Royal College of Physicians | Quality in Primary Immunodeficiency Services

Quality in primary immunodeficiency services – publicly available accreditation standards

This document outlines the publicly available standards for accreditation based on the December 2019 revision. The full set of standards, guidance and evidence requirements to achieve accreditation is provided to registered services only, to support them in improving their service.

Domain 1: Leadership
1.1 The service has an operational plan (quality manual) which is reviewed annually
1.2 The service has a leadership team that is visible, approachable and communicate regularly with staff
Domain 2: Person centred treatment and care
2.1 The service has an up to date webpage which provides key information to patients
2.2 There are regular opportunities for patients/carers to provide feedback
2.3 The service provides person-centred support based on individual needs
2.4 The service has procedures for patient admissions
2.5 The service supports patients transitioning from paediatric-adult and patients being transferred in/out from other regions
2.6 The service monitors and reports on quality metrics and has an improvement plan supported by the management team
2.7 The service undertakes a risk assessment of individual patients, where required
2.8 The service ensures consent for clinical procedures
2.9 The service records, investigates and learns from concerns and complaints
Domain 3: Clinical effectiveness
3.1 The service participates in local and regional audit programmes
3.2 The service participates in national audit/assessment programmes
3.3 The service reviews and updates all relevant guidelines and clinical pathways
3.4 The service keeps a register of all research undertaken
Domain 4: Immunology workforce
4.1 There is an appropriately trained consultant clinical immunologist in charge of the service
4.2 There are appropriately trained senior nurses to provide nursing care and run the home treatment programmes
4.3 There is a service-specific induction process

4.4 The service carries out an annual appraisal for staff members
4.5 The service has training plans and development opportunities in place for staff members and those contributing to the service
4.6 There are regular opportunities for staff feedback
4.7 The service has a process to assess staff members as competent in specialist techniques every two years and for new starters
4.8. The service adequately supervises trainees and students
4.9 The service encourages networking with other clinical services
4.10 The service supports employee wellbeing
4.11 Staff members are informed of processes to raise concerns about any aspect of the service
Domain 5: Risk and safety
5.1 The service has a named individual responsible for managing risks within the service
5.2 There are procedures to safeguard patients and the health and safety of staff members
5.3 There are procedures for reporting and investigating incidents, adverse events and near misses
Domain 6: Systems to support service delivery
6.1 Facilities and equipment are regularly assessed
6.2 There is appropriate support from laboratory and radiology services
6.3 The service has a process for document review and control
Domain 7: Home therapy
7.1 The service has appropriate facilities and equipment available for undertaking home therapy training
7.2 There is a home therapy caseload sufficient to maintain nursing competency and expertise, and appropriate numbers of trained and experienced staff to provide adequate home therapy training and support
7.3 The home therapy training programme is organised with nationally agreed guidelines
7.4 There is documentation which indicates the consent of the patient for home treatment (and/or infusion partner, if applicable)
7.5 Patients and partners are given necessary training,including written information and supporting materials
7.6 Competency assessments are carried out for patients/carers
7.7 The service has an up to date database of home therapy patients
7.8 There is a survey of home therapy patients every 24 months