

Free Members' Webinar: **Coproduction in Quality Improvement**

Thursday 22 September 2022, 4-5pm



Royal College of Psychiatrists
Free Webinar – Coproduction in QI
22nd October 2022

Service-users



Service-transformers

- the reality of effective coproduction

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- Royal College of Psychiatrists: *QI Committee Patient Rep*
- NHS England & Improvement: *Peer Leader Facilitator*
- NHS England & Improvement: *Psychological Professions in Physical Health Working Group*
- NHS England & Improvement: *Perinatal Coproduction Group*
- BSMHFT: *Perinatal Lived Experience Rep. & QI Advisor*

Once upon a time...



Waiting...



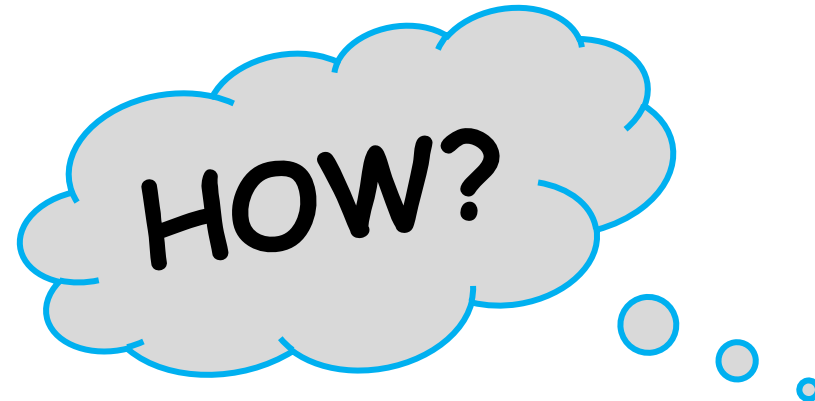
Happily Ever After?



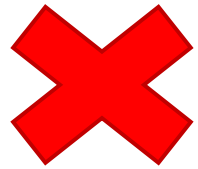
The story continues.

Experts By Experience predominantly want to use their lived experience to;

- **consolidate** and understand their own journeys,
- **help others** directly through peer support,
- **influence healthcare** for the better.



Coproduction - what it isn't and what it is.



- Feedback forms - what happens to them?



- Consulting service users / patients **AFTER** plans have been made - *better*, but not much opportunity to shape plans meaningfully.



- Involving service users / patients at the outset and every stage - *great*, but what is the *best* way?

Solution =
Quality Improvement!

Quality Improvement training including Coproduction training led to...

QI project no.1

Timely and equitable access to Perinatal Mental Health Services

Main issues:

- *Long* waiting times before first assessment.
- *Disparity* between different community teams' length of waiting times.

=**QUANTITY** of time waiting!



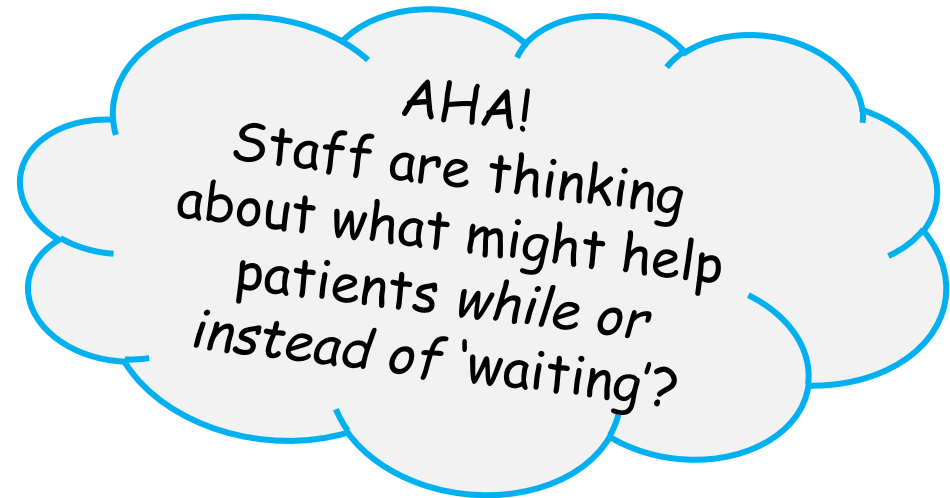
What about the **QUALITY** of time waiting?!

QI project no.2

Improving access to therapeutic interventions in Perinatal Mental Health Service
(providing referrals to the *most appropriate* intervention sooner)

Main issues:

- Long wait to access psychology, which may not be the best therapy for every patient.
- Multidisciplinary team (MDT) need guidance referring to other interventions (e.g. occupational therapy, nurse-led nursing and peer support), to alleviate wait, and in fact may be more *appropriate for individual patients!*



Identified challenges for aims of the project

1.


Long wait for Psychology and unclear needs on the waiting list

2.

Not all women wanted Psychology when contacted and women reported missed opportunities for other support

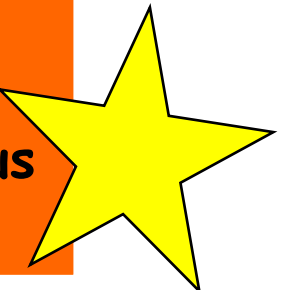
3.

Similar challenges for Occupational Therapy and Nursery Nursing

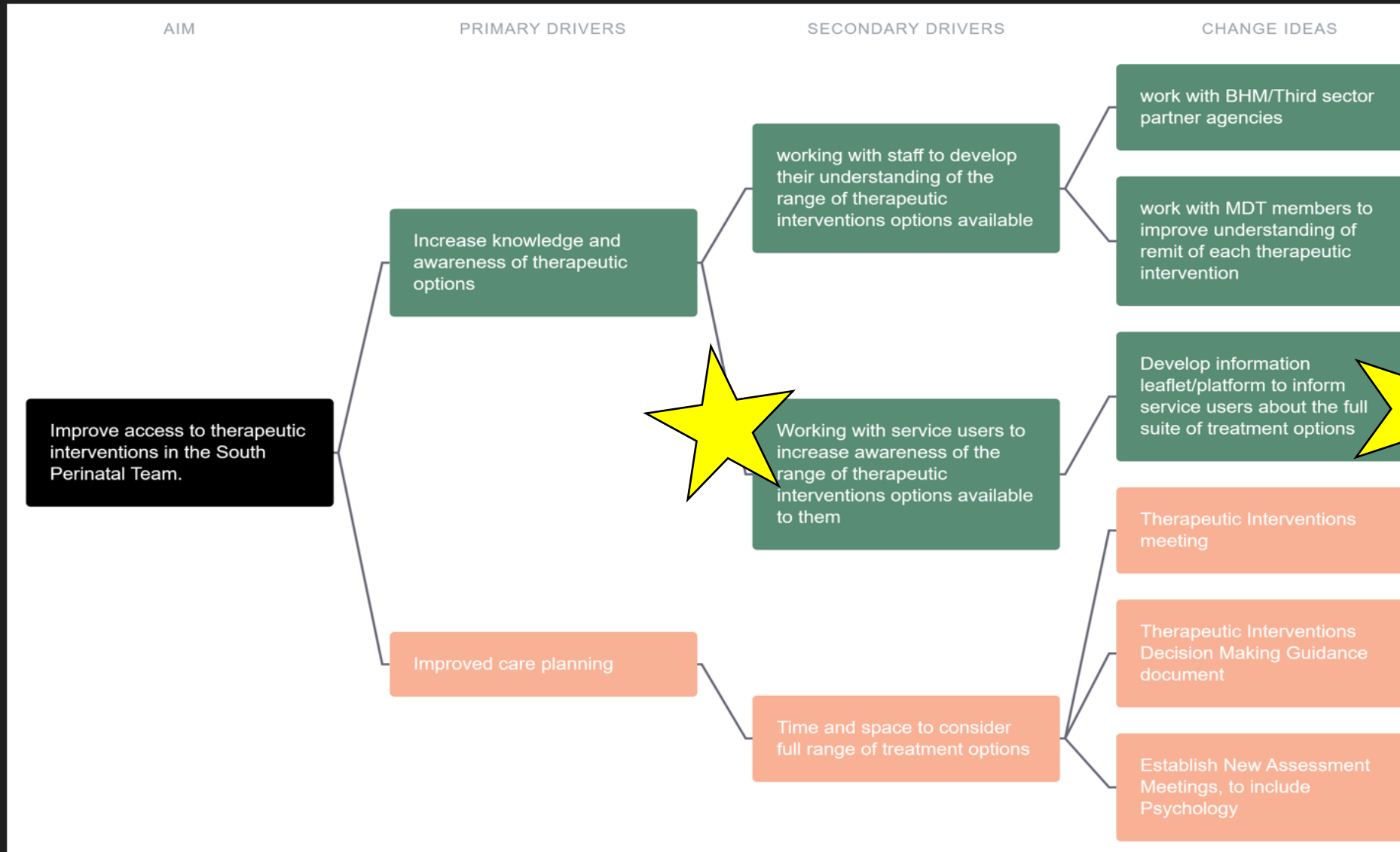


Expanded to Peer Support Workers, Expert by Experience and QI project

How can we help women to access the right support efficiently and how we can support women effectively whilst waiting? (better understood as Amy's bus stop analogy)



Driver Diagram

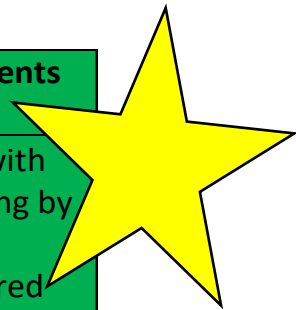


Some challenges as a 'new' Expert by Experience...

- having to 'win hearts and minds'
- being outside the clinical team (including no face-to-face meetings)
- constant need for learning jargon, acronyms and about 'systems' etc!
- naivety about the complexities of making changes within the NHS!
- time limitations of staff delaying collaborative processes
- staff needing to take responsibility for implementing initiatives outside EBE access and remit

Referrals guide (example from Occupational Therapy)

Signs that may indicate difficulty	Guiding questions	Things that could help	Resources that other professionals or parents might find helpful
<p>Adapting roles/routines</p> <ul style="list-style-type: none"> • Difficulty adapting to new role as a mother • Loss of other roles / sense of identity since becoming a mother • Difficulties adapting to changes within own routine, and balancing routine of baby, and possibly other children/dependents • Concerns about balancing role as a mother with other roles such as work role 	<p>What concerns does this parent have about becoming a new mother (ante-natal)?</p> <p>What difficulties does this parent have in adjusting to her new role as new mother?</p> <p>Is this parent struggling with the loss of other roles since becoming a parent?</p> <p>Does this parent have a sense of identity outside her role as a mother?</p> <p>How does this parent spend her time? Is she satisfied with her current routine?</p> <p>Is this parent managing to have adequate time/opportunity for other activities that she needs or wants to do?</p>	<p>OT assessment (Interest Checklist, Role Checklist, Worker Role Interview)</p> <p>Preparing for baby, and home environment</p> <p>Balancing new roles/responsibilities</p> <p>Improving structure/routine</p> <p>Promoting self-care, physical health, sleep, diet/nutrition, fitness, movement and leisure activities</p> <p>Activities to enhance the mother-baby bond/promote co-occupations - mother and baby yoga, baby massage, age-appropriate play.</p> <p>Supporting transitions into new environments e.g. community groups, training, work.</p> <p>Vocational support / AHP Health and Work Plan.</p>	<ul style="list-style-type: none"> • Staying at home: supporting you with your routines, activity and wellbeing by Cheshire and Mersey Specialist Perinatal Service (available on shared drive.) • Perinatal Compassionate Kitbag: Tips and tools for getting through tough times (available on shared drive) • Information about baby groups from local children’s centres, libraries, and churches. • DadPad Smartphone app. • Peanut Smartphone app. • Welfare Rights, CAB and unions. • Pregnant then Screwed: https://pregnantthenscrewed.com - campaign for employment rights for parents and have a helpline • Working Families: www.workingfamilies.org.uk also have a free legal helpline. • ACAS: www.acas.org.uk – advice for employees about rights in the workplace



Service-users Service-transformers

- Staff perspective evolved from "we hadn't really thought about asking patients" to actively seeking opinion of the **service-contributor**, trialling suggestions, rethinking approaches, delegating tasks, making significant changes and eventually co-presenting the project to the wider department team.
- All team members and the wider department have gained transferrable principles to other healthcare settings, e.g. utilising a) service-user insight on experience of mental illness and related services, and b) many other skills and expertise of **service-contributors**.
- Rewarding collaboration for all, improving outcomes in a) staff efficiency and satisfaction and b) service-user recovery in terms of mutual care-planning and identifying relevant and timely interventions.
- **Service-transformation**: we have a) re-framed the concept of 'waiting' from a *static state* to a *progressive part of care pathways* by b) equipping staff and patients with resources to address immediate needs, whilst 'waiting'. e.g. signposting, online / paper information, interim contact (phone calls, texts), alternative therapeutic interventions.
- Referrals Guide to Therapeutic Interventions with a section on resources - to improve the QUALITY of waiting through signposting to INFORMATION to equip, enable and empower current **service-users** in their own care. Referrals Guide = an adaptable resource for wider dissemination = **more services transformed!**

Service-users become **Service-contributors** who become **Service-transformers!**

...And they all lived happily ever after!



Together we make a difference!
Let's work together to **transform services** and **transform lives**.