



Q Exchange Guidance for future applicants

A summary of feedback from Q Exchange 2019

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Background

In 2019, 40 volunteer Q members took part in the shortlisting review process for Q Exchange 2019. These assessors reviewed the applications against the [criteria](#) for Q Exchange using individual assessments, followed by panel group reviews. Following a review of the panels' feedback on all 2019 Q Exchange applications (successful and unsuccessful), this briefing aims to provide insight on how applicants can improve their chances of being shortlisted in future years.

Applications from both new and longstanding Q members are encouraged alike and three of the shortlisted applications from 2019 were submitted by Project Leads who were new Q members. There is definitely a knack to writing a great funding application and some additional nuances that need to be considered when applying to Q Exchange. About half of applicants who completed a survey stated that it was their first time applying for funding. Practice certainly helps and working with the Q community throughout the development of applications (through the ideas pages and special interest groups) is a fantastic opportunity to refine an application. However, there are also some 'rules' to consider when writing an application to demonstrate the design, development, and eventual delivery of Q Exchange projects.

This briefing aims to cover what makes a well-written and well-designed application, and complements the three feedback webinars conducted as part of Q Exchange 2019. It can be read alongside some of the [great ideas shared on the Q website about collaborative improvement](#).

1. Why the project is needed

Applicants will have little doubt as to why their project is so desperately needed or the tremendous advances it could bring. The application is the chance to get this on paper by starting with a compelling case for change:

1.1 Aim statement

Quality improvement work always starts with a **clear and purposeful aim statement**. There is evidence to suggest that teams with a great aim statement end up performing better. The aim statement is the foundation for the rest of the application: it will outline the ambition, the proposed change, the scale of that change, who the improvement will benefit, and provide the baseline for how success will be measured.

To form an aim statement, applicants need to sketch out: what, for whom, by when, and how much. Then use this to form the full statement. Understandably, applicants putting together an idea focus on the benefits for the group they want to work with. However, assessors and Q members who will look at the application will want to understand what the potential might be for other service areas or populations, so think big and draw this out too.

1.2 Needs analysis

It is vital that assessors can quickly establish why there is a compelling need for the improvement being proposed and how it will benefit the patients/community outlined in the bid. Applicants should think about the evidence already available: data on the burden of disease, patient or carer feedback, survey data, research evidence etc.

2. Methodology

Once it has been established why the improvement is needed, applicants will need to explain how they will go about it. Quality improvement requires the application of specific methods in order to bring about measurable improvement.

The Health Foundation and other leaders in the QI field use the Institute of Medicine's 6 dimensions of quality to describe excellence in health care:

- Safe
- Effective
- Person-centred
- Timely
- Efficient
- Equitable

QI projects should look to improve at least one of these dimensions.

The **IHI Triple Aim** also describes an approach to optimising health care performance in balancing, the individual patient experience, improving the health of populations, and the effective and appropriate management of health care resources. Others have added to this, suggesting joy in work or equity should also be considered.

There are many known methods to improving quality but the one chosen should be appropriate to the aim of the project and the context. Applicants should explore the right method for the right problem, engaging with colleagues and experts (see below) for guidance and signposting.

Both research and QI projects are eligible for Q funding but being clear about which line is being taken is critical in the application. There is of course some cross over. Measurement and data are vital to both research and QI. Both will develop knowledge and understanding. One differential is that research will take a considerable amount of time before the findings would be deemed ready for application. QI is done in cycles so that the insight and study can be applied more fluidly and in real-time during the life of the project.

It is also useful for applicants to indicate what ways the intervention is innovative or adapts and adopts innovations from elsewhere. While doing work that is already routine practice everywhere may not stand out to assessors, saying the work is completely novel is far from vital. It is in the spirit of Q and can be compelling to show how the idea builds on work others have done. However new the idea is, it's helpful for applicants to show that they are aware of who else has tried this, ideally inviting the Q community to help find similar work.

The Health Foundation determines innovation as:

- No previous history in any context – it is genuinely new or novel.
- Transferred into the health space from another sector such as another public service body, another industry, academic research or a non-health-related field.
- Transferred into the UK from an overseas health care system.
- Transferred or adapted from one health care setting to another: for example, adult care to paediatrics, or social care to health care.

For more information, read the Health Foundation's **Quality improvement made simple** quick guide.

3. Being realistic

Applications are judged for their feasibility within the available resources. Using a SMART (Specific, Measureable, Achievable, Realistic, Time-bound) approach to setting objectives will help establish the boundaries of the project and ensure that the expectations or approach are sensible. If the project is part of a much bigger programme of work, make sure to outline this in the application, clarifying the scope of the work within a bigger mission. However, quality improvement is cyclical and learning will be applied and changed throughout the life of the project which will necessarily require adaptation. Applicants should demonstrate understanding of their QI methodology will help articulate how they will manage adaptability while remaining focussed and within the original scope.

Budgets should be looked at carefully to ensure that the project will be affordable. Applicants should ensure that all costs have been identified, explained why they are reasonable, and show how the benefits have been quantified. Assessors will consider whether the project is value for money. Measuring value for money is often done retrospectively, but it is important at the application stage to show that value has been considered, along with how ongoing costs will be picked up locally following Q funding. It may be possible to demonstrate matched or additional funding, or resources in kind from other sources. Applicants should seek internal feedback on the application and always consult other Q community members (see below).

4. Involving and engaging patients and the public

It is essential that patients and carers are involved in and can influence any changes that will have a direct effect on the care that they or their families will receive. Involving and engaging patients, carers and the public in quality improvement ensures their active participation in making health care better and is a vital part of person-centred care. Patients and/or carers should form a part of the improvement team wherever possible and help design ongoing wider involvement and engagement. This might take the form of: focus groups, interviews, surveys, co-design/production workshops, meetings with existing patient groups etc. Getting patient and public involvement and engagement right takes a great deal of planning and time. There will be barriers to engagement, which will need to be addressed at the planning stage and throughout the life of the project. However, there are many people within the Q community who are active in this area and have advice on how to approach this and people who invest properly in this say the benefits greatly outweigh the costs.

Health Quality Ontario have published guidance on [patient engagement in quality improvement](#), the Point of Care Foundation have published an [Experience-based co-design toolkit](#). We also covered [patient involvement and engagement](#) in one of the feedback webinars for Q Exchange 2019, and there are several Q Special Interest Groups which may be of use in this area: [Co-production, PPI and Diversity, Making use of Patient Experience](#).

5. Taking a system-wide approach and involving all key stakeholders

Leaders in improvement are increasingly asked to take a systems view when approaching change in health care. Improvement and change in one part of the health system will create disruption in another part of the system: sometimes positive, sometimes negative. Applicants should try mapping their processes, stakeholders, and systems in order to outline who, where and what will be impacted by any changes.

Understanding organisational and system context will make a big difference when implementing change and improves the chances of success in improvement work. It will also reveal tremendous complexity.

With that broader system in mind, applicants should consult as widely as possible about their proposal and try to form a multi-disciplinary (sometimes multi-organisational) team, or at the very least a comprehensive engagement plan. Working with the non-hierarchical, multi-organisational and multi-professional Q community when shaping up a proposal is a good way to build relationships or have conversations that cut across a system. Critically, ensure robust means of staff involvement and engagement so that everyone impacted by the change feels able to contribute and shape the ideas and implementation.

There are several resources available which may help applicants to think about this in their proposals:

- [The Improvement Journey, the Health Foundation](#)
- [The challenge and potential of whole system flow, the Health Foundation](#)
- [Perspectives on context, the Health Foundation](#)
- [Involving staff in improvement, NHS England and NHS Improvement](#)
- [Shared Governance, Nottingham University Hospitals NHS Trust](#)

Q Special Interest Groups: [Complexity Approaches to Support Quality Improvement](#), Systems Engineering (coming soon)

6. Measurement of impact and outcomes

Leaders for improvement across the Q community know that measurement is the cornerstone to QI. While there is not a direct ask in the application process for metrics, demonstrating how and what will be measured in order to establish whether an improvement has occurred will help bring the projects aim statement and objectives to life. By establishing a needs-analysis, it will become clear where the project is now and where applicants want it to get to, which which will help to determine what to measure.

Q Exchange projects are time and budget bound but likely to play a longer lasting role in the organisation or community (see below). Building in some early metrics will help with the planning and application. As the metrics and measurement advance and develop, they will enhance the sustainability of the project and enable applicants to make the case locally for either ongoing investment, changes to practice, or support.

There are several resources available which may help applicants to think about this in their proposals:

- [Making data count, NHS England and NHS Improvement](#)
 - [QI measurement primer, Health Quality Ontario](#)
- Q Special Interest Groups: [Measurement for Improvement, Evaluation](#)

7. Beyond Q Exchange

It is important to demonstrate that the impact of any QI work will outlive the life of the project. That means turning the intervention into 'business as usual' for workplaces and teams. This is not something that will happen by chance, but can be built into the project plan and application. As ever, the context of the project will determine the model so feedback and guidance on what might work will be vital.

Working with the Q community can also help spread the idea to other areas or other specialties. Q grows peer networks, which can be instrumental in developing and spreading innovation by providing spaces to learn and support.

8. It starts and ends with the Q community

Unlike most funding programmes, Q Exchange is collaborative as much as it is competitive. Members of Q are asked to actively engage with project ideas, note similarities with other work and make connections, and add the value of their experience and expertise to enhance ideas and projects. When planning an application, plan in the time to spend on the relevant Special Interest Groups interacting with colleagues. Actively invite comments, be clear about how members can contribute to and enhance the idea on the project page, and update the project if good revisions are suggested. Applicants should be open to collaboration from those leading on other projects and share their experience and expertise on other applications.

Consider the Q community as key stakeholders for improvement work, and detail how the work will benefit the community either directly or through sharing learning. Q provides a range of mechanisms to connect with others and take forward improvement work, whether or not the project is selected for funding. In fact, feedback from the pilot in 2018 suggests that unsuccessful applicants still gained value from participating in Q Exchange. Unsuccessful teams were able to continue and refine their projects, thanks to the support and feedback they had from the community. Applicants can find out more by hearing their stories in the Q Exchange feedback webinars.

Applicants can get input into, and promote, what they're learning through the Q Exchange pages, Q's Twitter account, posting a blog on the website and by engaging directly with Special Interest Groups. If the work takes off (whether thanks to Q Exchange funding or separately), they might want to consider setting up a Special Interest Group and/or run webinars or other activities to support ongoing engagement and delivery. Make the most of Q not just in developing ideas, but in taking the work forward and sowing the seeds for spread. The [Q Connectors](#) online group may be relevant to this.

