Quality Standards

Eye Care Pathway

'Information and Support to Service Users and Carers' Quality Standards only

Taken from the full version 1.2 (14 pt font)

November 2017

West Midlands Quality Review Service (WMQRS)

NHS England, West Midlands - Local Eye Health Network (LEHN)

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Version No	Date	Change from previous version
V1.2	16.11.17	N/A

CONTENTS

INTRODUCTION

The Quality Standards for the Eye Care Pathway have been developed as part of the West Midlands Quality Review Service's work to support NHS organisations in the West Midlands to improve the quality of services. They are based on relevant literature and have been developed in collaboration with a Steering Group (Appendix 1) comprising representatives of clinical staff from across the West Midlands. The draft Standards were circulated to relevant organisations in the West Midlands and comments received have been included. Service users and carers were involved in this process through a focus group and through participation in a regional workshop.

ABOUT THIS VERSION OF THE QUALITY STANDARDS

The first section of each set of Quality Standards cover 'Information and Support to Service Users and Carers'. There are usually between seven and 15 Standards in this section which describe the aspects of the service that should be apparent to the service user and their carer – and which can be reviewed by service users and carers. There are Standards for 'Information and Support for Service Users and Carers' for each of the following services in the eye care pathway:

- Primary care
- Enhanced primary care service
- Specialist service
- Low vision service

Some of the Standards are common to all services and may appear as repetition; some are slightly different for different services. Service providers, and hopefully service users, find it helpful to have all of the Standards applicable to their service together in one place. This makes it easier for the Standards to be used. This version includes all of these Standards
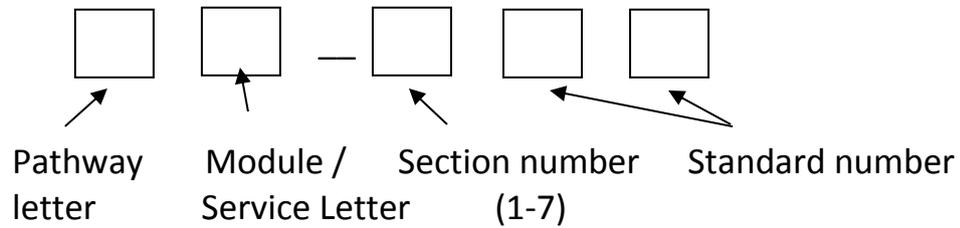
The full version of the WMQRS Quality Standards are available on the WMQRS website www.wmqrs.nhs.uk.

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STRUCTURE OF THE QUALITY STANDARDS

WMQRS QUALITY STANDARDS REFERENCE STRUCTURE

WMQRS Quality Standard reference numbers have the following structure:

| Pathway letter | Module / Service Letter | Section number (1-7) | Standard number |

Each Standard is structured as follows: Reference Number (Ref)	This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail). The reference column also includes a guide to how the Standard will be reviewed: | BI	Background information
Visit	Visiting facilities
MP&S	Meeting service users (children, young people, adults) and staff
CNR	Case note review or clinical observation
Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media | The shaded area indicates the approach that will be used to reviewing the Quality Standard. Appendix 5 summarises the evidence needed for review visits.
Quality Standard (QS)	This describes the quality that services are expected to provide.
Notes	*The notes give more detail about either the interpretation or the applicability of the Standard.*

Pathway and Service Letters:

These generic Standards use the pathway letter 'V'. The Standards are in the following sections:

VA-	Eye Care Pathway	Primary Care
VM-	Eye Care Pathway	Enhanced Primary Care Service
VN-	Eye Care Pathway	Specialist Service
VP-	Eye Care Pathway	Low Vision Service
VE-	Eye Care Pathway	Emergency Department
VK-	Eye Care Pathway	Child Health Screening
VZ-	Eye Care Pathway	Commissioning

Topic Sections:

The Quality Standards in this version only cover the following topic:

-100	Information and Support for Patients and Carers

COMMENTS ON THE QUALITY STANDARDS

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to swb-tr.SWBH-GM-WMQRS@nhs.net

More information about WMQRS and its Quality Standards and reviews is available at www.wmqrs.nhs.uk or 0121 612 2146.

PRIMARY CARE

Ref	Standard
	INFORMATION AND SUPPORT FOR PATIENTS AND CARERS
VA-101 MP&S	**Primary Care Information and Support** Information and support for patients and, if appropriate, their carers should be available, covering at least: a. Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being b. Services available in the local patient pathway, including self-referral to the low vision service c. Condition-specific information d. Eligibility for patient transport Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. Information should conform to latest UK Association for Accessible Formats guidance and the NHS England 'Accessible Information: Specification' (2015).* *2. Condition-specific information suitable for patients and carers is available on The College of Optometrists website:***www.college-optometrists.org** *or the Association of Optometrists website:* www.aop.org.uk

Return to

ENHANCED PRIMARY CARE SERVICE

Ref	Standard
INFORMATION AND SUPPORT FOR PATIENTS AND CARERS	
VM-101 Visit MP&S	**Service Information** Each service should offer patients and their carers information covering: a. Organisation of the service, such as opening hours, clinic times and transport arrangements b. Arrangements for patients who are housebound c. Staff and facilities available d. Preparation for attending including, if appropriate, advice on driving and pupil dilation e. How to contact the service for help and advice f. Eligibility for patient transport g. How to raise concerns about the service Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes:
	1. Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015) and the local policy on offering accessible information (QS VM-601).
	2. Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients.
	3. Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters then examples will need to be seen by reviewers.
	4. Information may be combined with condition-specific information (QS NM-102) and should be clear about information carers can receive with and without the patient's permission.
	5. Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.
VM-102 Visit MP&S CNR	**Condition-Specific Information** Services providing diagnosis, assessment or treatment for specific conditions should offer patients and their carers up to date, written information about their condition and its impact. Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with black writing with good contrast. *Notes:* *1. As QS VM-101 notes 1 and 2.* *2. Information may be in the form of national or locally produced booklets and combined with service information (QS VM-101).* *3. A note of the information given should be made available in the patient's clinical notes.*

Ref	Standard
VM-103 MP&S CNR	**Plan of Care** Each patient and, where appropriate, their carer should be offered a written record covering the plan of care agreed with them, covering at least: a. Agreed goals, including life-style goals b. Self-management c. Planned investigations, treatments or referral d. Arrangements for future care The patient should be offered a copy of their plan of care in at least 14 point font size with good contrast. The plan of care should be sent to the patient's GP and, with the patient's agreement their referring optometrist. *Notes:* *1. It is desirable that patients are offered a copy of their plan of care in their preferred format. They should also be offered the opportunity for a copy of their plan of care to be sent to their referring optometrist.* *2. If the patient will be reviewed by the Enhanced Primary Care Eye Service then the plan of care should include a review date.*

Ref	Standard

VM-199
 	
Visit
Doc
	Involving Patients and Carers
	
	The service should have:
	a. Mechanisms for receiving regular feedback from patients and, if appropriate, their carers about treatment and care they receive
	b. Audits of patients' experiences of:
	   i. Accessing the service
	   ii. Availability of accessible information
	c. Mechanisms for involving patients and, if appropriate, their carers in decisions about the organisation of the service
	d. Examples of changes made as a result of feedback and involvement of patients and, if appropriate, their carers
	
	Notes
	1. NICE Commissioning Guidance, CMG 49, Support for Commissioning (2013), suggests patient satisfaction surveys should cover accessibility of venues or domiciliary visits, availability of convenient appointment times especially for working age adults.
	2. Audits should normally be undertaken at least every two years.

SPECIALIST SERVICE

Ref	Standard
INFORMATION AND SUPPORT FOR PATIENTS AND CARERS	
VN-101 Visit MP&S	**Service Information** Each service should offer patients and, if appropriate, their carers information covering: a. Organisation of the service, such as opening hours, clinic times and transport arrangements b. Staff and facilities available c. Preparation for attending including, if appropriate, advice on driving and pupil dilation d. Availability of low vision aids e. How to contact the service for help and advice, including out of hours f. Eligibility for patient transport g. How to raise concerns about the service Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes
	1. Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015)and the local policy on offering accessible information (QS VN-601).
	2. Information should be in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).
	3. Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters then examples will need to be seen by reviewers.
	4. This may be general Trust-wide (or equivalent) information. If so, services or clinics which are specific to one condition should be clearly identified. If the information is provided only in individual patient letters then examples of these will need to be available to reviewers.
	5. Information may be combined with condition-specific information (QS VN-102) and should be clear about information carers can receive with and without the patient's permission.
	6. Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.

Ref	Standard

VN-102
 	
Visit
MP&S
	Condition-Specific Information
	
	Patients and, if appropriate, their carers should be offered information covering, at least:
	a. Brief description of their condition and its impact
	b. Possible complications and how to prevent these
	c. Therapeutic and rehabilitation interventions offered by the service, possible side-effects and likely outcomes
	d. Early warning signs of problems and action to take if these occur
	Information should be available for, at least, the following:
	  i. Squints and other problems of vision development (children only)
	  ii. Cataracts
	 iii. Glaucoma
	 iv. Eye trauma
	  v. Corneal and conjunctival problems
	 vi. Retinal problems including detachment, macular degeneration and retinopathy
	 vii. Inflammatory eye conditions
	viii. Oculoplastics
	 ix. Any other conditions commonly managed by the service
	Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast.
	
	Notes:
	1. As QS VN-101 notes 1, 2 and 3.
	2. Information may be combined with service information (QS VN-101).
	*3. Condition-specific information suitable for patients and carers is available on The College of Optometrists website: **www.college-optometrists.org** or the Association of Optometrists website: **www.aop.org.uk.** The Royal National Institute for the Blind **www.rnib.org.uk,** the Royal College of Ophthalmologists and other national organisations also provide relevant information for patients and carers.*

Ref	Standard

VN-103
 	
Visit
MP&S
	Visual Impairment and Information
	
	Patients and, if appropriate, their carers should be offered information covering, at least:
	a. Managing with vision impairment or sight loss, including:
	   i. Accessible information
	   ii. Contrast and lighting
	   iii. Magnification and visual aids
	   iv. Aids and equipment available
	   v. Safety, mobility and independent living, including training available
	b. Low Vision Service and how to access it
	c. Specialist Vision Impairment Teaching Service and how to access it
	d. Peer support groups available locally
	e. Range of statutory and voluntary services available locally, including counselling and psychological support services
	f. Sources of further advice and information including national organisations
	g. Certification of vision impairment (if appropriate)
	h. Benefits and welfare advice
	i. DVLA regulations and driving advice (if applicable)
	j. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being
	
	Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast.
	
	Notes:
	1. As QS VN-101 notes 1, 2 and 3.
	2. Information may be combined with service information (QS VN-101).
	3. The requirements of this QS may be met at different times and do not all need to be covered at the start of the patient pathway.

Ref	Standard
VN-104 MP&S CNR	**Plan of Care** Each patient and, where appropriate, their carer should discuss and agree a plan of care covering at least: a. Preferred information format b. Agreed goals, including life-style goals c. Self-management d. Planned assessments, therapeutic and/or rehabilitation interventions e. Early warning signs of problems, including acute exacerbations, and what to do if these occur f. Planned review date and how to access a review more quickly, if necessary g. Name of 'key worker' who they can contact with queries or for advice h. Whether referred to or in contact with the Low Vision Service *Notes:* *1. As QS1 The plan of care may be in the form of a clinic letter.* *2. The requirements of this QS may be met at different times and do not all need to be covered at the start of the patient pathway.* *3. It is desirable that patients are offered a copy of their plan of care in their preferred format. They should also be offered the opportunity for a copy of their plan of care to be sent to their referring optometrist.* *4. The nominated 'key worker' responsible for the coordination of their care and for liaison with the patient's GP and other agencies involved in their care.*

Ref	Standard
VN-105 MP&S CNR	**Contact for Queries and Advice** Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear and should be specified for: a. Urgent queries b. Post-surgery queries c. All other queries Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented. *Notes:* *1. The 'response within agreed timescales' means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual's care will respond by the end of the next working day.* *2. Suggested response times are: Urgent: One hour, Post-surgery: 24 hours, Other: Next working day*

Ref	Standard
VN-106 MP&S CNR	**Education Health Care Plan (Services caring for children and young people only)**

A Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least:

a. Eye condition

b. School attended

c. Preferred format for learning materials and arrangements for sourcing materials in this format

d. Safety and mobility while at school

e. Aids and adaptations to learning environments

f. Psychological and emotional support

g. Care required while at school including medication

h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff

i. Likely problems and what to do if these occur, including what to do in an emergency

j. Arrangements for liaison with the school

k. Review date and review arrangements

Notes:

1. This QS is not applicable to services for adults.

2. An education health care plan is not required for children wearing glasses only or those with a squint or other condition that has no impact on their interaction with:

a. Educational materials

b. The education environment.

Other agencies may also be involved in agreeing the Education Health Care Plan.

3. Consideration of preferred format for learning materials should include consideration of font size, braille and audio formats.

4. 'School' refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.

Ref	Standard
VN-195 MP&S CNR	**Transition to Adult Services** Young people approaching the time when their care will transfer to adult services should be offered: a. The opportunity to discuss the transfer of care with paediatric and adult services b. A named coordinator for the transfer of care c. A preparation period prior to transfer d. Information in their preferred format about the transfer of care, including arrangements for monitoring during the time immediately afterwards *Notes:* *1. This QS applies only to services where significant numbers of young people transfer from paediatric services or where the responsible clinical staff change when the young person becomes an adult. It is not applicable to services where the same clinical staff provide care for both children and adults.*
VN-196 MP&S CNR	**Discharge Information** On discharge from the service patients and, if appropriate, their carers should be offered information in their preferred format covering at least: a. Care after discharge b. Safety, mobility and independent living c. Ongoing self-management of their condition d. Possible complications and what to do if these occur e. Who to contact with queries or concerns This information should be communicated to the patient's GP and, with the patient's agreement, their referring optometrist.

Ref	Standard
VN-197 Visit MP&S	**General Support for Patients and Carers** Patients and, if appropriate, their carers should have easy access to the following services and information about these services should be easily available: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. Spiritual support g. *HealthWatch* or equivalent organisation *Notes:* *1. As QS VN-101 note 1.* *2. This QS is about signposting to relevant services. The actual services available may be different in different areas.* *3. Availability of support services should be appropriate to the case mix and needs of patients and, if appropriate, their carers.* *4. Information should explain patients' rights under the NHS Constitution.*
VN-198 MP&S	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support *Notes:* *1. Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services.*

Ref	Standard

VN-199
 	
MP&S
Doc
	Involving Patients and Carers
	
	The service should have:
	a. Mechanisms for receiving regular feedback from patients and, if appropriate, their carers about treatment and care they receive
	b. Audits of patients' experiences of:
	  i. Accessing the service
	  ii. Availability of accessible information
	c. Mechanisms for involving patients and, if appropriate, their carers in decisions about the organisation of the service
	d. Examples of changes made as a result of feedback and involvement of patients and, if appropriate, their carers
	
	Notes:
	1. The arrangements for receiving feedback from patients and, if appropriate, their carers may involve surveys, including the national patient survey, focus groups and /or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.
	2. Audits should normally be undertaken at least every two years.

Return to

LOW VISION SERVICE

Ref	Standard
INFORMATION AND SUPPORT FOR PATIENTS AND CARERS	
VP-101 Visit MP&S	**Service Information** Information on the Low Vision Service should be widely available covering: a. How to contact the service for help and advice b. Arrangements for patients who are housebound c. How to access the service d. Opening hours e. Range of services, staff, facilities, equipment and technology available f. Eligibility for free or subsidised transport to the service and how to arrange this g. How to raise concerns about the service Information should be available in local optometrists' premises, diabetic retinopathy screening locations and in the local specialist eye service. Information should be in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes:
	1. Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015) andthe local policy on offering accessible information (QS VP-601).
	2. Information should be in clear, plain English and should be available in formats and languages appropriate to the needs of the service users, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).
	3. Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual service user letters then examples will need to be seen by reviewers.

Ref	Standard
VP-102 Visit MP&S	**Condition-Specific Information** Service users and, if appropriate, their carers should be offered information covering, at least: a. Common eye conditions b. Possible complications and how to prevent these c. Early warning signs of problems and action to take if these occur Information should be available in a range of accessible formats including digital and audio information. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. As QS VP-101 notes 1, 2 and 3.* *2. Information may be combined with service information (QS VP-101).* *3. Condition-specific information suitable for service users and carers is available on The College of Optometrists website: **www.college-optometrists.org** or the Association of Optometrists website: **www.aop.org.uk**. The Royal National Institute for the Blind **www.rnib.org.uk**, the Royal College of Ophthalmologists and other national organisations also provide relevant information for patients and carers.* *4. Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.*

Ref	Standard

VP-103
 	
Visit
MP&S
	Visual Impairment Information
	
	Service users and, if appropriate, their carers should be offered information covering, at least:
	a. Managing with visual impairment or sight loss, including:
	   i. Accessible information
	   ii. Contrast and lighting
	   iii. Magnification and visual aids
	   iv. Aids and equipment available
	   v. Safety, mobility and independent living, including training available
	b. Specialist Vision Impairment Teaching Service and how to access it
	c. Peer support groups available locally
	d. Range of statutory and voluntary services available locally, including counselling and psychological support services
	e. Sources of further advice and information including national organisations
	f. Certification of vision impairment (if appropriate)
	g. Benefits and welfare advice
	h. DVLA regulations and driving advice (if applicable)
	i. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being
	
	Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.
	
	Notes:
	1. As QS VP-101 notes 1, 2 and 3.
	2. Information may be combined with service information (QS VP-101).

Ref	Standard

VP-104
 	
MP&S
CNR
	Personalised Plan
	
	Each service user and, where appropriate, their carer should discuss and agree their personalised plan of care, and should be offered a written record covering at least:
	a. Preferred information format
	b. Summary of assessment of visual function and eye health
	c. Agreed goals, including life-style goals
	d. Self-management
	e. Planned interventions and associated costs including, if applicable:
	   i. Preventing further sight loss
	   ii. Safety, mobility and independent living training
	   iii. Provision of optical and non-optical equipment and technology, including any associated costs
	   iv. Social care provision
	   v. Counselling and emotional support
	   vi. Specialist Vision Impairment Teaching Service support
	   vii. Employment advice and support
	f. Welfare and benefits advice
	g. Certification of vision impairment (if appropriate)
	h. Early warning signs of problems, including acute exacerbations, and what to do if these occur
	i. Planned review date and how to access a review more quickly, if necessary
	j. Who to contact with queries or for advice
	The service user should be offered a copy of their personalised plan of care in their preferred format. The plan of care should be communicated to the patient's GP and, with the patient's agreement, to other services involved in their care.

Ref	Standard
VP-105 MP&S CNR	**Contact for Queries and Advice** Each service user and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented. *Notes:* *1. A contact card, or similar, may be a useful way of disseminating this information.*
VP-106 MP&S CNR	**Education Health Care Plan (Services caring for children and young people only)** An Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least: a. Eye condition and other medical conditions (if applicable) b. School attended c. Preferred format for learning materials and arrangements for sourcing materials in this format d. Safety and mobility while at school e. Aids and adaptations to learning environments f. Psychological and emotional support g. Care required while at school including medication h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff i. Likely problems and what to do if these occur, including what to do in an emergency j. Arrangements for liaison with the school k. Review date and review arrangements

Ref	Standard
	Notes: *1. This QS is not applicable to services for adults.* *2. An education health care plan is not required for children wearing glasses only or those with a squint or other condition that has no impact on their interaction with* *a. Educational materials* *b. The education environment.* *Other agencies may also be involved in agreeing the Education Health Care Plan.* *3. Consideration of preferred format for learning materials should include consideration of font size, braille and audio formats.* *4. 'School' refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.* *5. Agreement of the Education Health Care Plan is not the responsibility of the Low Vision Service but the service should have access to, and contribute to, these plans.*
VP-196 MP&S CNR	**Discharge Information** On discharge, service users and, if appropriate, their carers should be offered information covering at least: a. Maintaining agreed goals, including ongoing self-management b. Possible problems and what to do if these occur c. How to re-access the service d. Who to contact with queries or concerns This information should be communicated to the service user's GP and, with the service user's agreement, to other services involved in their care.

Ref	Standard
VP-197 Visit MP&S	**General Support for Service Users and Carers** Service users and, if appropriate, their carers should have easy access to the following services: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Spiritual support e. HealthWatch or equivalent organisation *Notes:* *1. This QS is about signposting to relevant services. The actual services available may be different in different areas.* *2. Availability of support services should be appropriate to the case mix and needs of service users and, if appropriate, their carers.*
VP-198 MP&S	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support d. Services specific to visual impairment including sight awareness training *Notes:* *1. Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services.*

Ref	Standard

VP-198
 	
MP&S
	Involving Service Users and Carers
	
	The service should have:
	 a. Mechanisms for receiving regular feedback from service users and, if appropriate, their carers about treatment and care they receive
	b. Audits of service users' experiences of:
	  i. Accessing the service
	  ii. Availability of accessible information
	c. Mechanisms for involving service users and, if appropriate, their carers in decisions about the organisation of the service
	d. Examples of changes made as a result of feedback and involvement of service users and, if appropriate, carers
	
	Notes:
	1. The arrangements for receiving feedback from service users and, if appropriate, their carers may involve surveys, including the national service user survey, focus groups and /or other arrangements.
	2. Audits should normally be undertaken at least every two years.