

National Voices

Users shaping health and social care

Embedding Clinical Audit at the Heart of the Quality Agenda: a service user's perspective

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Dr. Ade Adeagbo, National Voices

Why involve service users in clinical audit?

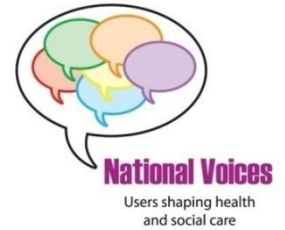
- a. Involvement is both a process and a continuum
- b. User-led can be excellent models
- c. Service users have networks, use them!
- d. Effective to good health outcome
- e. The need to look at diversity

The philosophy of involvement



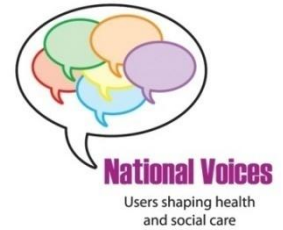
- a. Learning to listen
- b. 'Quality' as defined by service users
- c. Intelligent use of service users' 'voices'
- d. Embedding service users' voices in systems and strategy
- e. Involvement...to an individual stage
- f. Involvement...is part of the solution


The 'profile' of involvement



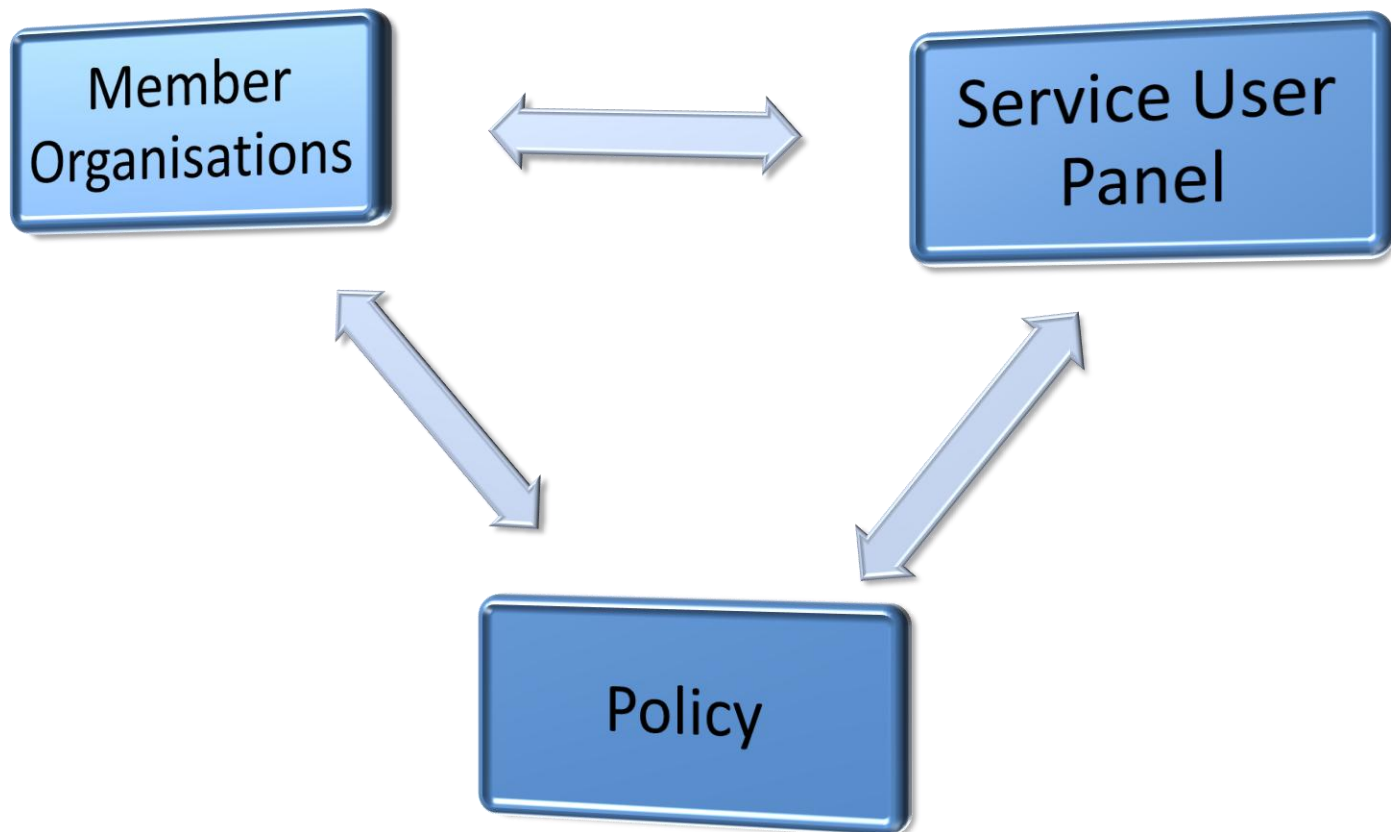
- a. The **colour** of involvement
- b. The **faith** of involvement
- c. The **politics** of involvement
- d. The **economics** of involvement
- e. The **culture** of involvement
- f. The **gender** of involvement
- g. The **language** of involvement
- h. The **age** of involvement
- i. The **inequalities** of involvement
- j. The **conditions and needs** of involvement

The movement & aspirations in involvement...



- a. From structure  to personalisation
- b. From process  to outcome
- c. From context  to measurement
- d. From values  to culture
- e. From principles  to practice
- f. From intent  to reality
- g. From systems  to implementation

National Voices – Operating Principles



And service users say...



- a. Get the basics right
- b. Fit it in with my life and life style
- c. Work with me as a partner
- d. We are not just 'data'
- e. Treat me as a person

And service users expect...



- a. Improvement in the quality of care
- b. Improvement in the quality of life
- c. Involvement as a continuum
- d. Clear definition of processes and outcome
- e. Clinical audits that lead to change

And service users suggest...

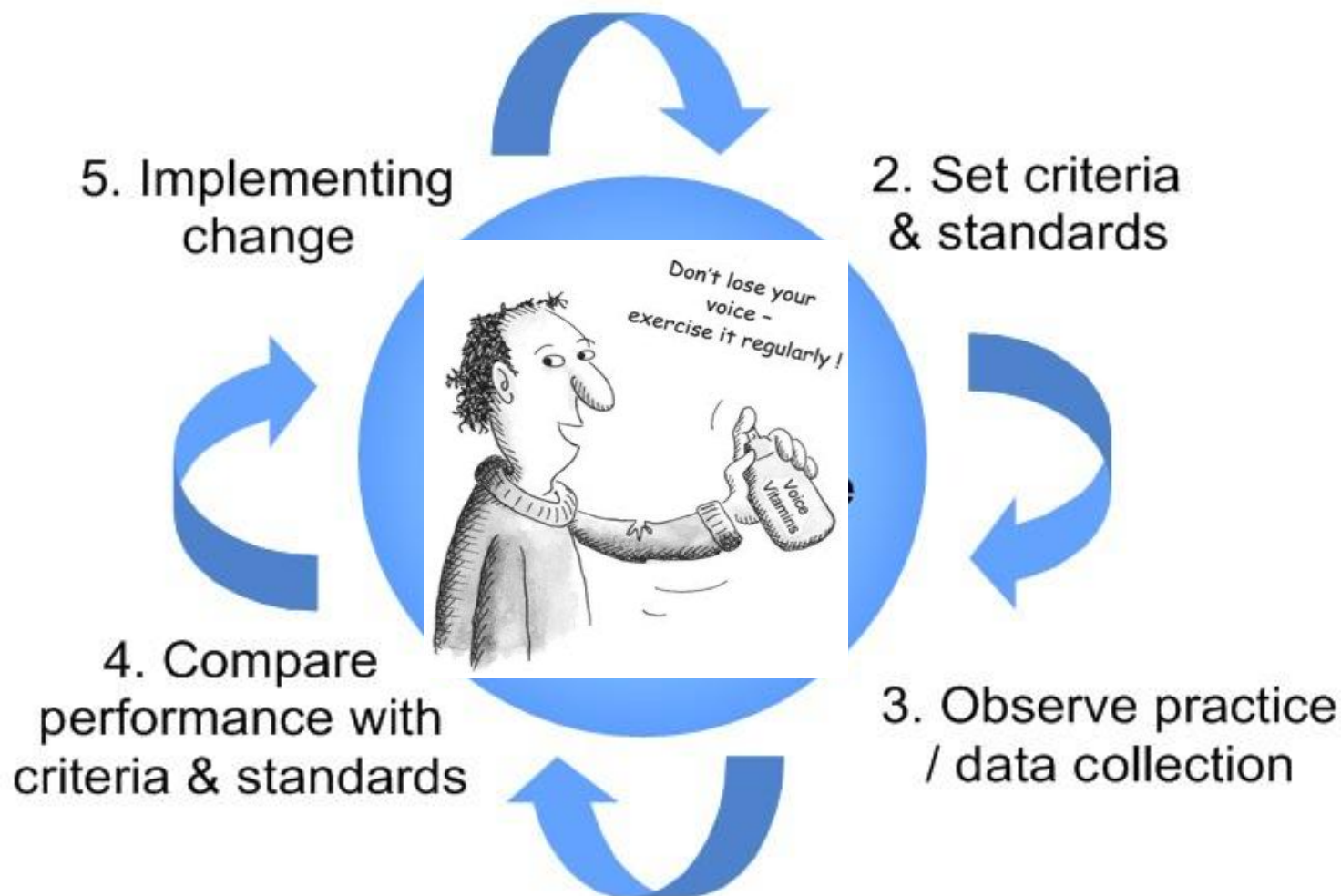


- a. Avoid failure demand
- b. Lets co-create quality
- c. Lets liberate clinical audit data
- d. Professionals to embrace the power shift?
- e. A 'share-nership'

Some challenges ahead...

1. Preventive agenda, more of self care self management
2. Patients' education & patients as 'experts'
3. Evidence of clinical effectiveness – do clinicians really make patients better?
4. Redefinition of 'patients community'
5. A new generation of 'hard to reach'/'seldom hard'
6. The media for/for involvement
7. New delivery vehicles of/for health and social care
8. Localisation as a policy and philosophy
9. The currency and economics of 'quality'
10. **HOSPITALS ARE NOT GOOD FOR YOUR HEALTH!**

Clinical Audit Cycle



The palm tree metaphor...

