Patient and public involvement in Quality Improvement

CarolMunt
Patient Partner and Advocate

All day & every day I live with a long term condition Type 1 Narcolepsy

I have a daughter
a son and
five grandsons

….this means
I am a patient
but first and foremost
I am a person

CARER
MY VIEW
KNOWLEDGE
EXPERIENCE
We ALL have a bit of the 'Big Picture!'
MY VIEW
PATIENT

The many Ps of public and patient involvement.....

PUBLIC and PATIENT involvement requires PEOPLE with a PASSION and a PURPOSE with a PLACE to meet and a PAYMENT for their involvement.
It requires a willingness to pursue POLICY CHANGE with PERSEVERANCE and PERSISTENCE while mindful of the need for PRACTICAL APPLICATION and in PARTNERSHIP with the health system.

Patient needs
Quality improvement
Patient experience

How Patient Involvement improves Quality Improvement – and vice versa!

Some thoughts from the patient perspective

Adrian Hardy, Chair of HQIP Service User Network

Involvement in Quality Improvement

- Leading on quality improvement studies
- Shadowing the patient journey to identify shortfalls
- Patient led assessments of the care environment
- Completion of patient satisfaction surveys
- Co-production of patient information materials
- Patient networking to share self-care strategies
- Analysis of incidents, complaints, concerns and claims
- Patient representation on quality improvement groups
- Contact your local NHS healthcare organisation for info!

Patient experience improves QI

Patient experience is reality

Patient pathways have many opportunities for improvement

QI does not equate to saving resources

How to encourage patient involvement

Ask the questions and listen to the answers

Find the time to listen, think about using volunteers then train them ask, analyse and report back

Choose an appropriate time and place

Show the benefits of improvement

Identify what changes you have made

Focus on what has an impact rather than what appears to be simple or a priority for the FT

Who can deliver QI

This applies at all levels from Reception to Consultant to CEO

Ensuring that appointments are not missed, that appropriate care is given, that management support is given.

This saves trauma for patient and medical claims against the Trust.

QI improves patient care

Plan, do, study, act – involve the patients to ensure that the changes you are trying do have an impact on them, not just on paper

Beneficial changes network and other groups/websites

Standardised operating procedures

Find areas to explore that are relevant to patients not just to your FT

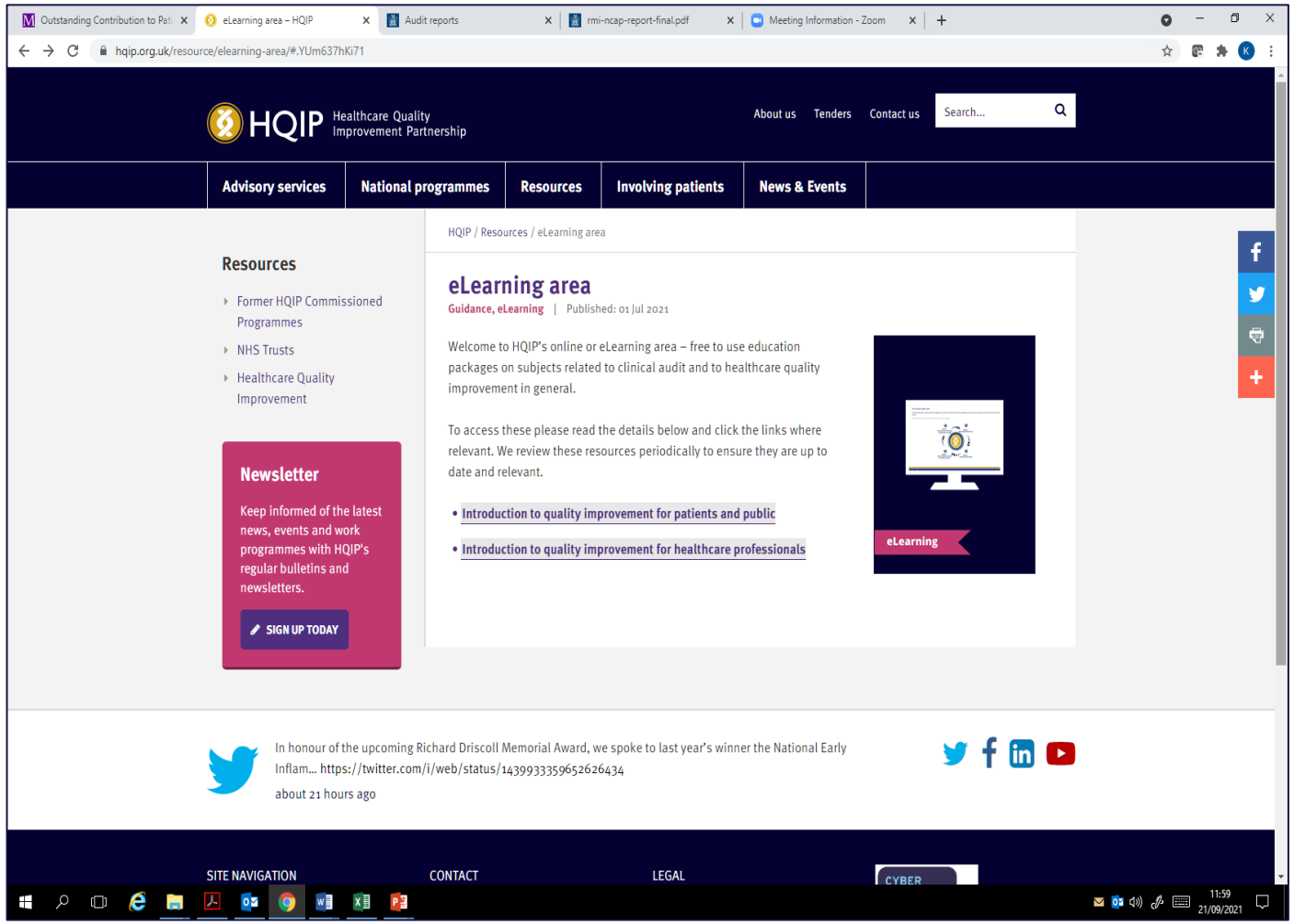
Prepare to commit time and resources to developing patient capacity, not a quick fix.

“Most brilliance arises from ordinary people working together in extraordinary ways”

HQIP
Healthcare Quality Improvement Partnership

A guide to quality improvement tools

December 2020



HQIP
Healthcare Quality Improvement Partnership

Patient and public involvement in quality improvement

November 2017

HQIP
Healthcare Quality Improvement Partnership

Developing a patient and public involvement panel for quality improvement

November 2017

Carol Munt, patient partner and advocate with the NHS in the UK invites those tasked with public and patient involvement to get into the right mindset by completing a simple exercise.

“Imagine a room full of doctors and nurses and managers. This is one type of expertise. Now imagine each doctor, nurse and manager nominates a family member, friend or neighbour to deputise for them. This is another type of expertise – different yes, but no less valuable.”

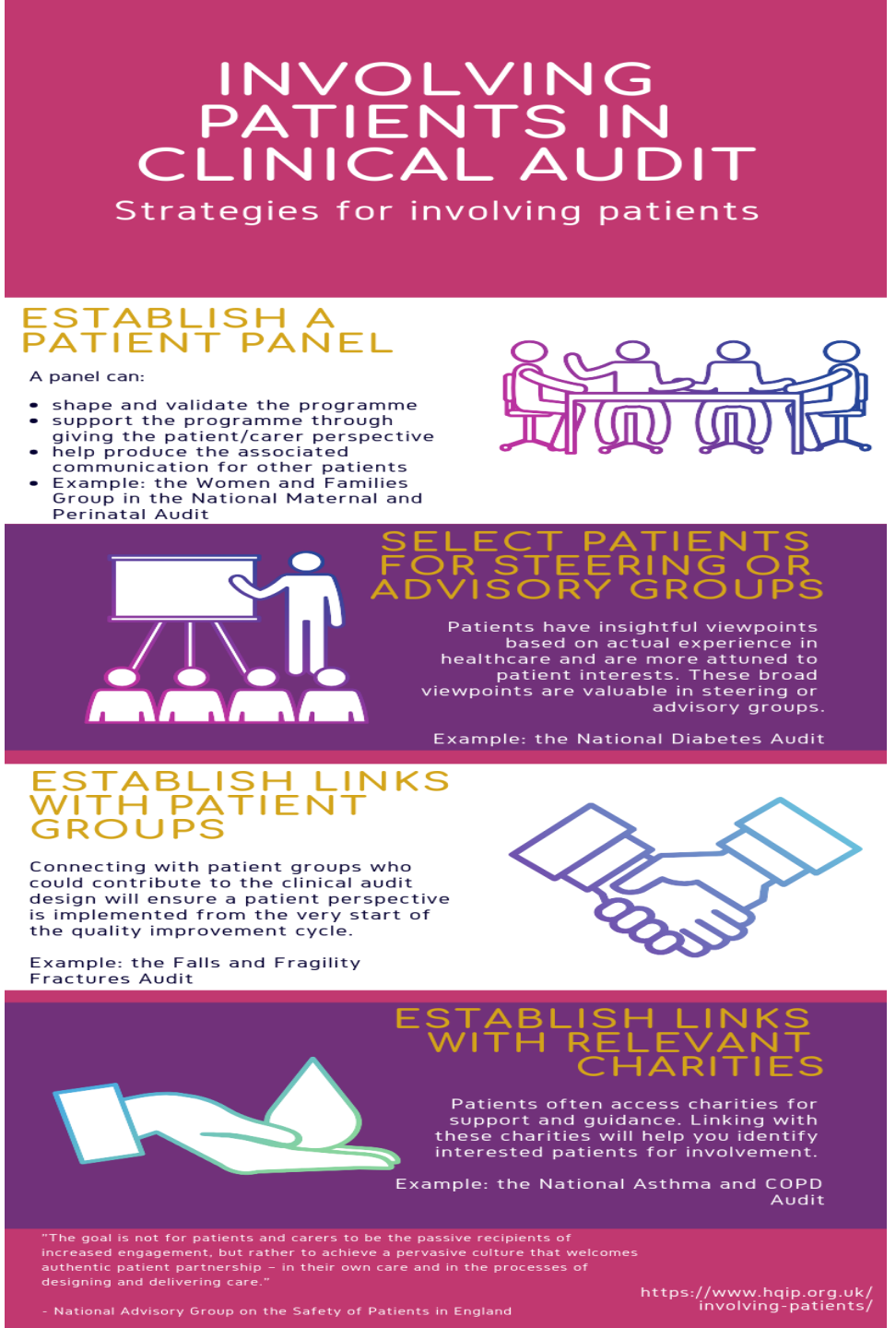
Taken from presentation at The King’s Fund

Establish a patient panel

Involvement in steering/advisory groups

Engage with community groups

Work with the voluntary sector



All the NPDA's activities and outputs are informed by involvement with children and young people with diabetes or their parents and carers from conception, which ensures that they are aligned with the needs of these groups and appropriately communicated.

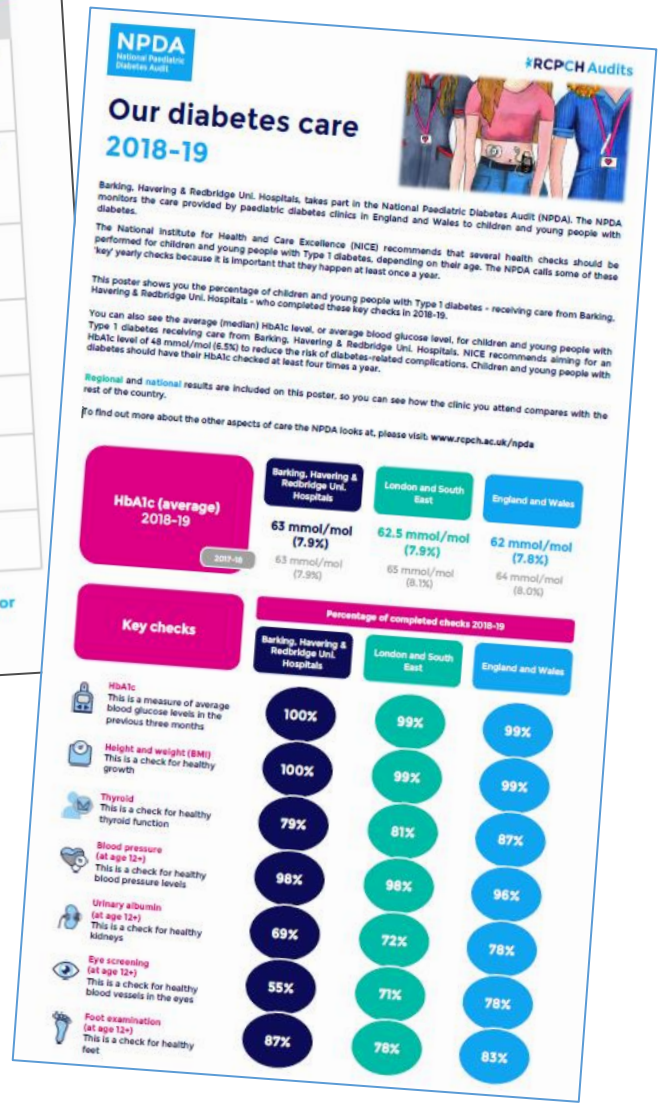
We believe that quality improvement activities are most successful when clinical teams and service users work together to identify improvement goals and strategies, so our parent and patient focussed outputs are designed to empower them to recognise good care and work with their teams to support improvements were need is identified.

Key health checks your child should receive

My child has Type 1 diabetes	
Health Check	**When?**
HbA1c This is a measure of average blood glucose levels in the previous three months	At diagnosis, then every three months*
Height and weight, for calculating Body Mass Index (BMI) This is a check for healthy growth	At diagnosis, then every three months*
Thyroid This is a check for healthy thyroid function	At diagnosis, then annually*
Blood pressure This is a check for healthy blood pressure levels	At 12 years-old, then annually*
Urinary albumin This is a check for healthy kidneys	At 12 years-old, then annually*
Eye (retinopathy) screening This is a check for healthy blood vessels in the eyes	At 12 years-old, then annually*
Foot examination This is a check for healthy feet	At 12 years-old, then annually*

*Your diabetes clinic may choose to do this check more often or start screening at a younger age.

6



NPDA National Paediatric Diabetes Audit

#RCPCH Audits

Our diabetes care 2018-19

Barking, Havering & Redbridge Uni. Hospitals, takes part in the National Paediatric Diabetes Audit (NPDA). The NPDA monitors the care provided by paediatric diabetes clinics in England and Wales to children and young people with diabetes.

The National Institute for Health and Care Excellence (NICE) recommends that several health checks should be performed for children and young people with Type 1 diabetes, depending on their age. The NPDA calls some of these 'key' yearly checks because it is important that they happen at least once a year.

This poster shows you the percentage of children and young people with Type 1 diabetes - receiving care from Barking, Havering & Redbridge Uni. Hospitals - who completed these key checks in 2018-19.

You can also see the average (median) HbA1c level, or average blood glucose level, for children and young people with Type 1 diabetes receiving care from Barking, Havering & Redbridge Uni. Hospitals. NICE recommends aiming for an HbA1c level of 48 mmol/mol (6.5%) to reduce the risk of diabetes-related complications. Children and young people with diabetes should have their HbA1c checked at least four times a year.

Regional and national results are included on this poster, so you can see how the clinic you attend compares with the rest of the country.

To find out more about the other aspects of care the NPDA looks at, please visit: www.rcpch.ac.uk/npda

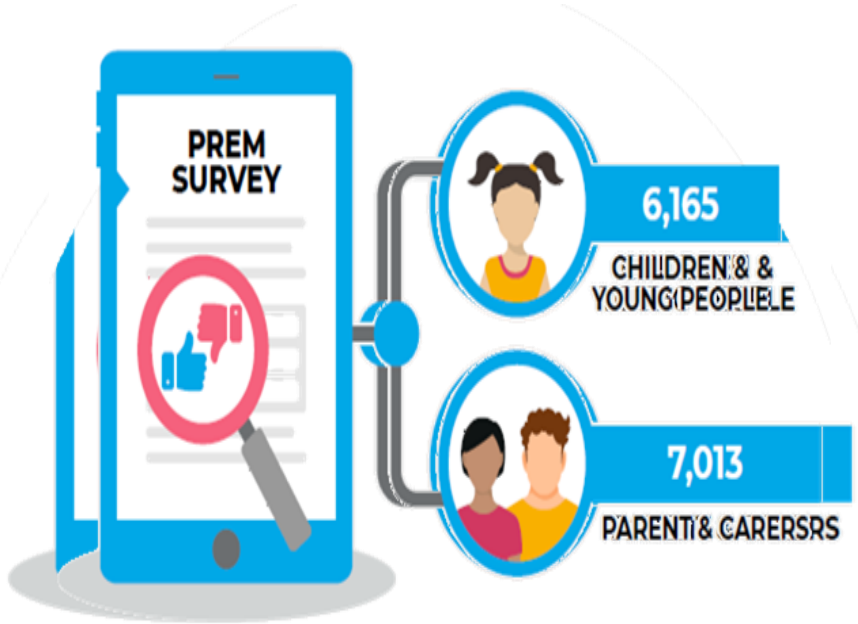
HbA1c (average) 2018-19	Barking, Havering & Redbridge Uni. Hospitals	London and South East	England and Wales
2017-18	63 mmol/mol (7.9%) / 63 mmol/mol (7.9%)	62.5 mmol/mol (7.9%) / 65 mmol/mol (8.1%)	62 mmol/mol (7.8%) / 64 mmol/mol (8.0%)

Key checks	Percentage of completed checks 2018-19: Barking, Havering & Redbridge Uni. Hospitals	London and South East	England and Wales
HbA1c: This is a measure of average blood glucose levels in the previous three months	100%	99%	99%
Height and weight (BMI): This is a check for healthy growth	100%	99%	99%
Thyroid: This is a check for healthy thyroid function	79%	81%	87%
Blood pressure (at age 12+): This is a check for healthy blood pressure levels	98%	98%	96%
Urinary albumin (at age 12+): This is a check for healthy kidneys	69%	72%	78%
Eye screening (at age 12+): This is a check for healthy blood vessels in the eyes	55%	71%	78%
Foot examination (at age 12+): This is a check for healthy feet	87%	78%	83%

We commissioned the Picker institute to develop a PREM sensitive enough to differentiate clinic performance, which launched last year.

The PREM was very well supported by clinics, and one in five children and young people with diabetes completed a survey.

Clinic level summaries provide quantitative and qualitative feedback that clinics can use to better engage with their patients.



[Patient Reported Experience Measure (PREM) for urgent and ...]
www.rcpch.ac.uk/resources/patient-reported...

It is amazing
how much you
can accomplish
when it doesn't matter
who gets the credit.
Author Unknown

The impact and value of involvement and co-production.
www.kingsfund.org.uk/audio-video/carol-munt-impact-patient…

Carol Munt, Patient Leader, discusses how
co-production has improved experience and outcomes
for patients and service users.
This presentation was filmed at our conference,
'*How to involve and co-produce with patients and communities*'
on 1st November 2016
(now used by the Open University).