



**Guidance notes on completion of
the evaluation tool**

**Chronic Obstructive Pulmonary
Disease Services**
March 2010

GUIDANCE NOTES: FOR COMPLETION OF THE EVALUATION TOOL

General

The questions in the evaluation tool will enable better understanding of the services provided by the NHS board. Providing detailed answers for each question will allow each board to highlight areas of good practice, as well as determining if the standards have been met.

For some of the questions in the evaluation tool, the project group has given examples of evidence which could be provided to meet the standard. This list is not exhaustive and there may be other examples of evidence that the board can provide to show it is meeting a standard.

Assessment Process

While NHS Quality Improvement Scotland (NHS QIS) remains committed to assessing, measuring and reporting NHS board performance, we are shifting towards a risk based approach. We believe that this will lessen the burden of review on the boards while still retaining effective scrutiny and allow NHS QIS to support NHS boards in improving the quality of their COPD services. This tool should, therefore, be used to **self-assess** each Board's performance. The intelligence gathered from this process will be used to assess each Board's performance and identify areas for development and improvement.

NHS QIS is currently working to develop implementation projects which will help support the service to embed these national standards at a local level. We are developing implementation projects in consultation with NHS boards, further information about this and the approach to assessing, measuring and reporting on the standards will be shared in summer 2010.

Layout of the evaluation tool

Each standard is clearly stated, along with its rationale. Below each standard the response section of the tool consists of four columns, these are summarised below:

Essential/desirable criteria	Lists the criteria for each standard for reference purposes.
Evaluation questions/information request	Outlines the evaluation questions or requested information that corresponds to the criterion.
Example evidence	Outlines examples of evidence that can be provided (also see general).
Board's progress	Provides space for the board to type their own assessment of performance against the standards for each criterion.

GUIDANCE ON COMPLETION OF THE EVALUATION TOOL

This guidance has been developed by NHS QIS to help Boards complete the evaluation tool. By completing all areas of the tool, Boards will be able to identify priority areas for improvement and development.

1. The evaluation tool has been supplied to you in **pdf** format. Word copies (Microsoft Word 2003 format) are available on request, contact details below.
2. It may be helpful to determine whether each criterion is met, not met or not applicable. To help develop the services, Boards could include information considering how criterion will be met in the future, with timescales.
3. Information or data (text, figure, percentage etc) and, where appropriate, an explanation of what this information relates to, or how it was captured, could be included in the Board's progress column.

Where a Board refers to a separate piece of supporting information (for example a copy of a protocol/policy or an example of a care plan) a reference number should be noted in the answer box.

Similarly, all additional written evidence/data should be referenced with an appendix number that corresponds to the criterion number to which it applies (e.g. policies provided in support of criterion 1a.1 should be labelled appendix 1a.1). Evidence which relates to multiple criteria can be cross-referenced rather than re-listed.

4. To ensure a true reflection of the current provision of services, you should note where no data/evidence is available.
5. In order to comply with information governance, all personal information should be anonymised or where appropriate blank examples of hospital forms, care plans, letters, etc could be used.
6. For most simple audits, measuring whether processes are being followed as per the standards, a rough guide is that a sample size of between **20 and 50** should be sufficient.
7. When evidence cross-refers to a different criterion with multiple questions (3a.4-7 refer to 1a.4; 4a.2 to 1a.2; 5a.4 to 1a.3; 6a.3 to 1a.9-10, 7a.1 to 1a.4), it may be helpful consider all questions in your response.

8. Where a question asks for data for a specific group of patients over a specific time period, this will depend on each Board's local data capture and audit.

Please note, to help ensure accuracy, incomplete and missing data must be included when calculating the total percentage and the number of patients whose data are missing or incomplete should be specified. For example:

Time period = Jan 2008 to Jan 2009

- number of patients = 100
- data incomplete or missing for 10 patients
- 50 patients meet the criterion
- 40 patients do not meet the criterion
- therefore 50% of patients are known to meet the criterion for this time period

Please consider carefully the value of including data produced from a historical audit if this audit was conducted more than **2 years** ago. However, it is acceptable to supply *trend* data covering up to **5 years**.

Please note, that data required for 1a.9 (COPD Services and monitored and evaluated) will be provided nationally by Information Services Division (ISD).

9. Please note that AECOPD refers to Acute Exacerbation of Chronic Obstructive Pulmonary Disease.
10. When complete evaluation tool (with all necessary attachments and appendices) should be reviewed through the Board's relevant processes to gain an understanding of current provision and identify areas for improvement and development.
11. The ongoing information derived from the evaluation tool will support any future assessments undertaken by NHS QIS.

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