



NHS Quality Checkers

Introduction to NHS Quality Checking

Gateway reference number: 08060

This document is one of four that makes up each of the NHS Quality Checker toolkits.

Each toolkit contains:

- this introduction;
- a self-assessment questionnaire (specific to each service area);
- guidance on visiting the service;
- a Feedback and Recommendation report template.

The toolkits are to be looked at with the NHS Quality Checkers: Implementation Guide for CCGs and the NHS Quality Checkers training manual.

For the other documents in this series please go to NHS England's website at:

https://www.england.nhs.uk/learning-disabilities/projects/

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What is an NHS Quality Check?



People with a learning disability are more likely to have poor physical health than other people. This is because different things can stop them from using NHS services, for example:



 not knowing that there is something wrong with their health;



 health professionals who don't understand their needs;



having a physical disability that stops them getting care, or limits it.



This means that people with a learning disability are less likely to use services.



It also means people with a learning disability do not always get the right support to keep them healthy. Such support includes important programmes like:

- health checks
- cancer screening.



It is important that services improve the way they work with people with a learning disability to support them in looking after their long term health.



The NHS Quality Checker programme gets people with a learning disability employed by Quality Checking organisations to check local NHS services.



The NHS Quality Checkers use their own experiences to judge the service's quality of care and support.



They advise on how to improve the service to meet their needs and the needs of other people with a learning disability.

Which services are included in the NHS Quality Checkers programme?



NHS England has worked with people with a learning disability, their families, carers and self-advocacy groups to identify a number of areas that are particularly important to the health of those with a learning disability. From this it was agreed the programme would include the following services:



GP practices



Dental services (high street dentists)



 Community services: Community services are made up of medical, nursing and allied health professionals providing care to people in their own homes, residential settings or in community premises.

They provide care and treatment to people as well as preventative services such as screening and immunisation.





Examples include: District nursing, podiatrists, speech and language therapists, occupational therapists, physiotherapists, sexual health services, breast screening, smoking cessation.



Acute hospitals – for planned care.



 Accident and Emergency departments within Acute hospitals.



Mental Health in-patient services.

How are NHS Quality Checks implemented?



If the NHS Quality Checks are being commissioned from the local Clinical Commissioning Group (CCG), the NHS Quality Checking organisation and the Clinical Commissioning Group may need to sign an agreement to make it clear what it will involve and who is doing what.



Members of the NHS Quality Checking team and the service will meet to discuss what is involved, when they will visit the service and what everyone needs to agree, including who will get the Feedback and Recommendation report. If a number of services are being NHS Quality Checked the Clinical Commissioning Group may request a report that outlines the common themes that come from all the services rather than the report for each service.



NHS Quality Checkers assess the service by:

- talking to staff and patients;
- watching what happens within the service;
- reading what the staff say about the service;
- listening to patients and their families / carers.



The NHS Quality Checkers will send a selfassessment questionnaire to the service to complete and return.



The Clinical Commissioning Group may also give the NHS Quality Checkers information about the service to think about when doing the check.



The NHS Quality Checkers will visit the service and talk to the staff.



The NHS Quality Checkers may contact patients and ask them what they think of the service.



After an NHS Quality Check, a short report will be written and shared with the service. A report may also be shared with the commissioner. This will be discussed and agreed before the check starts.

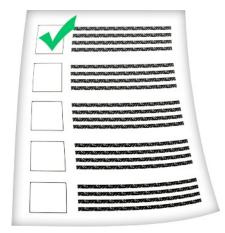


Ideas may be shared to help make services better for the people with a learning disability who use them.



These ideas are talked about with the service who will put together an action plan stating how they are going to improve the service and ensure they meet the standards of care for people with a learning disability.

Standards of Care



NHS Quality Checkers will assess the services against a set of standards based on The Good Health for All standards created by Skills for People and Sunderland People First and Supported by the North East and Cumbria Learning Disability Network.

These standards are very similar to those produced by NHS Improvement for all NHS Trusts. The NHS Improvement standards are for Trusts to self-assess the service overall. They complement the standards Quality Checkers will use to assess the service from their viewpoint.

Standard 1. I am involved in my care at all times.



Examples:

 I have time to tell professionals in my own words about my health.



My fears and worries are listened to at all times.



 People check I understand and agree with what is happening at all times.



I am involved in the writing of my care plan so I understand and agree with it.



 I am supported in expressing my concerns or opinions in situations where I find it difficult to do so myself.



Standard 2. My care, treatment and support is planned to meet my needs. Or in an emergency the hospital can access information about me.

 I have a health action plan that is used by health professionals to support my needs.



 I have a hospital passport that hospital staff will look at to find out about me and respond to my needs.



If I need treatment someone explains to me (and the person supporting me) why I need it, the options and the risks.



 I can access screening, checks and tests to see if I am alright or if there is something wrong.



 If I need treatment I am told about my health appointments in a way I understand.



 When I leave I will have a written plan that tells me what will happen after my visit to the doctor / nurse /dentist / therapist.



Standard 3. I get good care and feel safe.

I am treated with dignity and respect at all times.



People communicate with me in a way I understand.



 If someone is supporting me, they are also involved and understand what is happening.



 I can talk to staff in private without others listening at all times.



 There is someone to support me if I need to be examined by the doctor or nurse.



 If I need to take medicine someone will explain to me (and the person supporting me) why I need to take it and how I might feel.



Standard 4. I get good care from a service that has trained staff that know how to do their job well and are always looking to improve.

 I am looked after by staff who know about the needs of people with a learning disability.



 I am looked after by staff who have been trained by self-advocates.



 I am looked after by staff who have a chance to develop and improve their skills and knowledge about people with a learning disability.



 I am looked after by staff who have a good understanding of consent, the Mental Capacity Act and best interest decision.



 I am looked after by a service that carries out regular checks on its quality.



• I am looked after by a service that learns from its mistakes.

How to get the views of patients?



There is a range of different ways to find out what patients who have a learning disability think of the service. There are particular regulations related to contacting patients. This must be discussed and agreed with the service and commissioner before any contact is made.



You will need to agree what questions you will ask patients and be prepared to listen and record their experiences.

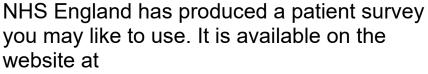


You will need to reassure the patients that they will not be identified and that their comments, if included in the final feedback report, will not identify them.



Patient Survey: You can send a questionnaire to patients (or the service may send them out for you) and ask them to fill it in and return it to you.





https://www.england.nhs.uk/learning-disabilities/projects/



You might want to enclose an envelope with a stamp on it to make it easier for the patient to return it to you.



You may also want to offer them support in completing the questionnaire if they find it difficult. You must not influence the patient's answers if you do.



Focus Groups: You may prefer to invite patients with a learning disability and their families / carers to a meeting to talk to them. The service may provide a room for this, you could hold the meeting in your offices if you have room, or you may prefer a different place.



You will need to think about the questions you want to ask. You could use some of the questions in the patient survey. Someone will need to make notes to record what is said.



Interviews: Some people may not like going to a group. You could invite patients to meet with you face to face individually or talk to them over the telephone. As before you will need to think about the questions to ask before you meet or call them.

Writing the Feedback and Recommendation report



You will need to collect the information you have from the self-assessment report from the service, the information you collected from your visit and any comments you have from patients and their families / carers.



Think about each of the standards and what information you have collected that suggests the service is:

- meeting the standard well,
- just about meeting the standard,
- not meeting the standard, or
- an area for concern.



You should discuss each standard and the information you have together as a team and agree on the feedback you want to give.



Use the Feedback and recommendation template to provide feedback to the service.

What happens next?



The service will review your Feedback and Recommendation report and let you know if they feel it is a fair assessment of their service on the day you visited.



If they do not it would be advisable to meet together to discuss the areas concerned and agree what needs to be included.



Where the NHS Quality Check has been commissioned by a Clinical Commissioning Group or other commissioner, a separate report may be provided for them. This will include only the things that were agreed between the commissioner and the provider before the NHS Quality Check took place.



The provider will put together an action plan to address the areas you have highlighted that could be improved. The action plan should have a named person responsible for seeing the actions are completed and a date by which the action will be carried out.



Many providers and Quality Checker organisations stay in touch after the Quality Check has been completed and continue to work together to improve services for those with a learning disability.

Acknowledgements

We would like to thank everyone who has contributed to the NHS Quality Checkers programme in the development of the Quality Checker toolkits, including (but not exclusively):

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- Cumbria People First
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- Inclusion North
- My Life My Choice
- One Place East
- Skills for People
- Speak Easy Now

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