Quality Improvement Project Application Form

Salford Innovation and Improvement Fund Locality Call 2022/2023

Each question in this application form is very specific about the information required. **Please ensure that you read the Application Guidance document carefully, complete all sections of this form and provide all of the information requested**. Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

SUBMISSION DETAILS

SUBMITTED BY *(name, role, org.)*	Lee Howell, Senior Specialist Dietitian -Gastroenterology Salford Royal
CONTACT NUMBER	01612065254
EMAIL ADDRESS	lee.howell@nca.nhs.uk
SUBMITTING ORGANISATION	Salford Care Organisation
SERVICE NAME	Dietetics Department
DATE SUBMITTED	31/8/22

Details of how to complete each section of this form correctly are found in the Application Guidance document. Please confirm that you have followed this guidance	☑ I have read and followed the Improvement Project Application Guidance document

SECTION ONE: PROPOSAL OUTLINE

1) NAME OF PROPOSED PROJECT

Please provide a name for the proposed project that you wish to be considered

Patient Initiated Follow Up- IBD dietetics service

2) WHAT IS THE PROJECT RATIONALE?

What are you proposing to do and why? What need are you addressing and what evidence can you provide of that need?

Proposal:
We propose the development of a revised pathway for patient management through the dietetic IBD service for Salford patients. This would include earlier access to dietetic support, the development of co-designed patient centered resources and ultimately a shared decision-making pathway to help patients towards self-initiated follow up when required. On completion of this project, the aim will be to use the developed pathway and resources to integrate into the existing 'My IBD portal' thus becoming self-sustaining 'usual' practice, aiding long term clinical efficiency.

Service needs addressed:
Currently, our capacity for outpatient support is ~600 contacts annually, with average episodes of care requiring 3-4 contacts, meaning we have capacity for a caseload of 200 patients, assuming they only have 1 flare per annum. Time from referral to first assessment post pandemic, averages **~44 weeks** with the longest wait currently at **52 weeks**. Rising demand for dietetic services is reflected in Salford Care Organisation's growth in caseload to approximately 4,500 patients with IBD, ~850 of whom are on biologic therapies to manage disease severity. Of these ~70-80% are Salford residents, demonstrating demand that exceeds our current capacity. With the disproportionate growth in demand for services vs clinical capacity, we urgently need to consider novel ways of working and safely managing our local population. With appropriate resources and support, many of these patients are suitable for self-management, freeing up dietetic capacity for the more complex and urgent cases.

The use of shared decision-making pathways and digital platforms as a form of accessing early resources could provide a valuable solution. In addition, the use of digital based virtual appointment systems e.g., AccuRx, can be favourable to patients due to reduced travel time especially if unwell, reduced disruption to working hours (loss of earnings), allow greater flexibility with appointment times and reduced costs from travel/parking/ childcare. Overall, this will also have a beneficial environmental impact by reducing carbon footprint and expediting care when needed.

This project would be a first stage in collaborating with our patients, ensuring the needs of our local population are served when patients are empowered to self-manage their chronic lifelong condition. For example, when do our patients feel they most need support and how best could this need be met. We could also identify any specific barriers for patients that could be addressed to improve access to services e.g., digital literacy and access to digital support to access the IBD portal, literature tailored towards locally available food products or for specific ethnic minorities.

Proposed resources include:

- Development of a Standard Operating Procedure (SOP) for patient initiated follow up (PIFU) in suitable patients who can engage in and agree to this shared decision-making process
- Development of patient-centered resources and management strategies that can ultimately be added to an existing web-based portal. This would include first line information based on local availability of resources, information regarding dietetic therapeutic approaches to management of disease flare. This information could be provided across various media to meet the differing preferences and capabilities of our patient group. It could also allow direct access to dietetics team via digital means (test messaging/WhatsApp, phone calls, video appointments and dietetic area of a portal)

Evidence of need:
IBD is a lifelong condition with periods of active disease activity when demands for secondary care services and support are increased, followed by periods of remission when needs for this support will be reduced. Internationally, the prevalence of both Crohn's disease and Ulcerative Colitis is increasing, and this is reflected locally.

Evidence tells us about 85% of patients with IBD suffer with undernutrition (BSG 2019) and as such would benefit from access to agile dietetic services. Unintentional weight loss and low BMI are particularly common, both with new diagnosis and during disease relapse. The causes of this are multifactorial and include suboptimal nutritional intake, alterations in energy/nutrient requirements and metabolism, malabsorption, perceived symptomatic benefit from dietary restrictions, excessive gastrointestinal losses, and medications. Micronutrient deficiencies are also common with replacement therapies requiring regular prescriptions.

Resulting malnutrition can impact on patients' symptoms, type and length of secondary care interventions, QOL, workforce contribution and recovery times from disease flare.

Following COVID there has been a significant rise in complex IBD admissions to Salford Care Organisation. This has been noted in acute admissions and the number of emergency surgeries. In this patient group, nutritional interventions are an essential part of care with poor pre-operative nutritional status being an independent risk factor for post operative intra-abdominal septic complications. Ideally poor nutritional status, particularly in cases of penetrating/structuring disease, should be corrected/ optimised with a 6-week period of exclusive enteral nutrition. In emergency situations where this is not possible, this may dictate the type of surgery offered and result in greater lengths of bowel being removed and the need for stomas/ increased length of stay. Extended inpatient stays for pre- operative exclusive parenteral nutrition may also be required. Dietitians have unique knowledge and skills to not only identify those at highest risk from poor nutritional status, but also to educate and optimise treatment of these patients appropriately, reducing waste from inappropriate prescribing. Early access to dietetics for formal nutritional assessment and support is therefore essential for all patients diagnosed with active flares of IBD.

Access to reliable and easy to follow advice during periods of disease remission is also important to prevent unnecessary dietary restriction and resulting nutrient deficiencies. This may be impacted by previous surgeries and length of remaining bowel, requiring specialist support to maintain nutritional independence.

In practice patients often resort to unscrupulous online resources for dietary advice, which is inaccurate, inappropriate and can further compromise nutritional status.

References:

Lamb CA et al. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. Gut 2019; 0:1-106. Doi:10.1136/gutjnl-2019-318484.

Crooks B, McLaughlin J, Matsuoka K, Kobayashi T, Yamazaki H, Limdi JK. The dietary practices and beliefs of people living with inactive ulcerative colitis. Eur J Gastroenterol Hepatol. 2021 Mar 1;33(3):372-379. doi: 10.1097/MEG.0000000000001911. PMID: 32956176.

Lomer M et al. British Dietetic Association consensus guidelines on the nutritional assessment and dietary management of patients with inflammatory bowel disease. Journal of Human Nutrition and Dietetics - Wiley Online Library

3) WHAT IS THE AIM OF YOUR PROJECT?

Aim to reduce/increase by how much, by when and by whom/in what service? E.g. reduce falls by 10% by 31 January 2022

The overall aim is to reduce the number of Salford patients within the IBD service waiting more than 18 weeks for routine dietetic appointment and 2 weeks for urgent dietetic care services by 50% at the completion of the 12 months trial period.

Secondary aims
-To work collaboratively with patients with IBD in Salford to identify and produce dietetic resources and practices to support self-management and patient-initiated follow-up (PIFU)
- To identify how to integrate prepared resources into the existing My-IBD portal and empower patient to use this service
- To develop evidence based dietary guidelines for primary care and medicines optimization on diet based on BDA consensus guidelines

These would be achieved within 12 months of project start.

4) WHAT QUALITY IMPROVEMENT METHODOLGY WILL YOU BE FOLLOWING?

Outline the planned approach to delivering the QI project e.g. IHI Model of Change, Lean Thinking, Six Sigma, Total Quality Management, Theory of Constraints, PDSA cycles

We would use PDSA cycles -

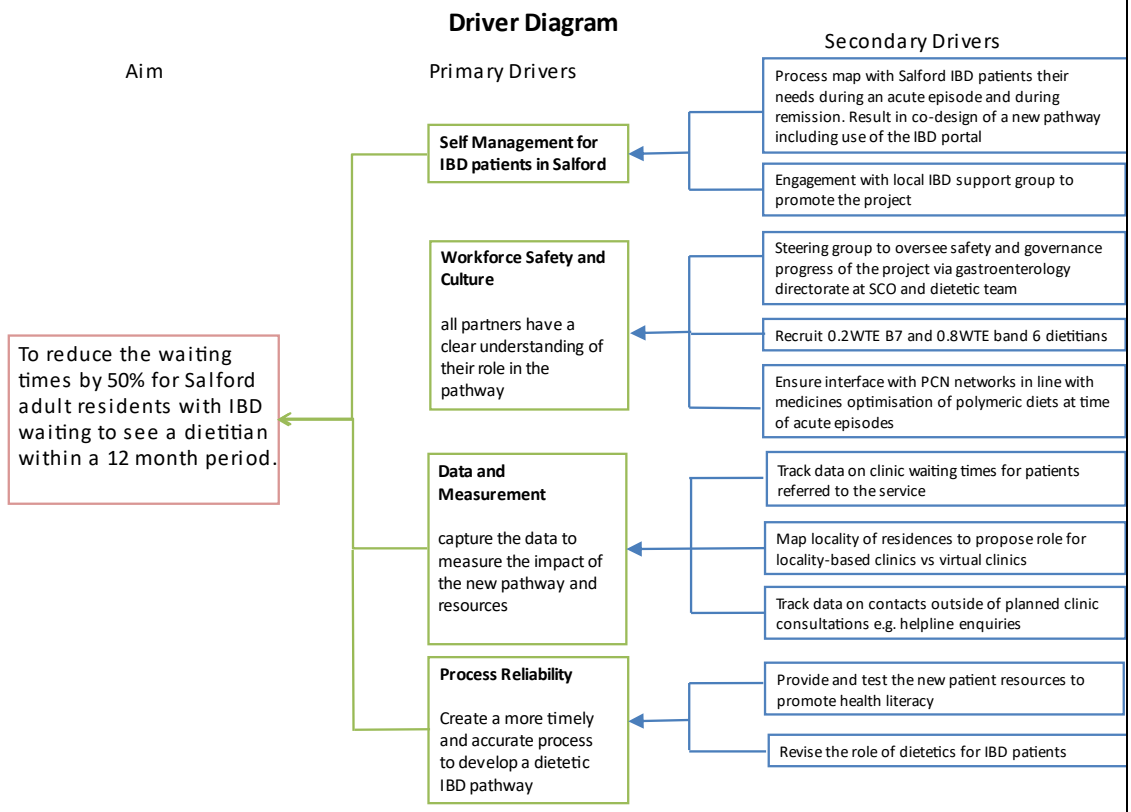
Baseline phase will measure current waiting times, numbers of patients requiring urgent appointment and placing helpline calls. We will run patient focus groups and collect patient experience data via questionnaires

Intervention phase we will produce support resources across different media and disseminate this across the Salford IBD patients under the care of the Salford IBD team. We will promote their use and measure uptake alongside ongoing measurement of other process measures (see below)

Sustainability phase will be used to assess how the system runs without active promotion from the project team. This phase will also finalise how designed resources can be incorporated into existing portal and how else to ensure ongoing accessibility of resources/support media

5) WHAT ARE YOUR CHANGE IDEAS?

Please list these, or attach an image of your Driver Diagram if you have completed one



6) HOW WILL YOU KNOW WHETHER YOUR CHANGE/S MAKE AN IMPROVEMENT? *(I.E. WHAT IS YOUR MEASUREMENT PLAN?)*

Please include the data collection method you plan to use

Process measures:
- Waiting times for Salford IBD patients from data from Patient Centre
- Number of Salford patients accessing urgent clinic slots provided by project and general IBD helpline
- Collection of patient demographics to identify baseline characteristics of patients accessing/using the different dietetic support resources/media
- Qualitative analysis of data obtained from focus groups
- Analysis of quantitative patient experience data using excel

Outcome measures
- Development of collaborative resources identified through focus groups

7) WORK ALREADY UNDERTAKEN

In this area, or in development of these ideas

The impact of reduced access to specialist IBD services including dietetics was highlighted during the covid pandemic, with IBD services nationally demonstrating a significant rise in acute presentations which has been reflected locally at Salford. The service has seen a rise in acute presentations of complex IBD, unstable disease, inpatient stays, emergency surgery and demand for biologics, all of which increase the urgency and necessity for complex and time intensive dietetic interventions.

To address this need, urgent access, virtual 'hot clinics' were established to offer dietetic advice and support to patients during a disease flare. Patient response to this has been positive and informal feedback has led to interest in the longer-term use of virtual appointments. This process has not yet been measured formally and supporting resources are generic rather than tailored to the needs of our local population. Through patient focus groups, we would have the opportunity to better measure response to virtual appointments and to design specifically targeted patient resources (including digital resources) based on local availability.

The IBD team already have a unique web-based platform available for use, with over 1000 patients enrolled for medical management of their IBD, with a strong emphasis on guided self-management. They receive training for this at enrollment. The portal was developed and refined with patient engagement and focus groups. Following success of this first line project, our vision would be to integrate resources co-created with users into the My-IBD portal for long term improvement to patient care and service efficiencies. The practicalities of this would be investigated as a secondary aim of this project.

8) FURTHER INFORMATION

The development of the MY-IBD portal was funded by Crohn's and Colitis UK. Accessible anywhere online by personal log in, there are tabs in the portal that track the user's self-inputted

symptoms, with individually tailored guided self-management plans and access to their clinic letters and other results. It also signposts to reliable information and contains user-friendly explanatory sections about medical terminology.

Adapting this to incorporate dietetic content including self-management will be an overarching goal.

https://crohnsandcolitis.org.uk/our-work/research-and-evidence/projects-we-have-funded/my-ibd-portal-putting-ibd-patients-in-control

It was shortlisted for a HSJ award in 2017 in the category Improving Healthcare with Technology, and the Royal College of Physicians Excellence in Patient Care Awards 2018

9) FINDINGS AND DISSEMINATION

Finding and resources from this project would be shared with the Salford IBD team as well as presented at SCO gastroenterology governance meetings.

We would also aim to submit a report for publication at national dietetic forums to share any improvements to patient pathways.

Following engagement with the local patient group of Crohn's &Colitis UK, we would also aim to share our findings at a local meeting.

10) IMPLEMENTATION

Do you have your organisation's support to enable recommendations from this work to be taken forward?

Yes

If **YES,** provide details below:

Stake holders who will take this work forwards include:
Kate Grimshaw, Dietetics Services Manager
John McLaughlin, Consultant Gastroenterologist and Professor of Gastroenterology and Nutrition, University of Manchester
Clare Ormerod, Consultant Gastroenterologist
Rachel Hunter- IBD Service Co-Ordinator
Rebecca Hardie- IBD Nurse Specialist

If **NO**, how do you intend to progress learning arising from this project?

11) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT OF THIS PROPOSAL?

Group/s	What benefit/s will be realised for this particular group?
Adults >18yrs with IBD residing in Salford	Reduced waiting times for clinics Opportunity to collaborate in resource development Empowerment to self-manage condition during periods of remission

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SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

12) WHICH PRIORITY AREA DOES YOUR PROPOSAL ALIGN TO?

*(The 2022/23 Innovation and Improvement priorities are summarised below. (Please tick the **ONE** relevant box for the priority area your proposal aligns with.)*

2022-23 Innovation and Improvement Themes	
☐	Neighbourhood based care
☐	Safer Salford Care Homes and Domiciliary Care
☒	Workforce Transformation
☐	Sexual Health
☐	Frailty and ageing
☐	Screening
☐	Tackling vaccine / immunisation hesitancy

A full breakdown of these themes is available in the Application Guidance document.

NONE / OTHER	☐	*Please select this option if your proposal does not clearly align to any of the above topics, but you believe it addresses a current un-met need*

13) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DO YOU BELIEVE YOUR PROPOSAL EVIDENCES?

(Please tick all that apply)

☒	*Exploiting the use of **Technology and Digital** Innovation*
☒	***Partnership Working** - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field*
☐	***Neighbourhood Working** - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks*
☒	*Addressing **Health Inequalities and Wider Determinants of Health***
☒	*Improving the **Environmental Sustainability** of care*

SECTION THREE: PROJECT DELIVERY

14) PROJECT TIMESCALES

(What is the proposed length of your project? Please tick the ONE relevant box below

☐	3 Month (e.*g.* 90 day improvement cycles)
☐	6 Months
☒	12 Months

15) HOW IS THE PROJECT GOING TO BE MANAGED?

The project will be led and supported by 0.2 WTE Band 7 Dietitian who is an existing member of staff. Day to day clinics and resource development will be undertaken by a Band 6 dietitian. We would be looking to recruit 0.8WTE postholder for this role.

In addition, monthly meetings will be held with Kate Grimshaw, dietetic manager to ensure progress and support of the project.

Quarterly meetings of key stakeholders with report to gastro governance meetings would also be held.

16) WILL THE PROJECT REQUIRE A CHANGE TO AN ESTABLISHED CARE PATHWAY?

If you are currently unable to assess if the activity will require a change to an established pathway, please indicate so using the Don't Know option. Applications selected to progress will be able to work with their sponsor to establish this.

☐ Yes
☒ No
☐ Don't Know

If Yes, please provide details of the existing care pathway and explain how your project will require a change to this.

17) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT INFRASTRUCTURE OR SYSTEMS TO ENABLE DELIVERY?

☐ Yes
☒ No
☐ Don't Know

Please only select the 'Don't Know' option if you are currently unable to assess whether the activity will require access or changes to IT systems or infrastructure. If selected for progression, you will need to engage the relevant IT departments of pilot sites to establish these requirements prior to achieving final sign-off for funding.

If Yes, please answer the below questions:

A) Which system/s or infrastructure will you require access to, changes to, or integration with?

B) What changes / integrations are required, and the timescales needed for this?

C) Who owns or manages this system / infrastructure?

D) How have you engaged with the relevant system owners / managers / IT departments so far to determine the feasibility of making these necessary changes?

18) WHAT RISKS HAVE YOU IDENTIFIED, AND HOW WILL YOU MITIGATE THEM?

- Recruitment challenges- if we are unable to recruit to the 0.8wte B6 role, we will look at existing skill mix and capacities within the dietetic team.
- Through offering additional adhoc urgent access slots, we may experience an increased demand for dietetic services initially. To mitigate this, we will look at efficiencies within the service and learn from the reasons for patient contact to build into our resource development.
- There is a risk with patient initiated follow up, that patients will not act when needed or delay contact with the dietetics team. As cohesive MDT working is already established within IBD services, we hope that ongoing routine care provided by the IBD specialist nurses and with the consultant team will safeguard against this.
- Focus groups- poor patient engagement within a focus group may be an issue. If this occurs, we will consider alternative forms of obtaining information from patients, as well as linking in with Crohn's & Colitis Uk. The SCO patient experience group may also be able to support with this.

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SECTION FOUR: BUDGET & FINANCE

19) WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE REQUESTING?

This must be a set figure – requests for variable amounts will not be accepted. Please ensure the amount stated is fully inclusive of all VAT

£47,500

Payment schedules for successfully funded projects will be finalised prior to sign-off. The typical arrangement is to pay 50% of awarded funds up front, with the remaining 50% released upon receipt of a successful 6-month project update report. If you would require any different payment schedule or arrangement, please give details below

20) PLEASE PROVIDE A FULL BREAKDOWN OF HOW THE REQUESTED FUNDS WILL BE UTILISED

Please include a comprehensive budget, ensuring you include VAT where applicable.

	£
Staffing (inc enhancements)	
0.2 wte Band 7 Dietitian	10,555-00
0.8 wte Band 6 Dietitian	34,070-00
F2F Focus group running costs (x3 of 6 members)	
Travel reimbursement inc parking costs	360-00
Tea and Coffee	15-00
Non-Staffing costs	
Leaflet preparation/printing	2,000-00
Interpreter Costs	500-00
TOTAL	**47,500-00**

21) HOW WILL THE PROJECT ACHIEVE A RETURN ON INVESTMENT / COST BENEFIT?

Through improvement in efficiencies in dietetic services we would hope to improve the capacity of our service for future users.
We would also aim to improve the appropriate prescribing of oral nutritional supplements as a therapeutic option for patients during an active flare of disease. We would reduce waste through initially identifying patient preferences and tolerance prior to monthly prescription requests. In practice, the use of polymeric diets are also more successful with the support and guidance of a dietitian, thus potentially reducing the need for recurrent steroid use and their subsequent deleterious consequence on bone health. With improved nutritional interventions, even in the case of disease flares requiring surgical intervention, we can reduce surgical risk, improve recovery times and reduce length of stay.

22) WHAT COMES NEXT AFTER THIS QUALITY IMPROVEMENT PROJECT? HOW WILL YOU ENSURE THAT THE LEARNING FROM THE PROJECT OR ITS RESULTS ARE SUSTAINABLE AFTER THE FUNDING PERIOD HAS ENDED?
On completion of this project, the aim will be to use the developed pathway and resources to integrate into the existing My IBD portal thus becoming self-sustaining 'usual' practice, aiding long term clinical efficiency.

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SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

23) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?

☒ Yes
☐ No

If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.

Personal Data Items

☒ Forename(s)
☒ Surname
☒ Address
☒ Postcode
☒ Date of Birth
☒ Home Telephone Number
☒ Mobile Telephone Number
☐ Other Contact Number
☒ GP Name and Address
☐ Legal Representative Name (Next of Kin)
☒ NHS Number
☐ National Insurance Number
☐ Photographs / Pictures of persons
☐ Other – please state below:

All contained within existing electronic patient records

Sensitive Data Items

☐ Gender
☒ Religion
☒ Ethnic Origin
☐ Medical Information
☐ Occupation / Employment
☐ Other – please state below:

Digital literacy

A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.

- *If Yes is selected, a full DPIA will need to be completed*
- *If No is selected, the DPIA only needs to be completed up to Screen 5*

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SECTION SIX: EQUALITY, DIVERSITY AND INCLUSION

24) EQUALITY & DIVERSITY POLICY AND COMPLIANCE

A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?
☒ Yes ☐ No

B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?	
☐ Yes ☒ No	*If Yes, please give details here*

25) PLEASE DESCRIBE HOW THIS PROJECT WILL ENSURE THE RIGHTS OF PROTECTED CHARACTERISTICS IN PARTICIPANTS, AND CONTRIBUTE TOWARDS TACKLING HEALTH INEQUALITIES IN SALFORD?

Through identification of specific patient needs within our local population, we would hope to improve the inclusivity of our dietary resources. For example, to better address specific cultural or religious dietary requirements, or to consider language barriers or digital access/literacy that may impact people's ability to access resources.

26) ADDED SOCIAL VALUE: WHAT OTHER SOCIAL, ENVIRONMENTAL OR ECONOMIC BENEFIT/s WILL SALFORD RECEIVE THROUGH THIS PROJECT?

Through the use of virtual appointments and digital resources, we can reduce the carbon footprint to our local area from unnecessary face to face clinic visits and a reduction in the use of paper-based resources. These are also often favorable to patients due to reduced travel time when unwell, reduced disruption to working hours (loss of earnings), reduced costs from travel/parking/ childcare. Virtual appointments also allow greater flexibility with appointment times.

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SECTION SEVEN: OPERATIONAL DETAILS

27) REGISTERED DETAILS OF BIDDING ORGANISATION/S

Name of Organisation	Registered Address	Organisation Type
Dept of Nutrition and Dietetics Salford Care Organisation	Stott Lane Salford	NHS

28) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

Please note that funding will only be paid to registered organisations, and not to individuals

Dept of Nutrition and Dietetics
Salford Care Organisation

29) WHO WILL BE THE INDIVIDUAL/s RESPONSIBLE FOR THIS PROJECT?

(Please complete all sections)

SENIOR LEAD *(overall accountability and oversight of project)*	
Name	*Lee Howell*
Job Title	*Highly Specialist Dietitian- Gastroenterology*
Organisation	*Salford Care Organisation*
Email Address	*Lee.howell@srft.nhs.uk*
Telephone Number	*01612064254*

OPERATIONAL LEAD *(day-to-day delivery of project)*	
Name	*To be recruited to*
Job Title	
Organisation	
Email Address	
Telephone Number	

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SECTION EIGHT: APPLICANT AGREEMENT

30) PLEASE CONFIRM THAT IF YOUR PROPOSAL IS ACCEPTED YOU ARE AWARE OF, AND AGREE TO, THE FOLLOWING CONDITION:

Applicants must tick the box below to indicate that they agree to the condition

☒	Bidding organisation must be able to confirm a commencement date for the project within 2 months of receiving funding approval or approval may be withdrawn
☒	Completion of a mid-point project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
☒	Completion of a final evaluation report, presented to IROG and the relevant Sponsoring Strategy Group following the end of the project

31) PLEASE CONFIRM THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS

☑ I have read and accept the Salford Innovation and Improvement Fund Terms & Conditions

End of Application

Your completed application form, along with any requested additional information, should now be submitted via email to innovation.salfordccg@nhs.net

You will receive confirmation of receipt within three working days, along with a unique Bid Reference for managing your application and for on-going communication regarding your proposal.

Applications can be withdrawn at any time, for any reason, by contacting innovation.salfordccg@nhs.net with your Bid Reference

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