

# IQIPS Accreditation – Should we bother?

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IQIPS stands for Improving Quality in Physiological diagnostic Services and this accreditation scheme has been available for several years now. There is still low take up by the majority of Physiological disciplines, including Vascular, and at the time of writing (April 2018), only 2 Vascular services are IQIPS accredited.

However, the drivers for all diagnostic services to achieve accreditation are increasing. The SVT is committed to Vascular Lab accreditation and to help members we will be publishing some Newsletter articles to advise members on how to go about the process of accreditation. These will be written by SVT members from the accredited labs and will focus on various aspects over the next year.

This first article explores the increasing pressure on labs to gain accreditation, explains some of the benefits, and offers advice on how you can start the process. Subsequent articles will focus on ways that you can satisfy the requirements of the 4 assessed domains: patient experience, safety, facilities and the clinical aspects.

## **The drivers for accreditation**

Whilst accreditation is not mandatory at the moment, it is [strongly endorsed by NHS England, the NHS Medical Director and Chief Scientific Officer](#) and is recognised by commissioners and the CQC as a [marker of quality](#). Accreditation will inform CQC inspections, commissioning decisions and will increasingly be used in service assessment and contracting.

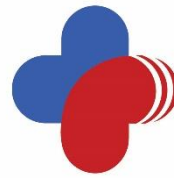
The establishment of Genomics Centres is also [increasing the pressure on diagnostic services in these centres to be accredited](#). Is your service within one of the 13 Genomics centres? – make sure you know.

[Patients are also being encouraged to find out whether the services they access are accredited.](#)

Patients are prompted to think about where they would prefer to have their diagnostic test - in a department where they can be confident in the competence of the staff, suitability of equipment and has a 'badge of quality'...or one which doesn't? We should be asking ourselves the same question.

## **Why are there so few accredited services?**

This is an interesting question and perhaps better answered by those in departments who haven't sought accreditation, but the main barriers seem to be: time; cost; facilities; lack of management



support and a lack of perceived benefits. We hope to help you find ways around some of these hurdles, convince you of the benefits and perhaps dispel some of the myths.

### **How can we get management support?**

The best way to get management support will be to ensure your managers are aware of the IQIPS scheme and the increasing pressure on services to achieve this.

You could think about inviting your Chief Executive or Medical Director or Head of Governance or Quality to the department and presenting a short PowerPoint to your divisional board. You could approach your Trust Lead Scientist for help, as they should have been tasked with promotion of accreditation schemes within your Trust. You could also consider joining with other diagnostic services to increase the profile of accreditation within your Trust. And if you are under the Radiology umbrella you could consider joining with their ISAS (Imaging Services Accreditation Scheme) accreditation application as a Vascular extension which will minimise your overall workload.

For any of these management interactions, or when you need to produce a business case for resources/funding you could use the links above to ensure you include evidence of the drivers and benefits. Don't forget that mention of the CQC "tick-box" for accredited services will be very helpful.

Birmingham, Imperial and Cambridge have secured board-level support for accreditation programmes so if you are in one of these Trusts you shouldn't have to do much persuading!

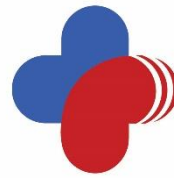
### **How can we get around lack of time?**

Clinic lists too busy? Vacant vascular scientist posts? Significant training commitments? No time to do anything other than scan?

This may not be as hard to improve as you think – but it does require 'thinking out of the box' to see what you can do with the resources that you have.

Do your vascular scientists also undertake admin tasks? - Could you re-jig your department's staffing profile and turn a vacant Band 7 post into 1 or 2 lower band posts such as a clerical officer / HCSW / clinic assistant. This would release vascular scientist time, make clinics run much more smoothly and efficiently and give all staff groups greater job satisfaction. If you don't have spare funding, could you take an Admin Apprentice? – many Trusts support apprenticeship programmes, and once you have evidenced the improvement in efficiency, you can prepare a business case for permanent funding.

Do you vet your referrals or just scan every request because it's quicker than querying? Are you scanning stroke patients who aren't suitable for surgery; ?PE patients who will have a CTPA? You could arrange meetings with your referrers to streamline pathways and ensure all your scans have the potential to actually alter patient management. This type of collaboration will be assessed by IQIPS, so this process will help to tick one of the IQIPS boxes as well as potentially releasing more time.



Are you engaging with the Scientist Training Programme (STP)? Currently these trainees are centrally funded and although their training covers many aspects outside of just scanning, they will contribute to your service as they gain and embed their scanning skills. This is a really good way of growing your workforce and you will find that these trainees bring a wealth of skills to your service; they can also help with the IQIPS preparation as some aspects of service development will help them with their STP competencies. We don't know how long this training route will be funded for though – so make sure you talk to your Trust Lead Scientist and ensure that you know who your local Education Commissioners are and tell them that you want a trainee – they administer allocation of places and usually start this process in the August a year ahead of trainee placement.

Are you expecting your Vascular Scientists to scan for 100% of their time? You probably need to consult the professional guidance on prevention of upper limb disorder (WRULD), and the SVT Professional Standards Committee will soon be uploading some guidance on the SVT website, so make sure to read this too. Regular protected time away from scanning has many advantages: reduced risk of WRULD; time for service development, audit, research, IQIPS, and improved staff morale and retention. You may also find that efficiency and throughput are improved overall.

The work involved in gaining accreditation may initially seem daunting – but the good working practices of most departments will already be enough to satisfy most of the criteria laid out in the IQIPS domains. If you take the time to review some of these criteria, you may be surprised at how much of it you can already evidence in the normal working processes of your service.

### **Our facilities are unsuitable?**

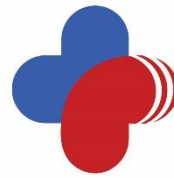
Historically Vascular Labs inhabit less than optimal facilities and they are often 'shoe-horned' into seemingly unsuitable spaces. This should not be seen as a barrier to seeking accreditation, as there are many things that you can do to improve things. The main thing to remember is that IQIPS does not have requirements around a particular level of accommodation, but the focus is more on how you provide your service safely within any constraints that you have. The implementation of departmental policy and risk assessment is helpful with this and enables you to ensure you have ways of dealing appropriately within the constraints. If the rest of your service meets the accreditation standard and there are insurmountable hurdles in terms of your facilities, this can then be used as a driver for change with your management team.

### **What will be the benefits to our service?**

Accreditation through IQIPS is not a one-off exercise, nor is it an event sent to seemingly disrupt your service once every 1-2 years and which requires a furious short-burst of preparation a couple of weeks beforehand!

IQIPS is a process of continuous improvement, designed to encourage your service to seek opportunities to drive quality and improve your patient experience. So, there are lasting benefits to engaging with this process through the development of whole systems and practice, as well as more immediate results as you provide evidence for the four IQIPS domains.

Examples of these may include:



### Clinical

- Implementing clinical audit and using it to measure improvement in practice.
- Image review sampling to maintain consistency in high quality image acquisition throughout your team(s).
- Development and maintenance of systems to support engagement in research and innovation, and validation of new techniques.

### Facilities

- Maintaining high standards of cleanliness through improved engagement with 3<sup>rd</sup> party contractors.
- Using the IQIPS process to facilitate positive change in accommodation – e.g. improved waiting areas; scan rooms and machinery.
- Supporting the timely resolution of equipment faults.

### Safety

- Improve the use of incident reporting to focus on recurrent issues and target change.
- Ensure you have the resources and equipment available to you to protect staff when lone working.

### Patient Experience

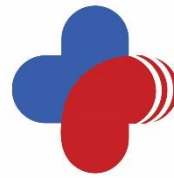
- Enhancing patient feedback and using these data more effectively to provide even better services.
- Working with patient groups to tailor the information we provide and ensure it meets the needs of all of our patients.
- Ensuring privacy and dignity for our patients and supporting changes in your department that protect these.

Perhaps one of the most valuable utilities of the IQIPS process is its capacity for leveraging change. It can be incredibly difficult to achieve infrastructural change in some Trusts which can hamper efforts to improve services for our patients. If your organisation supports accreditation however, it can be easier to overcome these challenges and access support and funds for improvements that you may have been seeking for some time.

As stated above, the position of NHS England outlined in October 2016:

*“We fully support a commissioning system focus on the prioritisation of accredited diagnostic services. We are confident that with continued resolute focus, accreditation will become the baseline standard for diagnostic services across the NHS in England.”*

So, an overarching benefit to your service is that you would already meet the standard increasingly sought by commissioners when procuring diagnostic services. Diagnostic services are subject to increasing competition across the UK, and accreditation takes time. If we wait to be asked by our commissioners to provide an accredited service – we risk having already left it too late to get started.



The process of accreditation yields many more benefits along the way than just this end goal however. As it states itself on the IQIPS website, IQIPS is a “professionally-led assessment and accreditation scheme that is designed to help healthcare organisations ensure that patients receive consistently high-quality services, tests, examinations and procedures delivered by competent staff working in safe environment”.

IQIPS can serve to provide assurance to our patients that not only are we seeking to provide the highest level of care and quality right now, we will strive to improve into the future to always give the best care we can.

It assures our patients that we are independently deemed competent to undertake their assessment(s) and that the facilities and equipment used as part of this is safe and fit for purpose. It also provides patients with the confidence that the testing we carry out is patient-focussed and quality driven.

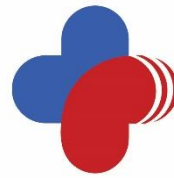
Accreditation serves to also assure our colleagues from other departments, partners within our Trusts and wider networks that we hold ourselves to the highest standard and our results are underpinned by robust quality systems and can facilitate greater collaboration to the benefit of our services and to our patients.

Although the IQIPS process is not meant to replace CQC inspections, CQC recognise the value of clinical accreditation and uses it as an information source to support its inspections. So, whilst UKAS accreditation will not exempt your department from future CQC inspections, it is likely that your accreditation means that your department already meets most of the standards covered in CQC inspection and future CQC inspections may be significantly reduced in scope because of this.

Accreditation can really benefit your service and your patients in any way that you wish it to, tailored to the needs and ambitions of your department. The IQIPS domains provide a user-friendly framework within which you can build on existing good practice and incorporate systems that support you in continually driving forward the quality of your services to the benefit of your patients, staff and department.

### **We want to gain accreditation - where do we start?**

- Look at the resources on the [United Kingdom Accreditation service \(UKAS\) IQIPS web pages](#).
- Register with and use the [Traffic Light Ready \(TLR\) online tool](#).
- Attend a [Preparation for Accreditation workshop](#), these run every month throughout the year.
- You will need to be organised, so identify one person who can take responsibility for organising your documentation and evidence.
- If you don't have written protocols, policies or standard operating procedures (SOPs), now is the time to start. Don't forget the saying “If it isn't written down, it didn't happen”, this applies to every process.
- You will also need a document management system. Some Trusts/departments may want to invest in something commercially available, but this isn't necessary. All you need is an IT system which staff can access so that your policies/protocols etc are easily available. Use of shared drives and folders and subfolders will make organisation easier. You will need to



think about who has 'read' and 'write' access to the various parts and how you will regularly review documents.

- You will also need to have a method of document control – this just means that all policies etc need a version number and review date and subsequent versions include a summary of any changes - you could incorporate 'headers & footers' for this.
- You will need to provide evidence for various aspects of your service, so read the IQIPS standards, put a copy up in the department, so that you are familiar with what is required.....and then start keeping copies of e mails and any other documents which show that you are meeting the requirements – perhaps have a separate IT folder for IQIPS evidence, subdivided into the 4 domains, and further subdivided as appropriate.

### **Anything else we can do?**

You could also suggest that someone from your department trains as an IQIPS technical assessor. This will give you an insight into the process from another perspective and will help with your knowledge about what is required as you prepare for your own accreditation. UKAS are seeking more applicants for this role as currently there are only 2 Vascular assessors. More information is available here: <https://www.ukas.com/services/accreditation-services/physiological-services-accreditation-iqips/apply-to-be-an-iqips-assessor/> or from [Alison.charig@porthosp.nhs.uk](mailto:Alison.charig@porthosp.nhs.uk)

### **How much does it cost?**

The fees for use of the TLR preparation for accreditation system are given on the UKAS website (link above).

Once you are ready for accreditation the associated fees for assessor time and site visits will be quoted by UKAS and are dependent on the scope of the activity, size of the service and number of locations. Maintenance of accreditation is a cyclical process with on-site visits and web-based assessment in alternating years and the costs reflect this. These are just estimates, but give "ball-park" figures which may be useful for business planning purposes:

- For a single site service, the costs are around £3,100 for years with a visit and around £2,300 for the alternate years (+vat)
- For a larger department with 3 or 4 locations it will be around £4,000 and £2,300 to £3,000 respectively. (+ vat)
- You can reduce these costs by joint application with another physiology department – thereby sharing the costs of the web-based assessments, but on-site visits will still need to be paid for by each department.

If you need more accurate figures, please contact UKAS [askiqips@ukas.com](mailto:askiqips@ukas.com)

### **Final thoughts**

"Quality is never an accident. It is always the result of intelligent effort" John Ruskin

"Quality means doing it right when no one is looking" Henry Ford

"Quality is not an act, it is a habit" Aristotle