B4: Always better together! Co-producing cancer experience of care improvement collaboratives in the National Health Service in England

International Forum on
QUALITY & SAFETY
in HEALTHCARE
COPENHAGEN

Adapting to a changing world: equity, sustainability and wellbeing for all

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Always better together!

Coproducing Cancer Experience of Care Improvement Collaboratives in England

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International Forum on Quality and Safety in Healthcare: Copenhagen

Declaration of Interests

- None to declare

- Attendance funded by NHS England and via the conference organisers Lived Experience Partners bursary (Bruce Johnston)

Learning Objectives

We will be considering:

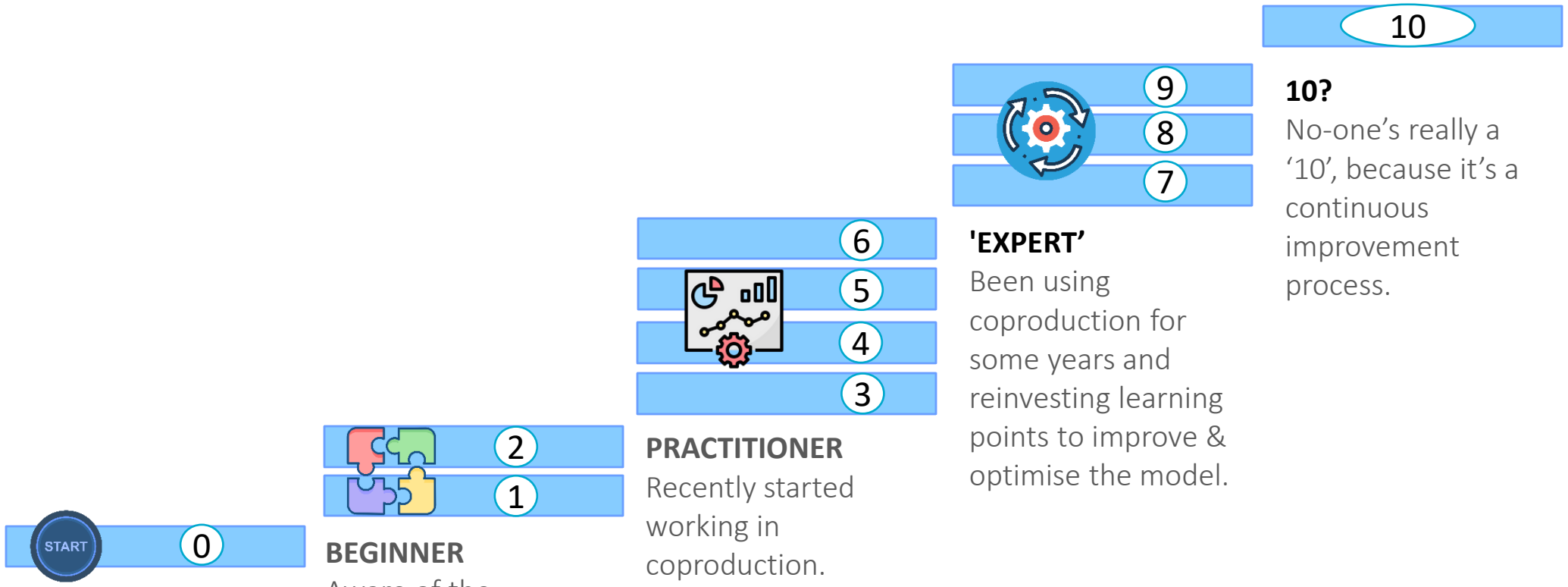
- How to embed coproduction within quality improvement initiatives applying the learning from the example of the NHS in England
- Understand how the Improvement Model was adapted in the context of the pandemic
- Including measures for coproducing with people with lived experience and sustainability of the approach

What is coproduction?

Co-production is a way of working that **involves people who use health and care services, carers and communities in equal partnership**; and which engages groups of people **at the earliest stages of service design**, development and evaluation. Co-production acknowledges that **people with 'lived experience'** of a particular condition are often **best placed to advise on what support and services will make a positive difference** to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

[NHS England and NHS Improvement and Coalition for Personalised Care (formerly Coalition for Collaborative Care) (2020)]

Where are you on a coproduction scale of 1-10?



NOVICE
This is all news to me.

BEGINNER
Aware of the principles, but not yet put them into practice.

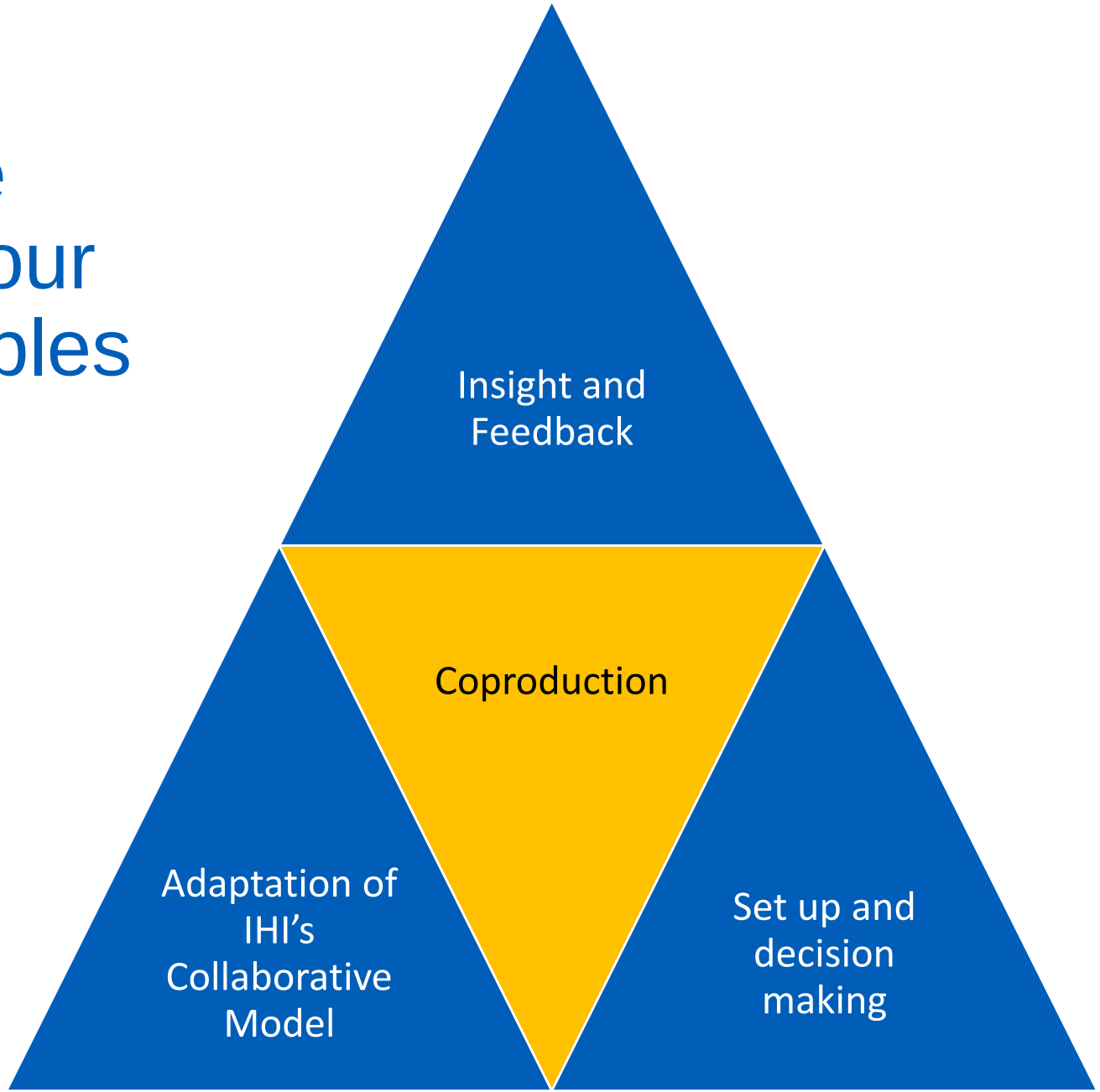
PRACTITIONER
Recently started working in coproduction.

'EXPERT'
Been using coproduction for some years and reinvesting learning points to improve & optimise the model.

10?
No-one's really a '10', because it's a continuous improvement process.

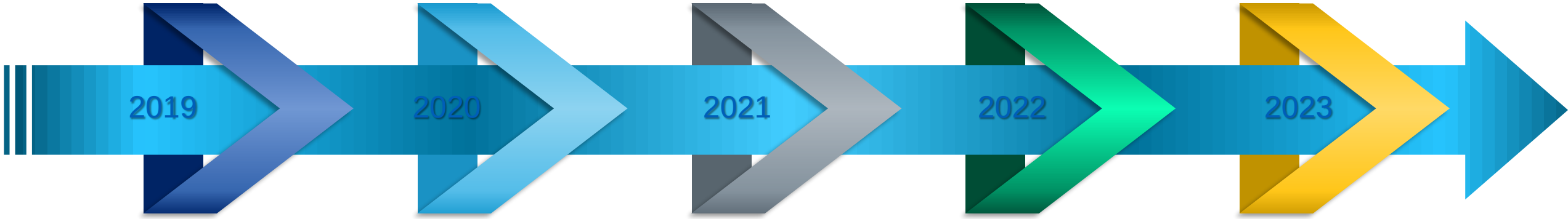
[NHS England and NHS Improvement and Coalition for Personalised Care (formerly Coalition for Collaborative Care) (2020)]

Where we started – our key principles



Our Journey

Cancer Experience of Care Improvement Collaboratives in England



Launch

Adapted IHI model. Using learning from others in NHS England.
Lived experience partner (LEP) on Steering Group.

Pandemic

Delayed.
Ambitious.
Adapted model to 100% virtual.
The only Collaboratives in NHS England to continue.

Pandemic

Continued strengthening expectation LEPs steering group and explicitly teams.
Coproduction.
Respite for the teams from Covid.

Recovery

Virtual.
Focus increased on health inequalities.
Working in coproduction expected from outset.

Now/Future

Hybrid.
Lived experience woven throughout.
Focus builds on health inequalities.

Key Learning – adaptation during the pandemic

Codesign and Coproduction

- Lived Experience Partners involvement is a necessity
- Impacts on project success

'It's been a game changer for me–it's changed the way I feel about working with patients...It has just 360 turned and ended up doing something else compared to what we thought we would do. Knowing we're doing what the patients need, it's been brilliant" Lead Cancer Nurse

Impact of Covid

- Flexibility is key to managing project teams expectations, commitment and progress

'Really useful and supportive environment and when you are down and not achieved as much as you would hope someone is always there to pick you up.'

Delivery mode

- Virtual delivery provides advantages in participation, cost and information sharing

Fifteen out of the original twenty-one trusts completed the collaborative in the Cohort 2 group (71.4%) and eight out of the original eleven in the RLCC group (72.7%).

IHI Modified Assessment

Scale Score: Date Completed:

Score	Scale	Definition
0.5	Intent to Participate	Multidisciplinary team has signed up to participate in the collaborative.
1.0	Forming team	Team has been formed including executive sponsor and strategic lived experience partner as an integral members; project theme identified from national data, baseline insight and feedback, which includes identifying variation in access, experience and outcomes, from which aim & project brief determined.
1.5	Planning for the project has begun	Team is meeting, regular discussion is occurring. AIM has been refined to SMART. Plans for the project including stakeholder analysis, have been made. Equalities and Health Inequalities Impact Assessment has been completed. Executive sponsor in place and team has support required e.g. protected time, visibility at team meetings, unblocking of challenges. The team is coproducing plans with people with relevant lived experience.
2.0	Activity, but no changes	Team actively engaged in collaborative bundles, driver diagram agreed & includes measures (including specifically focused on improving health inequalities), but no changes have been tested.
2.5	Changes tested, but no improvement	Change ideas in the driver diagram are being tested but no improvement in outcome measures. Data on process, balancing and outcome measures are reported. Equalities and Health Inequalities Impact Assessment is used as a live document and updated regularly. The team are keeping health inequalities high on stakeholders' agenda.
3.0	Modest improvement	Initial PDSA test cycles have been completed for high priority change ideas from driver diagram and progress towards project aim. Evidence of moderate consecutive improvement in measures.
3.5	Improvement	PDSA test cycles have been completed for all change ideas from driver diagram. Evidence of consecutive improvement in measures and changes from PDSA implemented for many components of the driver diagram. Keep communicating, promoting, and sharing progress.
4.0	Significant improvement	Changes have been implemented from driver diagram and there is evidence of breakthrough improvement in all outcome measures mentioned in the team aim. Process & balancing measures are understood and taken into account. Plans for spread of the project theme(s) are in progress with the Cancer Alliance for at least one implemented change.
4.5	Sustainable improvement	Sustained improvement from your driver diagram in most outcomes measures and process goals within the provider organisation. Spread of the project theme(s) are implemented across the Cancer Alliance. Evidence of visible data measurement outputs e.g. run charts, SPC
5.0	Outstanding sustainable results	All components of the driver diagram are sustained for all outcome measures at best practice level within the provider organisation. All goals of the aim have been accomplished, and spread and adoption across the Cancer Alliance is underway.

Challenges & Successes

Challenges

- Time and resource for providers to sign up and stay committed
- Different levels of understanding and readiness of co-production and/or QI
- Executive support – local teams
- Navigating the topic of the collaborative (we are not the experts)
- Recruitment of Lived Experience Partners on project teams
- People being comfortable with the uncomfortable
- Equal voice and power
- Evaluation response rates reducing

Successes

- 5 Successful Collaboratives
- Continuation throughout Covid with adapted virtual model
- Strengths in relationships
  - Steering Group Members
  - QI Team
  - Project Team Leads
  - LEPs
- Being able to demonstrate the impact
- Publication of Article PXJ
- Shortlisted for NHS Improvement Award 2022
- International recognition May 2023 (IHI/BMJ International Forum Quality and Safety)

Over to you!

Table 1 Consider how to embed coproduction within their quality improvement initiatives applying the learning from the example of the NHS in England

Table 2 Discuss and share how your own Improvement Models were adapted in the context of the pandemic

Table 3 Consider how you could include measures for coproducing with people with lived experience and sustainability of the approach

Your take away

Top Tips (maximise your chances of success)

Be available, flexible, adaptable and responsive

- Build relationships with project team leaders prior to launch
- On board Lived Experience Partners at first opportunity
- Establish measures at the beginning
- Anticipate and manage through ’headwinds’ (e.g. resourcing)
- Communicate with teams throughout the project cycle
- Share learning points and reinvest for the future

Offer a safe and honest supportive space

Contact Details and Resources

Resources

"NHS Cancer Experience of Care Improvement Collaboratives - A Case Study" by Claire Marshall, Helen Bulbeck et al. (pxjournal.org)

Influencing and Making a Difference https://youtu.be/r2zb4TTOTHc

Coproduction resources

- https://www.england.nhs.uk/always-events/
- In conversation with Prof. Don Berwick and We Coproduce about communities and healthcare systems https://youtu.be/iqUv2_Il4cI
- The World of Co-Production and QI https://youtu.be/OpoWdyxAvYo

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