Increasing Experts by Experience involvement in Quality Improvement (QI)

Cath Richards – Quality Improvement Lead

Experts by Experience (EBE) are people who have personal experience of using or caring for someone who uses our mental health services. Increasing the involvement of EBE in QI has been something we have been deeply passionate about and has been high on our agenda since the development of the QI team 18 months ago. Our commitment is embedded within our Trust quality strategy, QI strategy and team KPIs. We are committed to close partnership working with our Recovery and Patient, Family and Carer Engagement Teams, and have a current QI project aimed at increasing EBE involvement in QI projects.

For me it is absolutely fundamental to improvement work, how can we know if we're making the right changes or even what changes to make, and if our improvements efforts are working if we do not involve the individuals who are on the receiving end of the care we're providing.

FULL CONTROL	Service users / carers control decision making
SHARING POWER	Service users / carers share decisions and responsibilities, influencing and determining outcomes
PARTICIPATION	Service users / carers make suggestions and this impacts on outcomes
CONSILITATION	Service users / carers are asked what they think, but this may not influence outcomes
INFORMATION	Service users / carers are told what is happening, but have no influence
NO CONTROL	Service users / carers are passive recipients
	* Amstein, S. B. (1969) 'A ladder of olizen participation', J

The ladder of participation is a widely used model within health care. It moves from doing things to the people who use our services to doing it with them. When we talk about increasing our involvement with EBE we need to ensure we're doing this in the right way, moving from simply telling people what we're doing or consulting at a basic level, to truly codesigning and co-producing improvement work. Our ambition is to get the point where elements of our training and all patient facing projects are coproduced.

Within QI we use the terms **Big I** and **Little I** to explain EBE participation

Big I – Means involving service users and/or carers directly and continuously throughout the whole life of the QI project.

Little I – Means involving service users and/or carers at various points throughout the life of a project, the team may ask for ideas of what should be changed or about the impact changes have had to the services they receive.

We have categorised our QI projects in to 3 levels

Level 1 – QI Projects that directly impact on the quality and/or safety of patient care or experience, including the quality of the experience for family and carers. e.g. (project around improving personalised care planning)

Level 2- Projects aimed at improving internal standards or processes that impact on the quality of care and/or experience of patients, families, or carers e.g. (project about improving referral processes)

Level 3 - Projects that are focused on improvements for staff or internal processes that do not impact directly on patient, families, or carer experience (e.g., improving recruitment processes)

QI project

Below is the driver diagram which details the change theory for our project aimed at increasing EBE participation in QI projects.



We are currently focusing on our change ideas around training. We have already had service users join our existing (now virtual) QI training sessions, available to all BSMHFT staff and service users, and we are regularly evaluating and adapting these sessions based on feedback.

Really excitingly we have just ran our first cohort of QI training specifically for EBEs on the 7th and 8th of December 2020, in collaboration with our colleagues in our Recovery and Patient Experience team. The training is designed for those who wish to become involved in QI projects and will introduce the key components of QI methodology and using lived experience in QI.

The feedback we received from these sessions was amazing and it was such a positive experience for everyone involved. Two attendees stating the following:

"This is the first time I have been involved in something and haven't felt my presence here is tokenistic. I'm feeling an immense amount of enthusiasm being involved in this work."

"I thought I was going to be really out of my depth, but the way this training has been carried out and the way you've conducted yourselves has made me feel so comfortable, thank you."

As we develop a cohort of committed and skilled EBEs to support QI work throughout the organisation we can begin to co-produce and develop our project to further enhance EBE involvement in QI.

If you have any questions, or would like to know more about any of the information featured in this article please get in touch with the QI team at bsmhft.qualityimprovementteam@nhs.net