Health Service
Guidelines

NHS Management Executive

The Patient's Charter: monitoring and publishing information on performance

HSG(92)36

The Patient's Charter : monitoring and publishing information on performance

20 August 1992

Addressees:

For action:
Regional Health Authorities
District Health Authorities
Special Health Authorities
Directly Managed Units (incl ambulance services)
NHS Trusts
Family Health Service Authorities
General Practitioner fundholders (incl new wave)

For information:
General Practitioners
Community Health Councils

From:

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Executive summary

The Patient's Charter is a key priority for the Health Service. This priority is reflected in regional corporate contracts for 1992/93. NHS managers will therefore need to ensure that they are fully informed about performance against Charter Rights and Standards and to take action where there are problems.

The Patient's Charter gives the public a Right to detailed information on local health services and they will expect to have this available in an accessible and meaningful form.

The NHS Management Executive (NHSME) attaches the highest priority to the Charter's implementation and will be scrutinising outcomes throughout the NHS via the Performance Management Directorate's (PMD) close links with Regional Health Authorities (RHAs) and Special Health Authorities (SHAs). RHAs will be expected to make sure that DHAs monitor performance against the Patient's Charter Rights and Standards through contracts and ensure that the commitments given in the Charter are met.

The purpose of this guidance is to set out

- ways in which purchasers and providers can monitor performance against Charter Rights and Standards;
- what information on performance will be required by the NHSME; and
- what information should be published and therefore made available to the public.

This guidance needs to be read in conjunction with the general guidance on the implementation of the Patient's Charter set out in HSG(92)4.

Further guidance

Further guidance on data definitions and Korner minimum data sets will be issued to Directors of Information Services and General Managers very shortly. This additional guidance will also contain detailed advice on using sample surveys as a way of measuring performance on Patient's Charter Rights and Standards.

Annexes

Annex 1 provides broad guidance for RHAs, DHAs, GPFHs, DMUs, Trusts and SHAs on:

- monitoring;
- information required by the NHSME, including exception reports.
- publication of information on performance against Rights and Standards;

Annex 2 sets out the quarterly monitoring action required by the NHSME on key Charter Standards.

Annex 3 provides a model layout for transmitting quarterly information to the NHSME.

Enquiry points are set out in appendix A.

Action

RHAs will need to:

- ensure effective monitoring by purchasers;
- report regularly to the NHSME on their regions' performance particularly on specified key Standards and on individual provider units on an exception basis;
- ensure that purchasers publish relevant information, such as local Charter Standards;
- ensure that purchasers publish annual reports on the performance of their principal providers.

Purchasers (DHAs and GPFHs) will need to:

- monitor providers' performance and take action where performance is poor;
- provide RHAs on a quarterly basis with information on specified key Standards, on individual provider units on an exception basis and with examples of good practice;
- publish annual reports (DHAs) or annual statements (GPFHs) on principal providers' performance;

Providers (DMUs, Trusts and SHAs) will need to :

- ensure effective implementation of Charter Rights and Standards;
- provide purchasers with information on performance against Charter Rights and Standards.

Monitoring

1.1 All parts of the health service will need to confirm that the Rights and Standards, *both national and local,* set out in the Patient's Charter are being achieved. Regional health authorities (RHAs) are accountable to the NHSME, through corporate contracts, for their Districts' performance and for taking action to ensure any problems are remedied.

1.2 The Performance Management Directorate (PMD) will be regularly discussing outcomes of monitoring of the Patient's Charter through its normal contact with RHAs.

1.3 RHAs should look to District Health Authorities (DHAs), as purchasers of health care provision, to ensure that the Patient's Charter Rights and Standards are achieved. DHAs will also need to agree action, under the contracting arrangements, on any problem areas. RHAs should approach ME Outpost Directors where any problem arises in an NHS Trust which cannot be speedily resolved under the contracting arrangements.

1.4 GP Fundholders, (GPFHs) in their role as purchasers, are best placed to monitor performance against relevant Charter Rights and Standards set in their own contracts with providers. They will need to agree with provider units the data requirements sufficient to enable them to monitor performance. Fundholders who have mirrored DHAs' contracts will be able to use, if they wish, the data on performance against contract standards produced by the provider for the DHA.

1.5 DMUs will be expected to provide reports at least quarterly to those purchasers with whom they are mainly contracted on performance against Rights and Standards. PMD will shortly be issuing advice to purchasers to ensure that every provider will be monitored and performance reported. The information which will need to be collected and passed to DHAs must be agreed with purchasers and satisfy both the purchaser's and the provider's own needs for management information. However, where provider units hold contracts with a number of purchasers, they should not be expected to collect data on performance in respect of the services provided for the actual patients covered by a particular contract - unless higher standards have been set in the contract.

1.6 As providers of services, the SHAs have the same responsibilities as DMUs and Trusts. They will be expected to monitor performance against Charter Rights and Standards within their own authorities and report quarterly to the SHA Management Unit of PMD and their main referring DHAs.

1.7 Regional and District health authorities should discuss with local community health councils how CHCs can play a full role in helping to monitor the Patient's Charter.

1.8 All monitoring should be from the patient's viewpoint whenever possible. This means the development of patient-based concepts of measurement to supplement existing purchaser and provider perspectives. Patient surveys may be useful in this respect, allied to other methods of obtaining patient views. Statistically valid sampling exercises are an acceptable form of monitoring some areas of activity. CHCs are well-placed to advise on obtaining local patient perspectives.

1.9 Further information will be issued shortly to Directors of Information Services and General Managers on data definitions including the new items that have been added to the minimum data sets and agreed with CRIR. This guidance will also include information on employing sample surveys since it is expected that authorities and provider units will make much use of sampling to extract relevant data. Sampling will be a continuing feature in the collection of information on Charter activity and in particular may have to be used extensively to obtain the data required for the September return (see annex 1 para 2.1).

Information required centrally

2.1 To make sure the Patient's Charter is firmly in place and the appropriate monitoring systems are operational, RHAs and SHAs will be required to provide information to the NHSME, via FCIB2(CARP), on a quarterly basis in the first instance. The first return will be for the period ending 30 September 1992 and should be submitted to the NHSME by 31 October 1992. The data for this return should consist of hard information as at 30 September plus any other available information collected since 1 April 1992. Collection of data at this point will be particularly important because of the need to establish a benchmark against which future progress can be measured.

2.2 Annex 2 sets out the data requirements of the NHSME. Annex 3 sets out a specimen form for the return of all relevant information. This includes material on performance against the 5 key Standards specified in Annex 2, exception reports and good practice reports. For the future, in the light of experience, the Management Executive will be reviewing the extent of central monitoring of the Patient's Charter.

2.3 At the time of the preparation of their quarterly returns, RHAs should consider the performance of the Region as a whole and inform the NHSME of any significant problems generally and of individual serious problems in meeting Rights and Standards and consider the need for an exception report, describing the problem and confirming it is being addressed. Examples where an exception report would be appropriate are given in annex 3.

2.4 The NHSME believes that it is important that a full view of progress on the Patient's Charter is developed and is therefore keen for Regions and SHAs to provide information on good practice where this is readily available. Good practice material might include examples of any innovative practices or outstanding performances on implementing national and local standards.

2.5 The SHA Management Unit will be required to report quarterly on the SHA group position in the same way as RHAs. SHAs will therefore be expected to provide quarterly reports to the Unit at the same time as they submit their usual quarterly statistical returns (QMOs), and to offer examples of good practice.

2.6 The NHSME will be drawing upon other sources of information already collected centrally to monitor HAs performance, eg. Korner data and Fast Track information on inpatient waiting times and Korner data on NHS transport performance against ORCON standards.

Publication

3.1 A key part of the Citizen's Charter is the expectation that the public will receive information on available services, in particular on the Standards which have been set and on performance against them. This is expressed in the Patient's Charter in two ways. Firstly, through the new Right to detailed information on local services, including quality standards and maximum waiting times, and in the requirement to publish more general information on services available: secondly, in the requirement for health authorities to tell the public how successful they have been in relation to National and Local Charter Standards.

3.2 Guidance on how to publicize the prospective type of information identified in the Right to information was given in HSG(92)4.

3.3 The requirement to report to the public on performance against Charter Rights and Standards will involve purchasers publishing information in the form of an annual report. Where purchasers hold contracts with more than one provider, the DHA will be expected to publish information on the performance of their principal providers (see para 1.5 annex 1), including SHAs.

3.4 The public will want to be able to see, in a readily accessible manner, just how successfully their local Health Services have performed in respect of the National Charter Rights and National and Local Charter Standards.

Therefore the information contained in annual reports should be set out in such a way as to allow the public to see and compare each of the principal provider's performance clearly. The report should cover performance on all appropriate Charter Rights and Standards, including the 5 Local Standards set out in the Charter and should give some indication of the extent to which they have been achieved. A statistical presentation will not be feasible or adequate for all the Rights and Standards. In these cases, brief descriptions of action taken to achieve the Right or Standard will be appropriate.

3.5 GPFHs will be expected to issue an annual statement to their patients, copied to the Regional Health Information Service, the FHSA and the CHC. The statement should list providers with whom the practice holds contracts (including cost per case contracts), and should include the information outlined in paragraph 3.3. Fundholders should include for each of the providers listed as much of the information as is relevant to that provider and to that particular contract. GPFHs should separately also inform the RHA immediately of any case where a contract with an NHS provider has had to be cancelled because of persistent non compliance with national/local standards.

3.6 Regional health information services should be provided with all annual reports published by DHAs, DMUs, Trusts, SHAs, FHSAs and GPFHs.

3.7 We will be discussing with the NHS whether further guidance is needed on preparing and publishing annual reports.

Complaints

4.1 The Patient's Charter requires health authorities and NHS hospitals to publish details regularly of both the number of complaints received and how long it has taken to deal with them.

4.2 District health authorities should fulfil this requirement by publishing in their annual reports such details of complaints received by their principal providers. Providers should supply this information to DHAs for publication.

4.3 FHSAs and GPFHs will also be publishing information on complaints. Further guidance will follow.

Central publication of information

5.1 The NHSME will be considering how best to publish information centrally on the Patient's Charter which will seek to identify outstanding performances and innovative practices as well as reporting more generally on Charter progress.

Terminology

6.1 Some common terms which authorities have asked to be defined are set out below:

Right a level of service to which the patient is entitled and which must always be delivered;

Guarantee a right which is non-negotiable and met in every case. ie. if it becomes apparent that a provider is not going to deliver a guarantee then the purchaser will be expected to take immediate action;

Standard a level of service which the patient can expect to be delivered other than in exceptional cases;

Target a level of service which authorities are aiming to meet but which the patient cannot always expect to b receive now. Targets can also be used as staging posts on the way to the full achievement of a standard.

Performance a measure (in hard or soft data terms) of the level of achievement against agreed standards.

Information Required By The NHSME

1.1 All NHS managers will, of course, need to consider what information they will require to monitor the Rights and Standards set out in the Patient's Charter for themselves. The NHSME itself requires information on key Standards as well as exception reports (annex 1 para. 2.2) and good practice (annex 1 para. 2.3). The 3 key Standards on which regions must report quarterly are:

- initial assessment in accident and emergency departments;
- waiting time in outpatient clinics; and
- cancellation of operations.

The monitoring reports furnished by regions should include information on performance against Standards by DHA.

Information Required

2.1 The Patient's Charter states that patients should be assessed immediately on arrival in accident and emergency departments. The quarterly return should therefore specify the number and percentage of patients who:

- were assessed immediately;
- were not assessed immediately.

2.2 The Charter standard is that patients are given specific appointment times in outpatient clinics and are seen within 30 minutes of that time. The quarterly return should state the number and percentage of patients who:

- were seen in 30 minutes or less;
- were seen between 30 minutes and 1 hour after the appointment;
- were seen more than 1 hour after the appointment.

Both this standard and that described in the previous paragraph can be monitored using sampling methods.

2.3 The Charter standard says that operations should not be cancelled on the day patients are due to arrive or after arrival in hospital and that, if this happens twice, patients should be admitted to hospital within one month of the second cancellation. The quarterly return should show:

- the number of operations which were cancelled by the hospital on two occasions
- the number of patients who, following the second cancellation of their operation, were not admitted within 1 month.

The existing minimum data set does not identify operations cancelled twice, therefore this will have to be done at a local level. The nature of this standard and the method of tracking the information required is such that it is inappropriate to extract the data by sampling methods.

A model layout for the transmission of information is attached at annex 3

First return to NHSME via FCIB2 (CARP)

Mr F M Gayton,
Room 223,
Richmond House,
79 Whitehall,
London SW1A 2NS,

by 31 October 1992 for period to 30 September 1992

National Charter Standards

Monitoring information on performance against standards

Key standards to be reported to the NHSME on a quarterly basis are:

A. Initial assessment in A&E department

B. Waiting time in outpatient department

C. Cancellation of operations

Charter standard - patients should be assessed immediately on arrival in the accident and emergency departments.

A. Initial assessment in accident and emergency departments for the period to.....			
District health authorities	Total number assessed in period	% Assessed immediately	% Not assessed immediately

2nd column should show total number of patients actually seen during the period. Columns 3 and 4 are the % in each category which may or may not come from a sample survey.

Charter standard - Patients are given specific appointment times in outpatient clinics and are seen within 30 minutes of that time.

B. Waiting time in outpatient clinics for the period to.....				
District health authorities	Total No. seen in period	% seen in 30 minutes or less	% seen in more than 30 minutes & up to 1 hour	% seen in more than 1 hour

2nd column should show total number of patients actually seen during the period. Columns 3 - 5 is the % in each category which may or may not come from a sample survey.

Charter standard - Operations should not be cancelled on the day patients are due to arrive or after arrival in hospital and that, if this happens twice, patients should be admitted to hospital within one month of the second cancellation.

The nature of this standard and the method of tracking the information required is such that it is inappropriate to obtain the data by sampling methods.

C. *Cancellation of operations for the period* *To*.....		
District health authorities	Total number of ops cancelled by hospital for second time on day of or after admission	No. of patients not admitted within one month after second cancellation

Exeception reports

RHAs should inform the NHSME on a quarterly basis through PMD via exception reports of any significant problems generally within the region and of any individual problems in meeting rights and standards. The first report is due for completion on 30 September 1992.

- Some examples where the NHSME would expect such reports are:
- where the waiting time guarantee is breached;
- where performance against a Standard (National or Local) is significantly poor;
- Local Standards have not been set;
- where monitoring systems are persistently inadequate - as a measure, authorities should be in a position to monitor all Rights and Standards by April 1993.

RHAs should briefly describe the problem, identifying individual purchasers or providers concerned and confirm that the problem is being addressed.

Examples of good practise

The NHS has already begun to share good practice through the NHSME's "Patient's Charter News". The NHSME would like to hear more. RHAs may wish to provide information, where this is available, on the implementation and the impact of the Patient's Charter within their Region. This might include examples both of good outcomes - outstanding performances - and good processes - innovative methods - of implementing National and Local Standards.

A brief description of the good practice, with the name of the purchaser or provider concerned, would be helpful.

Enquiries

Enquiries on extracting and collating data, including the use of surveys and sampling, should be addressed to:

Ms Valerie Gray
Statistics and Management Information Branch 4 Department of Health
Room 615 Hannibal House
Elephant and Castle
London SEI 6TE
(Tel GRO-C)

All other enquiries should be addressed to:

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