

## The Care Quality Commission (CQC)

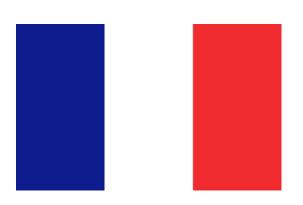
The independent regulator of health and social care in England

- We regulate care provided by the NHS, local authorities, private companies and voluntary organisations.
- We aim to make sure better care is provided for everyone in hospitals, care homes and people's own homes.
- We also seek to protect the interests of people whose rights are restricted under the Mental Health Act.



### A dual presentation

The impact of league tables in France



Performance data as risk indicators in the UK





### Part 1 and CQC – the James Mayes award

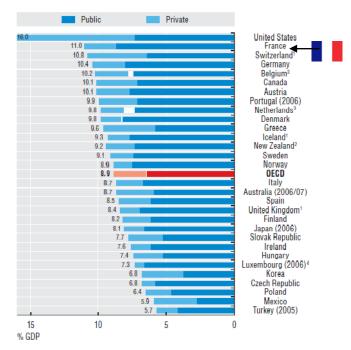
- Offered to staff in memory of James Mayes, who was killed in the bombings of London Transport on 7 July 2005.
- Provides an opportunity for an employee of CQC to take a placement in an external organisation:
  - maximum of 12 weeks
  - anywhere in the world
  - £20,000



### Contextual information

In 2000, the WHO ranked France's health care system as being the best in the world.

- Life expectancy rates: 77.5 and 84.4.
- Lower than average crowding of hospitals.
- 74% bed occupancy rate.
- Short length of stay for acute patients.
- France's health expenditure as a share of GDP is 11%.



Total health expenditure as a share of GDP, 2007.

### Healthcare information in France

- PMSI Medical Information System Programme:
  - data entered and coded by clinicians
  - activity/finance-based
  - rate for errors leading to a change in Diagnosis Related Group is 15-20%
  - average rate for minor errors is 50%
  - gaming behaviour
- League table magazines:

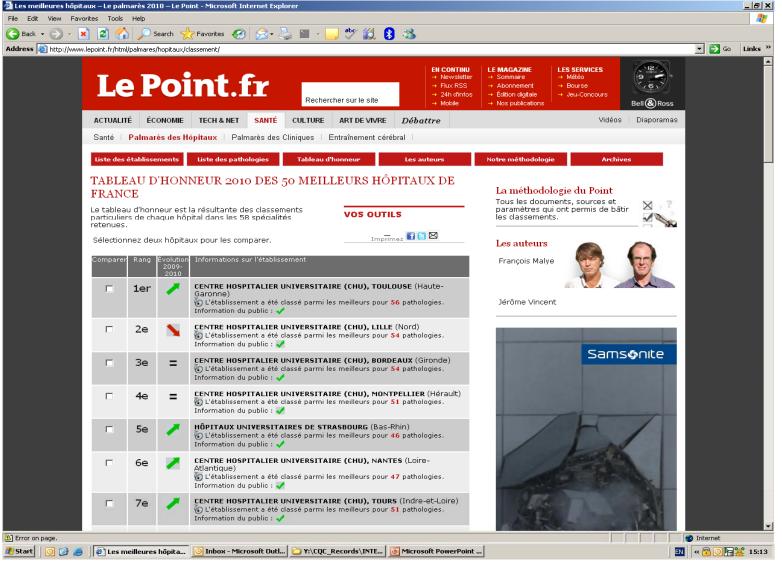


### League tables in France

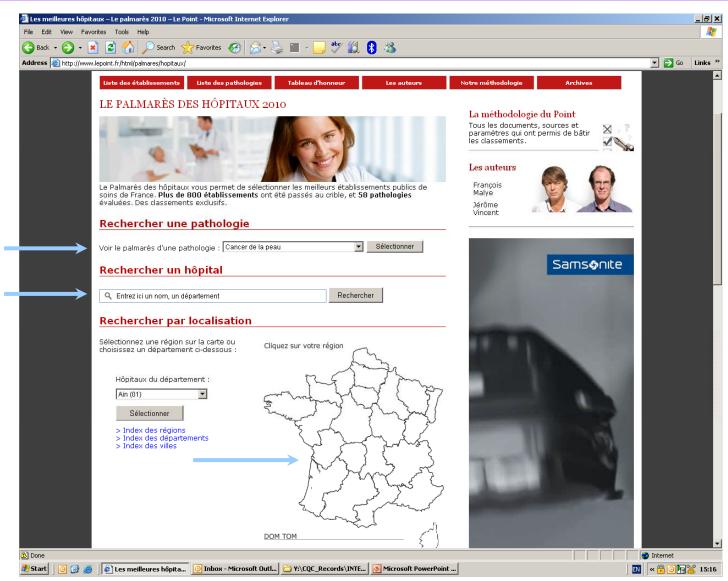
- 1997: publication of the first hospital rankings in French history
  - blacklist of the 478 most dangerous hospitals in France
- 2010: four magazines publish hospital league tables every year
  - highest sales record

Rang	Nom de l'établissement	Unité de soins intensifs cardiologiques	Activité	Angioplasties	Chirurgie cardiaque sur place	Lutte contre les infections	Note (/20)
1er	CHU, To-ulouse (Haute-Garonne)		1 346	2 115	1	***	19,35
2e	CHU, Besançon (Doubs)	4	1 006	1 560	1	****	19,32
3e	CHU, Nancy (Meurthe-et- Moselle)		1 255	1 300	1	****	19,29
4e	CHU, Clermont- Ferrand (Puy-de- Dôme)		930	1 916	1	***	19,22
5e	CHU, Bordeaux (Gironde)		1 561	1 269	1	****	19,17
бе	CHR, Metz- Thionville (Moselle)	4	853	1 683		***	19,08
7e	Hôpital Louis- Pradel, Bron (Rhône)	J	950	1 270		****	19,05

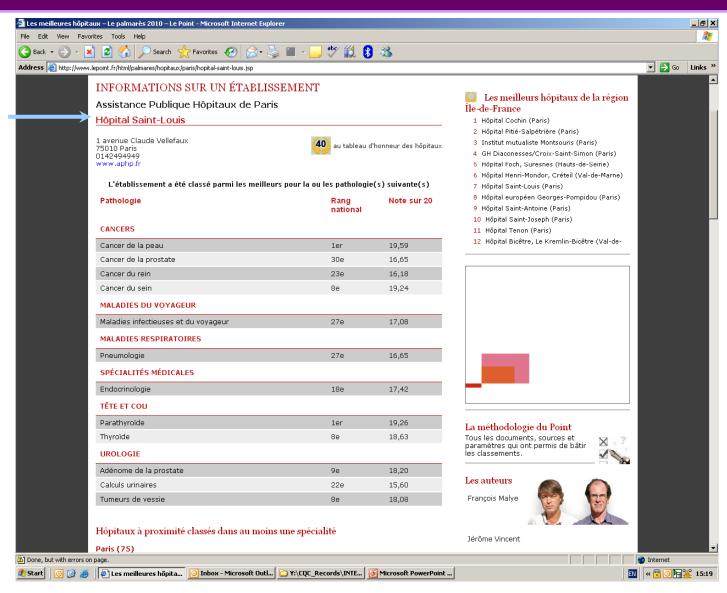
### Le Point example



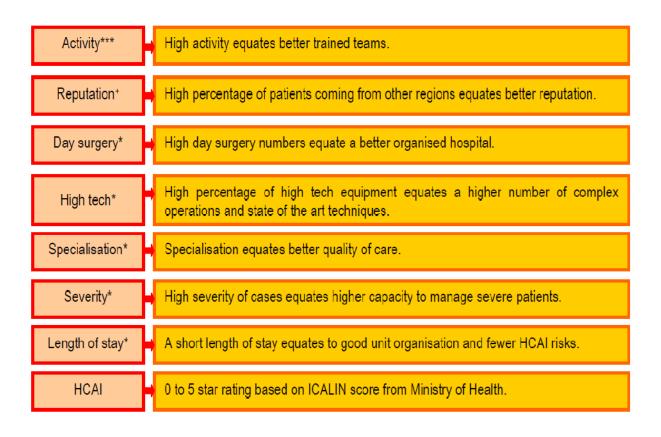
## Le Point example (2)



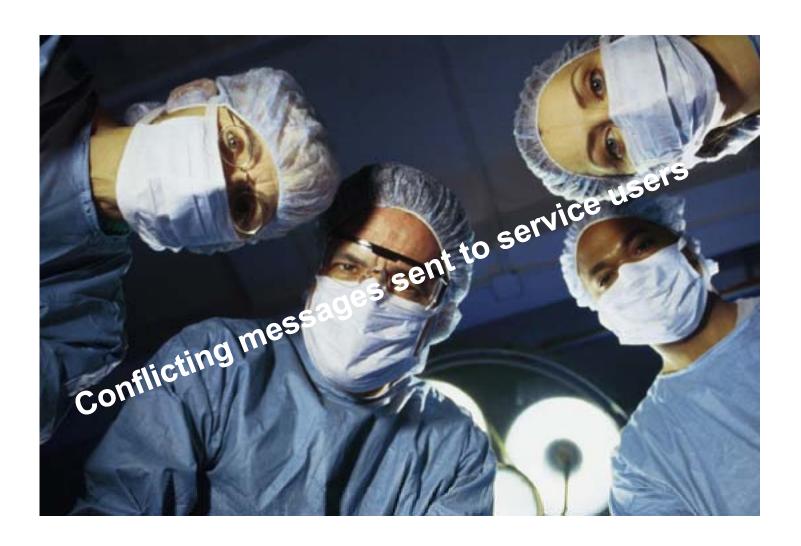
## Le Point example (2)



# League table methodology (example)



# The problem



### Research question

Do league tables have a positive impact on quality of care?

Do league tables have an impact on hospital reputation?

Do league tables have an impact on patient choice?

## Quantitative and qualitative methods

Semi-structured interviews

Hospital case studies

Le Point archive search

CEO survey

### Interviews

Semi-structured interviews

Four researchers

Five chief executives

Five doctors and surgeons

One nurse

Six healthcare officials

Two patient representatives

Three clinical managers

Four journalists

### Impact on quality of care and patient choice

### Differing opinions:

#### NO IMPACT

"If my mother needed a cataract operation in Grenoble, I would not go to Toulouse just because they are better rated. It is like school rankings, it is very rare for people to move homes just because a school that is further away is better than the one next door", Agence Technique de l'Information sur l'Hospitalisation.

#### SHORT LIVED IMPACT

"The emulation effect after a league table publication is definitely real, but it is shortlived and after a few weeks, it stabilises itself", Hôpital Diaconesses Croix St Simon.

"Positive rankings are gratifying and boost staff members. On the other hand, negative results can lead to negative attitudes and comments", nurse.

#### STRONG IMPACT

2.5% patients state league tables as the main driver for their hospital choice.

"On the day of publication, our newsstand is raided by senior management and staff and emptied by 8.30am!"
Union Nationale des Associations Familiales.

## Quantitative survey results

- Survey sent to all acute hospital Chief Executives:
  - 88 were completed and returned
- Public, private not for profit, military and cancer centres

# League tables' impact on quality of care:

4.14 out of 10\*\*\*

Boost patient awareness
Justify investments
Help for benchmarking
Boost staff motivation
Boost internal communications
Improve infection control programme
Improve awareness of clinical audit

### League tables' impact on reputation:

5.80 out of 10\*\*\*

# League tables' impact on quality improvement activities:

38% believed they led to positive change Majority believed they gave rise to 2-5 quality improvement activities per year.

## Case study analyses

### **Hospital A** – 111<sup>th</sup> in 2009, 96<sup>th</sup> in 2010.

- endeavour to reach the top 50 but never have
- use a scorecard
- rankings affect their referrals from local doctors
- rankings discussed at senior management meetings





Publications used as marketing and benchmarking tools

### **Hospital B** – 50<sup>th</sup> in 2009, 50<sup>th</sup> in 2010.

- in and out of the top 50 for years
- unhappy with league table methods
- internal audit based on regulator documents
- use complaints information





Internal impact of publications rated as 0

### Archive search analyses

- Comparison between batches from 2002 and 2009:
  - same percentage providing feedback on methods
  - 50% decrease in numbers between 2002 and 2009
  - twice as many communications from service users in 2009

"This year, we are no longer in the top 50 league table. I am worried about the impact of these rankings, both on service users and regulators. Could you please let us know the reasons for this, so we can act on them ASAP?" (2002)

"Please find enclosed a letter addressed to hospital E. This is for your information, in order for you to use the data in your future league tables." (2009)

### Main conclusions

- Importance of the league table market in France:
  - independence from the Ministry of Health
  - media 'stamp'
  - absence of robust government initiative to publish comparative healthcare data
- League tables impact on:
  - hospital reputation
  - quality of care
  - ??? patient choice ???



Differences: public vs. private, differences in leadership teams, organisational cultures, service user communities and geographical locations

