



RCN Policy Unit

Policy Briefing 06/2008

Framework for the Registration of Health and Adult Social Care Providers

RCN response to the consultation by the
Department of Health

Revised June 2008

Royal College of Nursing
Policy Unit – Room 209
20 Cavendish Square
London
W1G 0RN

Telephone 020 7647 3754
Fax 020 7647 3498
Email policycontacts@rcn.org.uk

Introduction

The Department of Health launched a consultation to seek views on the registration of health and adult social care providers, including the regulation of primary care services to ensure patients continue to receive safe, good quality care closer to home. The document entitled '*A consultation on the framework for the registration of health and adult social care providers*' puts forward proposals on which services will be required to register with the new regulator and the requirements that they will need to meet.

This consultation is the next stage in the development of the future regulation system for health and adult social care. The consultation follows on from the previous consultation on the future regulation of health and adult social care (November 2006), and the response to that consultation, which was published in October 2007.

What does the consultation document propose?

The aim is to develop a coherent system of registration across health *and* adult social care. This will be based on one set of generic 'registration requirements', which all providers will have to meet for any service they offer that comes within the scope of registration. Providers will need to demonstrate that they can meet the essential levels of safety and quality required for registration and will need to continue to meet them to maintain their registration.

The Department of Health proposed that there should be 18 registration requirements, which will cover the *essential* levels of safety and quality of care that people have a right to expect. A full list of the proposed 18 registration requirements is attached at Appendix 1.

They will be independently enforceable by the Care Quality Commission but will not represent the limit of the expectations for the quality of health and adult social care. Improvements above levels of essential safety and quality will be encouraged and secured by other levers in the system – for example, through better commissioning, people exercising choice and the new Commission's review and report functions.

In order to ensure that new regulatory arrangements are proportionate the consultation document asked the following:

- Is the general approach correct (i.e. moving towards a light touch, risk based regulatory framework)?

- How should a new registration system interact with the existing systems for monitoring GP performance, such as monitoring by the Primary Care Trust (PCT) and performance reviews, to minimise the burden of regulation on primary care services?
- Which health and adult social care services should require registration with the Care Quality Commission; and what the requirements for registration should be in place?
- The consultation also seeks views on when providers of regulated services should be required to have a registered manager, and how primary care services should be included in the new registration system?

What will the CQC framework cover?

Services are grouped in 16 proposed regulated activities - chapter 3 (Table 2) of the consultation document set out proposals for the list of health and adult social care services that the Government currently believes should come within the scope of registration. The table below shows the 16 proposed regulated activities.

- | | |
|--|---|
| ○ Personal Care | ○ Nursing Care |
| ○ Accommodation together with intensive treatments | ○ Accommodation together with personal care & further education |
| ○ Palliative Care | ○ Surgical services |
| ○ Dental Services | ○ Diagnostic services |
| ○ Specialist medical services | ○ Emergency and urgent care |
| ○ Obstetrics and gynaecology | ○ Termination of pregnancy |
| ○ Specialist mental health services | ○ Detention or deprivation of liberty for care or treatment |
| ○ Accommodation together with personal or nursing care | ○ Primary medical services |

There are a further 3 activities identified as not requiring registration as a

The definition of nursing in the consultation covers nursing care where it is not provided as part of another registered activity e.g. nursing care in nursing homes and nursing services in people's own homes. This includes district nurse services, some primary care trust (PCT) community nursing services and nursing agencies supplying nurses to provide care in people's own homes. Community nursing services not in people's homes, such as school nurse or health visitor services would not have to register.

Annex B of the consultation document covers in more detail the proposed scope of the registration requirements. This includes pages devoted to personal care (page 75), palliative care (page 79) and stand alone nursing care (page 86).

Controversially this consultation also includes the proposal for registration of 'primary medical services' (including those provided by GP and dental practices), which now provide more complex services to a high volume of patients in community settings.

Although GPs and other healthcare professionals are individually registered by their professional governing bodies, the services provided in primary care and community settings are becoming more complex. The

Future consultations on the role and function of the CQC should offer more detail about how public, clinical and provider experience will be reflected in the developing framework.

The structure of CQC should give the service users, the public and clinicians confidence that they understand the nature of the business of delivering health and social care and should be flexible enough to adapt to new forms of service delivery.

Reducing the burden but increasing consumer confidence – the public will demand that a regulator has real teeth and is able to develop and direct providers to improve where standards slip. The framework needs to be robust and credible and capable of withstanding external scrutiny.

An over reliance on self assessment of performance is unlikely to be accepted by the public in light of concerns around existing regulators such as CSCI and the apparent lack of influence of other similarly commissioned, risk based regulators for e.g. in the public utilities market and train networks.

The profile of health and social care concerns has never been higher, patients and the public will demand a regulator with real teeth who is able to investigate, develop and if necessary, intervene and direct providers not only to ‘essentially pass’ but to excel in what they do.

Should Primary Medical Services be covered?

We strongly support the proposal that all GP and primary dental services should be within the scope of registration for a number of reasons.










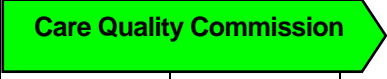
Firstly, the majority of the population access health and some social care services via their GP in the first instance. However the absence of any regulation has meant that there is a lack of consistent and accessible information about ‘what happens and how’ at the practice level and members of the public are often unable to compare one practice to another when choosing a practice in all but a limited manner.

Secondly, many of our 390,000 members work in practice settings or under the supervision of GPs. Whilst there are many examples of good practice, more action needs to be taken to ensure that GP services implement good employment practices similar to those described in the proposed topics for registration requirements 15, 16, 17 and 18. The ‘Working In Partnership Programme’ produced a toolkit for HCAs and Nurses working in general practice which gives all the information required to develop high standards of employment practice.

Appendix 1

Appendix 2

Timetable for implementation of the new framework

Process / proposed date	2006/7	2007/8	2008/9	2009/10	2010/11
Consult on new Regulatory Framework					
Passage of Health and Social Care Bill					
Consult on registration scope and requirements			 Principles & regulations		
“shadow” Care Quality Commission			 Appt Chair & CEO		
CQC Operational					
New enforcement powers for HCAI					
New registration system					
Assessment/publication of comparative info about commissioners	 Healthcare Commission & CSCI			 Care Quality Commission	

(adapted from the DH, 2008)