

Unit Two - Knowledge Organiser - B

Working In Health and Social Care - Examination



Learning Aim B – **Roles of Organisations** in Providing Health and Care Services – **Public Sector**

The Public Sector organisations are financed and directly managed by government. The public sector health services and systems of organisation in the four countries that make up the UK generally work independently of each other, but there is no discrimination when individuals/service users move from one part of the UK to another. These four services are – National Health Service England (NHS), NHS Scotland, NHS Wales, Health and Social Care in Northern Ireland

Primary Health Care is provided by GP's, Dentists, opticians, pharmacists etc. The are services normally accessed directly by the service user as the need arises

Tertiary Health Care provides specialist, and normally complex, services. For example specialist spinal injury units or hospice support. Referral to these services is by health professionals who have identified the need

The range of services that the National Health Services in the four countries provide includes;

Secondary Health Care includes most hospital services, mental health services and many of the community health services. These are normally accessed via the GP using referral. However, members of the public and emergency services have direct access to accident and emergency services of hospitals.

Learning Aim B – **Roles of Organisations** in Providing Health and Care Services – **Public Sector**

NHS Foundation Trusts – established in 2004. Independent health services, largely financed by government, that manage the delivery of hospital services, mental health services and community health services in England.
They are managed by a board of governors, which may include patients, staff, members of the public, partner organisations.
The aim is to move decision making from a centralised NHS to local communities.

Mental Health Foundation Trusts provide specialist support and are managed by the community including people who use mental health services. Patients, families, friends. Local organisations and local residents can become members of the foundation. Members then elect governors who have responsibilities for a range of care.

The services provided include psychological therapies, support of psychiatric nurses and specialist support for people with severe mental health problems

Community Health Foundation Trusts work with GPs and local authority social services departments to provide health and care support.

The services provided by the trust may include;

- Adult and community nursing services
- Health visiting and school nursing
- Physiotherapy, occupational therapy, speech therapy
- Palliative/end of life care
- Walk in/urgent care centres
- Specialist services eg diabetes management, sexual health

Learning Aim B – **Roles of Organisations** in Providing Health and Care Services – **Public Sector**

Adult Social Care is the responsibility of local authority social service departments. It is provision for people over 18 who have disabilities, mental health problems who are otherwise frail and unable to support themselves without specific and planned assistance.

The support provided can include;

- Care in service users home e.g. cooking, cleaning, shopping etc
- Day centres to provide care, stimulation and company
- Sheltered housing schemes
- Residential care
- Respite care
- Training centres for adults with learning disabilities

Children Services are the responsibility of local authorities. They are to support and protect vulnerable children and young people, their families and young carers. This requires multidisciplinary work.

Support can include;

- Services to safeguard children
- Day care for children under 5 and after-school support for older children
- Help with parenting skills
- Practical help in the home
- Support of a children's centre
- Arrangements for fostering/adoption

GP Practices are funded by central government as part of the National Health Service according to their assessed workload from their patients. Funding looks at age of patients, gender, levels of morbidity and mortality in the area, number of people in residential or nursing homes, patient turnover.

Additional funding can be granted by the NHS for high quality service, providing additional services e.g. flu jab, GPs length of service, support the cost of premises and equipment, cover additional costs if the GP practice also dispenses medicine.

This is often the first point of access whose role is to make initial diagnosis and refer to specialists if necessary. The GP and their team use holistic approach and multidisciplinary teams

Learning Aim B – **Roles of Organisations** in Providing Health and Care Services – **Voluntary/Private Sector**

Voluntary Sector is often known as charities. Voluntary organisations vary greatly in size, history and the services they provide. There are the well-known groups – Shelter, NSPCC, Samaritans and some very small organisations that are run purely by volunteers for a specific need or particular local community.
Voluntary groups often rely on donations but may also receive support from central or localised government.

The services are managed independently from government, but government departments may sometimes pay charities to provide local services on their behalf for example NACRO (the National Association for the Care and Resettlement of Offenders) receives government funding for their work with offenders.

The key features of a voluntary organisation are;

- Not run for personal profit, any surplus income is used to develop their services
- Usually use volunteers for at least some of their services
- Managed independently of central government or local authorities

NCVO (the National Council for Voluntary Organisations) is the body that supports and promotes the work of the voluntary sector

Private Sector health and care provision is managed by commercial companies. These are organisations that need to make a profit to stay in business.
Private care providers work in all sectors, including the provision of;

- Private schools
- Nursery and pre-school services
- Hospitals
- Domiciliary day care services
- Residential and nursing homes for older people
- Mental health services

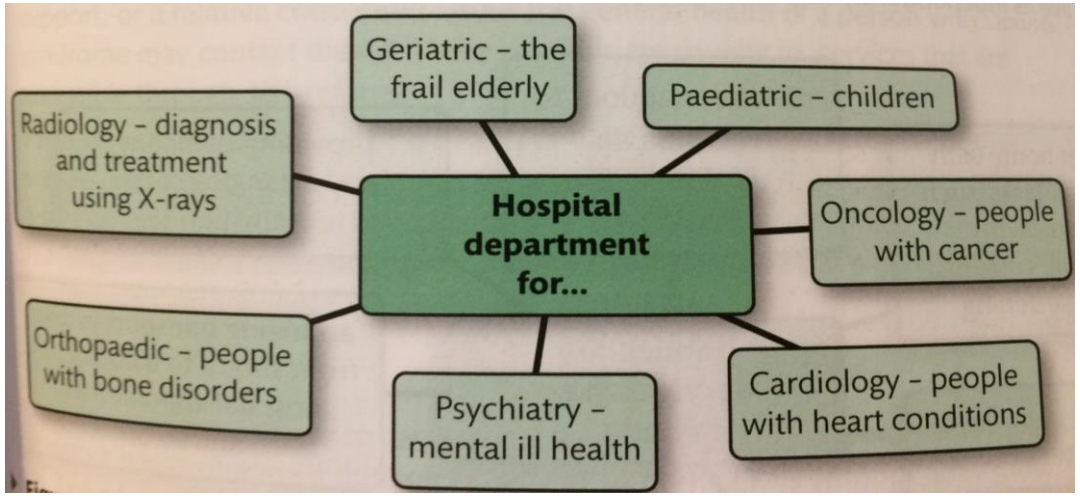
Private sector companies often provide services for central government and local authorities

They are funded by;

- Fees paid directly by service users
- Payments from health insurance companies e.g. Bupa
- Grants and other payments from central and local government for services provided on their behalf

Learning Aim B – **Range of Settings** that Provide Health and Care Services

Hospitals provide inpatient and outpatient services. Outpatient – regular clinics, day surgery, specialist daytime care. Inpatient – treatment which needs 24 hour specialist support.
When a service user is referred to a hospital for specialist care, they have a right to choose which hospital they wish to attend as well as the consultant they would like to see. In hospitals, clinical departments are organised according to medical speciality.

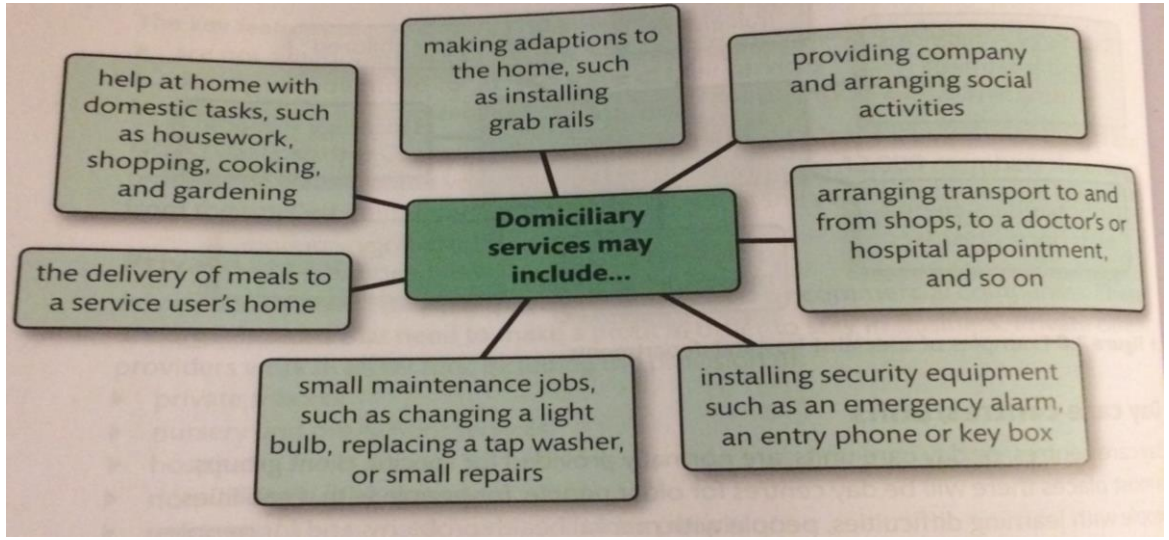


Day care centres/units are normally provided for specific client groups. In most places there will be day centres for older people, for people with disabilities, learning difficulties, mental health problems and specific conditions such as dementia or visual impairment. The provision is designed to provide a friendly, stimulating and supportive environment for people who otherwise would be socially isolated. They normally offer educational facilities to help with employment. They can be run by statutory, voluntary or private providers.

Hospice Care aims to improve the quality of life for people who have an incurable illness. Care may be available from the moment of diagnosis through to the end of life. Hospice care is holistic focussing on PIES and practical needs of the individual, their family and carers. Care may be extended to support during the bereavement period

Learning Aim B – **Range of Settings** that Provide Health and Care Services

Domiciliary Care is provided in the client's home. The care can be short term, for example after coming out of hospital or a family with a new baby or long term, for example a service user with a disability or a frail older person.
This support can vary from a drop in visit a day to 24 hour care, providing support with domestic tasks and intimate personal care. It looks to ensure service users are able to live as independently as possible in their own home.



Residential Care is the long term care of adults or children needing 24 hour care that can not be adequately or appropriately provided in their own home. They are usually specialist units providing care for specific client groups e.g. mental health, learning difficulties, elderly. There are two types of care homes – Residential care homes providing help with personal care e.g. washing, taking medication and Nursing homes which provides personal care but also 24 hour nursing care by a qualified nurse, who may contribute to a care planning cycle

The workplace – Occupational health services aim to keep the workforce fit and healthy so they can carry out the roles they are employed for. These services are normally provided by the employer and can include access to nurses in the workplace, referrals to counsellors for work related stress or physiotherapists if there are issues with posture or repetitive strain injury cause by the job.

Learning Aim B – **Issues That Affect Access to Services**

Referral;

Self-referral – when a person contacts a care provider personally . Access to the primary healthcare services such as doctors, dentists, and opticians is normally through self referral.

Third-party referral – when a friend, neighbour or relative contacts a health or care services e.g. a neighbour may contact social services on behalf of a frail elderly neighbour. These referrals are usually to services that are accessible through self-referral.

Professional referral – when a health or care professional contacts another service provider to request support for service users e.g. headteacher referring a child to an educational psychologist or GP to a hospital consultant

Barriers to accessing services;

There are a vast variety of services available in the UK which can be confusing for service users especially when unwell or have complex learning difficulties. Theses difficulties can cause barriers to accessing services and can include;
Language, Inconvenient Location, Financial, Scarce Resources and Communication.

Assessment;

Local Authorities have a duty to carry out a community care assessment for anyone finding it difficult to look after themselves independently, usually by the adult services department. This is when there is a professional assessment of care needs to provide help and advice in accessing necessary services.
If there are informal carers involved they are also entitled to a carers assessment to address what support they need.

Eligibility Criteria;

In order to decide entitlement of support from the local authority an assessment is carried out by a social services department assessor. In order to get support they must have a physical/mental impairment/illness and an inability to achieve two of the following;
Prepare and eat food, wash themselves/clothes, manage toilet needs, dress appropriately, move around home with ease, keep their home clean and safe, avoid social isolation, access work, training or education, use local facilities e.g. shops, carry out caring responsibilities e.g. caring for children.

Social Care is not usually free and a financial assessment is carried out to decide if and how much the individual has to contribute to the care.

Learning Aim B – **Ways Organisations Represent the Interests of Service Users**

Charities and Patient Groups – Many represent services users when they need to contact and liaise with official agencies e.g. Shelter represent people with housing problems and will represent them when applying for housing benefits or negotiating with landlords.
They can also act as pressure groups and campaign on behalf of the individuals they represent e.g. NSPCC campaigns to encourage the government to introduce policies and laws that support the protection of children

Whistleblowing Policies - are organisations are required to have a whistleblowing policy. This provides protection for staff who tell the press or other organisations outside of the setting that the quality of care is dangerously poor.

Advocacy – If a client has a serious communication problem, an advocate may speak on their behalf.
In health and care settings advocates are usually volunteers. They work with individuals getting to know them and building a trusting relationship so they can accurately represent them.

Complaints Policies - All care settings must have a formal complaints procedures. The settings have a responsibility to ensure understanding around how to use and access the complaints procedure. The procedure and outcomes of any complaints will be checked whenever the setting is inspected.
If a service user complains, they have a right to;
Have a com[plaint dealt with efficiently and in a timely way,
Have their complaint formally investigated,
Be told the outcome of their complaint.

Learning Aim B – **Roles of Organisations that Regulate and Inspect** Health and Social Care Services

The Care Quality Commission (CQC)

It is responsible for monitoring and inspecting health services and adult social care services in England. It aims to ensure high quality provision that is delivered safely, effectively and compassionately.

It monitors and inspects;

- NHS and independent hospitals
- GP Provision
- Clinics (family planning, slimming, etc)
- Dentists
- Residential Care Homes/Nursing Homes
- Domiciliary
- Community Care Provision
- Mental Health Provision
- Accommodation for people requiring treatment for substance misuse

All providers of these services must register with the CQC

How regulations and inspections are carried out;

When a service provider applies for registration checks are carried out to ensure it meets safety standards, has the resources to ensure high standards of care.

Once registered they are continually monitored.

Inspectors are drawn from a range of backgrounds and make judgements supported by robust evidence on the quality of provision, where care provision is safe, it is effective, well-managed and well-led.

- Evidence for this can include;
- Feedback from service users, relatives, friends and staff,
- Written reports of care practice and procedures,
- Records of complaints,
- Observations

Response to regulation and inspection;

Inspections are stressful and can identify weaknesses managers were not aware of. They can cause feelings of vulnerability, anger, inadequacy.

To support providers clear guidance that outlines what they expect to see is published. The CQC publishes the outcomes of each inspection with a grade according to the quality of care provided

Changes in working practice required by inspection;

Following an inspection when practice does not meet the required standards, the regulator can enforce change which may include

- Requiring/recommending improvements to policy and practice in specific respects e.g. sharing good practice
- Issuing a requirement notice or warning notice
- Limiting the range of care they are allowed to provide
- Criminal prosecution in extreme cases.

Learning Aim B – **Roles of Organisations that Regulate and Inspect** Health and Social Care Services

The National Institute for Health and Care Excellence (NICE)

NICE is responsible for providing guidance on current best practice in health and social care. it publishes guidance and advice that aims to control and improve health and social care provision. It provides;

- Guidance on the most appropriate treatments for specific conditions,
- Evaluations of whether procedures are safe and effective enough to be used,
- Guidance about the use of specific health technologies and procedures
- Assessment of cost and effectiveness
- Recommendations about best practice based on most recent research
- Support for health promotion campaigns and healthy living advice
- Smooth transition for service users moving from health care provision to social care provision

Public Health England (PHE)

PHE aims to protect or improve the health of a community or population, for example flu vaccination programmes. It undertakes measures such as;

- Health promotion programmes/campaigns e.g. 'Be Clear on Cancer
- Research projects to improve knowledge and generate strategies
- Take measures to protect nations health when there is a public health concern e.g. an epidemic or a new virus

The Office for Standards in Education, Children's Services and Skills (Ofsted)

Regulates and inspects services that educate children, young people and adults or care for children. They inspect state funded schools and colleges, adult education providers, initial teacher education, private agencies that provide training e.g. apprenticeships, education provision in prisons and the armed forces, nurseries, pre-schools, childminders, fostering and adoption agencies, residential care settings for children.

They make judgements relating to;

- Effectiveness of leadership and management
- Quality of teaching, learning and assessment,
- Personal development, behaviour and welfare
- Outcomes for children and learners

Following an inspection Ofsted publish a report with an overall judgement of 1-4 and recommendations for improvements before the next inspection

Learning Aim B – **Roles of Organisations that Regulate and Inspect** Health and Social Care Professionals

The Nursing and Midwifery Council (NMC) is responsible for regulating the standard of professional practice of all nurses and midwives in the UK whether they are in paid employment or volunteering. It sets high standards for;

- Initial education and training,
- Continuing professional development
- Standards of professional practice
- Standards of personal conduct, both at work and in private life

Nurses and midwives have to provide evidence of CPD to remain on the register.

The NMC investigates allegations of those not meeting the standards and they have the right to restrict their practice (e.g. can only work under supervision) or can remove them from the register meaning they are no longer permitted to practice.

The Royal College of Nursing (RCN) is not an inspectorate or regulator of nursing practice, it is the worlds largest union and professional body representing the nursing profession. It aims to maintain a high standard in nursing by providing education and research activities

The Health and Care Professions Council (HCPC) exists to promote good practice and protect the public from poor standards of care. It regulates 16 professions including physiotherapists, speech therapists, social workers and paramedics.

To register and become an approved practitioner you must;

- Have the relevant qualifications
- Meet the standards of professional practice and personal behaviour required by the council

It investigates complaints of misconduct and can suspend or permanently remove people from the register.

The General Medical Council (GMC) registers and regulates doctors. It is responsible for;

- UK medical education and training
- Deciding which doctors are qualified to work in this country
- Setting standards to be met in professional practice
- Taking action to address shortfalls that put patient's safety at risk or brings the medical professions into disrepute

When serious concerns are raised, they are investigated and if upheld the GMC can restrict their practice or remove them from the register.

Learning Aim B – **Responsibilities of Organisations Towards People who Work in** Health and Social Care Settings

Implementing the Organisation's Code of Practice
The Health and Social Care Act (2008) require that registered providers of care services must ensure they have a sufficient number of appropriately qualified staff to meet the needs of their service users at all times. They must also provide support, training and professional development to ensure staff can carry out their role.

In social care settings new staff are required to complete an induction programme to meet Common Induction Standards (2010) within 12 months of starting.

Meeting National Occupational Standards (NOS) describe best practice that is to be met in the UK health and social care sector.
NOS underpins the code of practice in care settings and the curriculum for the training of practitioners and cover the standards that are also included in the codes of practice for professional bodies.

Undertaking Continuing Professional Development (CPD)
To retain the high standards required of the sector practitioners need to continually update their skills. This will ensure that they are following the best practice and most up-to-date procedures, based on recent research. All members of the GMC, NMC and HCP are required to complete regular professional training to remain registered.
It is the responsibility of care managers to ensure that support staff who are not members of the professional organisations regularly update and extend their skills

Learning Aim B – **Responsibilities of Organisations Towards People who Work in** Health and Social Care Settings

Supporting and Safeguarding Employees in Health and Social Care

Internal and External Complaints

All Care organisations are required by their regulators to have a formal procedure to address complaints. Where allegations of poor practice are made, this will normally be initially addressed through the organisations internal disciplinary systems. However in more serious instances the regulatory body e.g. GMC may be involved. In extreme circumstances e.g. death caused by negligence the police will be involved.

Whistleblowing

These procedures can be a form of protection for all staff. If the quality of care is poor, and this is going unchecked, whistleblowing will protect service users, staff and sometimes the provision itself as poor practice damages the reputation of the sector. It may lead to investigation, inspection and in extreme cases the police being involved. Poor practice should be checked and remedied by the organisation through its policies and practices

Membership of trade unions/professional associations

The role of these is to support practitioners who stand accused of professional misconduct or are in conflict in other ways with their employer.
Some examples are;
British Medical Association (BMA) – Doctors
Royal College Nursing (RCM
UNISON – Social Workers

Following protocols of regulatory bodies

Protocols are accepted codes of practice and behaviour required of professionals by their regulatory bodies. These bodies also provide protection for employees by ensuring that the standards expected of them are clear and transparent. As part of their induction and ongoing training health and care practitioners must fully understand their professional responsibilities and the protocols by which they must practice.