Book of Abstracts

2024

Contents

HSE Dublin and Midlands

Tallaght ICPOP CST Caregiver Experience Survey

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INTRODUCTION
The role of Tallaght Integrated Care Programme for Older Persons (ICPOP) is to improve the quality of life for older persons by providing access to a community specialist transdisciplinary team (CST). The role of Tallaght CST extends beyond the patient; we play an active role in supporting and educating caregivers and families.

BACKGROUND
Tallaght ICPOP CST was involved in research undertaken in 2022 by Murphy et al. investigating patients' and caregivers' experiences of person-centred integrated care (PCIC) within the ICPOP. A key finding of this research was that the concept of the "patient" in PCIC needs to be extended beyond individual patients to their caregivers and indeed wider families and households.
In November 2023 in line with "Better Together: The Health Services Patient Engagement Roadmap", we sought to obtain further caregiver feedback on their experience of our service.

METHODOLOGY
A caregiver experience survey was developed under the guidance of the Patient and Service User Engagement Officer. A random selection of 49 patients' and their caregivers were invited to participate.

RESULTS
11 caregivers responded (22%). 91% reported they felt supported throughout our involvement, with 91% also reporting a good to excellent experience with Tallaght ICPOP CST. Key themes identified were:

1. Felt experience of care co-ordination and continuity
2. Holistic approach to PCIC
3. Intensive case management approach and domiciliary model of care
4. Communication and information
5. Caregiver burden
6. Assisted Decision Making Capacity Act challenges for caregivers and families

DISCUSSION
Caregivers valued the role of Tallaght ICPOP CST in supporting them.

CONCLUSION & RECOMMENDATIONS
Consideration needs to be given to the holistic health and social care needs of the patient, which impacts on caregiver burden. This research highlighted the ongoing need for education and support for families and caregivers with regards to the Assisted Decision Making (Capacity) Act.

Tallaght ICPOP CST Patient Experience Survey

Mrs Alison Murphy[1]
[1]HSE Tallaght Integrated Care Programme for Older Persons, Integrated Care Hub, Clondalkin Primary Care Centre, Ireland, [2]Tallaght University Hospital, Tallaght, Ireland

INTRODUCTION
The role of Tallaght Integrated Care Programme for Older Persons (ICPOP) is to improve the quality of life for older persons by providing access to a community specialist transdisciplinary team (CST).

Our aim is to provide co-ordinated services for older people with complex health and social care needs, focusing on patient experience and quality of care. Our team provides co-ordinated care which is planned around the older persons needs and expressed wishes, and supports them to live, with dignity, at home in their own community.

BACKGROUND
In line with “Better Together: The Health Services Patient Engagement Roadmap”, we sought to obtain patient feedback on their experience of our service.

METHODOLOGY
A patient experience survey was developed under the guidance of the Patient and Service User Engagement Officer. A random selection of 49 patients who had received an episode of care with our service were invited to participate.

RESULTS
12 patients responded (24%). 100% reported they were seen in a timely manner. The role of the ICPOP CST was clear in 92% of responses, and patients self-reported the service met their needs in 67% of cases. Importantly 91% reported feeling involved in decisions about their care and 92% felt they were treated well by the ICPOP CST. 83% reported feeling listened to and 67% reported the ICPOP CST helped them to feel more confident and independent.

"It has changed all our lives for the better. Thank you"

DISCUSSION
Patients reported an overwhelming positive experience with Tallaght ICPOP CST. Key themes identified were:
1. providing information and support to patients,
2. interpersonal skills and empathy,
3. empowering patients,
4. improving confidence

CONCLUSION
Tallaght ICPOP CST staff embody the HSE values of care, compassion, trust and learning. Patients strongly value timely access to staff with clinical expertise and knowledge.

HARNESSING THE POWER OF PANEL AND AUDIENCE DISCUSSIONS

Ms Maria Kane[1], **Ms Brigid Brennan**[1], Fr Brian Gough[1], Dr Una Geary[1]
[1]St James's Hospital, Dublin 8, Ireland

Introduction:
'Panel & Audience Discussion' events, are organised in St James's Hospital, to enable and support person centred care, foster open dialogue, nurture relationships of trust and care, facilitate compassionate learning, patient partnership and understanding along the health care journey. Events are hosted in the hospital's multi faith Camino Rest, which symbolically translates to the 'way', or 'journey'
Aim:
The aim of the event is to provide a safe space for patients and staff to share their lived experiences, to develop and support honest conversation and to create actionable insights through listening and reflection.
Methodology:
Events are scheduled at lunch time to enable attendance by frontline staff. The panel and the audience are comprised of patients, multi-disciplinary team members and senior hospital managers, all of whom contribute to the conversation. All events are hosted by a trained facilitator and recorded by a note taker. Attendees are invited to complete comment cards when leaving the event. The discussion & feedback is collated and reviewed, with findings published in the hospital's staff magazine and a report is shared with the hospital Board.
Outcome:
Three events have been held to date, with 50 to 60 people in attendance at each; Event 1 - Exploring Person Centred Care in St James's, Event 2 - Listening, Hearing, Understanding: The Patient's Experience, Event 3 - Diversity & Inclusion. A Conversation & Reflection. Feedback indicates the events are informative and appreciated by patients and staff.
Conclusion:
Panel and audience discussions are a conduit for patient partnership, reflecting the core principles of person-centred care. This was tangible throughout the events when there was the meeting of the hearts and minds of all participants. The language of care was ever present through words, honesty, moments of silence, sharing of personal experiences and connecting as human beings.

AGE FRIENDLY CAR PARKING BAY IN TERENURE HEALTH CENTRE

Mr Aaron Kane[1]
[1]Hse, Community Healthcare Network Rathmines, Terenure And Templeogue, Dublin, Ireland

INTRODUCTION

Our health centre , catering primarily to the older population aged 55 and over, faced a critical issue in it's parking set up. With 60 designated car parking spaces, including 2 disability bays, but no age-friendly bays, elderly patients regularly had to park further away from the main entrance of the centre. This increased the risk of trips and falls, posing a significant safety concern.

AIM

Considering the risk posed to the older population by parking further away and the feedback received from a patient experience survey we conducted, the aim was to install 2 age-friendly car parking bays, as close as was safely possible to the health centre entrance, to improve the accessibility and safety for the older service users attending the health centre.

OBJECTIVES

Enhance accessibility with wider car parking bays, anti-slip surface and clear route to health centre entrance

Improve safety by installing non-slip surface in designated parking areas, reducing the risk of accidents

Ensure the visit to the health centre is a stress free and seamless experience for those with limited mobility

Prioritised the enhancement of the parking infrastructure in line with feedback received and the specific needs of our service users

To complete the implementation and integration of the age friendly parking bays within 12 months from November 2022.

CONCLUSION

Age-Friendly parking bays improve safety and accessibility for those with limited mobility attending the health centre.

The new designated parking area is a vital step towards maintaining an inclusive and supportive health service.

By prioritising the voices of our service users, we aim to create a sustainable model of compassionate infrastructure that evolves with the changing need of our ageing community.

LEARNINGS

Tailoring infrastructure to meet diverse needs fosters inclusivity and compassion.

Collaboration between stakeholders is key to successful implementation.

SLT Department Quality Initiative: Supporting Young Peoples' Communication In A CAMHS School Setting – An SLT-Teacher Collaboration

HSE Linn Dara Approved Centre October 2023

Ms Elaine Ryan[1], **Ms Eimear McGlynn**
[1]Linn Dara CAMHS, Dublin 10, Ireland

Linn Dara Approved Centre is a CAMHS In-Patient Unit (IPU) for young people under 18 years old with severe and complex mental health disorders. This was a collaborative project between the SLT Department in the Approved Centre and Linn Dara Schools, the school onsite within the hospital, as there is a strong link between young people's communication needs and their mental health presentations.
Strong communication skills are a protective factor for developing resilience and positive mental health outcomes, whereas having communication difficulties is a risk factor for developing mental health challenges, especially if young people present with very significant language difficulties.
Whist admitted to the Approved Centre, the young people attend the school onsite.

A teacher training was provided so that staff can be further equipped to support young people with communication difficulties to access the curriculum, enhance their participation in school and maximise a sense of achievement. This helps to reduce their overall stress levels and improve their wellbeing in the school environment.

The SLT delivered this training to eight teachers over a 90-minute face-to-face session. The training was facilitated through a mixture of:

- information sharing,
- experiential learning,
- interactive role-plays,
- reflection time and
- videos to share the perspective of young people with DLD
- Practical strategies and resources to use in future lessons.

Pre-and post- feedback forms were used to measure outcomes and effectiveness of this training.

Improvement in teachers' knowledge levels:

- The link between SEMH and SLCN increased from 72% to 97%
- Knowledge of DLD increased from 50% to 97%
- Confidence in supporting receptive language difficulties in the classroom increased from 63% to 94% and expressive language difficulties from 69% to 94%

There are plans to provide training to wider MDT to maximise engagement in therapeutic interventions.

Caring With Pride : Building a more inclusive health service for colleagues and service users.

Ms Denise Croke[1]
[1]HSE, Naas, Ireland

LGBTQI+ people are at increased risk of poor mental health and are disproportionately more likely to engage in self-harm. Recent BelongTo, Trinity College research indicated that 3 out of 4 LGBTQI+ service users in Ireland feel their healthcare provider does not have the knowledge or confidence to deal with LGBTIQ+ issues. As part of the HSE's Peoples Strategy (2019-2024) there are focussed goals on diversity and inclusion, with one in particular to make the HSE LGBTQI+ aware and inclusive. The HSE Rainbow Badge Initiative allows HSE staff to demonstrate that they are aware of the issues that LGBTQI+ people can face when accessing healthcare. HSE staff are supported to carry out Hseland training and commit to signing a pledge highlighting continued commitment to education and creating a supportive environment for LGBTQI+ people which is displayed prominently as a sign of support and inclusion. The badge itself is intended to be a visual symbol identifying its wearer as someone an LGBTQI+ person can feel comfortable talking to about issues relating to their sexuality or gender identity. It shows that the wearer is there to listen without judgment and signpost to further support if needed. The badge has been rolled out in a number of settings including among staff groups, primary care teams, schools and hospitals and the National Transit Centre in Citywest - (bespoke training was designed and delivered in this context) Training has been delivered to newly established Workplace Wellness Committees to embed an ethos of inclusion and work has begun to develop community roll out for Slaintecare Healthy Communities. Implementation Toolkit has been updated and allows for the transferability of the model across Regions, sites and settings and a National conference delivered to 205 delegates in June 2024 in collaboration with CHI Linn Dara and CAMHS

COMMUNITY PHYSIOTHERAPY FOCUS GROUP: A PATIENT PARTNERSHIP

Ms Mairead Holland[1], **Mr Graham Hurley**
[1]HSE Dublin and Midlands, Kildare, Ireland, [2]HSE Dublin and Midlands, Dublin, Ireland

Aim

The aim of our Quality Improvement Project was to design and deliver a focus group to include a small cohort of our adult service users receiving outpatient community physiotherapy services within Dublin South City. The purpose was to identify quality improvements based on direct feedback from our service users.

Method

We developed the content of this focus group around the themes outlined in HIQA's National Standards for Safer Better Healthcare and the National Healthcare Charter 2012. On analysis of both documents, 8 main themes were identified.

1. Access to quality patient centred care
2. Communication and Information
3. Dignity and respect.
4. Participation and collaboration.
5. Privacy/confidentiality.
6. Safe and effective healthcare.
7. Improving health and wellbeing/Heath promotion.
8. Accountability/transparency/complaints.

The format included a questionnaire where participants ranked topics in order of importance to them. This was followed by facilitated discussion on each theme. This focus group adopted a facilitation model of engagement with interactive techniques such as wall boards, flip charts along with open ended questions.

Results

The discussion focused on the themes that were ranked as being important and the ones that the participants were least satisfied with. We identified key areas of service improvement particularly around access to services, communication between staff and service users and health and wellbeing. Some of the participants agreed to work with the physiotherapy service to ensure these service improvement initiatives had continued patient focus.

Conclusion

By working with our patient population to identify service improvement initiatives, we can improve the experience for our service users. The structure of this focus group around the HIQA Standards and Healthcare Charter provides an engagement tool that is transferable to other services. We are also developing training on the benefits of collaboration and participation based on the lived experiences shared.

Youth Advisory Council (YAC) at Children's Health Ireland; Our Voice, Our Future!

Niamh O'Sullivan[1], **Claudine Frame**[1], Kevin O'Farrell[1]
[1]Childrens Health Ireland , Crumlin, Ireland

Introduction
The Youth Advisory Council (YAC) are a group of young people that have attended services within Children's Health Ireland (CHI). We are a group formed to help ensure the young person's voice is included in CHI project and developments. We offer our expert advice and want to make sure young people remain the focus throughout CHI. We have over 200 years' experience in healthcare between us.
Background
Patient and public involvement is a mainstay of research and service development in healthcare. Ensuring that children and young people have the right to express views and are provided with the opportunity to meaningfully influence change is a priority for Children's Health Ireland. YAC was created to provide a mechanism for young patient experts to co-design and advise on CHI projects, and their own passion projects.
Methods
Every year YAC are facilitated by CHI staff co-ordinators and supported in creating their annual agenda. YAC focus on having 33% on important CHI projects, 33% on their own agenda and 34% FUN! We meet monthly, during the academic year. YAC present to CHI board every year and create their own annual report.
YAC's expertise have been crucial in designing numerous services, research and development projects within CHI and advocacy, nationally. YAC have met with national leaders and advised on children and young people in healthcare.
Conclusion
YAC is a critically important group in CHI. YAC empowers young people to use their knowledge in supporting children's and young people's right to have their views understood and be afforded due weight. YAC have created a unique bond with other members and are united in their wish to make an important impact on decisions that affect children and young people requiring healthcare services..

Centralised Short Stay Respite (SSR) Service

Ms Nicole Nolan[1]
[1]Hse, Oak House Millennium Park Naas Co Kildare , Ireland

Background and Context
IPC requirements for Covid resulted in the loss of 26 Respite beds across the CHO. On emerging from the pandemic the demand for Respite Services soared.
The overarching aim of the centralisation of Respite services was to meet an emerging growing Critical Service Need for our Older Persons Population.

Methodology
We pooled existing remaining beds, negotiated additional ring-fenced Egress Beds and established the Centralised SSR Office to:

- Oversee all referrals and access
- Streamline processes providing a one stop shop for all referrers
- Optimise resources
- Reduce ED presentations
- Optimise Older Persons ability to remain in their own homes

Results

- Strengthened Governance arrangements.
- Provision of a patient centred service - right care ,right place , right time
- Streamlined processes
- Optimisation of resources
- Reduction in ED presentations
- Optimisation of Older Persons ability to remain at home
- Significant Acute Hospital Bed Day savingsferrals
- Promotion and Enhancement of Service integration
- Significant ongoing Cost Savings and Value for Money

2021 - 560 Referrals - 89% High Risk Hospital Avoidance 5,842 Bed Days Saved = 16 Acute Beds PA = €3,919,982 Cost Savings

2022 - 1,512 Referrals - 84% High Risk/Hospital Avoidance 13,890 Beds Days Saved = 38 Acute Beds PA = €9,320,190 Cost Savings

2023 - 2,044 Referrals - 76% High Risk/Hospital Avoidance =
15,066 Bed Days Saved = 23 Acute Beds PA = €8,602,686 Cost Savings

Conclusion
A very successful Patient Centred Initiative resulting in

- Enhanced and much improved access to Respite Services
- Enhanced integration with our Key Stakeholders across both the Public and Private Acute and Non Acute Sectors
- Significant Hospital avoidance
- Significant Cost Savings
- Facilitation of our Older Persons to remain in the comfort of their own homes for longer.

PATIENT & COMMUNITY PARTNERSHIP

Ms Carol Mullins[1], Ms Joanne Coffey[1]
[1]Tallaght University Hospital, Tallaght, Dublin 24, Ireland

Patient & Community Partnership
Patient Partnership is enshrined in the culture of our hospital since it opened in 1998, having inherited a culture of volunteering from the original base hospitals. As the Hospital and its services evolved, building on our shared vision of a hospital without walls, a Patient Community & Advisory Council was established. The following poster outlines some of the reach / impact working together has made in our community.

Patient Community & Advisory Council (PCAC)
Established in 2012 with the support of the Executive Management Team. The PCAC has six Volunteers representing community and patients. The role of the PCAC is to increase the participation of the community in TUH and provides an independent voice for patients, service users and their families. It provides patients & members of the public the opportunity to become involved as active partners with the Hospital on improving patient experience. The PCAC meets 10 times a year. Members of the PCAC also contribute to committees and projects across the Hospital and the HSE as required.

This work includes
Volunteer Coffee Shop
Meet Greet & Guide Service
Hospital & HSE Committees
Creation of a Neurodiversity Friendly Environment in ED
Hospital in the Community

Making Every Contact Count in a Tobacco Service

Ms Sally O'Grady[1], Ms. Rose-marie Plant
[1]HSE, Health Promotion DSKWW, Ireland

Introduction
The smoking cessation service in Dublin South, Kildare & West Wicklow provides an evidence-based treatment programme to clients wishing to quit smoking. Since January 2023, the service has become a Making Every Contact Count (MECC) Implementation site, with all Stop Smoking Advisors (SSA) trained in, and delivering brief interventions in their daily work.
The integration of MECC into smoking cessation sessions enhances the quality of the service, as implementing positive lifestyle behaviour changes can support a client successfully quit. It also has the wider goal of helping to prevent chronic disease in this population.
An analysis of MECC use by SSAs was undertaken to evaluate the implementation; identify training needs for staff; and to inform other implementation sites.
Methods
A Smart Survey was developed locally to provide the SSAs with a simple tool to record brief interventions and to allow for ease of analysis. The duration and topic of each intervention was recorded by SSAs after each session.
Results
A total of 317 brief interventions were recorded by SSAs in 2023. SSAs spend a median of 6 minutes per session delivering brief interventions.
The most frequent topic raised was Mental Health (40% of interventions), followed by Healthy Eating (22%) and Physical Activity (22%). The topics raised the least were Overweight and Obesity (7%) and Alcohol and Drugs (9%).
Discussion
This demonstrates the successful integration of MECC into the smoking cessation service, with a large number of brief interventions being delivered across the range of topics. It provides a blueprint for other MECC Implementation sites on how to record and evaluate MECC in their service.
The topic of “Mental Health” was raised most frequently, reflecting the close relationship between this and smoking behaviour. MECC provides tools for SSAs to discuss this topic, support and refer their clients as needed.

DEVELOPMENT AND PUBLICATION OF A DIRECTORY OF SUPPORTS AND SERVICES FOR OLDER PEOPLE IN LAOIS/OFFALY AND LONGFORD/WESTMEATH.

Ms Mari Fitzgerald[1], **Ms Mary Doolan**[1]
[1]CHO8 HSE, Tullamore, Co Offaly, Ireland

Under the HSE Integrated Care Programme for Older People, a group was established called the Living Well at Home Group. Following consultation by this group with older people (n=125) living in the Midlands, it was clear that a directory of health and social care services was required with the aim of linking existing cross-sectoral community-based assets. Engagement with older people found loneliness to be a real issue in rural areas and there was an identified need to signpost opportunities for supports, resources and ways to form better social connections, in addition to health services. This project was led by ICPOP, Patient and Service User Engagement Officer and Health and Wellbeing in the HSE. The directory necessitated consultation with HSE health services, as well as voluntary and community groups. Further consultations with older people throughout the project informed the content and design of the directory.

The aim of this initiative was to provide older people with information that will keep them well at home. Timely intervention prevents hospital admission and the directory lists contact details for local health services. The directory also provides details of social supports such as the social prescriber, ALONE, Active Retirement Groups and local sports partnerships as well as other community services and supports in their region.

The Laois/Offaly directory was completed in February 2024 and over 9,000 hardcopies of the directory have been distributed to older people across Laois and Offaly. The directory is also available online and is a valuable resource for health and social care professionals who use it to sign-post patients and service users to both health and social services and supports.

The design and layout of the Laois/Offaly directory formed the template for the Longford/Westmeath directory which is nearing completion and will be printed and distributed in September 2024.

Féileacán Bán: Changing the landscape of community dementia care

Ms Edel Carey[1]
[1]HSE, Dublin, Ireland

The meaning behind the service name, Féileacán Bán (White butterfly) represents hope and transformation following a diagnosis of dementia; hope that life is not over as so many believe it to be and transformation to indicate adjustment, as needs change.
In Ireland, 63% of those diagnosed with dementia live at home (HSE, 2020). An extensive scoping exercise identified gaps in post-diagnostic dementia support. Further findings revealed increased anxiety for patients and families with limited family support services. This recognised a requirement for a change in service provision, aligned to the evidence and Féileacán Bán emerged, a vision now reality. The service aims to drive quality, person-centred, rights-based care that is focused on bringing care back to the community, to achieve ageing in place interfaced with various services. Mapping of services, including access within Dublin South, Kildare and West Wicklow, highlighted that post-diagnostic support proved crucial in optimising care for this population, reducing carer burden, and economic cost and avoiding premature long-term care admissions. Each pathway and its elements were developed, tested and adapted using multiple PDSA cycles. Féileacán Bán achieved culture change by moving away from the status quo that did not meet patient and family need. Service design has been structured to provide care and support from the point of diagnosis and along the dementia journey. Service provision allows for patients to move across pathways as needs change, achieving consistency and continuity of care and support.
Féileacán Bán delivers multielement pathways from the point of diagnosis and throughout the dementia journey. Data reveals the patient's voice "Life is not over as I thought, it's just different" and patient indicator measures demonstrated increases in, quality of life: 51%, mood: 53%, confidence: 91%, and patient satisfaction at 93%.

Survey in PC Radiology to ask people who use our service to tell us about their experience.

The results will be used to improve the care and service that we deliver.

Ms Michelle Staunton[1]
[1]HSE, Tallaght, Ireland

Primary Care Radiology commenced in 2020 at the Russell Building, Tallaght Cross West. Primary care services and Tallaght University Hospital work in partnership to deliver a community-based radiology service, including X-ray, Ultrasound and Dexa.

Survey conducted over four-week period via Smart Survey and included 19 questions with option for comments to capture descriptive information. The survey was accessible via QR code and hyperlink.

Recruitment: All service users who attended for an appointment between August and September 2023 received an patient information leaflet and were invited to complete the questionnaire.

The project was undertaken in collaboration with Mairead Holland Patient and Service User Engagement officer.

Sixty-five surveys were completed over a four week period.

Profile: 30.77% (n=20) were less than 39 years; 46.15% (n=30) were 40-64 years, and 23.08% (n=15) were 65 years or over.
The majority (73.85%) of respondents accessed the service by car

Satisfaction with length of time between GP referral and date of appointment:
92.31% were satisfied with the time between attending GP and appointment date. Those who were not satisfied were waiting on an ultrasound appointment.

Satisfaction with level of assistance provided by clerical and clinical staff while attending your appointment?
92.31% reported to be very satisfied

Suggested areas for improvement:
Service users were invited to comment on ways the service could improve. Suggestions included having easier directions, more signage for the service and increased parking for disabled access.

Recommendations
Engaging with service users is fundamental in evaluating how services are performing and identifying quality improvement projects to be implemented.
Quality improvement projects to be actioned in primary care radiology include:
-Addressing waiting times for ultrasound services
-Improving signage and access to parking

HSE Dublin and North East

HSE Local & Inpatient Mental Health Engagement Forums

Mr David Doran[1], **Ms Ruth Power**[1]
[1]HSE Adult Mental Health Services , Dublin North City & County , Ireland

The HSE Local & Inpatient Mental Health Engagement Forums are established in Dublin North City & County Adult Mental Health Service in line with Sharing the Vision, A Mental Health Policy for Everyone and The General Guidance for the Development and Running of Local and Area Forums.

Part of my role as Area Lead for Mental Health Engagement is to develop communication mechanisms to enhance service user engagement and to achieve better outcomes thought coproduction for people using our mental health service. We did this by development Local & Inpatient MHE Forums. The mental health lead facilities the forum meeting and captures feedback though coproduction with forum members, which is then reported to the local management team for discussion and feedback.

There are currently four HSE Local MHE Forum operating in Dublin North City & County, covering areas in; Blancharstown, Cabra, Swords, Balbriggan with a fifth to start in North Strand Dublin. There are two Inpatient MHE Forums operating at the Department of Psychiatry, Connolly Hospital (DOP) in Blanchardstown and Phoenix Care Centre (PCC), located at Grangegorman, on the North Circular Road.

The purpose of these HSE MHE Forum is to provide an opportunity for local service users, service providers, family members, staff and caregivers to voice their experiences and raise matters which are of importance to them and to be involved in the design, development and implementation of service improvement initiatives. The forum is a safe space aimed at making connections with those who have knowledge and experiences of Irish Mental Health Services in Dublin North City & County.

The HSE MHE Forum promotes communication, information sharing and provides support to mental health services while working collaboratively to identify areas that need support and further development to improve better outcomes for our mental health services.

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Patient Partnership in Beaumont RCSI Cancer Centre: An Evolving Collaboration

Ms Caitriona Higgins[1]
[1]Beaumont Hospital, Dublin, Ireland

The Beaumont RCSI Cancer Centre was established in 2019 and incorporates Beaumont Hospital, RCSI University of Medicine and Health Sciences and St Luke's Radiation Oncology Network. In 2022, the Cancer Centre was accredited by the Organisation of European Cancer Institutes, Europe's accreditation body for standards in cancer research, education and clinical care. As part of our accreditation we have sought to ensure that our cancer patients and their supporters and representatives have a meaningful voice in how we design, deliver and evaluate our cancer services.

Our Cancer Patient Partnership working group (CPPWG) set up in 2022, composes a mix of staff and patients/carers that have experience in or with our cancer services. It is chaired by the Cancer Directorate CNM3 and co-chaired by a patient partner. The group focus is projects that improve outcomes in clinical care, education and research. The group meet six times per year and work to date includes: developing patient experience surveys and information resources, co-design of a new Oncology consent form, involvement in the 'Soul Snacks' project. The group offer feedback to researchers, clinical staff and others. The meetings provide a valuable forum for engagement with a broad remit of cancer centre staff and most importantly, our patient/carer partners who provide unique insightful advice based on their lived experience.

Ensuring that the patient/carer voice is included at all levels of decision making in the Cancer Centre is essential. One of our patient partners is a member of the Cancer Board. We have staff members that sit on the Patient Engagement Committee, Cancer Executive and Cancer Research Executive. Updates and bilateral flow of ideas or projects for our group occurs via these forums.

As a group we continue to evolve and work on projects that improve outcomes for patients/carers attending our Cancer Centre.

HSE Dublin and South East

Running our own Research Project - Insights from a dementia-specific PPI panel empowered to investigate a research topic relevant to our own interests and passions

Ms Cíara O'Reilly[1], **Dementia Research Advisory Team Member**
[1]The Alzheimer Society of Ireland, Dublin, Ireland

The Dementia Research Advisory Team (DRAT) is a group of people living with dementia and carers/supporters involved in dementia research as co-researchers. The group is supported by The Alzheimer Society of Ireland (ASI). Having worked successfully on projects with external researchers, the DRAT decided to utilise their skills and experience to take on a new challenge: Running Our Own Research Project (RORP).
Members of the DRAT will outline their experience of RORP, highlighting their successes, challenges, lessons learned and dissemination plans. They will also present an overview of their qualitative and quantitative research findings. This presentation will showcase the unique collaboration of family carers / supporters and people living with dementia as they use their lived experience to conduct research authentic to their experience; the impact a diagnosis has on the person who becomes a carer / supporter.

THE DEVELOPMENT AND IMPLEMENTATION OF A PATIENT REPORTED EXPERIENCE MEASURES (PREMS) PROGRAMME ACROSS THE NATIONAL SCREENING SERVICE – A DIGITAL SOLUTION.

Mrs Caroline Walsh[1], Dr Alan Smith[1], Mr Sean Ryan[1], Ms Lisa Heffernan[1]
[1]National Screening Service, Dublin, Ireland

Capturing patient experience is a fundamental cornerstone of healthcare. Patient Reported Experience Measurements (PREMs) is a strategic action in the National Screening Service (NSS) Strategic Plan 2023-2027 and aligns with the HSE Better Together - Patient Engagement Roadmap. The PREMs programme is used to gather in-depth real time patient experience across the screening pathway and aims to create an environment where patients and healthcare staff can work together to improve the quality and experience of BowelScreen, BreastCheck, CervicalCheck and Diabetic RetinaScreen.
The PREMs programme is implemented using a collaborative approach between NSS Public Health, the screening programmes and our patient partners. A proof-of-concept BowelScreen PREMs was conducted in 2022 and BreastCheck PREMs was implemented in 2023. Screening participants receive an SMS invite to complete the online survey capturing and analysing quantitative and qualitative responses. Real-time analytics allows for customisable reporting and data visualisation dashboards. Between August 2023 and December 2023 BowelScreen and BreastCheck survey response rates were 47% (1,240) and 21% (10,277), respectively. Ninety percent (924) of BowelScreen, and 94% (9,325) of BreastCheck participants said their screening experience was either good or very good. A PREMs programme oversight committee was established in 2024 to optimise PREMs data utilisation across the NSS and standardise PREMs components such as refining questionnaire development and multi-audience tailored reports.
The introduction of the programme demonstrates our commitment to engaging with, listening to, and addressing the concerns of the people using our services. Our digital approach to distributing patient surveys has resulted in significant increases in response rates versus paper-based surveys and eliminated paper-based surveys and its associated costs. Customisable, user-friendly dashboards allow for data visualisation and reporting tools, identifying performance improvement opportunities. Following the success of our BowelScreen and BreastCheck PREMs, we will implement PREMs across Diabetic RetinaScreen in 2024 and CervicalCheck in 2025.

AN EVALUATION OF PATIENT AND PUBLIC PARTNERSHIP IN THE NATIONAL SCREENING SERVICES USING THE PUBLIC AND PATIENT ENGAGEMENT EVALUATION TOOL (PPEET)

Mrs Caroline Walsh[1], Ms Estelle McLaughlin[1], Dr Caroline Mason-Mohan[1]
[1]National Screening Service, Dublin, Ireland

Patient engagement is increasingly seen as a vital component of a high performing and learning health system. In 2023, the National Screening Service (NSS) completed the implementation of its first Patient and Public Partnership (PPP) Strategy which aimed to develop more person-centred screening services. Evaluating patient engagement is essential to ensure that engagement practices are effective and to demonstrate their impact.
A process and impact evaluation were conducted using an adapted version of the validated Public and Patient Engagement Tool (PPEET) and collected quantitative data. Patient partners (n=26) and all NSS staff (n=511) were invited to participate in an online survey. Quantitative data were analysed and presented descriptively.
Response rates for the patient partners survey and the NSS staff survey were 37% (n=12) and 17.4% (n=87), respectively. One hundred percent of patient partners agreed that the PPP strategy is achieving its objectives, with 91% reporting that they feel their contributions make a difference to the work of the NSS and 91% felt confident that their feedback is being used by the NSS. Sixty-five percent of NSS staff agreed that the PPP Strategy has been successfully implemented with none in disagreement. Eight-three percent of staff reported that PPP values are demonstrated across NSS and 67% agree that NSS is ready to permanently embed PPP across the organisation.
The findings show that patient partners and staff agree that the objectives set out in the PPP strategy were achieved and demonstrates the value of patient engagement in the Irish healthcare setting. The evaluation findings and recommendations will be used to continuously support the cultural change and embed PPP into NSS operations. Promoting the use of validated tools such as PPEET during patient engagement strategies and operations is essential to ensure patient engagement is monitored as it further develops across an organisation.

From Shared Care to Collaborative Care: A Partnership between Family, CDNT and CAMHS-ID

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Background
A joint-working, co-ordinated response was necessary in the case of a family with social needs and a young person with complex disability and mental health needs. CDNT and CAMHS-ID worked together with the family in an integrated and collaborative way to provide best-quality care, ensuring the needs of the young person were met effectively. This young person and family's needs are reflective of the needs of many others who access both services.

Methodology
During CDNT intervention, CAMHS-ID support was sought based on family concerns and mental health needs impacting therapeutic gains. The case was brought to the CAMHS-ID/CDNT quarterly forum by CDNT Keyworker. The referral was discussed with information shared between agencies effectively and responsively, and the referral was accepted. Due to social factors, literacy needs, attendance and participation needs, alongside complexity of needs of the young person, it was determined that collaborative working between services and family would ensure best outcomes.

Results
The needs of the young person were kept to the forefront, with family an active participant in care from the outset. Services and family worked collaboratively to meet child's needs, including unified goals, complementary approaches, joint appointments, regular contact and collaborative case formulation. This supported the family and young person's uptake and application of strategies, their clear vision of the plan, with easier access to supports as needed. Working collaboratively benefitted family and services. Clinicians felt supported while delivering a high quality intervention. Parents and young person benefitted, with improvements in child wellbeing.

Conclusion
Co-working this case allowed for reflection on what shared care currently looks like in practice, examining whether it is truly collaborative in nature and meeting families' needs. To support this, services need to find more integrated and adaptive ways of working together with families, with a shared vision of young people's wellbeing.

THE IMPORTANCE OF INCLUDING THE VOICE OF THE SERVICE USER IN QUALITY IMPROVEMENT INITIATIVES

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A local information sharing forum was established with SAGE advocacy regional advocates working in the South East Region (Carlow, Kilkenny, South Tipperary, Waterford & Wexford.) This is one process established by the Patient and Service User Engagement Officer to ensure the voice of Older Persons' are represented in our Healthcare service. Through this forum we explore common themes arising from referrals received by SAGE advocacy from our Community Services to put in quality improvement actions to mitigate the issues.

SAGE highlighted a number of referrals received by them are to support Older Persons residing in TCF funded beds in Private Nursing Homes, who were at risk of or had accumulated debt due to the lack of information & communication with them regarding the Transitional Care Funding process. An action agreed through this forum was to review local processes and develop a co-produced information booklet outlining details of the Transitional Care Funding process.

The Patient and Service User Engagement Officer worked together with the Older Persons manager who has responsibility for NHSS (Nursing Home Support scheme.) They met with two groups of Older Persons living in the community to develop a Plain English booklet detailing Transitional Care Funding. This booklet contains information that two groups developed through focus groups. The information leaflet provides the necessary information should they need to use a Transitional Care Funded bed in a private nursing home. The groups worked with the authors what to include and how to clearly explain all aspects of Transitional Care Funding and to make this information useful, useable and easy to understand.

CO-DEVELOPMENT OF A PATIENT TRAINING MODULE ON RESEARCH ETHICS

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[1]IPPOSI, Dublin, Ireland, [2]HSE R&D, Dublin, Ireland

The Irish Platform for Patient Organizations, Science and Industry (IPPOSI), a non-profit, patient-led organisation, partnered with the Health Service Executive's department of Research & development (HSE R&D) to co-develop a patient training module on Research Ethics. This training module provides patients and their representatives with basic knowledge of the key principles and best practices of ethical research.
The training will prepare patients to take on Patient & Public Involvement (PPI) roles in research. Primarily as a PPI member on Research Ethics Committees (RECs). RECs are responsible for reviewing research protocols to ensure the safety, dignity, rights and well-being of research participants are protected. RECs include expert members (e.g. health care professionals, epidemiologists, bioethicists) and lay members, including patients and patient representatives, who are "qualified to represent the cultural and moral values of the [general] community and to ensure that the rights of the research subjects will be respected" (CIOMS, 2016:18). The training will also be useful to any Patient and Public Partners on research design teams, whether in academic or industry-sponsored research or research undertaken by health charities and patient organizations themselves.
Through the hard work and commitment of thirteen experts from academia, national research ethics agencies and patient partners, a 6-weeks online training course was developed divided in four Training Modules: 1. Key Ethical Principles, 2. Research Ethics in Ireland, 3. Putting principles in practice, 4. Special Interest Topics. The training consists of 17 online training videos (20minutes each) and 4 Virtual Meetings (1-2 hours long), will be free and delivered online in Oct/Nov 2024.

CIOMS (2016) International Ethical Guidelines for Biomedical Research Involving Human Subjects https://cioms.ch/wp-content/uploads/2016/08/International_Ethical_Guidelines_for_Biomedical_Research_Involving_Human_Subjects.pdf

Let's Sing Together - Working In Partnership To Support People With Dementia

Ms Deirdre Dunne[1], Dr Derval Howley[1]
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The idea for the 'Let's Sing Together' project came from Brian Toomey, who has been living in Bunclody, Co Wexford for 20 years. Brian was involved in the local Active Retirement Association and, as music is one of the greatest benefits to people with dementia, he also sang and entertained in his local Daycare Centre. From this, he developed a great interest in older persons and in dementia. During this time, Brian continued to promote dementia-friendly initiatives and ran a pilot project to make Bunclody a dementia-friendly town.

In 2023, Brian approached Derval Howley, Head of Service, Health and Wellbeing, HSE South East Community Healthcare (now HSE Dublin and South East) with a view to collaborating on a project to bring familiar songs to older people and people with dementia in their homes, daycare centres, nursing homes and residential care facilities. The project took off from there. Derval sourced funding through Age Friendly Ireland and the HSE National Health and Wellbeing Office. This has resulted in the recording of seven songs by Brian Toomey and his friend Greg Donaghy (such as 'Daisy Daisy', 'Molly Malone' and 'You are My Sunshine') which have been designed and animated by Becky Hatchett and George Roberts and are now available on the South East Community Healthcare YouTube Channel. To date, the recordings have had over 2,500 viewings. The songs are accompanied by dementia-appropriate animations, along with the words of the songs, and prompts for gentle movements (such as clapping and swaying).

Key to the success of this project was the partnership and collaboration with Age Friendly Allliances, Older Persons Councils and Dementia Café representatives, who took part in focus groups and tested and provided feedback at every stage.

Feedback on the project was been nothing but positive from individuals, their families and carers.

ENABLING A PERSON CENTRED SPEECH AND LANGUAGE THERAPY SERVICE IN HSE DUBLIN SOUTH EAST PRIMARY CARE

Ms Louise Nunan[1], **Ms Anne Garvey**[1], Ms Alison Byrne[1], Ms Eilis Dignan[1], Ms Kathleen Celin[1]
[1]HSE Project Management Office CHEast , Dublin, Ireland

Background & Aim:
Partner with service users in developing a Person Centered Speech and Language Therapy (SLT) service in Dublin South East (DSE).
Expand on existing quality improvement strategies and develop new initiatives of Person Centeredness for Service Users and SLT team.
Enhance Person Centered work practices to support well-being of SLT team.
Enhance mechanisms to evaluate development of Person Centered program.

Stakeholders:
Parents & Children.
SLT Team.
SLT Managers.

Tools/methods:
Baseline data: Existing strategies include sharing of information with Service Users (annual surveys, info leaflets) & staff supervision/peer support.
Methods: Qualitative research design using focus groups, interviews and surveys with parents, children and SLT staff. Data analyzed using thematic analysis.

Results:
1.Service User-
Positive Service User Experience and Satisfaction.
Self care, ownership, confidence and trust in service improved.
Parents and Children actively involved and at the center of decision making.
2.Process-
Embedded co-design processes into appointments.
Solution focused questions in case history taking to ensure patient voice in decision making.
Improved communication and information sharing (e.g. information leaflets and pre-appointment resources for children).
3.Team-
Facilitators /barriers to workplace wellbeing highlighted.
Resources and processes within the team enhancing workplace culture made explicit.
Suite of resources facilitating workplace wellbeing, effective support in role and team cohesion and engagement.

Key learnings/ next steps:
Continued development of actions supporting meaningful participation of children and young people attending our service.
Regular review and development of wellbeing initiatives for staff.
Share staff wellbeing information to HSCP colleagues via doctoral research.
Share learning with professional colleagues.

SERVICE USER STORIES

Mr Colm Harty[1]
[1]HSE, Wicklow, Ireland

AS PART OF PATIENT ENGAGEMENT WORK WE AIM TO BRING THE VOICE OF PEOPLE LESS HEARD TO THE FORE IN CH EAST, AS PART OF THIS IMPORTANT WORK I ENGAGED WITH THE 5 PEOPLE SUPPORTED IN QUILCA, A RESIDENTIAL SUPPORT SERVICE FOR INDIVIDUALS WITH DISABILITIES, WHO ALONGSIDE MYSELF CO-PRODUCED A NEWSLETTER PIECE ALL ABOUT THEMSELVES AND LIVING IN THEIR HOME.
THIS NEWSLETTER WAS CO-PRODUCED AND IS DUE TO BE PUBLISHED LOCALLY IN THE CH EAST NEWSLETTER AND WILL GO FORWARD FOR THE WINTER EDITION OF HEALTH MATTERS, IF SELECTED I WILL FORWARD OUR DRAFT, I WILL ALSO BE JOINED AT THE CONFERENCE ON THE DAY WITH ONE OF THE SERVICE USERS WHO CO-PRODUCED THE PIECE

HSE Mid West

SERVICE USER AND COMMUNITY PARTICIPATORY CONSULTATION IN NORTH LIMERICK CITY TO IDENTIFY SERVICE NEEDS FROM PRIMARY CARE

Mr Michael Cronin, **Mrs Sheila Mulcair**, Mrs Lorna Kerin[1,2]
[1]Love knowledge consultancy, Limerick, Ireland, [2]University of Limerick , Limerick, Ireland

Abstract Background

North Limerick City (Community Healthcare Network 8) has a population of 38,596 people. 17.1% (n =6608) of the population are very or extremely disadvantaged in comparison to the national rate of 7.8%.

The HSE Network Manager (Sheila Mulcair), the Patient Engagement Officer, (Michael Cronin) and the University of Limerick PPI Ignite leaders, (Lorna Kerin & Dr Jon Salsberg) collaborated to understand population health needs and stakeholders' recommendations to inform the provision of better integrated care and patient engagement structures.

Abstract Methodology

Participatory health research methodology using mixed methods informed the consultation design. North Limerick City CSO population health reports generated quantitative data. Consultation meetings, an online survey and an interagency consultation event involving 232 service users and service providers generated qualitative data. All data was synthesized, thematically analyzed and reported.

Abstract Results

Thematic analysis revealed the current enablers, barriers encountered by patients, service users and community service providers seeking to access Primary Care services in North Limerick City. Potential solutions and innovative ideas generated have been thematically analyzed into key recommendations for future consideration by HSE management with community stakeholders.

Abstract Conclusion

This exemplar initiative demonstrates how to collaboratively generate evidence regarding population profile, primary care service needs and stakeholder recommendations to improve health service planning in a highly deprived CHN area.
This report will specifically inform future HSE patient, service user and community engagement priorities in HSE Midwest.
This report could usefully inform the national HSE patient engagement strategy in development, informing other HSE patient engagement areas in terms of the process of partnership with community, voluntary, statutory and research partners, as well as the participatory methodology used throughout.
This report may inform future Primary Care service improvement considerations and initiatives in North Limerick City, and is transferable to the other Community Healthcare Networks across the Midwest.

HSE South West

Creating a Welcome Pack for Committee Members

Ms Lee-ann Scott[1]
[1]HSE, Cork, Ireland

Joining a committee as a member of the public can be daunting. Recent research by Abelson et al ('Understanding patient partnership in health systems', 2022) found that many partners reported barriers to their engagement, including power imbalances (51%), jargon and acronyms (46%), and unclear expectations (40%). Partners are acutely aware of the ease with which engagement activities can become tokenistic, and I wanted to mitigate these concerns as four parent partners prepared to join the HSE South West Child Health Governance Group.

The Welcome Pack is issued to all committee members – new, experienced, staff, and partners alike – and can be edited to reflect different committees, e.g., by adding relevant acronyms to the glossary. It is designed to achieve the following:

- Inform partners about the committee, its structure and governance, their role, the roles of its members, and any relevant people, organisations, and terminology – all in plain English.
- Act as a refresher and re-orientation for staff, ensuring that the committee is productive and focused on its objectives.
- Outline a mutual partnership agreement, which sets clear expectations for staff and partners.
- Provide simple, practical activities designed to promote co-design and collaborative working.
- Address frequently asked questions around communication, virtual meetings, and feedback mechanisms.

An initial draft has been piloted in the HSE South West Child Health Governance Group and is undergoing rapid, responsive development based on survey responses, and interviews with parent partners. This has already seen the addition of 'Parent Profiles' to introduce parent partners (and their backgrounds, skills, interests, and experience) to the committee in greater detail.

This standardised resource will enhance communication, cooperation and mutual understanding, streamline the induction process for members of the public, and help staff feel confident welcoming service users into the committee as equal and valuable partners.

CO-DESIGN AND ONGOING EVALUATION OF AN INFORMATION LEAFLET FOR PARENTS AND CARERS OF AUTISTIC CHILDREN

Ms Donna Hayes[1], Ms Clare Sutton[1], Ms Colette Roche[1]
[1]HSE CKCH - Primary Care Speech and Language Therapy & Psychology, CORK, Ireland

While working with parents of autistic children via new autism care pathways, the existing information booklet was outdated. It was text-heavy, clinical, and pathologised autism – focusing on difficulties and 'disorder', rather than the neuro-affirming, strengths-based approach now used by our services. Parents found this disheartening and overwhelming at a crucial time. They were also a new cohort of service users for Primary Care, and staff were unsure about what information to provide.

We prioritised updating the booklet to be more neuro-affirming, with a more hopeful tone - particularly as the post-diagnosis period is vital to the well-being of the family.

We prepared an initial draft, based on questions gathered from parents over time, and identified priority topics by listening to service users and autistic voices (social media, literature). We circulated the draft to parents who had attended post-diagnostic workshops, and invited them to attend a focus group to co-design the booklet. The group was conducted in three parts: a facilitated icebreaker exploring the information parents would have found most helpful at the beginning of their autism journey; a section-by-section review of the content, focusing on length and relevance; and open questions on the content, accessibility, layout and language of the booklet.

The booklet was reworked in line with parent feedback. Changes included new pictures and parent quotes, a smaller size and online version, and new sections on self-care, school supports, and advice for supporting siblings. The finalised booklet is more streamlined, visually appealing, and focuses on practical changes to help parents support their child. Feedback about the focus group was positive; parents felt their voices hadn't been heard for many years and were pleased to be consulted, using their experience to support other families. Staff have also been appreciative, as they now have up-to-date, standardised information to share.

HSE West and North West

LETTERKENNY UNIVERSITY HOSPITAL- PARTNERING WITH PATIENTS TO ENHANCE PATIENT AND FAMILY EXPERIENCE

Ms Martina Porter[1], **Ms Angela McCloskey**[1]
[1]Hse- Letterkenny University Hospital, Quality And Patient Safety Department, Letterkenny University Hospital, Letterkenny, Co. Donegal, Ireland

Letterkenny University Hospital has been exploring how to empower and involve patients and their families in the delivery of healthcare to improve the patient experience. In the past 18 months we have developed and implemented:
Local patient feedback survey which is analysed and reported to the Quality and Patient Safety Committee monthly. Results of this survey are also sent to the department and reported to the patient and family experience group.
We have developed a working group with patient and family representatives to develop and enhance service experience. Some of the achievements of this group to date include, improving the hospital experience for neurodivergent children and engagement with the county council in relation to road signage for the hospital.
We have updated our existing Hospital Information Booklet which is also available online by scanning a QR code at the bedside.
We have developed a bedside poster to invite patients to join the group and also a QR code to the your service your say portal to provide feedback. This allows patients to engage and provide comments/ compliments and complaints as required. We have also developed a new leaflet outlining the complaints process to people who wish to make a complaint.
We are the first hospital in Ireland to launch "John's Campaign" which recognizes the importance of family carers in the patient's hospital experience. We have developed a carers passport which allows carers to be with the patient as part of their experience as needed and promotes the ethos of engagement and partnership.

CO-DESIGNING AND PRODUCING A PLAN FOR PATIENT AND PUBLIC PARTNERSHIP IN COMMUNITY HEALTHCARE CAVAN, DONEGAL, LEITRIM, MONAGHAN, SLIGO. A PARTNERSHIP APPROACH.

Ms Caroline Bradshaw[1], Mr Eamon Mc Partlin[2], Ms Yvette Haughey[2], Mr Barney Mc Caughey[2], Ms Anne Killcawley[2], Ms Nolunga Schologu[2], Mr Philp White[2], Mr Donal Conway[2], Ms Maura Heaver[2], Ms Deirdre Mitchell[2], Dr. Dineo Moiloa-Murphy[2], Ms May Mc 'Connell[2], Ms Eve Li Mc Hugh[2], Ms Shirley Foley[2], Ms Winnie Connolly[3], Mr. Gerry Clerkin[3], Ms Brid Kennedy[3], Ms Brid Brady[3], Ms Denise Haugh[3], Ms Samantha Ibbs[3], Ms Helena O' Reilly[3], Ms Eimear Mulligan[3], Ms Grace Larkin[3], Ms Lynn Stoddard[3], Mr Colin Mc Cann[3], Ms Denise Curran[3], Ms Shauna Sweeney[3], Mr Padraig Mc Loone[3]
[1]HSE Patient & Service User Engagement, Sligo, Ireland, [2]Public Partner for Health CHCDLMS Steering Group Public Partnership for Health Better Together, Cavan Donegal Leitrim Monaghan Sligo, Ireland, [3]HSE Manager CHCDLMS Steering group Public Partnership for Health Better Together, Cavan Donegal Leitrim Monaghan Sligo, Ireland

The Health Service Executive is focused on listening to the patient experience and partnering to explore how we involve people in co-design, co-decision-making, co-implementation, and co-evaluation. The intention is to place people at the heart of our practices, our processes, our programmes, our policies, our systems, and our organisations.
The Patient Service User lead with support from, the sponsor, Head of Service, QSSI took a project management approach to co-designing a plan, to embed Patient Engagement across the CHCDLMS region. This plan was based on the 'Better Together' road map. A baseline survey was distributed in Nov 2023 and results were analysed. In April 2023, 8 members of the public and 8 HSE managers were recruited to a steering group. Rapport and trust was built during the first five facilitated sessions which initially explored the scope of the work, while also allowing space for everyone to express their views and to detail their experience.
We worked on finding common ground and areas where we could work. Over a period of 8 meetings a term of reference and objectives were co-designed, two chairs elected, a HSE manager, a public partner, and the meetings moved to a formal format. The objectives for Patient Engagement have been identified and are now part of the operational plan. A working group has been formed to investigate how best to reach the hard to hear voices. A number of SMART (Specific, Measurable, Achievable, Realistic, and Timed,) projects have been identified and are currently being delivered.
The process of co-designing the role and plan for Patient Engagement has been an interesting journey. The steering group renamed our group to Public partners for Health Better Together.
All partners have worked very hard contributing time and energy to this process which has been a successful example of Public Engagement.

USING A QR CODE TO ENABLE TIMELY SERVICE USER FEEDBACK ON ECC SERVICES: A PILOT PROJECT - COMMUNITY HEALTHCARE CAVAN DONEGAL LEITRIM MONAGHAN

Ms Lynn Stoddart[1], Ms Caroline Bradshaw[2], **Mr Philip Judge**[2], Ms May McConnell[3], Ms Shirley Foley[3]
[1]Enhanced Community Care Programme, CH CDLMS (CHO 1), Ireland, [2]Quality, Safety & Service Improvement, CH CDLMS (CHO 1), Ireland, [3]Patient Partnership , CH CDLMS (CHO 1), Ireland

A Public Partnership Steering Group was formed in April 2023 to 'Develop, implement & maintain effective systems and processes that support and embed a culture of meaningful and inclusive patient and service user partnership' in CH CDLMS. Public Partners on the Steering Group asked for an easier and more responsive way to give or provide feedback on the health services they use, and to be able to provide feedback while in the building/premises and/or whilst accessing HSE services. In collaboration with the Consumer Services Manager, and Service User Engagement Lead a pilot project for service user feedback using SmartSurvey and a QR code for our Enhanced Community Care Services (ECC) commenced from 22nd July running to 20th September. Posters and promotional material which incorporates the QR code takes service users to an eleven-question survey relating to service access, the care provided/received and ideas for service improvement. These questions have been prepared and tested by public partners, patients and staff to ensure they are relevant and understandable. Operational Leads and Community Healthcare Managers embraced this project and following a launch coffee morning in each of the seven pilot areas staff are using an appointment card with QR code to give to patients following their intervention.
This pilot will provide CH CDLMS with provide both qualitative and quantitative data which will provide timely feedback to our dedicated staff and inform how we can make improvements to our services to the public. A final report of the pilot and recommendations will be shared across all services with the primary aim of rolling out this QR feedback approach across all community services. Incorporating the learnings from the pilot.

VOICES FROM THE FRONTLINE: HARNESSING FOCUS GROUPS TO SHAPE COPD VIRTUAL CARE WARD INNOVATIONS.

Ms Emma Burke[1,2], Ms Karolina Glomba[1], Ms Eimear NicDhonncha,[1], Ms Clare Connolly[1], Professor Derek O'Keeffe[1,3], Dr Jennifer Davies,[3], Dr Ian McCabe[3], Dr David Tiernan[3], Ms Tejaswini Manavi[3], Mr Hemendra Worlikar[3], Dr Jennifer Doran,[3], Mr Michael Lockhart[3], Mr Jack Pinder[3], **Dr Sinead Walsh**[1,2]

[1]Galway University Hospital , Galway, Ireland, [2]Community Healthcare Organisation 2 (CHO2) , Galway, Ireland, [3]University of Galway, Galway, Ireland

The integration of digital health technology in chronic obstructive pulmonary disease (COPD) management presents a unique opportunity to enhance patient care. Focus groups involving COPD patients are instrumental in shaping new services that resonate with the patients' needs and preferences. Engaging directly with patients allows for a deeper understanding of their experiences, challenges, and expectations regarding digital health solutions. As one participant remarked, "The technology I'd manage but being able to be in my garden in the sunshine would be amazing".
By fostering an open dialogue, focus groups create a platform for patients to express their concerns and wishes. This collaborative approach ensures that new services are not only clinically effective but also user-friendly and relevant. Another participant in the group commented, "all about your condition is spoken out loud for everyone to hear" following a recent Accident and Emergency presentation, "to share our stories, helps you see these problems for us" which in turn allows practical solutions.
Moreover, focus groups can identify gaps in existing services and highlight features that matter most to patients. For instance, feedback on usability can lead to the design of more intuitive interfaces, enhancing patient adherence and engagement. In a recent mHealth App Usability Questionnaire, a respondent scored 7/10 for "The information in the app was well organized, so I could easily find the information I needed."
Ultimately, incorporating patient voices through focus groups fosters a patient-centered approach in developing digital health technologies for COPD management. This not only improves the design and implementation of services but also empowers patients, making them active participants in their health journey. By prioritising their insights, healthcare providers can ensure that new services effectively address the unique challenges faced by COPD patients, leading to improved, cost effective outcomes, hospital avoidance and a better quality of life.

National Services

PARTNERING FOR SUCCESS: A DELIBERATIVE DIALOGUE ON GENOMICS IN NEUROLOGICAL CARE AND RESEARCH TO INFORM NATIONAL STRATEGY

Dr Laura Brady[1,2], Lorna Kerin[3], Bridget Doyle[1,2], Nuala Ryan[4], Gary Boyle[4], Prof Norman Delanty[1,2,5], Mark Bale[6], Mags Rogers[7], Dr Avril Kennan[8], Dr Derick Mitchell[9], Prof Sally Ann Lynch[10], Prof Gianpiero Cavalleri[1,2]

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Background: Genetics and genomics are essential for enhancing patient care through more accurate diagnoses, informed decision-making, and personalised treatments. Additionally, genomic research plays a key role in identifying new causes of neurological conditions. The National Genetics and Genomics Office (NGGO) leads Ireland's efforts to advance genetic and genomic medicine, with a strategy designed to significantly improve patient outcomes. The success of this strategy relies on continuous engagement and collaboration with patients, advocacy groups, researchers and healthcare professionals. To address the specific needs of the neurological community, a deliberative dialogue involving stakeholders from diverse backgrounds and expertise facilitated inclusive discussions, leading to collective recommendations for the HSE to consider as they implement this important strategy.

Methods: An advisory panel of patient advocates, researchers, healthcare professionals and policymakers co-designed the deliberative dialogue event. Using a 'World Café' approach to ensure an open, participatory environment where everyone's voice was heard and valued, 35 participants engaged in small group discussions to explore key questions over five rounds of iterative reflection. Data collected during the event was analysed and emerging themes distilled into overall recommendations.

Results: Recommendations to the NGGO included: (1) Build trust through a consultative process with all neurological stakeholders, (2) Develop the necessary infrastructure and research ethics process, (3) Ensure equal access to a well-supported genomics service and (4) Gain public and political support by showcasing the benefits of genomics research in healthcare. Recommendations were compiled into a co-produced report and launched at a multi-stakeholder engagement event.

Conclusion: Our collaborative contribution through the deliberative dialogue highlights the importance of establishing partnerships with key stakeholders and maintaining a dialogue throughout the patient journey to achieve buy-in, foster trust, drive health innovation, and ensure the successful implementation of the strategy. By working together and involving various perspectives, we can drive positive changes.

The National Volunteer Lived Experience Panel: An example of partnership between mental health service users, family members and providers

Mr Jacopo Villani[1], **Mrs Kara Madden**[1]
[1]Health Service Executive, Dublin, Ireland

There is a growing recognition among policy makers, practitioners and researchers worldwide about the importance of involving service users in the planning and development of mental health services and in shaping mental health policy. In the last ten years the HSE National Office of Mental Health Engagement and Recovery (MHER) has been at the forefront of this field through its commitment to ensuring that the voices of people with lived experience of mental health service inform service development in the Irish context, in line with international best practices. This is outlined in the MHER's Strategic Plan 2023-2026 – Engaged in Recovery.
In 2022 the MHER office established a National Volunteer Lived Experience Panel, in order to embed the perspectives of service users, family members, carers and supporters in the implementation of Sharing the Vision's recommendations, the current mental health policy in Ireland. As of September 2024 the panel comprises 40 volunteers with lived experience who partner and engage with HSE providers, making their voices heard in multiple ways. Volunteers have joined 18 Sharing the Vision's working groups advancing different recommendations, they reviewed draft policies, participated in focus groups and completed surveys.
While the MHER office is working to strengthen this collaboration through improved support for Volunteers and guidance for working with members of the National Volunteer Lived Experience Panel, many positive aspects can be identified in this partnership experience. For example, HSE mental health providers are improving their understanding about the importance of service users' and family members' perspectives and there is an increased capacity for roles for those with lived experience within the mental health services. Finally, there are psychological benefits and sustained recovery for volunteers who have the opportunity to share their own experience and contribute to service improvement, leading to more positive experiences for others.

Patient and Public Involvement in Co-Designing an Innovative Preceptorship Educational Programme.

Dr Philip Hardie[1]
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Background: Patients play a central role in nursing preceptorship relationships, a professional educational relationship between a staff nurse and a student nurse that is grounded in providing patient care. However, the patient experiences and perspectives are primarily uncaptured in the literature or represented in current preceptorship education programmes (Hardie et al., 2022). Furthermore, the need for student, staff nurse, and patient involvement in the design of preceptorship education programmes has been noted (Hardie et al., 2022).

Objective: To use a co-design process to develop an innovative educational programme for developing interpersonal and teaching skills among nurses who act as preceptors. We sought to a) clarify experiences and events from all three members involved in a preceptorship relationship (student nurse, preceptor, and patient (SPP)) in order to develop a shared understanding of nursing preceptorship relationships and b) identify the key informational and educational needs recommended by SPP for the educational programme.

Methods: Using the principles and iterative process of Experienced-Based Co-Design (EBCD), data was collected from qualitative interviews and used to inform a series of co-design workshops and the co-production of the new educational programme.

Results: Twenty-six individuals, including undergraduate student nurses, staff nurses, patients, and a team of nursing, educational and educational technologist experts, contributed to developing a Preceptorship educational programme.

Conclusions: The EBCD process ensured that the educational programme met SPP viewpoints on fostering positive interpersonal relationships in a nursing preceptorship. EBCD is a valuable framework for developing human-centred educational resources that combine experiential knowledge (experiences) and scientific knowledge (literature-based knowledge). It facilitated identifying and developing skills training required within a nursing preceptorship relationship, creating an authentic and memorable learning programme. The programme uniquely includes the patient's viewpoint on being involved in a preceptorship relationship, sharing best practices and lessons learnt from a patient's perspective.

LISTENING AND LEARNING FROM LIVED EXPERIENCES: A PARTNERSHIP APPROACH

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People's experiences of health and social care services are central to the delivery of high-quality, person-centred care. Good patient experience can lead to better health outcomes for patients and can enhance job satisfaction for healthcare professionals. Patient and service-user experiences should be an important part of how we assess the quality and performance of health and social care services in Ireland.

The National Care Experience Programme (NCEP) is a partnership between the Irish health and social care regulator (Health Information and Quality Authority, HIQA), the national public healthcare provider (Health Service Executive, HSE), and policy makers (Department of Health). Since its establishment in 2016 the NCEP has conducted national surveys about people's experiences of health and social care services. The surveys aim to learn from people's experiences in order to improve the quality of health and social care services in Ireland. The programme includes surveys of acute hospital inpatient, maternity, maternity bereavement, nursing home and end-of-life care. Additional surveys of cancer care and mental health services are currently under development.

To date over 71,000 participants have generously shared their experiences in these surveys. This has included people who use services, patients, family members or support persons. Analysis of the survey responses helps to identify areas of good experience and areas where improvements are needed. Service providers can then use the survey findings to develop quality improvement plans aiming to address the issues raised by participants.

The findings of the national surveys provide an opportunity to identify and understand what matters to service-users and their families. The three members of the partnership (HSE, HIQA and DOH), are committed to using the survey findings to generate quality improvements in hospitals or social care settings and to inform the ongoing development of standards and guidelines, policies, and monitoring programmes.

What the Irish public want from their online health record: Findings from the National Engagement on Digital Health and Social Care

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Introduction:
The European Commission has set targets for all EU citizens to have access to electronic medical records by 2030. The Digital Health Framework for Ireland 2024-2030 and the HSE's corresponding implementation roadmap set out a vision to digitally transform health services with a focus on empowering patients. The National Engagement on Digital Health and Social Care was a partnership involving HIQA, the HSE and the Department of Health which was designed and implemented in collaboration with patient representatives. The aim of this engagement was to understand the views of the public and professionals around the digitisation of health and social care services. The focus of this paper is to use the public findings to understand what people want from their online health record.

Methods:
A mixed-methods data collection approach was used. Members of the public (N=2009) participated in a national telephone survey. Focus groups were held with 41 members of the public.

Results:
Overall the public are positive about online health records, 91% said that having all their information in one place will make them more knowledgeable about their health and 88% indicated they would feel more in control of their health knowing what is recorded about them. Prescription renewals, tracking blood tests, tracking referrals and managing appointments were identified as very important functions of an online health record. People want assurances that their information will be secure before it is shared online. The public highlighted the need for supports, education and training to ensure that online health records are digitally inclusive and no one gets left behind.

Conclusion:
The research provides valuable insights and gives the public a platform to voice their opinions and have a meaningful impact on how digital health and social care is developed and implemented in Ireland.

Mental Health Engagement Platform

This platform brings together a diverse range of people from various backgrounds within mental health to share their experiences, with the goal of influencing positive change.

Ms Ursula Murray[1], **Ms Jackie Kelly**
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The Patient Client Council Mental Health Engagement Platform in Northern Ireland is a regional platform that aims to empower individuals with lived experience of mental health issues by giving them the opportunity to voice their opinions and shape the mental health landscape. Through active participation in the mental health strategy, Regional Mental Health Service, and other key strategic policy drivers, members of the platform are able to sit within decision-making structures as equal partners.

This approach to mental health engagement is grounded in the principles of coproduction and collaboration, recognising the invaluable insights and unique perspectives that individuals with lived experience bring to the table. By actively involving these individuals in the decision-making process, the platform ensures that their voices are heard and that their input is considered when shaping mental health policies and services.

Through regular engagement with key decision-makers such as the head of the Regional Mental Health Service, Mental Health Champion, and heads of services within the Department of Health and Public Health Agency, platform members are able to directly influence the development and implementation of mental health initiatives. This close collaboration allows the group to be at the forefront of decision-making, ensuring that the needs and preferences of individuals with lived experience are central to all mental health policies and services.

The Patient Client Council Mental Health Engagement Platform represents a powerful example of how meaningful engagement with individuals with lived experience can lead to positive changes. By recognizing the public as experts of their own lived experience, the platform upholds the values of putting the public at the forefront of decision-making. This approach ensures that policies and services are more responsive and relevant to the needs of the individuals but it also promotes a culture of inclusivity and empowerment within engagement.

Introducing IDDSI Level 4 Moulded and Piped Food for Dysphagia Residents in Community Nursing Units in the CHO7

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I introduced this initiative to provide adequate nutrition and to reduce /eliminate the use of food supplements , to promote 'Dining with Dignity' and to improve the quality of life for dysphagia residents in long term care .
Our dysphagia residents include those with Dementia , MS , Stroke and Huntington's disease .
My main objectives of this initiative was to :
1. Increase consumption levels and daily nutritional intake , reduce the risk of malnutrition .
2. To eliminate feelings of frustration , embarrassment , anxiety and isolation for dysphagia residents by providing Level 4 meals with a high emphasis on colour , presentation and flavour . The bright colours and presentation is used for the visual aspects and will attract the residents eye to the plate . The flavour will entice the residents taste buds , all three factors will result in higher consumption levels , nutritional intake and reduce/eliminate use of food supplements .
Survey findings from 2023 showed :
- Residents reported high levels of satisfaction in relation to overall food .
- Findings indicated 70% of residents weight remained constant , 30% gained weight , no report of weight loss .
- Decrease in food waste
- Decrease in food supplement costs . A percentage of residents ceased / reduced taking food supplements .
- Residents who were previously on assisted feed and needed encouragement to eat are now eating independently
- Residents are now more engaged with families, staff at mealtimes and are now dining at the same table as other residents . Previously , residents felt isolated , refused food and not willing to dine with others .
- Families also visualised the new moulded food as whole food and reported to staff a more positive mood in their relatives at mealtimes .

The PPI Ignite Network: What we've learned about partnership building

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The PPI Ignite Network is an all-Ireland network of seven Universities, funded by the Health Research Board and Irish Research Council, with the shared goal of promoting public and patient involvement (PPI) in Irish health and social care research. Since 2021 we have been striving to change research culture to embrace PPI, thus improving public health outcomes.
A significant contributor to our success has been the robust partnerships we have built with key stakeholder groups who take an active role in the strategic direction of our work. The Network includes ten national partners and over fifty local partners comprised of patient and community organisations, state agencies, and other higher education institutions. Furthermore, we collaborate with members of the public and patients through our Public Advisory Board who bring the voice of lived experience and of the public into our work. Partnership is thus a key component of what we do and a guiding principle of PPI in research.
We will share key learnings drawn from a selection of resources we have developed to support individuals (both researchers and members of the public/patients) involved in PPI. An example of one such resource is a values and principles framework which guides our work in public involvement in research; our values include respect, trust, empowerment, collaboration, and inclusion.
Additionally we will present a guidance document developed for charities, civil society organisations, researchers, and research funders on how to achieve successful partnerships in research.
It is our belief that shared learning is an essential tool in promoting excellence and inspiring innovative approaches. Although the PPI Ignite Network's focus is on research, the challenges facing partnership building within our Network will be relevant to all organisations seeking to implement meaningful partnership in their work.

PPI Partnering for Progress: Enhancing patient outcomes through the collection, use and sharing of digital health information for secondary purposes.

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Title: PPI Partnering for Progress: Enhancing patient outcomes through the collection, use and sharing of digital health information for secondary purposes.

Background: The European Health Data Space (EHDS) is a major health information development in all EU countries. One of its aims is to use health information for better individual care, service management, policy development and organisational change. An EU-funded grant project led by the Department of Health, is developing new services that will enable the collection, use and sharing of health information for secondary purposes. This is to plan for future needs of patients and the public and for better, safer care.

Aims: The Health Information and Quality Authority (HIQA) is working with the Department of Health to develop a plan on how to transparently and meaningfully engage with the public in relation to these new developments. We need the public involved in this important work from the very start.

Methods: We will systematically engage with a broad spectrum of Public and Patient Involvement (PPI) partners through the recruitment of a PPI panel. We will work with people from diverse backgrounds in a supportive environment that will ensure all perspectives are included.

Discussion and Conclusion: The PPI panel will advise us on what information should be shared, on the language and methods to be employed and on the best communication channels to explain the new services. The sustainable process that will be built for PPI will allow for quality partnership where members have ownership of the process. This will enable the participants to have confidence to provide their invaluable contribution to the delivery of the project.

Development of a Public and Patient Involvement Advisory Panel for Motor Neurone Disease Research in Ireland

Mr Ruairí Weiner, **Ms Avril McTague**[1], Dr Emily Beswick[1], Ms Lesley Doyle[1], Mr Mark Heverin[1], Ms Aisling Keenan[1,3], Dr Lara McManus[1], Mr David Murphy[1], Dr Deirdre Murray[1,2], Dr Bahman Nasseroleslami[1], Ms Megan Walls[1], Dr Miriam Galvin[1], Dr Roisin McMackin[1], Prof. Orla Hardiman[1,2]
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Background: People living with motor neurone disease (plwMND), their family members, and informal caregivers possess invaluable expertise in motor neurone disease (MND) through their lived experience. Patient and public involvement (PPI) provides the opportunity to influence research. PPI promotes collaboration between researchers and those directly affected by MND when undertaking research studies.

Objective: To establish the first Irish MND PPI advisory panel to inform and shape MND research conducted by the Academic Unit of Neurology in Trinity College Dublin (TCD).

Methods: Research staff attended training with the TCD PPI Ignite network. Recruitment for initial panel members was through a poster displayed at the national MND clinic, and information provided at MND community events. The Irish MND Association (IMNDA) also promoted the panel.

Results: The PPI advisory panel was launched in November 2023. A roles and responsibilities document was created, outlining the expectations of the researchers and panel members. The panel consists of over 20 members who are either plwMND, family members, or bereaved family members. Recruitment is ongoing as current panel members may need to withdraw if their circumstances change. When researchers wish to consult the panel, they compose a task description which is circulated to panel members who can express interest in that activity. Panel input is documented, and a summary is shared with contributing panel members.

Discussion: PPI input has helped MND researchers to ensure participant information is clear, participation is as accessible as possible, and that data collection tools are easy to understand. This collaborative approach aims to empower both researchers and PPI contributors and positively impact the quality and relevance of our MND research.

Acknowledgments: We thank the PPI contributors and everyone who has supported the establishment of the panel.

SCOPING THE FEASIBILITY OF DEVELOPING A NATIONAL PUBLIC AND PATIENT INVOLVEMENT IN CANCER NETWORK

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Public and Patient Involvement (PPI) in cancer research creates a partnership between people affected by cancer and researchers. PPI is highlighted in the cancer strategies of the Republic of Ireland and Northern Ireland as paramount to improving the cancer research landscape.

To scope the remit of a National PPI in Cancer Network, the Irish Cancer Society hosted an all-island event during the PPI Ignite Festival (2023) with the objective of bringing together people involved in PPI in cancer to address the silos that currently exist.

Event details were shared with stakeholders across Northern Ireland and the Republic of Ireland. Stakeholders included PPI contributors affected by cancer, cancer researchers, cancer trials and cancer research funding bodies.

The below questions were discussed at the event:
1. What are the ultimate goals of the Network?
2. What are the expectations and limitations of the Network?
3. Who should drive it forward, and how should it run?

Afterwards, feedback forms were circulated to attendees and to people who did not attend the event to capture their voices. 150 people registered for the event and 79 feedback forms were completed.

Five core themes were developed following the discussions:
1. Increasing the Profile and Uptake of PPI in Cancer
2. Collaborating on a Centralised Resource
3. Training and Support
4. Running the Network
5. Membership of the Network

Following this event, four experienced individuals in PPI in cancer reviewed the draft report and discussed the next steps. It was agreed that the topics provide a basis to develop supports and build a Network for the community engaged in PPI in cancer research. The next steps are to refine the goals and scope of the National PPI in Cancer Network. The report will be shared with relevant organisations and governmental bodies as a development tool for PPI.