NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Supporting adult carers

NICE quality standard

Draft for consultation

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| **This quality standard covers** the provision of support for adults aged 18 or over who provide unpaid care for 1 or more people aged over 16 with health and social care needs. It describes high-quality care in priority areas for improvement. It does not cover people who provide paid care or do so as voluntary work.  **It is for** commissioners, service providers, health, public health and social care practitioners, and the public.  This quality standard should be read together with the [Care and support statutory guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) under the [Care Act 2014](http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted) and the [Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted).  This is the draft quality standard for consultation (from 12th October to 9th November 2020). The final quality standard is expected to publish in March 2021. |

# Quality statements

[Statement 1](#_Quality_statement_1:) Carers are identified by health and social care practitioners at appointments for people with long-term conditions.

[Statement 2](#_Quality_statement_2:_1) Carers are kept up to date and contribute to decision making and care planning for the person they care for, with the person’s consent.

[Statement 3](#_Quality_statement_3:) Carers having a carer’s assessment are asked about what matters most to them, including consideration of their health, wellbeing and social care needs, and work, education, or training.

[Statement](#_Quality_statement_4:) 4 Carers discuss, during their routine assessments and reviews, the value of having a break from caring and the options available to them.

[Statement](#_Quality_statement_5:) 5 Carers work in organisations that offer supportive working arrangements.

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| NICE has developed guidance and quality standards on people’s experiences using adult social care services, adult NHS services and adult mental health services (see the [NICE Pathways on people’s experience in social care services](https://pathways.nice.org.uk/pathways/peoples-experience-in-adult-social-care-services), [patient experience in adult NHS services](https://pathways.nice.org.uk/pathways/patient-experience-in-adult-nhs-services) and [service user experience in adult mental health services](https://pathways.nice.org.uk/pathways/service-user-experience-in-adult-mental-health-services)).  Other quality standards that should be considered when commissioning support for adult carers include:   * [Depression in adults. NICE quality standard 8](https://www.nice.org.uk/guidance/qs8) * [End of life care for adults. NICE quality standard 13](https://www.nice.org.uk/guidance/qs13) * [Anxiety disorders. NICE quality standard 53](https://www.nice.org.uk/guidance/qs53) * [Decision making and mental capacity. NICE quality standard 194](https://www.nice.org.uk/guidance/qs194)   Statements on supporting carers of people with specific health needs can be found in quality standards for those conditions. A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |

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| Questions for consultationQuestions about the quality standard **Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?  **Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?  **Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment. Local practice case studies **Question 4** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Identifying carers

## Quality statement

## Carers are identified by health and social care practitioners at appointments for people with long-term conditions.

## Rationale

It is important to identify carers for people with long-term conditions at the earliest opportunity. This will help ensure that they are recognised as partners in the care of the person they are supporting and can access any advice and support they may need. Appointments with people with long-term conditions are a good opportunity for the health and social care team to ask whether someone is providing care or support to them, and if so, to encourage the person doing the caring to recognise their role. Assessments and records should include details about the person’s carers so that this information can be shared with other practitioners. Improving the identification of carers and including them in the person’s records can inform the planning of local support and services for carers.

## Quality measures

### Structure

a) Evidence that health and social care organisations have policies and processes to identify carers at appointments for people with long-term conditions.

**Data source:** Local data collection, for example, audit of local policies and processes.

b) Evidence that health and social care organisations have systems to record and share details about carers.

**Data source:** Local data collection, for example, audit of local recording systems such as a Carers Register to support [NHS England and NHS Improvement’s supporting carers in general practice: a framework of quality markers](https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/).

### Outcome

a) Number of carers known to local health and care organisations.

**Data source:**Local data collection, for example, Carers Register and [NHS Digital’s Short and Long Term (SALT) data collection](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collections#short-and-long-term-support-salt-).

b) Average time it takes for carers to recognise their caring role.

**Data source:**Local data collection, for example, survey of carers. National data is collected in the [Carers UK State of Caring Survey](ttps://www.carersuk.org/for-professionals/policy/policy-library/missing-out-research-briefing-on-the-state-of-caring-2019-survey).

## What the quality statement means for different audiences

**Service providers** (such as general practices, hospitals, community services, local authorities, private and voluntary sector care providers) ensure that policies and processes are in place to identify carers at appointments for people with long-term conditions. Service providers ensure that staff are aware of the importance and value of identifying carers. Service providers have systems in place to record and share details about carers.

**Health and social care practitioners** (such as GPs, doctors, nurses, community pharmacists, social workers, and care staff) ask people with long-term conditions attending appointments if anyone is providing care or support to them. If someone who may be a carer is identified, health and social care practitioners should encourage them to recognise their role. This may include offering them the opportunity to have confidential conversations about their own needs separately from the person they are supporting. Health and social care practitioners should record details of carers in local systems and share this information with other practitioners involved in providing care and support, with the carer’s consent.

**Commissioners** (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services that identify carers at appointments for people with long-term conditions. Commissioners work with providers to ensure that systems are in place to record and share details of carers.

**People with long-term conditions attending health and social care appointments** are askedif anyone is giving them help and support who is not paid to do so. If someone is doing this, a health or social care practitioner will discuss the benefits of identifying them as a carer.

**People accompanying someone with long-term conditions attending health and social care appointments** are askedif they are giving that person help and support. If they are, a health or social care practitioner will discuss the benefits of identifying them as a carer.

## Source guidance

[Supporting adult carers. NICE guideline NG150](https://www.nice.org.uk/guidance/ng150) (2020), recommendations 1.2.2 and 1.2.6

## Definitions of terms used in this quality statement

### Identifying carers

## Ask people with care and support needs whether anyone gives them help or support, apart from paid practitioners. Avoid making assumptions about who might be providing their care. Take into account that:

* other people offering help or support may not be family members or may not live with the person
* there may be more than 1 person involved in caring.

## Encourage carers to recognise their caring role and seek support, explaining the benefits for both them and the person they care for, including:

* the carer's role and contribution can be acknowledged, and their support needs addressed and
* carers can share valuable knowledge about the person they care for, which helps practitioners provide the right care and support.

Be aware that some people may not view themselves as a carer because:

* becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support
* carers may prefer to continue identifying primarily as a husband, wife, partner, sibling, parent, child or friend rather than as a carer
* carers often become engulfed by competing demands, including working and caring, and as a result may overlook their own needs as a carer and may not seek support
* the person being supported may not accept that they have care and support needs
* the carer does not live with the person or the person has moved away from home, for example into supported living or residential care.

[[NICE’s guideline on supporting adult carers](https://www.nice.org.uk/guidance/ng150), recommendations 1.2.4, 1.2.5 and 1.2.6]

### Appointments for people with long-term conditions

Practitioners should use every opportunity to identify carers, including:

* GP appointments
* flu jab appointments
* home visits
* outpatient appointments
* social care needs assessments
* admission and discharge assessments
* planning meetings.

[[NICE’s guideline on supporting adult carers](https://www.nice.org.uk/guidance/ng150), recommendation 1.2.2]

## Equality and diversity considerations

Health and social care practitioners should avoid making assumptions about who might be providing care based on their gender or their relationship to the person being cared for.

# Quality statement 2: Working with carers

## Quality statement

Carers are kept up to date and contribute to decision making and care planning for the person they care for, with the person’s consent.

## Rationale

Carers have valuable information to contribute to the care planning and decision making for the person they care for and they can have unique insight into their needs and preferences. Carers value being recognised and respected as core members of the team around the person they care for. Keeping them up to date about the person’s care and enabling them to contribute to care planning will enhance the care plan, help give them a sense of ownership of the plan, and help them to feel prepared and able to manage their caring responsibilities.

## Quality measures

### Structure

a) Evidence that health and social care organisations have policies and processes to keep carers up to date and ensure that they can contribute to decision making and care planning.

**Data source:** Local data collection, for example, audit of local policies and processes, which could include evidence from CQC inspections or evidence to support [NHS England and NHS Improvement’s supporting carers in general practice: a framework of quality markers](https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/).

b) Evidence that care plans include details of carers.

**Data source:** Local data collection, for example, local templates for care plans.

### Outcome

a) Proportion of carers who are satisfied that they are kept up to date by health and social care services provided to the person they care for.

Numerator – the number in the denominator who are satisfied that they are kept up to date by support or services provided to the person they care for.

Denominator – the number of carers.

**Data source:**Local data collection, for example, survey of carers.

b) Proportion of carers who agree that they can contribute to decision making and care planning for the person they care for.

Numerator – the number in the denominator who agree that they can contribute to decision making and care planning for the person they care for.

Denominator – the number of carers.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s Personal Social Services Survey of Adult Carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on whether carers feel they have always been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for, for carers who are in contact with local authorities.

## What the quality statement means for different audiences

**Service providers** (such as general practices, hospitals, community services, local authorities, and private and voluntary sector care providers) ensure that policies and processes are in place to keep carers up to date and enable them to contribute to decision making and care planning for the person they care for. Service providers ensure that care plans include details of any carers.

**Health and social care practitioners** (such as GPs, doctors, nurses, social workers, and care staff) check if the person being cared for gives consent for the carer to contribute to care planning. If consent is given, practitioners keep carers up to date about the person’s care and provide opportunities for them to contribute to decision making and care planning. Practitioners should be open and honest with carers about the health condition, disability or needs of the person they care for and how it is likely to progress. This will help the carer understand how their role might change in the future.

**Commissioners** (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services that keep carers up to date and enable them to contribute to decision making and care planning. Commissioners work with providers to monitor and improve carer satisfaction with their opportunity to contribute to care planning.

**Carers** are, if the person they care for agrees, kept up to date by health and social care teams who work closely with them. These teams value the carers’ knowledge about the person they care for and ensure that they can contribute to decision making and care planning.

## Source guidance

[Supporting adult carers. NICE guideline NG150](https://www.nice.org.uk/guidance/ng150) (2020), recommendations 1.1.10, 1.1.11 and 1.1.13

## Equality and diversity considerations

Carers should be provided with information that they can easily read and understand themselves, or with support. Information should be in a format that suits their needs and preferences, for example video or written information. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. Carers should have access to an interpreter or advocate if needed. For carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# Quality statement 3: Quality of carers’ assessments

## Quality statement

Carers having a carer’s assessment are asked about what matters most to them, including consideration of their health, wellbeing and social care needs, and work, education, or training.

## Rationale

A carer's assessment provides carers with psychosocial and emotional benefits and may be viewed as a therapeutic intervention. As such, it is important to ensure that the assessment focuses on what matters most to the carer and what will help them with this so that they can be better supported in their caring role. It should include consideration of all relevant aspects of their health, wellbeing and social care needs including work, education or training. It is important to ensure that the assessment is focused on the needs of the carer rather than the person they care for.

## Quality measures

### Structure

Evidence of local processes to ensure that carers having a carer’s assessment are asked about what matters most to them, including consideration of their health, wellbeing and social care needs, and work, education, or training.

**Data source:** Local data collection, for example, local protocol or assessment forms.

### Process

a) Proportion of carers’ assessments that included the health, wellbeing, and social care needs of the carer.

Numerator – the number in the denominator that included the health, wellbeing, and social care needs of the carer.

Denominator – the number of carers’ assessments.

**Data source:** Local data collection, for example, local audit of client records. The number of carers’ assessments is included in [NHS Digital’s short and long term (SALT) data collection](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collections#short-and-long-term-support-salt-).

b) Proportion of carers’ assessments for carers who want to work that included options and support to remain in, start or return to work, education or training.

Numerator – the number in the denominator that included options and support to remain in, start or return to work, education or training.

Denominator – the number of carers’ assessments for carers who want to work.

**Data source:** Local data collection, for example, local audit of client records.

### Outcome

a) Proportion of carers who had a carer’s assessment who are satisfied that it reflected what matters most to them.

Numerator – the number in the denominator who are satisfied that it reflected what matters most to them.

Denominator – the number of carers who had a carer’s assessment.

**Data source:**Local data collection, for example, survey of carers.

b) Carer quality of life.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on quality of life for carers who are in contact with local authorities. A carer-reported quality of life score based on this survey data is included in [NHS Digital’s Measures from the Adulty Social Care Outcomes Framework](https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof).

c) Proportion of carers in paid work.

Numerator – the number in the denominator who are in paid work.

Denominator – the number of carers.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on employment status for carers who are in contact with local authorities.

## What the quality statement means for different audiences

**Service providers** (such as local authorities, private, not for profit and voluntary sector care providers) ensure that processes are in place for carers’ assessments to focus on what matters most to the carer, including consideration of their health, wellbeing and social care needs, and work, education or training. Providers ensure that staff who carry out carers’ assessments have training and skills in that role, including knowledge and understanding of potential opportunities for returning to, or remaining in, work, education or training.

**Health and social care practitioners** (such as social workers, occupational therapists and care workers) ask carers about what matters most to them, including consideration of their health, wellbeing and social care needs, and work, education or training, during a carer’s assessment. Practitioners ask carers what might help them so that they can be better supported in their caring role. Practitioners ensure that the assessment is jointly produced with the carer.

**Commissioners** (local authorities) commission services that carry out carers’ assessments that are focused on what matters most to carers, including consideration of their health, wellbeing, and social care needs, including work, education or training.

**Carers who are having a carer’s assessment** are asked about what matters most to them, including consideration of their health and wellbeing and any help and support they may need. If they want to work, the assessment will include any support they may need to remain in, start or return to work, education or training.

## Source guidance

[Supporting adult carers. NICE guideline NG150](https://www.nice.org.uk/guidance/ng150) (2020), recommendations 1.3.2, 1.3.4 and 1.3.15

## Equality and diversity considerations

Service providers that carry out carers’ assessments should make reasonable adjustments to ensure that carers with additional needs such as physical, sensory or learning disabilities, and people who do not speak or read English, or who have reduced communication skills, can have an assessment. People should have access to an interpreter (including British Sign Language) or advocate if needed.

# Quality statement 4: Carers’ breaks

## Quality statement

Carers discuss, during their routine assessments and reviews, the value of having a break from caring and the options available to them.

## Rationale

Many carers struggle to maintain their own wellbeing and often overlook their own needs because of their caring responsibilities. They can be supported by discussing, during their routine assessments and reviews, the value of having a break from caring and the options available to them. Taking a break will improve the carer’s wellbeing and help them to continue in their caring role.

## Quality measures

### Structure

a) Evidence that health and social care organisations ensure that processes are in place for carers to discuss, during their routine assessments and reviews, the value of having a break from caring and the options available to them.

**Data source:** Local data collection, for example, audit of local processes.

b) Evidence that accessible and up-to-date information about the local options for replacement care is easily available.

**Data source:** Local data collection, for example, leaflets and websites.

### Outcome

a) Proportion of carers who had a break from caring.

Numerator – the number in the denominator who had a break from caring.

Denominator – the number of carers.

**Data source:**Local data collection, for example, carer survey. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on carers’ breaks for carers who are in contact with local authorities. As some carers may not want or need a break, local areas should agree the expected performance in relation to this measure.

b) Carer quality of life.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on quality of life for carers who are in contact with local authorities. A carer-reported quality of life score based on this survey data is included in [NHS Digital’s Measures from the Adulty Social Care Outcomes Framework](https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof).

## What the quality statement means for different audiences

**Service providers** (such as general practices, hospitals; community services; local authorities; and private, not-for-profit and voluntary sector care providers) ensure that processes are in place for carers to discuss, during their routine assessments and reviews, the value of having a break from caring and the options available. Providers ensure that staff have up-to-date information about the local options for replacement care.

**Health and social care practitioners** (such as GPs, community pharmacists, doctors, nurses, social workers, occupational therapists, and care workers) remind carers during their routine assessments and reviews of the value of having a break from caring and encourage them to take a break. Practitioners provide carers with up-to-date information about the local options for replacement care.

**Commissioners** (such as clinical commissioning groups, local authorities, and NHS England) commission services that help carers discuss during their routine assessments and reviews the value of having a break from caring. Local commissioners ensure that they commission services that provide reliable replacement care with sufficient capacity and flexibility to meet carers’ needs.

**Carers** **having a routine assessment or review** have a discussion with their health or social care practitioner about the value of taking a break from caring. They are given information about services that can provide reliable alternative care locally.

## Source guidance

[Supporting adult carers. NICE guideline NG150](https://www.nice.org.uk/guidance/ng150) (2020), recommendation 1.5.2

## Definitions of terms used in this quality statement

### Options for having a break from caring

Services that provide carers’ breaks, including respite care, provide short-term care for the person with care needs in their own home or in a residential setting. This can mean a few hours during the day or evening, overnight, or a longer-term break. Carers' breaks may be one-off or more regular arrangements.

Carers' breaks should:

* meet carers' needs for a break, for example in duration, timing, frequency and type of break
* be arranged in a way that provides reliable and consistent support to the carer (such as avoiding last-minute changes that could lead to additional stress for the carer).

[[NICE’s guideline on supporting adult carers](https://www.nice.org.uk/guidance/ng150), recommendation 1.5.3 and terms used in this guideline]

### Routine assessments and reviews

Routine assessments and reviews are defined as planned, recurring appointments with health and social care practitioners where a carer’s needs are assessed or reviewed. These include carers’ assessments and reviews, reviews for chronic conditions, medicines reviews, annual flu vaccinations, and NHS Health Checks.

[Expert opinion]

## Equality and diversity considerations

Carers should be provided with information about replacement care that they can easily read and understand themselves, or with support. Information should be in a format that suits their needs and preferences, for example video or written information. It should be accessible to people who do not speak or read English, and it should be culturally and age appropriate. Carers should have access to an interpreter or advocate if needed. For carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# Quality statement 5: Helping carers stay in work

## Quality statement

Carers work in organisations that offer supportive working arrangements.

## Rationale

If a carer needs to give up work to care for someone, it can have a detrimental economic, social and psychological impact on them. Employers can help carers to remain in employment by offering supportive working arrangements. This can, in turn, benefit employers by improving staff retention and satisfaction. It can also demonstrate that they are meeting the requirement of the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) to actively promote a positive culture towards people with caring responsibilities.

## Quality measures

### Structure

a) Evidence that workplaces have policies and plans in place to support carers.

**Data source:** Local data collection, for example, a review of the organisation’s policies and plans.

b) Evidence that workplaces offer supportive working arrangements to carers.

**Data source:** Local data collection, for example, employee terms and conditions and employee benefits.

### Outcome

a) Proportion of carers in paid work.

Numerator – the number in the denominator who are in paid work.

Denominator – the number of carers.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on employment status for carers who are in contact with local authorities.

b) Proportion of carers in paid work who feel supported by their employer.

Numerator – the number in the denominator who feel supported by their employer.

Denominator – the number of carers in paid work.

**Data source:**Local data collection, for example, survey of carers. [NHS Digital’s personal social services survey of adult carers in England](https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers) includes data on carers in paid employment who feel supported by their employer for carers who are in contact with local authorities.

## What the quality statement means for different audiences

**Organisations** have policies and plans in place, including offering supportive working arrangements, to support employees who are carers.

**Line managers** ensure that staff are aware of supportive working arrangements that can help them if they need to balance caring responsibilities with work.

**Carers** who are in work can use flexible working arrangements and support and advice from their employer to help them balance caring with work.

## Source guidance

[Supporting adult carers. NICE guideline NG150](https://www.nice.org.uk/guidance/ng150) (2020), recommendation 1.4.6

## Definitions of terms used in this quality statement

### Supportive working arrangements

Workplaces should offer flexible working arrangements and other initiatives that support mental wellbeing, such as:

* flexible hours
* fixed hours or shifts
* carers’ leave
* permission to use a mobile phone
* technology to allow flexible working
* providing a private space to take personal phone calls
* staff carers’ network
* employee assistance programmes.

[[NICE’s guideline on supporting adult carers](https://www.nice.org.uk/guidance/ng150), recommendations 1.4.5 and 1.4.6, and the rationale and impact section on flexibilities to support employment and expert opinion]

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See our [webpage on quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10128/documents).

This quality standard has been included in the [NICE Pathway on supporting](https://pathways.nice.org.uk/pathways/supporting-adult-carers) adult carers, which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

* Time it takes for carers to recognise their caring role
* Carer satisfaction with support available
* Carers in employment, education or training
* Carer health and wellbeing
* Carer quality of life

It is also expected to support delivery of the following national frameworks:

* [Adult](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collections) social care outcomes framework
* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework)
* [Quality framework for public health](https://www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility).

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement](https://www.nice.org.uk/guidance/ng150/resources) for the NICE guideline on supporting adult carers to help estimate local costs:

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10128/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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