



# Feedback for Q Exchange 4 Applicants

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## Background

In 2022 Q Exchange focused on the theme of ‘Bringing together the worlds of improvement and digital to enable better outcomes and faster, more sustainable change’. This round was run in collaboration with the Transformation Directorate at NHS England (NHSE), who saw the partnership as an important opportunity to strengthen links between digital and improvement experts working nationally, regionally and locally. 92 diverse proposals from across the UK and Ireland were submitted. Through the assessment process, 30 were shortlisted to go through to the community vote. At the end, [20 projects](#) were selected for funding.

That there was an element of risk in the choice of theme, ‘Bringing together the worlds of improvement and digital’, as many Q community members are not that familiar with digital aspects of health and care. By focussing on ‘Bringing together’, the intention was to engage Q members with digitalisation. And support people working to improve health and care to shift into the digital world, gain confidence and feel equipped to work with it.

This theme focused on boosting those who were already bringing digital elements into their improvement work. Digital developments are increasingly vital to delivery of health care. This round aimed to highlight digital developments in health care which can be hidden, particularly from frontline care staff. The aim of the partnership with the NHSE Transformation Directorate was to build momentum and enthusiasm across health and care systems through collaboration with the Q community. Collaboration between people working in improvement, and those working in digital, was encouraged to highlight the importance of digital transformation in supporting health and care systems, and making a difference to people’s lives.

## What were assessors looking for?

There were a fantastic range of project proposals submitted. There is clearly the enthusiasm and passion across the Q community to improve services for patients, service users and staff.

For assessors, it was important that the proposals aligned with the overall aims of Q Exchange and the challenge of the theme for this round: combining the improvement mindset with the digital health care mindset.

### **Making the link between digital and improvement**

In line with bringing together two approaches to develop better health care, assessors were looking for projects that made a compelling case for digital transformation. Successful proposals looked at delivering sustainable care in a new way, rather than simply using technology within a traditional, low tech, local to the service, improvement project. There was no expectation for projects to deliver cutting edge, technical innovations in digitalisation. Expecting this would have been beyond the scope of the projects in terms of timescale and funding. However, projects needed to show how improvement methods and the digital elements would enhance each other to produce a change which had been considered, tested, and developed with stakeholder input, and aligned with digital delivery of care. It was exciting to see proposals where the digital benefits were clearly outlined, demonstrating how this would result in better patient care.

### **Collaboration and co-design**

Along with connecting improvement with digital, assessors were also looking for evidence of involving stakeholders in developing the idea. Q Exchange encourages teams to harness collaboration to develop the project ideas. It is important for project leads to co-design with patients and service users, other staff in their health system - particularly those working in digital - and with other Q members. There was a lot of enthusiasm for proposals with a diverse project team. Particularly projects that brought together patients, care staff, improvement expertise, digital expertise, and project management, who had also considered how the teams would work together. This showed that the project was aiming to draw on improvement and digital expertise, to enable conversations between the right people to design the right models of care with the user at the centre.

Assessors commented very positively when there was a clear patient voice throughout a proposal. They were looking for evidence of collaboration with patients or people with lived experience in developing the ideas, and evidence of co-design in the development and implementation of the project. Successful project teams demonstrated this in their proposal, and notably, there was often budget specified to pay for patient representatives' time and expenses.

## **Engagement with Q community members and the Q Exchange process**

An important part of the assessment was how the project teams had engaged with the community throughout the process. Q Exchange encourages and enables collaboration between Q members in shaping project ideas and to share learning from the projects that go forward to implementation. Assessors considered how the project teams had tapped into Q networks and how they had responded to comments. They also noted where there were positive responses from the community. This demonstrated that the projects resonated with the wider community and would provide valuable insights and learning.

It was great to see how the teams harnessed the community input to develop their ideas. Some of the project leads made very effective use of social media, such as Twitter campaigns and posts on LinkedIn, encouraging input and comments from Q members to ideas posted on the Q website. Many teams responded to community comments and made changes to their proposals that reflected the comments received. There is a balance to be achieved between putting forward a clear idea for Q Exchange that is innovative and meets the brief, yet still allows enough room for the engagement of Q members to shape the final version through their comments. An effective way to use the community comments stage of Q Exchange was to build on the comments posted and to ask for specific input from Q community members.

## **Common features of the winning bids**

Successful proposals stood out through the originality of the content of the project. It was clear where a team was passionate about their intervention and the project was the right thing to do for local populations and workforce. These teams had considered both the digital and improvement aspects and had the ability to translate their ideas into a sound proposal. They covered a range of important challenges for health and care systems, where proposals identified innovative ideas for improvement utilising technology. It was exciting to see where teams had been inspired by the theme to think broadly about how digital

transformation could enable new ways to deliver care, enhanced by technology, not just using technology for the sake of it.

The proposals linking digital transformation and person-centred care demonstrated an inclusive approach to how technology can support and not exclude people using the service. In these projects, the teams identified who would benefit from the improvements and then put users at the centre. They showed how they planned to use co-design methods to develop the new model of care and use improvement tools and methods to evaluate and measure progress and impact.

Each project focussed on a unique aspect of health care. However successful proposals shared some common characteristics. They provided clear aims, a detailed project plan and budget, and had clearly defined the outputs and expected outcomes. Assessors regularly highlighted several themes in their comments:

- The project was feasible within the timescale and budget with clearly defined aims and suggested outputs coming together in a cohesive proposal.
- The proposal showed evidence of engagement with stakeholders, including those with technical expertise and collaboration in how the bid had been prepared.
- The proposed work clearly tackled a priority issue for the health system where it was based and presented a compelling need for the project.
- The case for change was made, strengthened by links to national strategy, good practice guidance or other literature.
- The proposed project approach was evidence based, linked to existing literature, and demonstrated a knowledge existing work in the field, often building on previous improvement work.
- There were clear measures for the work which will enable adjustments based on findings.
- The proposal included an approach to evaluate success and impact of the project, both during and after the funded period.
- The team had considered ways to gather insights and share learning for the project. They set out how they'd use existing networks and methods, but also proposed expanding out to reach a wider audience across a wide range of sectors and stakeholder groups.
- There was consideration of the potential for spread and scale up of the work after the grant funding phase.

# Common themes from unsuccessful proposals

## Connection to the theme

There was variation in how well the content of the proposals met the aim of bringing digital developments into improvement projects. It was clear from some of the project proposals that the topic of ‘Bringing together the worlds and methods of improvement and digital, to enable better outcomes and faster, more sustainable change’ had either not been understood or had not been considered when submitting proposals. As in any competition for grant awards, some of the proposals were for existing projects looking for funding. These were presented with either no reference to the theme, or an added digital aspect to try to make the project fit. Many projects included an emphasis on information technology support for improvement, such as using data, information for patients via websites and text messaging with service users, rather than digital transformation. This reflects the current maturity of many frontline services in understanding and integrating digital delivery of care.

## Use of resources

Ahead of Q Exchange, the Q team produced an [Insight briefing](#) to support the preparation of bids. However, the guidance here was reflected only in a minority of proposals that were centred on developments in digital health care. We recognise that we should strongly recommend reviewing supporting information on the theme for future rounds, with clear signposting to additional information resources.

## Innovation in ideas

Several proposals were not seen as innovative. It was clear they were seeking to develop online tools or apps like others already in existence. Other proposals were seen as lacking ambition. These aimed to present information for patients online or to update or extend an existing website. Some proposals took ‘digital’ to mean the use of an online platform, such as Microsoft Teams for a routine meeting or process. Although recent in its adoption, this is now mainstream in the NHS. Other proposals set out to use the funding element for contractors, rather than to bring improvement and digital together from within and across partner health and care systems. The aspiration for Q Exchange was for people working to improve health and care to upskill in technical aspects of digital health care and develop local skills, experience, and maturity in digital transformation. This would be more sustainable to embedding the project work.

## Presentation of the proposal

Skills in proposal writing are crucial for any funding bid. Project teams should consider who is best placed to undertake this, with the available time. This may not fall to those in the clinical leadership positions on the team. It was clear that many of the proposals had been put together in a hurry, reflecting the pressures people are under. This resulted in proposals which were not fully thought through and lacked clarity. Several assessors commented that, having read a proposal two or three times, they were still not clear what the project was aiming to achieve.

Some of the most common areas where proposals needed strengthening were:

- The digital theme needed to be fully embedded in the project.
- There was not a clear statement of the benefit to patients, service users, staff, community.
- The method and approach for delivery were unclear and the narrative and timeline didn't align.
- The project was too ambitious, and not feasible within the time and budget.
- The budget was insufficiently detailed, particularly where figures had been rounded up.
- It was unclear how patients or service users had been engaged in the proposal development or would be involved in project delivery.
- There was little evidence of engagement with Q members.
- It was not clear how the project had engaged staff, or wider stakeholders in their organisation or local health and care system.
- The proposal did not include measures for success.
- It was unclear how data would be collected or extracted, or data permissions gained.
- The budget didn't have enough dedicated project management time to support successful delivery of the project.
- The budget included funding for existing staff delivery roles, which was not in scope for funding.

## Taking ideas further

Projects teams not funded through this Q Exchange round, are encouraged to reflect on your strengths and how to overcome some of the possible weaknesses. What would it take to make your project happen? This might be through external funding, in which case you may need to seek out other opportunities such as innovation funding through AHSNS, funding through national sources

for priority areas or funding opportunities sponsored by health-related charities for specific areas of care.

The project may be able to happen without additional funding. You could work with digital colleagues, as well as improvement teams, to understand your organisation's digital maturity and appetite for digital transformation and change. Consider what support is available through your organisation and local structures. Perhaps this could be through the Integrated Care Board or Health Board. In terms of expertise, consider secondment of staff or other 'in-kind' resources. You should gather evidence from other areas to support developing a local business case for funding. Think about the stakeholder groups to involve and how to use existing networks to get them on board. Use the comments from the Q community and connect with other teams across the UK.

The focus on digital is becoming more central to care delivery and it can help to tackle improvement issues such as:

- waiting times
- maintaining up-to-date information for patients
- greater efficiencies through use of electronic patient records, such as cutting down duplication of information.

People working to improve health and care need to engage with this and be proactive in seeking out expertise and collaborating with people with different skills to harvest the benefits. Leaders have a responsibility to ensure that digital approaches are accessible and that there are not pockets of staff being left behind.

There is a lot of innovation and existing work out there. We recommend researching existing projects and initiatives and build on these. Carry out research on what other health and care teams and systems have implemented to address similar challenges. It's usually quite easy to contact other teams (especially through Q) to learn from them, and pinch with pride. Think about what digitalisation enables you to do: better, more of, faster. Think about how to link your work into existing IT and digital systems, with ambition to work at a level beyond the local team – digitalisation enables this in many areas.

### **Bidding for future Q Exchange funding**

For future Q Exchange proposals, project leads need to engage with specific insights on the theme, as well as the guidance on developing a strong proposal. You should ensure your proposal is clear about what you and your team want to get from the Q Exchange process, recognising that it is aiming to be more than a small amount of project funding. A team fully embracing what Q has to offer,

engaging with the activities and events, is more likely to develop an in-tune proposal than those adopting a transactional approach to a bid for funding.

There needs to be consideration of how the Q community can engage with the proposal, not just putting the proposal up on the website as a requirement of the funding, using Q members' insights to sharpen up the idea and know who to connect with for expertise. Very few projects come forward as collaborations between Q members and this would be very much welcomed. For example, recognising where those with a similar idea could join forces. Think about how the Q community can engage with the project as it is implemented and through later dissemination and spread.

### **Pitching a Q Exchange project**

Q Exchange differs from other funding programmes. It does not require projects to have a full business case already worked up. Funded projects are expected to be small-scale, experimental, proof of concept work.

Proposals need to:

- show a sense of realism about the scope of their Q Exchange project.
- complete their project during the 12-months.
- work within the relatively small amount of funding.
- clearly state any project management arrangements, with the time and budget allocated in the project plan and budget.
- set out how progress will be sense-checked.
- clearly show the time scheduled for conversations, across a health system or patient pathway, about project development and implementation.

Proposals should also indicate how:

- sustainability will be assessed
- the projects effectiveness will be evaluated
- the work will be embedded in services, where assessed as sustainable.

A proposal also needs to give some indication of possible next steps after the 12-month project.

The Q Exchange Team have produced guidance on [writing a strong proposal](#) which covers these key aspects for any funding bid and the elements that will help a Q Exchange bid to success.