

Rapid evaluation of the Special Measures for Quality and challenged provider regimes: a mixed-methods study

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Plain language summary

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Plain language summary

When health-care trusts in England have serious failings in the quality of care that they provide, they can be placed in 'Special Measures for Quality' and receive additional support from the NHS. There is also a list of 'challenged providers' at risk of entering Special Measures for Quality that receive support. In January 2019, of the 234 trusts in England, one-quarter had at some point been a challenged provider and/or entered Special Measures for Quality.

We studied how trusts responded to entering the Special Measures for Quality or challenged provider regimes. We wanted to understand if the support that the trusts receive can help the trust to improve the quality of care provided to patients. We did this by reviewing the relevant literature; speaking to a range of staff in eight trusts and nearby health organisations; analysing costs; and observing meetings in four of these trusts. We also compared national performance information between Special Measures for Quality/challenged provider trusts and non-Special Measures for Quality/challenged provider trusts.

We found that when a trust enters the Special Measures for Quality regime there is often an emotional impact on staff, who may experience low morale. Some staff thought that their trust received the right type of support, but others saw Special Measures for Quality as heavy-handed scrutiny or punishment. With hindsight, Special Measures for Quality was sometimes viewed more positively, as a pathway to make changes that were needed.

Looking at all trusts in England, we found that when trusts entered Special Measures for Quality or became challenged providers they started to get better at seeing emergency department patients within 4 hours and reduced avoidable deaths. We also found that some parts of the staff survey results improved.

We found that staff need time and space to make changes. Looking after staff and having a leadership and culture that supports continuous learning are important for making improvements. Regional health-care systems and local organisations have an important role to play in supporting trusts to make improvements.

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RSET: The Rapid Service Evaluation Team

The Rapid Service Evaluation Team ('RSET'), comprising health service researchers, health economists and other colleagues from University College London and the Nuffield Trust, have come together to rapidly evaluate new ways of providing and organising care. We have been funded by the National Institute for Health and Care Research (NIHR) Health Service and Delivery Research (HS&DR) programme for five years, starting on April 1st 2018.

RSET are completing rapid evaluations with respect to:

1. The impact of services on how well patients do (e.g. their quality of life, how likely patients are to recover);
2. Whether services give people the right care at the right time;
3. Whether these services are good value for money;
4. how changes are put into practice, and what patients, carers, and staff think about how the changes happened and whether they think the changes made a difference;
5. What lessons there are for the rest of the NHS and care.

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