutical services
- local pharmaceutical services schemes

Or primary medical, dental or ophthalmic services provided by a PCT.

We are removing the exclusion for community providers, but an exclusion for NHS continuing care will remain in the Regulations, therefore providers of NHS continuing care do not need to produce Quality Accounts this year.

3. Do Hospices need to produce a Quality Account

Hospices who have been commissioned by a PCT to provide NHS healthcare (for example using the NHS community contract) should produce a Quality Account (as long as they are not a small provider). In the case of Quality Accounts, service level agreements to provide NHS care does not fall into our definition of NHS service. Hospices may find it difficult to report just on their NHS services, they should attempt to show at high-level, how the organisation measures quality, involve patients and, how they strive for improvement.

4. Have the revised Regulations been published.

Yes. The Regulations have now been made and are available at <http://www.legislation.gov.uk/uksi/2011/269/made>

One of the main findings from our evaluation of Quality Accounts was that providers felt that guidance was issued to late in the reporting year. Therefore, this year we issued the toolkit earlier in the reporting year.

5. How do I know what the mandated statements now look like?

The statements are clearly set out in Chapter 4 of the toolkit. The amendments to last year are also detailed on page 91 of the Toolkit.

6. I'm a community provider but all my services are transferring to another provider from 1 April 2011. Do I need to produce a Quality Account?

An organisation's Quality Accounts reports on services **they** provided in the previous reporting period. Therefore, in this case the community provider should produce a 2010-11 Quality Account reporting on the community services they provided 1 April 2010 to 31 March 2011.

As the community provider will cease providing services from 1 April they do not have to produce priorities for improvement, however the provider taking over the community services should consider them when setting priorities in their 2010-11 Quality Account.

7. I'm an FT, do I have to produce a Quality Account if I am producing a Quality Report?

Yes. Monitor's annual reporting guidance requires NHS Foundation Trusts to include a report on the quality of care they provide within their annual report. NHS Foundation Trusts also have to publish a separate Quality Account each year, as required by the NHS Act 2009, and in the terms set out in the Regulations. This Quality Account will then be uploaded onto NHS Choices.

Monitor's annual reporting guidance for the Quality Report incorporates the requirements set out in the Department of Health's Quality Accounts

Regulations, as well as additional reporting requirements set by Monitor. This is available from Monitor's website.

NHS Foundation Trusts may therefore produce one account/report incorporating Monitor's additional reporting requirements that satisfies both the sets of requirements, for inclusion in their annual report and for uploading to NHS Choices. Equally, NHS Foundation Trusts may produce differing accounts and reports to satisfy each set of requirements, should they not wish Monitor's additional reporting requirements to be included in the Quality Account uploaded onto NHS Choices.

8. Does a provider have to provide a Quality Account per site or per organisation?

The duty to publish a Quality Account falls on a body or person providing the NHS services. So multi-site organisations need only produce one Quality Account covering the quality of healthcare provided across the organisation.

In order to make the report more meaningful to service-users at a local level, it is suggested that large multi-site organisations provide site-specific data on the quality of healthcare services provided and ensure that the report covers the quality of healthcare across all sites. If a provider operates on a national or regional level, it is highly likely that the commentary given by PCTs, LINKs and OSCs would be critical of a failure to account for the spread of activities.

9. Does a third sector provider have to report on all the healthcare services they provide?

The requirement to publish a Quality Account applies to all providers of NHS services with the exception that providers will be exempt from reporting on any primary services. So, a GP practice will not have to provide a Quality Account in 2011 because they only provide primary care services. This requirement applies to all such providers, whether they are voluntary sector or not. Therefore, third sector providers will need to publish a Quality Account this year if:

- their services are NHS services, i.e. a PCT has commissioned them (if this is not the case, then for our purposes you are not providing NHS services, even if the patients are NHS patients, and you will not need to publish a Quality Account);
- they are not a small provider
- and they are not primary care services (the Regulations set out the definitions of these) or NHS continuing care.

This means that if a third sector provider is commissioned to provide NHS services but also provide services that are funded through charitable

contribution or a Section 64 grant, they only have to report on those services that have been commissioned by a PCT.

10. Which organisations can upload their Quality Account to their NHS Choices page?

All acute and mental health trusts can upload their Quality Account to their profile page on NHS Choices. Please contact your member of staff who can upload Quality Accounts to your profile. Please contact the choices help desk if you have any difficulty uploading thechoicesteam@nhschoices.nhs.uk.

11. If I have not got access to upload my Quality Account to NHS Choices what should I do?

Those providers who do not have the ability to upload Quality Accounts should send their Quality Account in a PDF format to uploadQualityAccount@dh.gsi.gov.uk. The Quality Account will then be loaded onto the Quality Accounts page on NHS Choices.

12. Do I have to print off hard copies of my Quality Account? There is no mention of this in the Regulations for Quality Accounts.

There is a legal requirement in the 2009 Health Act (and therefore does not have to be referred to in the Regulations) that you make available hard copies of the Quality Account (for the last two years) if requested. It is also worth noting that you have to put a notice up in your premises saying where people can obtain copies. This requirement is also found in the Health Act.

13. Can I change the format of the mandated statements to better suit the purposes of my organisation?

No. You should respond to the statements as they are written in the regulation (and described in the toolkit). A set of nationally mandated statements have been included in Quality Accounts to allow the reader to make comparisons between organisations. Where some statements might not be relevant to all organisations, an alternative statement is provided for these providers to include in their Quality Account.

However, where a provider feels that these statements do not provide a rounded picture of their organisation, they can clarify the information conveyed by adding an additional comment in part 1 or 2. If the size of this additional content is likely to disrupt the flow of parts 1 or 2, then the provider should make use of part 3 to expand upon their story.

14. In which sections of the Quality Account do I report on my future priorities and report back on progress towards the previous year's priorities?

A description of future health care areas for improvement should be reported in Part 2 of the Quality Accounts (the nationally mandated section). You should also report on your progress towards previously reported priorities for improvement in either Part 2 and/or Part 3 (your locally decided review of quality performance).

For example, in Part 2 you could say, we have three priorities for this year (list the priorities for this year), and go on to say that previously our priorities have been X and we achieved them by Y.

But you may wish to also mention them in Part 3 when discussing the review of quality performance.

15. For the statements that report on the actions following national and local audits, do I have to describe in the response every action the provider intends to do following a review of the audit?

The Regulations require providers to complete the following statements:

"The reports of [number] national clinical audits were reviewed by the provider in [reporting period] and [name of provider] intends to take the following actions to improve the quality of healthcare provided [description of actions]."

and

"The reports of [number] local clinical audits were reviewed by the provider in [reporting period] and [name of provider] intends to take the following actions to improve the quality of healthcare provided [description of actions]."

Where it is not practical to list all the actions a provider intends to take following a review of an audit then it is acceptable to provide a brief summary of all the actions, highlighting those of greatest importance, and preferably including a link to where further information can be found.

16. Why is a provider's Quality Account only being sent to the LINK in which the provider's principal office is located? Not all the provider's service-users will be represented by that one LINK.

The legal requirement for providers (set out in the Regulations for Quality Accounts) is that they send their Quality Account to one LINK only. In order to write this requirement in the regulations we had to very specifically define which LINK the provider was to send their Quality Account to and this was achieved by describing the geographic location of the LINK.

This is a minimum requirement – providers and LINKs are free to do more – and we would encourage them to do so, if not for this first year then certainly subsequently.

Quality Accounts provide an opportunity for local LINKs to discuss NHS healthcare matters together as well as providing the opportunity for healthcare providers to talk to their stakeholders.

We have asked providers to send their Quality Account to the LINK in their local authority area only in order to keep the burden of doing this to a minimum, particularly in the first year of Quality Accounts. This is a minimum legal requirement and we hope that in time organisations, particularly those who are national and/or multi-site organisations will engage fully with all the LINKs representing their patients and that local LINKs get together to discuss Quality Account and local healthcare issues.

17. Does an OSC have to supply a statement for every Quality Account it is sent?

No. The role of LINKs in providing assurance over a provider's Quality Account is a voluntary one. Depending on the capacity of the LINK to review Quality Accounts, a LINK may decide to prioritise and comment on those providers where members and the service users they represent have a particular interest. It would be helpful to let the provider know as soon as possible that you do not intend to supply a statement, so that this does not hold up their publication.