

Care Quality Commission

Burden Reduction Plan

Glossary of Terms

Term / Abbreviation	What it stands for
ALB	Arm's Length Body
BAAS	Burden Advice and Assessment Service
CQC	Care Quality Commission
DH	Department of Health
HSCIC	Health and Social Care Information Centre
MOU	Memorandum of Understanding
NHS	National Health Service
ODS	Organisation Data Service

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1 Introduction

The primary purpose of the health and social care system is to improve outcomes for people who use its services. The new health and care system has been designed to give greater influence to citizens and service users.

Everyone involved in health, public health and social care needs access to accurate and timely information to carry out their duties. We also have a public duty to collaborate in the interests of good care and outcomes, and in the interests of efficiency and productivity. We must obtain that information efficiently, so that it is not at the expense of direct care to people who need the services. As far as possible, this will be done by ensuring the information is captured as part of the care-giving process, is recorded in standard ways, and is capable of being extracted automatically to remove the need for separate collection or reporting processes.

1.1 Purpose of the Burden Reduction Plan

Following the recommendations from the NHS Confederation in their report on reducing burdens in November 2013, a set of core principles (a concordat) governing the collection of data from NHS bodies, to secure a more collaborative and systematic approach to data collections across the health and social care system was put together and signed by DH and each ALB.

To further support and strengthen the BRP activity, George Freeman MP wrote to all ALB Chief Executive Officers requesting commitment to the development of a 2016/17 Burden Reduction Plan.

In summary the concordat for reducing burden asks DH and its ALBs to:

- collect data which is proportionate and with a clear business purpose
- not duplicate other data collections
- work through the HSCIC as the national base for all data
- review the need to collect the data regularly

This burden reduction plan has been put together to share wider CQC plans to minimise and reduce burden and to monitor successes.

1.2 About the Care Quality Commission

The CQC is the independent regulator of health and social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they are meeting fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our role:

- We **register** care providers.

- We **monitor, inspect and rate** services.
- We **take action to protect people** who use services
- We **speak with our independent voice**, publishing regional and national views of the major quality issues in health and social care.

1.3 Data Collections

The Care Quality Commission's data collection information is available via the HSCIC's Central Register of Assessed Collections: **CQC Collections**

2 Minimising Burden

2.1 Care Quality Commission burden reduction activities & plan

As an ALB, CQC are committed to minimising burden and to the concordat recommendations which include:

Date	Concordat Requirement	Description of activity	Timescale/Progress
	Only collect information from service providers where there is a clear business purpose which justifies the administrative burden required to provide the information	<p>The Central Register of Assessed Collections agreed applications are an ongoing mix of legal requirements (MHA death notifications) as well as information to support feedback on CQC's interactions with providers. These are therefore linked to statute or to ongoing re-appraisal.</p> <p>CQC Provider Information Returns (PIRs) were created following cross-organisational review of data/ information requirements prior to inspection of services. The collections help to define the scope and focus of inspections. Reviews of the content of PIRs are conducted as part of a continual evaluation programme.</p>	Live collections agreed through the Central Register of Assessed Collections process are reviewed annually to question/ confirm continued appropriateness.
	Work with the Health and Social Care Information Centre (HSCIC) as the national base for all information which is collected or extracted from local systems;	<p>Joint working with ODS (Organisation Data Service) within HSCIC:</p> <ul style="list-style-type: none"> ▪ Seeking alignment of CQC/ ODS registers to allow clear mapping of information; ▪ Investigating opportunities to improve the efficiencies of the mechanisms to maintain the information <p>Where information is already collected by HSCIC, CQC ensures to source through them.</p>	These are largely ongoing activities with incremental gains.
	Establish clear criteria which can be used to measure the administrative burden arising from each national request for information	<p>Where CQC collects information from individuals by surveys or collections where it is over and above our direct regulatory process, it is put through the HSCIC Burden Advice and Assessment Service (BAAS).</p> <p>In particular, two of these collections (CQC Post-registration Provider Survey and CQC Post-inspection Provider Survey) include inherent aims to measure the impact of our registration/ inspection processes.</p>	

Date	Concordat Requirement	Description of activity	Timescale/Progress
	Through the HSCIC, publish details of all the national collections and extractions, and the criteria that are used to justify each decision;	<p>BAAS:</p> <ul style="list-style-type: none"> ▪ Notification of deaths of detained patients (R00153) ▪ National Survey of Patient Experience (R00037) ▪ CQC Post-registration Provider Survey (R01140) ▪ CQC Post-inspection Provider Survey (R00398) ▪ ASC Registration Dataset (R01114) - under review <p>Not listed:</p> <ul style="list-style-type: none"> ▪ Pre-inspection provider information returns (all sectors) 	Submission for Central Register of Assessed Collections approval for a CQC ASC registration dataset. Status currently under review.
	Where appropriate, ensure that all aggregated and non-personal information that collected is made available for others to use, in the interests of transparency and avoiding duplication.	<p>CQC ensures that information it is able to publish is readily available in a number of formats such as directly via the website, through download, or via CQC's Application Program Interface (API). Please see: http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#api</p> <p>In addition, the UK Statistics Authority has recently confirmed the designation of the four patient experience survey statistics for England as National Statistics and therefore designated as primary sources for wider publications.</p>	CQC have published the first iteration of its API to allow users access to a daily refresh of key registration data. Further updates will be considered in 2016/17 Q1/Q2
	Agree with the HSCIC an annual MOU which sets out each organisation's commitment to an agreed reduction in data collections that are undertaken outside the national process managed by the HSCIC;	<p>CQC have a close and ongoing relationship with HSCIC through which we ensure there is no duplication of collection and information is available to both parties as identified above.</p> <p>CQC are also working with ODS to provide a clear mapping of information and ultimately leading to a reduction of burden on the providers through removal of duplication.</p>	

Date	Concordat Requirement	Description of activity	Timescale/Progress
	Making better use of technology to introduce more efficient ways of acquiring the information, especially by moving away from manual collections to automated extractions of data directly from local systems, and using existing data held nationally;	<p>Working with the Technology and Informatics Board (Department of Health-led) to help the process of aligning our work/ requirement for information with collections and sharing processes across the adult social care (ASC) system.</p> <p>CQC continue to look at ways of improving our online interaction with providers to simplify the mechanism of collection and update of information.</p>	Ongoing activity with key partners.
	Ensuring that the collections and extractions are aligned with robust professional practice, such as NICE or other professional guidelines, and information standards;	CQC continues to work on the development of a registration dataset standard that can be used across the wider health and social care sector.	
	Reducing and retiring those national requests for information that are no longer needed or justifiable	<p>Discussed above. Current collection includes both statutory requirement and ongoing appraisal.</p> <p>CQC continuously reviews our requests for information from providers and will remove any unnecessary requests.</p>	
	Keep these arrangements under regular review and contribute to the HSCIC's annual report detailing their progress in reducing burden, with clear reference to the targets agreed in the MOU.		

Date	Concordat Requirement	Description of activity	Timescale/Progress
	Work closely with the HSCIC on the three year review of existing data collections to make sure that collections are still necessary, are not being collected elsewhere, and are collected in the most efficient and least burdensome way possible	<p>The review dates of the CQC Central Register of Assessed Collections demonstrate a review of process/ evaluation of the need for continuation.</p> <p>CQC is helping to lead the NIB (National Information Board) strategy on developing datasets for secondary uses; domain 6 in particular will ensure that collected information is used in a more efficient and effective manner.</p>	
	Work closely with the HSCIC when designing new data collections to ensure that they are not duplicating any other existing data collection and that they are designed in a way to minimise burden on the service	As part of the National Information Board's strategic programme, CQC is actively promoting the development of a national minimum dataset for the adult social care sector.	

Activities Undertaken

CQC is looking to move to a position of an entirely on-line interface for all data exchange which would simplify the mechanisms of collecting, updating, and maintaining information, and ensure a centralised source of data for easier secondary use.

Further, that the proposed 2016-2021 CQC strategy will seek to agree a single shared view of quality that will help reduce duplication and increase efficiency in terms of data collection.

3 Next steps

CQC have put together a plan to review collection requirements, processes and to consider areas where further reductions in burden could be made. This burden reduction plan will be reviewed by CQC and the HSCIC on an annual basis.

4 Appendix A - The Department of Health (DH) Reducing Burden of National Request for Information: Concordat

The DH 'Reducing burden of national requests for information' concordat is available here:

<https://www.gov.uk/government/publications/reducing-burden-of-national-requests-for-information-concordat>