


Quality Impact Assessment

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| Name of Project | GP Languages Working Group |
| Programme Lead | Paul Tattam |
| Person Completing QIA | Paul Tattam, Gurpreet Mangat, Louisa Enriquez, Deborah Maynard, Diane Parrott, Samreen Aslam, Mike Wooldridge, Marriyah Shakoor, Nathan Bell, Emily Woodward-Stammers |
| Date of QIA Completion | 29/11/2022 |
| Project Summary (Short description of the plan, including financial value) | <p>Many patients across the NHS Frimley ICB footprint may be unable to understand communications from different parts of the NHS as English is not their first or preferred language.</p> <p>This project will look how existing communication sent to patients, from GP practices in the first instance, could be sent in a different language to English.</p> <p>Whilst looking to automate this as much as possible, it is likely that there may be additional impacts on time for practice staff. This needs to be considered as part of the impact on practices, with the potential to offset that against the number of failed communications sent, as well as a potential decrease in Did Not Attend (DNA) rates for appointments.</p> <p>Consideration is also being taken of the recent interim report from the HSIB which looked at 'Clinical Investigation booking systems failures, Nov 2022'. Report attached -</p>  |

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| Quality Impact Assessment (QIA) | | | |
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| What is the Impact | Prompts | Description of the impact | QIA Impact Score (Score between +3 and -3 refer to score key below) |
| How might the plan affect patient safety? | <p>Consider:</p> <ul style="list-style-type: none"> • Sis, complaints, CQC, other external investigations. • Specific safety issues within this pathway or service. • Analysis of available data/information to identify themes and trends. • The way on which the planned changes will address the identified patient safety issues. • Impact on preventable harm. • Planned changes to medications • Are there any safeguarding implications e.g. DOLS, MCA etc. | <p>The impact on SI's and Complaints etc. is difficult to assess, whilst it could reduce the number of complaints by improving the level of service, miscommunications by poor translation could lead to an increase of both.</p> <p>Currently practices keep records of data for SI, Complaints, DNA rates, Number of reminders sent. It could be possible to extrapolate information relating to this.</p> <p>This change will NOT be able to ensure that ALL patients receive information in a format that they can use, this could be due to the actual language, a patient's specific dialect of that language, the person may not be able to read in any language. It needs to be accepted that this should help to improve and redress the imbalance, but it cannot connect to every patient.</p> <p>Missed appointments not only have an impact on the provider, but there is a real opportunity that patients may deteriorate whilst missing their appointments. DNAs could potentially cause additional pressures on other parts of the health system for example people attending / using urgent and emergency services.</p> <p>No changes to medications are planned as part of this program.</p> | +1 |

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| | | Missed communications could lead to safeguarding issues, however, by being able to communicate in a language that the patient understands, it decreases the opportunity for others to change or misconstrue the information, which could prevent the patient from receiving the necessary care and attention. | |
| How might the plan affect clinical outcomes/effectiveness? | <p>Consider:</p> <ul style="list-style-type: none"> • Are there any NICE guidance to be considered? • Has a baseline assessment against the recommendations/indicators been undertaken? • Does the plan reflect the Quality Standard Indicators? | <p>There should be no impact on Clinical Outcomes or effectiveness. Potentially though if care plans are communicated in a language or format that a patient understands, they are more likely to be involved in decision making and follow advice and guidance, know what to do if they deteriorate.</p> <p>It is not envisaged that translations by IT would replace use of other interpreters during patient consultations.</p> | 0 |
| What are the expected health outcomes for patients? | <ul style="list-style-type: none"> • How will the success against your expected health outcomes be measured? • How do these compare with other available treatment or care? | <p>Reduction in DNAs would show that providers are communicating with patients better and that patients are engaged in attending for their health appointments.</p> <p>Difficult to assess direct health outcomes from this project.</p> | +1 |
| How might the plan affect patient /carer experience? | <ul style="list-style-type: none"> • Use positive and negative feedback from them: <ul style="list-style-type: none"> - PALS and complaints - Patient Opinion - Surveys - Real time feedback - Focus groups - Healthwatch - FFT - Patient panel • How will new feedback be collected? | <p>Potential reduction in complaints and PALS enquiries if this is successfully implemented, in a controlled manner.</p> <p>Patient opinion could improve by the fact that providers are better at communicating directly to their patient population.</p> <p>Patient groups and PPGs would act as good temperature checks for those practices wishing to implement this project, as well as providing real time feedback.</p> <p>The ICB and Providers will track feedback specifically related to the areas covered by the project.</p> | +1 |

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| | <ul style="list-style-type: none"> Will patient choice be affected? | It can be improved by allowing patients to choose which language the practice communicates with them. | |
| Will this plan have an impact on workforce? | Consider: <ul style="list-style-type: none"> Have staffing, skill mix and workload issues been considered within the plans? Would staff recommend the service to family and friends? Does the organisation support learning and innovation, and promote an open and fair culture? | <p>This will have an impact across the workforce. At a practice that has already implemented this, they have found that all of their staff have actively engaged in this.</p> <p>Whilst it can take more time to send a message in a different language, it is difficult to evidence that this improves patients' compliance with information sent to them but could show a positive impact.</p> | -1 |
| Number of staff affected? | Consider: <ul style="list-style-type: none"> Current and future staff | Hopefully this would be all staff in the practice, not just the admin teams. | 0 |
| Number of patients affected | Consider: <ul style="list-style-type: none"> Current and future patients | This will vary by practice due to the specific demographics. | +1 |
| Other Impacts | Consider: <ul style="list-style-type: none"> Impact of the proposal on other services, patient groups, staff, or reputation of the organisation | <p>Reputation could well be improved, and the engagement could lead to an increase in patient seeking earlier help for their health issues/problems.</p> <p>Translating for some and not all patients in this manner could create some resentment from those patients left out. However, there is a risk that messages are sent to patients in different languages/formats in their NOT preferred language.</p> | +1 |
| Local Healthcare System impact | Consider: <ul style="list-style-type: none"> What are the considerations for other local organisations or systems? Example: Frimley ICS, Neighbouring ICS's, Local Authorities etc. | Further changes may be required by the ICB and other providers. | +1 |

| QIA impact score key | | | | | | |
|----------------------|--------------------------|---------------------|---------|---------------------|--------------------------|----------------------|
| -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| High negative impact | Moderate negative impact | Low moderate impact | neutral | Low positive impact | Moderate positive impact | High positive impact |

| Quality Impact Score | Suggestion – the assessment suggests that this plan/scheme |
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| Negative | This development will/may have a negative impact |
| Neutral | There is no anticipated change in the impact of this development |
| Positive | This development will have a positive impact |
| Not applicable | This question is not relevant at this time |
| <i>Please take care when completing this assessment. A carefully completed assessment should safeguard against</i> | |

| QIA Assessment Summary | | YES/NO, including description of impact/reason |
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| To be completed by the Board or Committee | Does the QIA identify an impact on clinical outcomes/safety/ experience/ access/ workforce (use scoring below)? | |
| | Does the Board/Committee support the (QIPP/financial recovery/ change to a service and care pathway)? | |

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| QIA sign off | | |
| To be completed by the Board or Committee member | Names & designations of Board/Committee member signing off this QIA | |
| | Date | |