

Update: Engaging clinicians in quality improvement

November 2009

What are we doing? | Our learning so far? | Key priorities? | How to get involved?



'It is vitally important that clinicians stand for, and strive for, excellence in the quality of clinical care.'

Dr Keith Leiper, Consultant Gastroenterologist
at the Royal Liverpool University Hospital

Clinicians' role in driving improvement

We all aspire to providing high quality care for patients. But the practical reality for clinicians working on the front line is often that time is limited and other more urgent tasks need attention. This leaves little time for assessing what could be done better, comparing against national best practice and implementing better ways of working.

Healthcare professionals report that although they are aware of best practice, they do not always know how to introduce changes or improve their own work. While they are best placed to act on knowledge locally, they may lack the specific analytical and change management skills needed to deliver improvements effectively.

Clinicians also report that they have difficulty finding the time or resources to be involved in quality improvement projects. As a result there is still a long way to go before standards of care are equally high across all parts of the health service.

Clinicians have a vital role in driving improvement. As the people working directly with patients, they are the ones who can really improve care at a local level. They need better alliances and support to make this happen, this means strong local teams and learning programmes, and a national infrastructure focused on improving quality. It is vital that clinicians working in all parts of the system are engaged, enthused and supported so that they feel confident to take on responsibility for quality improvement in clinical care.

What are we doing?

We have tested several approaches to supporting clinicians to drive forward quality and implementing best practice in clinical services. Our three schemes are: Engaging with Quality Initiative; Engaging with Quality in Primary Care; and our new award scheme, Closing the Gap through Clinical Communities.

These schemes fund projects to improve the quality of care in specific clinical areas chosen by clinicians themselves. All projects are run by multi-professional teams and include patients or patient representatives. Each project involves clinicians in different ways and take different approaches to making improvements. The schemes offer participants learning and development to support them to lead their peers in making improvements to current practice.

Engaging with Quality Initiative (EWQI)

EWQI was introduced in 2005 and focuses on secondary care. We distributed £5m through Royal Colleges and other professional bodies. This money funded eight clinical improvement projects, all of which end in 2009/2010:

- Improving the quality of care for patients who self harm
- Improving the management of fasting before and after elective surgery
- Improving the quality of prescribing for serious mental illness
- Improving the assessment and management of perineal trauma
- Improving the quality and effectiveness of hospital care for people with chronic obstructive pulmonary disease
- Improving the quality of care and outcomes from treatment for cancer of the bowel
- Assessing and improving the quality and management of care for patients with epilepsy and for those with community acquired pneumonia
- Assessing and improving the quality of services for patients with inflammatory bowel disease

Engaging with Quality in Primary Care (EWQPC)

This initiative was introduced in 2007 building on our learning from secondary care. £4.5m was given to nine projects engaging primary care clinicians, all of which end in 2010:

- Improving the diagnosis of gastrointestinal disorders
- Making healthcare more primary care led, patient centred and evidence based
- Reducing inequalities in health and in how healthcare is delivered

Influencing change

The projects are demonstrating just how much can be achieved when clinicians are fully engaged. By evaluating and communicating the results from these schemes, the Health Foundation hopes to build both the momentum and the infrastructure needed to get clinicians more involved in quality initiatives.

We work alongside national bodies to influence change. In 2010 we will:

- Continue to support Royal College and other professional bodies to lead quality improvement.
- Help to explore policy and practice in professionally-led service accreditation as a potential vehicle for quality improvement.
- Develop a better understanding about what support clinical teams need to help make change happen including formal leadership development.

- Ensuring that people with back pain get the most appropriate care (two projects)
- Helping school nurses recognise and treat mental health problems
- Improving services for women experiencing domestic violence
- Improving the management of chronic kidney disease
- Improving treatment options for people with insomnia

Closing the Gap

Beginning in 2010, our Closing the Gap award scheme will fund quality improvement activities across the NHS. £4.3m will be distributed by the Health Foundation, funding 11 two-year projects:

- Quality & Safety Improvement in Primary Care – the Scottish QSI-OC programme
- Inpatient Falls – stemming the tide
- Neuroprotection in newborn infants: improving the care of infants with hypoxic-ischaemic brain injury
- Prevention of Blood Borne Viruses
- Promoting earlier diagnosis of brain tumours in children
- Ambulance services cardiovascular QI initiative
- Improving implementation of an integrated hyper-acute pathway for strokes and transient ischaemic attacks
- Improving the management of chronic kidney disease in primary care
- Reducing peri-operative mortality following elective abdominal aortic aneurysm surgery
- Using national audit data to improve the quality of care and outcomes for patients with lung cancer
- Four quality improvement networks managed by the Royal College of Psychiatrists Centre for Quality Improvement

Our learning so far?

Our work so far has given us insight not only into the different ways of improving clinical work but also into the many challenges clinicians face when trying to bring about change. Here are our key recommendations for effectively involving clinicians in improving quality.

■ Give people evidence they can trust

National evidence and policy statements are, on their own, unlikely to lead to local improvements. Clinicians are more likely to engage with improvement in their own specific areas of expertise and can be convinced of the need for change by measuring their own practice against professional standards through audits. Having strong leadership from a lead clinician who undertakes the audit and feeds back results and improvement plans across the service also successfully engages other professionals. All of these factors can help clinicians to trust the evidence for change and know that audits are giving meaningful results.

■ Harness patient power

Patients can provide a unique insight into how things could be done better. We've found that involving patient groups in projects has proved an important success factor. The combination of motivated clinicians working together with service users can be particularly powerful, especially when convincing local healthcare leaders of the need for improvements. Patients need to be supported by confident local patient organisations. Local healthcare organisations should support the development of condition-specific patient groups to enable them to build strong partnerships with clinical specialists.

■ Use peer pressure not paper pressure

While formal guidelines are needed, clinicians are far more influenced and motivated by the opinions of their professional peers. Professionally-led quality improvement activities can mobilise large numbers of clinicians to commit to ongoing improvements. The shared will to improve quality needs to be harnessed and mobilised both through formal bodies such as the Royal Colleges, who have high levels of legitimacy and visibility, and also more informal professional networks. Professional bodies should consider how they can provide leadership, legitimacy, organisational support and professional training to support quality improvement.

■ Build capability and capacity

Whilst well trained in their area of expertise managers and clinicians often lack the specific skills or knowledge needed to deliver improvements. This skills gap needs to be filled, both by building the right project teams, and by providing learning and development opportunities. Quality improvement knowledge needs to be embedded into education, training, and appraisal, including continuing professional development.

■ Encourage a team approach

Building strong multidisciplinary teams to lead quality improvement is important and will ensure the right spread of knowledge and experience. Strong leadership is also vital, the project lead must spark enthusiasm and maintain momentum. A successful team will need the capacity and skills to project manage, collect and analyse data, and communicate and build trust with colleagues in the wider healthcare system. Relationships between different clinicians, managers and patient representatives really matter, and building both national and local level partnerships is at the heart of successful quality improvement.

■ Allocate time and resources

Clinicians want to collaborate with peers and implement improvements, but considerable skill as well as time and effort is required to achieve significant improvements in patient care. It is crucial that there is infrastructure, capacity and leadership to support quality improvement projects. Quality improvement activities are likely to be more successful if they are aligned with the mainstream allocation of resources in healthcare and supported through training, commissioning and regulation.

'Just publishing guidelines is not enough to encourage healthcare staff to work differently. Instead healthcare organisations need to engage the hearts and minds of the clinical teams working on the front line.'

Wendy Buckley, Assistant Director,
The Health Foundation

Key priorities?

These are our fundamental priorities for improving quality across the NHS:

1. Make improving quality part of the day job

Improving quality needs to be seen as a core aspect of business as usual, rather than a separate and extra activity. For this to happen, there needs to be alignment on the ground between managers and clinicians working together. At a national level, targets, regulation and incentives should all work together to promote improvements to care.

2. Enhance the infrastructure

National efforts to reinvigorate clinical audit, including the creation of the Healthcare Quality Improvement Partnership, has helped to promote clinician-led improvement. We believe the benefits of a national infrastructure to support the extensive use of clinical audit are overwhelming. This needs to be developed as an essential part of the health infrastructure.

3. Create enthusiasm and energy

To retain the enthusiasm and energy needed to make long term improvements in care, healthcare leaders should strive to create an organisational culture in which clinicians are both supported and expected to be involved in quality improvement initiatives. This should include helping local patient organisations to work with clinicians, as we have found that this partnership can achieve the greatest improvement in care.

How to get involved?

There are many ways clinicians can get involved in quality improvement projects.

- Find out what's happening locally and consider how you could get involved.
- Contact your professional body to find out what it is doing to support improvements in quality and to get involved in your specialty's clinical audit.
- Join the NHS Clinical Leaders Network, a professional network for clinicians across the country: www.cln.nhs.uk.

You can find out more at www.health.org.uk, and in our publications:

- *Does improving quality save money?*
This report reviews the evidence of whether improving quality can also save money for health service providers. It explores the cost saving potential of initiatives to improve quality and the barriers to success.
- *Healthcare professionals' views on clinician engagement in quality improvement*
This literature review seeks to clarify what is already known about the views of UK healthcare professionals in this area.

About us

The Health Foundation is an independent, charitable foundation working as a catalyst to improve the quality of healthcare in the UK and beyond.

We identify evidence about issues and solutions through research, commission improvement programmes to test ideas and build skills, promote our learning to policy makers and leaders in healthcare, and develop people to lead quality into the future.

We are independent of interest groups, forming constructive partnerships in healthcare policy, research and practice. We spend £25m annually to close the gap between the best care and what patients routinely receive.

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