

Case Study: Component 1 (WWL, TGH, The Christie)



BACKGROUND

As part of the pilot, these pilot sites sought to implement Component 1 (PWQs) in identified pilot wards, with a view to expanding the implementation to other wards during phase 1 and phase 2 of the pilot.

SOLUTION

- Design of leaflets testing implementation of PWQs
- Utilisation of learning from other sites (through BTS sessions) to plan engagement with staff groups
- Clinical Outreach Practitioner presence on pilot ward (TGH) to popularise MR with patients, families and carers.
- Engagement with staff groups, patients, families and carers
- Selection of pilot wards to test PWQs and collect feedback
- Planned engagement day in a central area of the site(s)
- Establishment of Task & Finish groups to circulate staff questionnaires
- Mapping of escalation route

CHALLENGES

- Initially poor engagement from consultants with poor turnout at engagement meetings
- Lack of understanding of what MR is and how it is different to second opinion
- Conflicting site priorities stemming from wider pressures, finance pressures etc
- Low staffing levels
- Uncertainty of length of support offer

LEARNING

- Establishing relationships with wider staff groups on sites
- Use of Q.I tools to capture staff and patient feedback
- Utilising cross-organizational learning from BTS sessions to share what works and what doesn't
- Standardised PWQs data collection methods on pilot wards
- Where possible, embed PWQs in EPR and on-site systems

CONCLUSION

- Need to reframe MR as a 'second pair of eyes' that builds on existing escalation pathways and empowers staff to make escalation calls, in line with MR components
- Continued engagement with staff and patients to maintain momentum of implementation and expansion of PWQs on other wards.
- Testing different methods of collecting data (e.g. FY1s conducting PWQs where digital means are not available)