The Healthcare Commission's Annual Healthcheck 2006/7

In 2005 a new method of assessing NHS organisations was introduced to replace the former "star rating" method. This is entitled the Annual Healthcheck and its aim is to promote improvements in healthcare for patients and the public and it looks at a much broader range of issues than the old method.

Every trust must submit their declaration to the Healthcare Commission by May 1 2007. As part of the process trusts are responsible for inviting "third parties" such as Overview and Scrutiny committees, to comment on their performance. Trusts must include these comments, word for word, in the declarations they submit.

Trusts will contact the Health Scrutiny Committee, probably in early April, and ask if members wish to comment and to agree a timetable for including these comments in their declaration. The final meeting of this Committee for the current municipal year is on 2 April, hence the suggestion that a couple of members take on the responsibility of preparing the commentary.

Core and developmental standards

There are two kinds of standard set by the government: "core" and "developmental". Core standards set out a minimum level of service, which patients have the right to expect. Developmental standards help to track progress towards improvement. This year trusts are being asked to say how they have performed against 24 core standards and three developmental standards. Members can comment on trusts' performance in relation to any of these standards, but do not have to comment on all of them. All comments should relate to the period 1 April 2006 to 31 March 2007. A list of all relevant standards is attached.

Developmental Standards - new

These are standards which the government expects trusts to aspire to. The assessment in 2006/7 will be a "shadow" assessment – i.e. the results will be published but not fed into the annual rating.

Different trusts will be assessed on specific developmental standards. This means that for acute trusts (York Hospital) members need to consider how they have performed in relation to Safety (D1) and/or Clinical and Cost Effectiveness (D2). For mental health trusts (NY & Y PCT) comments should only be made against D2. Members should only look at Public Health (D13) for primary care trusts (NY & Y PCT again).

What happens to the commentaries?

The words in them were "coded" and applied to one or more standards. Analysts at the Healthcare Commission use a software tool which enables them to extract relevant pieces of "intelligence" from the commentaries and allocate them to the standards. Each piece of intelligence can be weighted as "positive" or "negative" and can have a high, medium or low association with a particular standard. Positive includes using terms such as "acceptable", "compliance" or "confidence" and negative might be indicated by "concerned about" or "insufficient". To have high association with a

standard the submission will make specific reference to the issues in the standard and give clear supporting evidence and examples.

The quality of the data is also important – it must be clear and concise, relate to one or more standards and contain evidence from a variety of sources. Poor quality commentary is based on anecdotal evidence, or from a single source such as a board meeting, or from outside the current time frame.

1985 commentaries were received from third parties in 2005/6. 11472 items of intelligence were extracted from them but only 3% were considered to be weighted highly. Most commentaries were rated as "average" in terms of data quality.

2006/7 Annual Health Check

- Members are asked to produce commentaries that:
- Give information in a clear and concise way
- Relate to one or more standards
- Make specific reference to issues covered by a standard
- Contain supporting evidence from a variety of sources
- Include detailed information, for example dates or outcomes.