ReQoL™
Recovering Quality of Life

The University Of Sheffield.

ReQoL Implementation Workshop

#ReQoL

@ScHARRMH

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Recovering Quality of Life

The University Of Sheffield.

A collaborative approach

ReQoL was developed in collaboration with service users and clinicians

Service users and clinicians were central to the development process

The implementation phase will be no different

In this workshop we want to hear how we can make ReQoL work for you

We are all potential collaborators – we hope you will collaborate with us and with each other

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We want to hear from you

What do service users want?

What do clinicians want?

What do managers and commissioners want?

How would you like ReQoL data collected and presented?

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First half of workshop

Using ReQoL in conversations between service users and clinicians

Data visualisation of ReQoL to inform these conversations

How services can use ReQoL to improve service delivery

Implementation facilitators and barriers

Second half of workshop

This will be followed by collaborative group discussions focusing on:

- Practical aspects of using ReQoL
- Implementing ReQoL in your service
- Data visualisation

Each group will run twice so please select two discussion groups to join

ReQoL

ReQoL is quick, easy to use and recovery oriented

ReQoL has been psychometrically validated

ReQoL was collaboratively developed with service users and clinicians

Service users and clinicians were central to the research, as advisors, researchers and participants

The collaborative co-design approach is being carried through into the implementation phase

Using ReQoL in care planning

ReQoL can be used quickly and effectively to help capture service users' perspective

ReQoL can be used to inform care decisions and to open up conversations about outcomes and needs

Service users can become active participants in decision-making and in completing the agreed actions

Using ReQoL in therapeutic work

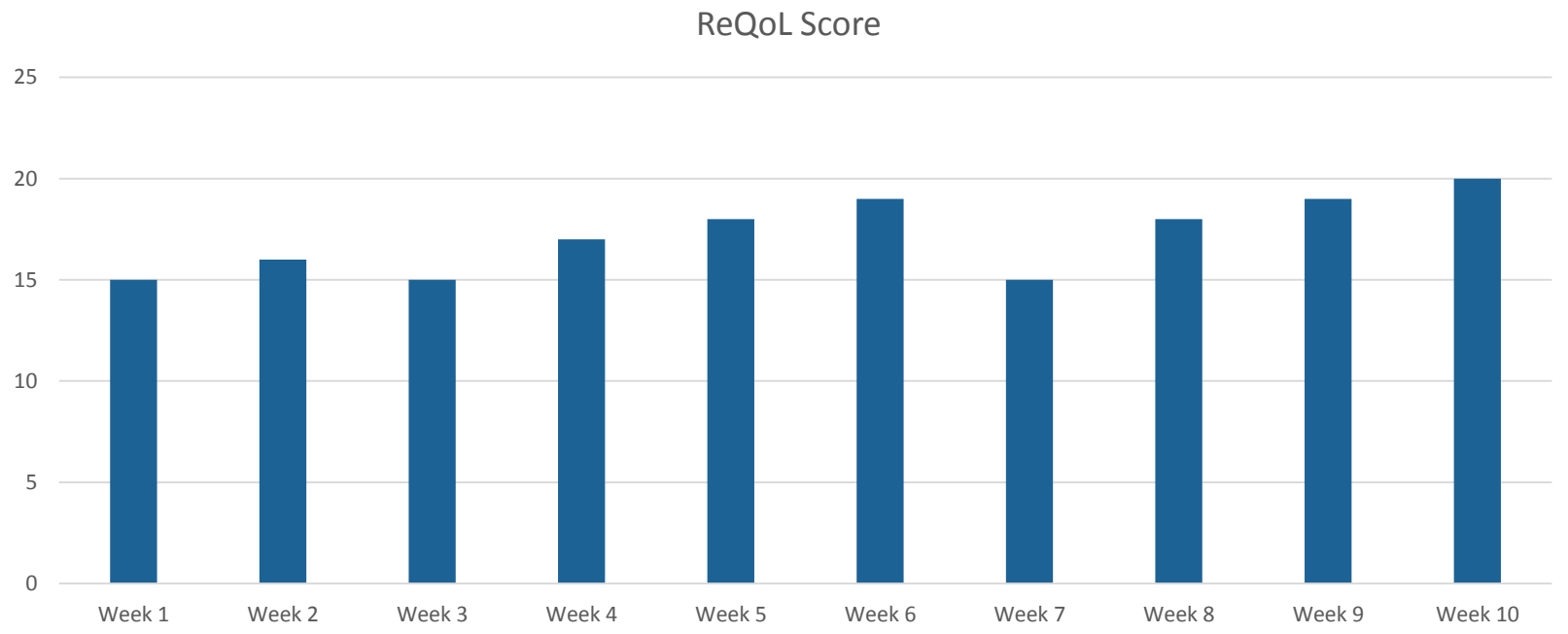
ReQoL can be used in sessions and review meetings to help shift the focus of care by asking recovery-oriented questions.

ReQoL can be used as a therapeutic tool to guide conversations and help to focus therapeutic work.

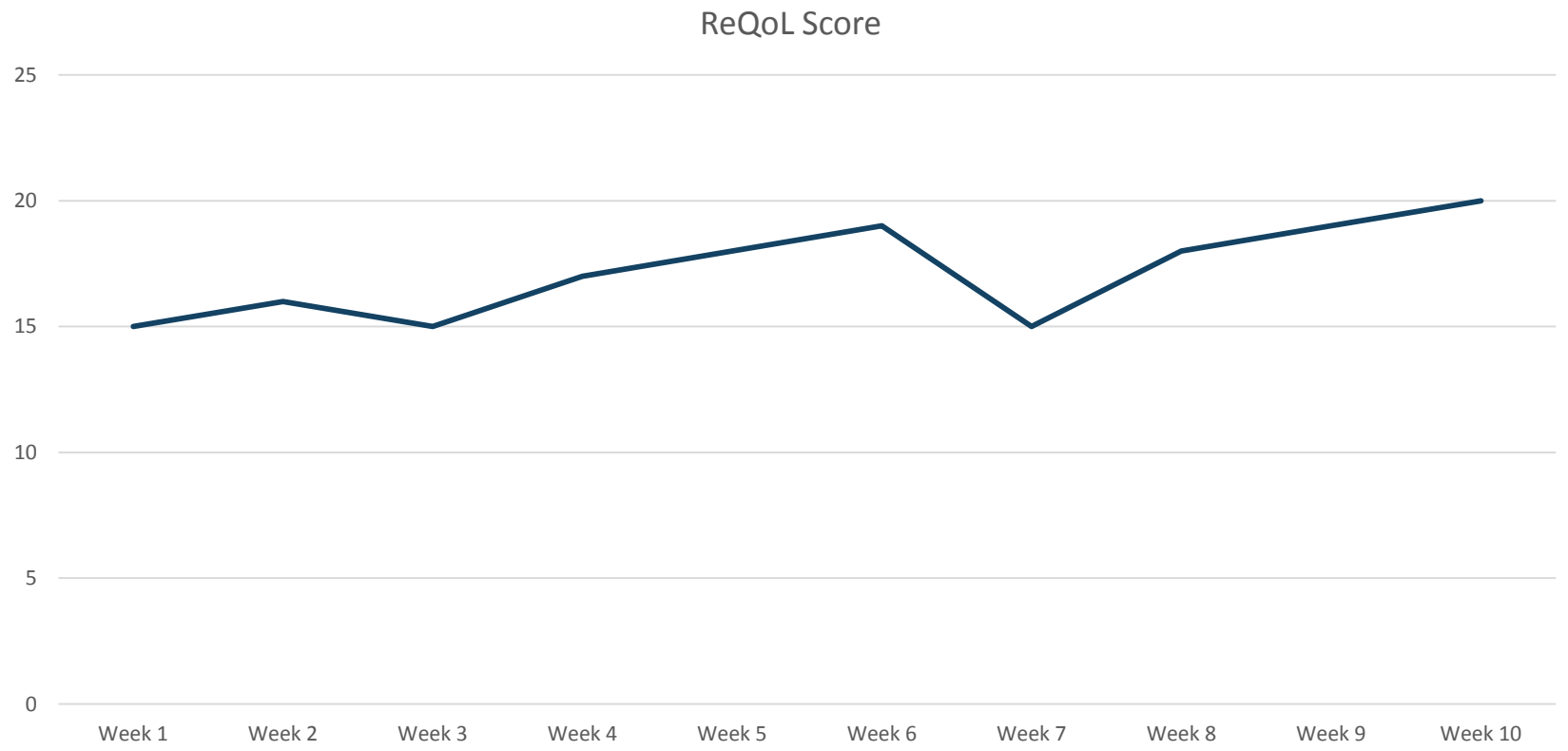
Data visualisation for service users and clinicians

We would like to think with you about helpful ways to present data for discussion between clinicians and service users

The most straightforward way would be to create simple graphs similar to those used in IAPT:

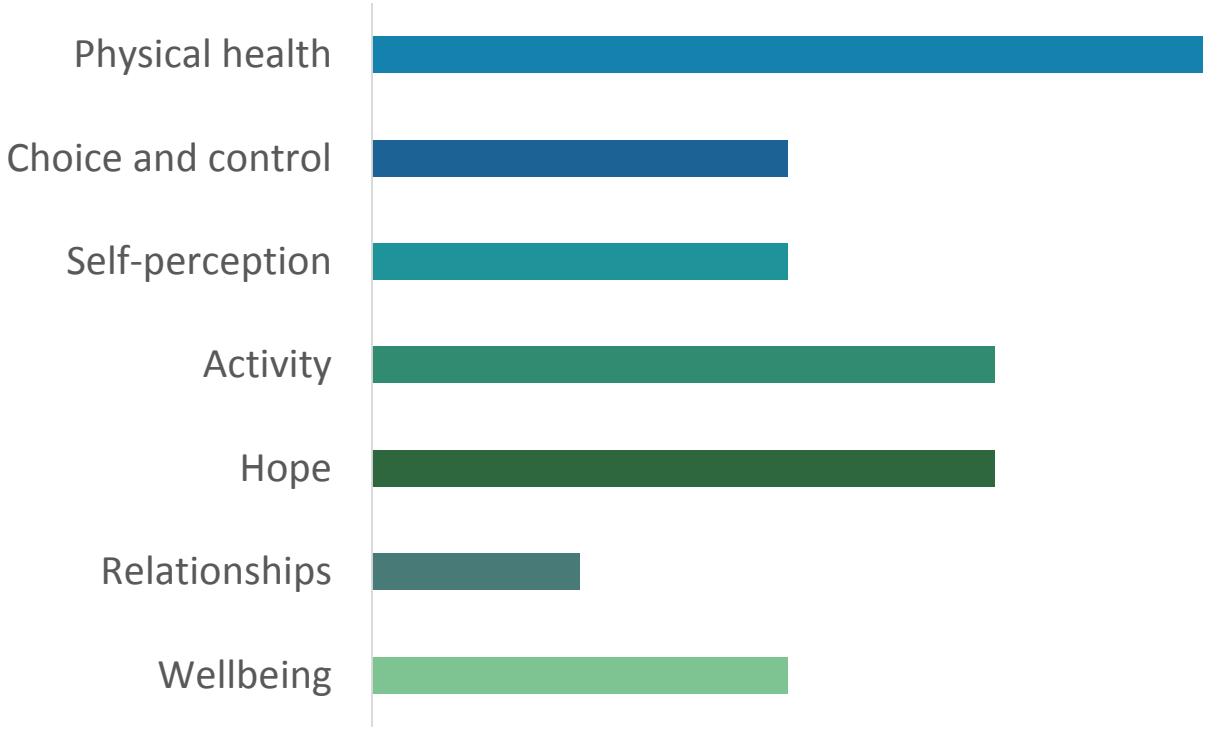


Data visualisation for service users and clinicians



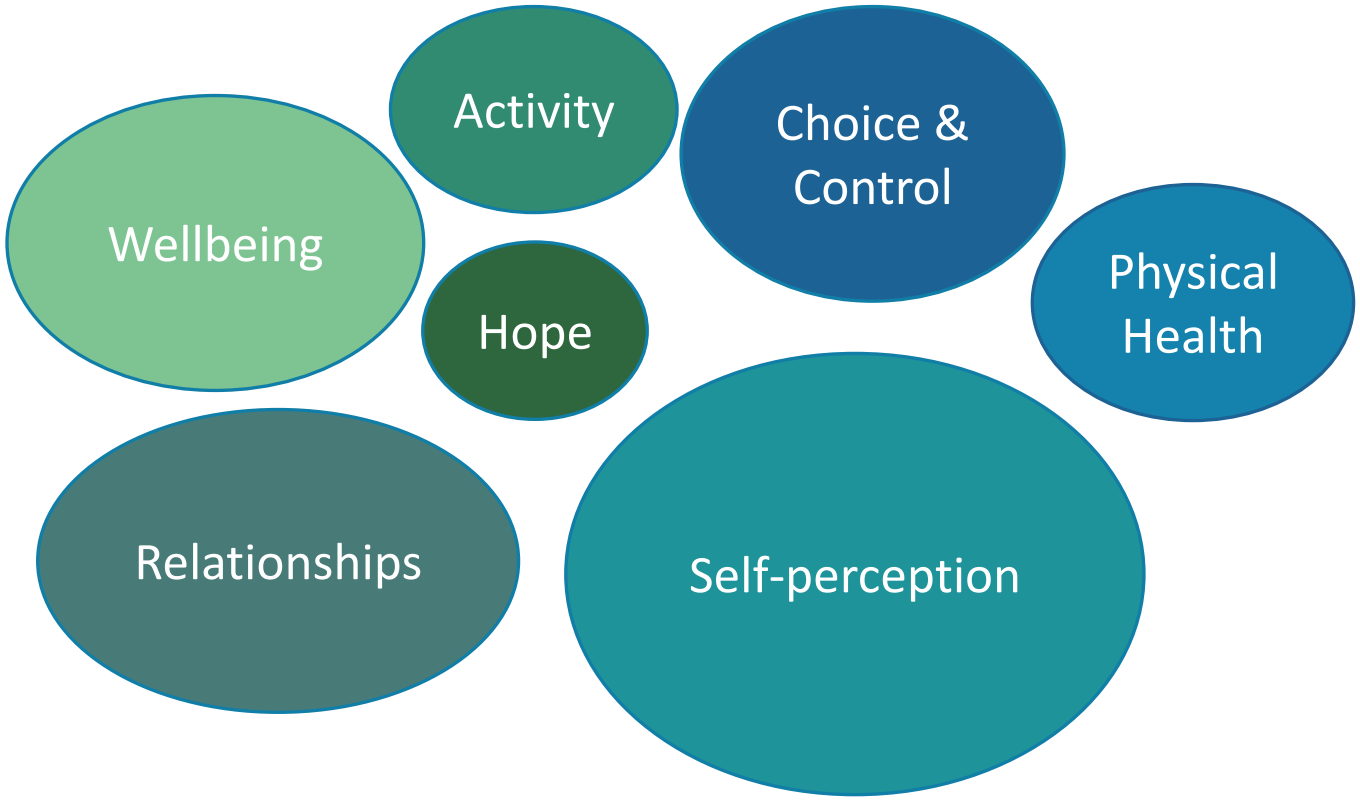
Data visualisation for service users and clinicians

Scores can also be broken down into themes:



Data visualisation for service users and clinicians

Themes:



Data visualisation for service users and clinicians

Or into items. As there are both positive and negative items we need to think about how best to present them:

I found it difficult to get started with everyday tasks

I felt able to trust others

I felt unable to cope

I could do things I wanted to do

I felt happy

I thought my life was not worth living

I enjoyed what I did

I felt hopeful about my future

I felt lonely

I felt confident in myself

Data visualisation for service users and clinicians

A traffic light system might work:

I found it difficult to get started with everyday tasks
I felt able to trust others
I felt unable to cope
I could do things I wanted to do
I felt happy
I thought my life was not worth living
I enjoyed what I did
I felt hopeful about my future
I felt lonely
I felt confident in myself

Data visualisation for service users and clinicians

This could be compared over time:

Data visualisation of ReQoL scores

These are just a few examples, we have lots more!

We would like to hear your feedback and suggestions

If you are interested in helping please join the data visualisation discussion group

Using ReQoL in services

Choosing ReQoL supports a commitment to more recovery-oriented services

ReQoL can help focus attention on issues that have been identified as important to service users

ReQoL data may be helpful when considering questions about service provision and resource allocation

Nationwide implementation and data sharing may enable us to answer questions we can not address if services use different outcome measures.

Barriers to implementation

Reasons implementation may be hampered:

- Lack of understanding about PROMs and ReQoL
- Clinicians' workload pressure
- Collecting ReQoL may be seen as additional work with no perceived benefit
- Clinicians may be concerned ReQoL will be used as a performance measure
- Service users may be concerned about the consequences of high or low scores
- Practical and technical issues relating to data collection

Facilitators

Strategies to support implementation

- Local champions
- Training about PROMs and ReQoL
- Comparison of individual data collection with norms for team
- Integration with local interventions e.g. care-planning and audit

Next steps

To support implementation in your trust:

- Sign up as a local champion and join our email group
- Ask the ReQoL team about support for training events
- Collaborate with each other to share ideas about what is working

Please choose two of the following group discussions to join

Discussion groups:

- Practical aspects of using ReQoL
- Implementing ReQoL in your service
- Data visualisation

Each discussion will last for 25 minutes

Plenary

Brief feedback from each group

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Closing words

John Brazier

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