

NHS 'quality' initiatives: acronyms and terminology

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While quality has always been an implicit component of the NHS, recent scandals involving poor standards have led to demands for the development of a transparent and accountable system, which ensures quality issues are addressed. The starting point for this was the first report by Lord Darzi (2008), *High Quality Care for All*.

The second Darzi report (2009) is more prescriptive and looks at service delivery in the community. Most recently, the Department of Health (DH, 2009) publication, *NHS 2010–2015 From Good to Great* represents a step forward for health care in England, especially in tissue viability. The document focuses on greater efficiency with improved standards. It also recognises the importance of pressure ulcer prevention. Primary care trusts will be able to withdraw payments when care does not meet minimum standards and the occurrence of so-called 'never events', including grade 3 and 4 pressure ulcers, will lead to financial penalties.

Frequently used terms CQUIN

A proportion of providers' income will be conditional on the provision of quality services through the Commissioning for Quality and Innovation (CQUIN) payment framework (DH, 2009). Its aim is to support the vision set out in *High Quality Care for All* of an NHS where quality is the organising principle. The

framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion in every locality.

High Impact Actions (HIAs)

These are the brainchild of the strategic health authority chief nurses and are championed by the Chief Nursing Officer for England. Launched in 2009, the aim is that any HIAs should:

- ▶▶ Improve the quality of patient care
- ▶▶ Reduce costs.

Two key HIAs relevant to tissue viability, are 'protection from infection' and 'your skin matters'. HIAs are mandatory reading for all (view the full list of HIAs online at: www.institute.nhs.uk).

Metrics or quality indicators

Currently there are eight nursing care indicators, chosen because they are common to most trusts. They are indicators against which nursing practice should be measured and include (Hinchliffe, 2009; White et al, 2010):

- ▶▶ Pressure area care
- ▶▶ Pain management
- ▶▶ Patient observations
- ▶▶ Infection prevention and control.

Patient-reported outcome measures (PROMS)

PROMS take account of the patient's perspective on treatment, an important aspect of the entire quality initiative. Collecting PROMS in the tissue viability arena will prove challenging, nevertheless it is a vital activity.

Quality Accounts

High Quality Care for All proposed that all providers of NHS services should produce a Quality Account: an annual report about the quality delivered. If

they are designed well, the accounts should assure commissioners, patients and the public that trust boards are regularly scrutinising each and every one of their services.

Quality, innovation, prevention and productivity (QIPP)

According to Mike Farrar (2010), 'QIPP needs to be woven into the NHS's DNA, and efficiencies come from... effective partnerships and best practice.' Recent work on HIAs provides important initiatives regarding pressure ulcers, however, much needs to be done to clarify the requirements of QIPP. **WUK**

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