

National Cancer Action Team
Part of the National Cancer Programme



National Cancer Peer Review Programme
Manual for Cancer Services:
Network Service User Partnership Group Measures
Version 1.0



DH INFORMATION READER BOX

Policy	Estates Commissioning IM & T Finance Social Care / Partnership Working
HR / Workforce Management Planning / Clinical	
Document Purpose	Best Practice Guidance
Gateway Reference	15844
Title	Service User Partnership Group Measures
Author	National Cancer Peer Review-National Cancer Action Team
Publication Date	7th April 2011
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs , SHA Cancer Leads
Circulation List	Cancer Network Medical Directors, Cancer Network Directors, Cancer Network Lead Nurses, Cancer Action Team, DH Policy Officials, NHS Improvement National Managers, Royal Colleges' Members of the National Cancer Peer Review Steering Group, National Cancer Peer Review User Group, Voluntary Sector
Description	Following a three month consultation period, the final Service User Partnership Group measures are published for inclusion in the Manual for Cancer Services. The measures can also be found on the CQUINS website at www.cquins.nhs.net
Cross Ref	Manual for Cancer Services
Superseded Docs	
Action Required	N/A
Timing	N/A
Contact Details	Zara Gross Project Assistant National Cancer Peer Review, National Cancer Action Team 18th Floor, Portland House Bressenden Place London SW1E 5RS zara.gross@ncpr.org.uk
For Recipient's Use	

NETWORK PARTNERSHIP GROUP

Contents

11-1A-3u - NETWORK MEASURES FOR NETWORK SERVICE USER PARTNERSHIP GROUP

Measure Number	Measure
11-1A-301u	Agreed Named Members and Terms of Reference for the Network Service User Partnership Group

11-1E-1u - FUNCTIONS OF THE NETWORK SERVICE USER PARTNERSHIP GROUP

Measure Number	Measure
11-1E-101u	Network Service User Partnership Group Meetings
11-1E-102u	The Network Service User Partnership Group Annual Review, Work Program and Report
11-1E-103u	Guidelines for User Involvement
11-1E-104u	Guidelines for Supportive Care
11-1E-105u	Guidelines for Patient-centred Care
11-1E-106u	Guidelines for Transitional and Self Managed Care
11-1E-107u	Network Service User Partnership Group Baseline Mapping
11-1E-108u	Network Service User Partnership Group Service Specification
11-1E-109u	Network Service User Partnership Group Service Needs Assessment
11-1E-110u	Network Service User Partnership Group Strategy
11-1E-111U	Distribution of Information to other Groups in the Network

Introduction

1.1 Aim of the Manual for Cancer Services

The Manual for Cancer Services is an integral part of Improving Outcomes: A Strategy for Cancer and aligns with the aims of the Coalition Government: to deliver health outcomes that are among the best in the world. The Manual will support the National Cancer Peer Review quality assurance programme for cancer services and enable quality improvement both in terms of clinical and patient outcomes.

The National Cancer Peer Review Programme, which is led by the National Cancer Action Team and includes expert clinical and patient/carer representation, provides important information about the quality of clinical teams and a national benchmark of cancer services across the country.

National quality standards/measures for cancer services were first published in 2001 and were updated in 2004 and 2008. The range of measures has subsequently been extended to cover virtually all cancer-sites and cross cutting cancer services (e.g. chemotherapy, radiotherapy). It is intended that the National Cancer Intelligence Network (NCIN) clinical reference groups will review the measures within the manual for cancer services annually to ensure they are clinically relevant and it is intended that the measures will underpin the NICE Quality Standards relating to cancer.

An independent evaluation of the National Cancer Peer Review Programme demonstrated strong support for the programme to continue, subject to reducing the burden of peer review and putting greater emphasis on outputs and outcomes as and when data becomes available.

In response to this the number of measures has been reduced by over one third in 2008 and more recently by a further 10%. In addition "Clinical Lines of Enquiry" (CLE) have been introduced, based on outputs/outcomes to support the Manual for Cancer Services. The revised process for peer review will be implemented in April 2011 but the measures contained within this manual will remain an integral part of the review process.

Compliance with the manual has not been centrally imposed. Although the NHS is not mandated to adhere to the measures in the Manual for Cancer Services, it is currently used by the National Cancer Peer Review Programme as part of their local assessment of cancer services and to provide a ready specification for commissioning of cancer services within a given locality.

1.2 Background and Context

Substantial progress has been made in cancer in the last decade, particularly since the publication of the NHS Cancer Plan in 2000. However, major challenges remain and in January 2011 Improving Outcomes: A Strategy for Cancer was published.

The strategy sets out how the future direction for cancer will be aligned with Equity and Excellence: Liberating the NHS in addition to meeting its stated aim to saving an additional 5,000 lives every year by 2014/15, aiming to narrow the inequalities gap at the same time.

The strategy acknowledges the importance of comprehensive information about cancer services for individual members of the public, cancer patients and their carers, healthcare professionals and commissioners.

1.3 Measures within the National Cancer Peer Review Manual

The peer review is changing its emphasis to focus on both clinical and patient outcomes. In order to achieve this, 'Clinical Lines of Enquiry' have been introduced and it is intended these outcome indicators will form part of the measures along with a reduced number of structure and process measures.

The development of cancer measures is an ongoing process in order to:

- reflect new NICE Quality Standards and clinical guidelines and revisions to existing NICE guidance;
- allow greater influence by users of cancer services and their carers;
- allow greater influence by clinicians;
- take account of possible modifications to measures following peer review visits;
- ensure the scope of measures encompasses the broader implementation of the Improving Outcomes: A Strategy for Cancer;
- reflect new initiatives such as lapco, information prescriptions.

The relationship between the NICE Improving Outcomes Guidance and Quality Standards and the Manual for Cancer Services is explained in more detail in appendix A.

1.4 Reviewing the Measures

The National Cancer Peer Review (NCPR) Programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

The benefits of peer review have been found to include the following:

- provision of disease specific information across the country together with information about individual teams which has been externally validated;
- provision of a catalyst for change and service improvement;
- identification and resolution of immediate risks to patients and/or staff;
- engagement of a substantial number of front line clinicians in reviews;
- rapid sharing of learning between clinicians, as well as a better understanding of the key recommendations in the NICE guidance.

The NCPR programme has been keen to take the opportunity to reduce the burden on the NHS in line with the efficiency gains asked of all NHS organisations. The revised methodology will reduce the burden on the service without substantially impacting on the quality assurance process. It is envisaged that these changes will reduce the burden on the service by almost 50% from the previous process.

Appendix A

Interpretation of the National Manual for Cancer Services

1.1 Guidance Compared to Cancer Measures

The NICE Improving Outcomes Guidance is exactly what it says - guidance in general and indeed is excellent for this purpose. Guidance involves giving advice and recommendations on how things should be done now, in the future and sometimes on how things should have been done for sometime already. It may involve describing in effect the "perfect" service, using phrases like "the best possible", "to all patients at all times", etc. It may involve all-inclusive and far-ranging objectives and aspirations involving many agencies in long, interlinked chains of events and tasks which all have to be fulfilled before the desired outcome of the guidance is achieved. A particular person's accountability for each task is often not stated.

It may use influential and important ideas and models, which are however complex or not precisely definable, such as "network-wide patient care pathways" or "culturally-sensitive information". It always contains useful and necessary value judgements which use words like "sufficient", "appropriate", "robust" and "comprehensive", but it often has to leave unanswered the key question - what exactly is it which makes the issue under examination "sufficient", "appropriate", "robust" and "comprehensive" or not? It uses concepts which, although crucial, may not be measurable. It ranges widely from things which everybody gets right as a matter of course already through to principles which, if taken literally, nobody would comply with ever.

All these features, although they may sound unhelpful as described above, are present in all guidance documents and are part of the necessary and accepted style of guidance writing. Without this underlying type of mindset, guidance would not inspire, lead, motivate or guide and would probably be almost unreadable. The Manual for Cancer Services has to take a different approach. It is written for and only for the specific purpose of being used to assess a service against it, to aid self assessment and team development (a) by a peer review visit; (b) on a specific occasion; (c) a visit which has to be fair compared to visits to other services elsewhere and (d) to past and future visits to the same service. Therefore, the measures have to:

- be objective - with as little room as possible for arguments between assessors and assessed; and between different teams of assessors;
- be measurable - and at least capable of definitely being complied with or not;
- be specific - not addressing several issues at once or long, linked chains of tasks all being done by different agencies;
- be verifiable - by evidence produced for the visit; state who exactly is responsible for what - or nobody may take responsibility for anything;
- sometimes deal with the implications of the guidance - which may not have been explicitly stated but which are essential for anything to actually happen;
- be discriminating - it's no use spending time and money on assessing something which everybody gets right already;
- be achievable - it's no use committing everybody to permanent and automatic failure because of the way something is worded;
- be clear and unambiguous - the words will be taken to mean exactly what they appear to say, and therefore they have to say exactly what we mean and nothing else;
- pick out and address the most important issues - the peer review process is limited in its scope;
- be developmental - encourage continuous quality improvement and not produce destructive competition or a sense of failure;
- be sensibly and fairly related to previous standards - in order to be developmental -not just arbitrarily moving the goal posts.

All this results in the rather esoteric style of the manual. Please judge the measures on their merits in the light of the above and not in comparison to the guidance.

1.2 "The Responsibility for Assessment Purposes"

This refers to the fact that someone, or some group, is always held nominally responsible for compliance with each one of the quality measures. This has to be specified or, in terms of organising the peer review and collecting the results, it would be unclear who was being held as compliant or non-compliant or who the results could be attributed to. Where it is unclear who has responsibility there tends to be inertia. This attribution of responsibility does not necessarily commit a given person to actually carrying out a given task - this can be delegated according to local discretion, unless it is clear that a given task really is limited to ascertain group.

1.3 "Agreement"

Where agreement to guidelines, policies etc. is required, this should be stated clearly on the cover sheet of the three key documents including date and version. Similarly, evidence of guidelines, policies etc requires written evidence unless otherwise specified. The agreement by a person representing a group or team (chair or lead etc) implies that their agreement is not personal but that they are representing the consensus opinion of that group.

1.4 Confirmation of Compliance

Compliance against certain measures will be the subject of spot checks or further enquiries by peer reviewers when a peer review visit is under taken. When self assessing against these measures a statement of confirmation of compliance contained within the relevant key evidence document will be sufficient.

1.5 "Quality" Aspects of Cancer Service Delivery

Many of the measures expect that policies, procedures, job descriptions and other documents will be in place. In reviewing compliance with the measures (for instance measure met or not) during validation, verification and visits, reviewers will look only for the presence of such documents, unless aspects of the content are specified in the wording of the measure. Where some aspect of the content is specified then this will be taken into account in determining compliance. As part of the improvement of cancer services, reviewers may comment on the content of documents and agreements but this will not affect the determination of compliance.

Work is ongoing to enable us to subject more of the "quality" aspects of cancer service delivery to objective measures for future rounds of peer review.

Many reviewers have a legitimate and valuable contribution to make by way of comments on areas which are a matter of opinion rather than fact or authoritative and evidence based standards. This recognises the qualitative as well as quantitative approach to reviews. This contribution can be made by way of a textual report in addition to the objective recording of compliance against the measures. This report is separate from the review against the measures and is inevitably more subjective and open to debate. However, there are many ways in which it can add to the overall picture gained from the peer review.

1.6 Structure of the Measures

Each measure has a three part number, for example [11-1A-201j](#).

- The first part indicates the year the measure was first issued, for example [11](#) is 2011.
- The second part relates to a particular topic see below, for example [1A](#).
- The third part is made up of a unique measure number in the topic and where relevant a suffix letter indicating a specific tumour and cross cutting services, for example [201j](#) (see below).

Index of Suffix Letters

a - Generic to all tumour sites	r - Specialist Palliative Care specific
b - Breast specific	s - Chemotherapy specific
c - Lung specific	t - Radiotherapy specific
d - Colorectal specific	u - User Group specific
e - Gynaecology specific	v - Rehabilitation specific
f - UGI specific	w - Complementary Therapy specific
g - Urology specific	x - Psychological Support specific
h - Haematology specific	y - Acute Oncology
i - Head and Neck specific	
j - Skin specific	

Each network will be made up of several localities/trusts and several NSSGs / cross cutting groups, each with multiple MDTs and services. These MDTs and services will each need to demonstrate compliance with the relevant quality measures. A network overview will be developed by bringing together the findings relating to individual MDTs and services as well as those concerning network organisation and structures.

Manual for Cancer Services On-line

An on-line version of the Manual for Cancer Services has been developed. The on-line version allows individuals to identify and extract measures by tumour site, organisation type and subject area in a variety of formats.

The on-line manual can be accessed from the CQuINS web site at <http://www.cquins.nhs.uk>.

TOPIC 11-1A-3u - NETWORK MEASURES FOR NETWORK SERVICE USER PARTNERSHIP GROUP

INTRODUCTION

The Network Partnership Group functions as the primary source of advice to the Network Board and its constituent groups on user involvement and the patient and carer experience. The following measure, concerned with the group's membership and terms of reference, is designed to optimise the Partnership Group's achievement of its functions as listed at Measures [11-1E-101u](#) to [11-1E-110u](#).

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

ESTABLISHMENT OF THE NETWORK PARTNERSHIP GROUP

The responsibility for review purposes for measures [11-1A-301u](#) lies with the Chair of the Network Board.

Agreed Named Members and Terms of Reference for the Network Service User Partnership Group

- 11-1A-301u** There should be a single group for the network having a membership which fulfils the following:
- at least one user representative from each of the localities of the network;
 - there should be a named chair drawn from the user representatives above, and agreed by the Network Service User Partnership Group members;
 - a health professional member of the Network Board;
 - a Network Service User Partnership Group Facilitator;
 - at least one nurse member from an NSSG in the network;
 - at least one lead clinician member from an NSSG in the network
 - an NHS employed member nominated by the Network Board as the network lead for users' issues and information for patients and carers;
 - named secretarial / administrative support.

There should be terms of reference agreed for the Network Service User Partnership Group, which include the groups aims and objectives, and that the group is recognised as the primary source of advice to the Network Board on user issues, including:

- 1) improvements to the patient/carer experience of cancer care;
- 2) arrangements for sustaining effective user involvement across the network, including;
 - i) advice on training, support and mentoring needs of users involved in the service; and
 - ii) advice on recruitment of service users to network groups and any working parties including advice on reimbursement of out-of- pocket expenses

Note:

- *There may be additional agreed membership, and attendance at an individual meeting need not be limited to the agreed members.*
- *There may be additional points in the agreed terms of reference.*

Compliance: The named membership and Chair of the Network Service User Partnership Group agreed by the Chair of the Network Board.

The terms of reference agreed by the Chair of the Network Board and the Chair of the Network Service User Partnership Group.

Notes:

Where locality/hospital trust partnership groups exist user representatives should normally be drawn from these groups.

TOPIC 11-1E-1u - FUNCTIONS OF THE NETWORK SERVICE USER PARTNERSHIP GROUP

Introduction

The Network Service User Partnership Group fulfils two interrelated functions within the cancer network:

- Contributing to continuous improvement of the **patient and carer experience** of cancer services. This function entails service users working in partnership with health professionals to provide advice and guidance to the Network Board on those experiences of cancer care known to be of concern to patients and carers, including:
 - patient-centred care;
 - supportive care;
 - transitional and self-managed care.
- Ensuring that authentic and effective **service user involvement** underpins work to improve the patient and carer experience of services across the network.

It works to fulfil such functions in two ways.

- The Manual for Cancer Services publishes national standards (measures) concerned with the service user experience of cancer care, and user involvement in the planning, delivery and evaluation of cancer services. The Network Service User Partnership Group plays a pivotal role in the implementation of these measures through:
 - a) providing the Network Board with guidance on how to interpret and shape the measures in practical terms, taking into account local needs and circumstances, and
 - b) engaging in projects and programmes concerned with implementing the measures.
- However the Network Service User Partnership Group's work extends beyond advising on the proper implementation of existing measures. It also plays a key role generally in service development and improvement with regards to patients' experience and user involvement.

The measures presented below are organised in three sections;

- Those concerned with general activities necessarily undertaken by the Network Service User Partnership Group in order to achieve its functions.
- Those concerned with guidance to the Network Board about implementation of measures designed to improve patient and carer experience, and strengthen user involvement.
- Those concerned with guidance to the Network Board derived from the Network Service User Partnership Group strategy for achieving further improvements to user involvement and patient experience.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

The responsibility for review purposes for the measures in this section lies with the Chair of the Network Service User Partnership Group.

GENERAL ACTIVITIES (Measures [11-1E-101u](#) to [11-1E-102u](#))

Network Service User Partnership Group Meetings

11-1E-101u The Network Service User Partnership Group should meet at least four times a year and a record of the meeting and attendance should be circulated to the group.

Compliance: A list of meeting dates, records of the meeting and attendance in the last 12 months.

The Network Service User Partnership Group Annual Review, Work Program and Report

11-1E-102u The Chair of the Network Service User Partnership Group should have an annual review with a member of the Network Board to discuss the work of the Network Service User Partnership Group.

The Network Service User Partnership Group should have produced and agreed a three-year strategy for the Board

The Network Service User Partnership Group should have produced and agreed an annual work programme for the Board.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

The Network Service User Partnership Group should have produced and agreed an annual report for the Board.

Note:

- *This is not a review of the individual Chairs' performance but of the Network Service User Partnership Group's performance*
- *The Chair may elect to have a second service user at the review*

Compliance: A three-year strategy, annual work programme and annual report agreed by the Chair of the Network Board

Documentation sufficient to show that a review meeting took place with a member of the Network Board.

Note:

- *This meeting should be face to face. An email is not an acceptable mechanism for the review*
- *A strategy for longer than 3 years would be acceptable*
- *The strategy should be reviewed annually*

PARTNERSHIP GROUP GUIDELINES (Measures [11-1E-103u](#) to [11-1E-106u](#))

Introduction

The guidelines should provide details of how the various aspects of patient experience and user involvement, specified in the Manual for Cancer Services should be implemented across the network. These may be presented as a series of individual guidelines or collated into one single guideline.

Guidelines for User Involvement

11-1E-103u The Network Service User Partnership Group should endorse the network guidelines for user involvement. The guidelines should include the following:

- where and how patient feedback is to be obtained by the Partnership Group, MDT's, NSSGs and network cross cutting services and groups, and commissioning groups, and the use to which such feedback will be put;
- the nature and extent of professional support (including service user facilitation) made available to service user involvement across the network;
- where, when, and to what purpose, service user representatives are to be active in the groups and committees of the network and its constituent organisations
- the types and intended impacts of initiatives taken by the Network Service User Partnership Group to improve the patient and carer experience;
- actions taken to enhance the capacity and capability of user involvement across the network.

Note:

The development of the guideline should involve patient engagement and the nature of the engagement should be made clear.

Compliance: Network guidelines on service user involvement, endorsed by the Chair of the Network Service User Partnership Group on behalf of the group.

Reviewers should enquire the nature of the patient engagement that took place in the development and endorsement of these guidelines'.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

Guidelines for Supportive Care

11-1E-104u The Network Service User Partnership Group should endorse the network guidelines for the development and delivery of supportive care. The guidelines should include the following:

- patient/carer information: provision of accessible, reliable, timely, high quality and user-friendly information;
- key worker support;
- the opportunity of a permanent record or summary consultation, and care plan at:
 - a) diagnosis,
 - b) treatment,
 - c) follow up care.
- support for carers;
- specialist supportive care, including emotional, psychological, practical, and spiritual care.

Note:

The development of the guideline should involve patient engagement and the nature of the engagement should be made clear.

Compliance: Network guidelines on supportive care, endorsed by the Chair of the Network Service User Partnership Group on behalf of the group.

Reviewers should enquire the nature of the patient engagement that took place in the development and endorsement of these guidelines'.

Guidelines for Patient-centred Care

11-1E-105u The Network Service User Partnership Group should endorse the network guidelines for the development and delivery of patient centred care. The guidelines should include the following:

- personalised care ; i.e. care organised around the felt and expressed needs of individual patients and carers, which is delivered (via speech and action) with sensitivity, compassion and respect for the dignity of the patient and carer;
- holistic care; i.e. care which not only meets the health/clinical needs of the patient, but which also addresses wider emotional, practical, psychological and spiritual concerns arising from the cancer patient's diagnosis, treatment and after-care;
- choice in care: i.e. care consistent with the patient's and carers' choices concerning their involvement in decision-making about their treatment and care.

Note:

The development of the guideline should involve patient engagement and the nature of the engagement should be made clear

Compliance: Network guidelines on patient-centred care, endorsed by the Chair of the Network Service User Partnership Group on behalf of the group.

Reviewers should enquire the nature of the patient engagement that took place in the development and endorsement of these guidelines'.

Guidelines for Transitional and Self Managed Care

11-1E-106u The Network Service User Partnership Group should endorse the network guidelines for transitional and self-managed care. The guidelines should include the following:

- support for patient's and carer's, as patient moves on from diagnostics and decision making about their treatment towards;
 - primary stage of active treatment
 - living with cancer (including secondary cancer)
 - living beyond cancer
 - palliative care
 - end of life care (including bereavement)

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

- opportunities for development of capabilities for self-managed care;

Note:

The development of the guideline should involve patient engagement and the nature of the engagement should be made clear.

Compliance: Network guidelines on transitional and self managed care, endorsed by the Chair of the Network Service User Partnership Group on behalf of the group.

Reviewers should enquire the nature of the patient engagement that took place in the development and endorsement of these guidelines'.

REVIEWING AND PLANNING OF PATIENT EXPERIENCE AND USER INVOLVEMENT ACROSS THE NETWORK (Measures [11-1E-107u](#) - [11-1E-110u](#))

Introduction

This section of the measures relates to identifying **what** policies and practices are in place to optimise the quality of the patients' experience of care and service user involvement, and then reviewing this against what **should** be in place. This section of the measures relates to identifying 'what' patient experience of care and service user involvement **is** in place across the network and reviewing this against 'what' **should** be in place. The final steps are then to identify the gaps and develop a strategy to improve the patient experience and service user involvement.

In order to achieve this the Network Service User Partnership Group should over a three year cycle:

- Identify 'what' patient experience of care and service user involvement is in place;
 1. Reviewing the 'experience' of care and user involvement (through PREMs etc).
 2. Reviewing what policies and practices are currently in place that give rise to this experience. This is a baseline mapping exercise (**Measure [09-1E-107u](#)**). An initial baseline mapping exercise should be completed, and reported on in the first, and in every subsequent, annual peer review/ self assessment, following the implementation of these measures. This measure thus provides an update of the current experience of care and service user involvement since the previous assessment, and acts as a monitor of progress towards meeting the service specifications contained in the Network Service User Partnership Group three-year strategy (**Measure [09-1E-110](#)**).
- Develop a service specification for 'what' patient experience of care and service user involvement should be in place across the network (**Measure [09-1E-108](#)**);
- Identifying what policies and practices need improving in order to improve this experience i.e. close the gap between 1 and 2 above.

At the end of three years, a revised three-year service specification should have been developed which will reflect current needs.
- Identify the gaps between the 'what is' in place and 'what should' be in place through service needs assessments (**Measure [09-1E-108u](#)**).
- Developing a strategy to bring about the required changes in policy and practice that will lead to the desired improvement in the patients' experience (**Measure [09-1E-110u](#)**).

Network Service User Partnership Group Baseline Mapping

11-1E-107u The Network Service User Partnership Group should undertake baseline mapping of:

a) current policies and practices concerned with the patients' experience of care in the network which should cover:

- patient centred care,
- supportive care and
- transitional and self managed care

The baseline mapping should cover whether patients were offered:

- a key worker;
- information (written or otherwise);
- the opportunity of a permanent record or summary consultation, and care plan at:
 - a) diagnosis,
 - b) treatment,
 - c) follow up care.

b) current policies and practices concerned with service user involvement within the network which should cover:

- where and how patient feedback is obtained by the Partnership Group, MDT's,

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

NSSGs and network cross cutting services and groups, and the use to which such feedback has been put;

- the nature and extent of professional support (including service user facilitation) made available to service user involvement across the network;
- description of recent actions taken to enhance the capacity and capability of user involvement across the network;
- description of initiatives taken by the Network Service User Partnership Group to improve the patient and carer experience;
- where, when, and with what impact, service user representatives are active in the groups and committees of the Network and other constituent organisations;
- an audit of local partnership groups in the localities - covering which localities/trusts currently have partnership groups, and which of these groups currently maintain working links with the Network Service User Partnership Group.

This should be completed at least once every three years.

Compliance: The baseline mapping agreed by the Network Service User Partnership Group; results and commentary forwarded to Chair of Network Board.

Reviewers/ self assessment should enquire as to whether the results of the mapping exercise have been submitted to the Network Board.

Network Service User Partnership Group Service Specification

11-1E-108u

The Network Service User Partnership Group should produce a service specification for:

a). Standards of patients' experience of care in the network which should cover:

- patient centred care;
- supportive care; and
- transitional and self managed care.

The specifications should cover whether patients are offered:

- a key worker;
- information (written or otherwise);
- the opportunity of a permanent record or summary consultation, and care plan at:
 - a) diagnosis,
 - b) treatment,
 - c) follow up care.

b). Standards of service user involvement within the network which should include:

- the aims and intended outcomes of user involvement within the network;
- where and how patient feedback is to be obtained by the Network Service User Partnership Group, MDT's, NSSGs and network cross cutting services and groups, and the uses to which such feedback should be put;
- professional support (including service user facilitation);
- where, when, and to what purpose service user representatives are to be active in the group and committees of the network and other constituent organisations;
- how the impact and outcomes of service user involvement are to be evaluated;
- how and through what systems the capacity and capability of user involvement should be continually improved across the network.

This should be completed at least once every three years

Compliance: The specification agreed by the Network Service User Partnership Group; results and commentary forwarded to Chair of Network Board.

Reviewers/ self assessment should enquire as to whether the service user specification have been submitted to the Network Board.

Network Service User Partnership Group Service Needs Assessment

11-1E-109u

The Network Service User Partnership Group should produce network service needs assessments for:

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

a) patient and carer experience of services in the network, and

b) service user involvement within the network.

These should be based on the differences between the service specifications (measure [11-1E-108u](#)) and the baseline mapping (measure [11-1E-107u](#)).

These service needs assessments should be completed at least once every three years.

Compliance: The service needs assessment agreed by the Chair of the Network Service User Partnership Group; and results forwarded to the Chair of the Network Board.
Reviewers/self assessment should enquire as to whether the results of the service needs assessment have been submitted to the Network Board.

Network Service User Partnership Group Strategy

11-1E-110u The Network Service User Partnership Group should produce a Network Service User Partnership Group strategy which fulfils the following:

a) It should describe the proposed changes necessary to implement the Network Service User Partnership Group service needs assessment (measure [11-1E-109u](#)) over the three complete contracting years subsequent to the assessment. This should be expressed using the same parameters as the Network Service User Partnership Group Service User Specification (measure [11-1E-108u](#))

b) It should list how the work on Network Service User Partnership Group Baseline Mapping (Measures [11-1E-107u](#)) and partnership Guidelines (Measures [11-1E-106u](#)), are to be schedules over the three complete contracting years subsequent to the assessment.

c) The strategy should include proposals to the Network Board (if needed) for investment in new developments

The strategy should be completed at least once every three years

Compliance: The strategy agreed by the Chair of the Network Service User Partnership Group and results forwarded to Chair of Network Board.
Reviewers/self assessment should enquire as to whether the strategy has been submitted to the Network Board.

Distribution of Information to other Groups in the Network

11-1E-111U The Network Service User Partnership Group should provide other groups and organisations in the network - which embrace user engagement e.g. NSSGs, NCCGs, Trust patient involvement/partnership groups, the relevant details of the:

a) Baseline Mapping Exercise ([11-1E-107u](#))

b) Service Specification ([11-1E-108u](#))

c) Service Needs Assessment ([11-1E-109u](#))

d) Strategy ([11-1E-110u](#))

Compliance: The distribution list.
Note:
For the purpose of self-assessment the group should confirm the written information which is routinely circulated.

