

## People's experience using adult social care services

**Consultation on draft quality standard – deadline for comments 5pm on 16 August 2018 email: [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)**

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the <a href="#">NICE local practice collection</a> on the NICE website. Examples of using NICE quality standards can also be submitted.</li><li>2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]</li></ol>
<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	Healthwatch Birmingham
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
<b>Name of commentator person completing form:</b>	Dr Chipiliro Kalebe-Nyamongo
<b>Supporting the quality standard</b> - Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	<b>Yes</b>

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Type		[office use only]	
Comment number	Section	Statement number	Comments
			<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
1	General	General	<p>Healthwatch Birmingham welcomes the opportunity to respond to NICE’s consultation on the draft quality standards for people using adult social care services. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. The standards that have been outlined in the consultation document do align with Healthwatch Birmingham’s vision of ensuring social care users have access to quality services that meet their individual needs. Our comments are therefore focused on how well these standards will:</p> <ul style="list-style-type: none"> <li>● Ensure the involvement of patients, the public, service users and carers (PPSuCs);</li> <li>● Whether the proposals will improve the quality of care and lead to services that are responsive to the needs of patients and service users; and</li> <li>● Whether proposed standards will help improve or address health inequality</li> </ul>
2	Question 1	General	<p><b>Does this draft quality standard accurately reflect the key areas for quality improvement?</b></p> <p>Healthwatch Birmingham notes that the quality standard does reflect key areas for quality improvement. However, we believe that there are some key issues that could further improve the standard.</p> <p><b>Statement 3</b> does not mention the ‘quality of care’. We suggest that this statement should state <i>“People using adult social care services receive high quality continuous and consistent care and support”</i>. We believe that it is essential that users of the standard understand that high quality care is an essential requirement when describing the care service users should expect. It would be useful to have a section or a link to other standards, explaining what high quality care is. <b>Statement 3</b> as it stands could manifest in people getting continuous and consistently bad care. There is also need to include something about a highly trained or managed workforce that support the maintenance of high quality continuous and consistent care. It states in</p>

		<p>definitions of terms “similar level of skill” and this could be poor. There is need to tighten this up.</p> <p>We do not believe that <b>Statement 4</b> is complete as it appears to limit the use of service user feedback to service improvement. This should be more generally around using service user feedback to inform decision making around service improvement, service redesign or development. It needs to be clearer in the standards that service user’s feedback and insight is sought at all key points of decision-making. Feedback should inform early and continuous decision-making from planning and shaping priorities, objective and outcome setting, implementation and on-going decision making; and evaluation and monitoring. Without this being included this standard will just evaluate current services.</p> <p>The data source for ‘a and b’ (Quality Measures p18) should include literature and information on provider websites informing the public how they can leave <b>independent</b> feedback with their local Healthwatch. Healthwatch, Birmingham is working with Birmingham City Council who have included the need for providers to demonstrate the use of service user feedback in their new commissioning framework for social care including the use of Healthwatch Birmingham’s online feedback centre. Currently, Birmingham City Council is:</p> <ul style="list-style-type: none"> <li>• <i>Considering the options for independent review of residents’ involvement to assure the quality of feedback mechanisms that providers have in place.</i></li> <li>• <i>Providing us with opportunities to increase the number of providers using the Healthwatch Birmingham online feedback centre.</i></li> <li>• <i>Working with us to ensure they have real-time access, through our Widget, to hear the feedback shared with us.</i></li> </ul> <p><b>Statement 4</b> needs to include a statement on the governance arrangements that will ensure that all feedback is being used to influence decisions. We believe that this aspect is completely missing from the standard. There has to be a statement around the idea of leaders agreeing, understanding and promoting a strategic approach to the use of service user feedback, leaders ensuring that decision-making is informed by feedback and continually seek ways to improve their organisations use of feedback.</p> <p>We also note that there is nothing under <b>Statement 4</b> about staff being trained to seek and use feedback from service users. We suggest the inclusion of the following <b><i>‘staff are trained and aware of their role in collecting feedback, they understand the reasons and there is buy in across the organisations of the importance of service users feedback’</i></b> under <b>what this means for service providers on p20.</b></p>
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			<p>We also note that where ‘equality and diversity considerations have been discussed these have been limited to enabling access for different groups to share their feedback. Whilst this is important, we believe that this should go further to include how the feedback from these groups is used to <b><i>‘identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health)’</i></b>.</p> <p>Another key issue we believe is missing is the involvement of carers and family members. How is their feedback and insight fed into decision-making? The new Mental Capacity (Amendment) bill that was recently introduced in Parliament could have some useful information on how to involve families and give swifter access to assessments (<a href="https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care">https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care</a>).</p> <p><b>Statement 1 (p8)</b> – regarding transitioning between children’s and adult services and the continuity of care. It would be useful to link this to NICE’s Guidance (NG43, 2016) to guide this process so that there is clear guidance on the timelines that should be followed and what this planning should entail and how families should be involved.</p>
3	Question 2	General	<p><b>If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?</b></p> <p>We believe that there are some element of systems and structures in place that would enable the collection of data under the proposed quality measures. Between May and June 2017, Healthwatch Birmingham conducted interviews with service users and providers during Enter and View visits. The aim was to better understand the current situation with regard to service user engagement in residential and nursing homes. We found that homes used different methods for collecting feedback including residents meetings, surveys and individual meetings with service users. However, a key shortcoming was that the providers we visited did not have systems in place for feeding back to service users how their feedback had been used. A ‘you said we did’ poster or information session with service users could easily address this issue. The homes we visited did not have a strategy for engaging with their service users. As a result, there was no clear understanding across the care homes on why they collect service user feedback and how it is used in the decision-making process. Consequently, feedback collected within the homes was on narrower topics such as food and</p>

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			<p>activities. The challenge would be on broadening this to encompass all decision-making and ensuring that service users are aware how and why they can input into a wide range of decisions.</p> <p>As mentioned above, Birmingham City Council has built into its provider rating system the need for providers to adopt Healthwatch Birmingham’s feedback widget on their websites and feedback centre questions. Birmingham City Council is also incorporating patient views into their provider rating dashboard. More information on the widget can be found here: <a href="https://healthwatchbirmingham.co.uk/partners/">https://healthwatchbirmingham.co.uk/partners/</a>. Locally, there are systems and structures in place to enable the collection of data.</p>
4	Question 3	General	<p><b>Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.</b></p> <p>Healthwatch Birmingham believes that these statements can be achievable. However, we continue to receive feedback from service users and their families expressing concerns with care and support needs assessments; lack of information on types of care and how to access care; and lack of choice of care of residential homes. Service users state that assessments do not always reflect their needs and that they have great difficulty getting care plans reviewed when their needs change (i.e. health deteriorates). Therefore, there may be a need for the local authority to invest more money in educating the social workers to complete assessments to an improved level to fulfil the requirements of Statement 1 and there will be a need for more resources to meet the demand for care plans to be reviewed to reflect service users changing needs.</p> <p>Over the past three months Healthwatch Birmingham has been investigating people’s experiences of using direct payments and prepayments cards in Birmingham. The feedback we heard about accessing and managing direct payments raised the following points:</p> <ul style="list-style-type: none"> <li>● Many people, including service providers, have not heard about or do not understand direct payments.</li> <li>● It is difficult to access social workers to obtain timely assessments and other advice.</li> <li>● There is a lack of informed, shared decision-making.</li> <li>● In some cases, direct payments burden families and carers with extra responsibilities.</li> </ul>

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			<p>Other concerns raised were around services that individuals accessing direct payments can pay for. For instance, those interviewed were unhappy that they could not pay for Disclosure and Barring Service checks which potentially puts the service user at risk. Others raised concerns around untimely payments which leads to the loss of good care support. Rising costs were also another issue that was raised, in particular that personal budgets are unable to cover these rising costs.</p> <p>These issues will impact the fulfilment of the requirements for Statement 2 and 3 as they might require resources to address.</p>
5	General	General	<p>Healthwatch Birmingham uses NICE Quality Standards to hold commissioners and providers into account as per our role. We have developed a “Quality Standard for using patient and public insight, experience and involvement to reduce health inequality and drive improvement” with some clear objectives and ‘you’ statements for leaders, staff and users of adult social care provider organisations. We believe that the basic approach of the Quality Standard – to use patient and public insight, experience and involvement to identify, understand and address health inequality, could be incorporated into the proposed standards for improving the experience of care for people using adult social care services. Should you require more information, our key contact is <b>Jackie Spencer (Head of Public and Patient Involvement)</b> <a href="mailto:JackieS@healthwatchbirmingham.co.uk">JackieS@healthwatchbirmingham.co.uk</a></p>
6	General	General	<p>Should NICE require more information on the use of Healthwatch Birmingham’s widget on social care provider websites in Birmingham the contact person is <b>Claire Reynolds (Marketing and Events Officer)</b> <a href="mailto:claireR@healthwatchbirmingham.co.uk">claireR@healthwatchbirmingham.co.uk</a></p>
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Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.

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- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.