# RCPCH EQIP

## Epilepsy quality improvement programme

## Impact evaluation results 2022-2023

NHS England

RCPCH
Royal College of
Paediatrics and Child Health
*Leading the way in Children's Health*

## RCPCH EQIP (wave 3) evaluation results 2022/2023

This report captures the evaluation of the EQIP in 2022/2023. We asked individual participant members of the 13 Trust teams, including one Integrated Care Board (ICB) to submit a post-programme questionnaire to evaluate what they had learned, their project outcomes and the effectiveness of the programme once teams had completed the EQIP training. A total of 47 participants applied to join the RCPCH EQIP and 32 participants completed the training course. 16 participants from 11 Trusts provided post-evaluation feedback. Pre-evaluation data was not provided.

The number of survey questions were reduced based on feedback from previous training waves. The number of responses per question will vary with percentages not equalling to 100% due to multiple choice options or questions being skipped by some participants.

The following are the questions and responses to the questions asked in 2022/2023.

# QI methodology

### 1. Did you find the following training sessions useful?

**Figure 1** shows that overall, team participants reported they found the webinar training sessions useful. **67%** (8/12) of team participants reported they "strongly agreed" they found the patient engagement sessions "useful". **50%** (7/14) of team participants reported they "strongly agreed" they found understanding QI sessions "useful", (see full results in table 1 below).
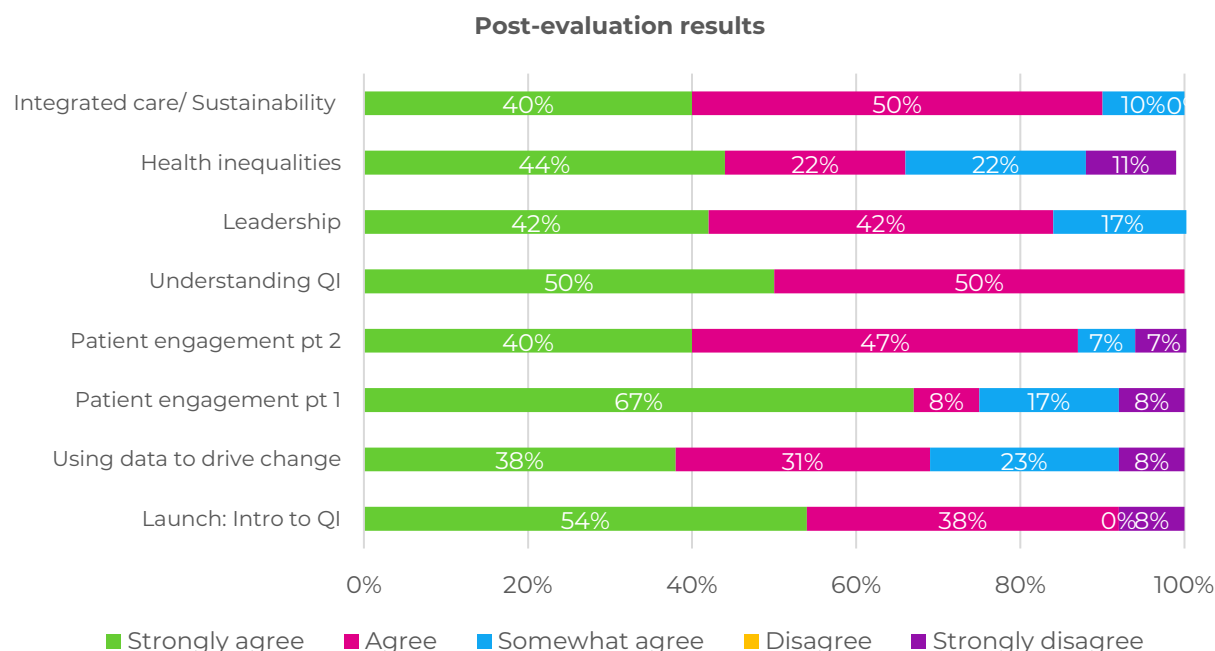
**Post-evaluation results**



Figure 1: Team participants reported on a scale of 1-5, (1 being "Strongly disagree" and 5 being "Strongly agree") in post-evaluation results on whether they found the following training sessions useful.

**Table 1**: Team participants reported on a scale of 1-5, (1 being "Strongly disagree" and 5 being "Strongly agree") in post-evaluation results, on whether they found the following training sessions useful.

| Description of scale options (1-5) | | Intro to QI | Using data to drive change | Patient engagement pt 1 | Patient engagement pt 2 | Understanding QI | Leadership | Health inequalities | Integrated care/ Sustainability |
|---|---|---|---|---|---|---|---|---|---|
| Strongly agree | 5 | 54% (7/13) | 38% (5/13) | 67% (8/12) | 40% (6/15) | 50% (7/14) | 42% (5/12) | 44% (4/9) | 40% (4/10) |
| Agree | 4 | 38% (5/13) | 31% (4/13) | 8% (1/12) | 47% (7/15) | 50% (7/14) | 42% (5/12) | 22% (2/9) | 50% (5/10) |
| Somewhat agree | 3 | 0% (0/13) | 23% (3/13) | 17% (2/12) | 7% (1/15) | 0% (0/14) | 17% (2/12) | 22% (2/9) | 10% (1/10) |
| Disagree | 2 | 0% (0/13) | 0% (0/13) | 0% (0/12) | 0% (0/15) | 0% (0/14) | 0% (0/12) | 0% (0/9) | 0% (0/10) |
| Strongly disagree | 1 | 8% (1/13) | 8% (1/13) | 8% (1/12) | 7% (1/15) | 0% (0/14) | 0% (0/12) | 11% (1/9) | 0% (0/10) |

## 2. Did you find the following support sessions useful?

**Figure 2** shows that **69%** (11/16) of team participants reported they "strongly agreed" they found monthly 1:1 team meetings useful, **63%** (5/8) of team participants reported they "strongly agreed" they found the drop-in sessions useful, (see full results in table 2 below).
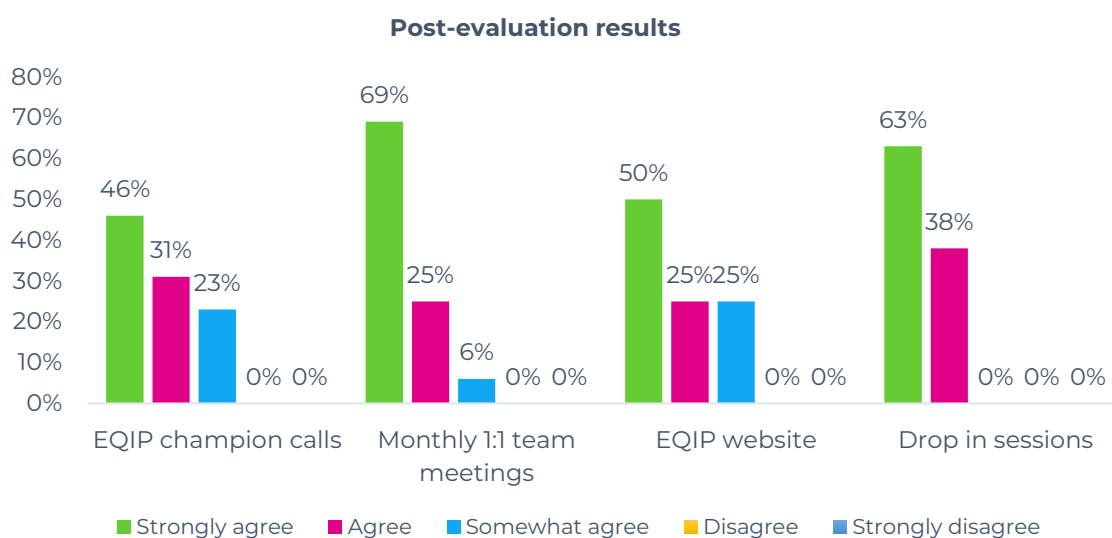


Figure 2: Team participants reported on a scale of 1-5, (1 being "Strongly disagree" and 5 being "Strongly agree") in post-evaluation results on whether they found the support sessions useful.

**Table 2**: Team participants reported on a scale of 1-5, (1 being "Strongly disagree" and 5 being "Strongly agree") in post-evaluation results, on whether they found the following support sessions useful.

| Description of scale options (1-5) | | EQIP champion calls | Monthly 1:1 team meeting | EQIP website | Drop-in sessions |
|---|---|---|---|---|---|
| **Strongly agree** | **5** | 46% (6/13) | 69% (11/16) | 50% (8/16) | 63% (5/8) |
| **Agree** | **4** | 31% (4/13) | 25% (4/16) | 25% (4/16) | 38% (3/8) |
| **Somewhat agree** | **3** | 23% (3/13) | 6% (1/16) | 25% (4/16) | 0% (0/8) |
| **Disagree** | **2** | 0% (0/13) | 0% (0/16) | 0% (0/16) | 0% (0/8) |
| **Strongly disagree** | **1** | 0% (0/13) | 0% (0/16) | 0% (0/16) | 0% (0/8) |

### 3.  Which of the following QI tools and techniques were most helpful to your project?

**Figure 3** shows **26%** (15/57) of team participants reported they found the Driver diagram QI tools useful. **23%** (13/57) of team participants reported they found the PDSA methodology useful, **18%** (10/57) of team participants reported they found stakeholder mapping useful and **14%** (8/57) of team participants reported they found process mapping useful. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%, (see full results in table 3 below).
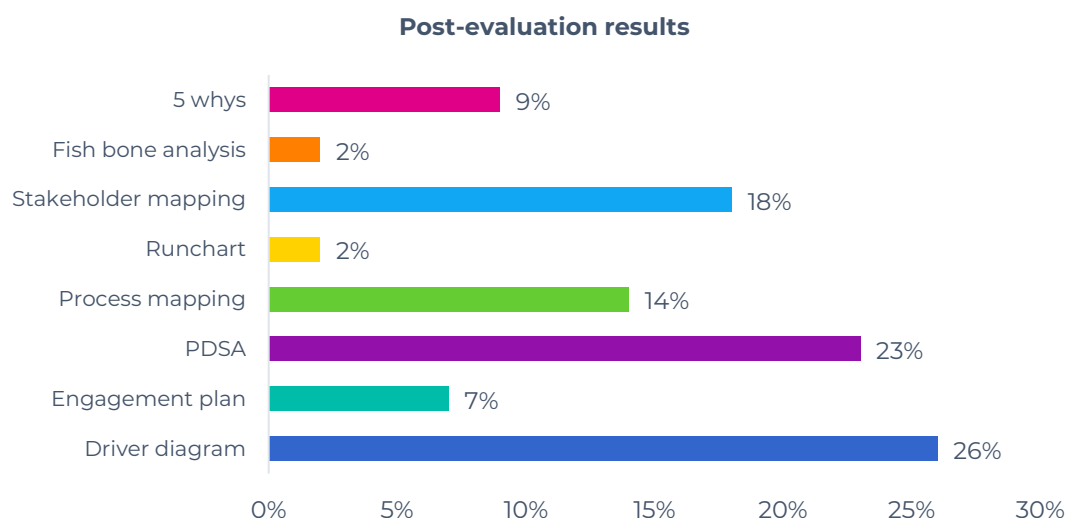
**Post-evaluation results**



Figure 3: Team participants reported in post-evaluation results on which of the following QI tools and techniques were most helpful to their project.

**Table 3:** Team participant responses on which of the following QI tools and techniques were most helpful to their project. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

| Multiple choice options | Total number of responses |
|---|---|
| **Driver diagram** | 26% (15/57) |
| **Engagement plan** | 7% (4/57) |
| **PDSA** | 23% (13/57) |
| **Process mapping** | 14% (8/57) |
| **Run chart** | 2% (1/57) |
| **Stakeholder mapping** | 18% (10/57) |
| **Fish bone analysis** | 2% (1/57) |
| **5 whys** | 9% (5/57) |

4. **Use a few words to describe what you have learned from the training sessions provided on the programme**

**Table 4** shows qualitative data captured from team participants in post-evaluation responses that described what they have learned from the training sessions provided on the programme. Below shows the multiple responses provided from team participants.

| |
|---|
| *One change per person at a time.* |
| *Better methodology for data collection.* |
| *Extensive range of QI methodology e.g. patient engagement tools, data interpretation.* |
| *Face to face more popular rather than virtual.* |
| *How to run a quality improvement project.* |
| *I have learned a wealth of knowledge on QI in epilepsy, including the process of a QI project, tools to utilise, team working. The importance of making small and steady progress, how this can then be applied to future QI projects.* |
| *If we want to change something, we just have to get on with it ourselves.* |
| *Leadership.* |
| *Learning to carry out a QI project.* |
| *Most important was the process of QI and how one can progress QI with simple resources and quickly.* |
| *Patient engagement and quick easy feedback.* |
| *Patient engagement ideas.* |
| *Patient engagement, data interpretation, qualitative data.* |
| *Patient engagement tools were useful.* |
| *PDSA and Driver diagrams once we understood them.* |
| *PDSA and stakeholder engagement.* |
| *PDSA cycles, patient engagement, qualitative data analysis.* |
| *Small changes make a difference.* |

| |
|---|
| *That one can get somewhere and achieve in a short period of time and that enthusiasm can be quite contagious!* |
| *The outcome of worries.* |
| *To incorporate QI in a normal days work, planning for change.* |
| *Useful to have a structured approach and take small but fast steps to improve things.* |
| *Using small numbers and various ways to obtain responses from patients and how to narrow down the group questioned.* |
| *We received training on how to identify our stakeholders, and drawing out the driver diagram really helped to make it clear what our issues were. I really enjoyed the session on health inequalities and hearing about organisations supporting this. I hadn't expected health inequalities to be included but this was really interesting and helped bring it all home about why we need QI.* |

## 5. What activities worked well? / What activities did not work so well?

**Table 5** shows qualitative data captured from team participants in post-evaluation responses that described what activities worked well and what did not.  Below shows the multiple responses provided from team participants.

| **What activities worked well?** |
|---|
| *1:1 meetings very helpful. We were well supported, directed and encouraged during these sessions.* |
| *All patients are individuals and want information in different ways.* |
| *Everything worked well.* |
| *Face to face meetings.* |
| *I think that the1:1 meetings were very useful.* |
| *It was helpful to complete the PDSA cycles as a process rather than just doing something since it was a useful framework to the project.* |
| *Learnt different ways of getting feedback from patients.* |
| *Marbles, post-its, Mentimeter.* |
| *PDSA cycles.* |
| *PDSA cycles and stakeholder and process mapping helped us during our project. We navigated our referral pathway so could see where further improvements are required.* |
| *Our team worked well together.* |
| *Regular communication was key for progress, planning particularly face to face meeting day.* |
| *Team working, patient engagement.* |

| **What activities did not work so well?** |
|---|
| *Difficult to attend some of the sessions.* |
| *Difficult to find adequate time.* |
| *Engagement tools difficult to use across the two sites.* |

| |
|---|
| *Not always possible to attend sessions live.* |
| *Not getting time to do the activities, getting the right patient group for feedback.* |
| *Patient engagement could have been better from our team.* |
| *Questionnaire didn't work well. Getting the right age patients in the clinic to question for the project during some clinics were ok, other times were not.* |
| *Reducing variation could have been more focussed.* |
| *We sought support from our Trust QI team but this was not forth coming.* |
| *Working as a team but across the ICS was a real challenge.* |

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

**Figure 4** shows **87%** (13/15) of team participants reported they do not receive quality improvement support from their wider Trust and **13%** (2/15) of team participants reported they do receive quality improvement support from their Trust.

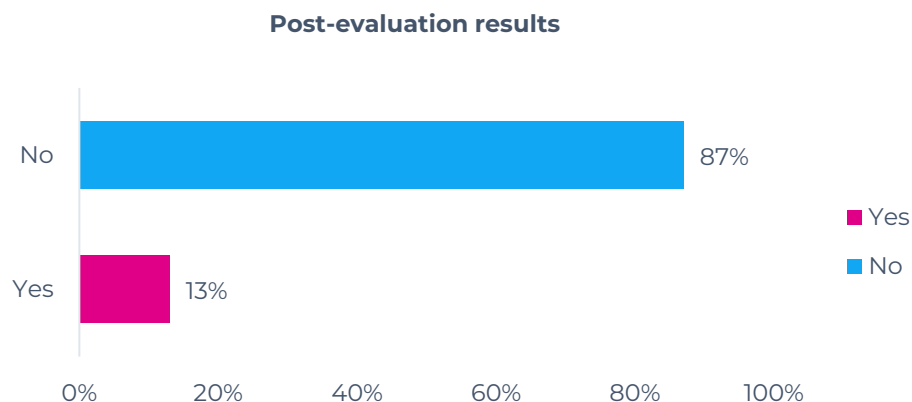**Post-evaluation results**



Figure 4: Team participants reported in post-evaluation results on whether their team receive quality improvement support from their wider Health Board/Trust.

# Patient engagement methods

**7. Has your team engagement with patients and families increased since joining the EQIP?**

**Figure 5** shows **100%** (15/15) of team participants reported that team engagement with patients and families increased since joining the EQIP.
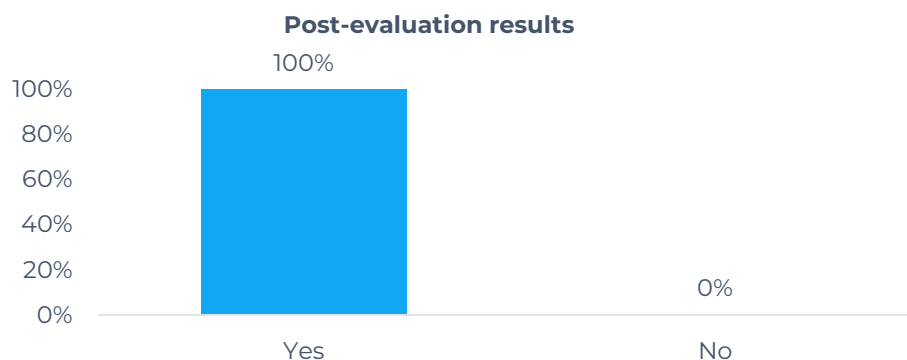
### Post-evaluation results



Figure 5: Team participants reported in post-evaluation results on whether their team engagement with patient and families increased since joining the EQIP.

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

**Figure 6** shows **73%** (11/15) of team participants reported they capture feedback from patients and parents as part of their own service review and improvement activities, and **27%** (4/15) of team participants reported they did capture feedback for service review.
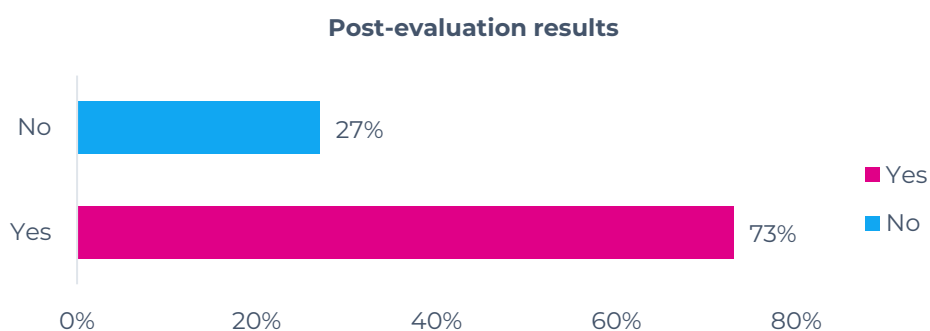
### Post-evaluation results



Figure 6: Team participants reported in post-evaluation results, whether their team capture feedback from patients and parents as part of your own service review and improvement activities.

# Links with support services

9. **During the process of developing your project, did you engage with any of the following organisations?**

**Figure 7** shows **35%** (9/26) of team participants reported engaging with 'mental health services' during the process of developing their project, **27%** (7/26) of team participants reported engaging with 'epilepsy charities', **15%** (4/26) of team participants reported engaging with 'healthcare services' within the Trust and Schools, and **4%** (1/26) of team participants reported engaging with 'Community services and other organisations outside of their Trust'. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
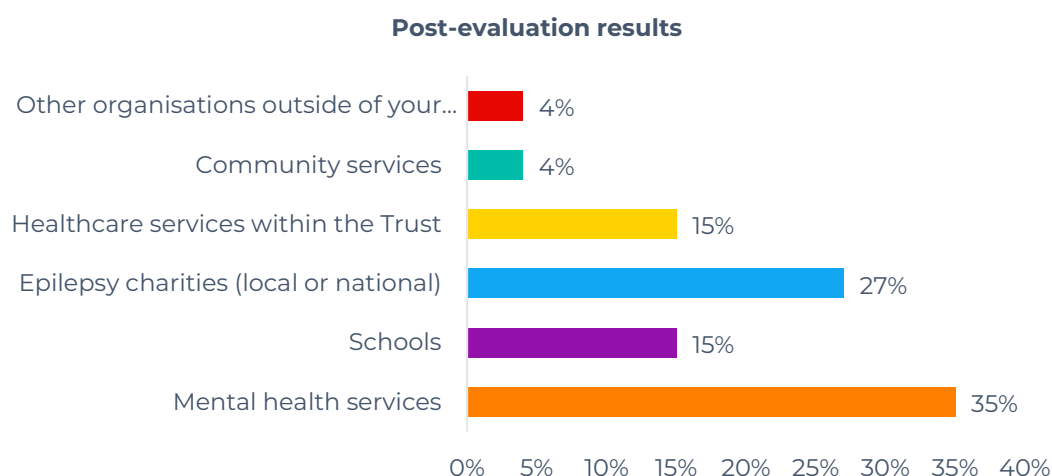
**Post-evaluation results**



Figure 7: Team participants reported post-evaluation results on whether they engage with any of the following organisations during the process of developing their project.

8

# Understanding the value of data

### 10. Does your team submit data for the Epilepsy12 audit?

**Figure 8** shows, **87%** (13/15) of team participants reported they submit Epilepsy12 audit data and **13%** (2/15) of team participants reported they do not submit data. (At the time of analysis, the Epilepsy12 team have confirmed they have been liaising with the team who will be joining the audit for the next cohort round of data entry).
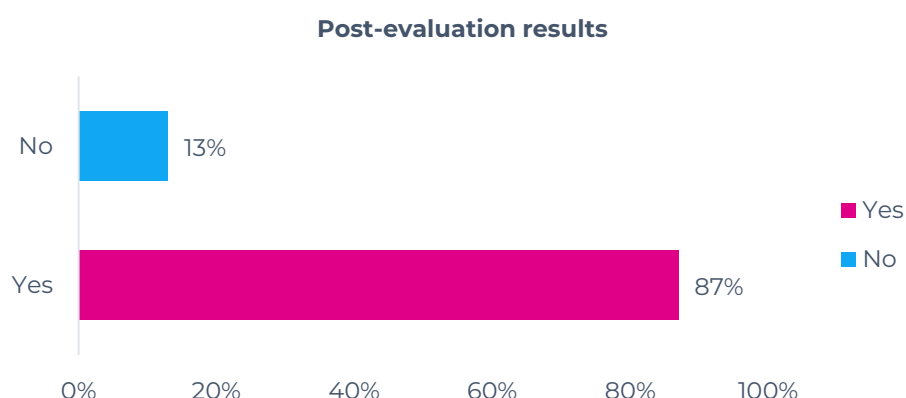
**Post-evaluation results**



Figure 8: Team participants reported in post-evaluation results whether their team submit data for the Epilepsy12 audit.

### 11. How do you envision using your Epilepsy12 audit data to inform future QI initiatives?

Qualitative data captured from team participants in post-evaluation responses described how they envision using their Epilepsy12 audit data to inform future QI initiatives. Common themes from multiple responses reported were:

- **Epilepsy12 provides many themes for QI that would help with sustainable service improvement**
- **Evidence improvements**
- **Helps to evidence the need for support with improvement**
- **Helps to provide evidence for improvements required in mental health support**
- **Identify gaps in the service**

# Networking and sharing ideas

**12. What tips/experiences can you share with other teams who would like to implement your project intervention?**

**Table 6** shows qualitative data captured from team participants in post-evaluation responses that described what tips/experiences they would share with other teams who would like to implement their project intervention. Below shows the multiple responses provided from team participants.

| |
|---|
| *Awareness and agreement working in parallel. Good communication.* |
| *Be clear from the outset on what you can realistically do with the data captured. Whilst I know how many more children need psychological or educational support, sadly it does not make gaining that support any easier.* |
| *Be clear about what your aim is. Process mapping and working out the main things to change e.g. Info and education.* |
| *Be specific with your aim.* |
| *Decide on the group who you want to make changes for e.g. age/patient group). Do things at every opportunity. Don't assume things.* |
| *Don't give up.* |
| *Don't aim too big. Set small and realistic goals.* |
| *Don't be put off trying.* |
| *Don't bother with questionnaires.* |
| *Don't worry about how many patients are available to take part. Try many different ways of getting information.* |
| *Each area should identify what they would like to do.* |
| *Have a clear vision and make small and steady changes.* |
| *Incorporate child's voice as well as parents.* |
| *Just do it. It is doable with whatever resources and time you have.* |
| *Know what local services are available.* |
| *Look at stakeholder engagement early if trying to do a project across teams.* |
| *Make time! (if possible).* |
| *Mapping of current services.* |
| *Reach out to other services/professionals.* |
| *Start data collection early and don't try to collate too much.* |
| *Stick with it as the EQIP team will support throughout and it will be worth all the hard work.* |

13. **What can be done to further enhance sustainability of your project?**

Qualitative data captured from team participants in post-evaluation responses described how they plan to further enhance the sustainability of their project. Common themes from multiple responses reported were:

- **Change in culture**
- **Continue education and continue with small steps**
- **Continue to monitor patient waiting time data and sharing with senior management to ensure project goal is maintained.**
- **Spreading awareness to the relevant teams**
- **Implement guidelines**

# Establishing new ways of working

**14. What were the benefits experienced working within an EQIP team?**

**Table 7** shows qualitative data captured from team participants in post-evaluation responses described the benefits experienced working within a team. Below shows the multiple responses provided from team participants.

| |
| --- |
| *Able to use the strengths of each team member.* |
| *Collaboration and focused improvement.* |
| *Collaboration and focussed improvement.* |
| *Could get feedback and advice about problems encountered.* |
| *Got to know how we each work (under pressure) which was particularly useful as we had only been working together for five months before embarking on the project.* |
| *Improved team working together, sharing the tasks so it didn't fall to just one member of the team.* |
| *It was good to see the journey we had been on and the next steps we need to take.* |
| *Knowing the service well.* |
| *Learning about PDSA cycles and especially how to get feedback from clinic small numbers were ok and pasta voting etc.* |
| *Learning ideas from others. ESNs were full of ideas that made it easy to work with different skills together.* |
| *Felt valued and enabled to innovate within a safe framework.* |
| *Shared learning and better bonding across the ICS.* |
| *Sharing and learning.* |
| *Time to make improvements.* |
| *Very supportive and helpful.* |
| *Ways to easily improve.* |
| *We were able to understand/define our project aim better, and we have learned how to achieve our aim.* |

**15. What were the key challenges with participating in the EQIP for your team?**

**Figure 9** shows, **15%** (5/34) of team participants reported a lack of capacity within the team and **65%** (22/34) of team participants reported other key challenges with participating in the EQIP. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%, (see table of results below).
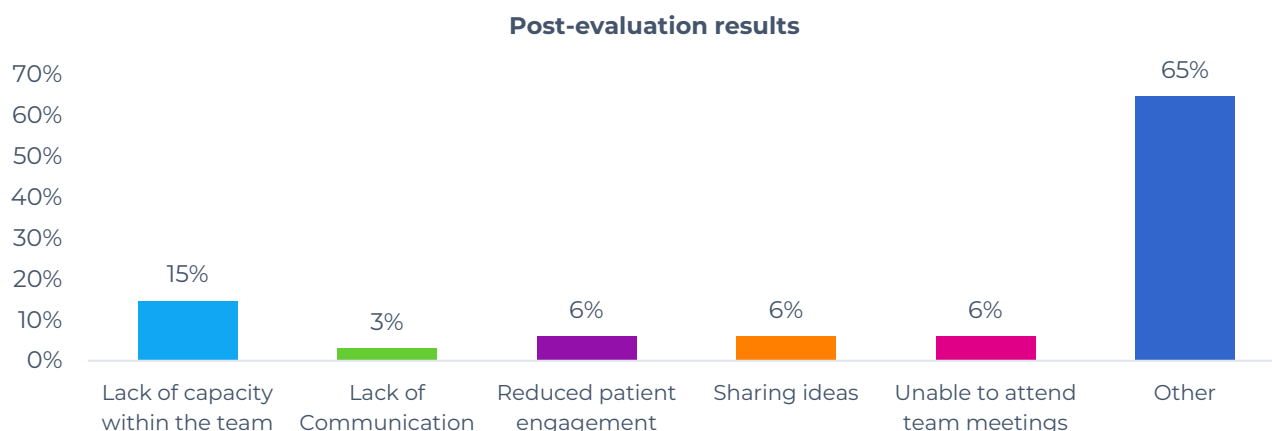
**Post-evaluation results**



Figure 9: Team participants reported in post-evaluation results on the key challenges with participating in the EQIP for their team.

Other additional statements captured on key challenges with participating in the EQIP:

- *Although it should not have added to our workload, I think it did.*
- *At times it felt like there were only two us of engaged in this project, which was frustrating that the whole team didn't come together.*
- *Challenge of having the capacity to participate alongside other clinical commitments, covering staffing on the acute ward and staff sickness and annual leave.*
- *Engaging with local QI team.*
- *Cross site working.*
- *Finding the time to meet - too challenging.*
- *Getting together when there are so many pressures. In the end the vast majority of work was done by one team member.*
- *Resources are the key constraints. Lack of support from management and local quality improvement teams.*
- *IT.*
- *Managing to meet up to discuss the progress.*
- *Personal/Bereavement.*
- *So many pulls on our time in the NHS.*
- *The opening event should have been face-to-face.*
- *Timetable for training session. Communication among the teams.*
- *The team was reduced during the time period so some who were keen to engage had a much higher workload than usual, so they struggled to engage.*
- *Time to get the team together.*
- *Time together, communication, project management.*
- *Time, including time to attend some of the sessions.*
- *Timing of the group sessions with the C&YP.*

**Table 8:** Team participants responses on the key challenges with participating in the EQIP for their team. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

| Multiple choice options | Total number of responses |
|---|---|
| **Lack of capacity within the team** | 15% (5/34) |
| **Lack of Communication** | 3% (1/34) |
| **Reduced patient engagement** | 6% (2/34) |
| **Sharing ideas** | 6% (2/34) |
| **Unable to attend team meetings** | 6% (2/34) |
| **Other** | 65% (22/34) |

**16.  How has your project impacted your service and your patients?**

Qualitative data captured from team participants in post-evaluation responses described how their project impacted their service and patients. Common themes from multiple responses reported were:

- **Better understanding of available local resources**
- **Greater understanding of patient needs and epilepsy services**
- **Improved psychology support**
- **Patients & families have greater access to service team**
- **Patients are being seen within an appropriate timeframe**
- **Reduced waiting times for new patients**
- **Referral process effectively streamlined**

**17.  Were there any intended or unintended project outcomes?**

**Table 9** shows qualitative data captured from team participants in post-evaluation responses that described the intended and unintended outcomes of their project. Below shows the multiple responses provided from team participants.

| Were there any intended project outcomes? |
|---|
| *Achieved the major project aims - created a leaflet, set up of parent group. In progress of liaising with mental health services.* |
| *Beyond what we had hoped for - increased stakeholder engagement.* |
| *Developed a booklet.* |
| *I would say a great deal, but we (or I) need to ensure that changes are embedded in practice.* |
| *Made improvements to mental health provision for outpatient clinics.* |
| *Partially achieved project aim but hopefully further improvement will continue to improve this further in the future.* |
| *Project aims mostly achieved; it has signposted us to the service improvement we require.* |

| |
|---|
| *Some extent!* |
| *Still to be launch and establish booklet.* |
| *To a good extent but room for more.* |
| *To some extent.* |
| *Very much. Our aim was achieved and surpassed in some months.* |
| *We achieved the project aim of scoping a small number of patients, but this ought to be expanded to the whole population.* |
| *We have fully achieved and exceeded our target.* |
| *We have started a parent support group. Attended MICE.* |
| *Working with CAMHS to develop social stories for bloods, EEG and MRI's.* |

**Were there any unintended project outcomes?**

| |
|---|
| *Access to services* |
| *Cohesion of the regional teams.* |
| *Discovered what our young people might need in terms of information/time.* |
| *Understanding EEG experience for children* |
| *Families left the hospital not knowing who to contact in between receiving an appointment therefore increasing their anxiety.* |
| *Improvement in team morale.* |
| *It's highlighted how big a problem we have as a team.* |
| *Knowledge of EEG environment.* |
| *Lack of consistent safety information being given to families on discharge.* |
| *Many children did not know enough about epilepsy and did not want to talk about it but wanted to talk about general stuff!* |
| *No* |
| *Realised we were having a lot of ground to cover.* |
| *Safety advice and better info about what to expect at discharge were not great and we have since done changes to improve these as well.* |
| *Surprised how many patients felt they needed more information about epilepsy and many said they wanted information not necessarily someone to speak to.* |
| *Working with CAMHS to develop social stories.* |

18. **How do you plan to embed what you have learned into your day-to-day clinic processes/routines?**

**Table 10** shows qualitative data captured from team participants in post-evaluation responses that described how they plan to embed what they have learned into their day-to-day clinic processes/routines. Below shows the multiple responses provided from team participants.

| |
|---|
| *1 hour per month on QI.* |
| *Breakdown tasks into smaller chunks to avoid becoming overwhelmed.* |
| *Bring it into routine practice.* |

| |
|---|
| *By making patient engagement a standard during every consultation.* |
| *Continue to build upon patient engagement as a whole but in particular regarding mental health.* |
| *Continue to make small changes and QI projects.* |
| *Continue to provide education for Trust staff.* |
| *Continue using skills learned.* |
| *Doing quick QI projects using the skills learned to make small changes.* |
| *Enquire from all patients about any mental health difficulties.* |
| *I need to discuss this with the team members!* |
| *Planned time for further QI work.* |
| *Regular patient engagement.* |
| *Roll-out referral process across paediatrics when electronic records available to all.* |
| *Services identified to be part of ongoing changes/improvement in mental health support.* |
| *Thinking more actively about patient engagement.* |
| *Time. Funds for booklet.* |
| *To present our findings at our next team meeting. To encourage a new member of the team to start using the tool we've developed.* |
| *We will use the experience to further improvements of other aspects of our service.* |

**19. Can you envision any barriers that would prevent the effectiveness in delivering your project intervention within your Trust?**

**Figure 10** shows, **34%** (14/41) of team participants reported that "Time/capacity" were the main reasons that would prevent the effectiveness in delivering their project intervention within their Trust. **22%** (9/41) of team participants reported "Lack of Resources", prevented the effectiveness in delivering their project intervention, **17%** (7/41) reported "Funding", prevented the effectiveness in delivering their project intervention, **12%** (5/41) of team participants reported "Lack of senior management support" prevented the effectiveness in delivering their project intervention, **7%** (3/41) of team participants reported "Lack of spread" and "Team working" prevent the effectiveness in delivering their project intervention. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.
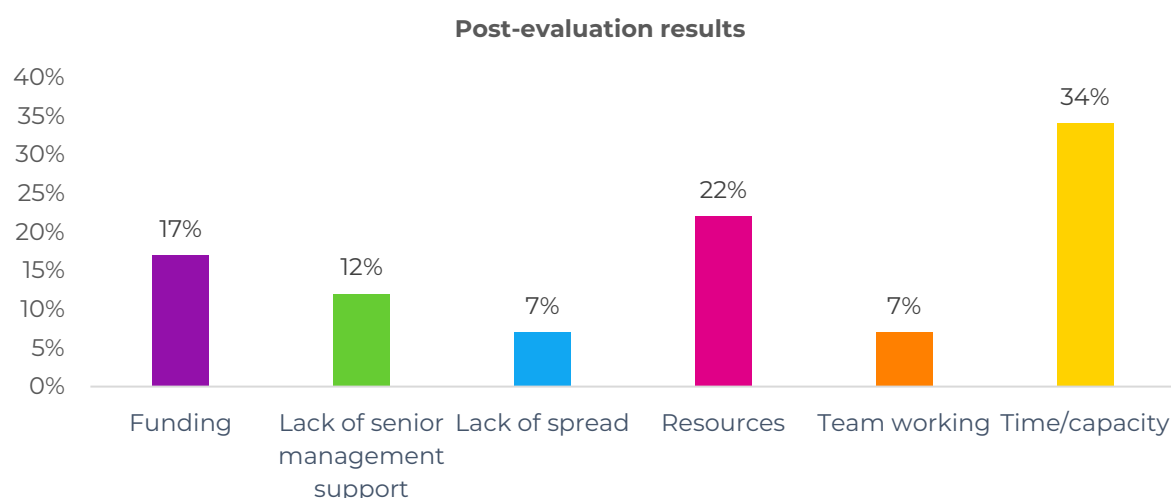
**Post-evaluation results**



Figure 10: Team participant responses in post-evaluation results on whether they can envision any barriers that would prevent the effectiveness in delivering their project intervention within your Trust.

**20. Please describe the key benefits of participating in the EQIP for your team?**

**Table 11** shows qualitative data captured from team participants in post-evaluation responses that described the key benefits of participating in the EQIP. Common themes from multiple responses reported were:

- **Learnt new QI skills and learnt from others**
- **Provides a goal to work towards which is a huge incentive**
- **QI learning and methodology**
- **Knowing the skills available in the team.**
- **Team morale.**
- **Achieved service change.**

Below shows the multiple responses provided from team participants.

| |
|---|
| *A platform to provide focus* |
| *Collaboration and getting ideas from team and the excellent QI training and education.* |
| *Decreasing ESN workload* |
| *Engagement helped us do a good project.* |
| *Enjoyment in achieving change* |
| *Given us more confidence to look at mental health issues.* |
| *Has bolstered our team.* |
| *Helps every pull together in same direction.* |
| *Highlighted our new service within the Trust* |
| *Highlighted our service to the wider world of epilepsy.* |
| *I gained a lot of knowledge about how to do QI projects and skills so that I can start doing further projects. I've presented our project at our Child Health QI meeting.* |
| *Improving the pathway for patients.* |
| *Knowing and learning about resources/pathways available to do QI projects.* |
| *Knowing the skills available in the team.* |
| *Knowing we had a deadline and presentation day and a really encouraging team from EQIP.* |
| *Learn how to do quality improvement projects. Learn how to engage people. Learn how to engage patients and families.* |
| *Learnt new skills and learnt from others.* |
| *Provide a goal to work towards which is a huge incentive.* |
| *QI learning.* |
| *Seen real improvement.* |
| *Team morale.* |
| *Team working and obtaining patient feedback.* |
| *We benefitted from the knowledge and expertise of the EQIP team. This was delivered so well and will remain at the forefront of our minds to continue to drive service improvements within the team.* |

> *We have completed a project that was essential for our service and along the way learned how we can do this to improve other areas; we had the opportunity to meet and learn from other teams and learn from other networks.*

### 21.  Would you recommend EQIP to other paediatric epilepsy teams?

**Figure 11** shows in post-evaluation results, 100% (15/15) of team participants reported that they would recommend the EQIP to other epilepsy teams.
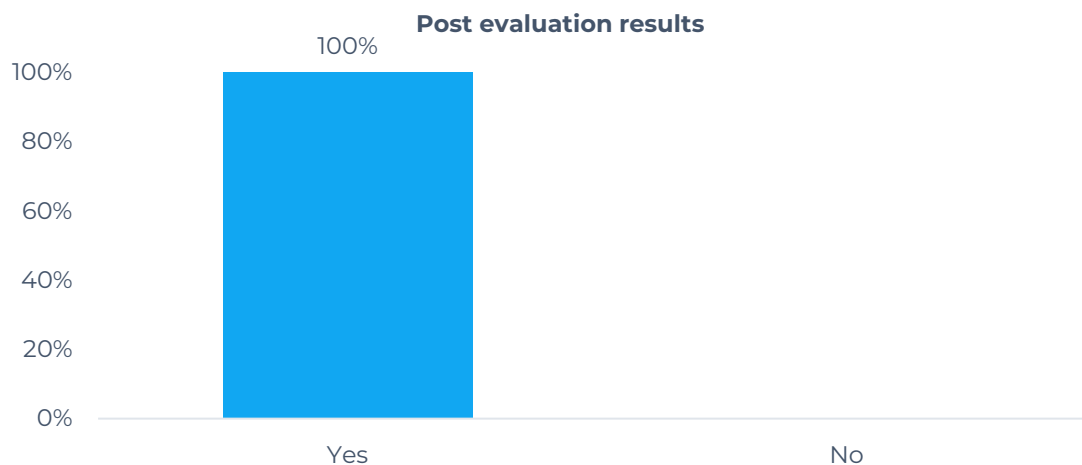
**Post evaluation results**



Figure 11: Team participants reported in post-evaluation results on whether they would recommend the EQIP to other paediatric epilepsy services.