

# Highlights

## EQIP Wave 2 case studies

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**(Cohort 4 (2021/2023) a first paediatric assessment for a suspected seizure between 1 December 2020 and 30 November 2021.)**

**(EQIP wave two, August 2021 – April 2022)**

**Audit results included act as a guide only to performance standards recorded within the Epilepsy12 during the time of teams participating within the EQIP**

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## **Project aim:**

By March 2022, 70% of children aged 11-19 years old with epilepsy will have digital feedback forms offered in clinics (Consultant and nurse led) and on acute wards.

## **Background**

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is one of Yorkshire's leading acute Trusts, serving a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas. Their children epilepsy service provides care to 200-300 diagnosed patients with epilepsy currently and six appointments per week to new/suspected Epilepsy patients.

## **Area of focus**

The team previously participated and successfully completed the pilot EQIP wave, which they felt was a fantastic experience, but above all it had immensely uplifted service delivery and patient experience. Focusing on sustainable quality improvement, as a team, they aim to accomplish the following objectives on the new EQIP collaborative; Progress of patient satisfaction and care, teaching and training of staff, linking and networking.

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## Changes

- Sept 21 - Asked patients (11-19 Years old) whether they would like to have a digital feedback form about epilepsy services or direct engagement by asking yes/no question.
- Patients were asked open questions at the end of consultations on what and how they would like to give feedback about the epilepsy services at Doncaster and Bassetlaw NHS Foundation Trust.
- Development of digital feedback loop
- Dec 21 - The team asked their patients open questions at the end of consultation concerning what and how they would like to give feedback about epilepsy services at Doncaster and Bassetlaw NHS Foundation Trust. The comments and views of patients were listed for group discussion in order to develop a tool which can represent the pool of views expressed by patients. With the suggestions and agreement of the team, the questions have formatted a questionnaire with only four questions:
  - How do you feel about the visit to the clinic today?
  - Do you have information how to seek support for mental health like stress/anxiety?
  - What are views about virtual Epilepsy follow clinic jointly with doctors and nurses?
  - What do you know/feel about transition to adult medical care?

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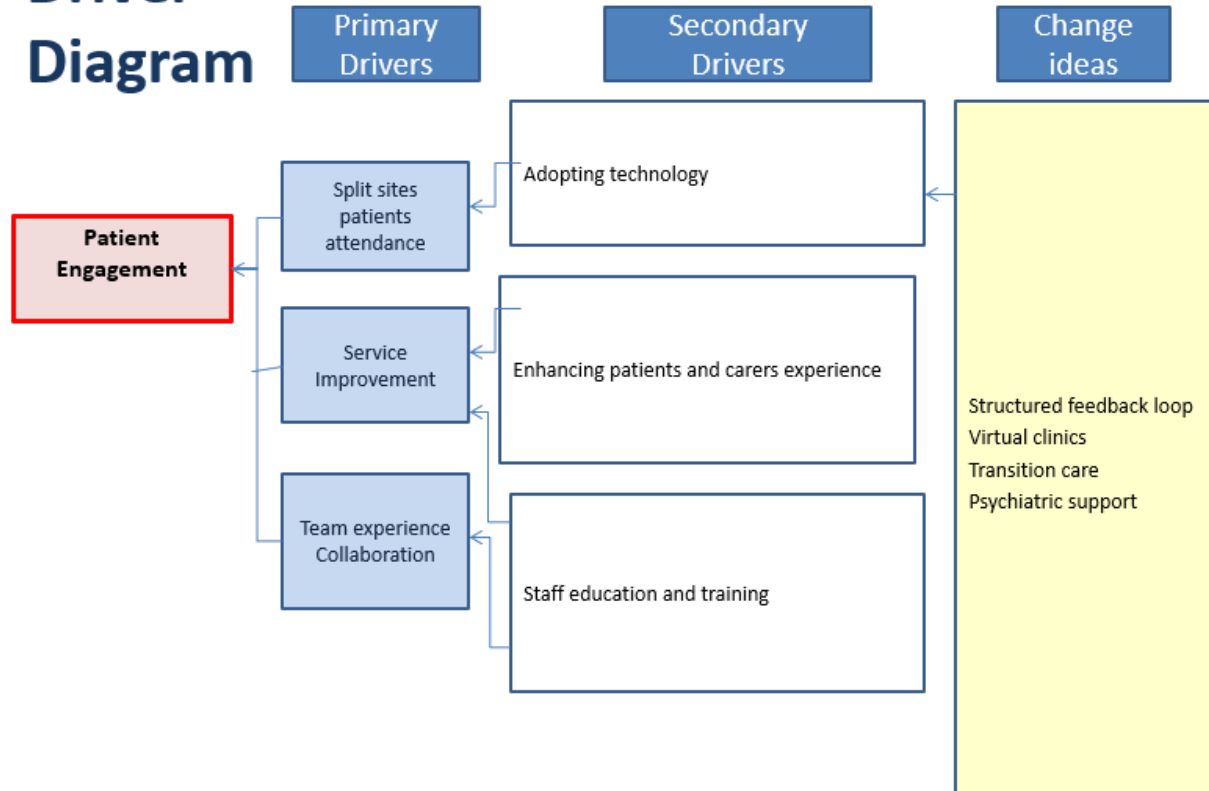
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## Changes

- Service staff were asked the following questions:
  - **What are views about virtual Epilepsy follow clinic jointly with doctors and nurses?**
  - Trust Epilepsy Specialist Nurses are employed by a separate community Trust, which causes difficulties in communication, if the team can engage patients and develop a virtual clinic for follow-up patients with both medical and nursing team in attendance that would certainly improve collaboration and patient care.
  - **What do you know/feel about transition to adult medical care?**
  - It is good to begin talking about transition at an early stage, which will help the service with tailoring the transition plan individually, improving flexibility for patients.
- The questionnaire was linked to a QR code and data gathered on MS Forms platform and the team obtained support from the Trust QI.
- Additionally the team used Clinic chats, paper based questions, QR codes and email links.

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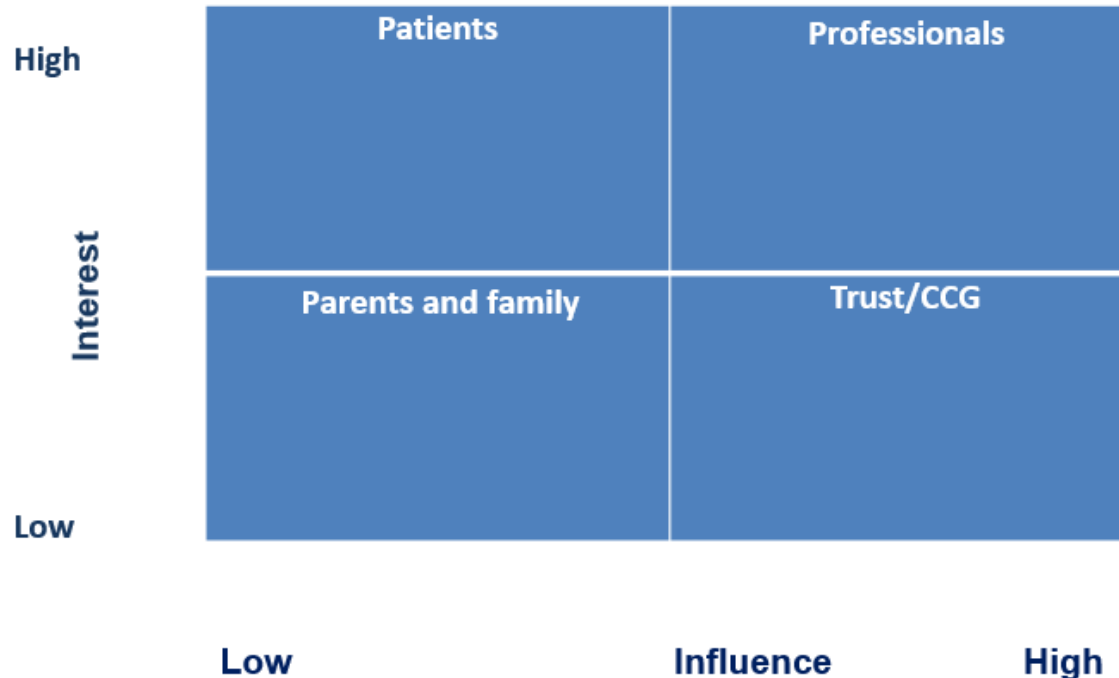
## Driver Diagram



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## Stakeholder Map



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## Results

- Sept 21 - 4 Patients asked, 2 in consultant clinics, 1 in nurse clinic and 1 on the ward. All the patients would like to participate; idea of electronic/digital forms is considered more users friendly
- Nov 21 - 7 patients aged 11-15 years old were spoken to informally at the end of clinic, they would like to participate in feedback and want to talk about different aspect of care including transition, mental health support, involvement of technology particularly expanding distant access to the service and suggested a continuous digital feedback platform
- Dec 21 - Engaged good number of patients.
- Clarification on the project aims is a lot clearer.
- Jan/Feb 22 - 49 Responses received between Jan/Feb 2022 from QR code and email links
- 41/49 ranked the service “very good” and 8 were “good”
- Majority were extremely satisfied with the information given by consultants and ESN.
- 15/49 required more information about psychological support
- Views regarding a virtual clinic, surprisingly for the team, 24/49 patients responded they would rather have face to face appointments
- 37/49 were feeling more worried about transition to adult services.

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## Challenges

- Working across two geographical areas within same service/Trust.
- Epilepsy nurses work for community Trust.
- Clearance on aim and objectives.
- Interpretation of results and implementation of changes.
- COVID-19 pandemic.
- Lack of a structured feedback loop from patients and families.
- Effective engagement of patients and families.
- Streamlining Transition care.



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## Outcomes

- Established user friendly and easy to analyse data tool for effective patient engagement.
- Cross-sites working has become more organised
- Team education and training on QI has increased, the EQIP training days has given more confidence to team members.
- The team gained increased confidence in delivery of service with engagement of patients and their families
- Beyond the EQIP the team plan to implement improvement interventions in areas such as transition care pathway and streamlining first fit clinics.

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## Lessons learnt

- Feedback from patients on the idea of introducing virtual clinics were not preferable in comparison to in person clinics, debunking team assumptions.
- Psychiatric support from mental health services is challenging.
- Recourse allocation for transition care.
- Wider collaboration with epilepsy teams from across UK on the EQIP has been useful.
- Focus on simple changes to increase patients involvement.
- This programme helped the service team to identify the strengths and weakness in the teams and delivery of the service.

[Team poster](#)

[Team video presentation](#)

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