



General
Osteopathic
Council

Osteopathic Development Group Service Standards Project Project Initiation Document

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1 Introduction

1.1 Purpose of this document

The purpose of this document is to define the scope and approach for the Osteopathic Development Group (ODG) project – Service Standards.

2 Project definition

2.1 Background

There are currently no defined service standards for osteopathic practice.

Osteopathy is excluded from the legislation requiring healthcare providers to register with the Care Quality Commission in England (and the equivalent bodies in Northern Ireland, Scotland and Wales) and to meet their service standard requirements, or in England to be licensed by Monitor where providing services to the NHS.

Examples of where there is has been an increasing focus on quality of healthcare provision, include but are not limited to:

- The development of the Any Qualified Provider services in England.
- The efforts by BUPA to ensure uniform quality standards across commissioned services.
- The findings of the Francis inquiry in relation to care standards.

2.2 Aim

This project would aim to develop definitions of service quality and an associated scheme for osteopaths and their practices to give the opportunity to achieve some form of accreditation or 'kite mark'.

Such a scheme would provide assurance to patients, commissioners of services and other healthcare professionals that appropriate standards are in place when they seek to purchase or use osteopathic treatment and care. It is also potentially a source of professional pride for osteopaths who achieve such service accreditation, and encourage further evolution of standards in the future.

2.3 Objectives

1. To undertake research into the range of quality standards that are in use in the NHS, by insurers and in other professions, e.g. Care Quality Commission, Healthcare Improvement Scotland, BUPA, British Dental Association, as well as other material such as past patient expectations research.
2. To develop a consensus among the development group stakeholders on the elements of what would constitute appropriate service standards in an osteopathic context. These contexts should take into account the variety of environments in which osteopathic services are provided, e.g. sole/group/NHS practice, home/clinic working etc.
3. To develop a set of quality standards, including engagement with osteopaths, patients, regulators, insurers and others (appropriate to the various osteopathic contexts)
4. To understand the motivations/benefits of these service standards to osteopaths and their relationship with patients

5. To formulate appropriate channels to carry and promote these service standards
6. To develop appropriate self-assessment tools and scheme documentation to support the implementation of the service standards that promote patient confidence/enhance patient experience
7. To develop a suitable audit system to ensure that the scheme is effectively and consistently applied by those who use it.

2.4 Critical Success Factors

1. Common agreement on the scope and limits of quality standards among professional bodies.
2. Buy-in from external bodies that such a scheme would add value to service users/commissioners.

2.5 Scope

This project will deal exclusively with osteopathic service quality standards.

2.5.1 Out of scope

Assessment of the quality of individual patient treatments or practitioner standards defined in the *Osteopathic Practice Standards*.

2.6 Constraints and risks

2.6.1 Constraints

As with other development projects, constraints would appear to be mostly around resources, although this project might be amenable to the use of external support for the scheme's development.

There is also a question to be addressed around how the scheme might be funded long-term, particularly the audit (or inspection aspects of it).

2.6.2 Risks

A potential risk is that the absence of such standards at present is highlighted, leading to a loss of confidence in the profession as it currently operates, or even moves to incorporate osteopathic practice in statutory quality programmes. Careful communication of project progress will be required.

There is also a risk that osteopaths may not respond to the need for such standards, and extensive consultation will be required to ensure relevance and demand as the project progresses.

3 Project methodology

1. Undertake or commission research into quality standards already in use.
2. Identify elements of service quality standards appropriate to the osteopathic context.
3. Agree draft standards among main stakeholders.
4. Consult with practitioners, patients, regulators, insurers and others on draft standards.
5. Develop operational plan, e.g. vehicle to carry the standards

6. Develop appropriate self-assessment tools and scheme documentation to support the implementation of the standards.
7. Pilot scheme with practitioners, including audit approach.
8. Revise and finalise scheme.
9. Prepare implementation plan/roll-out.

4 Business case

4.1 Rationale and strategic fit

Developing such a scheme would fill a 'gap' in regulation/accreditation of osteopathy in the UK. While the scheme would be voluntary in nature and not associated primarily with the regulator, it would provide additional assurance where required for the quality of patient care and patient experience.

Such a scheme also offers the potential to support osteopathic business development in the NHS and private sector and provide a competitive advantage for those accredited under the scheme.

4.2 Timescale

Around 27 months.

5 Project approach

5.1 High-level deliverables

Project phase	High level deliverables
1	Background research, develop draft standards
2	Consultation on draft standards with practitioners and stakeholders
3	Develop self assessment tools and documentation
4	Pilot and revise scheme
5	Implementation plan

5.2 Project milestones

Deliverable	Phase	Milestone date
Completion of research phase	1	+3 months
Development of draft standards	1	+3 months
Consultation with stakeholders/practitioners	2	+6 months
Development of scheme	3	+3 months
Pilot phase	4	+6 months
Revision of scheme	4	+3 months
Implementation plan	5	+3 months

5.3 Project plan

5.3.1 Phase 1 – Research and development of draft standards

- Research quality standards already in use by kindred professions, as well as NHS and private health providers
- Identify standards appropriate to osteopathic context
- Review and agree draft standards with stakeholders for consultation phase

5.3.2 Phase 2 – Consultation

- Consult with practitioners, patients, regulators, insurers and others on draft standards
- Review and refine standards as appropriate
- Iterative consultation as appropriate

5.3.3 Phase 3 – Scheme development

- Prepare pilot scheme based on consultation outcomes
- Develop appropriate self-assessment tools and scheme documentation to support the implementation of the standards

5.3.4 Phase 4 – Pilot scheme

- Pilot scheme with practitioners including audit approach
- Revise and finalise scheme

5.3.5 Phase 5 – Develop implementation plan

- Develop implementation, timescale and budget
- Seek funding sources