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| Idea Title | Embedding coproduction into Yorkshire Ambulance Service (YAS) to ensure service users are involved in quality improvement projects across the Trust. |
| Team Name | Yorkshire Ambulance Service’s Critical Friends Network |
| Amount Bidding For | £15000 |
| Short description of the idea | Our focus is to improve the services we provide as an ambulance service by involving patients and the public in service developments and quality improvements. |
| Image | CFN badge? |
| Our focus | 1. **Who?** 2. The Critical Friends Network (CFN) is a group of volunteers who are all committed to working alongside staff at YAS to improve the services we provide to our patients. At the moment group consists of 15 members all from different backgrounds who contribute their feedback into improvement projects at YAS. 3. **What?** 4. Our goal is to thoroughly embed coproduction into YAS creating a culture whereby patients and staff work collaboratively to improve the services YAS provides to patients and service users. We want to encourage and support the CFN to be involved in the planning and design stages of projects, any changes to service delivery and support us to undertake audits to ensure services are working as we think they are. 5. **Why?**   Coproduction challenges the assumption that patients are passive recipients of care and recognises their contribution in the successful delivery of a service. Evidence shows that setting up co-productive relationships may have positive implications in social and health circumstances (Boyle, Clarke and Burns, 2006a)  **How?**   1. To do this we would like to support the CFN to become self-directing the members of the individual local groups appoint a ‘Chair’ of their group and YAS attend their bimonthly meetings. The CFN would lead on discussions and agenda items which they wish to work alongside YAS to achieve and work together to identify improvement projects for coproduction.   In order to develop engagement and develop mutual understanding between staff and service users we would host CFN visits to our emergency operations centers, ambulance stations and hospitals sites across the county to enable opportunities for development of ideas to progress improvement projects which the CFN may be interested in co-designing. As an example when a CFN visited the EOC, and spent time alongside the Frequent Caller Team, they had the idea that YAS having a system for signposting to peer support for those who were deemed frequent users of the service might lead to improved care for these users and a reduction in calls. Service users bring a unique perception to quality improvement projects and should not be excluded from idea generation but included from the outset.  We will support all of our CFN members to undertake Quality Improvement (QI) training which will be provided by Yorkshire and the Humber Improvement Academy support by the QI fellows employed by YAS. This will fully equip our volunteers with the knowledge of QI methodologies and the confidence to use these.   1. We are also focused on building a diverse network consisting of members from different backgrounds, ethnicities, genders, religions, sexual orientations, ages and areas of Yorkshire, who all have a shared passion for improving the care and services we provide. 2. In order to allow for the CFN to develop further current members have stated they would like an online platform to communicate via as many members find it difficult to attend meetings in person and the pace of developments could be improved if we use a virtual platform. 3. As part of this project we will co-create a virtual space with the CFN. This space could then be utilised to share ideas, feedback and encourage discussions on projects or potential quality improvement needs within YAS. |
| Our Proposal | **What is our aim/strategy?**   1. We want to build on our existing network of patients and members of the public, ensuring that there is a diverse range of people who can provide valued feedback to help improve the patient experience at YAS 2. We want to co-produce a virtual space with the CFN which would be used by the CFN to communicate between the group and YAS regarding change ideas, feedback and proposals for future co-production work. 3. We will undertake locally focused recruitment events within each region of Yorkshire, particularly focusing on areas where we are underrepresented such as North, East and South Yorkshire. 4. We will also undertake targeted recruitment events within the seldom heard communities by attending events such as Pride, holding focus groups within BME communities and attending existing patient involvement groups. 5. We will ensure that quality improvement projects and service developments are coproduced with the CFN by facilitating staff and service user time together to generate ideas for change. 6. We hope that the long term impacts will be that the CFN will become fully integrated and embedded within YAS and that patient experience and coproduction with our service users will be a forefront when considering new changes and improvements. 7. We hope that YAS will have improved communication and relationships with the patients it serves. |
| The benefit we hope to achieve and how we will measure these | In the UK, there is growing interest in applying co-production to public services such as health care. With the growing interest in patient centeredness the relationship between clinicians and patients is now recognised to be a meeting of two experts. The clinician has the knowledge of diagnosis and treatment options and preferences, aetiology and prognosis, whilst the client knows about the experience of illness, social circumstances, and attitudes to risk, values and personal preferences. We have witnessed co-production in practice within the ambulance sector at East Midlands Ambulance Service, where their Patient Voice is an example of a successful co-production group. We aim to follow their lead and share our learning with other trusts across the NHS and the Q community. We are aiming for coproduction to become the norm within YAS meaning that the culture of consulting with patients and members of the public at the final stages of a project will cease to exist and instead we will see a rise in consultations at the very start of a project or service development. We will also see a rise in projects and suggestions put forward by the CFN for YAS to look to co-design alongside the group. By recruiting more members from diverse backgrounds we hope that by 2030 the CFN will be made up of around 15-30 members who are fully engaged in quality improvements and reflect the different communities we serve. Adding in more diversity means that we will receive feedback which is rounded to each person’s individual experience and will help us to understand any gaps in our service or any areas for improvement.  **How will we measure the success of the project?**   1. We will measure the rate of growth of the CFN from the start of the recruitment events going forwards. 2. We will look at how many new members are from seldom heard and hard to reach communities. 3. We will analyse how many projects are coproduced with CFN from the start of the proposed changes and compare this to the number which were shared with the CFN before the project began. We will then look at whether this number has increased to judge whether we have been successful in embedding the CFN within YAS. 4. We will report on the shift in dynamics as the CFN transcends from being a network which is directed by YAS to a network which is managed by the members and facilitated by YAS. If we can empower the members to chair meetings, create agendas and think critically about issues within YAS which they can then raise at these meeting, we will have achieved one of our goals. |
| Benefits we expect for the Q community | By supporting this project the Q community will be informed of the progress of the CFN’s journey to being an independent patient led group who coproduce quality improvement projects with YAS.  Throughout the project information will be shared with the Q community via quarterly newsletters/blogs focusing on what we have found to be the most successful techniques in regards to recruiting patients and members of the public to voluntarily be involved in our coproduction group. We will share how we have reached out to the seldom heard communities and what challenges we faced and how we overcame these. |
| Q members/non Q members in team | Q Members – Rebecca Mallinder – Lead  Clare Ashby – Support  Brogan Armstrong-James – Support |
| Area of Interest | Peer Support, PPI, Quality Improvement, Patient Led |
| Locations | Yorkshire |