

Memory Services National Accreditation Programme



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

The need for a quality initiative

The diagnosis and early assessment of dementia has been identified as an important issue. This is reflected in professionally-developed national guidance about best practice¹ - real-life practice often falls short of this². The Government is soon launch a national strategy for dementia care for England. Although necessary, these national actions are unlikely to be sufficient to bring about changes 'on the ground'. This requires engagement with local services and with the clinicians who provide services for people with memory problems/dementia.

Outline of the proposal

It is proposed to set up a national (UK-wide) accreditation programme for memory services. The programme would apply standards, using the methods developed by other quality improvement networks managed by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The main purpose of the programme would be to encourage and support improvement in local services. The process of self- and peer-review would also culminate in a summative decision about whether a service had met essential standards and so could be accredited. The accrediting body would be the Royal College of Psychiatrists through its Education, Training and Standards Committee (ETSC).

The work would be overseen by an advisory group comprising workers from the participating units and representatives from service commissioning, professional bodies, and other national organisations. It would also include those who represent the patient and carer perspectives.

The aims of a quality improvement initiative for memory services

Membership of the proposed new programme would be open to all NHS-funded memory services in the UK. The aims of the programme would be to:

- offer a system for accrediting memory services on the basis of the self- and peer-review;
- produce reports for each service, highlighting areas of achievement and areas for improvement;
- support the local clinical and service improvement in line with the standards;

¹ National Institute for Health and Clinical Excellence and Social Care Institute for Excellence (2006) Dementia: Supporting People with Dementia and their Carers. London: the British Psychological Society and Gaskell

² National Audit Office (2007) Improving Services and Support for People with Dementia. London: National Audit Office

- develop a national 'benchmarking' service to allow services to compare their activity and indicators of quality with other participating services;
- help to break down the isolation of memory services, enable better communication, and promote learning between services.

Key principles

These would be the same as those that underpin the other networks managed by the CCQI:

- **Local ownership and trust** - the process is led by front-line staff and incorporates true peer-review. It also engages senior service managers, patients and carers.
- **Credibility** - the standards on which the quality improvement work is based are explicit and the process of applying them is transparent. For this accreditation programme we will seek recognition and engagement from the professional bodies of those working in memory services and national organisations representing the patient and carer perspective.
- **Responsiveness** - feedback to participating services is prompt and includes advice and support about how to meet standards. Networking is encouraged through newsletters and an email discussion group.
- **A focus on development** - although the process of review is rigorous, the feedback honest, and the accreditation standards high, the purpose of the process is to support and help services to improve in line with the standards.

The College website contains further information about the other networks managed by the CCQI (www.rcpsych.ac.uk/ccqi).

The service standards

The CCQI has already drafted the standards that will underpin the Memory Services National Accreditation Programme thanks to funding from Care Services Improvement Partnership to set up a network of memory clinics in north-west England. They are based on evidence, expert consensus and policy.

The complete set of standards is aspirational; no service could be expected to meet every one. The standards recognise that not all services are 'clinic-based'.

To support accreditation, the standards will be categorised into three types:

- **Type 1** - standards that are essential to safety or dignity;
- **Type 2** - standards that a good service should meet;
- **Type 3** - standards that an excellent service would meet.

The service standards would be reviewed annually in the light of new policy and practice developments and feedback from the reviews. A standards reference group would be established to lead this task.

The review process

- **Stage 1 - services undertake a self-review** using a range of data collection methods.
- **Stage 2 - services host a peer-review visit** by a multi-professional team that includes patients/carers.
- **Stage 3 - services peer-review another service** participating in the programme.
- **Stage 4 - a written local report** would include a statement about performance against the standards, highlight issues that needed attention, and include advice and comments from the review team. This report would be the basis for the decision about accreditation status.
- **Stage 5 - action planning and implementation of findings.** This would be supported centrally and through the encouragement of networking between participating services.

Accreditation and action planning

The results of the self- and peer-review would be considered by an accreditation advisory committee (AAC) panel comprised of nominated representatives of the key stakeholder bodies. The AAC would make a recommendation about accreditation status which would go forward for ratification by the Royal College of Psychiatrists' Education, Training and Standards Committee. The categories of recommendation that the AAC might make are:

Category 1 - 'accredited with excellence'. The service would:

- meet all type 1 standards;
- meet all type 2 standards (or meet most with a clear plan for how to achieve the others);
- meet all or the majority of type 3 standards, with a clear plan for how to achieve the others;
- have received positive patient feedback;
- be likely to have excelled in other ways, e.g. research, audit or teaching.

Category 2 - 'accredited'. The service would:

- meet all type 1 standards;
- meet the majority of type 2 standards;
- meet many type 3 standards.

Category 3 - 'accreditation deferred'. The service would:

- fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards but demonstrate the capacity to meet the majority within a short time.

Category 4 - 'not accredited'. The service would:

- fail to meet one or more type 1 standard and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

Although the accreditation decision is a summative judgement, the overall model would be one of engagement, rather than of arms-length inspection. Members, regardless of

accreditation status, would be expected to use the results of reviews to develop action plans to achieve year-on-year improvement. They would be expected to share their results with key groups locally, including health and local authorities, those making referrals to their services, and local patient and carer groups. There would also be an expectation that services would share reports with regulators.

It is likely that as the programme grows and matures, the level of performance required to be awarded accreditation would increase.

Benchmarking

As mentioned above, the quality improvement process would generate information about performance against the service standards which would enable services to compare their performance against the national picture.

Information sharing

The CCQI, as the hub of the programme, would facilitate the dissemination of information to, and the sharing of information between, members. Members would have access to an email discussion group. Other specific activities and products to promote information sharing include:

- an annual report which would include aggregated data from the previous years' reviews;
- an annual conference addressing themes arising from the reviews;
- a newsletter;
- a directory of services containing key information for referrers;
- the updated service standards.

Other benefits of a quality improvement initiative

The proposed work would be consistent with the quality agenda in the wider NHS and could support a range of other functions. 'By-products' might include the use of data and information derived from the process for:

- quality monitoring in relation to commissioning;
- demonstration to the Healthcare Commission of adherence to NHS 'Standards for Better Health in England', and to the Scottish Parliament and Welsh Assembly of adherence to best practice;
- service planning;
- the development of standards to support better commissioning of services;
- discussion and agreement on useful standardisation, e.g. of outcome measures, risk assessment instruments etc.

For more information, please contact the Memory Services National Accreditation Programme Team on 020 7977 6644 or email msnap@cru.rcpsych.ac.uk.