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## United Kingdom

### Highlights from *A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*, OECD Publishing, 2013.

- In 2012, nearly 17% of the UK population was over the age of 65 (OECD average 15%) and 4.3% was over the age of 80 (OECD average 4%, 2010). Demographic projections suggest a significant growth in the number of people aged over 80 years by 2050, to reach 10% of the population by 2050 in line with the OECD average.
- England has a comprehensive LTC quality assurance legislation and structure. While a majority of OECD countries set standards for care services mostly based structural measures, minimum standards for LTC homes in England also focus on user centeredness and safety. The Care Quality Commission (CQC), an independent regulator of health and adult social care, is responsible for assuring safety and quality.
- Local authorities in England collect quality indicators from administrative datasets, which are used by the CQC to monitor quality. However, while measures of user experience and satisfaction have been developed, a majority of performance measures focuses on structure and processes. Efforts to measure clinical aspects of care quality and report them systematically are less developed than in the United States, Canada and Finland. The National Institute for Health and Clinical Excellence (NICE) has recently been given new responsibilities to develop quality standards.
- Inspections is the main method to enforce minimum requirements and ensure quality. Only a small proportion of providers is sanctioned against non-compliance: only 1% of the total social care services inspected were found to be seriously deviating from the minimum standards in England. This is similar to what occurs in the United States and Germany.
- England is one of few OECD countries, along with Denmark, Austria, Finland, and the Netherlands, to measure quality of life of LTC recipients – not simply complaints or satisfaction. The National Adult Social Care Survey results suggest that quality of life has slightly improved since the first annual report; however the average score for the Social Care Related Quality of Life was unchanged from the first report (18.7). Some 27% of the respondents rated their QoL as good, while only 10% of the respondents say quality of life is bad; 65% of respondents in good health rated their quality of life as good.
- England is one of a few countries that collect information regarding waiting time to enter a nursing home (patients awaiting transfer from a hospital bed although she or he is ready for transfer). Delayed transfers have been tracked for a monitoring purpose. Other OECD countries such as Sweden, Denmark and Norway have given local municipalities financial incentives or penalties for causing delays in transfers of patient ready to discharge from hospitals.

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### Key facts

- In 2012, 16.6% of the UK population was over the age of 65 (OECD average 15% based on 2010 data) and 4.3% of the population was over the age of 80 (OECD average 4%, 2010). In 2050, 24% of the UK population is expected to be over the age of 65 (OECD average 25.7%) and 10% of the population is projected to be over the age of 80 which is equal to the OECD average (OECD Historical Population Data and Projections Database, 2013).
- There were 52.6 LTC beds in institutions per 1000 people aged 65 and over in 2010, which is higher than the majority of OECD countries. The number of beds in nursing and institutional care facilities per 1 000 population aged 65 years old and over widely varies across countries, from a low of 17.3 of Poland to a high of 77.9 of Sweden in 2010. (OECD Health Data 2012).
- In England, a survey on long-term care related quality of life found that quality of life was very good for 27% of the respondents, while only 10% of the respondents say quality of life is bad. More than 75% of the respondents have adequate control over their daily life. For feelings of safety, 64% of respondents feel as safe as they want and only 2% answered to not to feel at all safe (NHS Information Centre, 2012).
- The survey also found that there were correspondence between being in good health and having a good quality of life: 65% of respondents in good health rated their quality of life as good, very good or could not be better. To the contrary, only 10% of respondents in poor health say their quality of life is very good (NHS Information Centre, 2012).

### Background

Long-term care (LTC) services in the United Kingdom are managed separately by Wales, England, Scotland and Northern Ireland. Considering that 83% of the UK elderly population reside in England, the majority of service use and expenditure relates to England. Individuals are required to contribute financially to the cost of care, through a means-test. A recent reform has introduced a lifetime cap at £72,000 representing the maximum amount of cost of elderly and disabled an individual would need to bear.

The Care Quality Commission (CQC), the independent regulator of health and adult social care providers in England, has a key responsibility to assure essential levels of safety and quality of health and adult social care services. The CQC was established on 1 April 2009, as a result of the merger of three separate commissions: the Commission for Social Care Inspection (for social care services), the Healthcare Commission and the Mental Health Act Commission.

### Quality Assurance Framework

#### *Registration and minimum standards*

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Under the Health and Social Care Act 2008 (the 2008 Act) all providers of regulated activities have to register with the CQC and meet a set of essential requirements of safety and quality (e.g. minimum standards). National Minimum national standards set acceptable levels of care in six key areas:

- involvement and information (respecting, involving people use services, consent, fees),
- personalised care, treatment and support (care and welfare of users, nutrition, co-operating with other providers),
- safeguarding people and environment (prevention of abuse, cleanliness and infection control, management of medicine, safety and sustainability of premises and equipment),
- staffing (sustainability, recruiting, supporting workers),
- quality and management (complaints, notifications of death and incidents and records), and
- sustainability of management (registration of managers).

Standards also concern managers. Registered managers have to undergo a criminal record check and need a certificate to prove qualification in leadership. Under the 2012 Health and Social Care Act, the National Institute for Health and Clinical Experience (NICE) has been give new responsibilities to develop quality standards and other guidance for social care in England since April 2013. Quality standards set out by NICE state that people with dementia should receive care from staff appropriately trained in dementia care, while people with suspected dementia are referred to a memory assessment.

### *Audits and Inspections*

The CQC makes unannounced inspections of services, both on a regular basis and in response to concerns, and carry out investigations into why care fails to improve. The CQC has also recently embarked on a special programme of 250 unannounced inspections of home care services. Although the consequences on non-compliance are set in legislation, only a small proportion of providers fail to meet the standards or is sanctioned against non-compliance. Only 1% of the total social care services inspected were found to be seriously deviating from the minimum standards in England (CQC, 2012d).

### *Qualification and certification of workforce*

There are national curriculum for social care workers. The curriculum has three levels, and involves a two years training with eight units, four compulsory and four optional. The units of study vary according the educational institution.

### **Measuring quality in LTC**

#### *Quality indicators*

The National Adult Social Care Survey has used ASCOT to survey all LTC users. ASCOT is a tool designed to capture information about LTC outcomes from the perspective of the LTC recipients, which focuses on items such as cleanliness and comfort, good nutrition, safety, control over daily life, social interaction, occupation, accommodation and dignity. Social care outcomes are expressed as a scale of an individual's LTC related quality of life (SCRQoL) and has been developed for application across different care settings and users. This is a similar approach to the EQ-5D, a standardised instrument for measuring health-related quality of life that is widely accepted in health care (AHRQ, 2012). The questions used in

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ASCOT are based on multiple choices (i.e. four response options) reflecting four different outcome states (Malley et al., 2012). For example, a question on food could ask to describe a respondent's situation, followed by four choices ranging from "I get all the food and drink I like when I want" to "I don't always get adequate or timely food and drink, and I think there is a risk to my health" (NHS, 2012). Other OECD countries, such as Denmark, Austria, Finland, and the Netherlands, are starting to use ASCOT (HSCIC, 2012).

The Health and Social Care Information Centre recently released a second annual report detailing the findings of LTC user survey for the period from 2011 to 2012. The results suggest that quality of life was very good for 27% of the respondents, while only 10% of the respondents say quality of life is bad. More than 75% of the respondents have adequate control over their daily life. For feelings of safety, 64% of respondents feel as safe as they want and only 2% answered to not to feel at all safe.

SCRQoL scores are generated by combining the answers from eight questions (including control, personal care, food, accommodation, personal safety, social life, occupation, dignity) with a score of zero indicating high level needs (i.e. low quality of life) and a maximum possible score is 24 being the highest quality of life. For 2011-12, the average score for the SCRQOL was 18.7 similar to the score in 2010-11. There tends to be correspondence between being in good health and having a good quality of life: 65% of respondents in good health rated their quality of life as good, very good or could not be better. Conversely, only 10% of respondents in poor health say their quality of life is very good (NHS Information Centre, 2012).

According to a 2012 OECD survey, 13 OECD countries reported problems or growing concerns about waiting times for LTC services. England collects information on delayed transfers of care for non-acute and acute care patients. A delayed transfer is defined as a patient awaiting transfer from a hospital bed although she or he is ready for transfer based on a clinical or multi-disciplinary team decision (Knowledge and Intelligence, 2010).

Two projects are seeking to improve data collection. *Transparency and Quality Compact* (managed by the Department of Health) involves voluntary reporting by social care providers on key quality metrics. *Present on Admission Flags* is a project for hospitals to help monitor pressure ulcer care management, continence care, falls, injuries, infections and possibly neglect.

### *Registries*

The National Hip Fracture Database, a web-based registry to cover the care of patients with hip fracture and related outcomes, was launched in 2007. GPs are required to keep a register of patients with a diagnosis of dementia.

### *Care quality and elderly protection legislation*

In 2011, the "Statement of Government Policy on Adult Safeguarding" set a new framework for elderly protection, based on six principles: empowerment, protection, prevention, proportionality, partnership and accountability. The new framework supplements existing legislation, including the Criminal Justice Act of 1988, the Mental Capacity Act of 2005, the Fraud Act, the Mental Health Act of 1983, the Domestic

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Violence, Crime and Victims Act of 2004, the Protection of Freedoms Act of 2012, as well as health and safety at work legislation. The 2012 White Paper “Caring for Our Future: Reforming Care and support” clarifies legal responsibilities by requiring each local authority to establish a Safeguarding Adults Board (SAB) for strategic planning and co-ordination with the police, the National Health Service, and the local authorities. In Scotland, the Adult Protection and Support Act protects financial asset.

### **Monitoring and standardization of processes**

#### *Needs assessment and care planning*

The White Paper “Caring for Our Future: Reforming Care and Support” set a plan to unify assessment across England. Gatekeepers or case managers have the responsibility for creating care plans and monitoring conditions, from assessment to referral and end of care. England’s Single Assessment Process encourages user-centred care based on checklists, guidance, and single assessment and protocols.

#### *Dementia*

England and Scotland have national dementia strategies that stress the importance of specific care guidance for LTC providers. Dementia Advisors have been appointed across 22 nationwide locations; their remit is to help people with dementia and their families navigate the care and support system as their illness develops and help to ensure access to quality care, support and advice. NICE give providers directions on how to manage information sharing for patients with dementia and their family.

### **System improvement through incentives**

#### *Pay for performance*

England’s Community Care Act 2003 requires local authorities to reimburse the National Health Service Trust for each day an acute patient’s discharge is delayed due to the sole responsibility of social services, either in making an assessment for services or provision of such services.

#### *Elderly protection policies and instruments*

A 2009 national project named “Action on Elder Abuse”, tasked safeguarding teams in local councils with responsibilities for raising alerts in case of abuse and monitoring the effectiveness of local authorities in preventing and responding to cases of abuse. The Independent Safeguarding Authority receives referrals concerning cases of abuses.

#### *Public reporting*

The Care Quality Commission makes information on care homes and care at home available online at individual level. Only 15% of users are aware of the availability of publicly reported information with only 1% of users actually using information displayed (CSCI, 2009). England has recently discontinued a star rating ranking care providers.

#### *Choice and cash benefits*

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There is some evidence that the personal budgets pilot programme implemented in 2009 in England led to higher quality of life and sometimes favourable cost-effectiveness ratios (Carlson et al., 2007; Chinthapalli, 2012; Forder et al., 2012). Little is known, however, about the impact of cash-for care on clinical outcomes of users and providers' quality strategies. An assessment of the impact of personal budgets in England found no impact on health status over 12 months of follow-up (Forder et al., 2012).

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