Standards for commissioners

and service providers

***Self assessment and validation for primary care providers***

The Faculty for Homeless and Inclusion Health

Name of organisation

Date



FORM FOR PARTICIPATING ORGANISATIONS TO COMPLETE

This form is part of the self assessment tool for primary care providers produced by the Faculty of Homeless and Inclusion Health to support organisations in implementing the Standards for commissioners and service providers. The full self assessment tool and the Standards are available at Pathway.org.uk

The self assessment process requires organisations to provide information on how they are meeting the Standards and to identify learning points, good practice, areas of difficulty and action they are taking to improve. This information will also be used to generate learning for the Faculty to share with other members and to identify areas for further work. All completed self assessment forms are confidential and the names of organisations and individuals will not be used in learning materials.

When you have completed the form, please return it to the Faculty of Homeless and Inclusion Health at [info@pathway.org.uk](mailto:info@pathway.org.uk)

|  |  |
| --- | --- |
| **About the organisation** | |
| *Name of organisation* |  |
| *Address* |  |
| *Name of lead person completing this* |  |
| *Role* |  |
| *Email address* |  |
| *Telephone number* |  |
| *Brief description of the organisation (such as no. of patients, overview of needs, services provided, staffing)* | |
|  | |

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| **About this process** |
| *Are you seeking validation against the Standards? This will involve a peer review team visiting your organisation.* |
|  |
| *Who else has been involved in deciding how to rate your organisation? What other information has been used?* |
|  |
| *Explain how service users have been involved in this process?* |
|  |
| *Explain how the organisation’s leadership has been involved in this process?* |
|  |
| *Are they any particular obstacles or challenges faced by your organisation in achieving the Standards? If so, what is needed to overcome these? What can the Faculty do provide support on this?* |
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| *Is there anything else you would like to see the Faculty doing to support implementation of the Standards?* |
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| **Value 1: Continuity of care** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
|  |
| **Value 2: Ease of access** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 3: Multi-disciplinary collaborative care** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 4: Person centred care** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 5: Recording and reviewing information** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 6: High quality care** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 7: Ensuring services are safe** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 8: Commitment to reflection and learning** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included i the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating.*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
|  |
| **Value 9: Service user involvement** |
| *Do you rate your organisation as committed to, achieving or excelling at the Standards included here?* ***Refer to the examples of action that indicate alignment with the Standards included in the tables Self Assessment Tool here and provide evidence of these or other comparable actions to justify your rating..*** |
|  |
| *Are there any examples of good practice or recent innovations that would can share with the Faculty?* |
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| **Feedback on using the self assessment tool** |
| *Have you found this self assessment tool useful and/or easy to use?* |
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| *Can you suggest how we could make it more useful and/or easier to use?* |
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*PEER REVIEW VISIT REPORT FORM*

This form is designed to capture the findings of peer review visits undertaken by members of the Faculty for Homeless and Inclusion Health. The peer review visits are part of the Implementation Framework designed to support organisations to progress towards alignment with *the Standards for commissioners and service providers.* The peer review process builds on the self assessment tool that organisations being peer reviewed undertake before the visit. Peer review team members need to read the completed self assessment form in advance of the peer review visit. This will be forwarded by the lead peer reviewer 4 weeks before the visit.

The purpose of the peer review visit is to:

* Help practices identify areas where they need to improve;
* Review how practices have assessed their own performance using the self assessment tool;
* Share ideas and approaches for improvement between peer review team members and practice staff;
* Identify areas of good or innovative practice to share with other Faculty members;
* Identify challenging areas around which the Faculty needs to develop further resources to support members.

The lead peer review will complete this form with input from the other peer review team members. It will then be forwarded to the organisation for comment.

All completed peer review forms are confidential and the names of organisations and individuals will not be used in learning materials.

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| **About the peer review team** | |
| *Name and organisation of lead peer reviewer* |  |
| *Name and organisation of peer review clinical lead* |  |
| *Name and organisation of service user champion* |  |

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| **About the peer review visit** | |
| *Date of peer review visit* |  |
| *Timetable for the peer review visit* | |

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| **Value 1: Continuity of care** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
|  |
| **Value 2: Ease of access** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
|  |
| **Value 3: Multi-disciplinary collaborative care** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value.:* |
|  |
| **Value 4: Person centred care** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
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| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
|  |
| **Value 5: Recording and reviewing information** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
|  |
| **Value 6: High quality care** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
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| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
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| **Value 7: Ensuring services are safe** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
|  |
| **Value 8: Commitment to reflection and learning** |
| *Peer review team’s comments on the organisation’s self assessment:* |
|  |
| *Peer review team’s observations:* |
|  |
| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
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| **Value 9: Service user involvement** |
| *Peer review team’s comments on the organisation’s self assessment:* |
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| *Peer review team’s observations:* |
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| *Peer review team’s rating of the organisation as committed to, achieving or excelling at the Standards relevant to this value:* |
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| **Overall peer review team comments** |
| *Reflections on learning points for the Faculty to take forward:* |
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| *Suggested learning points for the organisation:* |
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| *Suggestions for improving future peer review visits to other organisations:* |
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| *Any other comments:* |
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| **Overall comments of the organisation** |
| *Reflections on the process of the peer review visit:* |
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| *Responses to the peer review comments and findings:* |
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| *Suggestions for future peer review visits to other organisations:* |
|  |
| *Any other comments:* |
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*SERVICE USER CHAMPION REPORT FORM*

**About this form**

This form is designed to capture the findings of the service user champion who is a member of the peer review team which carries out peer review visits on behalf of the Faculty for Homeless and Inclusion Health. The peer review visits are part of the Implementation Framework designed to support organisations to progress towards alignment with *the Standards for commissioners and service providers.*

This form also provides guidance to the service user champion on how to carry out their role in peer review visits and provides questions that need to be answered. These are structured according to the nine values that underpin *the Standards*.

The peer review process builds on the self assessment tool that organisations being peer reviewed undertake before the visit so it is important that service user champions read the completed self assessment form in advance of the peer review visit. This will be forwarded by the lead peer reviewer 4 weeks before the visit.

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| **Summary details** | |
| *Name of organisation being reviewed* |  |
| *Address* |  |
| *Name of lead person* |  |
| *Role* |  |
| *Email address* |  |
| *Telephone number* |  |
| *Name of the peer review visit Faculty moderator* |  |
| *Name of the peer review visit clinical lead* |  |
| *Name of the peer review visit service user champion* |  |
| *Date of peer review visit* |  |

**Value 2: Ease of access**

***1. The reception area.***

*In just a few words describe the feeling you got from the reception area. (What information is available for example are there information posters on the walls, how much seating is available etc.)*

***2. Reception staff***

*How welcoming did the reception staff seem? (please rate 1-5 with 5 being top score)*

1 2 3 4 5

***3. Attending the practice***

*Describe the process for attending the practice. Was it a walk in session, did the patients have an appointment or was it a mixture of both? Are the patients able to wait or did they make a same day appointment and then leave to return at the time of their appointment?*

**Value 9: Service user involvement**

***4. Did the practice have a service user involvement model? (please circle)***

Yes No

***5. If the practice does have a service user involvement model, how often does it meet? (please circle)***

Weekly Monthly Quarterly Less often

***6. How are service users invited to attend these service user involvement meetings?***

*Can anyone attend or is it limited to a regular group? How were they invited to attend, by letter, posters on the wall or word of mouth?*

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***7. Were there any incentives offered for attending the service user involvement meetings?***

*Are travel costs met, are service users given shopping vouchers and are refreshments provided?*

￼￼￼￼***8. What topics are covered in the service user involvement meetings?***

*Ask for a copy of the agenda if available and include this with your completed form)*

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**9. Is any additional support made available to those who attend the *service user involvement* meetings?**

*For example is an interpreter available? If yes, please describe what support iss provided and how this helps.*

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***10. Approximately how many staff normally attend meetings with the service user group?***

***11. Does the service user group have the opportunity to take part in full project meetings with all the staff and the board?***

Yes No

***12. If yes, how often?***

Weekly Monthly Quarterly Less often

**Value 1: Continuity of care**

**Value 3: Multi-disciplinary collaborative care**

**Value 4: Person centred care**

**Value 5: Recording and reviewing information**

**Value 6: High quality care**

**Value 7: Ensuring services are safe**

**Value 8: Commitment to reflection and learning**

***13. Patient stories***

Please find two patients who are prepared to tell their story about the treatment they get from the practice. Write as much as you can and remember to try and write words they use when telling you their story. Questions you can use to prompt them include:

How did you hear about the practice?

How easy is it to get an appointment?

How do you feel you are treated by the reception staff?

How do you feel you are treated by the doctors and the other medical staff?

How well does the practice meet your health needs?

*Please get the patient to sign the bottom of the pages.*

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***Patient A.***

￼Patient signature:

Date:

￼

***Patient B***

Patient signature:

Date:

￼

***14. Other observations***

*Have you seen or heard anything else you think is relevant during the visit? Please describe it here. ￼￼￼*

***Service user champion signature:***

***Date:***