

# Report framework

## Project write-up

### Background

- What were the drivers for this work? Why was it done?
  - *Desire in the CCG to improve self care in the population, improve patient engagement with seldom heard groups and to use the patient activation measure. This project allowed us to combine the three areas of interest.*

### Project summary

- Overview of the project – background, partners involved
  - *Different groups in the community identified that we do not normally engage with through existing events. Once identified an initial fact finding meeting is set up, to introduce the Patient Activation Questionnaire (PAM) and co-design self care interventions. This initial PAM would provide a baseline measure for the study.*
  - *Groups will be revisited to deliver the co-designed self care interventions and a repeat of the PAM.*
  - *Results of the project will be used in the commissioning planning to:*
    - *Understand how self care interventions should be commissioned*
    - *If patient activation levels can be increased with self care*
    - *If co-designing interventions has more positive effect.*

### Outcomes

- What outcomes did you want to achieve?
  - *To understand if self care interventions can have an effect on patient activation levels.*
  - *To understand the self care interventions that different community groups respond well to.*

- *To explore if patient activation is a measure which can be used to aid commissioning of self care interventions.*

## Measures of success

- What were the success measures and were they achieved?
  - *Four self care sessions co-designed and implemented*
  - *PAM questionnaires completed and baseline and post implementation for members of the different groups.*
  - *Patient feedback and stories from the sessions.*

## Impact

- Did the project have an impact on the commissioning process?
  - *As the project is just being implemented, there has been recognition in our commissioning plans of the importance of self care and putting patients in control.*
- How was the service user, patient or carer empowered?
  - *The service users will be empowered firstly to co-design the self care interventions.*
  - *Secondly the service users will become more empowered to look after their own health.*
- How did the project take account of, and respond to, people's needs within the protected characteristics?
  - *The groups targeted, we used the protected characteristics to try to ensure we were engaging with different groups of the community.*

## Evaluation

- What was the feedback from those involved in the project? Please provide quotes where possible
  - *First session is taking place in March, where we have the initial PAM and start co-design there next session.*
- What impact did the project have on the knowledge, capabilities and behaviours of those involved in the project?

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- *The patients taking part in the sessions should have increased knowledge of their conditions and have some changes in health behaviours. This is depends on the assumptions of the project being met.*
  - What personal difference did the project make to the people involved in the project?
    - *Engagement with groups that the CCG can not normally reach. Develop relationships with these groups to help support the CCG in commissioning services.*
    - *Being involved in the co-design of self care interventions.*
    - *Support health and wellbeing for these groups.*

# Key learning – ‘how to’

## Assumptions

- What assumptions were made about the project and were those assumptions correct?
  - *Patient activation levels would increase following self care interventions.*
  - *Self care interventions co-designed by the users increases the outcomes of the interventions.*
  - *The assumptions at the start of the project were that by developing self care interventions with groups who it would be delivered to would result in an increase in patient activation levels in these groups. At the present time we do not know if this assumption is correct.*

## Process / methodology

- How were partners and key interest groups involved? What were their roles? What did they do and how did they do it?
  - *As previously described, the groups are involved in the co-design of the self care interventions for their groups.*

## Impact/effecting change

- How did you influence change in commissioning? What levers/mechanisms were used?
  - *Patient in control integral part of this years commissioning intentions and operational plan.*
  - *The evaluation of the Patient Activation Measure and self care interventions should support commissioning of targeted self care and patient in control interventions.*
  - *Reporting regularly the outcomes of the patient in control project to the governing body*

## Shared learning

- What top tips can you share about running a similar project?
  - *Allow enough time to complete the project. (time to get the patient activation questionnaire)*
  - *Patient activation questionnaire – need to understand reporting arrangements to Insignia health.*
- What are the critical success factors/enablers?
  - *Buy in from the patient groups that have supported the project.*
  - *Patient in control adopted by the governing body and provided support.*
  - *This project being one of a part of organisational change to support Patient in control agenda.*
- What worked well?
  - *? to early to tell?*

## Lessons learned

- What challenges/barriers did you face?
  - *Time contestants to dedicate to the project (larger organisations may have larger teams that can support the project easier)*
- What didn't work well?
  - *To early to say as sessions not be delivered yet.*
- What would you do differently the next time?
  - *Need to have a dedicated project support to get the momentum for the project.*
  - *Would be good to do over a shorter period of time.*
- What do you wish you had known?
  - *To early to tell.*

## Evaluation

- How did you evaluate the success of the project – what evaluation framework did you use?
  - *After the interventions there will be a review of the project at 12 months.*
  - *All participants will provide feedback.*
  - *After each session will be using a PDSA cycle to review and plan the next sessions, so there is continued review.*

## Quality assurance/accountability

- How did you ensure accountability to project beneficiaries?
  - *The project plan is presented at our governing body sub group for patient engagement and reviewed at this committee on a monthly basis.*
  - *At our public events, we will provide details of the project and the evaluation will be shared through all stakeholders.*
- How did you ensure the project adhered to 'good practice' in patient/carer involvement?
  - *Involvement of the seldom heard groups*
  - *Co-design.*
- Did you need to secure internal buy-in and funding for your project? If so, how did you achieve this?
  - *Support for the Patient in control agenda in strategic documentation*
  - *Time to support the project*
  - *Governing body workshop on patient in control to support the project.*
  - *CCG chair very supportive of the agenda.*