Case Study:

Improving health outcomes by embedding patient voice into complex procurement



Healthcare Quality Improvement Partnership (HQIP) manages a complex national clinical audit and outcome review programme, funded by NHS England and the Welsh government. Through rigorous specification-driven commissioning, HQIP facilitates the effective measurement of the quality of care and outcomes across a wide range of specialties.

This programme, the largest of its kind in the UK, supports clinical pathway improvement and reduces variability from evidence-based standards of care – improving outcomes for patients. Over many years, HQIP has refined a process that ensures that patient, carer and public engagement is embedded throughout this commissioning process.

THE CHALLENGE

People with lived experience have a huge contribution to make to how we procure services. By fully involving patients, carers and the public, it is possible to better understand their priorities and concerns, develop services that truly meet those needs and deliver outputs that address the real problem to be solved.

HQIP wanted to put patient and carer voice at the heart of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), to enable it to sustainably deliver even greater value, continually improve outcomes and reduce variation in the care people receive.

To achieve these benefits, the patient voice needed to be embedded throughout HQIP's commissioning lifecycle. Every decision would need to reflect a dedication to the well-being of patients and the advancement of healthcare quality. There were many practices to consider, plus new skills and experiences needed.

THE APPROACH

HQIP's journey into incorporating patient and public involvement (PPI) within procurement started small with a pilot in just three of the now 40+ programmes commissioned. Six members from HQIP's Service User Network were trained by the HQIP Procurement team, enabling them to learn how scoring would be undertaken and understand the systems that would be used. The members attended specification development and moderation meetings and scored every question in the bids.

The pilot built an understanding of how to embed PPI into processes systematically, demonstrating what works and helping to secure further senior leadership support. It highlighted how training for participants was important – and, even with this, appropriately supporting their involvement needs significant ongoing resource. It also demonstrated that patients having lived experience of the area of care was crucial.

HQIP created a refined, sustainable approach to embedding PPI throughout all projects commissioned. This includes:

- Ensuring that measures embedded in the projects align with not just clinical evidence but also patient perspectives, such as what is important to them in that area of care
- Meaningful engagement with patients and carers in specification development before procurement begins. This allows HQIP to understand patient priorities and focus on these when scoring bids
- Expecting projects to seek patients' views in their bids and to include PPI as a core part of their programme. PPI focused questions are included in every tender document, comprising 10% of the total score
- Setting out expectations for PPI within the projects too, including recommendations from programme reports that support patient empowerment in their own care and local quality improvement
- Ensuring PPI forms an integral part of governance and steering groups to shape the way outputs are developed, tailoring them to the needs of patients and carers
- Co-creating materials so that they are targeted, understandable, meaningful and impactful. This contributes towards the establishment of better outcomes and the reduction of barriers and healthcare inequalities
- Ensuring patients and carers are integral to consultation and market engagement exercises and that they are also stakeholders in focus groups

THE IMPACT

All programmes commissioned by HQIP now place significant emphasis on patient and public engagement, integrating their perspectives into commissioning activities and design work.

HQIP also sets expectations for providers to undertake PPI throughout the project delivery, producing results that are accessible and that empower patients to actively participate in their healthcare decisions.

Some examples of this impact include:

- First-hand patient experiences and charity feedback were incorporated into
 the audit design and improvement recommendations for a project called
 Epilepsy 12. Epilepsy youth advocates highlighted their priorities, which
 included mental health provision, education about their condition and the
 transition between adult and child health services. As a result, the project
 adapted their dataset to monitor these elements evolving methodology to
 align with patient priorities and changing landscapes.
- The Asthma and COPD programme used patient feedback to improve information produced for patients and carers, including considering accessibility, format, tone, layout, presentation and language. This resulted in relevant, easy to understand materials that help empower patients, including "Five key questions to ask" resources for patients with COPD and leaflets on asthma tailored specifically for children and young people.
- Patient advocates were invited to provide feedback and suggestions on infographics produced across the programme. This resulted in project provider teams gaining a greater understanding of the needs of the patient and carer when they produce report finding infographics. Projects are now more aware of accessibility requirements, what matters to patients and the need for impactful, clear and concise dissemination of information.

- During a recent clinical engagement exercise undertaken by HQIP at the request of NHS England, a PPI panel was mobilised to develop a patient friendly consultation survey and focus group. This resulted in the transformation of the Diabetes Inpatient Safety Audit, taking into account the concerns, priorities and needs of patients and carers.
- The National Paediatric Diabetes Audit has a strong group of young people, parents and families who have undertaken considerable work in identifying health inequalities and barriers to improved outcomes for children living with diabetes.

HQIP is proud to work in true partnership with patient and carer advocates to guide and co-create work – from initial programme design through to final outputs. Embedding PPI in the commissioning process has enabled improvements in relevance, patient-centeredness and efficiency; maximising both value for money and social value through better patient outcomes.

HOW HQIP COULD HELP YOU

Healthcare Quality Improvement Partnership (HQIP) supports everyone who wants to improve health and care by providing expertise, training and advice in clinical audit, quality improvement, patient engagement and procurement.

As a not-for-profit and trusted partner of the NHS, we understand complex healthcare challenges and take a patient-focused, evidence-informed approach to providing high quality solutions. So whether an organisation needs support with patient engagement, transformation strategy, improvement training, or value-based procurement support, we can help - with proven expertise across multiple areas of quality improvement.

Contact our expert team for a free, no obligation conversation: workwithus@hqip.org.uk