

HQIP Case Study:

Service user co-design of an inpatient physical health plan

This submission demonstrates:

- Service user co-design to create a patient centred tool
- Benefits of collaboration
- Use of a range of quality improvement methods

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Collaboration for Leadership in Applied Health Research and Care - Northwest London, with Central Northwest London NHS Foundation Trust

Website address: <http://clahrc-northwestlondon.nihr.ac.uk/news/2015-04>

Summary

Central Northwest London NHS Foundation Trust brought together a team of service users, quality improvement experts and healthcare professionals, to systematically improve the physical healthcare of patients admitted to a mental health ward.

Service users have been pivotal in developing a patient physical health plan, which offers patients individualised advice about their physical health. It has been developed using process mapping and tested through plan, do, study, act cycles, before roll out on a wider scale at the Trust.

are in hospital offers an opportunity to identify risk factors for developing conditions such as cardiovascular disease or diabetes and provide advice and support on services that can be accessed on discharge. Unfortunately this is rarely done for patients with serious mental illness when they are in hospital, despite numerous national guidelines recommending such an approach.

Aims

- Improve the physical healthcare of patients admitted to a mental health ward
- Roll out the improvements on a wider scale across the trust

Background

Central Northwest London NHS Foundation Trust (CNWL NHSFT) worked with the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Northwest London on a Health Foundation-funded that used quality improvement methods to develop and implement a tool to ensure all patients admitted to hospital have their physical healthcare needs met.

People with serious mental illness have a significantly reduced life expectancy and a higher prevalence of physical health disorders than the general population. Assessing the physical health of patients when they

Objectives

- Develop a shared vision for a quality improvement with the project team, including service users, quality improvement experts and healthcare professionals
- Identify gaps in physical health assessment in those with serious mental illness.
- Co-design a patient centred tool to support improvement in physical health
- Test and refine solutions on a small scale, within a single hospital ward, before roll out across the Trust

Approach

Service user involvement was facilitated through the use of the [4PI Standards](#), a simple, yet robust framework around which good practice can be based. It aims to measure, monitor and evaluate involvement, comprising standards of: Principles, Purpose, Presence, Process and Impact.

The action effect method was used to guide the project. This is a systematic and structured process to identify and articulate a quality improvement initiative's programme theory to the team, to underpin activities and interventions. Ensuring people with a lived experience of serious mental illness were involved as full members of the project team and the advisory board was essential to ensure their perspectives were considered.

Process mapping was implemented to review the care pathways associated with admission, analyse current practice and identify where improvements could be made and interventions introduced. An initial clinical audit of the recording of physical healthcare parameters identified the need for a more robust and streamlined assessment and recording system, developed by the healthcare professionals themselves using plan, do, study, act cycles.

The new physical healthcare assessment included the calculation of a JBS3 Score, which estimates an individual's lifetime risk of developing cardio-vascular disease. Using the principles of 'measuring for improvement', weekly measures were established to assess the uptake of the assessment tool. Data has been captured on the Web Improvement Support for Healthcare (WISH) system, developed by CLAHRC Northwest London, which provides real-time analysis of data using statistical process control.

In addition to the new physical healthcare assessment, service users and healthcare professionals worked together to co-design a personalised physical healthcare plan for patients.

Challenges

- Keeping all team members engaged through project peaks and troughs, and the bureaucratic pace of change.
- Supporting service users and healthcare professionals to work together with a shared vision.

Outcomes

Aside from a physical assessment tool and action plan, the project has led to the co-production of a patient held physical health booklet as a tool for shared decision-making around physical health. The booklet uses a traffic light system to explain risks and enable patients to take some responsibility for improving their physical wellbeing.

The project team has also been provided with the 'Long Term Success' tool, designed by CLAHRC Northwest London, to help them reflect on progress and identify challenges to sustaining improvements in the clinical setting.

Conclusion

The project is currently being implemented on just one ward of the mental health unit and will be rolled out further across the unit. The physical healthcare plan has the potential for use more widely across the organisation, including in community clinics. The success of the project in engaging service users is due to be highlighted in the journal, "The Lancet Psychiatry", to help share the practice nationally.

Feedback

"As a service user I felt that being involved in the project has given me more confidence to work with professionals, and the project itself has helped me understand my own continuous battle with my physical health."
Sandra, project team member with lived experience of mental health problems.

"I've been involved in many projects over the years, but this is the first time I've really felt part of a team."
Jenny, project team member (service user).

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