

RCPCH EQIP

Epilepsy quality improvement programme

Impact evaluation results 2019-2020



RCPCH EQIP wave 1 (pilot) teams evaluation results 2019/2020

This report captures the evaluation of the EQIP in 2019/2020. We asked individual members of the 12 pilot teams to submit a pre/ post programme questionnaire to evaluate what they had learned, their project outcomes and the effectiveness of the pilot once teams had completed the EQIP training.

- A total of 85 service staff from 12 trusts applied to participate in the EQIP and after some changes to team member participation, a total of 83 service staff completed the EQIP.
- 85 participant service staff completed most or part of the course pre-assessment surveys and a total of 50 participant service staff from the 12 trust teams completed most or part of the post evaluation survey.

The number of individual participants responding to pre/post-evaluation responses varied. Where necessary, e.g. for certain multiple-choice questions, only a summary of post-evaluation responses have been reported, as direct pre/post comparison at individual respondent level could not be performed.

The analysis of the qualitative data demonstrates that despite the effects of the COVID-19 pandemic, the pilot EQIP program successfully enhanced teamwork and communication among participants. The following are examples of the questions and responses to the questions asked in 2019/2020.

QI methodology

1. How confident is your team in using the following quality improvement (QI) tools to analyse your systems and processes? (Using a scale of 1 to 5 where 1 is 'not confident' and 5 is 'very confident')

Figure 1 shows pre-assessment and post-assessment responses from team participants on how confident their team were in using QI tools to analyse systems and processes, using a scale of 1 to 5, where 1 is "not confident" and 5 is "very confident". In pre-assessment results, 26% (22/85) team participants responded, and 74% (63/85) team participants did not respond. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

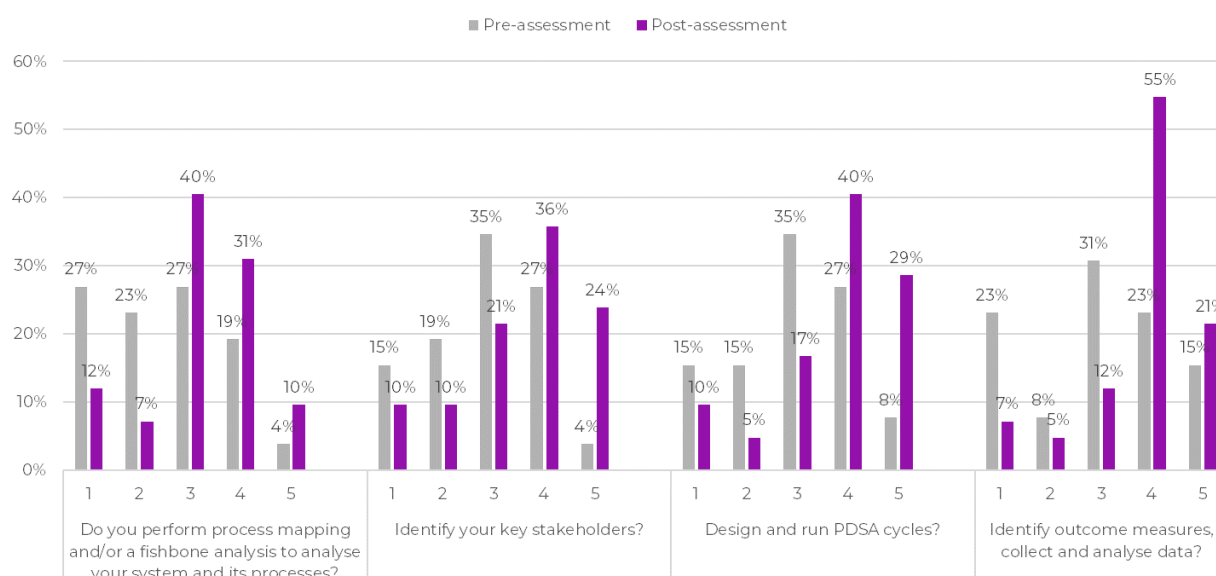


Figure 1: Team participant responses in pre/post-assessment results on how confident they were in using QI tools to analyse systems and processes, using a scale of 1 to 5, where 1 is "not confident" and 5 is "very confident".

2. Does your team receive quality improvement support from your wider Health Board/Trust?

Figure 2 shows pre-assessment and post-assessment responses from team participants that reported on whether their team receive quality improvement support from their wider Health Board/Trust. In pre-assessment results, 87% (74/85) team participants responded, and 13% (11/85) team participants did not respond. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

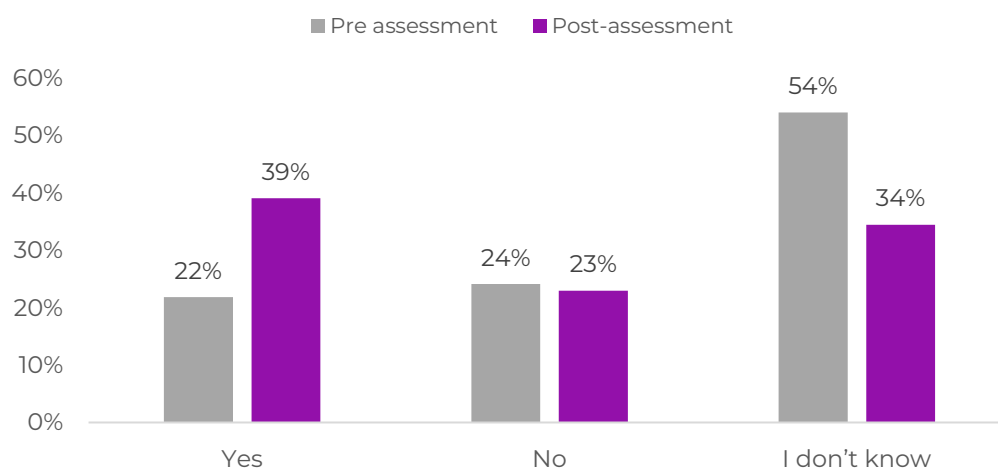


Figure 2: Team participant responses in pre/post-assessment results on whether their team receive quality improvement support from your wider Health Board/Trust.

Patient engagement methods

3. Does your team capture feedback from patients and parents as part of your own service review and improvement activities?

Figure 3 shows pre-assessment and post-assessment responses from team participants that reported on whether they captured feedback from patients and parents as part of their own service review and QI activities. In pre-assessment results, 100% (85/85) team participants responded, and 0% (0/0) team participants did not respond. In post-assessment results, 98% (49/50) team participants responded, and 2% (1/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

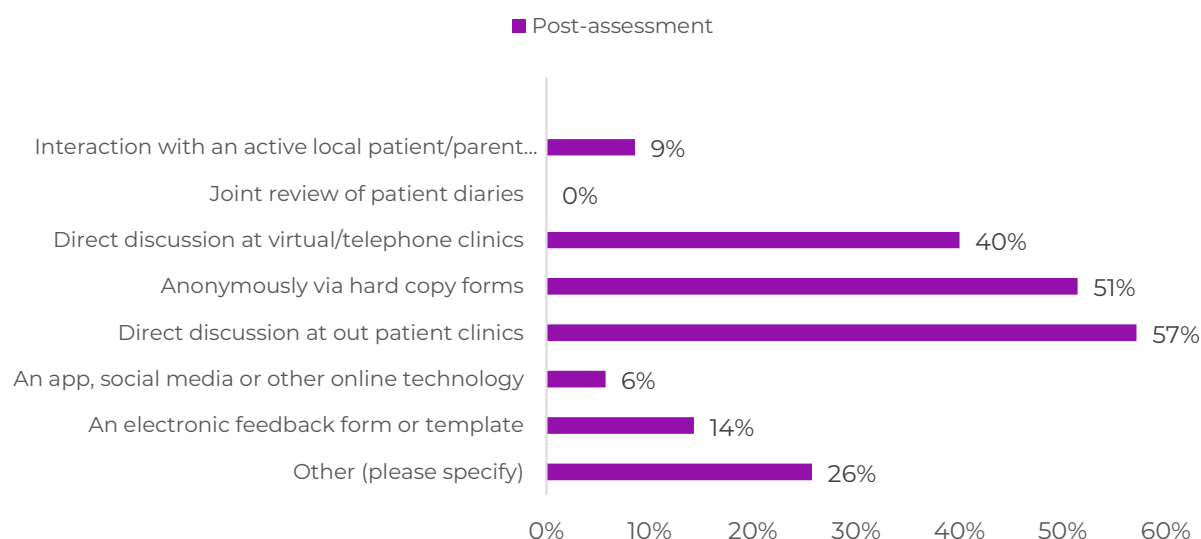


Figure 3: Team participant responses in pre/post-assessment results on whether their team capture feedback from patients and parents/carers as part of their own service review and improvement activities.

4. How is this captured?

Figure 4 shows in post-assessment results, 70% (35/50) of team participants responded to how their team capture patients and parents/carers feedback and 15% (15/50) of team participants did not respond.

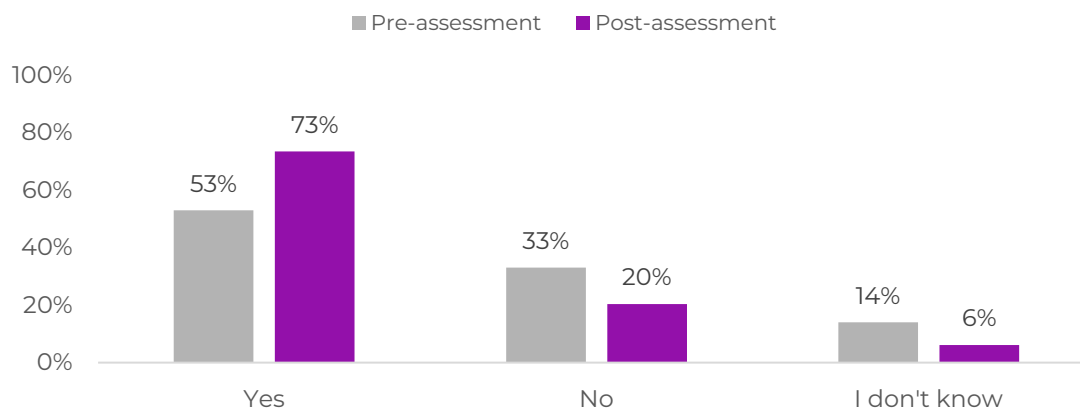


Figure 4: Team participant responses in post-assessment results on how their team capture feedback from patients and parents as part of their own service review and improvement activities.

5. How often does your team collect feedback from children, young people and parents/carers?

Figure 5 shows in post-assessment results, 68% (34/50) of team participants responded to how often their team capture patients and parents/carers feedback and 32% (16/50) of team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

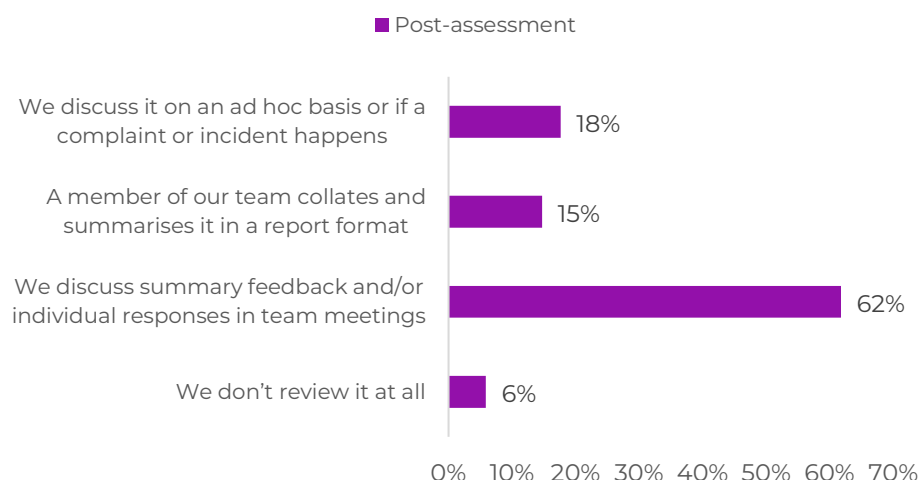


Figure 5: Team participant responses in post-assessment results on how often their team capture feedback from patients and parents/carers.

6. How is this feedback reviewed by your team?

Figure 6 shows post-assessment responses from team participants that reported on how they reviewed feedback from patients and parents/carers. In post-assessment results, 68% (34/50) team participants responded, and 32% (16/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

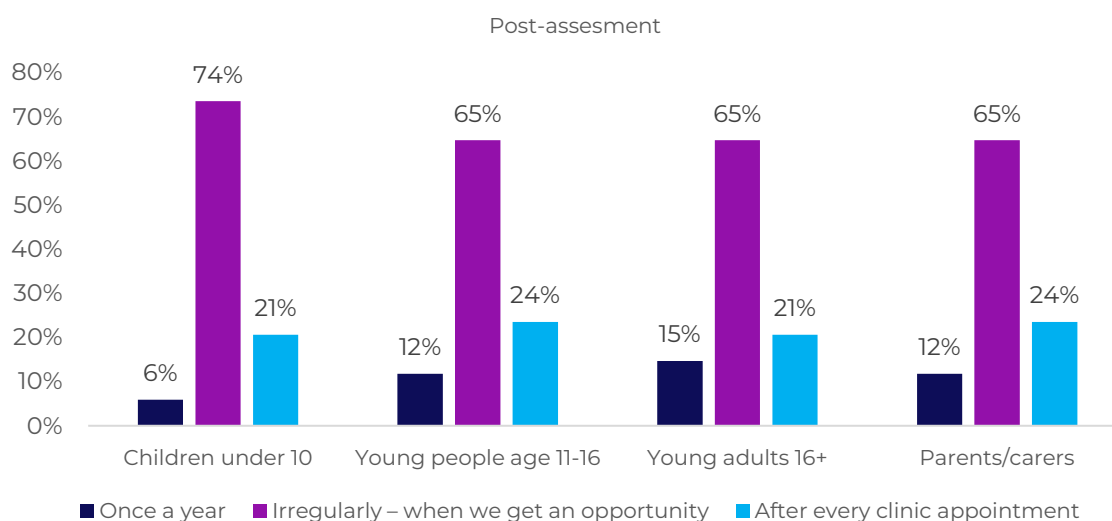


Figure 6: Team participant responses in post-assessment results on how patients and parents' feedback is reviewed by their team.

7. Who is involved in reviewing and responding to this feedback?

Figure 7 shows post-assessment responses from team participants that reported on who was involved in reviewing feedback from patients and parents/carers. In post-assessment results, 64% (32/50) team participants responded, and 36% (18/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

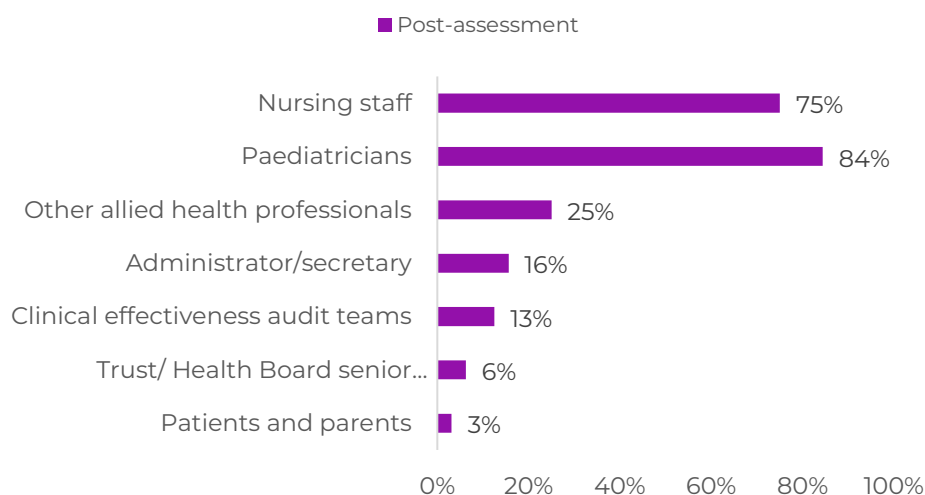


Figure 7: Team participant responses in post-assessment results on who is involved in reviewing and responding to feedback.

8. How does your team use patient feedback to improve service delivery?

Figure 8 shows post-assessment responses from team participants reported that on how their team use patient feedback to improve service delivery. In post-assessment results, 68% (34/50) team participants responded, and 32% (16/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

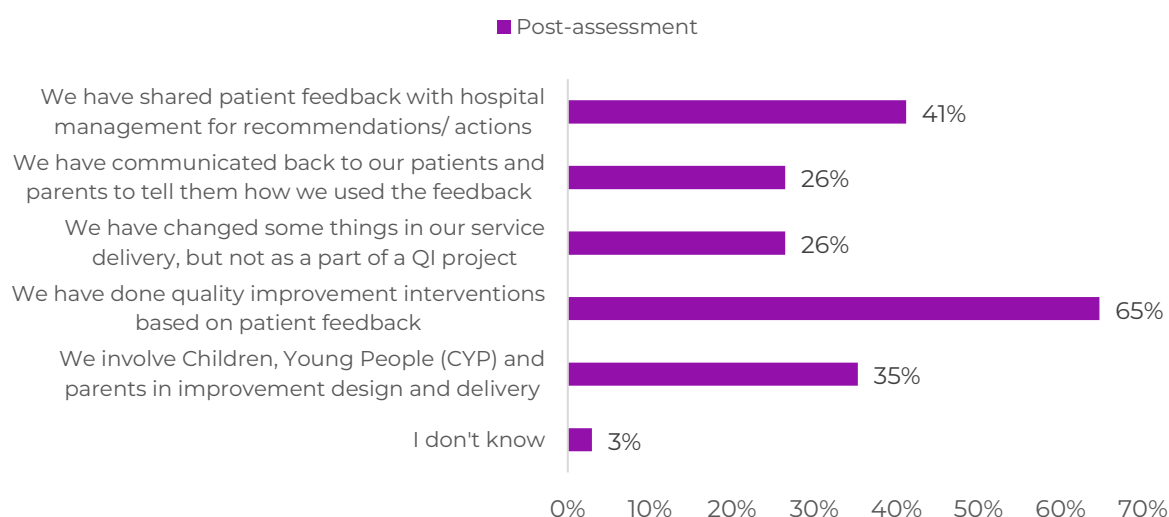


Figure 8: Team participant responses in post-assessment results on how they use patient feedback to improve service delivery.

9. Other than patient feedback, in what ways does your team engage with children, young people and families?

Figure 9 shows post-assessment responses from team participants reported that on other ways their team engage children, young people and families. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

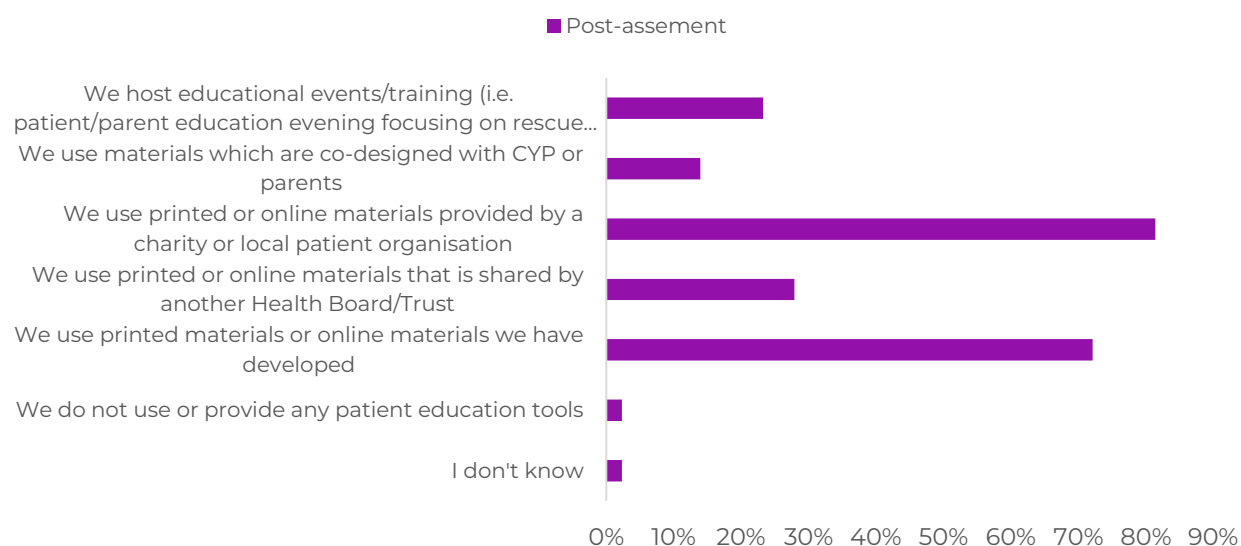


Figure 9: Team participant responses in post-assessment results on the other ways they engage with children, young people and families.

10. Which patient education tools do you use?

Figure 10 shows post-assessment responses from team participants reported that on the patient education tools their team use. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

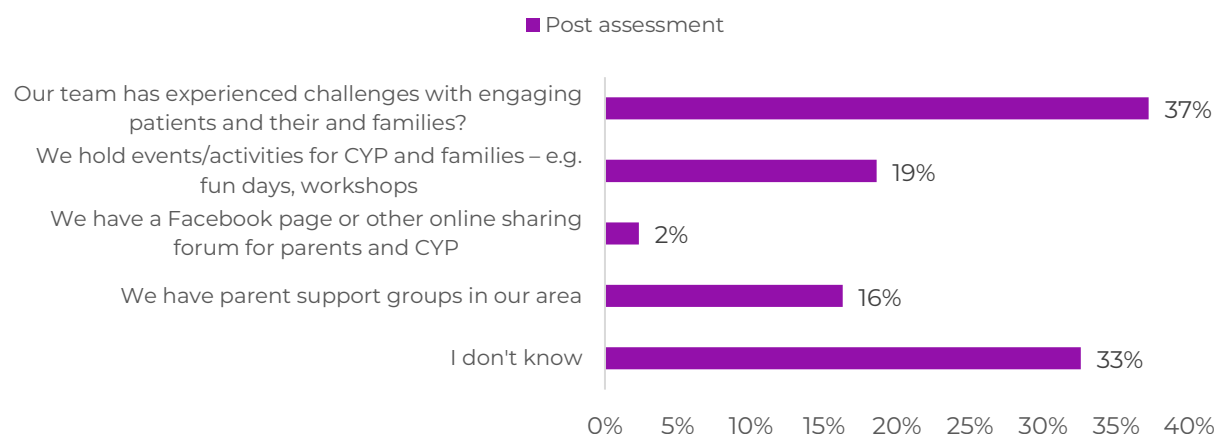


Figure 10: Team participant responses in post-assessment results on which patient education tools they use to engage with children, young people and families.

11. Does your team follow a standard template for training patients and parents/carers in any of the following?

Figure 11 shows post-assessment responses from team participants reported that on whether their team follow a standard template for training patients and parents/carers. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

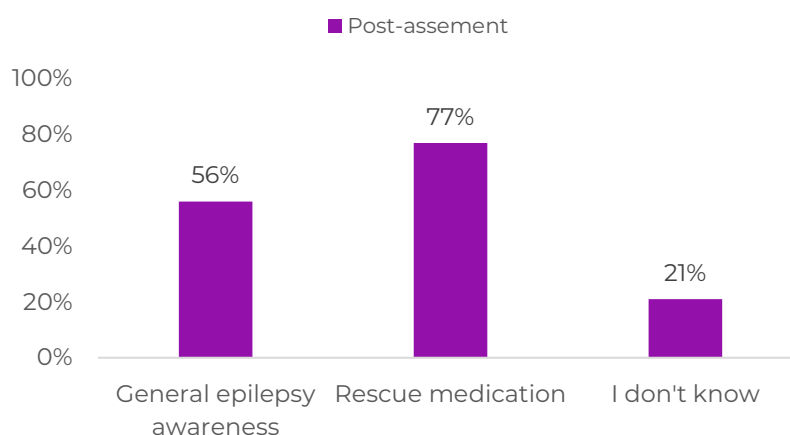


Figure 11: Team participant responses in post-assessment results on whether they follow a standard template for training parents/carers.

12. How do patients contact your service?

Figure 12 shows post-assessment responses from team participants reported that on how patients and families can contact their service. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

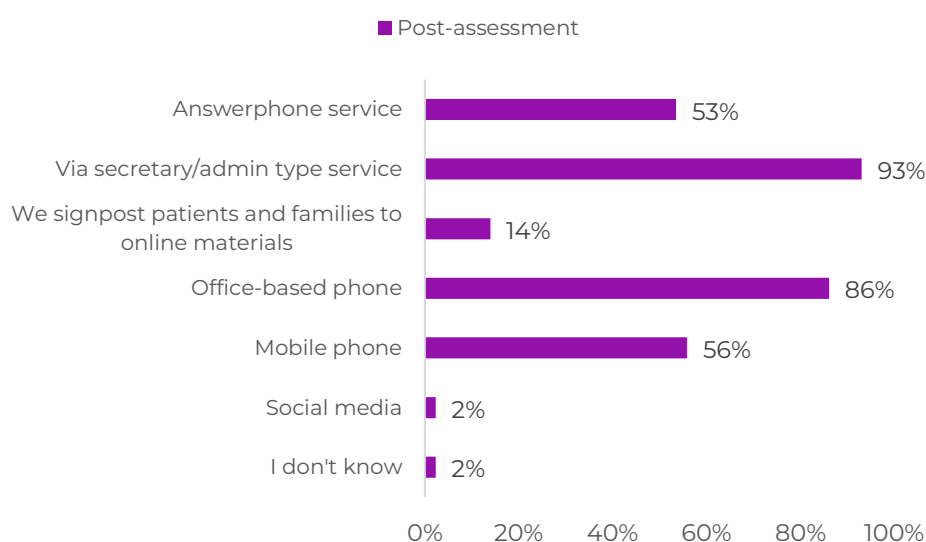
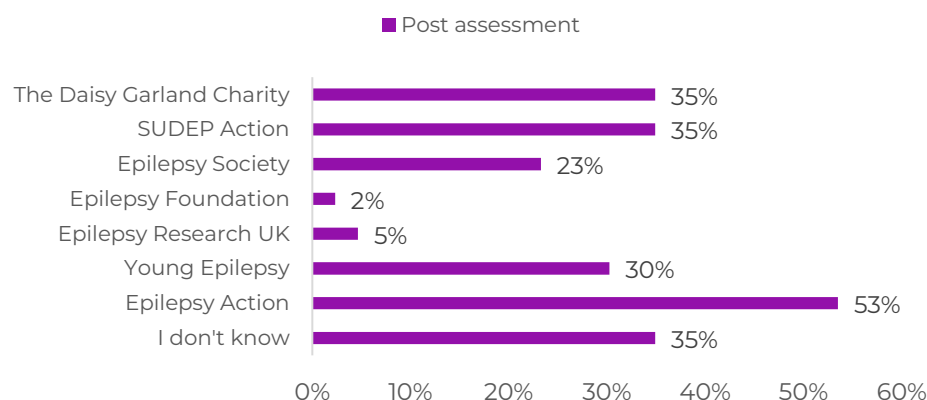


Figure 12: Team participant responses in post-assessment results on how patients contact their service.

Links with support services

13. Does your team collaborate with any of the following epilepsy charities?

Figure 13 shows post-assessment responses from team participants reported that whether their team collaborate with epilepsy charities. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.



Figures 13: Team participant responses in post-assessment results on whether they collaborate with any of the following epilepsy charities.

14. What does this collaboration involve?

Figure 14 shows post-assessment responses from team participants reported on the type of collaboration involved with epilepsy charities. In post-assessment results, 72% (36/50) team participants responded, and 28% (14/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

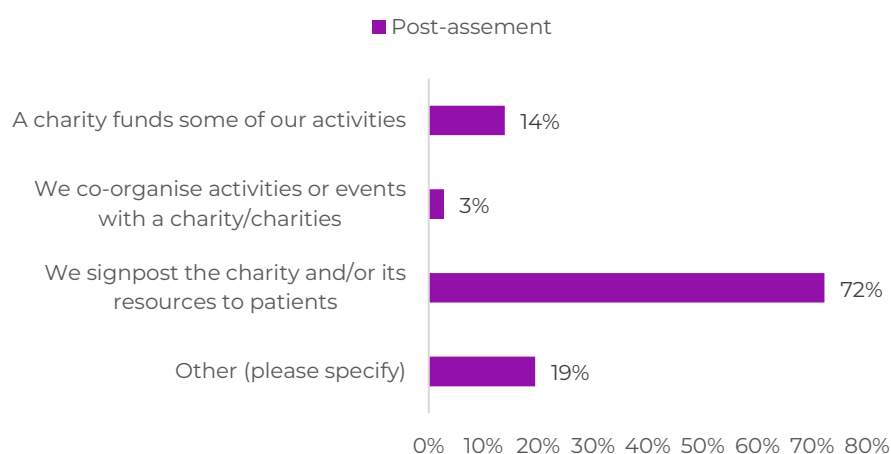


Figure 14: Team participant responses in post-assessment results on the type of collaboration involved with epilepsy charities.

Other responses on what does this collaboration involve, included:

- Epilepsy Action have agreed for us to use their links on our epilepsy passport
- Previously the charity has funded a post
- Forgot to mention Roald Dahl Charity in last question. They also offer family grants, to fund equipment.
- We have had representative of charity at our clinics
- We use facilities at Young Epilepsy for Network meetings and training

15. Does your team work with schools in your area?

Figure 15 shows pre-assessment and post-assessment responses from team participants that reported on whether their team work with schools in their area. In pre-assessment results, 92% (78/85) team participants responded, and 8% (7/85) team participants did not respond. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

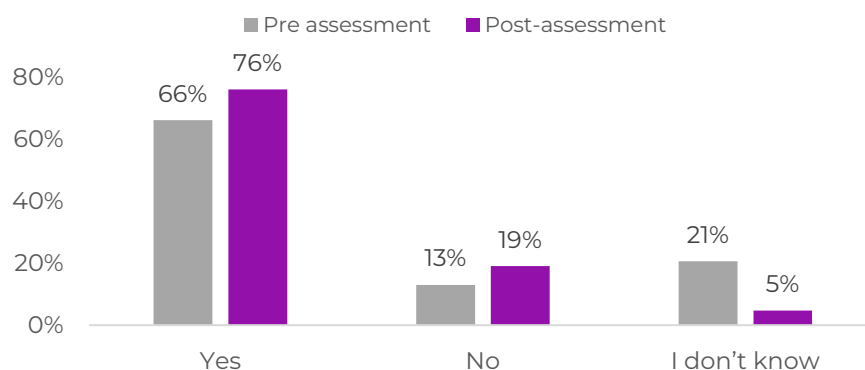


Figure 15: Team participant responses in post-assessment results on whether their team work with schools in their area.

16. What type of interaction does your team have with schools?

Figure 16 shows post-assessment responses from team participants reported on the type of interaction they have with schools in their area. In post-assessment results, 66% (33/50) team participants responded, and 34% (17/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

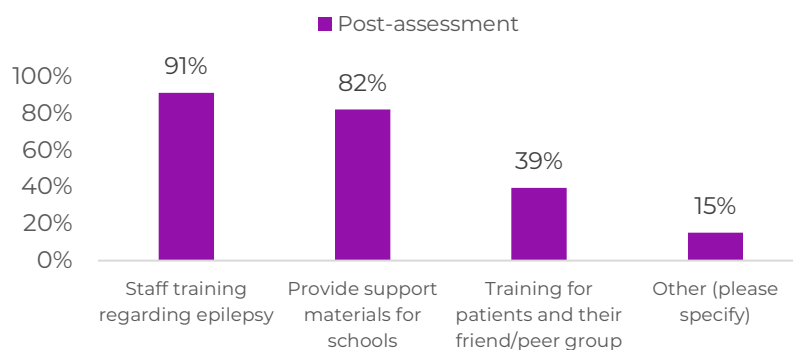


Figure 16: Team participant responses in post-assessment results on the type of interaction they have with schools in their area.

Other post-evaluation responses include:

- This is primarily for children and young people with difficult epilepsy or have a rescue medication pack,
- Epilepsy nurse visits schools for some children,
- Support and advice, attending MDT meetings, on other possible concerns e.g. behaviour, attendance, signposting to other services,
- Point of contact for any epilepsy queries regarding a specific child in the school.

17. Can schools contact your service directly?

Figure 17 shows pre-assessment and post-assessment responses from team participants that reported on whether their team work with schools in their area. In pre-assessment results, 92% (78/85) team participants responded, and 8% (7/85) team participants did not respond. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

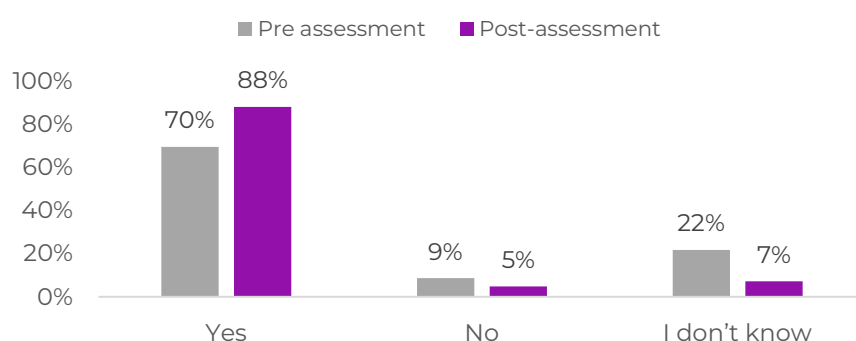


Figure 17: Team participant responses in post-assessment results on whether schools can contact their service directly.

18. Who within your team can schools directly contact?

Figure 18 shows post-assessment responses from team participants reported that on with whom schools can contact directly within their team. In post-assessment results, 78% (39/50) team participants responded, and 22% (11/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

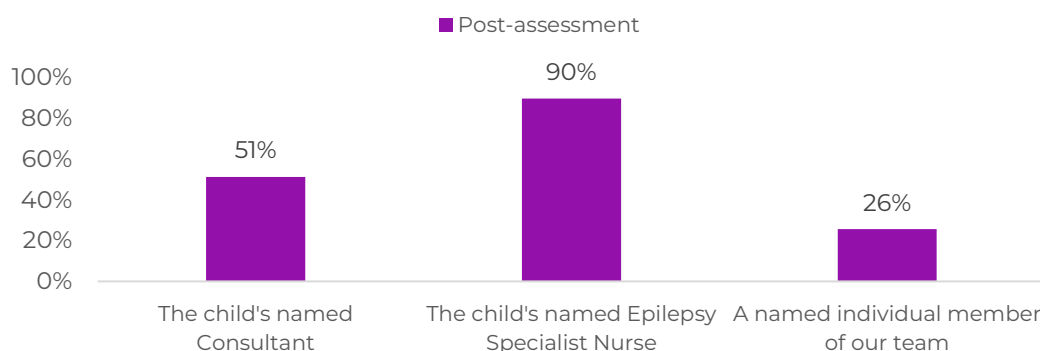


Figure 18: Team participant responses in post-assessment results on who within your team can schools directly contact.

Networking and sharing ideas

19. How is QI embedded in your NHS Health Board/Trust?

Figure 19 shows post-assessment responses from team participants that reported on how QI is embedded within their NHS Health Board/Trust. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

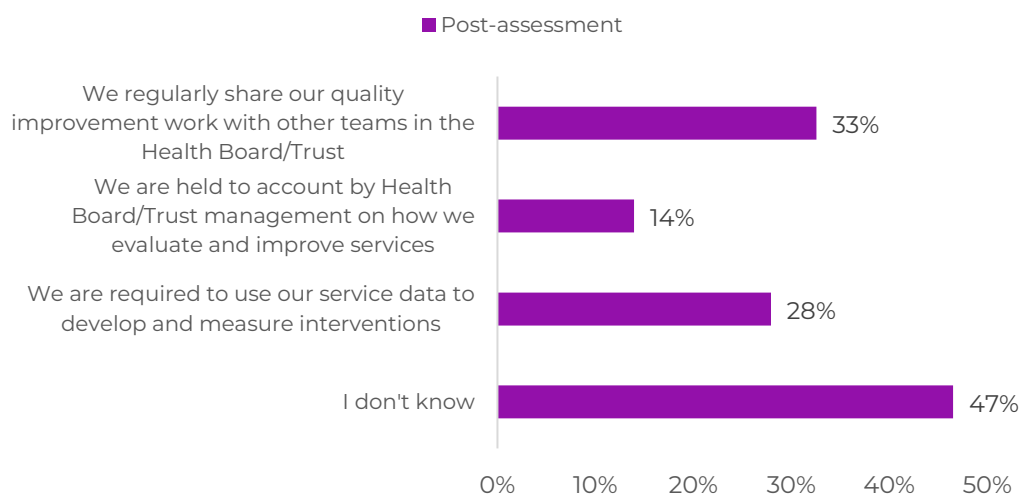


Figure 19: Team participant responses in post-assessment results on how quality improvement is embedded within their NHS Health Board/Trust.

20. As a team are you planning on sharing your improvements with others?

Figure 20 shows post-assessment responses from team participants that reported on whether they had plans on sharing their improvements with others. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

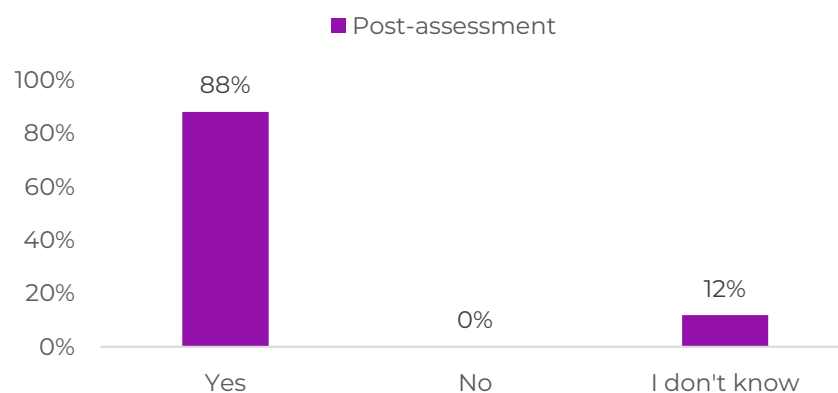


Figure 20: Team participant responses in post-assessment results on if they were planning on sharing their improvements with others in post-assessment results.

21. With whom are you most likely to share your QI journey and achievements?

Figure 21 shows post-assessment responses from team participants that reported on whom they are most likely to share their QI journey and achievements. In post-assessment results, 76% (38/50) team participants responded, and 24% (12/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.



Figure 21: Team participant responses in post-assessment results on who they are most likely to share their QI journey and achievements in post-assessment results.

Understanding the value of data

22. Does your team submit Epilepsy12 audit data?

Figure 22 shows pre-assessment and post-assessment responses from team participants that reported on whether their team submit Epilepsy12 audit data. In pre-assessment results, 87% (74/85) team participants responded, and 13% (11/85) team participants did not respond. In post-assessment results, 84% (42/50) team participants responded, and 16% (8/50) team participants did not respond.

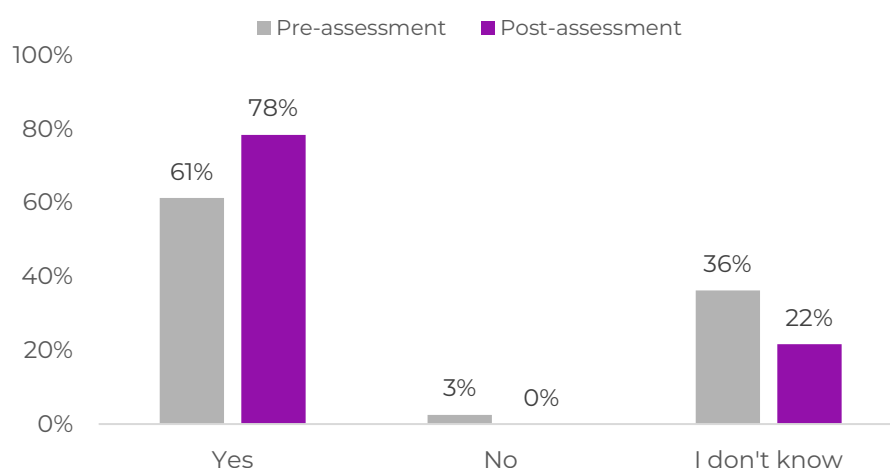


Figure 22: Team participant responses in post-assessment results on whether their team submit Epilepsy12 audit data.

23. Does your team review their Epilepsy12 audit results?

Figure 23 shows pre-assessment and post-assessment responses from team participants that reported whether they review their Epilepsy12 national audit results. In pre-assessment results, 80% (68/85) team participants responded, and 20% (17/85) team participants did not respond. In post-assessment results, 74% (37/50) team participants responded, and 26% (13/50) team participants did not respond.

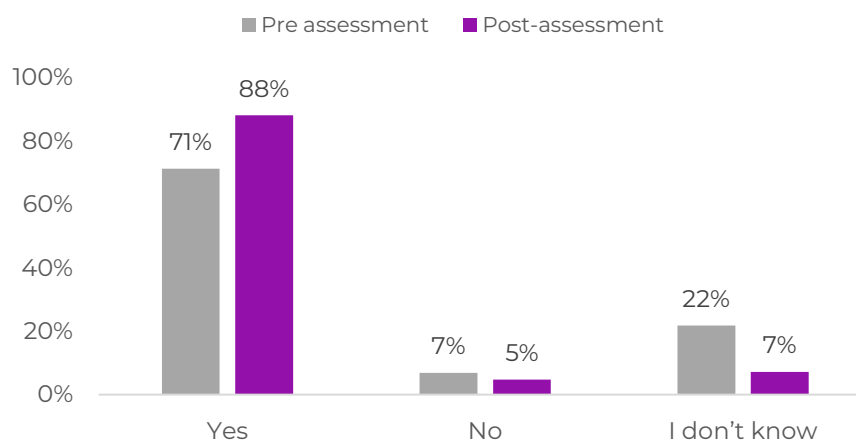


Figure 23: Team participant responses in post-assessment results on whether their team submit Epilepsy12 audit data.

24. Who within your team is involved in submitting audit data?

Figure 24 shows post-assessment responses from team participants that reported on who within their team is involved in submitting audit data. In post-assessment results, 64% (32/50) team participants responded, and 36% (18/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

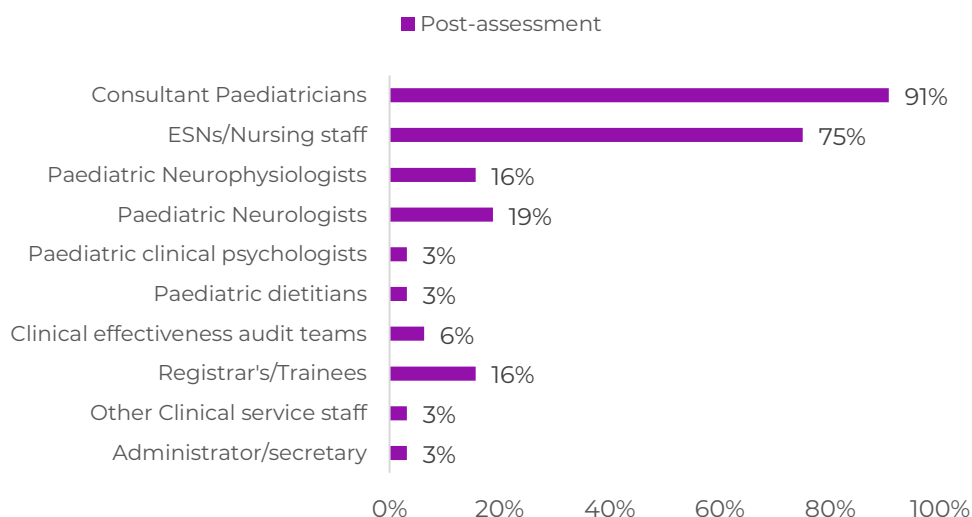


Figure 24: Team participant responses in post-assessment results on who within their team is involved in submitting audit data.

25. How does your team share their Epilepsy12 audit results?

Figure 25 shows in post-assessment results, 60% (30/50) of team participants responded to how their team share their Epilepsy12 audit results and 40% (20/50) of team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

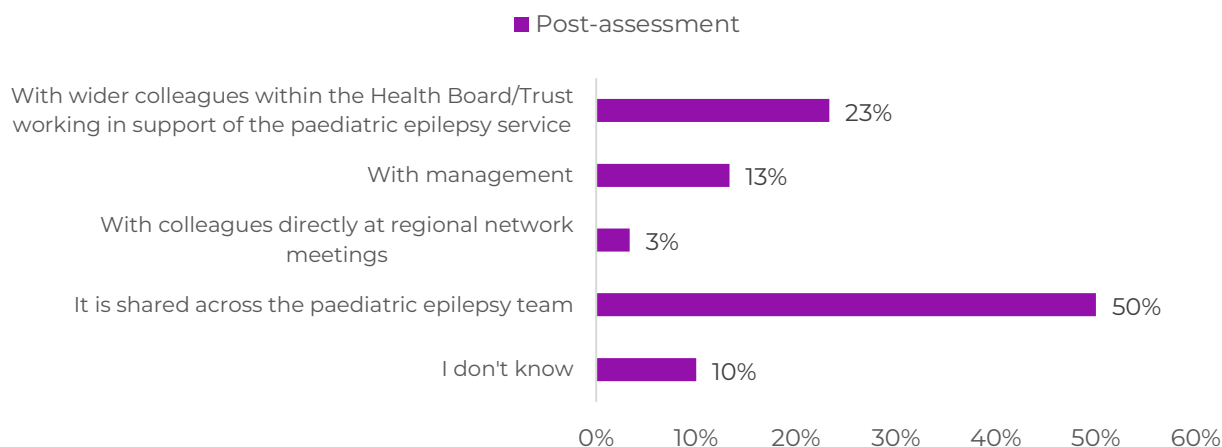


Figure 25: Team participant responses in post-assessment results on whether their team share their Epilepsy12 audit results.

Establishing new ways of working

26. Do you have structured epilepsy team meetings?

Figure 26 shows pre-assessment and post-assessment responses from team participants that reported on whether they structured epilepsy team meetings. In pre-assessment results, 80% (68/85) team participants responded, and 20% (17/85) team participants did not respond. In post-assessment results, 74% (37/50) team participants responded, and 26% (13/50) team participants did not respond.

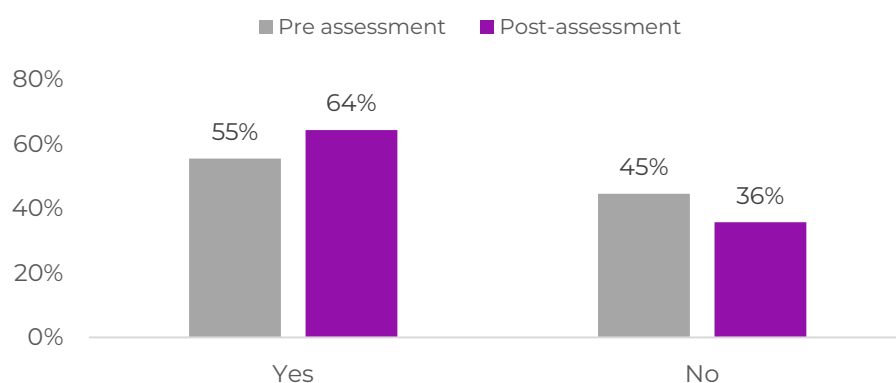


Figure 26: Team participant responses in post-assessment results on whether they have structured epilepsy team meetings.

27. How does your team organise the meetings to make them effective?

Figure 27 shows post-assessment responses from team participants that reported on how they organise effective team meetings. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.



Figure 27: Team participant responses in post-assessment results on how they organise effective team meetings.

28. Does your team engage with each other in any of the following ways?

Figure 28 shows post-assessment responses from team participants that reported on how the team engage with each other. In post-assessment results, 86% (43/50) team participants responded, and 14% (7/50) team participants did not respond. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

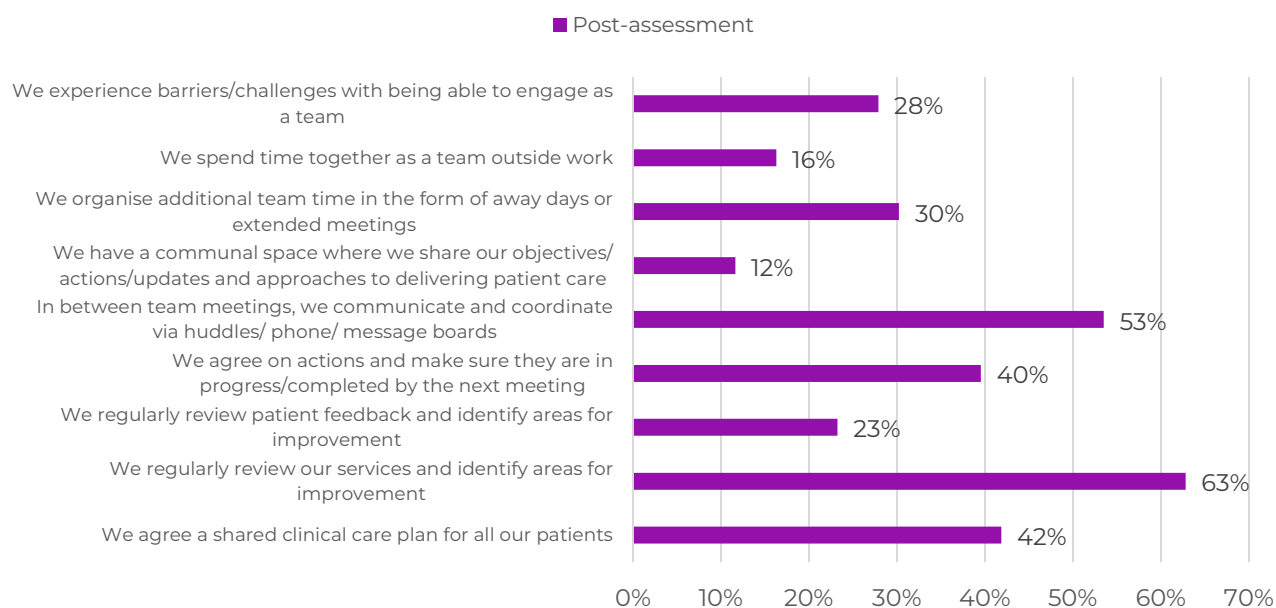


Figure 28: Team participant responses in post-assessment results on whether they engage with each other in any of the following ways.

Qualitative responses

Describe the key benefits of participating in the EQIP for your team?

Table 1: Qualitative data of post-evaluation responses was captured from team participants that described the key benefits of participating in the EQIP for their team. Below shows the multiple responses provided from team participants.

Team working and communication	
•	Our team is split over two sites, and we work very differently in some areas and would rarely meet before this project. I feel this has made us all work more closely as a team.
•	Teamwork across two hospital sites. Making time to do QI and networking nationally.
•	Better communication and inter-team relationships
•	Excellent chance to get together outside of usual work demands to focus on a key area together.
•	Allowed us as a team to become familiar with approaches to service improvement. It gave us an opportunity to brainstorm ideas and develop a greater team bond through the training weekend and through meeting regularly after to achieve the project. It has allowed us to identify other gaps within our service and improve communication drastically.
•	Sense of team and shared purpose much stronger
•	Improved team working; improved knowledge and confidence to undertake future projects.
•	Brought us together as a team. Allowed us to measure our service using our feedback from the service users.
•	Team building across multiple professions
•	Has brought us together as a team and given us a focus point.
•	Improved team cohesion, motivated the team, improved cross site working.
•	Team building, identifying areas for improvement and implementing a specific project.
•	Uniting the team through identifying and working towards few patient-centred goals
•	Team building and bonding. Shared approach to quality improvement across the team which improved approach to first fit patients
•	Bringing the team together. Being in contact with the RCPCH to encourage change.
•	Brought us closer together
QI training and support	
•	It galvanised us and gave us deadlines, and also gave us new ideas we wouldn't have otherwise thought of. It motivated us.
•	improved team working, focus on patient lead service improvement and gave us the time to move forward on projects.
•	Improved understanding of QI tools, learning from other teams and their successes also invaluable.
•	The structured approach to enable the team planning/preparation time for the project, and the follow up review meetings kept momentum in the project.
•	Practical experience of QI Identification of QI projects on individual basis.
•	Training in methodology of QI tools - Some opportunity to interact with the team but none of the epilepsy nurses could attend the project and hence it was not as useful as it could have been.
•	Learning and implementation of QI tools. Team building exercise.
•	Identifying the difficulties and trying to resolve issues in a constructive manner. Sharing our problems and working in collaboration.

<ul style="list-style-type: none"> Helped to understand QI process and encouraged small changes with regular review. Good structure to capturing data and poster template.
<ul style="list-style-type: none"> Team building; shared goals; regular team meetings; understanding of quality improvement tools and how we can use them to influence change.
<ul style="list-style-type: none"> Learning about improvement methods and understanding how best to implement and monitor them, particularly small tests of change. Stimulated increased communication/sharing of ideas within the team.
Programme achievements
<ul style="list-style-type: none"> Recognising patient feedback
<ul style="list-style-type: none"> We have fully established a transition clinic, but the main benefits were the motivation to complete this in a time frame and the guidance regarding how to design/plan, test and put in action all these.
<ul style="list-style-type: none"> Delivered a shared vision to improve transition pathways for young people with epilepsy.
<ul style="list-style-type: none"> We agreed on the most important thing we wanted to improve on as a team. Developed a good plan to move forward and how to reach that goal together.
<ul style="list-style-type: none"> Better service for patients. Families more involved in planning their care. Multidisciplinary working. Greater communication and ability to share ideas and discuss problems more openly.
<ul style="list-style-type: none"> Really helped us to work together and understand the QI process. It has made us want to continue QI within our service.
<ul style="list-style-type: none"> Increased team networking and collaboration. Increased understanding of an area children with epilepsy wanted further information on. Developed leaflet on mental health services available in our area to distribute. Knowledge of how we can make further changes in the future based on what young people want.
<ul style="list-style-type: none"> Enable us to look closely at the service we provide and has brought the team together from two different hospitals within the Trust.
<ul style="list-style-type: none"> Better communication for patients and improved services for patients with additional needs

What were the key drawbacks of participating in the EQIP for your team?

Table 2: Qualitative data of post-evaluation responses was captured from team participants that described the key drawbacks of participating with the programme. Below shows the multiple responses provided from team participants.

COVID-19 Pandemic
<ul style="list-style-type: none"> COVID-19 geographical distance between colleagues though much done virtually.
<ul style="list-style-type: none"> Lack of time, low staffing and patient levels during pandemic.
<ul style="list-style-type: none"> It of course came at a very difficult time with the pandemic, and I had personally problems at this time and could not keep up with the deadlines after around March.
<ul style="list-style-type: none"> COVID-19! Changes within the team structure during the EQIP project.
<ul style="list-style-type: none"> Not possible to all meet regularly face to face.
<ul style="list-style-type: none"> COVID-19 halted the momentum briefly.
<ul style="list-style-type: none"> Finding time to come together as a team more often, and then increased difficulty as COVID-19 pandemic hit.
<ul style="list-style-type: none"> COVID-19 affecting the way we all worked; our Champion was re-deployed for a while and as our project was around outpatient appointments this affected our ability to carry out the project. Difficult for us all to meet together, and one of our team left the Trust in December.
<ul style="list-style-type: none"> Challenges with plans changing during pandemic.

<ul style="list-style-type: none"> Better guidance on how to present data and interpret results. Also, more clarification of what is involved in World Cafe day and team requirements.
<ul style="list-style-type: none"> Unable to meet as often due to COVID-19.
Lack of time available
<ul style="list-style-type: none"> Lack of time to get the whole team together.
<ul style="list-style-type: none"> Time intensive, particularly during COVID-19.
<ul style="list-style-type: none"> No additional time allocated to make plan and make changes. Task and finish group needed to be completed within 6 months, so did feel a little pressured. However very rewarding to see prompt results.
<ul style="list-style-type: none"> Time constraints, particularly in light of pandemic. Some members of team were more heavily involved than others in view of the goals of our project naturally leading to this being the case.
<ul style="list-style-type: none"> Was time consuming designing survey and looking at the results and generating reports and posters.
<ul style="list-style-type: none"> More effort and time went on preparing the poster, the final report and the presentation. But overall, all these gave us a better understanding of our project and sometimes made us realise some of our mistakes or things that we could improve further. Even new ideas for the future.
<ul style="list-style-type: none"> Time - difficult to get together and discuss/organise the project. Staff - Nursing staff and HCA led the project.
<ul style="list-style-type: none"> Time commitment.
<ul style="list-style-type: none"> No additional time allocated for this in the job planning, so it was tight at times.
<ul style="list-style-type: none"> Taking time out of own weekend, otherwise no drawbacks.
Lack of engagement from team members and support
<ul style="list-style-type: none"> Some of the team members were not involved with Epilepsy on regular basis.
<ul style="list-style-type: none"> As a team we did well. But We did not have support from the wider population in the Trust who are the key stakeholders.
<ul style="list-style-type: none"> The experience was positive. Difficult for all members to get fully involved after the initial Birmingham event.
<ul style="list-style-type: none"> Depressing being around other teams who already had established services.
There were no drawbacks
<ul style="list-style-type: none"> No drawbacks, only things to build on
<ul style="list-style-type: none"> None
<ul style="list-style-type: none"> Can't think of any!
<ul style="list-style-type: none"> No drawbacks!
<ul style="list-style-type: none"> I don't feel there was any! All of benefit