RCPCH EQIP

Epilepsy quality improvement programme

Summary evaluation results 2023 - 2024

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RCPCH EQIP (wave 4) evaluation results 2023/2024

This report captures the evaluation of the EQIP in 2023/2024. We asked individual participant members of the nine 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 42 participants applied to join the RCPCH EQIP and 37 participants completed the training course. A total of 23 participants from 8 Trusts provided post-evaluation feedback. Pre-evaluation data was not provided.

New questions were introduced within this round of evaluation feedback. The number of responses per question will vary with some percentages not totalling 100% due to multiple answer options or questions being skipped by some participants.

The following are the questions and responses to the questions asked in 2023/2024.

QI methodology

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

Table 1 shows that in post-evaluation results, team participants reported on a scale of 1-5, (1 being not useful and 5 being very useful) on whether they found the webinar training sessions useful.

- 82% (14/17) of team participants reported they found the initial training launch “very useful”.
- 65% (13/20) of team participants reported they found patient engagement sessions “very useful”.

Table 1: Post-evaluation results reported on a scale of 1-5, (1 being not useful and 5 being very useful) on whether they found the webinar training sessions useful.

Description of scale options		Initial training launch	Understanding QI	Using data to drive change	Patient engagement	Health inequalities	Leadership	Integrated care/ Sustainability
Very useful	**5**	82% (14/17)	57% (12/21)	62% (13/21)	65% (13/20)	38% (6/16)	69% (11/16)	56% (10/18)
Useful	**4**	18% (3/17)	33% (7/21)	29% (6/21)	25% (5/20)	31% (5/16)	19% (3/16)	39% (7/18)
Neither useful nor not useful	**3**	0% (0/17)	10% (2/21)	5% (1/21)	10% (2/20)	19% (3/16)	6% (1/16)	0% (0/18)
Somewhat useful	**2**	0% (0/17)	0% (0/21)	0% (0/21)	0% (0/20)	0% (0/16)	6% (1/16)	0% (0/18)
Not useful	**1**	0% (0/17)	0% (0/21)	5% (1/21)	0% (0/20)	13% (2/16)	0% (0/16)	6% (1/18)

2. **Is there anything further you would like to see added as a training webinar?**

Table 2 shows in post-evaluation results, qualitative responses were captured from team participants on whether there were other areas of training that should be offered on the EQIP. Below shows the responses provided by team participants.

Table 2: Post-evaluation qualitative responses captured from team participants on whether there were other areas of training that should be offered on the EQIP.

Fantastic learning environment and enjoyed interactions with other group members.

How to pursue quality improvement in a very busy environment.
I think the most important thing is really explaining the very basics of what QI actually is and how to design a QI project. That was well covered on day one.
More discussions about how to replan when things do not go well.
No
None to think of now
Nope
Nothing
Nothing
Nothing extra
Nothing further. All aspects covered
Nothing to add
Stories from previous participants
There wasn't anything
Umbrella learning

3. Did you find the following support sessions useful?

Figure 1 shows that in post-evaluation results, team participants reported on a scale of 1-5, (1 being not useful and 5 being very useful) on whether they found support sessions useful.

- 91% (21/23) of team participants reported they found monthly 1:1 team meetings “very useful”.
- 9% (2/23) of team participants reported they found monthly 1:1 team meetings “useful”.
- 55% (12/22) of team participants reported they found the EQIP website “very useful”.
- 36% (8/22) of team participants reported they found the EQIP website “useful”.
- 9% (2/22) of team participants reported they found the EQIP website “Neither useful nor not useful”.

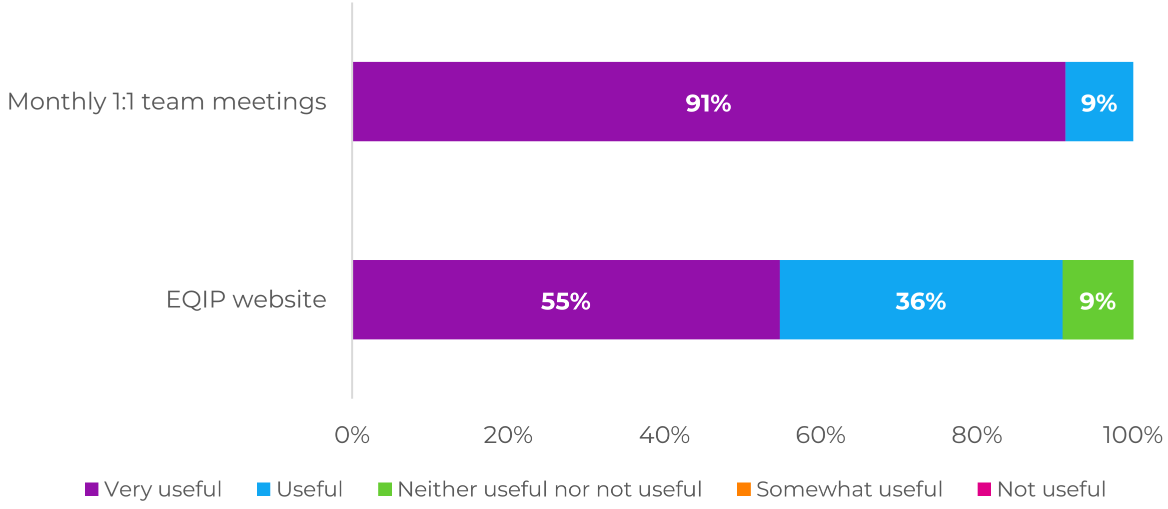

Figure 1: Team participants reported on a scale of 1-5, on a scale of 1-5, (1 being not useful and 5 being very useful) in post-evaluation results on whether they found the support sessions useful.

4. Did the training and course materials meet the learning aims/objectives of this programme?

In post-evaluation results, **100% 23/23** of team participants responded "Yes" to whether the training and course materials met the learning aims/objectives of the EQIP programme.

5. Were the speakers/facilitators able to support and guide you in your project work?

In post-evaluation results, **100% 23/23** of team participants responded "Yes" on whether the programme speakers/facilitators able to support and guide them in their project work.

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

Table 3 shows in post-evaluation results, team participants were asked to rank the most commonly used QI tools and techniques in order of how helpful they found them for their project. In ranking order, the following QI tools and techniques were reported as most useful. In first place, 70% (16/23) of team participants reported they found the "Plan. Do. Study. Act (PDSA)", QI technique most useful.

Table 3: Team participants ranked the most commonly used QI tools and techniques in order of how helpful they found them for their project.

Ranking	Total number of respondents	QI tool or technique
1st place	**70% (16/23)**	**PDSA**
2nd place	**65% (15/23)**	**Driver diagram**
3rd place	**61% (14/23)**	**Process mapping**
4th place	57% (13/23)	Stakeholder mapping
5th place	52% (12/23)	Engagement plan
6th place	26% (6/23)	5 whys
6th place	26% (6/23)	Run chart
6th place	26% (6/23)	Fish bone analysis
6th place	26% (6/23)	Pareto chart

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

Figure 2 shows a word cloud of team participant responses formed that describes what they had learned the most over the course of the training programme. Common themes reported by team participants on what they had learned were: **Patient engagement, interactive, time management, consistency.**

Figure 2: Word cloud of post-evaluation responses captured by team participants that described what they have learned from the training sessions provided on the programme.

8. What activities worked well? / What activities did not work so well?

Table 4 shows that in post-evaluation results, qualitative data captured from team participants responses described which activities worked well and which did not. Below shows the responses provided by team participants.

Table 4: Post-evaluation qualitative data captured from team participants responses described which activities worked well and which did not.

What activities worked well?	What activities did not work so well?
1:1 sessions were amazing.	*A bit of struggle with the driver diagram initially.*
1:1 sessions were helpful.	*Busy wards.*
1:1 sessions.	*Challenges of engagement across the ICB*
1:1 sessions.	*Changes in work plan.*
1:1 support from the EQIP team.	*Children with disabilities need more work.*
1:1 support from the EQIP team.	*Driver diagrams.*
Clear aims for the project.	*Engagement of other clinical teams.*
Could have had more time/meetings as a team outside of the 1:1's.	*Engaging networks*
Development of a resource pack worked well.	*Engaging other teams has been difficult, and we continue to struggle with this but are trying hard.*

Empowering patient choice and allowing young people to guide the consultation.	*Feedback from patients and families.*
Excellent 1:1 sessions.	*Hard to engage other teams.*
Focus on transition issues was better.	*I struggled with pretty much all the data tools.*
In the end, it worked out well.	*I was hoping that after the first initial meeting, I would have a clearer vision of QI and goals specific for our team, but this only came later during the whole process. I think 1:1s were most helpful.*
Our team members focus and passion driving the project forward.	*Juggling clinical commitments and the project.*
Pareto chart worked well.	*Mental health screening has been a real challenge, and we do not have the set-up/structure to fully support a proper process.*
Patient engagement improved.	*Not having enough time (due to competing pressures) to attend all the sessions and support the project as much as I had anticipated.*
PDSA cycles worked well.	*Process mapping worked well but lack of engagement from adult services and our other services across the Trust.*
Prefer face-to-face, but virtual is much easier	*Still working on patient feedback tools.*
Strengths and talent in the team.	*Storing feedback.*
Team working.	*Unequal engagement.*
The ability to signpost and provide relevant info was also better.	
The process was easier than we thought. Really good conversations with the young people.	
Training webinars.	
Using the PDSA cycles.	
Wider meetings with other Trusts to facilitate discussions.	

What activities worked well?
Coming together as an MDT team, pulling on each of our strengths.
Having a common language to design further projects.
Having a common language.
Having monthly meetings to keep us on track; there is never enough time, so I don't think we would have made progress without this to push us.
I found the youth engagement sessions most useful.
Managing/coordinating workloads.
Not all of us were able to attend all the meetings.
Prioritising.
Reviewed service provision overall.
Shared working.

Sharing ideas, learning each other's strengths.
Strengthening working relationships.
Target-driven and team motivation.
Understanding working style.
We were all very motivated.

9. What were the benefits experienced working within a team?

Table 5 shows in post-evaluation results, qualitative data captured from team participant responses described the benefits experienced working within a team. Below shows the responses provided by team participants.

Table 5: Post-evaluation qualitative data captured from team participant responses described the benefits experienced working within a team.

A mixed team helped. The consultant had good networks and QI which helped to keep the team on track and kept a clear idea.
Barriers were there to engage system partners.
Being able to share ideas and talk things through meant we came up with better plans.
Broadening our horizons.
Building positive relationships with colleagues.
Collaboration, different suggestions/views on how to make the project successful.
Cooperation, different opinions.
Different points of view. *everyone brought different skills to the table.*
Enabled approach to a system-wide proposal.
Enabled looking at working with ICB approach.
Enabled MDT approach.
Having a shared objective.
Helped relationships across the Trust.
I think we have perfectly used the various skills of each team member and had LOTS of fun working together.
Managing the project, sharing ideas, and agreeing.
Not sure.
Overcoming challenges and being able to find alternative methods instead of going backwards.
Practicing communication and collaboration skills.
Responsive team.
Shared goals.
Shared learning with other teams.
Shared learning.
Sharing ideas.
Sharing of ideas.
Sharing out tasks to maximise efficiency.
Sharing workload/difficulties.
Strengthening working relationships.
Strengths in the team.
Target-driven.

Teamwork.
Temperaments.
Understanding each other's strengths/weaknesses.
Uniform understanding of the process to make a QI project work well. I feel we are all on the same page now.
Using each other's strengths.
We definitely had fun!

10. Does your team receive quality improvement support from your wider Trust?

Figure 3 shows 68% (15/22) of team participants responded “Yes” to whether they do receive quality improvement support from their wider Trust and 32% (7/22) of team participants reported “no” they do not receive quality improvement support from their Trust.

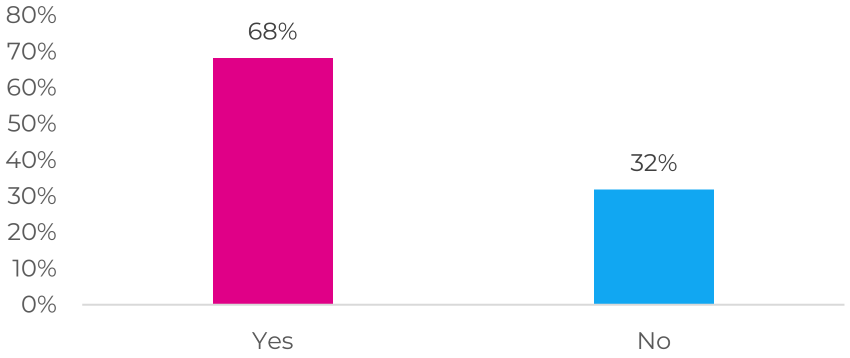

Figure 3: Team participants reported in post-evaluation results on whether their team receive quality improvement support from their wider Trust.

11. Did your ICB lead engage with your team? *

In post-evaluation results, 50% (11/22) of team participants responded “Yes” to their ICB lead did engage with their team and 50% (11/22) of team participants responded “No” to their ICB lead did engage with their team.

**New question asked.*

Patient engagement

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

Figure 4 shows that 74% (17/23) of team participants responded "Yes" to whether they did capture feedback from patients and parents as part of their own service review and improvement activities, and 26% (6/23) of team participants responded "No" to whether they did not capture feedback for service review.

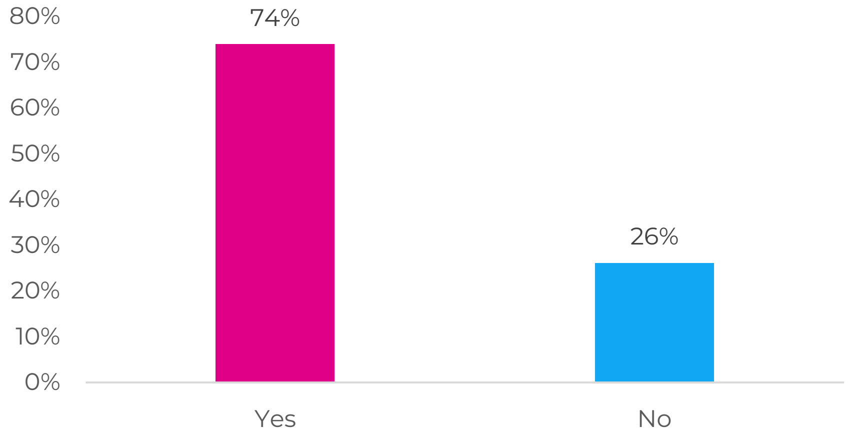

Figure 4: Team participants reported in post-evaluation results, whether their team capture feedback from patients and parents as part of your own service review and improvement activities.

13. Has your team engagement with patient and families increased since joining the EQIP?

Figure 5 shows that in post-evaluation results, 96% (22/23) of team participants responded "Yes" to whether their team engagement with patients and families increased since joining the EQIP and 4% (1/23) of team participants responded "No" to their team engagement with patients and families did not increase since joining the EQIP.

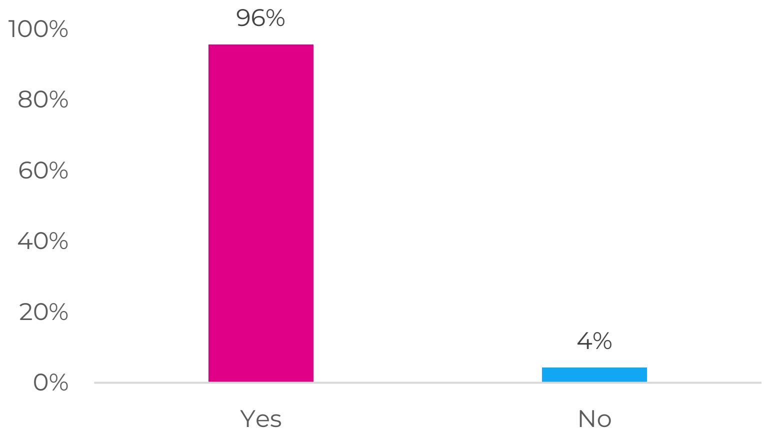

Figure 5: Team participants reported in post-evaluation results on whether their team engagement with patient and families increased since joining the EQIP.

14. How did you involve children and young people within your project?

Table 6 shows that in the post-evaluation results, team participants ranked the most used patient engagement methods according to how they involved children and young people in their project. In first place, 48% (11/23) of team participants reported that they involved children and young people within their project by "obtaining feedback verbally in clinic to inform improvements".

Table 6: Team participants ranked the most used patient engagement methods according to how they involved children and young people in their project in post-evaluation results.

Ranking	Total number of respondents	Patient engagement method
1st place	**48% (11/23)**	**Obtained feedback verbally in clinic to inform improvements**
2nd place	**30% (7/23)**	**Obtained feedback verbally via telephone to inform improvements**
2nd place	**30% (7/23)**	**Co-designed useful resources**
3rd place	**26% (6/23)**	**Other**
4th place	17% (4/23)	Arranged engagement day to hear from young people
5th place	13% (3/23)	Engaged in interactive resources and voting displays in clinic (i.e. pasta, etc)
5th place	13% (3/23)	Engaged with hospital or local youth or parent/carer forums
5th place	13% (3/23)	Arranged focus groups to inform improvements
		Obtained feedback verbally in clinic to inform improvements

15. What did you change as a direct result of engaging with children and young people and families? *

Table 7 shows that in post-evaluation results, qualitative data captured from team participant responses described what they had changed as a direct result of engaging with children and young people and families. Below shows the responses provided by team participants.

**New question asked.*

Table 7: Post-evaluation qualitative data captured from team participant responses described what they had changed as a direct result of engaging with children and young people and families.

Adapt questionnaire.
Arrange interpreter
As an ICB, we need a youth forum. I have submitted a health inequalities proposal for funding for this.
Better understanding of how to address and effectively engage with families and young persons.
Changes are planned going forward.
Clinic letters written to young people.
Consideration for the use of questionnaires.

Different conversations.
Find QR codes for short videos.
Giving more time to the families to provide feedback and reflect on our practice.
I changed my approach to clinics and ensure that I speak directly with the young people about what is important to them, not just getting the information I need from the consultation.
Mental health screening process.
More open questions.
Newsletter.
Plans explained more clearly.
Screening tools available for consultants running the clinic.
Seeing them on their own more.
Shorten questionnaire.
Started thinking about things from their own perspective.
Telephone consultation.
The major change was developing a tool with collated information in line with feedback received from families.
Trying focus groups.
Understanding how to explain SUDEP in a better way.
Wellbeing booklet in development.
Wellbeing resource pack in development.

16. How have you addressed health inequalities? *

Table 8 shows that in post-evaluation, qualitative data captured from team participant responses described how teams addressed health inequalities within their project. Below shows the responses provided by team participants.

**New question asked.*

Table 8: Post-evaluation qualitative data captured from team participant responses described how teams addressed health inequalities within their project

Advocating for our patients and highlighting the need for an epilepsy team on the Isle of Wight (IoW)
All children involved have some form of disability
All families have resource pack access, and it will shortly be available in each clinic room and on the ward
All families now have access to the resource pack (has been signed off and is being printed today!). This does not rely on any technology and is accessible to all
Better identification of areas to improve service provision
Capturing their voices
Clear, understandable instructions ensuring parents understand before discharge
Each patient managed in an individualised manner
Giving parents time to process the information before collecting feedback
Have written a proposal that includes the voice of children and young people (CYP) and ensures that CYP are represented, e.g., care leavers
Having a greater awareness of the issues allowed for more focused work
How/where support is offered: improving access
Identify areas to address and allocate resources or time

Moved clinic to an area of high need with high deprivation levels
Relocation of Clinics and Times
Simplifying the way we design our resources
Trying to bring in interpreters and find multilingual materials in different languages
Use of audit tool from bundle with adults on mapping session. Core 10 plus 20 paediatrics
Using materials in different languages
We have identified the need for complex epilepsy patients to have a separate focus within transition

Links with support services

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

Figure 6 shows that in post-evaluation results, 24% (14/59) of team participants reported engaging with “Healthcare services within the Trust” during the process of developing their project. (See table 9 below for full results). This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

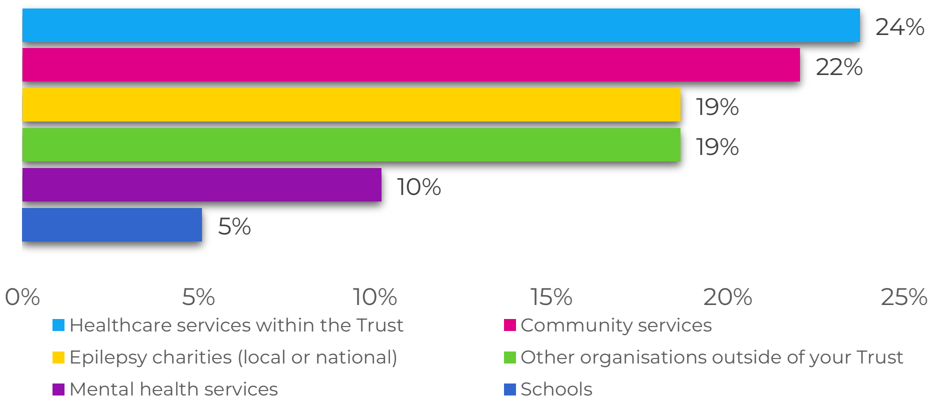

Figure 6: Team participants reported in post-evaluation results on who their team engaged with during the process of developing their project.

Table 9: In post-evaluation results, team participants reported who their team engaged with during the process of developing their project.

Multiple choice options	Total number of responses
Healthcare services within the Trust	24% (14/59)
Community services	22% (13/59)
Epilepsy charities (local or national)	19% (11/59)
Other organisations outside of your Trust	19% (11/59)
Mental health services	10% (6/59)
Schools	5% (3/59)

Understanding the value of data

18. Does your team submit data for the Epilepsy12 audit?

Figure 7 shows, 77% (17/22) of team participants responded "Yes" they submit Epilepsy12 audit data and 23% (5/22) of team participants responded "No" they do not submit Epilepsy12 audit data. (Individual responses from team participants included those that work within community settings who do not directly input audit data).

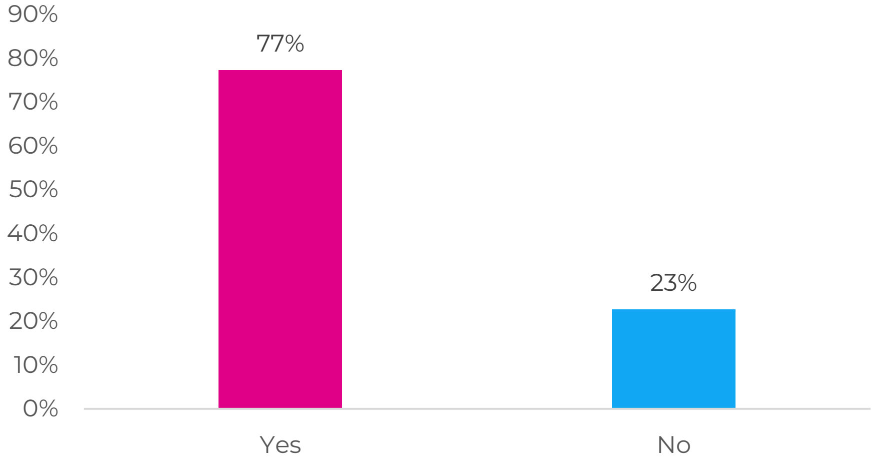

Figure 7: Team participants reported in post-evaluation results on whether their team submit Epilepsy12 audit data.

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

Table 10 shows in post-evaluation responses, qualitative data captured from team participants that described how they envision using their Epilepsy12 audit data to inform future QI initiatives. Below shows the responses provided by team participants.

Table 10: Post-evaluation qualitative data captured from team participants that described how they envision using their Epilepsy12 audit data to inform future QI initiatives.

Audit areas of identified gaps to formulate action plans.
Audit information is helpful and can guide/improve resources available in our area.
Current low scores in many areas make it hard. I also feel that it is a challenge to continue to do QI with no basic service in place/ESN, etc. We can only make so much change without this.
Currently undertaking gap analysis alongside this data across the ICB.
Focus on transition.
Identifying areas of difficulty.
It is very useful in highlighting the needs within the system.
Joint working/transition.
Linking with Bundle of Care domains.
Look at areas of highest need/lowest scores to see where the need is.
Opportunity to come together as an epilepsy team to prioritise future QI projects.
Sharing the outcome with management and families/posters/questionnaires via message.

Supported a proposal to be written.
To use more in-depth audit tools to help inform changes.
Understand the population of children with epilepsy within our Trust. Look at epilepsy syndromes and how we can shape the service to support them.
Unknown.
We can collect our own data and review it first. We used it before for the epilepsy nurse business case.
We don't have a first seizure clinic.
We have a small number of children with epilepsy.
We now have an established guide for ensuring children are weaned from anti-seizure medication. It is followed as routine, and we are avoiding children being left on medication unnecessarily.

Establishing new ways of working

20. To what extent have the intended outcomes of your project been achieved?

Table 11 shows that in qualitative data captured from team participants in post-evaluation responses, described the extent of the intended outcomes of their project that had been achieved. Below shows the responses provided by team participants.

Table 11: Post-evaluation responses describe the extent of the intended outcomes of their project that had been achieved.

60%.
93%, and we are continuing.
A significant part of them has been achieved.
Achieved the whole process. Partial in terms of fully deliverable transition pack (in progress).
All clinic letters now have more detailed targeted information. The mapping changes were made.
Change in operational practice.
I think we have achieved our goal and, most importantly, realised that some changes to improve the quality of service are possible even if there's not much financial or managerial support
Mostly achieved.
Mostly, and we are continuing to work on it.
Not directly.
Not for original outcomes.
Not really, I think.
Not the original intended outcomes, but we have achieved something at the system level to hopefully take forward.
Partial achievement as we still need to develop the package (with Trust communication support), which will lead to further engagement with our young people to determine if this is what they want.
Partly achieved - we have a transition service now but are still working on aspects of it to improve the quality of provision.
SDQ implemented - initiated other changes from this including relocation of clinics and change of times to reduce DNA rates.
Successful outcomes, however, more engagement across the group would have been better.
Supported a proposal to be written.
The end project was a by-product of the original desired outcome of QI.
There are still some aspects that need to be finalised. Corporate design needs to be completed. The transition clinic has been set up and the first one took place this week.
We already have ideas for improving the screening process.
We have 100% introduced transition into our service, but for a small percentage of young people. There is much more work needed to support all young people.
We have anti-seizure medication weaning plans as a standard in place, and this is being followed in discharge even after we finished.
We have created our wellbeing pack, and we have our patients' voices heard,
We have definitely achieved the creation of the resource pack. The mental health screening process still needs work. We have something in place, but it is not yet perfect. We always have ideas about improving it.
We thought the process of the mental health screening tool would be difficult - it wasn't. We have established the process but did not meet the planned numbers yet.
Yes, to most intended outcomes.

21. Were there any unintended project outcomes?

Table 12 shows that in post-evaluation results, qualitative data captured from team participants described if there were any unintended outcomes of their project. Below shows the responses provided by team participants.

Table 12: Post-evaluation qualitative data captured from team participants described if there were any unintended outcomes of their project

Building a strong team – nothing is impossible for epilepsy fighters.
Difficult to evaluate the impact on the families during this short period of time.
Families didn't always want to engage.
Great difficulty in engaging families.
How disengaged other teams can be.
Implementation of a transition clinic.
Improved team working. New friendships!
Informed of offer for the new youth worker post.
No.
None.
Parents are more aware of SUDEP.
Positive outcome: Transition clinic. First one yesterday. Incorporating a youth worker in transition.
The number of parents not using the resources given to them was very high.
The process of engaging other people was more difficult than expected.
The whole project!
The whole team was motivated and enthusiastic about the project – good team working.
Transition clinic and improved communication with adult neurology.
We are able to communicate SUDEP better.
We are now very good friends.
We had to be flexible with our ideas and desired outcomes.
Yes – noted DNA rate and changed clinic location and times. Amended tool.
Yes – tool to be revisited to make it user-friendly for all.

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

Table 13 shows that in post-evaluation results, qualitative data captured from team participants described how their project impacted their service and their patients. Below shows the responses provided by team participants.

**New question asked.*

Table 13: Post-evaluation qualitative data captured from team participants described how their project impacted their service and their patients.

A very good resource pack is available. We have a public voice, which is extremely powerful and will allow us to advocate further for patients.
Better understanding of next steps to improve transition.
Changes in service have been introduced.
Children are no longer being forgotten and left on medication long-term.

Clear plan for patients for ASM discontinuation.
Currently not impactful but hopes to utilise the QI project to develop a system-wide youth forum for CYP with long-term health conditions.
Engagement has helped us understand what they need and change the service to try and meet this need.
Greater understanding of how to engage our patients.
Hopefully, there will be a long-term effect.
I believe it has made a small impact; however, there is a long way to go to fully address the unmet needs of our population. We have had to be clear with management that this is the case.
I hope it will make a difference. A small change is better than none, but we need bigger and more concrete changes.
I hope that it has improved the quality of care we provide to our teenagers. (We think it has, but we need to get the feedback.)
Implementation for future reviews and added to the checklist in the electronic record.
Improved DNA rate. Opened up conversations about mental health and wellbeing.
Increased awareness of SUDEP.
Increasing awareness of SUDEP.
It has changed the way we communicate with individual patients and the information provided.
More patients are now being discharged with a weaning plan.
No problems as it is designed within normal routine clinics.
Not directly.
Opens up consultations to focus on what the young person may not have previously discussed. Clinics are more accessible.
Patient engagement improved. New newsletter. Better informed and prepared YP. Quick wins with the adult team.
Positive - well received by families who attended.
Reminding others in peer reviews. Added to the checklist. Reviewed.
The project was designed to be part of routine clinic discussions.
The project was designed to be part of routine clinic discussions.
We continue to talk about transition and identify children who are ready or need more time.
We have become more effective in communicating with the families.

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

Table 14 shows in post-evaluation results, qualitative data captured from team participants that described how their team plan to embed what they have learned into their day-to-day clinic processes/routines. Below shows the responses provided by team participants.

Table 14: Post-evaluation qualitative data captured from team participants that described how their team plan to embed what they have learned into their day-to-day clinic processes/routines.

Already implemented.
Apply the changes we have introduced (e.g., in discharge summaries).
Change in approach.
Change in clinic times and locations.
Clinic letters have already changed. Ongoing plans to engage better with YP.
Clinic locations and times changed.

Continue to engage with families and obtain feedback.
Creating an induction package for new doctors.
Direct questioning of children and young people is not always effective.
Discharge summary template.
Do more audits and improve our services.
Ensure patient engagement is at the centre of any further improvements and initiatives.
Ensure that mental health is asked about more routinely, that families are supported to access services, and that they know there is support available.
Focus on the young person and their needs rather than keeping clinics very medical and condition related.
I hope the people running the clinic will remember about the pack and the screening tools.
In the longer term, hopefully will impact directly.
In the longer term, to support ICB-wide strategy. Understanding the QI process to be able to implement in the future.
It is designed to be part of routine clinics.
Looking at evening clinics.
Making the tool more accessible to those with additional needs.
Mental health screening tool is routinely used.
Pack available in clinic for each of our patients/families. Will persevere to present data from audit and families' views. Screening for mental health available in each clinic room.
Patient engagement.
Template in discharge summary to ensure ASM discontinuation is in the plan.
Thinking of transition earlier and discussing relevant issues.
This has become part of practice within the clinic template where every child will have a 'transition' section to identify if this is appropriate to initiate or not.
Use PDSA to map any further changes/improvements.
Use the screening tool more often.

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

Table 15 shows that in post-evaluation results that 24% (17/70) of team participants reported they envision "time/capacity" as a barrier that would prevent the effectiveness in delivering their project intervention within their Trust. This was a multiple-choice question, therefore percentages displayed below are not expected to total 100%.

Table 15: Team participants reported on any barriers they envisioned that would prevent the effectiveness in delivering their project intervention within their Trust.

Multiple choice options	Total number of responses	
Time/capacity	24%	(17/70)
Resources	19%	(13/70)
Funding	17%	(12/70)
Team working	10%	(7/70)
Lack of spread	9%	(6/70)
Lack of peer support	9%	(6/70)
Lack of senior management support	7%	(5/70)
Other	6%	(4/70)

Networking and sharing ideas

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

Table 16 shows that in post-evaluation results, qualitative data captured from team participant responses described their tips/experiences about their project for other teams who would like to implement their project intervention. Below shows the responses provided by team participants.

Table 16: Post-evaluation qualitative data captured from team participant responses described their tips/experiences about their project for other teams who would like to implement their project intervention.

Starting the project
Don't lose hope of understanding the QI project at the very beginning of the process - it gets clearer as it goes on. Little achievements matter!
Just start rather than trying to get everything perfectly planned out.
Start small. Don't worry if you need to rethink the goal or go off on a tangent!

Planning and strategy
Address the barriers to system-wide working.
Be flexible with your intended purpose.
Be prepared with a few different intervention strategies. Persevere but gently. Check the priorities and needs.
Don't expect a linear approach!
Ensure the project is sustainable.
Have a clear plan and allocate time.
If no funding is available, consider other ways of pushing the work forward.
Make sure you spread the word and make your project and goals visible as soon as possible.

Engagement and communication
Do not use questionnaires. Try your best to meet parents early at the start of the project. Use clear, descriptive, and structured communication to convey the message.
Engage through face-to-face workshops.
Engage with the Trust/organisation's communications team early.
Engagement with the wider workforce and stakeholders is key.
Get help from local youth workers. *Get QI on board.* *Find out what's already available locally.* *Ask the young people.*
Make sure there is buy-in from all members of the team.
Open and honest conversations with patients and family forums to start in the right place/direction.
Openness and honesty.
Talk to families and young people.

Teamwork and collaboration
Be flexible and think outside the box.

Cooperate with charities from the beginning.
Don’t try to take on too much, you don’t have to change the world! One small change done well is better than trying to do too much. Use the support available.
Engage clinical networks.
I think the skills will translate well for the diabetes team (there is already a lot of overlap).
Link in with other teams that may already have resources or tips you can use.
Talk to the young people and be flexible. Start on a small scale and build up.
Team engagement is very important.
Teamwork.
Overcoming Challenges
It can be done.
Ongoing sustainability as proposals have been put forward and awaiting a decision regarding funding.
Stick with it.

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

Table 17 shows that in post-evaluation results, qualitative data captured from team participant responses described what can be done to further enhance the sustainability of their project. Below shows the responses provided from team participants.

Table 17: Post-evaluation qualitative data captured from team participant responses that describe what can be done to further enhance the sustainability of their project.

Arrange for focus groups with parents.
As part of the clinic checklist.
Commitment.
Engagement.
Fund/recruit an ESN so that MH screening can be embedded and so that families have access to support, which should reduce exacerbation of MH difficulties.
Having a business plan to enable sustainability. Able to access funding to support system-wide change.
Include the reports in the weekly peers meeting.
Investment.
Keep at it… small changes… Share with other team members so it doesn't get lost or diluted.
Keep up with monthly check-ins.
Long-term service planning.
More time, ownership and involvement of management.
Our participation has enriched our everyday clinical practice.
Protected time.
Protected time.
Re-audit and keep young people engagement going.
Spread the word about our pack and screening.
Structure and support. Learning from other teams.
Support from the leadership team. Continue with regular meetings to review progress.
Teamwork.

Unsure.
Virtual/online engagement.
Visibility, e.g. reminders in multiple places.
We need to keep in touch with families and get ongoing feedback. Continue efforts to build a sustainable service: nurse/epi clinic.

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

Table 18 shows in post-evaluation results, qualitative data captured from team participant responses describe the key benefits of participating in the EQIP for their team. Below shows the responses provided by team participants.

Table 18: Post-evaluation qualitative data captured from team participant responses describe the key benefits of participating in the EQIP for their team.

Advice. Networking. Keeping the project moving.
Building team relationships!
Collaboration and joint working.
Confidence to start small, not to do a huge research trial!
Cooperative.
Enabled a piece of work to look at the ICB approach that would benefit families across the system, not just at one place. This in turn would benefit clinicians and families.
Exploring areas that we may not have thought about before.
Gave us ideas on how to improve our service, focussed on transition but gave us a general approach to any QI project we want to do. It was good to meet other epilepsy teams as well and learn.
Good support and advice.
Highlighted gaps and challenges across the ICB.
Identifying areas for improvement and creating an action plan.
Improved knowledge of QI.
Joint working.
Kept us going and on track – it's easy for things to drift.
Kept us on track!
Knowing how to do a QI project. Having a common language will help in communication within the team when designing further projects.
Knowledge on how to design and run a structured and efficient QI project.
Learning how to run a QI project.
Monthly check-ins helped reflect on what we've achieved.
Networking.
Pushing for change.
Service improvements.
Shared learning.
Sharing ideas and team working.
Sharing of knowledge, skill and expertise, and having access to others undertaking similar projects.
Skills of undertaking a QI project. Insight into patient family issues.
Structure and support. Learning from other teams.
Understanding partners.
Vast knowledge of quality improvement processes.

We have been heard by the management. We have realised some families didn't even know that mental health screening and support should be an integral part of the provision pack and screening.
We made a positive change that we would not have done without the push of the project to motivate us and make us find the time to do it!

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

Figure 8: Word cloud of post-evaluation responses captured from team participants that described the key challenges with participating in the EQIP for their team. Common themes reported by team participants on what they had learned were: **Time, engagement, DNA rates, Sustainability.**

Figure 8: Word cloud of post-evaluation responses captured by team participants that described the key challenges with participating in the EQIP for their team.

29. Would you recommend EQIP to other paediatric epilepsy teams?

In post-evaluation results, **100% (22/22)** of team participants responded "Yes" they would recommend EQIP to other paediatric epilepsy teams.