



Improving the Scottish Adult Congenital Cardiac Service

SACCS

Aims and Objectives

Aim

NHS GJ aims to provide a world-class service for individuals living with congenital cardiac conditions that is safe, effective and personcentred.

Objectives

- Understand what service users want from SACCS
- Build on existing good practice
- Identify where opportunities for improvement exist
- Engage with service users to make improvements

Equality Impact Assessment EQIA



Embedding the ethos of equality, diversity and inclusion from the starting point of the project

Advancing Equality

The Golden Jubilee Foundation has a legal requirement under the Public Sector Equality Duty to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

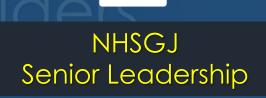
Provide details of how the policy/procedure/practice/function will impact positively, negatively or neutrally on people who share a protected



Project Stakeholders









SACCS Service Users

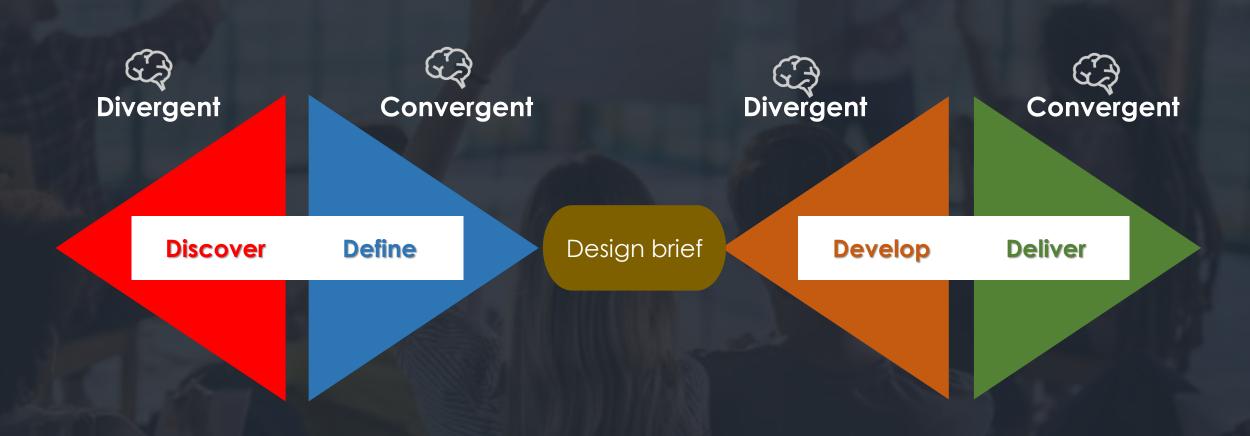


Healthcare Improvement Scotland



Third Sector Organisations

Introducing the Double diamond approach



The Double diamond – 5 stage process

Discover

To develop an understanding of the service our patients want





Define

To check that we have accurately understood the wishes of our patient group



Design brief

To clarify the aim and objectives for the work ahead; what needs to change and what needs to remain.



Develop

To develop ideas for how the desired change could be delivered



Deliver

To test ideas in practice and implement new service model.



Project Assurance Group

Aim

The purpose of this group is to **oversee** the project and provide a **sense-check** on all decisions that are made about how the project is run

Objectives

- Ensure the service is evaluated from a holistic perspective
- Ensure all reasonable provisions are in place to maximise inclusivity
- Advise the project team on any additional measures that could be taken to optimise representation for service users
- Provide assurance to other service users and third sector organisations that the project has been conducted transparently

Project Assurance Group membership

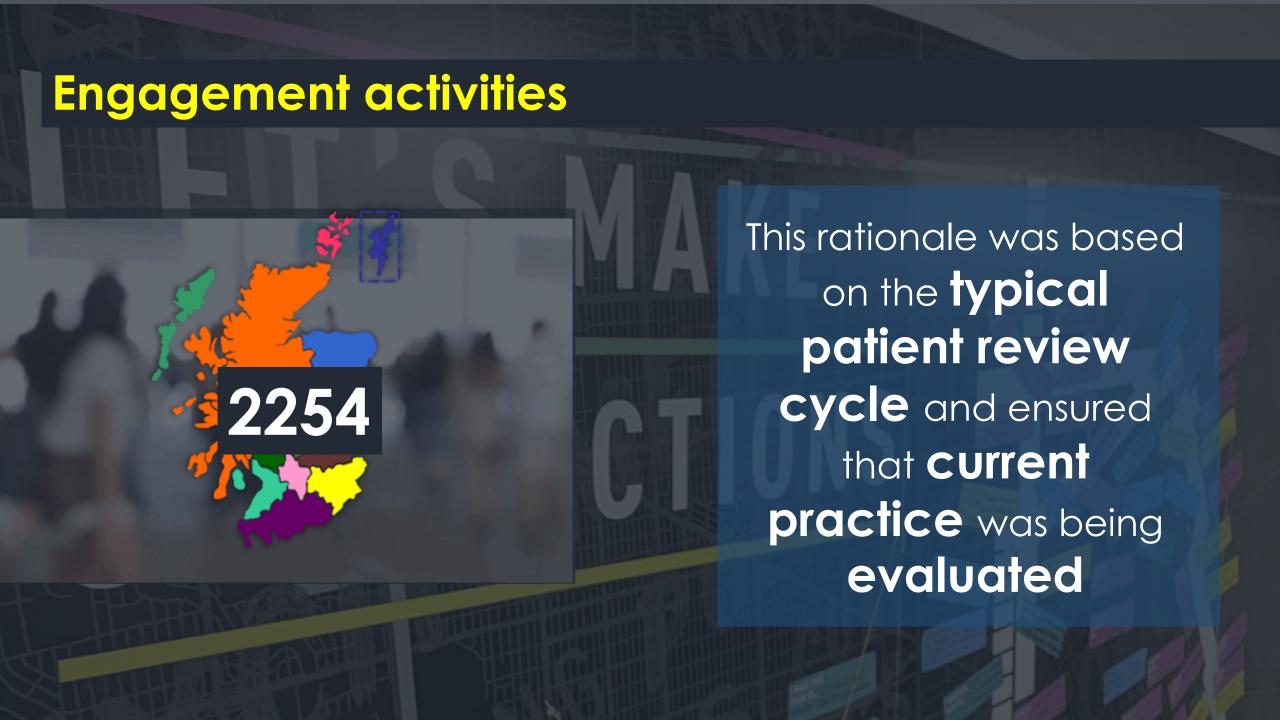
1	Service User	Age 16 - 24
2	Service User	Age 25 - 39
3	Service User	Age 40 - 59
4	Service User	Age 60+
5	Service User	non complex cardiac lesion
6	Service User	complex cardiac lesion
7	Friend/Family member	Learning disability - YES
8	Friend/Family member	earning disability - NO
9	Cardiac charity	The Somerville Foundation
10	Cardiac charity	British Heart Foundation
11	Learning disability charity	SCLD
12	Learning disability charity	Enable

Governance Gateways



Design brief 2 Develop 3 Deliver 4

- To approve project scope, methodology, method, structure and governance.
- To update the organisation's leadership on the findings to date and outline the service patients want.
- To approve the scope, nature, approach and timescales associated with planned service change.
- To update the organisation on the results of the service change.



Engagement activities



Patient letters



Third sector organisations



Posters
Digital/paper



Project website





Partner Health Boards

Engagement activities







Patient

letter

Standard Poster Easy read
Poster

Discover



Survey



Discover

To develop our understanding of the service our patients want

4 Key questions

What matters to you and appreciative enquiry tools

Q1. What matters to you?

 Please can you describe what is most important to you about the service you receive for your heart condition?

Q2. What does good look like?

- Can you give some examples of times when you had a positive experience with the service?
- What made these experiences positive?

Q3. What about the service could be improved?

- Can you give some examples of times you had a negative experience with the service?
- What made these experiences negative?

Q4. What opportunities for improvement exist?

• If you were designing your ideal congenital cardiac service from scratch, what would it look like?

Interview participants selection criteria

Interview

23

5

6

8

9

10

11

12

13

14

15

16

Criterion 1

Age 16 - 24

Age 16 - 24

Age 25 – 39

Age 25 - 39

Age 40 - 59

Age 40 - 59

Age 60+

Age 60+

Cardiac diagnosis: Complex

Cardiac diagnosis: Non-complex

Geography: West Scotland

Geography: East Scotland

Geography: Highlands and Islands

Geography: West Scotland

Geography: East Scotland

Geography: Highlands and Islands

Criterion 2

Gender: Male

Gender: Female

Gender: Male

Gender: Female

Gender: Male

Gender: Female

Gender: Male

Gender: Female

Learning Disability: Yes

Learning Disability: Yes

Learning Disability: Yes

Learning Disability: No

Learning Disability: No

Learning Disability: No

Thematic analysis

Age

Gender

Religion

Health board

Cardiac diagnosis

Other health conditions

Thematic analysis

Adopting a

3 stage
verification
process to code
thematic analysis



Key themes identified



Specialist care

Person centred care

Timeliness

Reassurance

Continuity

Communication

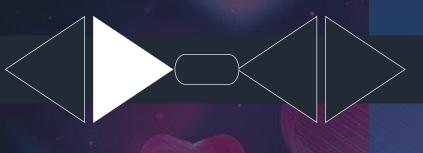
Accessibility

Responsiveness

Education

Frequency

Define



To check that we have

accurately

understood the

wishes of our patient group



Questionnaire

- Questionnaire
- To what extent do you agree that...

Define

Define



Sample question

A system should be in place to highlight that I have a congenital heart problem whenever I access other healthcare services.

- strongly agree
- agree
- disagree
- Strongly disagree

Demographic profiling

Service users 2018 - 2021

Project Participants

Response Rate

Total 2254 service users

125 responses (6%)



109



16

Gender breakdown



Age of participants

 16 - 24
 25%
 4%

 25-39
 38%
 28%

 40 - 59
 27%
 39%

 60+
 9%
 25%

Other health conditions

12% Anxiety7% Depression5% Neurodiverse4% Dyslexia4% Other

2%
2%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
1%
<

2% English not first language

Religious belief

51%	None
18%	Church of Scotland
16%	Roman Catholic
8%	Other Christian
5%	Prefer not to say
1%	Buddhist

0% Muslim
0% Sikh
0% Jewish
0% Pagan
0% Other

Participation by Health board

Service users 2018 - 2021

Project Participants



Participation by Health Board

Ayrshire and Arran	9%	9%
Borders	2%	3%
Dumfries and Galloway	4%	5%
Grampian	6%	10%
Greater Glasgow and Clyde	31%	26%
Fife	5%	0%
Forth Valley	6%	4%
Grampian	6%	10%
Highland	6%	10%
Lanarkshire	15%	12%
Lothian	9%	9%
Orkney	<1%	1%
Tayside	6%	4%
Western Isles	1%	1%
Shetland	<1%	0%

Risk to representation

Service users 2018 - 2021

Project Participants



NHS Fife residents



16 - 24 year olds



People with learning disabilities

Proposed mitigations



Establish feedback
loops as normal
practice within future
clinics

- Age categories
- Learning disabilities



In future projects will need to communicate differently to engage younger populations via trending social media

To clarify the aim and objectives for the work ahead; what needs to change and what needs to remain.

Write up findings in a summary report and circulate to stakeholders booked to attend the development workshop.



38 Sub themes

Appointments

9

Sub themes Scheduling

Waiting times

Tests and procedures

Empowering service users

Status updates

Cancellations

Appointment delays

Staying informed

Appointment format

SACCS clinic

18
Sub
themes

Location of care Remote monitoring Accessible facilities Care pathway letters Wayfinding Medical records Integrated care Continuity of care Managing traum Frequency of scans & appointments Person centred care Regular monitoring Family centred care Specialist advice Peace of mind Adaptable service Dedicated service Transition from paediatric to adult service

Communication

11

Sub themes Out of hours advice

SACCS website

Communication style

Communication methods

Delivering news

Peer support group

Living an active and healthy lifestyle

Trusted educational resources

Rapid results

Financial advice

Research opportunities

Aim

1st Drivers

2nd Drivers

Change ideas

Improve the quality and experience for everyone accessing SACCS outpatient clinics

Improve patients' experience

Optimise outpatients

Infrastructure

Appointments

Clinic experience

Communication

Outpatient pathway

capacity

IT Systems

Workforce

Measurement

Book clinic 3/12 ahead

Choice of virtual vs in-person appointment

Choice of clinic time to suit patient

Revise communication and engagement plan

Patient tracking system

Daycase unit for investigations

Start clinic with non-Echo patient

Bring forward second stream of patients

Give consultants Echo access at their workstation

Optimise ANP at clinics

IT System: Booking system

Quality Control process

Next steps



Develop

To develop ideas for how the desired change could be delivered

Deliver

To test ideas in practice and implement new service model.





Discussion, Questions and Answers

Have we captured everything?

What service change would you implement first?

How would you like to be involved as we implement service change?

How would you like to be contacted?