

# Development of an accreditation scheme by the Royal College of Anaesthetists

**A**naesthesia is the largest single hospital speciality in the NHS. Guidelines for regional and national benchmarking and service-wide quality improvement have been provided by the Royal College of Anaesthetists since 1994. However, there was no mechanism to offer external verification of compliance or to encourage improvement based on learning from other departments until 2013 when the Royal College of Anaesthetists launched ACSA – the Anaesthesia Clinical Services Accreditation scheme.

## What is Anaesthesia Clinical Services Accreditation?

Following several years of research and evaluation of existing health-care accreditation schemes, the Council of the Royal College of Anaesthetists agreed that an accreditation scheme should be developed. This was to be constrained in the early stages to specific areas of anaesthetic delivery and not expand into critical care and chronic pain management – the two other areas of national responsibility for the Royal College of Anaesthetists. ACSA is therefore a voluntary peer review scheme aimed solely at the quality improvement of clinical services in the perioperative environment.

At ACSA's core is the medical peer review process, and all visits are led by a senior anaesthetist. The visiting team

typically consists of two anaesthetists, one lay reviewer and one administrative reviewer – usually a member of the Royal College of Anaesthetists's clinical quality department. The component aspects of the visit are shown in *Figure 1*.

## How do departments engage?

The clinical quality team of the Royal College of Anaesthetists offers an early opportunity for discussion with departments considering ACSA engagement. A senior member of the Royal College of Anaesthetists staff, often with an anaesthetist from College Council, will usually arrange a telephone conference or attend a clinical governance meeting at the hospital. This allows for an open and frank discussion on costs and benefits, time and commitment. The discussion is completely without obligation and often department leads realize that they still have a considerable amount of further preparation to complete before they can request an accreditation visit (Royal College of Anaesthetists, 2015a). The subsequent period of self-assessment (Royal College of Anaesthetists, 2015b) and department-wide discussion is critical to ensuring whole department buy-in to the process. The Royal College of Anaesthetists provides

supporting materials to departments including a short presentation pack (Royal College of Anaesthetists, 2014a) and a quick reference guide for hospital chief executives and medical directors (Royal College of Anaesthetists, 2014b).

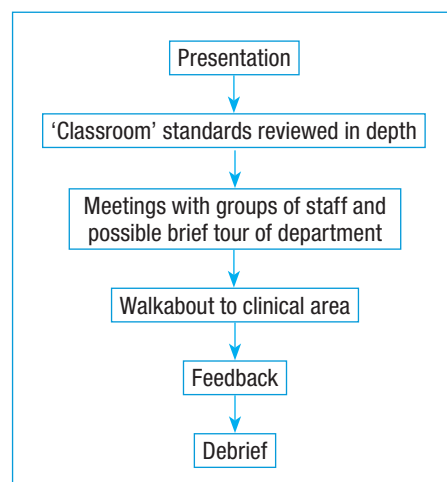
When a department agrees that it is at the point of ACSA application it completes a registration form (Royal College of Anaesthetists, 2015c). This form details areas such as location, patient population size, workforce and services offered. Following an evaluation of the amount of effort and time required of the Royal College of Anaesthetists to arrange and conduct the on-site visit a cost is proposed to the department.

It should be highlighted that the Council of the Royal College of Anaesthetists decided at an early stage that ACSA provides an excellent opportunity for UK-wide learning for all anaesthetic departments in addition to providing essential information to the Royal College of Anaesthetists about work taking place on the front-line. In view of these additional benefits the College Council agreed considerable, and exceptional, sponsorship of the scheme, to the extent that the current cost to departments does not exceed approximately 30% of the actual costs of the process to get them accredited. Most other accreditation schemes do not have such a policy and operate at considerably higher charges. Subscription is on an annual basis and the scheme cycle is 4 years long; some departments have taken advantage of an offer of reduced subscriptions by paying for all 4 years in advance.

## Who recognizes ACSA accreditation?

The Care Quality Commission has been consulted about the progression and implementation of ACSA from the outset of planning. They have been particularly helpful in ensuring that Royal College of Anaesthetists standards were complementary to Care Quality Commission expectations

**Figure 1. The components of an Anaesthesia Clinical Services Accreditation visit.**



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of a good department and they granted recognition that ACSA standards met the criteria set by Care Quality Commission for appropriately formatted accreditation schemes. At the ACSA launch in 2013, Professor Sir Mike Richards, Chief Inspector of Hospitals at the Care Quality Commission said:

**‘I strongly support the work on accreditation being undertaken by the Royal College of Anaesthetists. The ACSA accreditation programme should in due course be a very useful source of information on the quality of anaesthetic service for the Care Quality Commission.’**

Similarly supportive comments were received at the launch from Sir Bruce Keogh, who launched ACSA, the NHS Litigation Authority and the offices of the Chief Medical Officers of Scotland and Wales.

### What are the benefits of ACSA accreditation?

Organizations that engage with ACSA will benefit from:

- A structured and supportive process for improving services
- An expert advisory onsite review, followed by a report that provides targeted advice
- Benchmarking against defined standards (Royal College of Anaesthetists, 2015d) and anonymised local, regional and national performance
- The engagement of staff in service improvement.

Accredited departments will:

- Be entitled to use a quality mark to denote their commitment to quality and patient care
- Be awarded a plaque to display in the department
- Be more attractive to potential employees and trainees.

Each accredited department is also evaluated for any contribution it may be able to offer to a ‘Library of Good Practice’ – a virtual repository of policies and processes that offer clear benefit over basic service provision. All subscribing departments have access to this library and behind the documents there is an offer to talk to the clinical director of the department offering the improved practice. The library has in

itself been identified at national level as an important resource. Speaking in response to the Homerton Hospital becoming the first ACSA accredited department in September 2014 Dr Mike Durkin, National Director of Patient Safety, said: ‘This is a very positive step in the continuous movement to improve the safety of anaesthesia. The opportunity to share best practice and learning through the ACSA library is also to be commended and is supportive of Don Berwick’s ambition for the NHS to be a system devoted to continual learning and improvement of patient care.’

### Where do the standards come from?

ACSA is firmly based on 151 clearly defined clinical service standards which are identified in four main domains:

- Domain 1 – The Care Pathway, incorporating policies, consent, clinical investigations
- Domain 2 – Equipment, Facilities and Staffing
- Domain 3 – The Patient Experience, including: decision making, care of the individual, communications
- Domain 4 – Clinical Governance, covering: patient safety, incident reporting, audit and quality improvement.

All of the domain 1–4 standards are drawn from the anaesthesia specialty key reference document – *Guidelines for the Provision of Anaesthetic Services* (Royal College of Anaesthetists, 2016a). This document consists of 19 chapters dealing with the essential aspects of good anaesthetic hospital care. Each chapter is reviewed annually by a chapter development group and *Guidelines for the Provision of Anaesthetic Services* is currently being evaluated by the National Institute for Health and Care Excellence to be recognized as a guideline document of national significance – meeting all necessary requirements of National Institute for Health and Care Excellence’s own document accreditation process.

An additional area, domain 5, is in the process of development with anaesthesia sub-specialty area standards, for example for neuroanaesthesia (Royal College of Anaesthetists, 2016b), ophthalmic anaesthesia and cardiothoracic anaesthesia. Each site will be required to meet the core domain 1–4 standards before additional domain 5 standards can be assessed.

### KEY POINTS

- The Royal College of Anaesthetists launched the Anaesthesia Clinical Services Accreditation (ACSA) scheme in June 2013.
- At the time of submission of this article there were 13 ACSA accredited anaesthetic departments within the UK.
- The Care Quality Commission recognizes the benefits of the ACSA scheme.

### The future?

There are now several departments already accredited for ACSA with approximately 70 more in the process of self-assessment toward bridging the gap to meeting all the Priority 1 standards – standards that must be met in order to gain ACSA accreditation. A webcast from the first accredited department, Homerton Hospital, outlines local benefits of the scheme (Royal College of Anaesthetists, 2015e). It is anticipated that up to 20% of UK anaesthetic departments will be accredited in the next 2 years and possibly 50% within 5 years. The value of a professionally led, nationally applicable, patient-centred accreditation scheme directed by active senior anaesthetists is continuing to gather momentum. **BJHM**

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