QISMET

Quality Institute for Self Management Education & Training

QIS2012

THE STANDARD FOR HEALTH MANAGEMENT PROGRAMMES AND INTERVENTIONS

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Foreword

QISMET is very grateful to Patrick Hill for accepting the invitation to write the foreword for the exciting addition of 'QIS2012 – The Standard for Health Management Programmes and Interventions' to its growing portfolio of standards.

Patrick Hill

In the 1970s the findings from research into human behaviour and its relation to health started to emerge in academic journals. Through the 1980s the importance of education for people's understanding of their health and programmes to help them acquire skills to 'live well' and reduce disability was established. The evidence from the early research was put into practice; particularly for long term health conditions, such as the management of diabetes and cardiovascular disease and long term back pain. However, it wasn't until 2000 that the first generic health policy documents started to appear in England recommending such interventions be implemented and embedded as an 'everyday' part of NHS services for people living with long term conditions.

In the last decade there has been a huge growth in the number of professional and lay led health management interventions and a significant influx of organisations new to this sector of service provision. Consequently, there is a very real need for guidance to enable a systematic approach to commissioning and implementation; and this need is heightened by the anticipated introduction of 'Any Qualified Provider' for the commissioning of self management support services in April 2013.

The aims of such guidance should be to:

- encourage health management intervention developers and providers to ensure that programmes are underpinned by robust theoretical models
- drive improvements in all aspects of evaluation of health management interventions and service provision to give a better understanding of the health gains for participants and support the increase in size and reliability of the existing evidence base
- significantly improve the 'sensitivity' of health management programmes and interventions to address the social and ethnic diversity of the communities they are aimed at.

These issues reflect the main challenges for researchers, providers, professional and lay deliverers, commissioners and programme participants.

QISMET intends that the latest standard it has developed 'QIS2012 - The Standard for Health Management Programmes and Interventions' (QIS2012) should provide

such guidance. In addition, we hope it will prove essential for those looking for a way to benchmark quality in commissioning or provision of such services, as via the independent audit and certification process QISMET offers, providers can be certificated against QIS2012.

QIS2012 offers an opportunity for all of us involved in health management programmes to ensure that we ask the right questions; whether we are commissioning, designing, delivering or looking for support in managing our health.

This universal standard is a starting point, which we hope will contribute towards our aspirations for the systematic and equitable provision of high quality health management programmes and interventions for all.

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Acknowledgements

QISMET would like to express its thanks and gratitude to the following people. Collectively their vision, enthusiasm, commitment, time, experience and specialist knowledge has taken the idea of having a 'universal standard' for all types of health management programmes and interventions and made it a tangible reality. This is a development which has the potential to significantly improve the quality of all types of health management programme provision for millions of people over time.

Project Team

In keeping with previously tried and tested methods, the QISMET Project Team was small which aided efficiency. The project members for this development were:

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QISMET thanks all members of the reference group, over 50 strong in number, whose advice and guidance was invaluable in reviewing and revising the requirements of the Standard. QISMET gives additional thanks to Reference Group members who took the opportunity to discuss this development with participants of their local programmes, which gave QISMET additional invaluable feedback for revising the Standard.

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Introduction

By Phil Baker, QISMET Chair

QISMET is the independent body created in 2008, as a result of the shared recognition of self management and self care provider organisations across statutory, voluntary and third sectors, that a benchmark for quality assurance is essential to secure the quality and consistency of service provision across England.

On behalf of QISMET, I am delighted to introduce QIS2012 - The Standard for Health Management Programmes and Interventions.

QISMET has developed this quality standard to cover all types of self management support, health management and behaviour change interventions. This follows on from the work already carried out with the Stepping Stones to Quality (SS2Q) Standard (published in 2007) and the Diabetes Self Management Education (DSME) Standard (published November 2011).

Development of this 'universal standard' has been undertaken to ensure an appropriate mechanism exists to safeguard high quality provision of self management and self care support services as the demand grows more rapidly in response to government health policies, such as the QIPP long term conditions and self care initiatives. It follows a detailed consultation QISMET carried out with stakeholders that clearly identified a need for such a Standard.

The QISMET ethos, that people living with long term conditions must be at the heart of any health and care initiative which is proposed for them, has been embedded in every element of the development of QIS2012 - The Standard for Health Management Programmes and Interventions. People who live with a long term condition are represented in the Project Team, the Reference Group and in the group of QISMET auditors.

Above all, QIS2012 is a practical tool with clear, observable and measurable requirements. It enables providers to benchmark themselves and, by being certificated against the Standard, to demonstrate they are providing a high quality service and seek to continually improve.

Commissioners are increasingly looking for, and relying on, registered and 'qualified' providers who can demonstrate outcomes. QISMET certification against QIS2012 affords both commissioners and providers of self management support the

most effective way to demonstrate that the management and delivery of programmes are of a high quality.

Independent external verification – which as an auditing body QISMET provides via its unique skills, expertise and certification process –undoubtedly carries greater benefits than either self assessment or peer review of quality assurance.

It is worth noting that in some areas commissioners are already requiring that providers achieve QISMET certification as a part of the commissioning contract, recognising that this is a practical and positive lever for attaining high quality self management support services provision locally.

Requirements in the Standard explicitly address evaluation of outcomes, continual learning and improvement, which mean the arrival of QIS2012 provides a mechanism which will significantly accelerate the improvement in the quality of health management and behaviour change interventions available to people living with – or at risk of developing – a long term condition in succeeding years.

This development has been made possible by the collaboration of a wide cross section of the self care community and QISMET: this is amply illustrated by the extensive list of acknowledgements we give to those who have freely contributed their valuable time, expert knowledge, guidance and advice.

The core requirements of 'QIS2012 - The Standard for Health Management Programmes and Interventions', cover all the dimensions which a provider of any type of health management intervention needs to address in order to provide a quality service. Given the growing diversity in the field, QISMET is adopting a 'family tree' approach to this Standard and will in time be introducing a suite of `additional requirements' which will cover elements specific to a particular method for delivering the interventions – such as online programmes or telehealth services. In line with its proven development method, QISMET will be drawing together people with specific knowledge, experience and expertise for each of the 'additional requirement' topic areas. Announcements of these further developments will be made via QISMET's website.

Rationale, development method and Family Tree Approach

Rationale

The development of QIS2012 has been undertaken as a result of widespread consultation QISMET carried out with stakeholders as part of QISMET's inception in 2008. The resulting intelligence gathered from the consultation identified that although there were a growing number of different self management and self care programmes being developed there was no nationally agreed existing standard against which the newer programmes and other types of health management interventions could be audited. It was also recognised that some providers were already providing more than one type of health management intervention.

As the lack of a standard and external verification process potentially compromise the quality of self management support services available to people with long term conditions, or at risk of developing a long term condition, the development of a 'generic' standard (as it was called at the time) was one of the main objectives in QISMET's first three year Business Plan.

Since 2008, the need to develop a standard which can be applied to providers of the full breadth of health management programmes and interventions has gathered pace, as the increase in the number of and variation of approaches has accelerated and structural changes in commissioning and provision of health care services are beginning to take effect. The plan to include commissioning of self management support services under 'Any Qualified Provider' from 2013 is particularly relevant, as the absence of a standard and certification process which can be equally applied to all self management providers makes it difficult for commissioners to know who offers high quality service delivery; and for providers to demonstrate with any objectivity that they offer a high quality service.

Therefore, QISMET's purpose and aim in developing a universal standard (QIS2012) and certification is to assure the delivery of consistently high quality self management and self care support services and other types of health management intervention within local systems of care.

Development method

Drafting and consulting on the Standard

In November 2011, QISMET designated a small Project Team to develop the universal standard and certification process for organisations providing health

management programmes and interventions. A briefing paper on the planned development and terms of reference were written for the Reference Group, whose purpose was to advise and guide the Project Team. Information and invitations to participate in the Reference Group were disseminated via the QISMET website, QISMET's mailing list, existing stakeholders and also by casting the net more widely to those with expertise in other types of health management interventions in addition to self management support services. A large reference group of over fifty people was formed. Three phases of consultation were carried out electronically. Public participation in the consultation was also available via QISMET's website. The consultation phase of the development was completed by early April 2012 when the final draft of the Standard was produced.

'Family tree' approach to developing a universal standard

Developing a universal standard is an ambitious project and although it is recognised that there are many dimensions in developing, managing and delivering high quality health management interventions which are common to all, it is also clear that there will be a need for additional requirements (subsets) in the Standard which will cover topic areas that are specific to, for example, either the 'genre' of the health management intervention; how the intervention is carried out; or the population the programme is for; or license conditions unique to a particular programme.

Consequently, QISMET is taking a 'family tree' approach to the universal standard, by firstly producing the 'core' requirements that are contained in QIS2012 covering dimensions which are common to all. Further developments of the universal standard will focus on developing the necessary additional requirements specific to particular topic areas. QISMET will deploy the same method for this, involving people who have experience, knowledge and expertise in those areas – either as participants, providers, researchers, or commissioners – in the project team, reference group and auditor pool.

Benefits of the 'family tree' approach

Utilising the 'family tree' approach will enable QISMET to tailor each audit to match the full health management service provision profile of each provider, which in turn means that it will be possible to begin to develop consistent benchmarking within the sector and enable systematic comparison of performance between providers.

Glossary of Terms

Aims – What the programme sets out to achieve

Audit - A systematic review to determine whether agreed requirements have been met

Curriculum - The content of a programme and its learning outcomes

Demographic data - Data obtained from the systematic analysis of populations

Facilitator - The person who delivers a programme (also called a trainer, tutor or educator)

Key performance indicator (KPI) - A critical measurement of performance that relates to desired outputs and/or outcomes

Materials – The physical resources used by facilitators during programme delivery, such as hand-outs

Outcome - The changes, benefits, learning or other effects that happen as a result of programme provision, such as improvement in wellbeing for participants

Output - The amount of activities undertaken by the provider, such as the number of times a programme is delivered or number of participants on each delivery

Participant - Someone undertaking an SMS programme

People - The staff and/or volunteers that manage and deliver the SMS programme

Person centred – An approach to working with people which puts the individual's needs and aspirations firmly at the centre of the process

Policy - A document that provides an overview and statement of principles in a specific area

Procedure - A written description of how a process or activity is carried out

Programme - A discrete structured intervention used to support the development of self-confidence and skills, and change the health-related behaviour, of someone undertaking SMS

Programme information – Information about the programme that is made available to potential and actual participants, and other stakeholders

Provider - The organisation and its infrastructure (people, resources and processes) used to deliver an SMS programme

QISMET - An independent organisation that aims to ensure that people who require it have access to high quality self management support services delivered by a plurality of certificated providers working within agreed quality standards

Quality Standard - A documented set of requirements that specify good or best practice

Recruiting provider – The organisation which recruits and trains a facilitator initially

Self-Management Support (SMS) – Any intervention which supports people to change their behaviour in relation to their health and/or wellbeing

Stakeholder - A person or organisation with a formal interest in the programme

Target population – The population whose needs the programme has been designed to meet. This may be defined by commissioners of programmes and/or the provider themselves

Values - The understandings and expectations that describe how people behave and upon which relationships are based (for example trust, support and truth)

QIS2012

The Standard

for

Health Management

Programmes

and

Interventions

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Theme 1 – Management and organisation

This theme covers the management and organisational elements dealing with the delivery of a Self management Support (SMS) programme. This includes how the provider is set up, structured and managed, including its processes and procedures.

The term 'provider' relates to the organisation and its infrastructure (people, resources and processes) used to deliver an SMS programme. It can be a whole organisation, in the case of an entity that just delivers an SMS programme; or just one part of an entity which also carries out other functions.

Requirements:

1. Management of programme provision

a) The provider has a documented management structure, with clearly defined roles that support and manage the provision of SMS

b) Designated individuals have the defined responsibility for undertaking the management, organisation and administration of programme provision. This includes:

- Ensuring that the output and outcome requirements are met
- Ensuring that all people are made aware of the values and principles that underpin SMS
- Keeping up to date with relevant developments in the field of SMS and ensuring that people are aware of them
- Ensuring that all material is kept up to date
- Providing procedures to cover all important aspects of managing programme provision, linked to policies where appropriate, with specific policies and procedures for volunteers where they are used
- Devising and undertaking an effective risk-management process.

c) There is accurate, consistent and effective communication within the provider

d) Sufficient resources are made available to deliver the agreed programme(s)

e) The costs of programme provision are known and used to efficiently manage programme delivery.

2. Programme information

a) Programme information is produced where practical in formats and media that reflect the needs of potential participants

b) Programme information is accurate, and easily accessible to and understandable by the target population

c) Programme information is kept up-to-date and is made widely available to all relevant stakeholders, including potential participants.

3. Access to programmes

a) The provider understands, and responds effectively to, the needs for programmes in the target population

b) The provider takes all reasonable steps to ensure that the participants in programmes reflect the needs and composition of the target population

c) All enquiries from potential participants are dealt with promptly within defined time limits and records of all enquiries kept

d) Records are kept of demographic data relating to participants in the programme, and this is used to help assess the appropriate equality of access to the programme, with action taken to improve access if needed

e) Where active recruitment of potential programme participants is undertaken by the provider, they ensure that any mailing lists used are accurate and up to date

f) The special and additional needs of individual participants are identified and met

g) The requirements of the Equality and Disabilities Acts are met.

4. Procedures and record keeping

a) All procedures are clear, kept up to date and made easily accessible to all those that need to use and understand them. Procedures are followed

b) All records required by this Standard are kept up to date, legible and accessible

c) The following specific records required by this Standard are kept together:

- Details of all facilitators used by the provider, including their evaluations/observations, appraisals and training received
- Dates of, and names of attendance of participants on, each delivery of the programme, including sessions attended
- Completed participant feedback records
- The results of monitoring and evaluation of programme delivery
- Records of any external reviews or assessments of the programme
- Records of complaints and actions taken.

d) The requirements of the Data Protection Act are met

e) Accurate financial records are kept.

5. Dealing with complaints

a) There is a procedure for dealing with complaints from any source which is made available to all people and to programme participants

b) The procedure describes the process for making and dealing with complaints and includes timescales

c) Records are kept of complaints including the outcome and actions taken.

Theme 2 – The programme

Theme 2 deals with the SMS programme itself – Its ethos, and how it is designed, planned, delivered and developed. Some programmes are licensed and these need to meet license requirements. The materials used for programme delivery need to be properly designed, developed and used.

Requirements:

1. Programme ethos

a) The provider has a written statement that describes the person-centred ethos of the programme and includes the roles and responsibilities of participants and facilitators so that effective SMS is provided

b) The ethos of the programme is discussed and agreed to within the training process for the facilitators and shared with the participants within the programme.

2. Programme design

a) There are defined overall aims, target population(s) and learning and behavioural objectives for the programme, based on a researched need and evidence base

b) The programme is designed to address the identified need for it and potential participants have been involved in the design process

c) The programme has a structured written curriculum

d) Individual sessions within the programme have defined aims, learning objectives, content and materials

e) Recognised educational and social theories, or theoretical frameworks, are used in the design of the learning activities within the programme

f) The programme is designed to ensure that participants are supported in setting their own goals and develop their own action plans

g) Programme design includes the training package for facilitators, the trainers of facilitators, the materials, and the procedure for evaluation and appraisal of facilitators

h) Programme design includes the procedure for monitoring and evaluating the programme.

3. Programme planning

a) The programme has been piloted, evaluated against the objectives, and any necessary changes made prior to its roll out

b) Before full delivery of the programme takes place there has been effective planning. This includes:

- The development of a plan of when and where the programme will be delivered
- The identification of suitable venues to meet that plan
- The identification of suitable facilitators to meet that plan
- The preparation of appropriate publicity materials.

4. Programme delivery

a) The programme is delivered in accordance with the programme's aims and ethos, and with the current curriculum, learning objectives and content of the individual sessions

b) The programme is only delivered by facilitators who have undertaken the approved training to the required standard of the SMS programme that they are delivering

c) Records are kept of each delivery of the programme, including the venue, names of participants and which sessions they attended, and names of facilitators

d) There is a procedure for dealing with emergencies during programme delivery which all facilitators are trained in

e) There are defined documented criteria for the suitability of venues to be used for the delivery of the programme to intended participants. These criteria are used to assess the proposed venue before the first delivery of a programme there, and compliance with the criteria is regularly checked, with records kept of the checks. All venues used must meet these criteria.

5. Programme review

a) There is a process in place by which the programme and materials are reviewed and improved on an ongoing basis, with a formal complete review taking place every three years. These reviews incorporate feedback from participants and facilitators, evaluations and all relevant new evidence

b) Records are kept of the programme reviews and changes made to the programme

c) All improvements are formally communicated to all relevant people, including current trainers of facilitators and facilitators.

6. Conformity with licences or other copyright requirements

a) If the programme is part of a licensed or copyrighted programme, this is stated in the material associated with the programme

b) The provider of such a programme complies with any requirements that have to be met for ongoing permission to deliver it, such as the use of approved up-to-date materials and/or approved trainers of facilitators and facilitators

c) Changes in licence requirements are acted upon as specified by the licensing organisation.

7. Design, development and use of materials

a) The programme uses a range of teaching methods and materials that are appropriate and relevant to the age, learning needs, cultural and ethnic background of the target population, so that individual learning styles can be accommodated

b) All materials are updated appropriately as required, especially when the programme curriculum is updated. All current trainers of facilitators and facilitators are informed of all updates

c) The agreed up-to-date materials are used for the delivery of the programme in accordance with programme requirements and desired learning objectives

d) All written material in use is dated and/or revision numbered

e) Following any changes to the material, all obsolete versions of the material are withdrawn from use.

Theme 3 - Facilitators

This theme covers the facilitators - the people who deliver the SMS programme. It includes how they are recruited, trained, assessed and supervised. They can also be called tutors, trainers or educators. They can be professional or lay; and also may be staff or volunteers.

Requirements:

1. Recruitment of facilitators

a) There is a recruitment procedure for new facilitators

b) The procedure ensures that facilitators meet all legal requirements necessary to safeguard vulnerable people and young people as appropriate, including a current Criminal Record Bureau check if required

c) The necessary competencies, experience and/or qualifications to be a facilitator are defined and recorded in person specifications or role descriptions and they are used in the recruitment process

d) New facilitators are given a contract or agreement for carrying out their functions, which may be subject to passing initial training and/or demonstrating competence in practice

e) New facilitators are given a comprehensive induction which includes an introduction to the provider, their specific role in SMS provision and the relevant policies and procedures

f) Where facilitators are recruited who have had training and/or experience in delivering SMS programmes elsewhere, this is checked, including any personal training and practice record, and taken into account when devising an induction process and any initial training regarding the provider's own SMS programme.

2. Training of facilitators

a) All facilitators receive initial and ongoing training in the programme, which is described in a training procedure

b) The initial training includes the programme's ethos, underpinning theories, activities, objectives, content and delivery skills required

c) The initial training uses approved materials, takes place with a defined curriculum, and is undertaken by suitably qualified and experienced trainers

d) As part of the initial training process, new facilitators first observe delivery of a programme, and then are observed delivering the programme by a suitably qualified facilitator, in order to assess their competencies in practice

e) Written feedback is given to new facilitators after this observed programme delivery and any necessary improvements are made as a result of this feedback

f) There is a process for supporting newly trained facilitators until they are deemed competent

g) The ongoing training needs of facilitators are identified, and training or other learning opportunities provided in order to improve their competency within a process of continuous development

h) All facilitators participate in a comprehensive update and review session at least every three years, where they discuss the programme and its materials and improve their understanding of it

i) Records are kept of all SMS training undertaken by facilitators

j) The provider checks that facilitators keep and update their own personal training and practice record.

3. Evaluation and appraisal of facilitators

a) There is a policy and procedure for the ongoing evaluation of the performance and competence of facilitators and the trainers of facilitators. This includes:

- The timings of, and process for, the regular observation of programme delivery by another suitably trained facilitator
- The recording of these observations
- The definition of competencies and performance levels expected
- Guidance on how these will be assessed and evaluated.

b) The procedure sets out the process to follow where an observation or evaluation demonstrates that a facilitator does not meet the required performance or competence levels including:

- Details of circumstances which will result in limitations on the facilitator delivering the programme until re-evaluated/observed and deemed competent
- A requirement that a written improvement plan is produced which includes timescales for follow-up evaluation/observations of performance
- A requirement that a copy of the improvement plan is given to the facilitator for their own personal practice and training record.

c) Each facilitator receives an annual appraisal of their competence and performance as a facilitator. This identifies any necessary improvements. The provider ensures that appropriate action is taken, including any learning opportunities

d) Records are kept of observations, evaluations and appraisals

e) Feedback from programme participants about facilitators forms part of the evaluation and appraisal process.

Theme 4 – Continual performance improvement

Theme 4 deals with how performance in providing SMS programmes is managed, monitored, evaluated and improved. It is essential that providers understand how well they are doing, learn from this and continually improve programme effectiveness.

This process starts with having clear aims and learning and behavioural objectives for the programme. Certain important things need to be measured so that providers know whether they are meeting their aims and objectives. From these the Key Performance Indicators (KPIs) can be defined. KPIs may be set by a commissioner, the provider or both.

KPIs can relate to outputs – the number of activities undertaken; and/or they can be about outcomes – what the programme has achieved for participants.

Other indicators, data and information may also be collected in order to help understand how effectively the programme is being provided.

Monitoring of KPIs and other data must be undertaken using a defined procedure, and the results must be understood, evaluated and used for continual improvement in programme effectiveness. This could mean the provider changing what they do and/or how they do it.

Requirements:

1. Outcomes, outputs and key performance indicators

a) There are clearly defined outcomes and outputs for the programme, which are based on and reflect the programme's aims and learning and behavioural objectives

b) Key performance indicators (KPIs) for all outcomes and the important outputs are defined. Targets are set for them.

2. Monitoring and evaluation

a) There is a policy and procedure which defines the monitoring and evaluation to be undertaken by the provider, including the data to be collected after each delivery of the programme, and when and how it is collected, recorded, analysed and used for improvement

b) All KPIs must be regularly monitored. Other indicators of performance may also be monitored

c) Feedback is sought from all participants after the delivery of each programme, including a sample of those that drop out or do not complete a delivered programme

d) Feedback is obtained from facilitators after each programme delivery

e) The results of monitoring (including feedback) are recorded, evaluated and analysed

f) All monitoring and reporting requirements of commissioners are met.

3. Improvement

a) The results of evaluation are used to improve the effectiveness of programme provision. This is particularly important where targets are not met

b) Complaints and suggestions are used to improve programme provision

c) Improvement is undertaken by defining the actions required with deadlines for them. Action is then taken within those deadlines and recorded

d) Checks are made on whether actions have been taken and improvements have resulted

e) An internal audit of compliance with the requirements of this Standard is undertaken annually: any areas of non compliance with the requirements are identified and recorded. An action plan is drawn up with stated implementation timescales, and the required improvements are made in order to help ensure future compliance

f) Learning from the providers of similar programmes elsewhere is undertaken. This can include comparisons of performance and/or sharing good practice with them. Improvement action is taken where appropriate as a result of this learning.