



Supporting patients to be involved in the planning of their care



n 2017, Central London Community Healthcare (CLCH) NHS Trust set out on a journey to improve the experiences of their patients using the Always Events® framework. This case study details the key stages of their journey.



Understanding what matters most to patients

Understanding what matters most to patients is at the heart of Always Events. CLCH NHS Trust carried out the following steps to ensure their Always Event was focused on what really mattered to their patients, carers and relatives:

Annual General Meeting (AGM)

At the Trust's AGM an engagement style event took place involving patients, the public and staff.

Members were asked to identify potential areas for improvement based on patient
feedback received from Patient Reported Experience Measures themes.



Patient Experience Coordinating Council (PECC)

A summary of the feedback was discussed at the trust PECC where it was decided that the focus should be around 'involvement in care'.



Surveys and filmed interviews

Patients being seen by community nursing teams were invited to complete a survey and/or have a filmed in-depth interview to understand in more detail what 'involvement in their care' meant to them. Carers and relatives were also invited to take part through an advert supported by the carers network.



Co-design Event

An event was held to discuss what matters most to patients and carers, to review the feedback from the survey and interviews and to agree ideas for improvement. Having staff and patients come together to discuss the feedback was important.

How improvements were co-designed

During the co-design meeting, survey feedback and footage of the filmed interviews were reviewed by patients, relatives, carers and staff. A collaborative decision was made to focus improvements on *better informing patients* by developing a process for contacting patients about their initial and follow-up visits and *providing clearer information* about the roles of members of staff and how they can be contacted.



A learning for CLCH was that having an experienced facilitator at the co-design event ensured a balanced discussion and inclusion of all attendees.

Following the co-design event, an 'Involvement in care' working group was established which included patients, relatives/carers and members of staff in a range of roles. The group discussed what changes could be tested in order to better inform, and in turn, involve patients in the planning of their care.

Key challenge and solution to co-design

One of the challenges to co-designing an Always Event for CLCH was learning to work in a different way. Historically, quality improvement efforts were led by a senior member of staff rather than enabling patients, relatives and carers to co-design the project.

To help with this shift, frontline staff were given more information about the Always Event methodology and shown examples of the successful use of co-design in other trusts. Another solution was to highlight to staff the importance of the co-design event for showing what matters most to patients can differ to what staff think matters to their patients. The filmed patient interviews were a powerful tool for highlighting to staff what matters to patients.

CLCH recommend engaging with patients and staff as early as possible in order to ensure genuine co-design.



Implementing and testing change

The ideas developed by the Involvement in Care working group included:



A guidance 'script' for nurses to use when making the initial telephone call to newly referred patients



A guidance 'script' for the introduction that nurses give when making the first home visit to a patient



A service leaflet to be given at the end of the first visit with a new patient that gives an overview of what the service does and how/when the team can be contacted.

These ideas were tested through a series of Plan-Do-Study-Act (PDSA) cycles in three pilot teams; two community nursing teams and one community diabetes team. During the testing, feedback was collected from both patients and staff. Patients who had been newly referred to the service, and who should have experienced the new three stage process, were contacted by telephone and asked about their experience. Their responses were recorded in a spreadsheet which was used to inform any further actions required. Staff were also asked about their experiences of introducing the new process.

Based on the patient and staff feedback, the ideas were tweaked and re-tested until agreement was reached that the changes were achieving what mattered most to patients – that they were feeling informed and more involved in the planning of their care. All three change ideas were adopted.

As a result of the PDSA cycles, the font used in the leaflet was increased and a contact number for the team was highlighted. Additionally, the guidance script for nurses was amended to include, where possible, the name of the nurse that would be visiting the patients' home.



CLCH learned it is important to make the team aware early on that many changes will be needed during the testing phase and that this should be seen positively rather than an indication of failure. This helped to ensure the team's continued engagement.

Achievements Reliable implementation

It is important that an Always Event is implemented reliably for every patient, every time so that you can be sure that all patients are getting the same standard of care. The telephone calls to the newly referred patients also allowed the team to check that the three stage process was being implemented reliably. All patients contacted by the team had received an initial call from a nurse and were able to provide feedback on their experiences of the first introductory home visit and the usefulness of the leaflet.

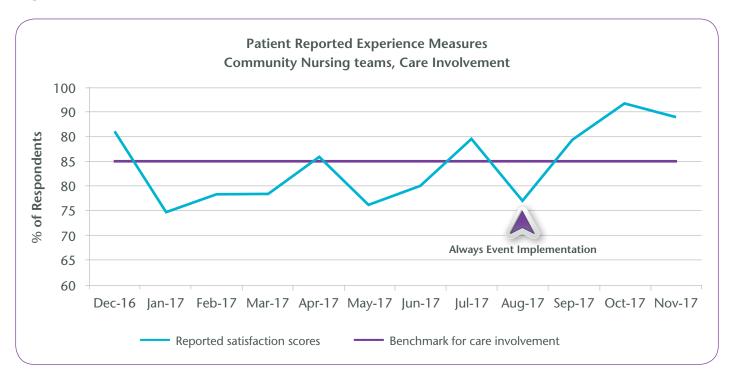
To make sure that the changes are embedded and continue to be reliably implemented for all newly referred patients, the new process has been incorporated into the existing community nursing competency document. This ensures that staff are assessed on their knowledge and ability to demonstrate the introductory telephone and face to face visits in practice.

Positive impact on patients

The aim statement for this Always Event was:

At least 85% of patients being seen in community nursing services will report feeling involved in their care

To measure success in achieving this aim, CLCH used an existing routine data collection method to examine the percentage of patients that felt involved in decisions about their care. A trust-wide patient reported experience measure (PREM) is used to gather feedback from patients receiving community nursing services from the trust on a monthly basis. The results from the PREM show that since the adoption of the new changes in August 2017, the percentage of patients who reported feeling involved in decisions about their care has improved and is now above the target set in the aim statement.



Qualitative feedback collected during the telephone calls with patients in the testing phase was also used to measure the success of the new process. Patients said that the introductory call provided a good level of information, that it was understandable and provided them with an idea of what to expect. Patients further commented that it offered an element of choice with regards to appointment times. The feedback also highlighted that at the introductory visit, information was provided in a thorough way, making clear what the service was/was not and patients felt that the reiteration of the information given on the phone again within the visit made them feel informed. In terms of the leaflet, patients reported that it was easy to follow and useful, particularly the contact numbers.

Feedback from staff

To assess the impact of the Always Event on the system, staff in the Community Nursing teams were asked to provide informal feedback on their feelings about being asked to start using the process. Initially, staff said they felt everything in the three stage process was already being done and the implication was that they were not communicating effectively with patients.

To help staff understand the purpose of the Always Event and to help ensure progress with implementation, the project team showed some of the staff the filmed patient interviews and/or gave examples from patients of times when things had not been done as well as hoped. This helped staff to understand why the process needs to be reliably implemented for all patients and why changes that can be implemented easily at a local level work well. This resulted in an improved level of engagement and less defensiveness.

The project team received positive feedback at a meeting with the organisation's Case Management team who felt that having a standardised guide around communicating with newly referred patients was helpful and felt supportive.

Sustaining and spreading

Following the successful implementation of the Always Event in the pilot teams, it was spread to all Community Nursing teams carrying out home visits within the Trust. When rolled out to other teams, a key person (usually the team lead) was allocated the role of owner for that team. Support was offered from the project lead and other team members throughout the roll out phase.



Having a structured communication plan from the start of the project, which took into account all relevant internal and external stakeholders, was key for sustaining and spreading Always Events at CLCH.

Internally the Always Event work has been communicated through the trust's intranet, a monthly quality newsletter ('Spotlight on Quality'), as a standing agenda item at monthly PECC meetings and at the trust's Quality Committee and Quality Stakeholder Reference Groups. Externally, the Always Events work has been communicated through GP newsletters, via social media sites, through the carers network and to commissioners through monthly patient experience reports presented at Clinical Quality Groups.

Always Events are embedded within the trust's Quality Strategy. The trust has committed to scoping out further areas where an Always Event may be suitable as an approach to driving improvements in the quality of care for patients and carers.

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The Always Events approach has shown that working in collaboration with our patients to co-design improvements is key for ensuring changes make a difference and are focused on what really matters to patients. We are excited to see what else can be achieved using this approach in our trust.

[Dominic Mundy, Head of Communications and Patient Experience]





Further information

If you would like more information about CLCH's Always Event journey, please email: Xanthe.Gunn@nhs.net

For more information about the Always Events programme, please visit: https://www.england.nhs.uk/always-events/