What is Co-Production?
Co-production in Health

Is the coming together of people with lived experience of health conditions with health care professionals in an equal and reciprocal manner to design, create and run services for patients.

It values the blend of expertise this ‘coming together’ creates and the skills and knowledge each bring to the table.
“To be truly transformative, co-production requires a relocation of power towards service users.

This necessitates new relationships with front-line professionals who need training to be empowered to take on these new roles.”

What is Co-Production? The Health Foundation 2010
Alba Realpe and Professor Louise M Wallace
Key elements of coproduction

Power

Trust
It’s a Change of Mind-set

The Institute for Healthcare Improvement (IHI)

Predicts that in the next five years we will need to shift our focus in healthcare from:
What’s the matter?
To what matters to you?
Bev Fitzsimons
The Point of Care Foundation
We are working to radically improve the way people are cared for and to support the staff who deliver care.

Improving the way we are cared for because understanding and

Supporting healthcare staff because delivering high-
Why involve patients in co-production?

It works and has an evidence base behind it

Co-design approaches are often absent or neglected

Patients, service users and families:
  • have expert knowledge
  • have the right to be involved/are most affected
  • lend a legitimacy and urgency to change
  • understand the experience
  • can see waste and inefficiency in the system
  • understand both the personal and system obstacles to good care
  • wish to share power and decision making
  • benefit greatly, if co-production is done well
  • are best placed to judge outcomes
  • are a motivating force for staff
A surgeon’s story

Hiro Tanaka
Consultant orthopaedic surgeon
Aneurin Bevan
University Health Board
And industrial analogies can only go so far

<table>
<thead>
<tr>
<th>Complex connected processes</th>
<th>Many hands involved in good care</th>
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<tr>
<td>‘Inputs’ vary widely</td>
<td>Friends are involved and act as advocates</td>
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<td>The task may be unclear</td>
<td>Health and care bear witness the greatest joys and the greatest losses in people’s lives.</td>
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<td>Wide degree of discretion about care</td>
<td>People at the end of life are uniquely vulnerable.</td>
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Co-production addresses the difference between care “as imagined” and work “as done”

“... hearing about long and painful journeys to the hospital, getting lost, how taking blood can make the boys – and mothers – cry, and how clinic scheduling or delays can mean the families miss meals.”

Consultant Paediatric Neurologist,
Dubowitz Neuromuscular Centre
Great Ormond Street Hospital
Implementation of co-production – benefits for patients

- Full time cleaner in ED
- Porters remove waste at a different time in ICU
- Clock in ICU
- New templates for patient appointment letters
- Customer care training for reception staff
- New layout of roads surrounding outpatient building
- New design mammography gown
- More comfortable V shaped pillows
- New private room for communicating diagnosis
- Information leaflets, folders, posters, DVDs
- Appointment for surgery given on day of diagnosis
- Patient-held records
- Redesigned discharge summary
- Porters remove waste at a different time in ICU
- New templates for patient appointment letters
- Information leaflets, folders, posters, DVDs
- Appointment for surgery given on day of diagnosis
- More comfortable V shaped pillows
Film Co-production is different
Online toolkit:

https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/

**EBCD: Experience-based co-design toolkit**

The toolkit includes short videos from staff and patients involved in experience-based co-design (EBCD) projects to help bring to life the successes and intense rewards of running this type of improvement project.
8. Interviewing and filming patients

This stage involves creating a comfortable environment for patients to share their stories of services, and capturing those stories effectively, to provide rich information that will guide improvement.
Staff experience of co-production
Patients’ experience of co-production
Making sense of patients’ experiences in co-production
Making sense of patients’ experiences in co-production

• Touchpoint analysis
  • Identify the “moments of truth”
  • Emotional hotspots that stay with patients

• Emotional mapping
  • Done by patients
  • Overlay emotions onto the process of care
  • Move from the individual to the collective
  • Helps prioritise areas for improvement
Yes and if you have somebody with you for moral support and they have to go off and find somewhere to park, it defeats the purpose somewhat. So I saw Mr Head and Neck Surgeon and he told me what he suspected and then he gave me a list of things I had to do that day. X-ray, blah, blah, blah. He asked me to wait outside and I would be called. I misunderstood what I had been told. I thought I had to go off and get the X-rays and the blood, so off we went looking for all these different departments and eventually we got everything done, you know the X-ray, the blood tests and a few other bits and bobs and on the list was to go to Ward One. So eventually we went to Ward One and the nursing sister said what happened to you? We’ve been waiting an hour and a half for you? So I said no I’ve been getting all these tests done, and she said oh, you were supposed to come here first and then everything would have been done with the one stop shop, as it were. That had not been fully explained to me.
Emotional mapping – exercise

• Think of the last time you or a family member visited the GP

• The care process is:
  - making an appointment
  - the waiting room
  - the consultation
  - after the appointment

• Use the post-it notes to record how you felt at each stage of the process

• Use emotion words – one emotion per post-it
Putting patients at the heart of quality improvement in healthcare

• Is crucial for us as individuals
• Can help us to deliver safer, more effective care
• Can help us innovate new ways of working
• Can help health professionals move from ‘fixers’ to ‘facilitators’
• Can help us to think more creatively about how to achieve ‘wellbeing’ in order to prevent ‘ill health’
THANK YOU