HQIP Case Study:

PPI in national clinical audit - WINNER

HQIP
Healthcare Quality
Improvement Partnership

This submission demonstrates:
Shared decision making with the Service User Carer Reference Group
The impact of service user involvement on the project

Summary

The National Clinical Audit of Anxiety and Depression (NCAAD) was set up in 2017 to measure and improve the quality of NHS-funded care and treatment of service users with a primary diagnosis of anxiety and/or depressive disorder within secondary care services. NCAAD is managed by the Royal College of Psychiatrists and is funded by NHS England.

There are three main elements to the audit:

- Core audit of inpatient mental health services
- Spotlight audit of secondary care psychological therapy services
- Spotlight audit of service user experience

A prospective audit tool has also been developed that will enable services to move towards continuous data collection and track in real-time the results of quality improvement initiatives.

A Service User and Carer Reference Group (SUCRG) was recruited from the outset and they have been involved in co-producing every key stage of the audit.

Aims and Objectives

The overall aim of NCAAD is to improve the quality of care provided to service users of secondary care mental health services.

The team recruited a SUCRG, which is chaired by the Service User Advisor who, along with the Clinical Advisors, sits on all decision-making groups. The aim of the SUCRG is to ensure that all aspects of the audit are informed by service users who have experience of using secondary care mental health services. It is made up of four service user representatives, a young person representative, and a carer representative, all from across the UK.

Planning and delivery

It was planned that the SUCRG would sit on the NCAAD Steering Group alongside other key stakeholders to guide the project team on:

- Final formulation of the audit standards
- Data collection tools
- Hospital sign-up to the audit and dissemination of the findings
- Amendments and development of audit methodology

- Interpretation and reporting of the audit data and findings
- Recommendations from the audit to improve practice

Once the group were recruited, feedback indicated that the group would rather meet separately with the Service User Advisor feeding back to the Steering Group. We re-shaped the co-production model to ensure that the service user voice and individual views were heard and represented at decision-making meetings.

Once data collection and analysis were complete, a series of face to face SUCRG consultations were held in partnership with the McPin Foundation to discuss responses and interpretations of the results and how they related to individual experiences. Feedback, including report design, suggestions for next steps, recommendations/quotes, were recorded and presented at the Steering Group meeting. This was discussed at the Implementation Group before going out to an e-consultation of members from both groups to ensure that views were accurately represented in reports.

Initially, the SUCRG would advise on the production of the lay versions of the national reports. However, following positive feedback on the co-produced lay report it was decided that all national reports produced by NCAAD would adopt this model to ensure the report was accessible to anybody interested in the results of the audit.

Impact

The SUCRG has had a huge impact in shaping the audit. The reports put the experiences of service users at the heart of the results, provide a focus as to why it is important to continue to try and improve aspects of services, and are an excellent example of PPI best practice, co-production and shared decision-making.

In addition, the real-life experiences of service users bring to life the audit findings and the impact of certain aspects of care and will hopefully engage clinicians, service managers, and Trusts to implement the recommendations set by the audit. For example, the core audit found that certain demographic information was not being routinely recorded. Detailed feedback from the SUCRG about the impact of not asking and recording key personal information, such as whether someone also has a physical health condition or disability, or their housing situation, led to this being made a recommendation that clinicians should be recording this information routinely as well as using it to plan care collaboratively. The service user voice demonstrates the importance beyond the data.

Quotes from consultations and suggestions of what service users and carers would like to see in practice are included throughout the reports. The core audit has detailed accounts of 'what service users and carers would like to see happen' highlighted throughout the report for the consideration of Trusts. These go beyond the formal recommendations.

In working with the SUCRG on the interpretation of the core audit findings, the need to look at the quality of the experiences of service users through other means than a case note audit was highlighted. The group highlighted multiple times that the audits capture whether something is done or not but not about the quality of how things are done:

"Housing is one of the big questions people should be asked on admission. Does the person live alone, in social housing? How secure is it? Are they in university accommodation? It seems odd to not ask about it – you're here tonight but where were you last night?"

"I feel we have seen lots of numbers about what services are doing well and what they could improve, but there is a whole other side to my experience of mental health services that the numbers don't show. How you are treated by staff and whether you feel you have been involved in your care is so important for recovery and we should be looking at this."