



Moving past backlogs: how can a focus on data help to ensure equitable access to services? Information for participants

May 2022

Background

Q aims to harness the rich knowledge and diverse experiences of its 4,500-strong membership by surfacing stories and generating insights that can be used by members and others across the health and care system to support improvement efforts.

We want to enhance understanding of, and shine a light on, the value and impact of applying improvement methods and approaches to improve health and care for people across the UK and Ireland.

We have already captured learning on [the role of improvement during the response to COVID-19](#). We've also explored more specific examples of the work of people who work in improvement in [rolling out video consultations at pace](#) and for addressing [backlogs in care](#).

Find out more about [Q's insight work on our website](#).

Purpose and aims of our new project

- We want to explore the **use of data to support improvement efforts** to address inequalities and reduce backlogs and improve access to care.
- There is a commitment to tackling health inequalities and recognition of the role of data, analysis and insight to enable this work. Despite this, Q members and others (such as [NHS Providers](#)) tell us that the practical and proactive activities needed to achieve this are not happening to the extent needed.
- To make progress on this, we want to surface and explore examples from Q members where they use data to address inequalities and improve access to care.
- We want to understand more about what is needed in practice to make this more widespread, and generate individual stories and actionable learning.
- This project aims to:

- **support individual learning.** We will support the reflective practice of members by drawing on action learning principles in facilitated group discussions.
- **share learning with the Q community and beyond.** We will share insights with others doing this work and those that influence the strategic context for improvement.

Taking part

Please read the following information and consider carefully if you'd like to take part. If you have any questions about participation, please [contact Q's Insight Manager, Joanna Scott](#).

Eligibility

- To participate, you need to be:
 - a Q member
 - working on or scoping a project that uses data to support improvement to address inequalities and focuses on improving equitable access to care
 - able to commit to a **two-hour monthly session from June to October 2022**.
The sessions will provide participants with an opportunity to explore live challenges and learning with peers in a safe space. The sessions will be co-facilitated by a member of Q's insight team and an experienced action learning facilitator from the Action Learning Centre
 - committed to sharing your experiences with the wider Q community.
- We're particularly interested in work that is taking a holistic look at backlogs in care. For example, this could include projects that explore how to manage waiting lists and prioritise care for those from areas of deprivation, or targeted interventions to support people waiting for care.

What will taking part involve?

- Participants will join an introductory research session on **Monday 13 June (10.00-12.00)** to reflect on the work they are doing, and the challenges, opportunities, learning that they want to explore with others.
- Participants can then opt to take part in a monthly action learning set (with up to seven others) over a five-month period.
- The commitment is **two hours per month** to attend the action learning sets (timetable below), and around two hours outside of these sessions for individual preparation/reflection, and to input into activities led by the Q team to share learning.
- Participants will be supported to share their experiences with the wider Q community by the Q comms team (either through a case study, video interview, blog or similar).
- All sessions will take place virtually, via Zoom.

Proposed schedule of sessions

Session	Date and time	Content
Introductory session	Monday 13 June (10.00-12.00)	Group discussion. Initial mapping/framing of what people are working on and what the challenges and opportunities are. Introduction to Action Learning .
Session 1	Early July	Action Learning session 1
Session 2	Early August	Action Learning session 2
Session 3	Early September	Action Learning session 3
Session 4	Early October	Action Learning session 4

Confidentiality, ethics and data protection

Participants need to feel able to share their learning with each other in a safe and supported environment, but we also want to draw out this learning for a wider audience. We have considered confidentiality, ethics and data protection carefully.

How will the information be used?

- The sessions will be co-facilitated by an experienced action learning facilitator from the Action Learning Centre and a member of Q's insight team.
- A member of Q's insight team will co-facilitate the sessions to capture learning and themes from the discussions to share back with participants.
- These insights will be treated confidentially and used anonymously unless consent is given.
- We will not share anything without permission. We would like to capture learning that can be shared more widely, both broad learning on the topic and individual stories, through a collaborative approach with participants.
- We usually share learning via the Q website, social media and presentations at external events.
- All data will be held securely in line with the Health Foundation's [data protection policy](#).

What are the benefits of taking part?

- The main benefit is the opportunity for individual and collaborative learning with others doing similar work. The group sessions will be co-facilitated by a facilitator with experience of running action learning sessions with Q members.
- Participants can gain skills in action learning, explore live challenges and issues with a group of peers working on the same topic, while also sharing their insights and learning with others.

- Feedback from recent action learning sets (for Q Exchange) shows that participants developed skills that support collaborative working, problem solving and stakeholder engagement. They also gained personal insight and their resulting actions directly impacted their improvement work.
- The work can benefit the wider evidence base and case for improvement. We want to use individual stories and overarching learning from this project to help others to understand how those with improvement experience and an improvement-led approach can support efforts to address backlogs in care, address inequalities, and create conditions for better use of data to support improvement.
- We are applying for CPD certification for the sessions.

“It’s been helpful to talk through issues and challenges, analyse them, consider options and then take this back to the project team to agree a way forward.”

Q Exchange Action Learning Set participant

Are there disadvantages to taking part?

- Participation will require a regular time commitment of at least two hours a month, over a five-month period. We appreciate that finding time for this may be challenging on top of other commitments. We will cover any expenses incurred as a result of taking part.
- Due to the topic, the discussions may raise sensitive and upsetting issues, especially if it relates to failings in care. Where needed, professional support can be provided.
- Taking part is voluntary, and you have the right to stop participating and withdraw your consent at any time.
- Action learning is a group process so we want to minimise the number of people that drop out after the first session. Please ensure you have read and understood what participation entails and speak to a member of the project team if you have any additional questions or concerns. If you do drop out, we will seek your consent to use data already collected within the group discussions.

Appendix I: More information about Action Learning

Simple, practical, robust and effective are all words that describe Action Learning. Based on a coaching approach of listening, questioning, support, inspiration and action, Action Learning provides a confidential arena in which to unpick issues and develop your thinking and problem solving skills.

In a nutshell, Action Learning is real people resolving and taking action on real problems in real time and learning while doing so. It does require a commitment to attend and a willingness to collaborate and learn.

Some key features of Action Learning

- Participants arrive at their own action points and insights relating to real life work challenges
- Solutions are arrived at through questioning and thinking, not advice giving
- Value comes from hearing others talk through challenges and identifying options
- Problem solving, questioning, listening and reflection skills are developed.

The benefits

On an individual level, Action Learning helps you develop important skills around leadership, decision making, and problem solving. It helps:

- Improve personal effectiveness
- Enhance soft skills such as asking insightful questions and listening
- Develop creative, open-minded solutions
- Use reflection to learn from personal experiences
- Build self-confidence and assertiveness
- Raise awareness of assumptions, beliefs, attitudes and group think
- Identify how to influence thinking, decisions and actions
- Manage complexity
- Exercise leadership responsibility with integrity

Action Learning provides an arena to:

- Share experiences with others going through similar challenges
- Think through ideas and refresh your thinking
- Bring different perspectives to challenges and decision making

- Collaborate and cross-pollinate - learn from and be inspired by others
- Build robust, supportive networks
- Learn through supporting others to find solutions

Find out more about Action Learning on the [Action Learning Centre's website](#).

Appendix II: What do we know about this topic already?

- It is widely acknowledged that [better use of data is vital for NHS recovery](#) and that data helps us to understand if there are access, experience or outcome issues for [different demographic groups](#).
- The latest NHS Implementation Guidance highlights that Integrated Care Systems (ICSSs) must address health inequalities. A priority within this is to '[restore NHS services inclusively](#)'. This means access to the right data and data-driven tools is crucial. It will help to understand the experience and outcomes for different groups, and whether improvement efforts to address inequalities are working.
- Q's recent insight projects highlighted the challenges faced by those with improvement experience in applying [systematic measurement](#) to support their work during the immediate COVID-19 response. [Members' experiences](#) of supporting work to address backlogs highlighted real challenges about using data, and using data to apply an equity lens to the work. This was because of:
 - missing and poor quality data
 - incompatible information management systems
 - lack of access to tools and capabilities to make use of existing data
 - a tendency for decision makers to focus on measuring performance against targets rather than ensuring there is data to guide improvement.
- [Case studies](#) with Q members explored different approaches to improve access to, and regular use of, data. This would mean that:
 - staff know who is waiting for treatment and care and can better prioritise and support them
 - staff know where the pressure points are in the system and can make small tests of change to improve flow, productivity and reduce variation
 - there is a better [culture and capability](#) for data to be used for improvement. This would help to overcome issues of trust about data being used to monitor performance, to improve the data that is collected and ensure that the right KPIs are addressed.

How are those with improvement experience currently using data to address backlogs and improve access that take account of inequalities?

- Through our last insight project, we heard about [work in Birmingham Children's Hospital](#) to prioritise surgical patients by taking into account the social determinants of health.
- Q members are involved in capability-building programmes that both upskill individuals in using data systematically for improvement projects, but also focus on embedding improvement cultures within teams to support better data-driven improvement work. This includes work within the [vaccination service in Guy's and St Thomas's hospital](#) in London. We'd be interested to explore whether and how this enables teams to take an equity focus to their work, such as how the use of data has been used to inform [a population health management and inequalities](#) focus to vaccine roll-out.
- Around a quarter of the ideas submitted by members for this year's [Q Exchange](#) related to improving the quality, access to or use of data. This includes projects that focused on:
 - **Improving data sharing across organisations and use of linked datasets.** This includes a project to use analysis of regional and national datasets to generate deeper insights on health inequalities that would inform a quality improvement programme for people with [decompensated liver disease](#).
 - **Improving ways of working to embed data-informed decisions.** This includes a project to develop a [ward-level dashboard to view safety data at a glance](#).
 - **Infrastructure and capabilities to better harness data to support prioritisation and decision-making.** This includes a project to embed [real-time predictive data on hospital occupancy to improve flow](#). Another project would develop a digital innovation to map the [patient experience evidence base](#), allowing services to make better use of patient experience data and better understand who gets heard and who doesn't.
 - **Improving the quality of data collection,** including data collection with staff or patient groups often excluded by existing processes. This includes a project focused on [improving access to the complaints process](#) for people currently excluded from the existing process. Another project aims to install and evaluate a [dementia button on ambulance electronic patient record](#).