FTCI Improvement Fund: Launch and Engagement Event
## Improvement Fund: Launch & Engagement

### DRAFT Event Programme

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<td>09:30 - 09.50</td>
<td>Welcome &amp; FTCI Update: Strategic Roadmap</td>
<td>Jemma Gilbert, Director of Transformation &amp; Prevention</td>
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<td>09:50 - 10:20</td>
<td>Data Refresh &amp; 2018</td>
<td>Meaghan Kall, Principle Epidemiologist, PHE</td>
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<td>10:20 - 10:40</td>
<td>Patient Testimonies</td>
<td>Sasha Goodman &amp; Husseina Hamza</td>
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<td>10:40 - 10:50</td>
<td><strong>Morning Tea Break</strong></td>
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<td>10:50 - 11:20</td>
<td>QI Session: What is QI and why?</td>
<td>James Innes, Associate Director for Quality Improvement East London Foundation Trust</td>
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<td>11:20 - 12:00</td>
<td>Improvement Fund: Bidding Process with Q &amp; A</td>
<td>Ian Jackson, Director of Contract Delivery, Specialised Commissioning</td>
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<td>12:00 - 12:45</td>
<td>Brainstorming Session: Testing, Lost to Follow-up &amp; Living Well</td>
<td>David Groom, Quality Improvement Facilitator</td>
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<td>12:45 - 13:00</td>
<td>Closing</td>
<td>Jemma Gilbert, Director of Transformation &amp; Prevention</td>
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<td>13:00 – 14:00</td>
<td>Lunch</td>
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In 2018 London signed the Fast-Track Cities declaration. Fast-Track Cities is a global initiative to end the HIV epidemic by 2030.

By signing up to this initiative the four signatories have committed to working with the community and voluntary sectors to:

• Build on the amazing work London has done so far to reach and exceed the United Nation’s AIDS targets of 90:90:90 – 90 per cent of people living with HIV knowing their status, 90 per cent of people living with HIV on treatment and 90 per cent of people on treatment with suppressed viral loads
• End HIV-related stigma and discrimination
• Stop preventable deaths from HIV-related causes
• Work to improve the health, quality of life and well-being of people living with HIV across the capital
Creating a plan for getting to zero

We wanted to bring everyone together to use existing knowledge, experience, expertise and assets to accelerate London’s HIV response.

What have we done so far:

• Convened the Fast-Track Cities Leadership Group
• Kicked off stakeholder engagement
• Produced an asset and gap analysis
• Put forwarded a business case to NHSE England and received funding for next three years
• Developed the roadmap for getting to zero
Knowledge and understanding
Londoners will have up to date knowledge and understanding of HIV as a long term condition, their level of risk, and where, when and how often to get tested.

Behaviour
Londoners will feel confident to openly talk about their HIV status and challenge any discrimination they witness against themselves or others. Londoners at risk will take appropriate prevention measures and get tested accordingly.

Support
Londoners will have access to best practice medical and psychosocial care and will be able to access financial support according to their needs.
Where does Fast-Track Cities sit?

The Fast-Track Cities Leadership group has four main functions to support and add value to the work already ongoing in the HIV sector:

- Systems Leadership
- Advocacy
- Collaborative delivery
- Communications and engagement
Engage leaders and influencers throughout health and care

Work with other UK Fast-Track Cities to share learning and influence policy together at a national level

All of this will align with existing regional and national strategies.
• Act as ambassadors for improvements to London’s HIV response
• Use access to strategic forums and to senior regional and national leadership for upward advocacy
• Collectively advocate for things which are important in helping London to get to zero
Collective responsibility for delivery of:

- Improvement fund using a collaborative approach to make the best use of the knowledge and experience of providers already delivering services
- Anti-stigma and discrimination work to tackle all the varied types of stigma
- Cultural work to continue to involve and celebrate the rich diversity of the London HIV sector
Consistently, concisely and intelligently engage and communicate with the wider London HIV sector, particularly the HIV community, and with other UK and global Fast-Track Cities.

Develop and hold the narrative on London’s progress in tackling its HIV epidemic, in order to record and share London’s journey to date and going forward.
London’s 2030 Ambition

- zero new HIV infections
- zero preventable deaths
- zero HIV related stigma and discrimination
- best quality of life for Londoners living with HIV
How can London meet its ambition?

- **Diagnose** all people with HIV as early as possible

- **Treat** HIV effectively and rapidly after diagnosis for sustained virological suppression to maximise health and minimise transmission

- **Prevent** new infections by using proven prevention interventions, including Pre-Exposure Prophylaxis (PrEP), condoms, and behaviour modification STI Rx, alcohol and drug treatment services

- **Support** to attain best quality of life including prevention, diagnosis and management of HIV-related comorbidities, together with appropriate peer, social and financial support.

- **Reduce HIV stigma** as a fundamental requirement to accelerating all the other strategic approaches and to improve the quality of life for those with HIV
Data Refresh & 2018
Patient Testimonies

- Sasha Goodman
- Husseina Hamza
Morning Tea Break

(10mins)
Quality Improvement as an enabler to this work
Plan

• So what is QI?

• A small simulation

• Support moving forwards for successful bids
So what is quality improvement?
improving quality ≠ quality improvement
QI provides a systematic method to help tackle complex issues
The Typical Approach...

Conference Room

DESIGN → DESIGN → DESIGN → DESIGN → APPROVE

Real World

IMPLEMENT
The Quality Improvement Approach

Conference Room

Real World

DESIGN

TEST & MODIFY

TEST & MODIFY

TEST & MODIFY

APPROVE IF NECESSARY

START TO IMPLEMENT
The Tennis Ball Game
At your table: How many people are at your table?

• 6, 7, 8, 9 or 10

• Assign a time keeper

• Assign a number to each of the other people at your table, starting with the number 1 and continuing until you run out of people
Your current process involves passing a tennis ball from person to person, following the sequence provided on the next slide

• Practise your process one time

• Time keeper - please time how long the team takes to complete the process (in seconds)
Break out Exercise

Team Aim: To reduce the time taken for every person to touch the ball

Come up with change ideas and try them out

Rules:

- The initial sequence as provided must be adhered to
- You may only test one change idea at a time
- You have 10 minutes to test out different change ideas to achieve your aim
How did you get on?
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act  Plan

Study  Do
Increasing access for patients referred to a busy secondary care service
They created a project aim related to what mattered most…

By 1st April 2017 we want 95% of patients referred to C&H secondary care services to receive a face to face assessment within 28 days of their referral being received.
They better understood the problem to help them identify change ideas...
We intend to reduce 1st appointment DNA's of referrals to CHAMHRAS to 20% by September 2017 1 linked measure

Creating changes ideas & a strategy

- Effective communication
- Service accessibility
- Quality of Referrals
- Mobility issues/transport issues
- Administration issues
- Hard to engage patients
- GP knowledge of CHAMHRAS
- Convenience of location of appointment
- Service user understanding of CHAMHRAS
- Service user is in agreement with referral
- Service user is aware of referral
- Service users to be aware of how to find appointment site
- Appointment letter received at optimum time ahead of appointment
- GP has good and accurate knowledge of CHAMHRAS
- Adequate information in referrals, including service user is aware of and in agreement with referral
- Referrer is able to hold anxiety
- Opt-In appointment letters
- GP to use referral forms with prompts
- GPs to consult CHAMHRAS duty for signposting
- Patient questionnaire re location of appointment
- Patient leaflet to be sent at each appointment
- Patient leaflet offered by GP when referring
- Text prompts prior to appointment day
- 1 linked PDSA map
- Maps to be enclosed in appointment letter (if not at GP surgery)
- Bus routes to be given with map
- Offer choice of location
- Explore optimum window for receiving appointment letter
Key Changes for Waiting Times:

1. Data cleansing
2. Improving administration systems & creation of centralised database for managing referrals
3. Daily allocations meeting

Although not shown on this chart, during baseline period in late 2014 an average of only 30% of people were seen within 28 days. This is now 93%
100934 – City and Hackney Community Mental Health Teams (CMHTs)

Baseline: Jan 14 to Feb 15

- **Average waiting time from (GP) referral to first F2F appointment (clock reset rules)**: The graph shows a decrease in the waiting time from 38.62 to 19.89 over the period from Jan 14 to Mar 17.

- **Number of referrals received**: The graph indicates an increase in the number of referrals from 187.50 to 428.63, with fluctuations noted.

- **Percentage of first appointments (face to face) not attended**: The percentage decreases from 46.21% to 29.75% over the same period, as shown in the graph.
So what will this work look like and what support will you receive?

@ELFT_QI
qi.elft.nhs.uk
elft.qi@nhs.net
No prior QI knowledge or experience is necessary!
All projects will receive QI Support as part of this initiative

- QI training for project teams taking part in this work
- Regular collaborative learning events for all project teams
- Direct support from ELFT Improvement Advisors
- Improvement design support in the set up of each project
Improvement Fund; Bidding Process & Q&A
• There is a total fund available at this stage of £1m per year for 3 years. We are trying to get best value from this amount.

• There is technically no limit on the amount a project can bid for although a bid at £1m is unlikely to be assessed well.

• Providers are encouraged to collaborate

• Bids must be led by the voluntary sector
• One idea is to look to have a mix of programmes across 3 main categories (Find undiagnosed PLHIV, Reengage PLHIV in care and Living Well).

• Funding will not be awarded for programmes where there is a likelihood of defunding following from the responsible commissioner.

• Stigma is out of scope for this fund as this is covered by a separate work stream and fund.
• This is not designed to be a grant only – the QI element is key

• You can bid for all 3 years (if you want to)

• Bids can be at multiple levels e.g. for £50k you can have x, for £80k you can have x plus y....

• This will be a competitive dialogue process to ensure we spend all of the money as best we can.
• Projects will need to begin early in the new year.

• We will run an annual review of the collaborative to ensure bidders can continue.

• This review may include programmes being stopped and others commencing.

• If providers do not engage in the collaborative then their contracts may not be renewed through years two and three.
• As a minimum, successful bidders are expected to attend all of the QI events related to this project through the year (likely to be every couple of months).

• Should this approach be a success we will investigate further funds being put into these projects through public and private finance partnerships.

• The FTCI leadership group will oversee all of the funding and VFM for the programme as a whole.
Brainstorming Session: Testing, Lost to Follow-up & Living Well
World Café

You will need:

• A table host
• A table scribe
• A timekeeper

• Choose an issue to discuss
• The first 3 minutes is quiet individual reflection
• The next 20 minutes is round table discussion
• After 20 minutes move to new table – the host stays where they are
• For 10 minutes continue the discussion on your new table
• What was different? What was the same?
1. Finding patients – early diagnosis and testing

2. Supporting long term virological suppression and re-engaging those lost to care

3. Creating services which help patients live well