

Quality Improvement News

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April 17th - 31st 2023

Posted 28th April - [Moving from exclusion to inclusion in digital health and care](#)

The King's Fund / March 2023

Digital technologies can change how care is delivered, making health and care services more accessible, flexible, person centred, and a better experience for patients and staff while also improving efficiency. However, there is no guarantee of these positive effects until digitally enabled services are inclusive and meet the expectations of staff and the public.

Digital exclusion in health and care often overlaps with other forms of social exclusion and disadvantage. It isn't simple or static, there are nuances and multiple dependencies that change depending on personal or clinical circumstances. In this long read we explore what digital exclusion is, who is commonly assumed to be excluded, and what can be done to mitigate digital exclusion. We highlight the learning from a series of workshops we ran with health and care service providers about how they have successfully tried and tested new approaches to increase digital inclusion. As part of this project we also spoke to people who use health and care services about the challenges they can face in accessing care. In order to hear their voices clearly we have included these experiences in a separate piece of work...

Full-text: [Moving from exclusion to inclusion in digital health and care](#)

Posted 28th April - [Improving heart failure care with an Experience-Based Co-Design approach: what matters to persons with heart failure and their family members?](#)

BMC Health Services Research / <https://doi.org/10.1186/s12913-023-09306-w>

Abstract

Background

Heart failure is a chronic heart condition. Persons with heart failure often have limited physical capability, cognitive impairments, and low health literacy. These challenges can be barriers to healthcare service co-design with family members and professionals. Experience-Based Co-Design is a participatory healthcare quality improvement approach drawing on patients', family members' and professionals' experiences to improve healthcare. The overall aim of this study was to use Experience-Based Co-Design to identify experiences of heart failure and its care in a Swedish cardiac care setting, and to understand how these experiences can translate into heart failure care improvements for persons with heart failure and their families.

Methods

A convenience sample of 17 persons with heart failure and four family members participated in this single case study as a part of an improvement initiative within cardiac care. In line with Experienced-Based Co-Design methodology, field notes from observations of healthcare consultations, individual interviews and meeting minutes from stakeholders' feedback events, were used to gather participants' experiences of heart failure and its care. Reflexive thematic analysis was used to develop themes from data.

Results

Twelve service touchpoints, organized within five overarching themes emerged. The themes told a story about persons with heart failure and family members struggling in everyday life due to a poor quality of life, lack of support networks, and difficulties understanding and applying information about heart failure and its care. To be recognized by professionals was reported to be a key to good quality care. Opportunities to be involved in healthcare varied. Further, participants' experiences translated into proposed changes to heart failure care such as improved information about heart failure, continuity of care, improved relations, and communication, and being invited to be involved in healthcare.

Conclusions

Our study findings offer knowledge about experiences of life with heart failure and its care, translated into heart failure service touchpoints. Further research is warranted to explore how these touchpoints can be addressed to improve life and care for persons with heart failure and other chronic conditions.

Full-text: [Improving heart failure care with an Experience-Based Co-Design approach: what matters to persons with heart failure and their family members?](#)

Posted April 28th - Perspectives of hospital pharmacists on quality improvement initiatives in patient care: A pilot study from one healthcare system in Canada

Exploratory Research in Clinical and Social
Pharmacy / <https://doi.org/10.1016/j.rcsop.2023.100249>

Abstract

Background

Quality Improvement (QI) is any systematic process that seeks to improve patient safety or clinical effectiveness in healthcare. Although hospital pharmacists positively contribute to QI

initiatives, there is no information available regarding Canadian hospital pharmacists' involvement and perspectives with QI.

Objectives

The primary objective of the study was to describe the QI experiences (including attitudes, enablers and barriers) of hospital pharmacists employed by the Lower Mainland Pharmacy Services (LMPS) in British Columbia.

Methods

This research study used an exploratory cross-sectional survey. A 30-item survey was developed to measure QI experiences of hospital pharmacists including prior QI experiences, their attitudes towards pursuing QI initiatives, and their perceived enablers and barriers to participating in QI initiatives in hospital settings.

Results

Forty-one pharmacists responded (response rate of 14%). Thirty-eight participants (93%) indicated that they were familiar with the concept of QI. All participants (100%) reported that it was important for pharmacists to be involved with QI despite the general lack of formal QI training among the participants, and 40 participants (98%) agreed that QI was necessary to advance patient care. Moreover, 21 participants (51%) showed interest in leading QI initiatives, while 29 (71%) would participate in QI initiatives. Participants identified several individual and organizational barriers that hindered hospital pharmacists from pursuing QI initiatives.

Conclusion

Our findings suggest that hospital pharmacists in LMPS would like to be actively involved with QI initiatives; however, individual and organizational barriers must be addressed in order to facilitate widespread adoption of QI practices...

Full-text: [Perspectives of hospital pharmacists on quality improvement initiatives in patient care: A pilot study from one healthcare system in Canada](#)

Post April 28th - [Health Equity North 2023](#)

Health Equity North – April 2023

This report finds a pattern of lower life expectancy, higher infant mortality and worse health and wellbeing in the north of England. It provides a snapshot of the health issues facing the North and adds to a growing body of evidence highlighting the urgent need to address regional health inequalities and improve productivity in the North.

Read the Report – [Health Equity North](#)

Posted April 27th - [Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems](#)

Kings Fund – 27th April 2023

This report provides an overview of the key actions required to tackle barriers and challenges to better partnership working between integrated care systems (ICS) and the voluntary, community and social enterprise (VCSE) sector. It identifies ways of working that can help mitigate barriers and facilitate solutions, and systemic actions that can help embed and spread good practice.

This independent report was commissioned by the NHS England Voluntary Partnerships Team.

The report is supported by a resource, A framework for addressing practical barriers to integration of VCSE sector organisations (NHS England 2023). This resource includes examples of approaches that areas have adopted to address practical barriers and detailed case examples drawn from different ICSs.

Read the Report – [Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems](#)

A framework for addressing practical barriers to integration of VCSE sector organisations (NHS England 2023) is available on the 'Working in partnership with the voluntary, community and social enterprise sector' workspace on the FutureNHS platform, for those with a FutureNHS account. Register for an account, with an nhs.net or nhs.uk email account, [here](#). Those working in organisations outside the NHS, request access by emailing vcses-manager@future.nhs.uk

Posted April 25th - Two further specialties added to updated guidance on reducing outpatient demand

Getting it Right First Time (GIRFT) April 2023

An updated version of joint guidance from Getting It Right First Time (GIRFT) and the Outpatient Recovery and Transformation (OPRT) programme is available to download, now including guidance for rheumatology and endocrinology and updating the resources for several other specialties and themes.

The GIRFT/OPRT [Clinically-led specialty outpatient guidance](#) was originally shared in November 2022 to offer a concise summary of all available advice, as well as resources and top tips for reducing long waits for outpatient appointments and improving patient care.

The guidance specifically highlights actions services can take to reduce the demand for outpatient appointments, and focuses on the surgical and medical specialties with the highest number of +78 week waits. It also offers support for common themes and challenges in outpatient services, such as remote consultation, reducing DNAs, and implementing patient initiated follow-up (PIFU).

Updates in the latest version include new sections for rheumatology and endocrinology, additional advice for geriatric medicine and ophthalmology, and updates on the use of LCAD (Latest Clinically Appropriate Date) to determine the latest date that a patient should attend their next follow-up appointment.

Access the updated Guidance – [Clinically-led Specialty Outpatient Guidance](#)

Posted April 25th - NHS data: Maximising its impact for all.

Imperial College London – 2023

This paper identifies strategic and technical recommendations to move towards developing a health data policy ecosystem that is designed so that clinical, societal or financial value is more readily extracted from patient data

Read the paper – Ghafur S, O'Brien N, Howitt P, Painter A, O'Shaughnessy J, Darzi A. [NHS data: Maximising its impact for all](#). Imperial College London (2023)

Posted April 24th - Five principles for implementing the NHS Impact approach to improvement in England

Health Foundation -21st April 2023

The NHS is at a critical juncture in its 75-year history. With finances as tight as they have ever been, and a workforce stretched to breaking point due in part to spiralling demand from an older and sicker population and a shrinking labour pool, it is clear that things cannot carry on as they are. The time has come to think and act differently – at every level of the health and social care system – and to do so at pace.

Further information – [Five principles for implementing the NHS Impact approach to improvement in England](#)

Posted April 21st Productivity of the English National Health Service:2020/21 update

Centre for Health Economics, University of York, UK – March 2023

This report forms part of the time series of the English National Health Service (NHS) productivity growth calculated at the Centre for Health Economics, University of York. In this report, we focus on growth from 2019/20 to 2020/21. The COVID-19 pandemic had a dramatic impact on the provision of healthcare during this time. This has a number of critical implications for measurement of the productivity of the NHS. These are summarised in this executive summary and explored in more detail in the main report.

Read the Report – [Productivity of the English National Health Service:2020/21 update](#)

Posted April 21st - Design and Integration of a Texting Tool to Keep Patients' Family Members Updated During Hospitalization: Clinicians' Perspectives

Technology and Digital Innovations in Patient Experience – 2023

An important gap in the literature is how clinicians feel about patient-centered technologies and how clinicians experience patient-centered technologies in their workflows. Our goal was to identify clinician users' perspectives on facilitators (pros) and barriers (cons) to using 1 digital texting innovation to promote family centered care during patients' hospitalizations. This qualitative study was conducted at a tertiary care center in Houston, consisting of 7 hospitals (1 academic hospital and 6 community hospitals), involving analyzation of 3 focus groups of 18 physicians, 5 advanced practice providers, and 10 nurse directors and

managers, as well as a content analysis of 156 real-time alerts signaling family dissatisfaction on the nursing unit/floor. Thematic analysis methods were used. We selected these participants by attending their regularly scheduled service-line meetings. Clinician feedback from focus groups resulted in 3 themes as facilitators: (a) texting platforms must be integrated within the electronic medical record; (b) texting reduces outgoing phone calls; (c) texting reduces incoming family phone calls. Clinician feedback resulted in 3 themes as barriers: (a) best practice alerts can be disruptive; (b) real-time alerts can create hopelessness; and (c) scale-up is challenging. The analyzation of facilitators (pros) and barriers (cons) pertains only to the clinician's feedback. We also analyzed real-time alerts signaling family dissatisfaction (defined as "service recovery escalation" throughout this manuscript). The most common selection for the source of family dissatisfaction, as reflected through the real-time alerts was, "I haven't heard from physicians enough," appearing in 52 out of 156 alerts (33%). The second most common selection for the source of dissatisfaction was "perceived inconsistent or incomplete information provided by team members," which was selected in 48 cases (31%). Our findings indicate that clinicians value inpatient texting, not only for its ability to quickly relay updates to multiple family members with 1 click, but also because, when used intentionally and meaningfully, texting decreases family phone calls.

Further information – [Design and Integration of a Texting Tool to Keep Patients' Family Members Updated During Hospitalization: Clinicians' Perspectives](#)

Posted April 21st Empowering Patients With a Shared Communication Tool: A Patient-Oriented Multi methods Pilot Study

Journal of Patient Experience – April 2023

Not all patients feel empowered to take on the expanding role as active members in their healthcare journey. Healthcare services must shift attention to supporting patients and families in this emerging role. This support includes providing communication tools designed for patients and families to empower them to speak up. Two Plan-Do-Study-Act (PDSA) cycles were conducted to test a communication tool, the Jargon Alert!/WAIT card, with patients/families and providers in a Canadian rehabilitation hospital. After the first PDSA cycle, feedback from patients/families (n = 24), and providers (n = 4), informed modifications. The new Question Alert! card was retested in the same clinics. Patients/families (n = 13) reported the new card was a valuable tool enabling them to ask questions, although not all patients or family members expressed the need to use the card. The participating providers (n = 4) thought the Question Alert! card was helpful for quieter patients or family members who normally shy away from asking questions. The shared communication tool designed with patients improved the patient-centered experience and empowered patients/families to be more involved in their care.

Further information – [Empowering Patients With a Shared Communication Tool: A Patient-Oriented Multi methods Pilot Study](#)

Posted April 21st - Measuring Patient Experience and Patient Satisfaction—How Are We Doing It and Why Does It Matter? A Comparison of European and U.S. American Approaches

Friedel, A.L.; Siegel, S.; Kirstein, C.F.; Gerigk, M.; Bingel, U.; Diehl, A.; Steidle, O.; Hauptelthofer, S.; Andermahr, B.; Chmielewski, W.; Kreitschmann-Andermahr, I. Measuring Patient Experience and Patient Satisfaction—How Are We Doing It and Why Does It Matter? A Comparison of European and U.S. American Approaches. *Healthcare* 2023, 11, 797. <https://doi.org/10.3390/healthcare11060797>

Patients' experiences and satisfaction with their treatment are becoming increasingly important in the context of quality assurance, but the measurement of these parameters is accompanied by several disadvantages such as poor cross-country comparability and methodological problems. The aim of this review is to describe and summarize the process of measuring, publishing, and utilizing patient experience and satisfaction data in countries with highly developed healthcare systems in Europe (Germany, Sweden, Finland, Norway, the United Kingdom) and the USA to identify possible approaches for improvement.

(2) Methods: Articles published between 2000 and 2021 that address the topics described were identified. Furthermore, patient feedback in social media and the influence of sociodemographic and hospital characteristics on patient satisfaction and experience were evaluated. (3) Results: The literature reveals that all countries perform well in collecting patient satisfaction and experience data and making them publicly available. However, due to the use of various different questionnaires, comparability of the results is difficult, and consequences drawn from these data remain largely unclear. (4) Conclusions: Surveying patient experience and satisfaction with more unified as well as regularly updated questionnaires would be helpful to eliminate some of the described problems. Additionally, social media platforms must be considered as an increasingly important source to expand the range of patient feedback.

[Measuring Patient Experience and Patient Satisfaction—How Are We Doing It and Why Does It Matter?](#)

Posted April 20th - NHS England Business Continuity Management Toolkit

NHS England – 20th April 2023

This document highlights the need for Business Continuity Management (BCM) in NHS organisations so that they can maintain continuity of key services in the face of disruption from identified local risks. Under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 (as amended), all NHS organisations have a duty to put in place continuity arrangements. The toolkit is driven by the Plan, Do, Check, Act (PDCA) cycle along with being updated in line with both ISO 22301 principles, as well as the Business Continuity Good Practice Guidelines 2018.

[NHS England Business Continuity Management Toolkit](#)

[NHS England business continuity management toolkit: part 1 – plan](#) – Part 1 of the supporting documentation refers to the 'Plan' aspect of the Plan, Do, Check, Act (PDCA) cycle. Here is where an organisation establishes the Business Continuity Management System (BCMS) by developing a policy, as well as using documentation and templates. This section also allows organisations to embed Business Continuity into their culture.

[NHS England business continuity management toolkit: part 2 – do](#) – Part 2 of the cycle is attributed to 'Do' element of the PDCA cycle. This section defines business continuity requirements, determines how to address them and develop procedures to manage a disruptive incident. Once your BCMS is designed, it is necessary to implement it successfully. In order to do this, NHS organisations should understand their role and how to complete documentation that is required for the BCMS to be effective.

[NHS England business continuity management toolkit: part 3 – check](#) – Part 3 focusses on the 'Check' aspect of the PDCA cycle. This part of the cycle summarises the requirements necessary to measure business continuity management performance for an organisation. It also links to the BCMS compliance and seeks feedback from top management regarding expectations, gaps and inconsistencies.

[NHS England business continuity management toolkit: part 4 – act](#) – Part 4 of the PDCA cycle refers to 'Act'. It identifies and acts on BCMS non-conformance through corrective action. The review of your system also allows the potential to make changes based on updated guidance and changes to the organisation.

Posted 19th April 2023 - Urgent and emergency care improvement guide same day emergency care pathways

NHS England – 19th April 2023

This guide has been designed for providers and systems to consider embedding as good practice to reduce ambulance handover delays. The contents have been drawn from the Winter Improvement Collaborative which was set up to identify solutions to the problems facing the system over the winter period. Members of the collaborative were asked to co-design a series of plans and potential improvement measures, to be adapted and trialled at local level.

[Urgent and emergency improvement guide same day emergency care pathways](#)

Posted April 19th - Urgent and emergency care improvement guide to direct access

NHS England – 18th April 2023

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[Urgent and emergency improvement guide to direct access](#)

Posted April 19th - Urgent and emergency care improvement guide to contact hubs for primary, ambulance and clinical calls

NHS England – 18 April 2023

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[Urgent and emergency improvement guide to contact hubs for primary, ambulance and clinical calls](#)

Posted April 19th - Urgent and emergency care improvement guide specialty support to the urgent and emergency care pathway/internal professional standards

NHS England – 18th April 2023

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[Urgent and emergency care improvement guide specialty support to the urgent and emergency care pathway/internal professional standards](#)

Posted April 19th - NHS delivery and continuous improvement review: findings and recommendations

NHS England – 19th April 2023

The findings and recommendations of the delivery and continuous improvement review conducted by Anne Eden.

The Review's recommendations were consolidated into three actions:

Establish a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus our improvement-led delivery work

Launch a single, shared 'NHS improvement approach'

Co-design and establish a Leadership for Improvement programme.

[NHS delivery and continuous improvement review: findings and recommendations](#)

Posted April 19th - NHS professionals' shared decision making skills set for boost as ground-breaking new virtual reality training launches

National Health Executive – 18th April 2023

NHS professionals across the country are set to benefit from a new virtual reality training offering that can improve shared decision making as [research](#) from almost 1500 health professionals shows many have gaps in their knowledge and would like to learn more.

Commissioned by NHS England, the innovation comes from the Personalised Care Institute in collaboration [Keele University](#) and has been developed to enable NHS professionals to master their skills in a non-pressured environment before applying them in real clinical settings.

The new virtual reality training tool is purportedly the first in the world to explore the fundamentals of the shared decision making skills behind agenda-setting, the teach-back method, evaluating patients' treatment preferences and reaching a shared decision.

The new training works by breaking each consultation down into three key areas:

Introduction and understanding the patient's history;

Investigating the patient's preferred treatment options;

Reaching a shared decision.

Further information – [NHS professionals' shared decision making skills set for boost as ground-breaking new virtual reality training launches](#)

Health professionals looking to test the new simulation can do so by clicking [here](#).

Posted April 19th - Non-accidental injuries in infants attending the emergency department

HSIB – 19th April 2023

Clinicians in emergency departments (EDs) will see babies and young children with injuries that may be non-accidental. If the cause of such injuries is missed, there is a risk of further harm to the child. However, making a judgement about whether an injury might be accidental or not is complex and difficult.

This investigation explores the issues that influence the diagnosis of non-accidental injuries in infants (children under 1 year of age) who visit an ED. Specifically, it explores the information and support available to ED clinicians to help them to make such a diagnosis.

Because of the nature of these types of injuries, and the different ways in which incidents that do come to light may be recorded, it is difficult to understand the full scale of this issue. In 2020 the Office for National Statistics published a report of collated data on child abuse which showed that 4,170 children in England were the subject of a child protection plan because they had experienced or were at risk of physical abuse.

Non-accidental injuries in children under 1 year old accounted for 27% of the rapid reviews received by the Child Safeguarding Practice Review Panel between July 2018 and December 2019. The investigation's findings and safety recommendations aim to help clinicians in considering non-accidental injuries as a potential diagnosis.

Read the Report – [Non-accidental injuries in infants attending the emergency department](#)

Posted April 18th - Primary Care Access Programme National 'Sharing the Learning' Webinar

Healthcare Improvement Scotland–iHub / April 2023

Event Date: 23 May 2023

Event Time: 13.00-14.00

Access to primary care is one of the key issues facing our healthcare system. The Primary Care Access Programme (PCAP) supports primary care teams to identify the root cause of access issues using DCAQ (demand, capacity, activity and queue), and quality improvement methodologies to test and embed changes. Over the past 10 months, more than 80 teams have taken part in PCAP across 11 NHS boards.

This webinar is an opportunity for participating teams to celebrate and share the learning in improving access so far.

In this webinar you will be able to:

- learn about tools and approaches used
- get top tips from participating teams on their journey to improve access, and
- make connections with other healthcare professionals across Scotland.

Who is this webinar for?

This webinar is for all primary care multidisciplinary staff and teams and may be especially valuable to those considering joining the programme.

To register: [Primary Care Access Programme National 'Sharing the Learning' Webinar](#)

Posted April 18th - Medication Assisted Treatment (MAT) Standards Webinar 1 – Connect, Reflect & Progress

Health Improvement Scotland–iHub / April 2023

Event Date: 21 Apr 2023

Time: 11am-12.30pm

We are delighted to invite you to the first session of Healthcare Improvement Scotland's MAT Standards webinar series.

Prior to the publication of the next National Benchmarking Report on the Implementation of the Medication Assisted Treatment Standards (2022-23), this webinar is an opportunity to come together to reflect on learning, share experiences and recognise the wealth of implementation progress across Scotland.

This webinar aims to offer:

Examples and learning from emerging practice at both national and local levels

Space for delegates to connect and reflect on their own implementation experiences

Opportunity to collectively consider next steps for MAT Standards implementation...

Registration: This session is open to all professionals and those with an interest in the field and may include representatives from:

Academia

Health and social care

Housing sector

Justice

People with lived/living experience

To register: [Medication Assisted Treatment \(MAT\) Standards Webinar 1 – Connect, Reflect & Progress](#)

Posted April 18th - Community Engagement webinar, 'Engaging with Children, Young People and their Families'

Health Improvement Scotland — Community Engagement / April 2023

Event date: 19 April 2023

Event time: 2:00pm to 3:00pm

Our next Community Engagement webinar takes place on Wednesday 19 April, 2pm where presenters will talk about 'Engaging with Children, Young People and their Families'.

We are delighted to be joined by NHS Tayside who will tell us more about how they involved young people and families from across Tayside to use their voices to shape a new healthy weight strategy aiming to reduce obesity rates across their local communities. Inspiring Young Voices will share how they are developing a collective voice for young people (12 – 25 years old) with diverse needs and experiences including: 'Inspire Highland', an example of fun and creative youth-led participation in the Scottish Highlands.

To book: [Community Engagement webinar, 'Engaging with Children, Young People and their Families'](#)

Posted April 18th - GP Referrals Part 2 – The hidden waiting list

Healthwatch England – April 2023

The figures quoted in this accompanying briefing are based on the 1,518 patients who were referred by their general practice for tests, diagnosis or treatment. The survey was also shared via the Healthwatch network (1,825 respondents overall of which 1,458 respondents were in the 'referred group') and comments from both surveys are used to support the analysis and provide quotes for this briefing. Considering how long it can take for a patient to be told they are being referred, combined with the time it takes to get onto a waiting list, the total time the patient has been suffering from their symptoms or condition can be much longer than official waiting time statistics would suggest. There are gaps in measurement for some parts of the referrals process – creating a dangerous blind spot. This briefing shares people's experiences and the impact behind these figures.

Read the briefing – [GP Referrals Part 2 – The hidden waiting list](#)

Posted April 18th - [GP referrals: part 1 – the referrals black hole](#)

Healthwatch England – April 2023

HealthWatch commissioned Panelbase to carry out an online survey covering two distinct groups who had an appointment with their GP practice in the past 12 months. Firstly, those who either expected or requested a referral for tests, diagnosis or treatment, but didn't get one, and secondly, those who were referred for tests, diagnosis or treatment. Panelbase heard from 2,144 people overall. The figures quoted in this briefing are based on the 626 patients who fall into the first group. Fieldwork was completed October 2022. The survey was also shared via the Healthwatch network (1,825 respondents overall, of which 357 respondents were in the 'not referred group'), and comments from both surveys are used to support the analysis and provide quotes for this briefing. The briefing shares people's experiences and the impact behind these figures.

Read the briefing – [GP referrals: part 1 – the referrals black hole](#)

Posted April 18th [Black maternal health](#)

Women and Equalities Committee – 18th April 2023

In this report we review what is currently understood about the reasons for disparities in maternal deaths, analyse Government and NHS action to date and existing recommendations for change and consider the ongoing challenges to addressing disparities. This report is titled 'Black maternal health' to acknowledge and address the particularly stark disparity between Black and White women. However, our recommendations are intended to address the ethnic disparities more broadly, as well as the overlapping disparity for women suffering socio-economic deprivation. There is no single quick-fix solution. However, we hope this report and our recommendations can act as an impetus for an effective and coherent cross-Government strategy, that can quickly begin to make sustained progress.

Read the Report – [Third Report – Black maternal health](#)

Posted April - [How co-production is used to improve the quality of services and people's experience of care: A literature review](#)

NHS England – 3 April 2023

This literature review examines the available evidence on how co-production is used, what makes it successful, and what challenges/barriers exist to its deployment in care settings.

The introduction examines how co-production has been used in health and care settings to date, what good co-production would look like, and how these resources have been developed.

Read the Paper – [Co-production: A literature review](#)

[An introduction to co-production](#)

[Co-production resource guide](#)

[Co-production resource toolkit](#)