

Notes from stakeholders' workshop

Data Visualisation

General principles

- Keep it simple: Overall line graphs, bar charts or circles representing domains with extent of problem represented by relative size were preferred.
- Needs to make sense and be understood at first glance
- Display in way that shows impact of therapy
- Problem areas should be easily identifiable
- Need to be able to be viewed on tablet/phone
- Ideally would have same presentation of data for all stakeholders (but may not be feasible)
- Consider cultural implications – e.g. graphs that use weather signs may not be appropriate
- Real time in clinic where possible

Presenting scores

- Show context: Individual (change scores over time and baseline scores - need to be presented differently); Population (norms/averages)
- Single overall scores were valued by some
- Theme / domain scores help to support planning and goal setting
- Value in both individual and domain scores – provide both
- Consider how to manage negative feedback e.g. show worst score

Use of colour

- Consider that some colours may have different meanings for different people – may be better to have shades of one colour, or universally accepted colour scheme such as traffic light system.
- Take account of colour blindness

Implementation Strategies

The two workshops included a balance of front line clinicians, managers, service users, and a small number of commissioners. Feedback is provided below, with some suggested themes that emerged:

Service user involvement

- Emphasise throughout your information that ReQoL was developed through a process of co-production with service users
- Develop service user ReQoL champions within organisations – training for service users
- Consider experts by experience being paid to support data collection
- Local co-produced training for staff

Approaches to staff

- Important to address ‘hearts and minds’ of clinicians
- Focus on the use of ReQoL to support improvements in the quality of care
- Engage with clinician curiosity – wanting to know more about service users’ perspectives / recovery
- Support strong clinical leadership of ReQoL implementation
- Address anxiety regarding the use of ReQoL for performance management directly
- Collect data on the clinician experience of implementation

Organisational priorities for implementation

- Get it mandated at senior level in the organisation
- Use ReQoL to support cultural change within organisations
- Develop bench-marking between teams / services / trusts
- Linkage to care pathways and other quality improvement approaches
- Feedback to support recovery – contrasting HoNOS and ReQoL scores within feedback

ReQoL team support

- Provide supporting documentation in the form of manuals, guidance, leaflets for service users, leaflets for clinicians
- Provide a brief training package (up to 30 minutes) for staff
- Develop case studies of the implementation and use of ReQoL in different clinical setting

Practical aspects

- Feel it could be marketed as a “self-management tool” – used to build up a picture
- Use it like a diary (daily, weekly, monthly) to monitor change
- Would an app be better – more amenable to daily usage
- Feel it would be better to complete prior to consultation (less anxious then)
- Potential for this to produce masses of data – concern that it is more an organisational tool
- Could be used within support sessions
- Some people would need help completing due to literacy problems
- May be need for support worker assistance with some people to aid completion
- May be more difficult to incorporate into early appointments as so many other bits of paperwork and assessments are required then
- Good to promote that it is an opportunity for the service-user to take control
- Can be used as an engagement tool
- Can help review success/failure on a regular basis
- Peers could be used to help facilitate completion
- Suggestion of multiple ways of completion (tablets, iPads, email)
- Seemed very keen on apps!
- GPs need feedback – could be used to help that
- Promotes routine measurement
- Suggestion to complete at same time as CHROM (both provide different information)
- Worries about how often it should be completed
- Suggestion of forms in waiting area
- Feeling that filling it in face-to-face would not work
- Postal return was a big no!
- Like the idea of a digital format – but what about those without I.T.
- Need to consult service-users about how best, and when to complete
- How does it integrate with NHS data systems
- How is it linked to clinical data
- Who owns the data – patient, Trust, clinician
- Suggestion of complete at first appointment and then at cluster review periods, and end of care
- Concerns about whether it should/shouldn't be mandatory
- Practical aspects of the purpose of ReQoL need to be explained more
 - Training for staff, service users
 - Video/podcast
 - Training should incorporate training for service users too – and maybe with service users
 - Need to convince team leaders and operational managers – if you can't convince them it won't happen
- People want scores – so they can compare with general population and other service users