

## Quality Action CASE STUDY

### 1. Name and country of the organisation

*(Please state the name and the country of the organisation that implemented this practical application of a QA/QI tool as part of Quality Action. We do not publish this information unless you agree. You can remain anonymous by adjusting the settings at the end of this form.)*

UNITED KINGDOM - Leeds

BHA for Equality in health and social care

[www.theBHA.org.uk](http://www.theBHA.org.uk)

### 2. Authors of the case study and contact details

*(Please provide then name of the author(s) of this case study and any contact names, Email address or websites where readers can access more information about this practical application of a QA/QI tool.)*

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### 3. External support (facilitators/partners/technical assistance)

*(Please list the names of other organisations and/or people who were involved in this practical application of a QA/QI tool, e.g. project partners, technical assistance, external stakeholders etc..)*

1. Leeds Kirkgate Market traders and local businesses
2. General Practice Surgery (GPs)
3. Refugee and Asylum Centre
4. Community Based Pharmacy
5. Congolese community football tournament event
6. BHA volunteers on the HIV prevention and community testing service

### 4. Project/programme

*(Please briefly describe the project/programme to which you applied the tool.)*

The BHA HIV prevention and community testing project provides targeted services to Black African residents of Leeds. The services include provision of one to one information and advice, group level information and advice, assertive and detached outreach interventions, condom distribution, HIV prevention campaign materials (such as posters, leaflets) and Point of Care HIV testing on a drop-in basis and directly to targeted community settings such as refugee centres, faith settings, businesses and at cultural and entertainment events.

The evidence base that informs the project is derived from national, regional and local research such as that of Public Health England, Leeds Public Health etc. about the HIV prevention needs of Africans as one of the key groups most at risk of HIV acquisition and transmission. For example, HIV in the UK report published in November 2014 by Public Health England showed that the HIV prevalence rate among black-African heterosexuals is 56 per 1,000 population aged 15-59 years (41 per 1,000 men and 71 per 1,000 women). Almost two in five (38%) black-African men and one in three (31%) Black African women living with HIV remained unaware of their infection; in 2013, an estimated 38,700 black-Africans were HIV positive and this group constitutes two-thirds (65%, 38,700) of all heterosexual people living with HIV (Black African men diagnosed = 8,400, undiagnosed = 5,300; Black African women diagnosed = 17,200 undiagnosed = 7,900).

## 5. Goals/aims of applying the QA/QI tool

*(Please list the goals you wanted to achieve with the practical application of the tool.)*

The aim of applying the tool was to establish which areas of the project the team and volunteers felt required improvements and what action would be taken in order to increase and improve the provision of HIV point of care testing to Black Africans living in Leeds, such as during National HIV Testing Week. The chapters that relate to this case study and the application aims are: collaboration, participation, planning and implementation. The goals identified for achievement were:

1. Increasing collaboration with stakeholders in the planning and provision of HIV Point of Care testing
2. Increasing participation of the project target audience (end user) to ensure the service provided was appropriate to their needs
3. Increasing the gathering and the use of local knowledge in planning and delivering targeted HIV Point of Care testing in new settings

## 6. Tool and methodology used

*(Please indicate which of the five tools you used (Succeed, QIP, PQD, PIQA, Schiff) and briefly sketch out the steps and measures of how you applied it.)*

As part of and during regular project review meetings, the team and volunteers had already started to identify from experience the areas of the project they felt could be improved. Specifically, these related to increasing the range of stakeholders, participation of project service users and effective use of local knowledge. Therefore, in order to apply a structured approach, the tools that were applied included a select number of applicable aspects of the Succeed questionnaire and PQD.

For Succeed, the steps and measures undertaken involved identifying a select number of applicable aspects of the questionnaire to function as a self-assessment for the project team and volunteers to gain an overview of whether the project objectives were still understood and whether the team had the ability to meet them. The sections that were used included Project Structure on goals, key populations and the project's existing approach to reaching them. The additional section of the questionnaire that was used focused on Project Process in relation to support and participation of key stakeholders, what the existing and desired future networks/key organisations were and to establish whether the project messages were reaching the key populations. Upon completion of this step, the team and volunteers discussed their responses and identified the key areas to improve: collaboration, participation and increasing the use of local knowledge across project activities.

For PQD, the steps and measures undertaken involved the team receiving two training sessions on the application of PQD in order to meet the identified needs. The methods the team identified from the training that would best used to improve quality and would be applied included the SMART criteria, Circles of Influence and Open Space.

## 7. Results and benefits of applying the QA/QI tool

*(Please describe what resulted from applying the tool and if and how your project/programme benefitted.)*

Improving collaboration, participation and local knowledge demonstrated the following results and benefits for each of the methods:

1. SMART Criteria: The team were able to set objectives that they felt would be achieved and for which there were enough resources. The use of SMART criteria benefited the process/planning element of the project.  
Source: <http://www.pq-hiv.de/en/methode/smart-criteria>

2. Circles of Influence: The team were able to review the number and types of stakeholders who were already involved in the project and identified new ones who would further benefit the project. The method provided a clear visual representation of what the project looked like and how quality would be improved in the future.  
Source: <http://www.pq-hiv.de/en/methode/circles-influence>

3. Open Space: Based on the visualisation using the Circles of Influence diagram, the team embarked on setting up engagement meetings with stakeholders that they identified and that would specifically support an increase in the delivery of targeted HIV prevention and Point of Care testing. The project benefited by engaging new stakeholders and getting insight into the local knowledge that would influence the project's planning of activities.  
Source: <http://www.pq-hiv.de/en/methode/open-space>

Overall, applying the tool enabled the project to deliver HIV testing to new settings, which included Kirkgate Market, GP practice, pharmacy, Refugee and Asylum Centre and at a football tournament during 2014 NHTW.

## 8. Recommendations

*(Please describe the lessons learnt from positive and negative experiences during the process of using the tool itself and about the quality of projects/programmes like yours.)*

The application of PQD resulted in an increase in the number of new stakeholders that eventually supported the delivery of HIV testing in new settings. Significantly, the application also proved that through collaboration, participation and applying local knowledge it was feasible to deliver HIV testing in settings previously not thought possible, such as Leeds Kirkgate Market based in the city centre - one of the largest indoor markets in Europe with a large number of African food, hair and beauty stalls. Of all settings it ended up having the highest number of people testing.

A further analysis of the 37 individuals who tested at Leeds Kirkgate Market showed that 60% were African, 10% Caribbean, 5% MSM, 23 women and 14 men. 95% identified as heterosexual. In addition, 60% had never attended a sexual health clinic, 46% had never had an HIV test before and of those who had tested before, only 10% had tested within the last 2 years and only 16% of those tested knew about PEP.

BHA's and the team's understanding and appreciation of existing quality procedures already in place within projects and across the organisation, e.g. ISO 9001 and Information Standard (NHS England), meant the team and organisation recognised that QA/QI would be an added value, part of knowledge development and would be applicable in day to day work. Applying the tool also increased motivation within the team as it allowed for the engagement and involvement of new stakeholders and delivery in new settings. Quality improvement also enabled staff to take a critical view of the effectiveness of the project with the aim of improving results and impact.

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