

QISMET

Quality Institute for Self Management Education & Training



THE QIS 2015 Quality Standard

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Introduction

By Phil Baker, QISMET Chair

QISMET is an independent not-for-profit body. It was created in 2008 as a result of the shared recognition of self-management organisations across the statutory and voluntary sectors that national quality standards and approval of organisations to those standards were essential to secure the quality and consistency of service provision across the UK.

On behalf of QISMET, I am delighted to introduce QIS2015 - the national quality standard for structured self-management intervention providers.

QISMET has developed this quality standard as an update to the first universal standard for self-management providers called QIS2012. It incorporates such developments as web-based tools and telephone/coaching-based interventions.

This Standard complements our other standards - Stepping Stones to Quality (SS2Q) (originally published in 2007 and a revised edition due in 2017) and the Diabetes Self-Management Education (DSME) Standard (originally published in 2011 and a revised edition in 2016).

Development of this 'universal standard' has been undertaken to ensure an appropriate mechanism exists to safeguard high quality provision of structured self-management interventions of all types as the demand for them grows in response to government health policies and the needs of commissioners.

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 QIS2015.

Above all, QIS2015 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 the required outcomes. QISMET certification against QIS2015 affords both commissioners and providers of self-management support the most effective way to demonstrate that the management and delivery of structured interventions are of a high quality.

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

It is worth noting that in some areas commissioners have required providers to 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 QIS2015 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.

The development of QIS2012 and now 2015 has been made possible by the collaboration with and involvement of a wide cross section of the self-management community and we would like to acknowledge all those who have freely contributed their valuable time, expert knowledge, guidance and advice. In particular we are grateful to Mapmyhealth and University College London for their advice and guidance on web-based standards for QIS 2015.

Scope and overview of this quality standard

This Quality Standard is for providers of all types of structured self-management interventions, **except for items of equipment or websites with unstructured access on their own**. The key requirement of the Standard is that the intervention is delivered as part of a structured care pathway for the user.

It should be noted that QISMET has two other separate specialist Standards with a more limited scope. One is for diabetes educator-led programme providers (the QISMET DSME Standard) and the other is for Stanford University licensed group programmes (Stepping Stones to Quality or SS2Q). Details of both of these can be found on our website www.qismet.org.uk

As this Standard covers all types of self-management interventions, there are specialist sections within it that relate to the specific needs of providers of two types of interventions. Over time, as the market for self-management interventions develops, these specialist sections may be added to. The requirements in these special sections only apply to those providers who fall within the following definitions.

Firstly, there are specific requirements for providers of e-health (on-line or web-based) interventions. Secondly, where facilitators, trainers or tutors are used to interact directly with users, then there are also specific requirements for them. This may be in 1-to-1 or group-based situations. There will be some providers where both of these sets of requirements are applicable; for others it may just be the one set of requirements.

The Standard contains 4 overarching topics or themes. These are:

- **Theme 1 - Management and organisation.** This covers the management and organisational elements of the provider with regard to the delivery of the intervention: for example how it is structured, managed and has effective processes
- **Theme 2 - The intervention itself.** This deals with its aims and ethos, and how it is designed, planned, delivered and developed.
- **Theme 3 - Special requirements (optional).**
 - (a) **Providers of e-health interventions:** These extra requirements are only required to be met if the intervention is on-line/web-based.
 - (b) **Facilitators:** These extra requirements are only required to be met if facilitators (trainers or educators) are used to deliver all or part of the intervention. It covers how they are recruited, trained, assessed and supervised. It does not include people that ‘introduce’ users to an intervention: for example informing them about its existence or helping them to register.

- **Theme 4 - Continual performance improvement.** This covers how performance in providing the intervention is managed, monitored, evaluated and improved.

Each Theme contains specific detailed requirements. These are all mandatory for certification and must be met except for Theme 3 as indicated above.

The term ‘provider’ is used throughout the Standard. It relates to the organisation and its infrastructure (people, resources and processes) used to deliver an intervention. It can be a whole organisation, in the case of an entity that just delivers an intervention; or just one part of an entity which also carries out other functions. For a full glossary see Section 5.

The Standard can either be used as a good practice checklist by those starting out who want to develop a self-management intervention; or for those who already have one and wish to apply for certification; these are the requirements that have to be met in order to be approved by QISMET.

QISMET certification

QISMET provides a certification service to providers.

Certification (sometimes referred to as accreditation) is the formal approval by QISMET of a provider against the requirements of a Quality Standard such as this one. It requires a desktop review of documents followed by a site visit to check that all the requirements have in fact been met. It is an in-depth analysis of all relevant activities of the provider that provides a deep level of assurance of the quality of their output. The provider must have already delivered the intervention successfully a number of times to achieve Certification.

QISMET Certification is available to all present providers of an intervention against this Standard. Please note that it is the provider and their management system that is certificated for delivery of a particular intervention, not the actual intervention itself.

Full details of the certification process and how to prepare yourself for it can be found on our website, www.qismet.org.uk



The QIS2015 Quality Standard

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Theme 1 - Management and organisation

This theme covers the management and organisational elements of the provider with regard to the delivery of the intervention. This deals with how the provider is set up, structured and managed, including its processes and procedures.

Requirements:

1. Management of intervention provision

- a) The provider has a documented management structure, with designated suitably qualified individuals having the defined responsibility for undertaking the management, organisation and administration of service provision
- b) There is accurate, consistent and effective communication within the provider
- c) The costs of the intervention provision are known and used to efficiently budget for and manage its delivery.

2. Information about the intervention for potential users

- a) Information about the intervention for potential users and commissioners is accurate, updated regularly, and easily accessible to and understandable by both.

3. Access to the intervention

- a) The provider takes all reasonable steps to ensure that users of the intervention reflect the needs and composition of the target population
- b) All enquiries from potential users are dealt with promptly within defined time limits and records of all enquiries kept
- c) Records are kept of data relating to users of the intervention, and this is used to help assess the appropriate equality of access to it, with action taken to improve access if needed
- d) The intervention is designed so that the special needs of actual and potential users are identified beforehand and met where possible. The requirements of the Equality and Disabilities Acts are met
- e) If the intervention is identified as being unsuitable for a user, whether before or during service provision, then the provider signposts them on to a more appropriate service if one exists.

4. Procedures and record keeping

- a) Written procedures describe what shall happen in the delivery of the intervention. They are clear, kept up-to-date and made easily accessible to all

those that need to use and understand them. Procedures are followed by people.

- b) All records required by this Standard are accurate, kept up-to-date, legible and accessible. Records must be kept for 7 years unless otherwise specified
- c) The requirements of the Data Protection Act, the Information Commissioner's Office and any other NHS or statutory requirement covering sensitive patient information are met, including ICO Registration and the use of the Information Governance Toolkit where required.

5. Dealing with complaints

- a) There is an internal procedure for dealing with complaints from any source which is made available to all people within the provider. It includes timescales for taking action
- b) There is an external simple documented process which is made available to all users that describes how they can make a complaint
- c) Records are kept of complaints including the timescales achieved, the outcomes and actions taken.

Theme 2 - The Intervention and its delivery

Theme 2 deals with the intervention itself - its aims, ethos, and how it is designed, planned, delivered and developed. The materials used during delivery need to be properly designed, developed and used.

Requirements:

1. Aims, ethos and design

- a) The provider has a written statement that describes the person-centred ethos of the intervention. This is shared with all people within the provider, commissioners and users
- b) There are defined and documented overall aims and target population(s) for the intervention based on an identified need and evidence base. The aims must relate to a positive change in at least one of: knowledge, self-efficacy, attitude, health-related behaviours or well-being for users
- c) The intervention is designed to address the identified need for it and potential users have been involved in the design process
- d) There is a written description of the intervention and what it is intended to achieve, including clearly defined outcomes for users, which are linked to its stated aims
- e) The intervention is designed to ensure that users are supported in setting their own goals and develop their own action plans
- f) Design includes producing a procedure for monitoring and evaluating the intervention against its stated aims (see Theme 4)

2. Piloting and Planning

- a) The intervention has been piloted, evaluated against its stated aims, and any necessary changes made so that it meets these aims prior to its roll-out to all its designated target population
- b) Before full delivery of the intervention takes place there has been planning for its roll-out.

3. Delivery

- a) The intervention is delivered in accordance with its stated aims, ethos and procedures, and as part of a structured care pathway for the user
- b) Participation in the intervention is voluntary - people cannot be forced to use it.

- c) If venues are used for delivery of the intervention, then:
- There are defined documented criteria for the suitability of venues to be used, including accessibility
 - These criteria are used to assess the proposed venue before the first delivery of an intervention there
 - Compliance with the criteria is regularly checked, with records kept of the checks
 - All venues used meet these criteria
 - Records of the venue used for each intervention delivery are kept
 - There is a procedure for dealing with emergencies during intervention delivery which all relevant staff are trained in
- d) The intervention 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 where feasible
- e) Any information or materials used in delivery are clear, regularly reviewed for accuracy and updated appropriately as required: only up-to-date materials are used. All written material in use is dated and/or revision numbered. Following any changes to the material, all obsolete versions of the material are withdrawn from use
- f) Records are kept of the names of users of the intervention and the extent of their usage
- g) If the intervention is 'franchised' ie used by a third party to interact with the user (a third party not being the originator of the intervention) then there are suitable quality controls and management in place to ensure that it is delivered or used properly. For example, controls on the competencies, training and skills of the third party
- h) If the intervention is licensed from another party, then all the requirements of the license are met.

Theme 3 - Extra requirements for interventions delivered via the internet or by facilitators (*optional*)

The following sets of requirements are optional as follows:

3.1 Providers of internet-delivered or e-health interventions: These requirements are only required to be met if the intervention is on-line/web-based.

3.2 Facilitated delivery: These requirements are only required to be met if facilitators (trainers or educators) are used to deliver all or part of the intervention. It covers how they are recruited, trained, assessed and supervised. It does not include people that 'introduce' users to an intervention: for example informing them about its existence or helping them to register.

Requirements:

3.1 Providers of internet-delivered or e-health interventions

3.1.1 Design

- a) The intervention satisfies appropriate standards for data security (such as the NHS Information Governance Toolkit or ISO 27001) as well as all legal requirements for data privacy and protection
- b) The design incorporates support for participants with disabilities like visual impairment (for example it follows RNIB guidance on web design and compatibility with screen reading software)
- c) Users are offered an appropriate range of options for signing up that can include registration through existing health-care providers, self sign-up or with appropriate assistance
- d) User requirements for engaging with the intervention are clearly defined and are appropriate for the target population.
- e) The intervention is appropriately configured for use by, and can demonstrate user-testing in, the target population and any special needs groups that it is intended to be used by

3.1.2 Delivery

- a) Information on all other healthcare interventions referred to is current and reliable, including information for medicines and devices
- b) Entry to the intervention is controlled to ensure access to only those appropriate for its use
- c) A clear statement of the abilities needed to access the intervention is provided in advance to potential users (for example 'able to read/understand spoken English; able to use a computer'), and what issues or disabilities would debar

use (for example. 'unable to understand spoken English; unable to use a computer due to visual, physical or mental impairment')

- d) Digital assistance is provided if users cannot access or complete a user journey on their own, for example people who are offline or people who are online but have limited digital capability (for example: low experience, skills, confidence, ability and/or motivation). Assisted digital users are not charged more to use the intervention than those who do not need any help. Assisted digital support provides free translation and accessibility facilities, to meet relevant legal requirements.
- e) Appropriate channels for delivery of the intervention are supported as needed by users, which may include desktops and mobile devices
- f) The hardware and software requirements for the intervention are clearly defined and do not provide barriers for use by the target population
- g) The intervention is hosted through appropriate infrastructure that guarantees security and availability
- h) The costs of developing, maintaining and updating the intervention are known and budgeted for
- i) Where the intervention includes input from professionals (e.g. expert advice), these professionals are appropriately qualified and trained. Where such interactions are part of the intervention, records are kept of interactions between the users and such professionals. Where the intervention includes peer interactions, these are appropriately moderated
- j) Intervention usage is monitored and records are kept of progress, completion and attrition
- k) There is regular review of usage data and this is used to improve the intervention to increase uptake, use and completion.

3.2 Facilitated delivery

3.2.1 Recruitment of facilitators

- a) There is a recruitment procedure for new facilitators. It ensures that facilitators meet all legal requirements necessary to safeguard vulnerable people and young people as appropriate, including a current Disclosure and Barring Service check if one is required
- b) The necessary competencies, experience and/or qualifications to be a facilitator are defined and recorded in person specifications and/or role descriptions and they are used in the recruitment process
- c) 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

- d) New facilitators are given a comprehensive induction which includes an introduction to the provider, their specific role in the intervention provision and the relevant policies and procedures
- e) Where facilitators are recruited who have had training and/or experience in delivering an intervention 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 intervention.

3.2.2 Training of facilitators

- a) There is a training procedure for facilitators. This ensure that all facilitators receive initial and ongoing training in the intervention delivery
- b) The initial training includes the intervention's ethos, aims, content, process and delivery skills required. Facilitators must have undertaken the approved training to the required standard of the intervention that they are delivering before being allowed to deliver it
- 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 the intervention, and then are observed delivering the intervention by a suitably qualified facilitator, in order to assess their competencies in practice
- e) Written feedback is given to new facilitators after this observed 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 fully 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) Records are kept of all relevant training undertaken by facilitators.

3.2.3 Evaluation and appraisal of facilitators

- a) There is a procedure for the ongoing evaluation of the performance and competence of facilitators. This includes:
 - The timings of, and process for, the regular observation of 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/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 intervention 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 intervention users about facilitators forms part of the evaluation and appraisal process.

Theme 4 - Continual performance improvement

Theme 4 deals with how performance in providing the intervention is **monitored** (*checking what has been done*), **evaluated** (*analysing the monitoring results*) and **improved** (*using this information to decide what and how to do things better, then making sure that this happens*). It is essential that providers understand how well they are doing, learn from this and continually improve the intervention's effectiveness.

This process starts with having clear aims for the intervention (see Theme 1). Certain important things need to be measured so that providers know whether they are meeting these aims. These are called the **Key Performance Indicators (KPIs)**.

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 intervention has achieved for users*). Other indicators, data and information may also be collected in order to help understand how effectively the intervention 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 effectiveness. It could mean the provider changing what they do and/or how they do it. This is continual performance improvement.

Requirements:

1. Outcomes, outputs and key performance indicators

- a) There are clearly defined desired outcomes and outputs for the intervention, which are based on and reflect its aims
- b) Key performance indicators (KPIs) for all the important desired outcomes and outputs are defined. Targets are set for them where appropriate.

2. Monitoring and evaluation

- a) There is a procedure which defines: the monitoring and evaluation to be undertaken by the provider; the metrics/data to be collected during and after each usage of the intervention; the feedback to be collected from users (see paragraph c) below), and when and how the data is collected, recorded, analysed and used for improvement
- b) All KPIs are regularly monitored. Other indicators of performance may also be monitored. KPI targets, where set, are usually met by the provider - where they are not met then improvement action is taken (see 3 below)

- c) Feedback is sought from all users at appropriate intervals about their perceptions of quality of service provision. This feedback should be related to the aims of the intervention. For discreet interventions (ie those that have a beginning and fixed end), feedback will usually be sought after the conclusion of delivery of the intervention, including where appropriate a sample of those that drop out or do not complete the whole intervention. For interventions without a fixed end, feedback is sought at appropriate defined points on the user's 'journey'.
- d) Where facilitators are used, feedback is obtained from them after each intervention delivery
- e) The results of monitoring (including feedback) are recorded, evaluated and analysed
- f) All monitoring and reporting requirements of commissioners (if any) are met.

3. Improvement

- a) The results of all monitoring, evaluation and analysis described above are used to improve the effectiveness of the provision. This is particularly important where targets are not met
- b) Complaints and suggestions are used to improve 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 before the initial application to QISMET for certification and annually thereafter. Any areas of noncompliance 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 interventions elsewhere, if there are any, 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.

Glossary of terms

Aims - What the intervention sets out to achieve

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

Certification - Formal recognition by QISMET of compliance with the requirements of a Quality Standard by a provider

Evaluating - Analysing the results of monitoring

Facilitator - The person who delivers an intervention to a user (also called a trainer, tutor or educator). Not all interventions have facilitators

Integrated care pathway - A structured multidisciplinary care plan which details the essential steps in the care of a person with a specific health problem

Intervention - *See below under Self-management Intervention*

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 intervention delivery, such as hand-outs

Monitoring - Checking what has been done

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

Output - The amount of activities undertaken, such as the number of times an intervention is accessed by a user

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

Person-centred - An approach to working with users which puts their 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

Provider - the organisation and its infrastructure (people, resources and processes) used to deliver an intervention. It can be a whole organisation, in the case of an entity that just delivers an intervention; or just one part of an entity which also carries out other functions.

Registration - Formal recognition by QISMET of commitment to quality by a provider using a set of criteria

Self-Management Intervention - Any systematic and structured external action which supports people to positively change their behaviour in relation to their health and/or wellbeing

User - Someone accessing or using an intervention.