Picker

Independent Evaluation of Q

Summary Report

Authors:

› Molly Hopson (Picker)

› Ethan Phillips (HPS)

› Maria Kordowicz (ResPeo)

› Amy Tallett (Picker)

› Apostolos Tsiachristas (HPS)

› Chris Graham (Picker)

Data collection: July 2023 – February 2025

Report publication: February 2026

Contents

Foreword

Since co-designing Q with our founding members in 2015, we've invested in learning and evaluation. Everything from event and programme feedback, to multiple internal and independent evaluations.

With this latest evaluation we asked Picker to consider the overall impact of our activities in relation to our deliberately ambitious theory of change.

Reaching across the UK and Ireland, Q's vision is to create an embedded culture and practice of improvement that supports high quality care for all.

Our work is built around our community of members doing the work of improvement. But our purpose goes beyond providing a home for those individuals. We are collectively seeking to tackle complex, stubborn challenges facing health care: finding better ways to spread good practice and shift culture.

I'm pleased this report identified many benefits Q members see from their participation, including unique learning and collaboration opportunities not available elsewhere.

The report also shows more precisely how and where our impact goes beyond individuals. It helps us understand the ways Q benefits organisations and systems, as well as the challenges and barriers that are currently limiting our work. The deeper insight from this evaluation will guide us as we stretch for more widespread impact.

I'm so grateful to everyone who gave their time to tell us how we can improve. Thanks also to the evaluation team and our advisory group for their diligent and thorough approach.

There's much to celebrate in the report, including the examples of Q's ultimate impact on patient care, but the evaluation tells us we have further to go.

We used early insights from this evaluation to adapt to some significant changes to our funding context that we hadn't anticipated when this project was commissioned. We are now applying what we've learned from the analysis, across all areas of our work.

Embracing the learning and improvement culture that makes Q special, we're sharing how we're responding to the evaluation on our website. We hope our members, partners and friends will continue to help us as we shape our community's next phase together.

Penny Pereira
Managing Director, Q

About the Q community

Established in 2015, Q is a community supported by the Health Foundation and co-funded by partners across the UK and Ireland, bringing together individuals working to improve the health and care sector. Through knowledge sharing and collaboration, the community works to tackle shared challenges to make tangible improvements to safety and quality. Q membership is free.

Since its inception, Q has grown in membership numbers and in the scope of its work. More recent developments include increasing access for individuals who are not members, increasing activities to support national and local leaders, and increasing thought leadership work.

By 2023 more than 5,000 members had joined Q. They had varied geographic locations and backgrounds, ranging from Integrated Care System leaders and quality improvement (QI) leads to individuals with lived experience, academics, policy and regulatory professionals.

Q provides individuals with access to many activities and opportunities. These include:

1. **Networking opportunities and events**

2. **Resources (both created by the Q team and shared by members)**

3. **Topic-focused online groups**

4. **Peer learning**

5. **Collaborative funding programmes**

As described in Q's theory of change, Q aims to create impact through offering opportunities to connect, collaborate, share, learn, and be supported in their improvement efforts. These mechanisms – or facilitators of impact - through the evaluation, were shown to underpin impact at all different levels: individual, organisational and system. Two further mechanisms were also identified through the evaluation: Q community brand and identity, and individual-led sharing beyond Q. All of the mechanisms were influential in shaping different outcomes, when considered alongside contextual factors.

Operating in a complex and shifting health and care environment, Q faces system-wide challenges to engage the sector with improvement. With increasing operational pressures, reduced budgets, and system restructures, focus for the majority of the sector has been on 'essential' activities. Improvement is often being perceived as a luxury. This has left Q in a space where many individuals lack the capacity to engage.

Background to the research

In April 2023, the Health Foundation commissioned Picker, in partnership with ResPeo and Healthcare Priority Solutions (HPS), to conduct a two-year evaluation of the Q community. *The Independent Evaluation of Q* aimed to understand how Q was creating impact and what could be done to maximise this in the future. The evaluation aimed to explore three key questions:

a. **What is the individual and collective impact of Q's activities on outcomes at individual, organisational, and system level?**
b. **What factors create this impact and how do they interact?**
c. **How can the impact of Q be increased beyond 2025?**

Two research approaches were adopted: a realist evaluation and a performance evaluation. The realist evaluation used qualitative methods (including 48 interviews, 7 case studies, and 5 workshops) to understand what impact Q was having, for whom, and how. The performance evaluation used quantitative methods (two surveys with a total of 680 responses – response rate of 6.1%) to understand the relationship between Q activities and perceptions of impact, cost-effectiveness of Q activities, and what could be done to increase impact in the future.

To guide the evaluation, the Evaluation team sought external perspectives by consulting a dedicated Evaluation Advisory Group (EAG) and the Health Foundation's Inclusion Panel at key points. Input from both groups helped ensure data collection and analysis had rigour and were representative of the community.

Data was collected over a 20-month period (between July 2023 and February 2025). Given the lapse of time between data collection and publication of the final report, it is important to acknowledge changes to Q that have been made in the interim (eg

launch of new Q website and other evolving programmes and processes) which will not be captured within the evaluation.

Members from across Q were involved in the study to ensure a breadth of experiences were represented including individuals from clinical and non-clinical roles, members who bring lived experience / patient leaders, and senior leaders that operate at system level. A small number of individuals who were not members but had engaged with Q activities were also consulted.

Impact was primarily evaluated based on the perception of impact reported by Q members, both for the survey and interviews. The evaluation focused on understanding impact at individual, organisational and system level. While ultimate impact – the observable impact of Q on improvement to care quality – was not initially a primary focus of data collection, it emerged as an important factor distinguishing some activities.

This report provides a summary of the key findings from the *Independent Evaluation of Q*; detailing the impact created at different levels, how this impact is created, and provide recommendations to increase the impact of the community in the future. Case studies are included throughout to illustrate clear examples of impact at different levels.

Impact at individual level

Individual impact refers to the impact that Q has directly with the individuals that interact with the community. The evaluation identified six common individual impacts that are achieved as a result of engaging with Q:

1. Inspiration and motivation from peers to deliver improvement work

At an individual level, Q members felt inspired as a result of connecting with likeminded professionals, working to achieve the same goals.

53% Individuals felt that the community had the largest impact on motivation and drive to deliver improvement work (53% agreed or strongly agreed).

"So, I love the Q community, I have to say. I think that the whole concept of having a community of improvement people, or improvers, and that real sense of collaborative improvement, it really does inspire me." (Q member).

Connecting is a key mechanism facilitating motivation. This is particularly important for individuals who have a lack of organisational support and/or may be operating in isolation.

## 2. Knowledge of what works and how to apply it in practice

Individuals described how, through access to resources, connections with peers and shared learning, they were able to build knowledge of improvement approaches and how they are applied in real world contexts.

52% 52% of survey respondents agreed or strongly agreed that Q builds members knowledge of what works and how to apply it in context.

3. Skill development (including leadership and teamwork skills)

A common individual impact reported was the increase of skills. Of those who responded to the members survey:

47% Nearly half reported that engagement with Q built their collaboration and teamwork skills (47% agreed or strongly agreed).

39% Nearly two in five respondents (39%) agreed or strongly agreed that Q had a positive impact on leadership skills.

Skill development was often associated with activities that provided safe spaces and supportive environments where individuals could access learning without judgement (either through peers or structured learning). Access to learning and support was therefore important in aiding the development of skills.

4. Confidence building

Confidence building was reported by a number of interviewees, who often spoke of it as a consequence of knowledge and skill development. Those transitioning from a clinical role to service improvement felt that sharing with others and learning from peers in a safe space builds confidence in improvement approaches.

Many survey respondents agreed or strongly agreed that engagement with Q built their confidence in specific areas, including:

50% using new and different improvement approaches (50%);

50% leading and delivering improvement work (50%);

44% engaging key stakeholders in improvement work (44%).

5. Career progression / development

As a result of knowledge development, skills being improved, and/or confidence being built, multiple Q members detailed how engagement with Q helped their career development.

> *"I wouldn't have been a visiting fellow at [ ] if I hadn't been involved with Q. That has been a really rich relationship for me and led to lots of things I wouldn't have been involved in." (Q member)*

Therefore, like confidence, this outcome often emerged subsequently to other outcomes (ie knowledge, confidence and/or skills) first being achieved.

6. Development of new connections

While the Evaluation Team categorised the formation of connections as a mechanism, as it facilitates a range of outcomes, many Q members described forming new connections as an outcome in itself.

48% Forty-eight percent of survey respondents agreed or strongly agreed that Q enabled the creation of stronger relationships and collaborations with improvement professionals.

How impact on individuals is achieved

Members who took part in Q activities which enabled them to learn, connect and collaborate with others, were more likely to think that Q has a positive impact at an individual level.

The evaluation identified that the following activities facilitated the highest levels of impact for individuals:

» Q visits – this event series provides opportunities to visit (in-person or virtually) and learn from organisations within and outside of the health and care sector.

» Local and regional events – localised events (in-person or virtual) allowing people to connect and learn from other members working within similar geographic areas.

» Workshops, webinars and events – primarily virtual sessions covering a range of topics and regular community offerings.

» Q Lab – an innovation lab that brings together people and organisations to address a specific shared challenge and provides funding for projects that seek to address these challenges.

Scale of impact

The scale of impact achieved at individual level varied from person to person and was often shaped by their level of engagement; the more people engaged, the more they gained from Q.

> *"I'm a firm believer that, with Q, you get as much out as you put in. It's very easy to be a passive member of the Q network but if you engage with it, I think what you get back grows." (Q member)*

The Evaluation team determined that Q had a moderate impact at individual level. Given substantial variation in engagement across members, often resulting from barriers such as lack of organisational support and lack of capacity, this explains why impact was limited for some members.

Case study 1.

Building skills and connections through peer networking

Context

John*, an occupational therapist with 23 years of NHS experience, joined the Q community in 2017 to connect with others, gain collaboration tools, and improve his clinical practice. His team worked in rigid silos that limited services and personal development.

He found the Q website rich in resources but hard to navigate, highlighting the need for a more user-friendly design. At the time, Q Lab was introducing its first peer mentorship workshops.

Mechanisms

John actively engaged with Q activities, including workshops, special interest groups, and *Liberating Structures Learning* series.

He joined a Q website redesign workshop that gathered user feedback and explored creating a more accessible Q platform. Collaborating with designers gave him new insights into problem solving and patient-centred design, which he would not have encountered in his usual role.

He also participated in a Q Lab workshop at his organisation, which addressed challenges around team cohesion and inclusion. Facilitators guided structured discussions to align team values, provide opportunities for collaboration, and encourage creative problem-solving.

Outcomes

Individual Impact
Through these experiences, John gained tools, techniques, and skills to create accessible, patient-centred materials. Peer networking exposed him to diverse perspectives, helping him approach problems in new ways and expand his knowledge of quality improvement.

Organisational Impact
Q workshops helped establish shared team values and strengthened cohesion, enabling meaningful improvements in service delivery. Using tools like Liberating Structures, John enhanced meeting engagement and inclusivity. His team also developed personas for underrepresented groups, driving a cultural shift toward greater inclusivity and continuous improvement.

System Impact
Q initiatives created connections between organisations that previously operated In isolation, encouraging shared goals and broader improvements. Peer networking enabled diverse voices to contribute, supporting system-wide change and promoting inclusivity across healthcare services.

Impact at organisational level

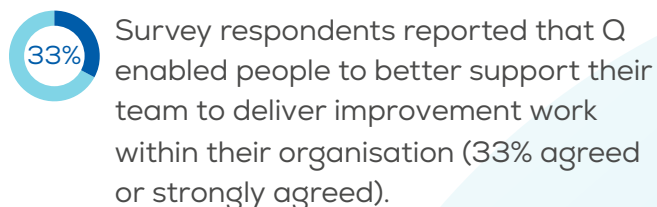Organisational impact refers to positive outcomes realised within an organisational site (eg changes to services, changes in attitudes within an organisation towards quality improvement). A number of different organisational outcomes were identified:
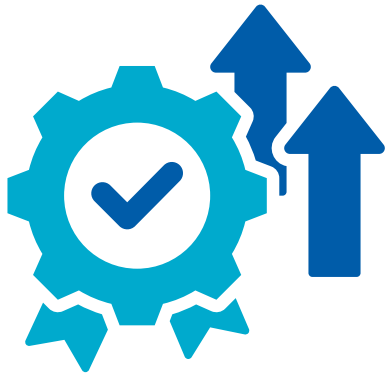
1. Organisational upskilling

The most common impact reported at this level was organisational upskilling as individuals took learnings and resources from Q back to their own organisations.

33% Survey respondents reported that Q enabled people to better support their team to deliver improvement work within their organisation (33% agreed or strongly agreed).

"We often use quite a few bits in our training that we've picked up off the site… There are lots of little booklets and guidance books that we have got off the Q community which have been useful that we show in our training." (Q member)
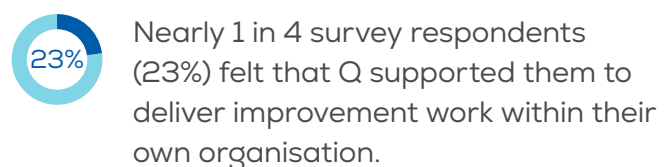
2. Supporting organisational culture

Through information sharing with colleagues, members detailed how engagement with Q resulted in broader shifts in organisational improvement culture. Additionally, increased Q membership, engagement, and proposal submissions (eg for funding), resulted in increased interest in improvement across the organisation, and shifts in how organisations interacted with improvement more broadly.

3. Shifting organisational approaches and practices around QI

Q was also shown to influence how improvement is implemented within organisations. In particular, gaining new knowledge changed how Q members thought about and approached challenges within their organisations.

4. Supporting the delivery of quality improvement work

23% Nearly 1 in 4 survey respondents (23%) felt that Q supported them to deliver improvement work within their own organisation.

As resources, insight and approaches to improvement from the community are shared with organisations, there is a change in work delivered.

"Q has allowed me to deliver on some of my quality improvement work internally because of the skills that I've developed, the connections that I've made. Would I have done it without it? Maybe not at the same pace and scale." (Q member)

Other references to how Q supported the delivery of improvement work was as a result of the funding awarded for projects. References were often made to Q Exchange and/or Q Lab. It was therefore not surprising that support (given through funding) was an important mechanism for organisational impact. Some funded projects were shown to facilitate ultimate impact at the organisational site by changing services, upskilling staff and/or introducing new improvement approaches, which were perceived to improve quality of life for patients.

How impact on organisations is achieved

Achieving impact at organisational level was often dependent on context. Several factors affected this, most notably organisational support for improvement and an individual's capacity to deliver improvement work. Many individuals operate in health and social care organisations that are facing increased demand and staff burnout. This can mean they the lack the support needed to implement improvement work, which has a knock-on effect on how well individual engagement with Q can translate to organisational impact.

Organisational outcomes often occurred as a ripple effect of individual outcomes (ie a Q member develops skills and knowledge which they then apply within their organisation), or as a ripple effect of other outcomes being achieved at organisational level (ie organisational upskilling results in a change of organisational improvement culture).

The evaluation showed that those who engaged with Q activities which facilitate collaboration and learning were more likely to report impact at organisation and/or system level. An individual's willingness to share learnings and opportunities from Q within their organisation was also important in shaping impact within organisations.

Q's activities which have the highest impact at organisational level largely echoed the activities having individual impact. In particular:

» Events (local and regional and workshops, webinars and other events) provided practical learning opportunities, where insights could be taken back and shared with organisations.

» Programmes which provided funding (Q Lab, Q Exchange and other grant funding opportunities), enabled teams to deliver improvement projects within their organisations that otherwise may not have happened.

Scale of impact

The impact of Q at organisational level was perceived to be much less than at individual level, as the evaluation determined the impact to be low. There are a number of factors influencing the level of impact at organisational level, including: a lack of organisational support for improvement, a lack of capacity to engage in improvement activities, organisations only having a small number of Q members relative to their total staff, and difficulty attributing impact to Q (as many Q activities operated at the individual level, the diffused impact at organisational level can be less clear). Only some Q activities are designed to specifically support changes within organisations, reaching only a sub-set of members. Therefore, more limited impact might have been expected.

Case study 2.

Start well, End well

Context

North Bristol NHS Trust gained Q Exchange funding to develop the 'Start Well›End Well' project. The focus of the project was to re-design, evaluate and share the 'Start Well› End Well' (SW›EW) approach, a three-step adaptable method for starting, ending, and managing difficulties throughout the day for staff.

The project's objectives included enhancing team collaboration and well-being, fostering psychological safety and peer support, increasing productivity, embedding improvement into management systems, and sharing the approach nationally and internationally.

Mechanisms

The project team developed tools and training materials, raised awareness through videos and webinars, and introduced practices such as morning briefings and end-of-shift reflections to reinforce psychological safety and adaptive learning. Structured sessions were used to explore psychological safety, leadership, organisational changes, and funding challenges.

Q Exchange funding played a critical role in providing financial support, credibility and visibility. The Q Exchange model also offered structure for the project team, a clear focus, and accountability which strengthened project delivery and development.

Outcomes

With strong organisational support, SW›EW was successfully embedded across multiple NHS organisations. It improved team dynamics, staff morale, and patient care through compassionate leadership, team connection, and by empowering clinicians to deliver improvement work. The initiative highlighted the importance of well-being projects and psychological safety, and created dedicated spaces for discussing operational issues, problem-solving, and unity. As a result, SW›EW was integrated into North Bristol NHS Trust's routine practice and its Staff Trauma Support pathway.

Q Exchange funding enabled the staff psychology team allocate resources for promotion, implementation, and project evaluation. The team plans to sustain improvements through regular team meetings and ongoing reflective practice.
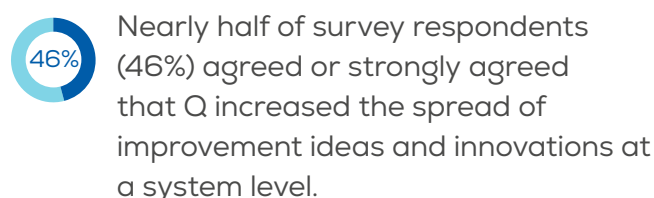
Impact at system level

System level impact refers to impact realised at the health and social care system level (eg across multiple organisations). A large proportion of Q members felt unable to comment on impact at this level; potentially because many respondents did not work in senior or system-wide roles. Given this, perceptions from Q members were consolidated with insights shared by senior leaders in interviews.

The main system-level impacts identified in the evaluation were:

1. Enhanced spread and scale of improvement ideas and innovation across systems

46% Nearly half of survey respondents (46%) agreed or strongly agreed that Q increased the spread of improvement ideas and innovations at a system level.

Multiple Q members and senior leaders detailed how Q facilitated peer learning, which built their understanding of improvement work delivered by others. This then directly informed improvement approaches adopted by organisations across the health and care systems.

"As a nation, we've been quite historically a bit reluctant to look above and look outside, and we've looked very much internally. So I think across boundary working, not only health and social care, but also across countries, has just been phenomenal." (Senior leader)

2. Breaking down organisational silos and facilitating more joined up progress on key priorities across systems

Multiple Q members described how Q breaks down silos across health and social care by creating connections and networks across multiple organisations and devolved nations.

"[Q] makes the connections. I think it enables those organisations that wouldn't necessarily communicate to be able to communicate and it has that much broader view. Whereas, and particularly in health, it's quite siloed into the organisational [...] modular structure that the NHS has." (Q member)

3. Increasing visibility of quality improvement at system level

Some Q members felt that Q was *"raising awareness of what quality improvement is" (Q member)* as the community acts as an advocate for quality improvement at a national level. This increases visibility of improvement in health and social care at the system level.
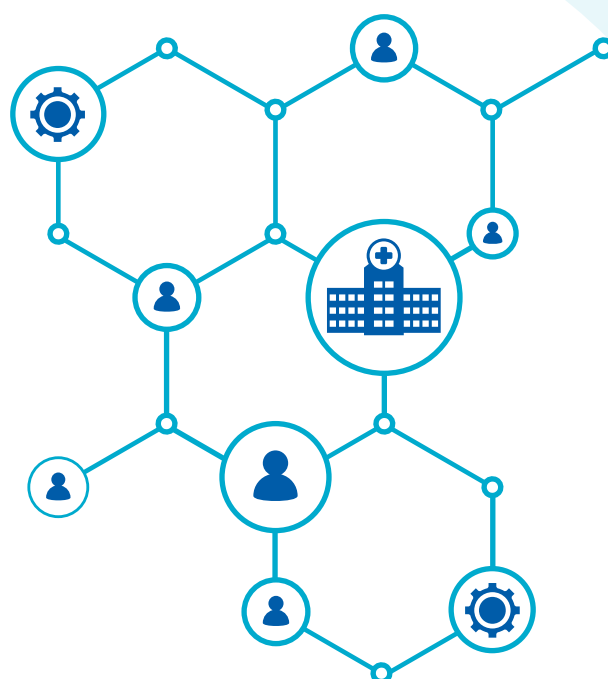
How impact on health and care systems is achieved

Connecting with peers across the health system, and having opportunities to collaborate on improvement work, were important mechanisms facilitating system impact. The only two activities shown to have a high impact at system level were Q Lab and Q Exchange. Local projects which have scaled (see case study 3) and de-centralised projects (ie those not specific to a single location) that were delivered, created cross-system learning for people across health and social care. While this is not always the case, as some projects were less successful or intentionally operated at an individual or local organisational level, funded projects have clear opportunities to create tangible impact at the system level.

That said, when considering Q and its activities as a whole, Q members and senior leaders described a low impact at system level for a number of reasons, including low system readiness for improvement and limited impact on national policies. Contributors to the evaluation felt that Q had largely only just begun its journey to move beyond the individual and to have influence at a system level. For example, with the introduction of new programmes: Provider Collaboratives: Improving Equitably and Learning and Improvement Across Systems.

Scale of impact

Q members often reported more impact of Q at the system level than the organisational, although the overall level of impact was still deemed to be low when considered against the ambitions for sector-wide impact detailed in Q's Theory of Change. While those who had higher rates of engagement with Q generally felt more positive about system level impact, members and senior leaders alike felt it was relatively new for Q to operate at this level which resulted in limited impact.

Case study 3.

Technology Enabled Remote Monitoring in Schools (TERMS)

Context

Funded by Q Lab, the TERMS project collaboration involved Aneurin Bevan University Health Board, TEC Cymru, school staff, and pupils across South and West Wales. Driven by the aim of 'keeping kids in school', the project tested remote monitoring technology for medication reviews for those with ADHD (Attention Deficit Hyperactivity Disorder), diabetes, weight management and wider health areas in schools and clinical settings in Wales. There was extensive clinical and educational involvement with young people from the start, contributing to the design and shape of the project.

Mechanisms

The team utilised Q Lab, particularly the workshops and coaching sessions, as a safe space to gain distance, renew perspective, foster motivation and forge relationships with other Q members for the project's success and longer-term planning.

Challenges included schools' fears about the extra burden and engaging schools with special educational needs. Q Lab coach support and encouragement contributed to the project's success, addressing issues and challenges as they arose and giving advice and support when needed.

Outcomes

The TERMS project created a change in government policy as it was included in the Welsh Government Mental Health Strategy for 2024.

TERMS has been tested in a live environment to understand effectiveness of the model. Through co-designing with school nurses, the team could collaboratively explore who would be best placed to administer the technology.

An outcome for beneficiaries was the use of remote monitoring, along with digital inclusivity for students across Wales. There was also a positive impact on young people on the advisory group, who were given opportunities throughout the project to develop their skills and knowledge, and gain motivation for a career in healthcare.

Project evaluation found that clinicians benefit from shorter appointments and dashboard checking, and students benefit from reduced stigma, improved school attendance, as well as less time off work for parents. The project estimated an annual saving of £4.7 million by reducing ADHD consultations to a 10-minute check-up.

Impact summary

While the impact of Q was deemed to be moderate, it is important to understand the challenging operating environment within which Q exists, and consider what is reasonably expected for a community-initiative operating in the current health and care sector. Q members revealed their focus can only be on essential activities ('keeping the lights on') while improvement is seen as a luxury afforded to those with greater budget and more capacity.

It is clear then that there is a wider challenge facing the Q community as it strives to influence the conditions for improvement. It would be unrealistic to expect the community to transform the health and social care system on its own: at present, more needs to be done to create the conditions for positive change, starting with how improvement is perceived; shifting from a nicety to a necessity.

Despite the barriers to engagement created by the operating context, there is an innate value in the Q community. It fills a void for many who often work in small teams or in isolation to deliver improvement work. Operating within challenging workplace environments, some people depend on Q for the opportunity to connect and learn from others. Importantly, the majority of survey respondents felt that Q met the expectations they had when joining, at least to some extent. This suggests that Q is acting in a way that members anticipate: as a community of like-minded individuals where engagement can ebb and flow depending on needs at a given moment.

While impact at organisational and system level overall was identified as low, there were clear examples of how Q was creating ultimate impact. Funded projects most clearly illustrated impact on patient outcomes, as the introduction of new or improved services resulted in better perceived quality of care for patients. Through the deep dive analysis of Q Exchange and Q Lab, multiple examples showed tangible impact at the ultimate level.

"There's many, many, many outcomes that we've hit whilst delivering these projects… the biggest one is when someone has a poor, poor level of functioning, for them to be given the platform and then to be able to carry on a hobby for the rest of their lives, you know, it's about their way of coping…it's very important."

(Project Beneficiary, Independent Evaluation of Q Exchange)

Out of all the mechanisms in Q's theory of change, collaboration was the only one that the evaluation identified as having significant impact at all levels (individual, organisational, system and ultimate). That said, only a few of Q's activities facilitate clear opportunities for Q members to collaborate on improvement work. This indicates an opportunity to increase impact in the future.

Case study 4.

Service improvements through cross border connections

Context

* Names have been changed

An Attention Deficit Hyperactivity Disorder (ADHD) clinic in England was facing multiple barriers to providing effective health care. The staff felt burdened with an overwhelming workload and being stretched too thin.

The combination of high demand and limited staff capacity resulted in extensive waiting times, reaching up to 7 years.

Mechanisms
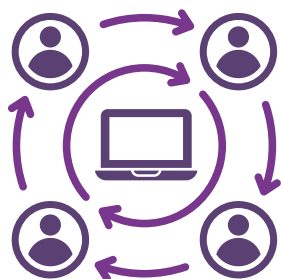
In the Q online community space, Q member, Jamil* who was based in Wales, was able to connect with the ADHD clinic professionals and offer them quality improvement tools that could help them address issues they were having as a clinic.

The tools included lean management, a method that can improve efficiency and quality by minimising time spent on tasks that do not add value.

Jamil also shared his approach to process mapping, a tool that would allow the clinic to visualise its workflows and processes.

Jamil valued that the Q space was facilitative but not prescriptive. Q takes a strengths-based approach to support, which recognises what is already being done well and how this can then be harnessed.

Outcomes

The clinic used some of these tools and saw some positive outcomes.

There was a small reduction in the waiting list, a process map of the services, increased confidence built in the clinic and a reported reduction in patients missing appointments.

Staff felt more in control, less burnt-out and more accepting of difficulty with waiting times. The clinical team has better-attuned processes to staff, clinical, and patient needs.
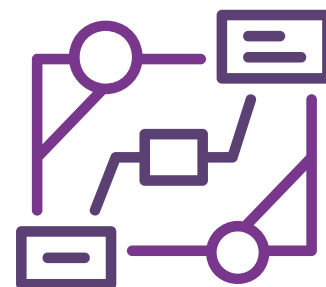
Recommendations

The recommendations developed through this evaluation have been broken down into three groups: recommendations relating to specific activities, content recommendations that relate to multiple activities, and broader Q community operational and strategic recommendations. Taking into account Q's strategy to date, they aim to support the Q team and its partners as it works to strengthen and maintain organisational resilience and agility to achieve their vision and increase impact.

Recommendations for specific activities

1. Increase the number of individuals attending workshops, webinars and events

Events should be delivered in-person, online or as hybrid sessions to balance accessibility and capacity for a range of people to attend, and the content of the sessions should meet the practical needs of attendees (see recommendation 6).

2. Increase the number of local and regional events and webinars

This will allow individuals to connect locally with peers within their systems. Local and regional events and webinars have a significant positive impact on the perceptions of outcomes at individual and organisational/system level.

3. Promote member–produced content through facilitated online groups

Member-produced content creates impact at all levels and should therefore be further promoted and distributed within groups. Although groups have limited impact when considered in isolation, they are key spaces for sharing content and connecting. Content should be accessible, engaging, and relevant.

4. Update the selection process for the Q Exchange funding model

Q Exchange funded projects showed impact at all levels, and the opportunity to apply for grant funding drives engagement in the Q community. That said, the funding model could be improved. Q members felt there was bias in the voting process which resulted in a 'popularity vote'. A fairer option for funding selection would be to introduce a panel review that considers all applications together.

5. Ensure operational senior leaders are involved in Learning and Improvement Across Systems

This programme requires adaptation to ensure it meets expectations, including increasing engagement with those in senior regional leadership roles beyond improvement. It should be acknowledged that this programme was not a core focus for this evaluation and has been evaluated in-depth separately.

Content recommendations

6. Ensure content and focus of offers[1] is action-focused and relevant

Members have limited time to engage with Q due to workload pressures. Therefore, events, programmes and content should be focused and relevant to individuals' needs. They should focus on providing practical tools and advice to help individuals address real-world challenges impacting their role.

7. Make content easier for people to find on the Q website

The Q website should be user-friendly and accessible to encourage engagement and overcome technological limitations. Users have limited availability and need to navigate the Q website easily and quickly to find relevant content. It should be acknowledged that the new Q website launched in November 2024, at the end of the data collection period for the evaluation.

8. Enhance collaboration opportunities for Q members

Collaboration opportunities with peers (to deliver improvement work) is the only mechanism that reportedly had impact at all levels (individual, organisational, system and ultimate). To increase impact, Q should further promote collaboration opportunities that bring together members to tackle shared goals and challenges.

9. Diversify content to ensure relevance for all

Q members working in social care and primary care have reported disengaging from Q because they feel that content, and Q's activities, events, and other content, do not align with their needs and roles. Expanding the diversity of content would ensure each member feels included and can relate insights and learnings to their role.

10. Consider offers for different levels of experience

Some members find that the Q content and activities do not align with their skills and level of improvement experience, which cause them to disengage. Therefore, sessions should be tailored to different level of improvement experience, although there will likely be cost implications.

11. Promote patient leader and lived experience member engagement

More needs to be done to involve patient leaders and lived experience members in the community and to ensure everyone feels welcome to share their experiences. Presently, some individuals feel that Q's focus on professionals overlooks the importance of the patient voice. Fostering further engagement would aid in encouraging improvement specialists to develop patient-centred solutions.

12. Promote sharing within and beyond Q, with organisations and peers

Q should promote more opportunities for shared learning within the community (amongst members) and beyond Q (encouraging members to share with their organisations). Individuals would benefit from sharing ideas and experiences with peers, allowing peers to gain insight into available resources, opportunities and learnings on how to tackle health system challenges.

---

[1] Within this evaluation, we collectively refer to activities and resources that Q supports or delivers as 'offers'.

Q community operational and strategic recommendations

13. Clearly define the purpose and aims of the Q community

Some individuals reported that Q's purpose and aims lack focus and clarity, which has left them feeling uncertain about how Q can help them. It also means that those who are not members are often uncertain about what they are missing if they choose not to apply.

14. Clarify the purpose of Q offers

Similarly, Q needs to explain the purpose and value of the different offers and activities better. This will enable individuals to manage their expectations, navigate the choice of events, programmes and other content, and identify which of them best suit their needs.

15. Refine Q priorities and the focus of Q, ie around topics and themes

Q selects topics and priorities for activities (ie workshop sessions and funding focus). It is important that Q connects with its members and makes them feel their needs are being met. One option could be to ensure members are involved in the priority-selection process.

16. Reconsider membership approach to make Q more accessible

Streamlining the membership application process with input from current members will improve engagement and allow all individuals, including those with limited professional experience, an opportunity to become a member of Q. This would increase diversity within Q's membership.

17. Clarify the distinction between member access and access for individuals who are not members of Q

Individuals who are not Q members are unclear on the distinction between what they do and do not have access to. Clarifying membership access may highlight the advantages, value, and necessity of the Q membership to these individuals.

18. Review Q communications strategy (ie frequency and content)

Clear and concise communication, at a balanced frequency, could improve engagement with Q. This approach would prevent communication overload while ensuring that professionals with limited availability can quickly identify key points in the communications. More also needs to be done to ensure and that individuals who are not members can also receive adequate communication to understand Q's work and opportunities available.

19. Work directly with senior leaders within organisations to promote top-down culture change towards quality improvement

While Q's activities have gone some way to involve senior leaders in improvement through the introduction of new activities and thought leadership work, more needs to be done to change system attitudes towards improvement. Direct contact with organisational leadership, including through Q's partners and including those outside of improvement, is needed to influence this culture shift.

20. Influence policy makers to ensure that quality improvement is embedded within health and social care

Doing more to communicate the value of improvement approaches to policymakers and system leaders could create opportunities for improvement across health and social care sectors and increase Q's impact at organisational and system levels.

21. Embed ongoing monitoring activities within offers to assess offer impact, reviewing successes and acting on learnings

Given the complexity of the health and social care system, Q should increasingly focus on rapid evaluations of its activities to assess impact and monitor changes over time. While these reviews may not measure long-term sustainability, they can provide regular insights to improve engagement and member experience.

Picker

Address

Picker Institute Europe
Suite 6, Fountain House
1200 Parkway Court
John Smith Drive
Oxford OX4 2JY

Contact details

📞 +44 (0)1865 208100
🌐 Picker.org
@ info@pickereurope.ac.uk
𝕏 pickereurope
in picker-institute-europe
f pickereurope

In association with

HPS
HEALTHCARE
PRIORITY SOLUTIONS

ResPeo