**Photonet**

**National Managed Clinical Network**

**Quality Strategy**

March 2023 (for review March 2024)

Version V2

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**Document control**

A quality strategy is a document, which changes and develops as the work of the NMCN progresses. It is recommended that a system of document control be used to keep track of previous versions.

**Key personnel**

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**Version history**

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**Distribution**

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**1. Introduction**

National Managed Clinical Networks (NMCNs) are recognised vehicles for improving the quality of the services they support.

The key responsibility of networks in delivering quality improvement is clearly articulated in the most recent published guidance, CEL 2012 (29), which states, “The role of MCNs in improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. MCNs achieve their results through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care.... MCNs are integral to achieving the three Quality Ambitions. They epitomise the ethos of co-operation and collaboration that distinguishes the whole of NHSScotland.”[[1]](#footnote-1)

Scottish Government’s core principles of managed networks identifies the requirement for:

* Continuous quality improvement, articulated through an annual workplan to demonstrate intended improvements year on year, quantified from the perspective of the service user
* Expansion of the evidence base through continuous quality improvement and ongoing audit

This strategy outlines the approach the National Managed Clinical Network for Phototherapy in Scotland (Photonet) will take to improving quality in Phototherapy Services.

This strategy complements the strategic vision for the network. The work plan for the current year can be found within the Photonet Annual Report (<https://www.photonet.scot.nhs.uk/annual-reports/>).

**2. Network Approach**

Networks develop 3-5 year and annual workplans, based on policy drivers, horizon scanning and identified need for service improvement. From the development of workplans an understanding of the issues to be addressed is developed. How these issues are addressed is contained within this strategy. The network’s identified approach to quality improvement can be illustrated as follows:

What approach do you need for each issue?

**QI APPROACH**

**Priorities:**

* Stakeholder engagement
* Improving Dashboard engagement
* Annual Audit Cycle
* Improving patient information
* Assist staff to identify skin clearance

**Required Outcomes:**

* Continued links with at least 3 patient groups
* Patients and families have a better understanding of their treatment - Leaflet Translation
* Development of 1 additional poster

**Projects:**

* Patient Experience Feedback – Phase 4
* Self Audit Collation & Visualisation on Dashboard to improve dashboard engagement
* Skin Surveillance Audit
* Annual Treatment Centre and Health Board Audit Reports
* Photonet Phantom – Phase 3

**Quantitative**

* Number and range of stakeholders
* Statistical analysis from website
* Data from Photosys
* Number of staff completing TURAS module
* Self Audit Data Visualisation
* Annual Audit Reports
* Number and range of guidance posters.

**Qualitative:**

* Evaluation of Education Event
* Evaluation of Turas Course
* Evaluation of Patient Experience Feedback

3. Network Vision

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| All patients with skin conditions that respond to light therapy will be offered appropriate phototherapy wherever they live in Scotland. This phototherapy will be as effective and safe as possible. |

The key role of the network is to ensure the best evidence-based clinical practice is delivered across the phototherapy community for safe, effective person-centred care.

The network has identified the following key areas to target quality improvement initiatives in the 2023/24 workplan:

* The network will assist units to achieve the skin cancer surveillance standards by identifying patients for review and annually auditing offering of appointments
* Testing and report of Phototherapy Phantom Project. Development of Phase 3 plan.
* Continue engagement with at least two patient networks/groups with links to UV phototherapy and ensure at least one of these groups attend annual meeting.
* Undertake improvement project to increase dashboard engagement by phototherapy staff across Scotland.
* Develop Phase 4 of the Patient Experience Improvement Project to widen the opportunities and methods for patients to feedback their experiences.
* The network will develop a poster to assist staff in identifying skin clearance at end of course of treatment to improve uniformity in data entry across Scotland.
* The network will scope redevelopment of the dashboard using PowerBI
* Patients and families have a better understanding of their treatment – translation of patient information leaflets.

4. Quick Wins

**Stakeholder Engagement**

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| Situation | It was identified during the review of Photonet that the network should work closely with the third sector to develop a strategy to engage meaningfully with patients to identify and drive improvements in phototherapy provision. |
| Task | Continue links with at least two patient networks/groups with links to UV phototherapy and ensure at least one of these groups attend annual meeting. |
| Action | * Liaison with key organisations * Agree core areas for consultation * Development of directory of key third sector patient support organisations |
| Result | * Attendance at family events to present on the work of the network. * Presentation by third sector support group at annual meeting * Effective, clear lines of communication between the network and its third sector stakeholders. |
| Update | * Three groups have been invited to participate in 2023 meeting. |

**Continuation of Audit Cycle**

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| Situation | The availability of the photonet dashboard offers the opportunity to improve the time taken to provide health board and treatment centre audit reports which, due to the increasing number of phototherapy units and the onerous manual collation of data, had resulted in lengthy delays in units receiving their information. |
| Task | The network will continue the audit cycle to capture and process data within the annual reporting year. |
| Action | Work with Information Management Service (IMS) to Identify required audit points throughout the annual reporting year and agree dates for collection, extraction and reporting. |
| Result | Audit reports will be issued to treatment centres much earlier ensuring staff have access to up to date data and audit outcomes to drive improvement. |
| Update | * Small changes to aesthetics for 2022/23 reports * Network will scope redevelopment of the dashboard using PowerBI |

**Increasing Poster Advice for Phototherapists**

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| Situation | The network has a timetable for the review of current guidelines available to staff. Two additional areas for advice / guidance were highlighted by the nursing sub-group and steering group. |
| Task | Develop two additional posters to:   * assist staff in identifying skin clearance at end of course of treatment to improve uniformity in data entry across Scotland. * to assist staff in grading erythema episodes and improve uniformity in grading across Scotland |
| Action | Endorsed posters:   * available on website * circulated widely to network members * added to Q-Pulse |
| Result | Posters are relevant and current and healthcare professionals across Scotland share and increase their skills and knowledge. |
| Update | Grading Erythema Poster is Complete  Creation of Skin Clearance Poster underway – delays have been experienced with availability of photographs. |

5. QI Projects

Anticipated projects which will progress the vision of the network are detailed below:

* **Patient Experience Improvement Project**

The patient experience improvement project has been implemented to widen the opportunities and methods for patients to feedback their experiences.

* **Self Audit Collation & Visualisation on Dashboard**

The network continue to implement implement an audit cycle to capture and process data within the annual reporting year including the self audit data collated from all Scottish treatment centres. The network will scope redevelopment of the dashboard using PowerBI

* **Annual Treatment Centre and Health Board Audit Reports**

Continue to work with IMS to develop the processes required to produce annual health board and treatment centre audit reports using the Photonet dashboard.

* **Skin Surveillance Audit**

The network will assist units to achieve skin cancer surveillance by identifying patients for review and annual auditing offering of appointments.

* **Photonet Phantom Project**

Development of lightweight phototherapy phantom in order to remove the requirement (and risk of exposure) for Photonet Technician to enter phototherapy cabinets to record dosimetry measurements.

* **Leaflet Translation**

Patients and families have a better understanding of their treatment though translation of patient leaflets into 5 most commonly used languages.

6. Data & Measurement Plan

The network has identified the following key areas to target quality improvement initiatives:-

* Improve third sector stakeholder engagement
* Improve stakeholder engagement
* Use data to make quality improvements
* Increase poster advice available
* Evaluation of Education Event
* Evaluation of Turas resource
* Dashboard Engagement

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| Type of Measure | Description | Measure | Baseline | Target | By when | Update |
| Outcome measure | Third sector stakeholder Engagement | Number of organisations in contact | 0 | 2  % increase | March 2020  March 2022  March 2023 | Strong contact made with 2 organisations and weak contact with a third.  3 organisations presenting at annual meeting in May 2022.  3 organisations have been asked to present at annual meeting in May 2023. |
| Outcome measure | Third sector stakeholder Engagement | % increase representation from third sector at annual meeting | 0 | 1  % increase | May 2019  March 2022 | Contact made but didn’t present at annual conference. Repeat for March 2021.  Organisation presented at annual meeting in May 2023. |
| Outcome measure | Guidance Posters | Increase number of guidance posters available. | 0 | 2 | March 2022 | Grading Erythema Poster is Complete  Creation of Skin Clearance Poster underway. |
| Outcome measure | Interaction with website | Number of visits per month | 0 | Tracking started 11 May 2020 | Nov 2020  2020/21  2021/22 | 2616 new users and 6,500 page views on the website since tracking started.  2020/21  8,354 sessions with 15,435 Page Views.  To be added |
| Qualitative data | Evaluation | Feedback provided from Annual Meeting. (Moved from paper based feedback to online feedback to reduce use of paper for questionnaires and attendance certificates and time taken to produce evaluation) | Baseline:  May 2018: 49/69 (71%) staff responded to paper questionnaire  (requirement to ensure that change in practice does not reduce number of staff submitting completed evaluation) | May 2019: 54/73 (74%) number of staff responded to online questionnaire.  Continue to gather and respond to feedback using online meeting evaluation.  May 2022 – add respondent information. | May 2020  May 2021  May 2022  May 2023 | May 2020 annual meeting cancelled due to Covid-19.  May 2021 annual meeting cancelled due to Covid-19.  Feedback obtained from 2022 virtual meeting.  Evaluate 2023 meeting. |
| Qualitative data | Feedback | Feedback sought from patients and families | Updated paper questionnaire available to 440 patients across Scotland.  Feedback from 215. | Continue to gather feedback through PSQ and provide to units. | March 2020  March 2022  May 2023 | Fewer returned patient satisfaction questionnaires in March 2020 due to Covid-19.  Move towards fully online system of feedback.  Report on feedback at Annual Meeting and include in Annual Report. |
| Process Measure | Dashboard Engagement | Number of staff accessing photonet dashboard | Baseline: Dashboard Launch in December 2018.  January 2019 27/191 staff had accessed and used dashboard. | % Increase  Following improvement measures including annual meeting workshop and email reminders. | March 2020  March 2022 | 36 users last logged in to dashboard in 2019 and 29 users last logged in 2020. Total number of users that have logged in to dashboard is 65 from a potential 191. Increased dashboard engagement not initially pursued due to manual updating of dashboard followed by Covid-19. Updates now happening on monthly basis (manually). To promote again in 2023/24 period. |

1. <http://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf> [↑](#footnote-ref-1)