MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT
Strategy Unit

West Midlands Quality Review Service: Customer Review

Final Report

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MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT
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Executive Summary

In late 2015, the Strategy Unit was commissioned to provide a 'customer review' for the West Midlands Quality Review Service (WMQRS). The focus of the review was on historic / current performance, followed by broader questions on the direction and operation of the organisation. The review was prompted because the current set of funding arrangements is coming to an end in 2017 and options for the future need to be scoped out and worked up. This is a summary of findings from the review; it focuses mainly on conclusions and recommendations.

The review was undertaken on limited resources; it also employed a method (document reviews and qualitative interviews with 17 stakeholders) designed to raise and explore issues rather than produce definitive or 'representative' views. Findings are therefore limited by this. It is however of note that there was a high degree of consensus in the findings on the operation and outcomes of WMQRS' work. Findings on question(s) of 'what next?' were far more divergent - reflecting the uncertainty inherent in such questions, as well as variability in stakeholders' ability to comment.

In summary, the main points arising from the review were that:

- Accepting noted areas for improved efficiency, views on WMQRS' operation and current services were highly positive. With few exceptions, interviewees described the services as professionally run, appropriate and flexible. Peers, trained and supported to conduct reviews, are seen as offering credibility and a level of detailed insight that is not available through other means. This was also contrasted positively with other approaches to examining service quality, such as performance data, regulation and inspection;
- Notwithstanding the above, there is a substantive operational challenge in agreeing work programmes with health economies. This leads to inefficiencies, since WMQRS staff then spend time clarifying and chasing, rather than programming and delivering;
- Findings on outcomes were positive. The review found multiple examples where the involvement of WMQRS had led to service improvements. By logical extension, these improvements ought to have improved patient care and outcomes;
- Much of the immediate value generated by WMQRS is seen by service providers. Frontline clinical teams gain an understanding of what needs to improve; reviewers gain skills and ideas for improving their own practice. There is also value to commissioners. They gain knowledge about the quality of services they are purchasing and clear, codified good standards of care to inform specifications and contracts. There may also be second-order benefits to regulators, who could use information on service quality;
- In aggregate, WMQRS therefore generates added value within the 'region'. Moreover, WMQRS is generally perceived as offering good value for money. This view was based on a consideration of likely alternatives (e.g. using management consultants) and also from the significant in-kind contributions coming from 'free' reviewer time[1]; and,
- Therefore, no interviewees thought that WMQRS had 'run its course'. Stakeholders saw an ongoing need for a quality review service with peer review at its heart.

Yet WMQRS faces a series of challenges, some of which are fundamental. Notably:

- The institutional context has changed radically. The 'West Midlands' is no longer a substantive administrative unit of the NHS. The organisational framework – and arguably the culture - within which WMQRS operates has become less supportive over time; and,

[1] All organisations fund reviewers time and travel, in exchange for Continuing Professional Development (CPD).

- Partly as a result of this, WMQRS' core funders / customers (Clinical Commissioning Groups (CCGs)) have very varied levels of commitment to it. Some regard it as essential; others as 'nice to have'; others do not use it. This is problematic given that: WMQRS' core funding comes through CCG subscriptions; there is growing pressure on CCG budgets; and, there is a collective action problem within this funding model. This does not provide a secure or sustainable footing for the future.

Therefore, in order for it to thrive, WMQRS needs to address some fundamental questions. 'Do Nothing' is not an attractive option. The starting point in considering the future is then to define these questions and choices, such that viable options can be developed and useful actions taken. This review has exposed a series of important decision points, relating to:

1. An understanding of whether and how value is generated by WMQRS - and who benefits; and, given this,
2. What services should be offered, how and for which customers; and, given this,
3. How these services will be developed, marketed, paid for and provided; and, given this,
4. What institutional changes and actions are implied and when should they be taken.

Using this framework, evidence gathered for the review leads us to conclude and recommend that:

- WMQRS provides a valuable service. While changes to policy, regulation, guidance, availability of performance data (etc) all affect the context for quality review services, the fundamental need remains. Recent / forthcoming innovations in models of care and commissioning arrangements will further shape need for commissioners and providers to assure themselves of the quality of provision. This creates ongoing opportunities for WMQRS;
- As noted above, the value created by WMQRS is distributed between commissioners and providers – primarily within the West Midlands. The current approach of focusing on this 'home' region is right given the strength of history, relationships and networks. Yet there is – as already demonstrated by WMQRS – scope for expanding the offer to other areas and institutions. There is also support for this amongst stakeholders. This expansion is best done by building out at the margin, rather than by (e.g.) franchising, or 'abandoning' the West Midlands and becoming agnostic about geography. This expansion could be facilitated by a new host organisation (see below);
- Peer review is at the heart of WMQRS and is where much of the value is created. The current set of services is therefore broadly appropriate. Nonetheless, there is scope for adding further value by being able to offer a broader range of services to a broader range of customers, e.g. focused evaluations, support for implementing improvements, training, helping providers prepare for inspection, (etc). Not all of these need to be provided directly by WMQRS, but could be part of a broader set of partnerships – or could form part of an argument for a different hosting arrangement;
- WMQRS needs to articulate its value as clearly as possible, and ensure that the right organisations hear these messages. If the recommendation on broadening the range of services and customers is followed, then WMQRS will need 'a different story to tell' about value. Customers' likely needs should be the starting point in this narrative. Engaging with CCGs that currently see the value in WMQRS is vital; other strategically important relationships – e.g. with the West Midlands Strategic Clinical Network and Senate that can help WMQRS influence / understand demand should also be cultivated;
- This leads to the question of the most appropriate host organisation. Several functions / tasks are implied by, for example, the recommendation to broaden the scope of the service

offer and think about new customers. WMQRS would need to consider business development, gathering market intelligence, pricing, communications, marketing and profile raising (etc). Capacity within the WMQRS leadership is constrained: they don't have the 'headspace' to fully address these issues given current and likely future operational demands;

- The present hosting arrangements do not provide these 'added value' services to WMQRS. Alternatives should therefore be considered. These alternatives are limited (e.g. private company, another provider, clinical senate) and most fail a series of basic tests (e.g. independence, ethos, stability). In our view WMQRS would be best served by becoming part of a Commissioning Support Unit (CSU)[2]. This should begin with a series of first-order considerations - reviewing the likely risks and benefits to 'both sides' against the background of their purpose and strategy. In doing so, WMQRS should be considered as part of a broader range of services that commissioners and providers might access in assuring and improving the quality of services. It would also most likely mean devising a funding arrangement such that a CSU could be given some guarantee of income during the transition; and,
- This should then enable a different set of relationships with its customers since mechanisms for deciding upon and procuring services are already established. It should also enable new arrangements for governance and for deciding upon customers' needs – e.g. the current board (which would no longer be needed in a formal sense) could form the basis of a 'customer panel' to review / define work programmes. Finally, it should enable the host organisation to think about growth and development – to consider the potential wider value of WMQRS and to invest in and nurture it accordingly.

[2] We note the prima facie conflict of interest in this recommendation. It would be possible to argue that we have seen a service of value and therefore recommended that it 'comes to us'. For this reason, we are clear that we mean 'a CSU', not necessarily 'Midlands and Lancashire CSU' and NHS Arden & Greater East Midlands covers much of the same geography / service offer.

1 Introduction to the review and this report

West Midlands Quality Review Service (WMQRS) was established in 2009 with a specific rationale, structure and operating model. Much has changed since. The institutional shape of the NHS has altered radically; WMQRS' processes and products have evolved; and its environment remains highly dynamic.

For these reasons it is timely to consider:

- How well WMQRS has performed / is performing;
- Likely changes in its customers' future requirements; and so,
- What action WMQRS might take in order to be as effective as possible in the future.

In late 2015, WMQRS therefore commissioned the Strategy Unit (hosted by Midlands and Lancashire Commissioning Support Unit (CSU)) to undertake a 'Customer Review'. This document is the Final Report from the review; it was presented in draft to the WMQRS Board on 11th December, before being revised to form this final version.

1.1 Aim and objectives of the review

The aim of the review was provide an external, objective assessment of the current WMQRS business model together with a view of how this can be improved and developed for the future. The specific questions, set in the terms of reference, were:

- *Has WMQRS achieved the objectives set for it by NHS organisations in the West Midlands and its external customers?*
- *How well has WMQRS supported commissioners and providers? What 'added value' has WMQRS and its work brought to NHS organisations in the West Midlands and its external customers?*
- *What benefits have resulted from the work undertaken? In particular, what has been the impact on patient care?*
- *Is WMQRS providing value for money for its customers?*
- *What factors are influencing organisations' understanding of and involvement with WMQRS and its work?*
- *Could WMQRS make improvements which would increase its responsiveness to its customers' needs? If so, what improvements?*
- *Are there business opportunities of which WMQRS is not yet taking advantage?*
- *Is there broad support for continuation of WMQRS after 2016/17? If so, what evidence do NHS organisations in the West Midlands require in order to inform their decisions about the future of WMQRS?*
- *Is the WMQRS business model appropriate for taking forward the work of WMQRS after 2016/17? If not, would other business models be more appropriate?*
- *Is hosting by Sandwell and West Birmingham Hospitals NHS Trust the most appropriate arrangement for the future of WMQRS? Would a formal link with an organisation with a similar function be more appropriate (for example, Clinical Senate and Networks, Academic Health Science Networks, CSU Strategy Unit)? If so, what options are available and what are the advantages and disadvantages of linking with them?*

1.2 Review method

In designing the method for the review, we were mindful that:

- The questions set covered both recent history (how well has WMQRS performed?), the immediate future (what other services might customers want?) and broader / longer term considerations about the business model required;
- Different types and sources of evidence would be needed to address the questions. Yet the resources available for the review were modest (around 15 days of staff time). We therefore saw a need to draw upon existing data (e.g. board papers and previous evaluations), investing carefully in additional primary research; and,
- Evidence would only take the review so far. Greater precision and certainty will be available in relation to what has been achieved; the question(s) of 'what is to be done' requires judgement and opinion.

The method therefore included the following tasks:

Scoping

We undertook a brief review of WMQRS documents and its website; we met with WMQRS to gain a more detailed understanding of the organisation. We submitted findings from this exercise, alongside proposals for the research tasks, in an Inception Report (October).

Document Analysis

We reviewed WMQRS Board Papers, evaluation reports and Annual Reports. These were examined to synthesise secondary sources, ensuring that we built upon existing evidence.

Interviews

We then conducted semi-structured interviews with 17 stakeholders. Interviews were anonymous (no views or quotes are attributed in this report); they were predominantly undertaken by telephone, written up as a detailed note and analysed thematically. As far as possible, direct quotations are used in the presentation of the results – allowing interviewees to 'speak for themselves'. Where appropriate / possible, some scaling of views is provided – e.g. 'most interviewees thought that…'.

A note on limitations

The nature of the research was limited and uncertainties remain. No attempt to provide a definitive assessment is made given the evidence base available. In considering what follows, it should be noted that there was a broad consensus on findings in relation to the implementation and outcomes of WMQRS' services, but a far wider spread of opinion (and a far higher degree of uncertainty) on the question(s) of 'what to do next'.

1.3 Structure of this report

This document is the final output from the review. It continues in the following sections:

2: Summary description of WMQRS;

3: Assessment on the operation of WMQRS;

4: Evidence on the outcomes resulting; and

5: Considerations for the future.

The main body of the report is supported by two Annexes: List of interviewees; and topic guide used in the interviews.

2 Summary description of WMQRS

WMQRS is: *"…a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services provided through the development of evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved"*.

WMQRS was established in 2009, with the support of the West Midlands Strategic Health Authority (SHA), partly in response to Lord Darzi's 'Next Stage Review'. At the heart of this decision was a view, based on a strong history of peer review in the West Midlands, that clinical peer review can be a powerful tool for improving the quality and safety of services.

WMQRS' 'Principles and Approach' document states that the organisation will:

- *"develop evidence-based Quality Standards, derived from national guidance, which are in an easy-to-use format for peer review and for organisations' own use*
- *coordinate and facilitate developmental and supportive quality reviews*
- *produce overviews of compliance with Quality Standards and related issues*
- *provide development and learning for all involved".*

And that expected outcomes are therefore:

- *"improvements in the quality, safety and outcomes of services reviewed*
- *organisations will have better information about the quality of their clinical services which they can use as evidence to support regulatory processes*
- *increased organisational competence and confidence in clinical quality assurance and review within West Midlands CCGs and Trusts".*

WMQRS is hosted by Sandwell and West Birmingham Hospitals NHS Trust on behalf of NHS organisations in the West Midlands. The WMQRS Board oversees the delivery of the annual programme and general development of WMQRS. The detailed operation of WMQRS is described in its Quality Manual, which aims to put WMQRS' Principles and Approach document into practice.

Annual review programmes are agreed with each health economy and the service also undertakes commissioned reviews (e.g. for the Isle of Man health economy). For West Midlands-wide programmes, once a service or care pathway is included within the WMQRS work programme, a Steering Group is normally created with responsibility for oversight of the WMQRS work-stream. For services and pathways without a Steering Group, the WMQRS Quality Assurance Group quality assures WMQRS Quality Standards, considers and approves reports of quality review visits, ensure consistency of interpretation of the Quality Standards, and advises on other aspects of the work of WMQRS as required.

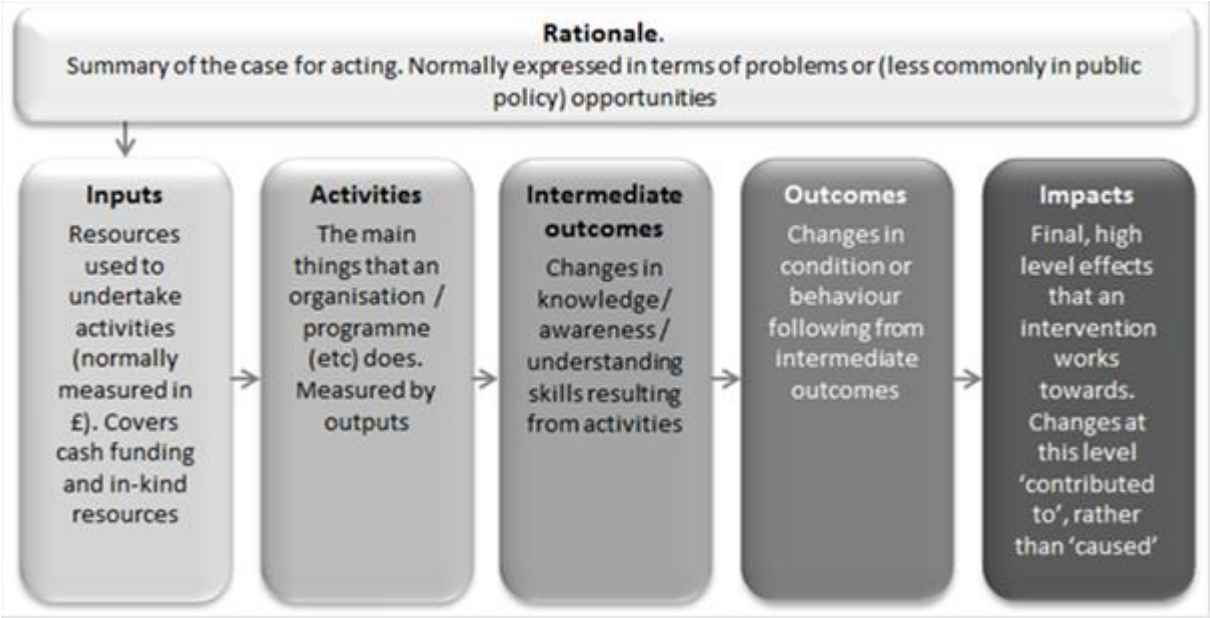
When it was established, funding for WMQRS was shared between the Primary Care Trusts (PCTs) and the SHA. Following the reforms initiated by the 2012 Health and Social Care Act, which abolished PCTs and SHAs, a new three year funding arrangement - 2014/15 to 2016/17 - was devised. West Midlands Clinical Commissioning Groups (CCGs) now fund the core team.

Income from the West Midlands Programme in 2014/15 equated to £339,800 with a further £97,200 from commissioned reviews. The income from commissioned reviews has more than doubled since 2013/14. Recently, the budget has not been spent in full. The 2014/15 Annual Report shows that £57,400 was carried forward in 2013/4 and £90,500 in 2014/15.

CCG contributions were reduced in 2014/15 and this underspend position is unlikely to reoccur.

Reviewers are funded for their time and travel expenses by their own organisations, in exchange for which a) acting as a reviewer is CPD for health and social care professionals and b) organisations receive peer reviews of their own services.

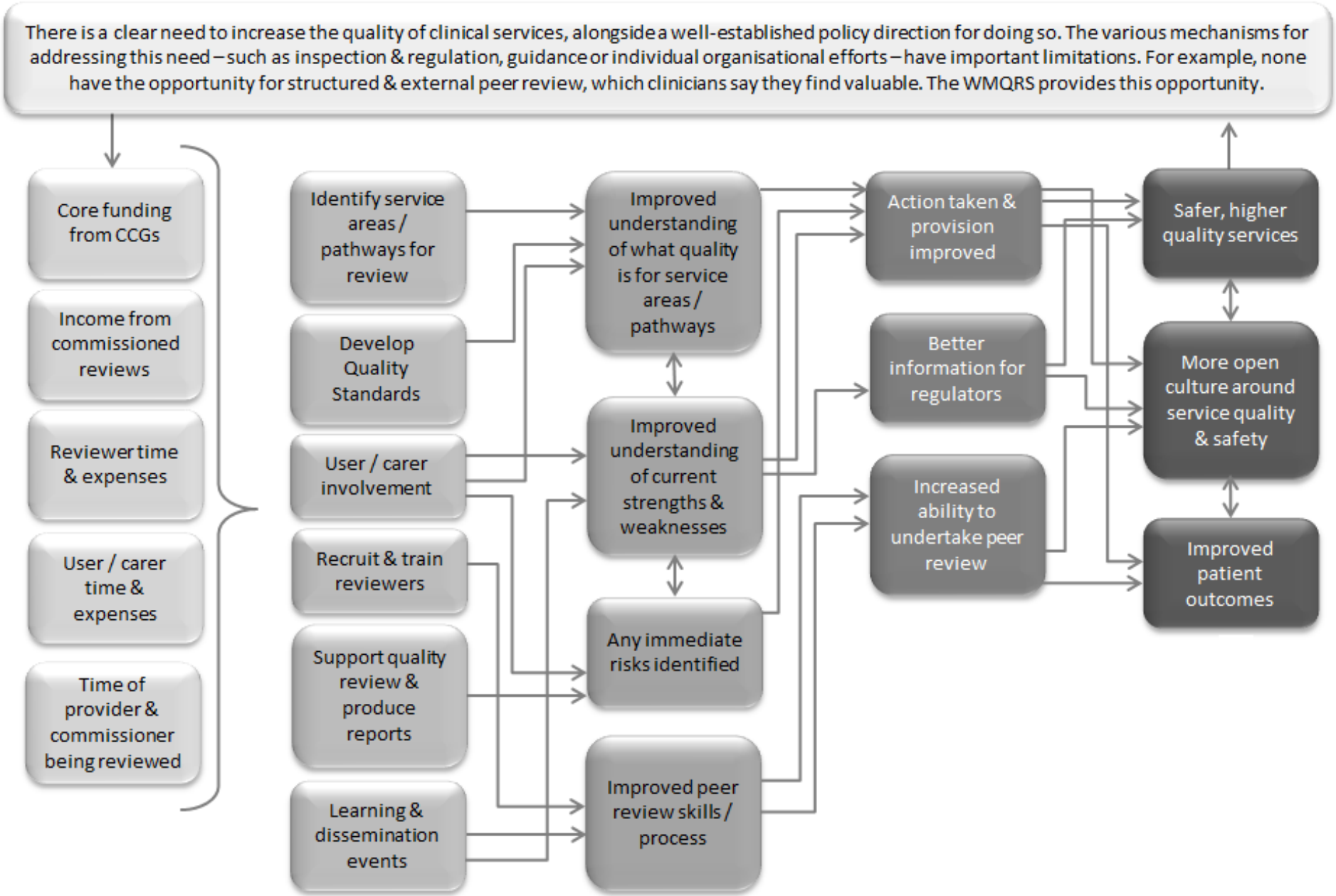
In order to ensure that this review was based upon a sound initial understanding of WMQRS, and to provide a framework for gathering and analysing evidence, a logic model was used. In essence, these models summarise: problems faced, actions taken and results expected. In more detailed terms, they contain the following main elements:



The logic model produced for WMQRS is presented below. It suggests that:

- WMQRS would primarily achieve its outcomes through the definition of good practice and improving skills to assess against this;
- Achieving its ultimate impacts is reliant upon the actions of others (WMQRS provides the information, changes are made by providers and commissioners);
- Improvement in patient outcomes is at the end of a reasonably long / complex causal chain, service improvement is likely to be a better proxy measure for WMQRS' value; and
- There may be an element of self-improvement in that increased ability to undertake peer review could have sustainable and transferable benefits.

The following sections of the report present the evidence gathered against this high level framework.


There is a clear need to increase the quality of clinical services, alongside a well-established policy direction for doing so. The various mechanisms for addressing this need – such as inspection & regulation, guidance or individual organisational efforts – have important limitations. For example, none have the opportunity for structured & external peer review, which clinicians say they find valuable. The WMQRS provides this opportunity.
Core funding from CCGs
Income from commissioned reviews
Reviewer time & expenses
User / carer time & expenses
Time of provider & commissioner being reviewed
Identify service areas / pathways for review
Develop Quality Standards
User / carer involvement
Recruit & train reviewers
Support quality review & produce reports
Learning & dissemination events
Improved understanding of what quality is for service areas / pathways
Improved understanding of current strengths & weaknesses
Any immediate risks identified
Improved peer review skills / process
Action taken & provision improved
Better information for regulators
Increased ability to undertake peer review
Safer, higher quality services
More open culture around service quality & safety
Improved patient outcomes

3 Assessment of WMQRS' operation

The report now moves on to consider how the above model operates in practice. This section sets out an assessment of WMQRS' operation. It draws on evidence gathered from the interviews and document review. As noted in the introductory section, interviewees described a similar set of issues and themes; there was some consensus on the points outlined below.

3.1 WMQRS services are well-regarded

Nearly all stakeholders considered that WMQRS' services were the right ones. The final section of the report considers the question of whether there are services that could usefully be provided that currently are not; here we note the following main findings:

Peer review is at the heart of WMQRS

Nearly all interviewees cited peer review as being foundational to WMQRS' operation. The process and function of peer review was seen as being valuable and distinctive; for example:

"It's about like-minded people that understand the services, that can ask the right questions and drill down…so you don't get history taking, it's straight into it".

"If you're reviewing an A&E department and have senior A&E clinicians coming in in a confidential, trained and cost-effective way…if you went to any other organisation or consultancy, you'd get something else – that's the unique selling point: it's what peer review brings".

"I really, really support the development and use of reviews. It is quite different to anything else we have. You're inspected to within an inch of your life and we should be using the evidence gathered from other reviews."

***Why* is WMQRS' approach to peer review seen as being valuable?**

Interviewees gave several reasons as to why peer review might be so effective in leading to service improvement. Explanations included:

- *It's from a peer*. Because of their standing and training, reviewers know the detail and can establish credibility quickly.
- *They know how to review*. Because reviewers are trained and supported, they have the right skills and are guided by a common, agreed and evidence based, framework (Quality Standards).
- *They are invited in and are focused on improvement, not regulation*. This was seen as creating (or demonstrating) a demand for insight, not a defensiveness from it.
- *They use multiple perspectives*. WMQRS' multi-disciplinary approach was seen as especially valuable – including the involvement of patients and carers in providing a further lens for 'knowing where to look'.
- *They are helping the system to sustain improvements* – both through gains in skill: *"We've got better trained staff because of WMQRS and the way the system works they are the inspector and the system regulates itself to meet those standards"* - and the creation of networks: *"It creates a networking environment, and the development of agreed standards prompts the sharing of good practice which might not happen otherwise".*

Standards were valued primarily as part of the review process, but have some wider application

Interviewees did not typically raise the quality standards outside the context of the review process. But those that did noted that they had used the standards to guide work and inform commissioning arrangements:

"I have gone from over 200 people to just over 50 [in my team] with a vast portfolio. Without those standards…I would be running round like a headless chicken".

"[I] have used Quality Standards when looking at SLAs [Service Level Agreements] with other organisations, for example around governance, and this has informed the development of KPIs [Key Performance Indicators]".

A small number of interviewees noted that defining / codifying quality was becoming 'increasingly crowded territory', for example citing NICE quality standards:

"The standards are good but NICE produces a lot of this now. We use them in commissioning standards but it wouldn't be disastrous without them".

"In the past they used to produce the standards. Now there are standards all over the place – NICE and so on".

Finally, a small number also noted the value of the development and learning events.

3.2 Services are professionally-delivered and flexible

In considering the way that WMQRS operates, most interviewees cited flexibility and professionalism as key attributes. For example:

"They are very, very pragmatic, helpful and resourceful…their whole approach is unlike any other".

"As an organisation we have had a massively positive experience [of WMQRS]. They do a tremendous job and have always been willing and approachable. There are very good working relationships".

"It's sometimes quite hard to decide how to use them but they are very flexible".

"I think their approach is good and positive. They are proactive in helping organisations to choose which reviews are right for them…It's a really robust process [peer review], built on a very clear framework."

While the view on services and their delivery was very largely positive, scope for improvement was also noted. A small number of stakeholders noted the significant levels of work involved in reviews; for example:

"The main issue I see is the huge amount of organisation it takes to be reviewed – preparing for it [visits]…it could put organisations off - even though the outcome is positive, helpful stuff".

"The workload it creates is hugely burdensome. It creates a lot of frenetic activity, meetings and paperwork. The whole process feels big, onerous and long winded".

Moreover, scope for improved efficiency within WMQRS was also noted. Points raised – by interviewees and through the document review – were modest in isolation, including the need for a standard Word template, a contacts database, better filing of standards on the website, etc. Moreover, and perhaps partly as a result of these factors, WMQRS staff appear to be stretched, with the leadership team engaging in detailed operational work.

3.3 Agreeing a work programme is a fundamental challenge: this largely a 'demand side' problem

The most significant operational challenge facing WMQRS is agreeing a work programme with its customers. The current, subscription based funding arrangement is that CCGs buy credits which are then allocated to a programme of reviews. There is significant variability in the operation of this system: some CCGs have an identified programme of work and use their credits; others have no clear programme and do not. Moreover, even where programmes are clearly specified, it is not always the case that frontline clinical teams consider the areas identified for review as being the right ones.

Several stakeholders considered the difficulty of agreeing a review programme to be a corollary of broader issues relating to the nature and scale of CCGs. On this, several interviewees compared CCGs to PCTs. Generally speaking, the latter were seen as having greater managerial capacity and more mature decision making processes. Less tangibly, they were also described as having a stronger sense of 'the greater good' – of being part of a region and a wider set of partnerships.

On this account, WMQRS has difficulties in getting a work programme agreed because CCGs are more difficult and varied institutions to engage with – and that they are not so clearly part of a wider structure. For example:

"I don't think very many CCGs have had time to sit back and reflect and think where it [WMQRS] fits in their own arrangements going forward - what their own quality teams were going to do, what peer reviewers were going to come in and do for them and how those two things mix together as part of a wider quality agenda".

"I think most CCGs…have been busy establishing themselves, firefighting with the day-to-day pressures of work and the burden of assurance to really strategically think where does this [WMQRS] fit".

"CCGs are different to PCTs - and Trusts are increasingly doing their own thing".

"Years ago, providers and PCTs used to meet. Now they don't – nobody comes together".

"It's an inherent problem in subscriptions – everyone feels that they aren't getting 'their' value…plus there has been the problem of CCGs not using their subscriptions up".

Changes have been made to address these issues, including: reductions in subscription levels; processes for better communication with Trust and CCG leads; promoting the work of WMQRS, especially through meetings with 'low participation' organisations; and through exploration of senior manager and clinical 'champions'.

Nonetheless, substantive operational challenges remain. The WMQRS leadership team invests time in attempting to shape and understand customer requirements such that they can be addressed. As noted in the interviews and documents, this investment is not always repaid and requirements can remain unclear.

4 Evidence on WMQRS' outcomes

This section considers the effects of the activities described in the previous section. It draws on evidence gathered from the interviews and document review. The section begins by considering outcomes for different stakeholder groups, before moving on to the question of value for money. As with the findings in the previous section, there was a high degree of consensus on the points made and interviewees described a similar set of issues and themes.

4.1 Peer review leads to service improvements; by extension, this ought to benefit patients

In the main, interviewees considered that provider organisations were the most immediate beneficiaries of WMQRS' services. As suggested by the logic model (section 2), the main areas of benefit in this respect were two-fold:

1: Improvements in services following a review

Interviewees gave multiple examples of service changes following peer reviews. These included: changes to mental health crisis support services; reconfiguration of vascular services; redesign and recommissioning of long-term conditions services; and system wide and policy changes in the Isle of Man. Two interviewees illustrated this:

"They've made a huge difference, absolutely huge difference, and continue to do so…The care of children in District General Hospitals was hit and miss, there were no standards… we have improved training, we've improved education, we've improved facilities, we've improved staffing by having clinicians agreeing what the standards are".

"We've made quite substantial changes to some of our services. After a review we always develop an action plan to address the things they've identified…we've improved quite a lot of things as a result of that".

Improvements for patients would logically flow from such service changes (again, as suggested by the logic model). To the extent that standards are based on evidence of effectiveness, it would then be reasonable to expect that patients would benefit as services change to operate in accordance with this evidence. The higher evidential test – demonstrating that service changes had led to patient outcomes – was not seen as necessary by most interviewees:

"They've made a huge clinical impact, I don't think you'll ever be able to measure the number of lives saved by them but I'm pretty certain that they've saved lives".

"Has it improved patient care? Well, we believe it has – but we can't prove it…".

2: The skills gained and improvements made as a result of being a reviewer

A consistently high proportion of reviewers have reported making changes to their own services following involvement in the peer review process (the current figure is 100%). As one interviewee noted: *"Compared to most CPD…it's phenomenal".*

Finally, a small number of interviewees noted that there was also a distribution of benefits within provider organisations, such that 'frontline' clinicians may see greater value in WMQRS' work (a greater sense of what to do to improve services; evidenced case for doing so) than senior managers (potential for being on the 'receiving end' of negative findings / cases for investment).

4.2 There is also value to commissioners

The challenges of getting current CCG customers to define and agree a work programme with their partners were noted in the previous section. As described there, one of the explanations offered was a question as to whether (all) CCGs recognised the benefits of WMQRS. This explanation was, to some extent, confirmed in the interviews where some commissioners could describe a clearer value 'to them' than others.

One area of value highlighted was in providing a clearer sense of 'what good looks like' to commissioners of a given service. This was primarily through the production of standards. As noted in the previous section, interviewees then reported examples of the use of these standards – primarily as part of the review process, but also as part of service specifications. For example:

"The service plays a valuable role in terms of supporting commissioners to look at the quality standards for services so they can commission with a clear confidence that the standards build into the service are appropriate".

Others noted the value of gathering specific information about a service where there were concerns over quality; for example:

"We used [WMQRS] where we had a concern about a service, for example in our patch we had concern about the [names service] at [names trust]… we asked the reviewers to go in… it's a rich source of intelligence".

But one interviewee was less certain that there was a role for WMQRS here:

"It's more like a quality audit of whatever services we chose for them to look at. While that has value, it's starting to drift into CQC-like ways of working…Do we [CCGs] really want something that is a bit like the CQC reviewing services? Probably not. So there is a real question about the role of the WMQRS in an environment where there is already quite significant regulation and audit of practice".

Finally, several commissioners noted the pressure that CCGs are under to reduce their management costs. They saw this as necessitating an ever-greater scrutiny of the benefits resulting from each item of expenditure; for example:

"CCGs are right up against it on the management allowance, budgets are tight and not everyone sees the benefit of peer review".

WMQRS therefore faces a growing challenge: it is not a mandated element of CCG activity; many of the benefits resulting from its work as seen as being 'for providers'; and – perhaps partly as a result of their sub-optimal use of the service – some CCGs are unclear of the value of WMQRS 'to them'. The implications of this are picked up in the final section of the report.

4.3 There are related benefits for the regulation process

The relationship between peer review and regulation was a theme in many of the interviews. There was variability here, with some interviewees (mainly commissioners) seeing little distinction and others (mainly providers) drawing a clearer line. For example:

"One of the challenges is if they find poor practice – and WMQRS work was instrumental in teasing out problems at Stafford – there has to be a safety net, there's an ethical and probably legal duty there".

"[WMQRS'] inspection model is good and CQC could learn from it. It starts with providers agreeing standards as a peer group, avoiding the feeling of being inspected against arbitrary standards".

One interviewee then linked this to a potential broader service offer:

"If I was a provider, it would be persuasive if I could say to the CQC 'actually, you don't need to review our services because we've been kite-marked against these standards'…we're self-regulating and we can tell the CQC…".

Again, the report returns to this topic – other services that WMQRS could offer – in the final section.

4.4 There is therefore wider 'added value' for the region

WMQRS has acted across different parts of the system and region in what several interviewees considered to be a unique way. For example:

"I can't think of anything that replicates it. Without it the real hole would be the whole system, patient pathway review. There isn't anybody who has the wherewithal or capacity to do a whole system review and the peer review element".

Moreover, the comparative element of the peer review process – although made progressively more difficult by institutional changes – was also cited as adding value across the system. For example:

"Reviews have concentrated on issues all Trusts suffer from and this enables shared learning".

In aggregate, the above benefits – for commissioners, providers and (to a lesser extent) the regulatory process - have therefore led to added value for the West Midlands region as a whole.

4.5 WMQRS seems to offer good value for money

Value for Money (VFM) is a somewhat complicated concept. It covers the relationships between inputs (costs), outputs (services) and outcomes (results); it is also a relative assessment ('x' been seen as offering better VFM than alternatives 'y' and 'z'), made by a purchaser in possession of necessarily imperfect information.

Evidence gathered on WMQRS' VFM reflected some of this complexity. Several stakeholders did not have enough information to offer a view; of those that did:

A small number of interviewees did not see WMQRS as being good VFM

These interviewees considered that the cost per review could be brought down by undertaking less in-depth / through reviews - and/or that WMQRS did not represent VFM 'to their individual organisation' (e.g. as a CCG they did not think their investment had reaped sufficient benefits to them).

Yet most thought that they did

Interviewees drawing this conclusion substantiated their view by means of comparison *("If you got McKinsey in…"*) and through the related point of the value of resources provided 'in-kind' by reviewers[3]. (*"If you had to pay for their time, you never would"*). One interviewee linked each of the above points:

[3] All organisations fund reviewers time and travel, in exchange for Continuing Professional Development (CPD).

"If the QRS wasn't there, then you'd have to go down the route of bringing in management consultancies and paying a lot more money…reviewers' time is effectively given free by trusts as part of personal development. It's a really cost-efficient way of getting reviews…the question is whether customers see the value in the same way".

5 Considerations and choices for the future

This final section presents a series of reflections, conclusions and recommendations on the future facing questions set for the review. It draws primarily upon stakeholder interviews, while noting that views on these questions were divergent. This divergence ranged from 'minor tweaks to the current model' up to 'fundamentally re-orientate the organisation' and most points in between. Moreover, a small number of interviewees - mainly those in provider organisations - did not feel able to offer detailed views on the topics raised.

What follows should be read with these provisos in mind. The fundamental implication is that there is no clear consensus or obvious course of action. For these reasons, and especially in relation to recommendations, the section also draws upon reflections and insights from the Strategy Unit.

5.1 There is a continued need for a quality review service

As the previous sections have shown, WMQRS' services are well regarded and generate the desired outcomes. Stakeholders therefore concluded that there is a continued need for a quality review service. For example:

"If we didn't have WMQRS, we'd have to invent something like it. The ability to produce detailed good practice and to get a trained peer review team in…this is practically unique".

"I'd like to see it keep going – it would be one of those things that we wouldn't realise its value until it's gone".

"My deepest hope is that it is sustained. I could see it being marketed elsewhere".

"They could be on to a winner because they are not a provider, commissioner or regulator. It's a unique position, but it needs a refresh and relaunch".

Yet, and as suggested in the above quotes, very few interviewees saw no case for change in the operation of WMQRS.

5.2 Changes in context require changes in operation

WMQRS faces a series of challenges, some of which are fundamental. Most of these challenges are a function of changes in the policy and institutional environment. This environment – and arguably the broader culture - within which WMQRS operates has in many ways become less supportive over time.

WMQRS was established in 2009 with a specific rationale. This was based upon the need for a quality review service that added value to pre-existing regional structures and services. Since 2009, the context has changed radically: 'regions' no longer have strong currency as a unit of planning and administration; regulation and guidelines have increased scrutiny and helped codify what 'quality' looks like; and the institutions charged with commissioning and providing care are very different to those that existed in 2009.

It is therefore instructive to review WMQRS' founding rationale in light of these changes. Doing so helps to illuminate a range of possibilities for the future. For example:

- The reduced use of regions opens the question of WMQRS' geography. At one extreme the 'WM' could be dropped, the service expanded nationally / to other areas (perhaps through a franchise model) and the 'QRS' would be agnostic as to where it operated. Yet, the history, networks and much of the value continues to reside in the 'West Midlands';

- There is consensus on the need for information to inform quality improvement. Recent policy has emphasised regulation as a means of achieving this. Services have become subject to greater scrutiny, increasing the availability of information on performance and quality. The work of NICE and others has also helped to define quality standards. Not everyone sees a neat distinction or a clear relationship between these efforts and WMQRS' services. As a minimum there is a need for WMQRS to consider its role relative to related efforts (as it did when it was founded); and,
- In some respects, commissioners have defined their role in increasingly 'pure' terms, buying services from a more mixed economy of providers. More recently, the 'New Care Models' programme has set out approaches that may radically alter current commissioner-provider relationships; there are also outcomes based contracting arrangements and prime provider models (etc). The fundamental requirement for information on the quality of services remains, yet the means of providing this information – and the organisations demanding it - will vary greatly. This changes the nature of demand for WMQRS.

The above is enough to suggest that WMQRS' business model may need to change. There is then the current operational challenge of establishing and delivering a work programme. WMQRS' core funders / customers (CCGs) have very varied levels of understanding and commitment to it. Some regard it as essential; others as 'nice to have'; others do not use it:

"WMQRS is a good service: it operates well and has a good model. The weakness is its users".

"It is a visionary concept but realising the vision is stymied by its clients".

There is also the growing pressure on CCG budgets. Moreover, there is a problem of collective action within the current model (if 'x' CCGs don't fund WMQRS then it can operate; if 'y' decide not to then it can't). The combined implication of this is significant: it most likely means that the current funding model will not be sustained.

5.3 In thinking about future directions, WMQRS should start by considering its value

The above suggests that, in order for it to thrive, WMQRS needs to address some fundamental questions. 'Do Nothing' is not an attractive option. The starting point in considering the future is to define these questions and choices, such that viable options can be developed and useful actions taken.

Our starting point in setting out an answer is to understand the value created by WMQRS. Other considerations – of business model, of host, of geography – can then be assessed in the light of this understanding. We therefore used a simple framework based on:

1: An understanding of whether and how value is generated by WMQRS - and who benefits; and, given this,

2: What services should be offered, how and for which customers; and, given this,

3: How these services will be developed, marketed, paid for and provided; and, given this,

4: What institutional changes and actions are implied and when should they be taken.

Answers to the first question are provided in the previous section, which suggested that WMQRS has value for providers, commissioners and regulators. The logic of this is that services could be developed and offered to each type of customer.

5.4 More value could be added through more services (provided for more customers)

Peer review is at the heart of WMQRS. It is where much of the value is created and it is what WMQRS is known for. The current set of services is therefore broadly appropriate and any new offers should build out from this.

Interviews conducted for this review suggest that there is scope for adding further value by being able to offer a wider range of services to a broader range of customers. This was a broadly held view; for example:

"There is always scope for new services – for example supporting tender process, service specifications, commissioning intentions".

"Expanding the repertoire of what they do would make them [WMQRS] a more valuable resource".

"I think the QRS should go to the CQC and ask whether there is a way that they can mitigate the need for inspections to some degree. They could then go to providers with this as an option …I think providers could be attracted by that".

"Can they tie [their services] in more with national ambitions such as the 6Cs and new models of care? There is an opportunity to change their services around evolving national priorities".

"If money was no object, there would be no reason why we [a provider] wouldn't engage WMQRS in specific pieces of work where we wanted to benchmark or develop standards. It's an easy win at the moment whilst it is commissioner funded".

"WMQRS have to decide whether they are a service for commissioners, or a service for the providers, or they could develop a model where they support both but from different perspectives".

It is not within the scope of this review to present a settled / consensus list of what these services might be. Instead, we reflect the range of suggestions made by interviewees, which included:

Developing action plans	*Appreciative enquiry*	*Whole system reviews*
Hands-on support for implementing improvements	*Training in peer review (as a wider offer)*	*Helping providers prepare for inspection*
Diagnostic reviews, using data to identify areas of potential concern	*Quality reviews for management functions (e.g. governance)*	*Supporting tender processes and setting quality standards in contracts*
Service evaluations	*Ongoing monitoring and reporting*	*Sustainability reviews*

Not all of the above suggestions would need to / could be followed and clearly more detailed consideration is needed. Moreover, there are interdependencies in the current offer – notably between standards and reviews – and a set of customs (notably that providers are not used to paying (cash) for WMQRS services) that would also need working through. It should also be noted that not all possible services would need to be provided directly by WMQRS: but they could be part of a broader set of partnerships – or could form part of an argument for a different hosting arrangement (discussed below).

Accepting that the potential range of services is not settled, there was a clear theme in the interviews around the need to achieve a clearer articulation of the value of WMQRS' services – and to market this. For example:

"There is a need to raise WMQRS profile and market the service".

"I haven't seen them on a national stage presenting their work and shining a light on what they do".

"They can be a little bit woolly around what the benefit would be".

The above does not imply marketing or awareness-raising in a general sense. Interviewees raising the above points generally had more strategically-chosen and relationship-led approaches in mind. For example:

"[WMQRS] would benefit from more strategic engagement with other key players in the system, for example we have the networks, and we have the clinical senate…developing relationships with those organisations…will probably have more impact than popping up to a CCG once or twice a year and presenting the work".

"Some people don't understand what WMQRS does and what the value is…I don't think they necessarily market themselves as well as they could do…if WMQRS were perhaps a little more bold in explaining what they do….other medical directors would be able to figure out topics perhaps more easily".

"There's something for me that maybe once a year, at the beginning of the year…to come out and talk to us… a little bit of time nurturing those relationships would pay dividends".

5.5 Expand the geography, but maintain a West Midlands focus

As noted above, the value created by WMQRS is primarily within the West Midlands. Evidence gathered for this review suggests that the current approach of focusing on this 'home' region is right given the strength of history, relationships and networks (and especially the network of reviewers).

Yet there is – as already demonstrated by WMQRS – scope for expanding the offer to other areas and institutions. There is also clear support for this amongst stakeholders; for example:

"They need to be clear what their market offer is. Then they ought to be able to sell that to any provider or CCG…it came out of the West Midlands because we were a region that used to work together. That no longer exists. We never meet on a West Midlands basis any more…the idea of working on a West Midlands basis – I think they have to get rid of".

"It is a really, really good methodology and it would be a shame just to be concentrated in the West Midlands. It could be expanded".

This expansion is best done by building out at the margin, rather than by (e.g.) franchising, or 'abandoning' the West Midlands and becoming entirely agnostic about geography. Moreover, some of the services suggested above could be offered nationally but provided locally (e.g. training in peer review). Again, these changes could be facilitated by a new host organisation.

5.6 Changes in operation most likely require a change in host organisation

A small number of interviewees followed the logic of the above points through, noting that a broader range of services / clients and geography would imply a different way of operating. Two interviewees, for example, noted:

"Ultimately maybe the business model just needs to be a bit more flexible... I actually think it would be better if it was a more consultancy based model almost".

"It's a real commercial opportunity and needs to be allowed to flourish".

This leads to the question of the most appropriate host organisation. Several functions / tasks are required to, for example, broaden the scope of the service offer and think about new customers. WMQRS would need to consider business development, gathering market intelligence, pricing, communications, marketing and profile raising (etc).

This requires the attention of the WMQRS leadership (and board). Currently, capacity at this level appears to be constrained primarily by involvement in delivery, resulting in part from a series of operational inefficiencies within the organisation. These inefficiencies require attention; but it is also likely that some of the tasks noted above could be helped by a change of host organisation: the present hosting arrangements do not provide these 'added value' services to WMQRS.

The range of alternatives that could be considered is limited. It most likely comprises of: an independent consultancy (private sector / charity / social enterprise); commissioning organisation; provider (Foundation Trust); Commissioning Support Unit (CSU); Regulator; or Clinical Senate / Network.

To support this (necessarily high level) examination of these alternatives, the following criteria would appear to be useful:

- *'Basic services'*: that the host organisation would offer services, such as IT support / office accommodation / HR / finance / etc, that support the fundamental operation of WMQRS.
- *'Ethos, culture and independence'*: that the purpose of the host organisation aligns with WMQRS' and that there is an in principle cultural fit. That WMQRS would not be (perceived to be) hampered in its ability to provide objective feedback because of the remit / operation of the organisation it is hosted by.
- *'Stability'*: that WMQRS would not join part of the system that might be reorganised (or is substantively more likely to be reorganised than any other!), hampering its ability to focus on providing services and adding value.
- *'Strategic fit and added value services'*: that there are in principle links between the remit of the host organisation and that of WMQRS, such that these links may add value to WMQRS (and the host). And / or that the host organisation could help WMQRS make the changes outlined in this report, by offering support in (e.g.) business development / expanding geographic coverage / marketing and communications / etc.

These criteria can then be used to assess the range of broad possible options for a host institution. An outline assessment is made in the Table below, with '+' indicating a positive assessment, '-' a negative and 'o' neutral / unknown. In reading the table, note that:

- No weighting between criteria has been made (this would require value judgements that only WMQRS can make) and it is likely that some criteria matter more than others; and
- Results are a subjective judgement (e.g. on stability), based on partial knowledge. A different set of judges would produce a different set of results. Nonetheless, the framework ought to be of use.

	Basic services	Ethos, culture and independence	Stability	Strategic fit and added value services
Independent consultancy	+	o	+	o
Commissioner	+	-	-	+
Provider (Foundation Trust)	+	+	+	+
CSU	+	+	-	++
Regulator	+	--	o	o
Clinical Senate / Network	o	o	-	+

In our view, the above suggests that WMQRS would be best served by becoming part of a CSU[4]. This should begin with a series of first-order considerations - reviewing the likely risks and benefits to 'both sides' against the background of their purpose and strategy.

In doing so, WMQRS should be considered as part of a broader range of services that commissioners and providers might access in assuring and improving the quality of services. It would also most likely mean devising a funding arrangement such that a CSU could be given some guarantee of income during the transition.

Moving to a CSU should then enable a different set of relationships with its customers since mechanisms for deciding upon and procuring services are already established. It should also enable new arrangements for governance and for deciding upon customers' needs – e.g. the current board (which would no longer be needed in a formal sense) could form the basis of a 'customer panel' to review / define work programmes. Finally, it should enable the host organisation to think about growth and development – to consider the potential wider value of WMQRS and to invest in and nurture it accordingly.

5.7 Summary of recommendations

In the light of the above, the recommendations for WMQRS' consideration are to:

- Review the arguments underpinning the case for change presented above. It may be that some appear overstated, are invalid or can be addressed within the existing business model. If these arguments are (at least largely) persuasive, then
- Consider what other services might usefully be offered – and to whom – in order to extend the value currently generated by WMQRS;
- Consider how the value of these and current services could be better communicated. In doing so, engage with CCGs that currently see the value in WMQRS and cultivate other strategically important relationships – e.g. with the West Midlands Strategic Clinical Network and Senate; and,
- Retain the primary focus on the West Midlands (but extend geographic coverage) and consider how any new set of services might be best delivered – against the context of moving to a CSU under a transitional arrangement agreed with current funders.

[4] We note the prima facie conflict of interest in this recommendation. It would be possible to argue that we have seen a service of value and therefore recommended that it 'comes to us'. For this reason, we are clear that we mean 'a CSU', not necessarily 'Midlands and Lancashire CSU' and NHS Arden & Greater East Midlands covers much of the same geography / service offer.

ANNEXES

Annex 1 List of interviewees

1: Alison Walshe	NHS South Warwickshire CCG
2: Beverley Ingram	Birmingham Community Healthcare NHS Trust
3: Claire Parker	NHS Sandwell and West Birmingham CCG
4: Fiona Reynolds	Birmingham Children's Hospital NHS Foundation Trust
5: Helen Lancaster	NHS South Warwickshire CCG
6: Jane Eminson	WMQRS
7: Jenny Belza	NHS Birmingham CrossCity CCG
8: John Alexander	University Hospitals of North Midlands NHS Trust
9: Paul Bytheway	The Dudley Group NHS Foundation Trust
10: Paul Maubach	NHS Dudley CCG
11: Roger Stedman	Sandwell & West Birmingham Hospitals NHS Trust
12: Salma Ali	NHS Walsall CCG
13: Sandra Brennan	Worcestershire Health & Care NHS Trust
14: Sarah Broomhead	WMQRS
15: Simon Hairsnape	NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG
16: Sue Nicholls	NHS Solihull CCG
17: Wendy Godwin	NHS Walsall CCG

Annex 2 Topic guide

A: Interviewee background

1. Please describe your role within your organisation

B: Past and present involvement with WMQRS

2. Please describe your involvement to date with WMQRS.
   (e.g.) How long have they been engaged with them? In what capacity?

3. What are your overall views on the services provided by WMQRS?
   Probe on coverage (e.g. is WMQRS focusing on the right services?) and also operation (e.g. are services delivered in the most efficient way?)

4. (How) could WMQRS improve the ways in which it engages with and supports your organisation?
   Probe for what is particularly working or not and how improvements can be made

5. What do you see as the main outcomes resulting from WMQRS' services?
   Probe for organisational, staff, and patient benefits (see logic model)

6. Overall, what are your views on whether WMQRS represents good 'value for money'?
   Probe for how improvements can be made

C: Recommendations for the future

7. To what extent do you see a continuing need for the work of the WMQRS?
   Probe on the extent to which the original rationale for WMQRS remains / has changed

   [Assuming perceived need in response to 7]

8. What information would you want/need in order to make a decision about the future of WMQRS?

9. Are there any services that you think WMQRS should be providing that it currently isn't?
   Probe on what they are / organisations they might be provided for

10. To what extent do you think WMQRS' business model is appropriate given its purpose?
    Probe on:
    - *Whether WMQRS remains primarily focused on the West Midlands*
    - *Whether it operates via subscriptions and / or commissions*
    - *Relationships with host organisation and CCG funders*

11. Given the topics discussed in this interview, do you have any final recommendations to make to WMQRS to improve its operation, effectiveness or sustainability?