



REPORT OF QIS 2020 AUDIT OF Colne Valley PCN

**Freshwell Health Centre
Weathersfield Road
Finchingfield
Braintree
CM7 4BQ**

Confidential

1. Introduction

This report relates to the accreditation audit of the Freshwell Low Carb Programme provided by Colne Valley PCN.

The audit was carried out against the requirements of the Quality Institute for Self-Management Education and Training (QISMET)'s QIS 2020 Standard. These requirements are attached as Appendix 1. The audit was carried out on behalf of QISMET by Suzanne Lucas.

The audit consisted of the following stages:

- A desktop review of relevant documents carried out in October & November 2022
- Interviews by MS Teams carried out on 24th November 2022

The following people were interviewed:

- Sharon Withnell PCN Health and Wellbeing Coach
- Viv Hamilton member of the PCN Low Carb Community
- Dr Kim Andrews Programme Lead

I would like to thank everybody in the team for their co-operation and helpfulness shown to me during the audit.

This report contains:

- An overview of the provisions of Freshwell Low Carb Programme
- Findings regarding the Standard, including strengths
- Suggestions for improvements
- The accreditation recommendation
- What happens next

2. Overview of the provision of Freshwell Low Carb Programme

Colne Valley PCN provides their Freshwell Low Carb Programme via a team consisting of:

Programme Managers and Clinical Lead Educators:

- Dr David Oliver
- Dr Kim Andrews

Programme administrator and lead health and wellbeing coach:

- Sharon Withnell

Participants of the programme are also signposted to and supported by members of the PCN Low Carb Community

The programme was launched in the Covid-19 pandemic lockdown in October 2020 and was further developed to include diabetes and prediabetes modules in October 2022. The programme does not include any face-to-face delivery however, participants are signposted to the Colne Valley PCN Low Carb Community for further ongoing face to face support. To September 2022, 773 patients have completed the programme.

The target audience for the programme is adult patients registered at one of the six Colne Valley PCN practices with type 2 diabetes, pre-diabetes and/or with a BMI of over 25. Participants can self-refer online by completing a self-referral form or contact the low carb team or their GP reception team for further information.

The programme is online and self-guided, with optional 1:1 coaching support consisting of up to 6 telephone check-in calls. Self-guided participants receive a follow-up call after 12 weeks to see how they got on. Approximately 50% of participants take up the offer of the optional 1:1 coaching support.

The programmes incorporate an App, a set of educational videos, and a dedicated health and wellbeing coach offering support in engaging with the educational materials, the setting of SMART goals, reviewing successes and challenges, and moving forward towards desired outcomes over a 12-week period. A smart phone or laptop with access to the internet is required. The Freshwell App includes a meal planner and recipe database.

The programme aims to:

- Help people improve their HbA1c
- Reduce medications and potentially place their type 2 diabetes and pre-diabetes into remission.

The programme develops participants' confidence, skills, and knowledge to enable them to make improvements in their own health, as well as getting more proactively involved in decisions about their care.

The course covers nutrition, exercise, goal setting and sleep. Specialist diabetes modules include comprehensive education on managing diabetes, reducing the risk of complications, and giving hope for remission.

There are 6 modules:

- Getting Started with a Low Carb Lifestyle
- Knowing your Numbers and More about Carbs
- Shopping Low Carb in a High Carb World
- Time Restricted Eating and Intermittent Fasting
- Stress, Sleep Physical Activity and Nature
- Alcohol, Eating Out and Troubleshooting.

A chat forum provides opportunities for participants to discuss their experiences and concerns with others, as well as sharing tips and recipes. The forum is moderated by

the health and wellbeing coach or in her absence one of the Programme Leads, who signpost to approved resources and notify the programme educators of any issues or questions that may need their direct response if resources are not available. Additionally, a monthly meeting is held where participants can meet the programme and clinical lead educators and have their questions answered directly.

3. Findings regarding the Standard, including strengths

Colne Valley PCN was found to be providing a very well-managed programme. Sharon Withnell is to be congratulated on compiling the comprehensive documentation submitted in the accreditation process.

Overall, all of the requirements of QIS 2020 were found to be met, and Colne Valley PCN is to be congratulated on this.

The following aspects were identified as particular strengths with regard to the provision of the programme:

- The passion and commitment of the whole team to patient choice and as appropriate the development of self-management skills for those who choose to follow a low carb lifestyle.
- Engaged and proactive steering group who encourage feedback and implement suggested improvements.
- Active ongoing involvement with participants and the low carb community as facilitators of the low carb lifestyle recognising the autonomy of individuals rather than 'educators'.
- Flexibility in how to approach the course which is excellent. Choice of a long video or a short video and using the app modules.
- The modules on the app are really well explained and user friendly. I think they would help someone to understand the ethos of low carb immediately and all without needing to use jargon. It feels like you're having a conversation with someone rather than a lecture/lesson - really engaging.
- Lots of easy to understand and use recipes and the meal plans which are really useful for people new to a different way of choosing food and eating.
- Recognition of need for recipes for those on a low budget or vegetarian and the development of the recipes using participant feedback via focus group and survey information.
- A commitment to collecting KPI data despite the challenges of data collection and that the programme hasn't been formally commissioned.

- Systematic collection of ‘success’ stories and use of permission form to use the stories in promoting the low carb approach.
- Providing the programme free of charge despite a lack of funding although the PCN has now provided some limited funding for further development.
- Generosity in sharing resources with other organisations.

4. Suggestions for improvement

There are no suggestions for improvement. However, I do hope that the funding from the PCN helps in the ongoing development of the app and resources which have up to now been provided on the goodwill of the individuals on the steering group and the app developer.

5. Accreditation recommendation

Colne Valley PCN was found to be operating a quality system fully in compliance with all the requirements of the QIS 2020 Standard with regard to the provision of the Freshwell Low Carb Programme. I have now given my recommendation to QISMET that accreditation be granted with regard to this programme’s provision by Colne Valley PCN.

6. What happens next

Please sign the report electronically and return it within two weeks of receipt. If you have any queries about it, please contact Suzanne Lucas at suzanne.lucas@qismet.org.uk

Once the signed report has been received, you will be formally awarded accreditation and asked for the details to go on your QISMET certificate and on the register on the website. You will also be provided with the QISMET accreditation logo.

Accreditation lasts for 3 years. About half way through this time you will be contacted to see if there have been any major changes. About 3 months before the end of the 3 years you will be contacted in order to renew accreditation.

Once accreditation has been granted, please contact Suzanne if you make any significant changes or additions to your programme provision.

Signed: *Suzanne Lucas* (Auditor)
Name and Role: Suzanne Lucas QISMET Director
Date: 9th December 2022

Signed: *Kim Andrews* (Provider representative)
Name and Role: DR KIM ANDREWS GP and Programme Lead
Date: 12/12/2022

Signed: *G Baker* (Audit Moderator)
Name and Role: Graham Baker, Director of QISMET
Date: 9th December 2022

Note

This report is based on evidence available and seen at the time of the desktop review and the site visit only, and no assumptions can be made either about evidence not made available at that time nor about the subsequent effectiveness of the quality system.

QISMET assumes no responsibility and shall not be liable to any person for any loss, damage or expense caused by reliance on the information or advice in this document or howsoever provided.



The QIS2020 Quality Standard

Theme 1 - Management

Theme 2 - The programme and its delivery

**Theme 3 - Extra requirements for programmes delivered
digitally or by facilitators**

Theme 4 - Continual performance improvement

Theme 1 - Management

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

Requirements:

1. Management of programme 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 the programme.
- b) Information about the programme for potential participants and commissioners is accurate, updated regularly, and easily accessible to and understandable by both.

2. Access to the programme

- a) Any special needs of participants are identified beforehand and met where possible.
- b) Records are kept of data relating to participants in the programme, and this is used to help assess the appropriate equality of access to it, with action taken to improve access if needed.

3. Referrals of participants

- a) Any referrer of potential programme participants is made aware of the content and philosophy of the programme that they are referring to, so that referrals are appropriate for the person and the programme.
- b) All referrers are informed of an individual's participation in the programme afterwards, so that future care delivery can be congruent with the programme's content and philosophy.

4. Procedures and record keeping

- a) Written procedures describe what shall happen in the delivery of the programme. 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.
- c) The relevant legal and NHS-specific requirements with regards to personal data and information management are understood and complied with.

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 participants 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 Programme and its delivery

Theme 2 deals with the programme 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. There must be clearly defined outcomes for participants that are linked to the programme's aims.

Requirements:

1. Aims, ethos and design

- a) The provider has a written statement that describes the person-centred ethos of the programme. This is shared with all people within the provider, commissioners and participants.
- b) The programme has documented aims and a clearly defined target population, and is based on educational theories and a sound evidence base. The programme must have a defined desired positive impact on outcomes for the participants in at least one of: knowledge, self-efficacy, bio-medical measures, health beliefs, health-related behaviours or well-being.
- c) The programme is designed to ensure that participants are supported in setting their own goals and where appropriate develop their own action plans.
- d) Healthcare information contained in the programme is current and reliable, including information for treatments, medicines and devices.

2. Piloting

- a) The programme has been piloted and evaluated against its stated aims and desired outcomes, and any necessary changes made so that it meets these aims and outcomes.

3. Delivery

- a) The programme is delivered in accordance with its stated aims, ethos and procedures, and as part of a structured care pathway for the participant.
- b) Participation in the programme is voluntary - individuals cannot be forced to use it.
- c) If venues are used for delivery of the programme:
 - 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 a programme there

- Compliance with the criteria is regularly checked, with records kept of the checks
 - All venues used meet these criteria
 - Records are kept of the venue used for each programme delivery, the programme delivered, the names of participants present and any facilitators involved in delivery at that venue
- d) There is a procedure for dealing with emergencies during programme delivery which all relevant staff are trained in.
- e) The programme uses a range of teaching and learning 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.
- f) 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.

5. Programme review and improvement

- a) The programme and its delivery are continually improved. They are formally reviewed biennially, incorporating feedback from participants and facilitators, evaluations and any new research evidence about relevant conditions. Improvements are identified from this review and implemented
- b) Within 1 month of this review, all facilitators are informed about any improvements made.
- c) Records are kept of these reviews, including any improvements identified and actions taken after them.

Theme 3 - Extra requirements for programmes delivered digitally or by facilitators

The following sets of requirements apply as follows. It should be noted that neither, one or both could apply depending on the circumstances.

3.1 Providers of digital programmes: These requirements are only required to be met if the programme is an app, digital or on-line/web-based.

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

Requirements:

3.1 Providers of digital programmes

3.1.1 Design

- a) The programme meets all relevant requirements and standards for data security, such as the NHS Data Security and Protection Toolkit or ISO 27001.
- b) The design incorporates support for participants with disabilities such as visual impairment.
- c) Participants are offered help with signing up if they require it.
- d) Participant requirements for engaging with the programme are clearly defined and are appropriate for the target population.

3.1.2 Delivery

- a) A clear statement of the abilities needed to access the programme is provided in advance to potential participants (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').
- b) The hardware and software requirements for the programme are clearly defined and do not provide barriers for use by the target population: appropriate channels for delivery of the programme are supported as needed by participants, which may include desktops and mobile devices.

- c) The programme is hosted through appropriate infrastructure that ensures security and availability.
- d) Where the programme includes input from facilitators, they meet the requirements of 3.2 below
- e) Where the programme includes peer interactions, these are appropriately moderated.
- f) Programme usage is monitored and records are kept of progress, completion and attrition.
- g) There is regular review of usage data and this is used to improve the programme 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 that meets all legal requirements.
- b) The necessary competencies, experience and/or qualifications to be a facilitator for the programme 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 comprehensive induction which includes an introduction to the provider, their specific role in the programme provision and the relevant policies and procedures, and which takes into account any previous relevant experience.

3.2.2 Training of facilitators

- a) There is a training procedure and all facilitators used to deliver the programme have been trained in accordance with it.
- b) Facilitators have received initial training that includes the programme's ethos, aims, content, process and delivery skills required. This training uses approved materials, takes place with a defined curriculum, and is undertaken by suitably qualified and experienced trainers.
- c) As part of the initial training process, new facilitators first observe delivery of the programme, and then are observed delivering the programme by a suitably qualified facilitator, in order to assess their competencies in practice.
- d) Written feedback is given to new facilitators after this observed delivery and any necessary improvements are made as a result of this feedback.

- e) There is a process for supporting newly trained facilitators until they are deemed fully competent.
- f) The ongoing training needs of facilitators are identified, and training or other learning opportunities are provided in order to improve their competency within a process of continuous development.
- g) 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, the results of which are fully documented.
- 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 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 the programme 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 programme's effectiveness.

This process starts with having clear aims for the programme (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 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 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 for participants and outputs for the programme, 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 against its stated aims and desired outcomes and outputs; the metrics/data to be collected during and after each usage of the programme; the feedback to be collected from participants (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 participants at appropriate intervals about their perceptions of quality of service provision. This feedback should be related to the aims of the programme, including where appropriate a sample of those that drop out or do not complete the whole programme.
- d) Where facilitators are used, feedback is obtained from them after each programme delivery.
- e) The results of monitoring (including feedback) are recorded, evaluated and analysed.
- f) All monitoring and reporting requirements of referral agencies and 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 programme 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.

Glossary of terms

Accreditation (also known as certification) - Formal recognition by QISMET of compliance by a provider with the requirements of a Quality Standard

Aims - What the programme sets out to achieve

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

Care pathway - A way of setting out a process of best practice to be followed in the treatment of a person with a particular condition or needs (*source: Age UK*)

Evaluating - Analysing the results of monitoring

Facilitator - A person who personally delivers all or part of programme to a participant (also called a trainer, tutor, coach or educator). Not all programmes have facilitators

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

Materials - The physical resources used during programme delivery

Monitoring - Checking what has been done

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, such as the number of participants using a programme

Participant - Someone accessing or using a programme.

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

Person-centred - An approach to working with participants 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

Programme - *See below under Self-management Programme*

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

QISMET - (Quality Institute for Self-Management Education and Training) The independent organisation created to develop standards and accreditation processes to ensure that people living with long term conditions have access to high quality self-management education and training services delivered by a plurality of accredited providers working within the agreed quality standards

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

Self-management - the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital (*source: Department of Health*)

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