

Combined slides from the joint HSCQI/NIPEC Co-production event, held on 19 June 2024.



CO-PRODUCTION VIRTUAL EVENT



Four presentations – telling stories about how a co-production model enables purposeful engagement with lived experience partners to enhance improvements in health and social care.

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1 Shaun Webster MBE
Involvement Coordinator



Amy Hird, Service User
Involvement Facilitator

Shaun shares his story about why and how he is using co-production to lead a campaign to get Bigger Better Labels on medication because of his personal experience of an accidental overdose of his medications.
- 

2 Christina Savvas, National
Lived Experience Ambassador



Helen Lee,
Experience of Care Lead

Christina and Helen speak about how NHS England's co-production model creates conditions for lived experience partners and staff to improve care together.
- 

3 Alan Dugg,
Recovery College Manager

Alan is a retired US Navy Chief Petty Officer and has been working with statutory and voluntary organisations in creating & sustaining suicide safer communities for 30+ years. Now a Recovery College Manager & Lived Experience Advocate with SE Trust, Alan will share his journey into Quality Improvement through his work to improve the student experience and reduce DNAs within the College.
- 

4 Geraa Gallagher,
PWI, NIP Lead



Johnny Graham,
Age NI Lived Experience Peer

Johnny and Geraa will share their experience of co-production when working together to develop the regional falls in care homes pathway.

 **Date: 19th June 2024**
Time: 10am-12pm 
Virtual: MS Teams



**IF YOU WANT
TO GO FAST,
GO ALONE.**

**IF YOU WANT
TO GO FAR,
GO TOGETHER.**

African proverb.

NB: The 4th presentation is available as a video resource on the HSCQI YouTube Channel at:
<https://youtu.be/a-6UWwHdCk>



Bigger Better labels project

Learning Disability Involvement Team and Patient Experience Team



Shaun Webster MBE



Amy Hirst



Helen Thompson

Who we are

Learning Disability Involvement Team



- We are from Leeds, West Yorkshire
- Or team purpose is to understand people's experience to improve health services for people with a learning disability.



- We do this through coproduction.
- We do this in **a big way** by improving services, for example Bigger better labels project or in ways that **support a person** such as co-designing a care plan.



Co-working

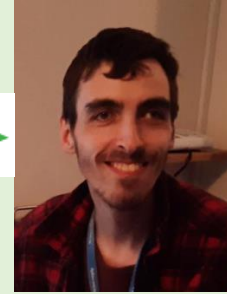
Equal value of lived experience and professional experience.



Shaun Webster
Involvement co-ordinator



Lisa Cromack
Involvement co-ordinator



Dominic Ryan
Involvement co-ordinator



Lyndsey Charles
Clinical Director for Learning Disability & Older Peoples Services
Clinical Consultant for Co-production, Learning Disabilities Services



Amy Hirst
Service User Involvement Facilitator



Debbie Davenport
Information and involvement worker

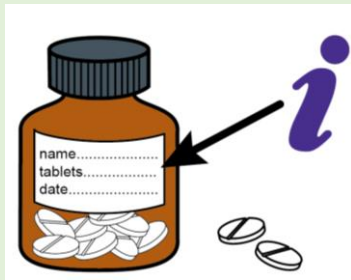


Holly Larkin
Involvement co-ordinator

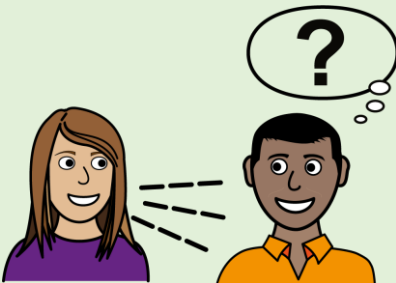


Bigger, Better Labels Project

Our vision is to make it



■ Easy for people with Learning Disabilities to understand information on medication



■ Easy for pharmacists to make reasonable adjustments and provide accessible information

- Help reduce patient safety risks
- Reducing health inequalities



Why this is important

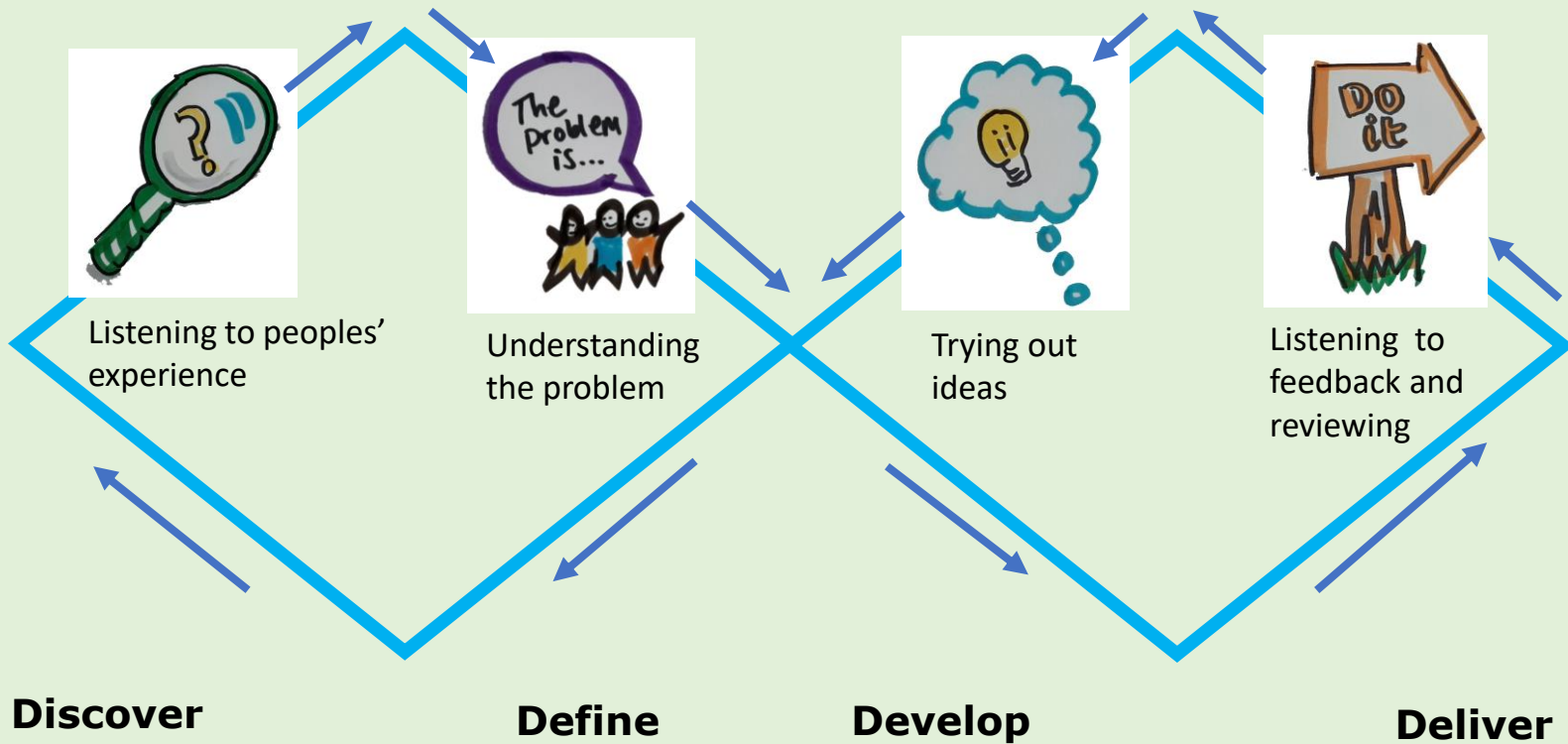


- Not being able to read the labels is frustrating and takes away people's independence.



- Putting people's safety at risk – taking too much or not taking your medication at all.

Design thinking process



Discover



What we did



Research

- speaking to groups
- mystery shopping
- Talked to people in our own networks
- Spoke to GP and pharmacy staff

We found out

- Large print labels can be made, our hospital pharmacy do this.
- we found from Mystery shopping that it is not always easy to get large print in community pharmacy.

Discover



What we did

Co-design workshops – with service users and staff

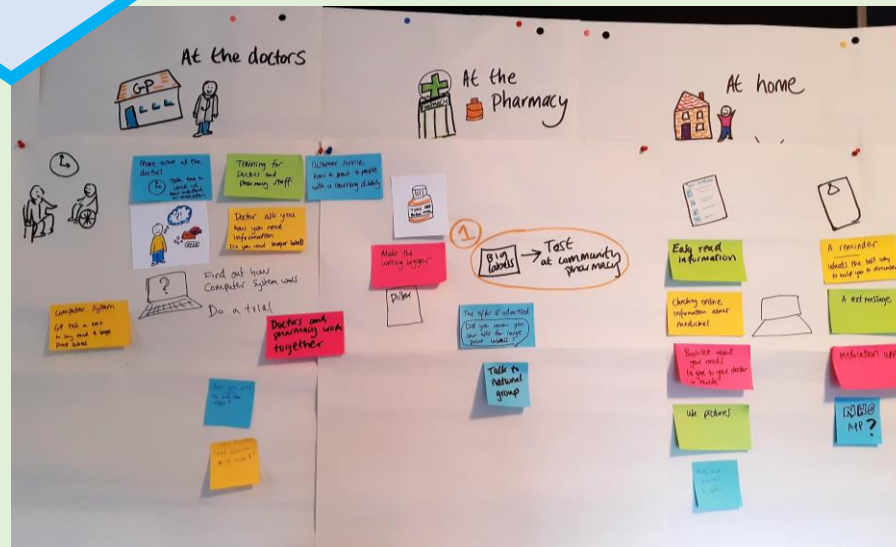
We found out that:

- No-one with a learning disability or support staff we spoke to knew you could get large print labels.
- For a population group who already experience health inequalities and often multiple disadvantage, expecting people to ask for a service they don't know about adds another barrier to improving health outcomes and reduces
- **These workshops lead to developing a steering group for the project.**



Develop

ideas to test



At the Doctors

- Electronic prescribing
- GP explaining medication - training

At the Pharmacy

- Test labels with larger writing
- QR codes

At home

- Easy read
- Checking online easy read information
- A reminder service – text message or app



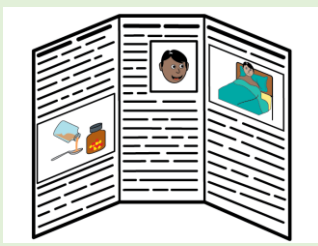
Things we have achieved with our co-design group



Tested labels with larger writing



Made a film to tell people why this issue is important

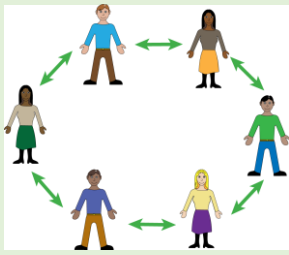


Made Posters to show people what support you can get from pharmacy

Mystery shopping – gave me idea for posters

Bigger Better Labels Film

https://www.youtube.com/watch?v=h5L_kiS7L50



Sharing our work

Leeds, West Yorkshire and Nationally



Leeds and York Partnership Trust Board

Health Equity Fellowship – Research lead by Helen Thompson



Integrated care board west yorkshire

Articles for Community Living Magazine and the Pharmaceutical Journal



Working with West Yorkshire Community Pharmacy

Poster design

NHS
Leeds and York Partnership
NHS Foundation Trust

Need help with medication?

medication to take
to open containers or use your medication

hard to remember things

keep safe

? Ask pharmacy for help

to remember to take medication

to read your labels better

Speak to the **pharmacy** where you get your medication to see how they can support you.

We want people with a learning disability and carers to know they can ask for support with medication, including large print labels.

We worked with pharmacy teams to understand other support available.

We worked with our co-design group to make a poster that was accessible



Summary

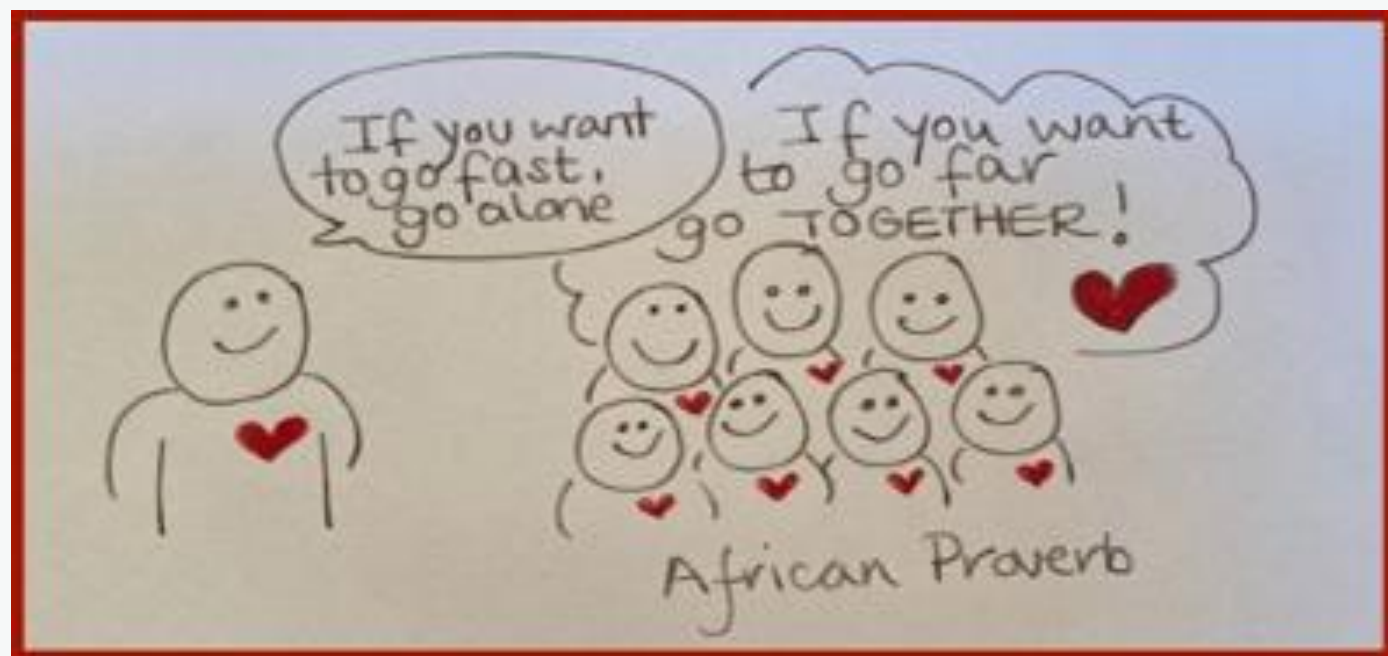
- Coproduction is powerful tool to learn from lived experience to affect change across a system
- Enables you to understand the problem from different perspectives
- Focus on what matters
- Make decisions and develop solutions together
- We have learned a lot through this process – navigating complex system
- We are continuing to learn and welcome your perspectives too.

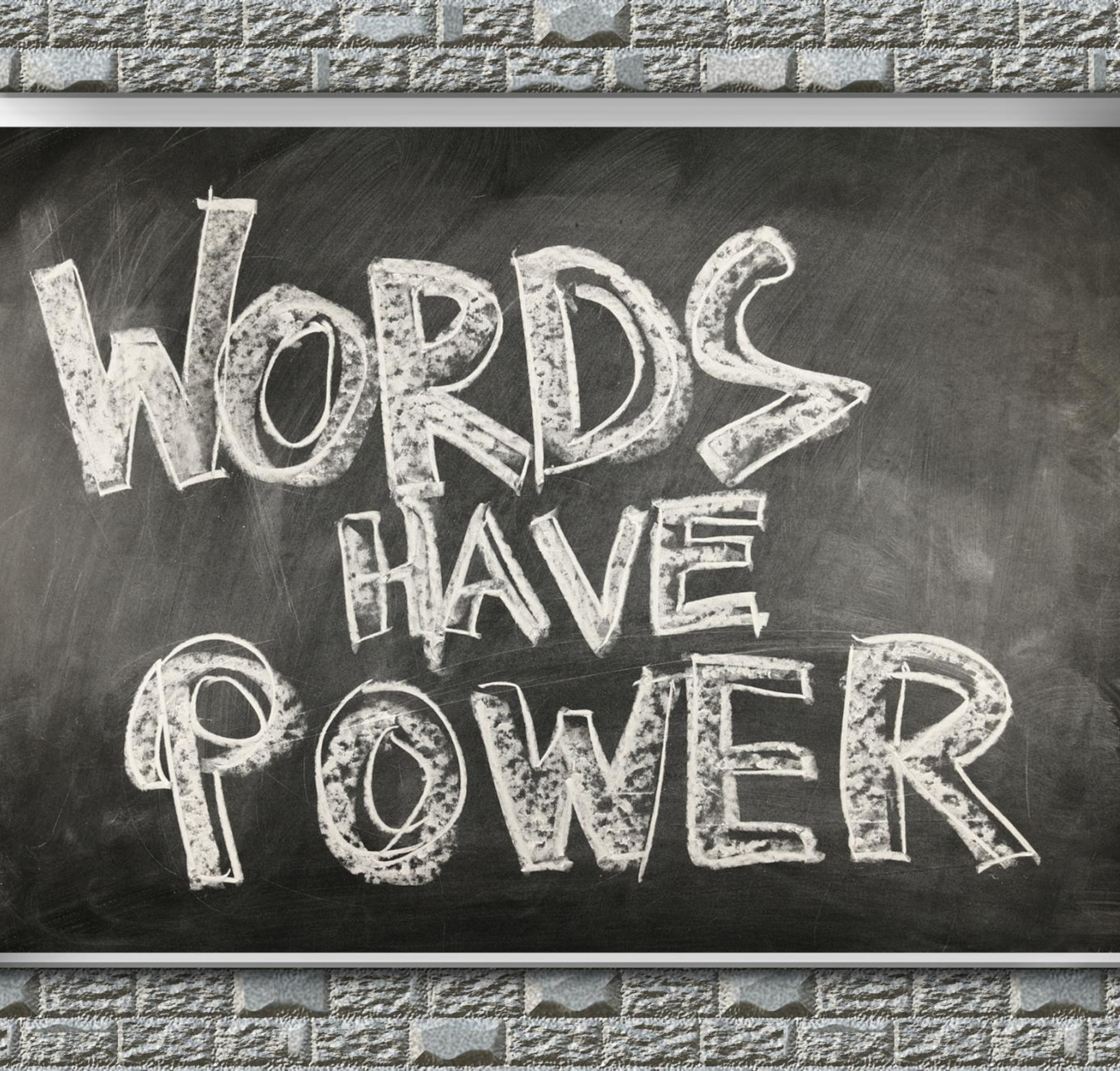
Co-production - improving care together

19th June 2024



Presented by:
Sarah and Helen
Experience and Partnership Team NHS England





Three words to describe what co-production means to you.....

Co-production as one of several ways to work with people and communities



A blended approach to working partnership with people and communities.

Being clear as to the rationale and deciding that with people with lived experience.

Graphic from: [Working in Partnership with People and Communities. Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England, July 2022](#)

What is meant by the term co-production?



"Co-production is a way of working that **involves people** who use health and care services, carers and communities **in equal partnership**; and which engages groups of people at the **earliest stages of service design, development & evaluation**. Co-production acknowledges that **people with 'lived experience'** of a particular condition are **often best placed to advise** on what support and services will make a positive difference to their lives.

Done well, **co-production helps to ground discussions in reality, & to maintain a person-centred perspective"**

What is meant by the term co-production?

Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



The cycle of co-production



The cycle of co-production - Coalition for Personalised Care

“illustrates both the importance of lived experience voices within co-production processes, and how these processes function as part of a healthy cycle of service development and evaluation”.

National Quality Board Refresh 2022



Improving experience of care

A shared commitment for those working in health and care systems

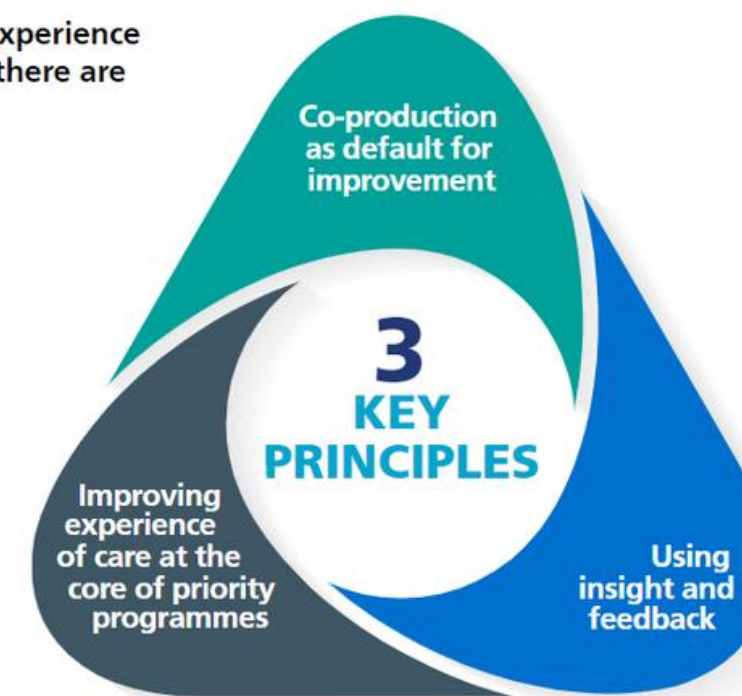
Co-production - Improving care together

Developed by the National Quality Board



Delivering the best possible experience of care in systems: Key principles

When planning for the delivery of the best possible experience across a health and care system or within a provider, there are 3 key principles that should always be considered:



[NHS England » Improving experience of care: A shared commitment for those working in health and care systems](#)

NHS IMPACT (Improving Patient Care Together)

Five components form the 'DNA' of all evidence-based improvement methods, which underpin a systematic approach to continuous improvement:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

Drivers and enablers:

- Co-production with people and communities
- Clinical leadership
- Workforce training and education
- Digital transformation
- Addressing health inequalities

When these five components are consistently used, systems and organisations create the right conditions for continuous improvement and high performance, responding to today's challenges, and delivering better care for patients and better outcomes for communities.

Putting the patient at the centre of Quality Improvement (QI) – the QI journey sharpens the focus on delivering high-quality patient care and aligning improvement activity to outcomes and experience for patients.

To deliver this, patients must be involved and enabled as true and equal partners for QI.

FIGURE 1: COMMON ELEMENTS OF QI



https://www.cqc.org.uk/sites/default/files/20180911_QI_hospitals_FINAL.pdf

Lived Experience / Learnt Experience / Lived & Learnt



Learnt
Experience

Lived
Experience

“My experience of health care will always be different because of my learnt experience as a nurse – I have the privilege of understanding the NHS, the language, how to navigate it etc. My experience will never be the same as someone without these insights”

Doing things together in a new way



- Change working methods to make **co-production the preferred approach**, ensuring people with relevant lived experience are partnered with programmes in your organisation and systems.
- **Sharing power** with people with lived experience to improve care together. Bringing both **'lived and 'learnt'** experience together to work in partnership.
- Understand that we all bring our own experiences and expertise, and **everyone's opinion should be valued and listened to.**
- Putting **'what matters' to people at the heart of every interaction.**

Co-production really is better; just try it



This is one of the things Don Berwick (President Emeritus at the Institute for Healthcare Improvement) says about co-production with people with lived experience in a short film



Community, system & organisational alignment

Strong leadership and culture change

Our shared goal

The aim is to improve experiences of care by co-producing quality improvements together, within total quality management approach

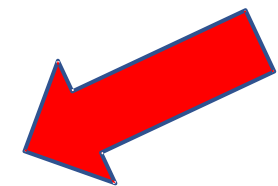


Always Events®

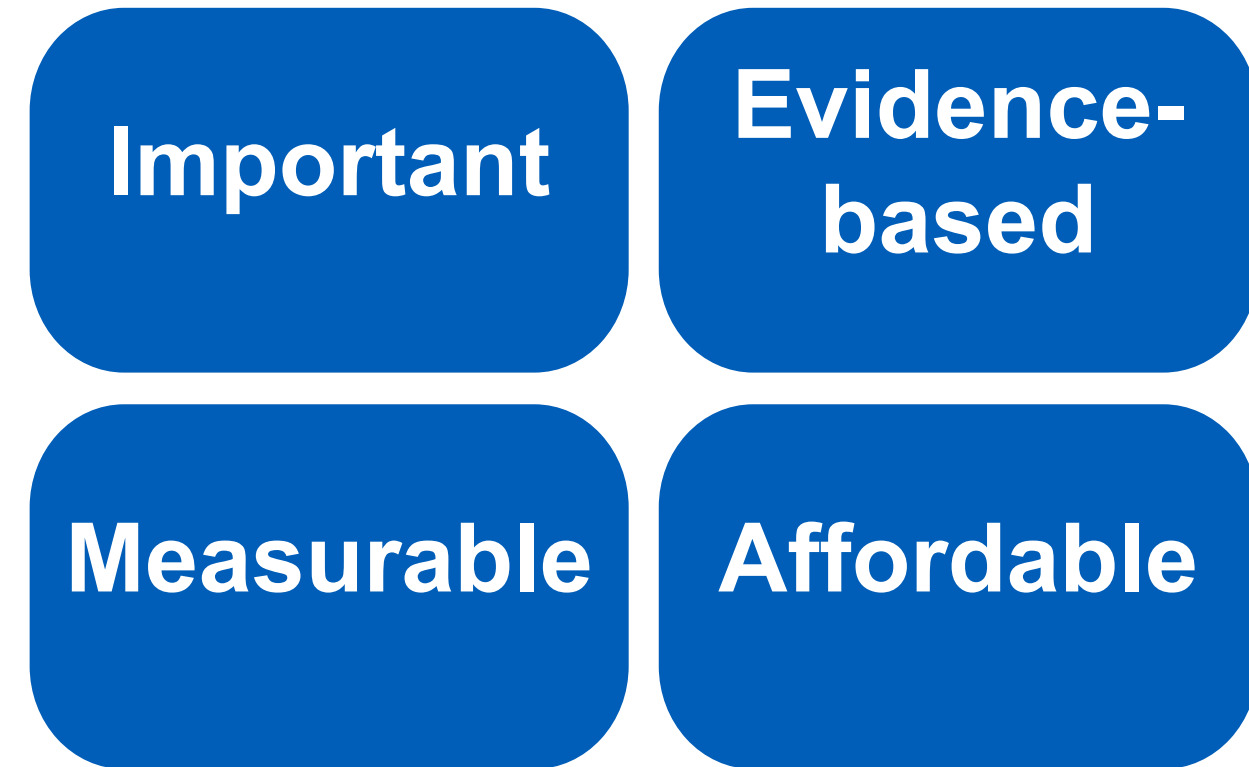
Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system.”

- Always Events is a trade marked product owned by the Institute of Healthcare Improvement. It was originally developed by the Picker Institute Inc in the USA

Doing To
Doing For
Doing With



Always Events



Royal National Orthopaedic Hospital

Patients will always be able to find their way from the RNOH patient carpark to the Children's and Young Persons Outpatient Department



Introducing our co-production resources

[The resources](#) are being shared to help people who want to co-produce improvements in health and care services.

Including:

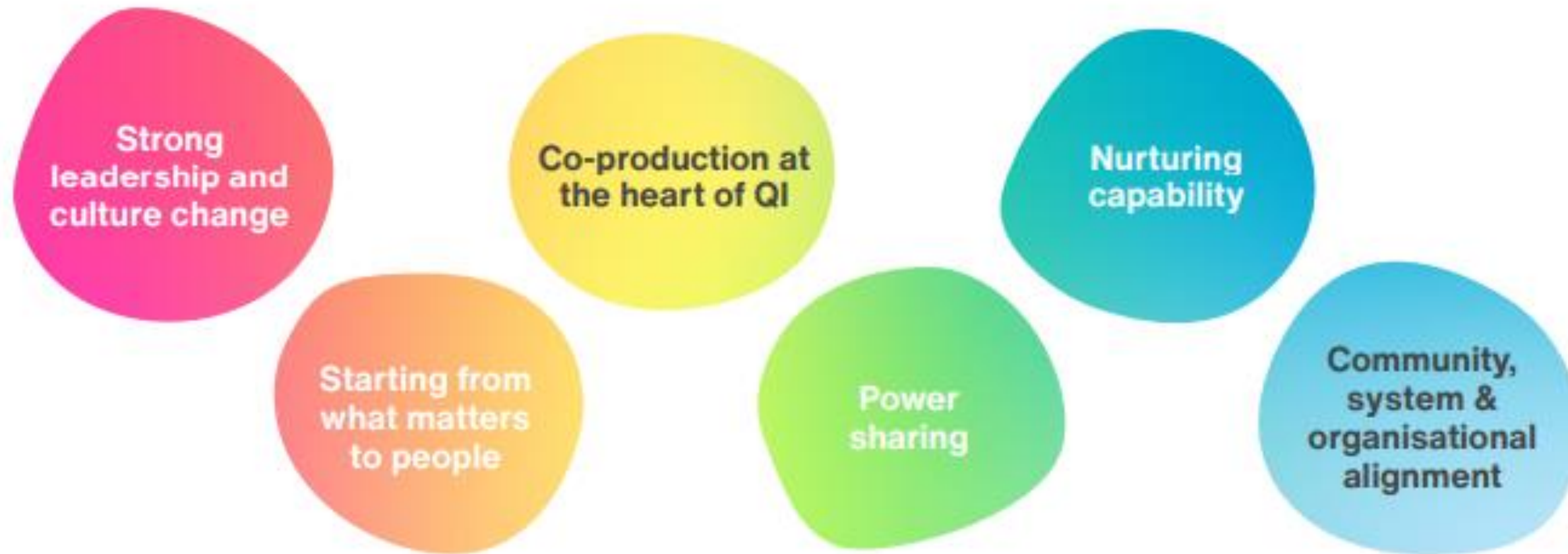
- A co-production introduction
- Supporting literature review
- Resources guide
- QI Venn diagram
- QI Postcards
- A suite of films and animations



Introducing our co-production resources

Deep dive reflections – learning themes from the site visits

This includes a combination of what we observed, our interpretation of what we heard, and the evidence from the literature.



Creating a culture of co-production – top tips



- **Embrace partnership and collaboration** – visibly support co-production at all levels, including senior leadership role modelling and sponsorship.
- **Identify and amplify existing co-production cultures** in the system.
- Support **adoption of co-production approaches** like Always Events®, Experience-Based Co-Design.
- Promote **open and honest conversations** with all involved.
- **Support organisations and systems that amplify the voices** of people and communities.
- **Invest in partners with relevant lived experience and unpaid carers**, to ensure they have the knowledge, skills and confidence for meaningful contributions.

Creating a culture of co-production – top tips



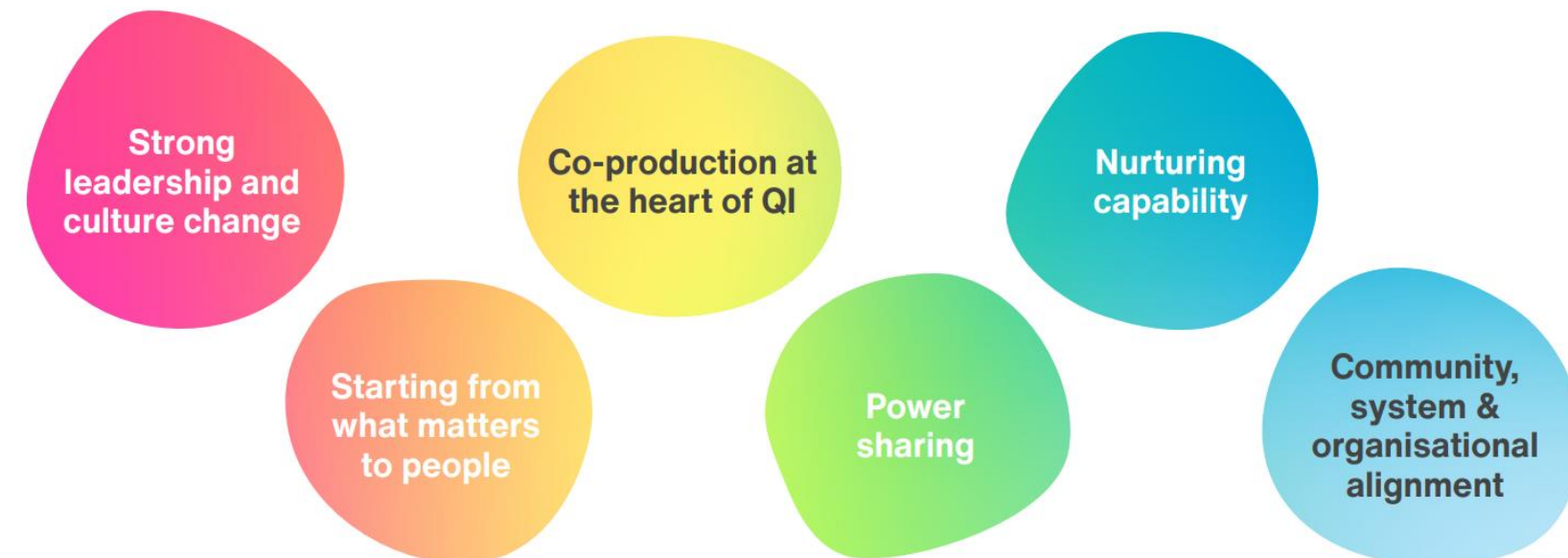
- Consider **employing individuals with lived experience** to role model this way of working, making connections to build sustainability.
- Systematically **build capabilities** for both people with lived experience and staff - **learn together**.
- **Invest in communities to assess needs through networks** of community champions.
- **Don't assume** you know what people will say; **listen actively and be open and curious**.
- Embrace uncertainty – be "**comfortable with the uncomfortable**."
- Keep **communicating and moving forward**, despite challenges.
- **Reflect** on challenges **together** so that you improve together.
- **Celebrate successes** and share with others to help them learn too.

‘Shine a light’ on co-production

The aim of the session is to highlight the importance of co-production and to share ideas on how this can be done effectively by Shining a light on examples of best practice.

We have our shine a light on co-production sessions in the calendar for:-

- [Tuesday 25th June 2024 10:30 – 12:00](#)
- [Tuesday 23rd July 2024 10:30-12:00](#)
- August Summer break
- [Tuesday September 2024 10:30-12:00](#)
- [Tuesday October 2024 10:30-12:00](#)
- [Tuesday November 2024 10:30-12:00](#)
- [Tuesday December 2024 10:30-12:00](#)



Alternatively, the events are listed online at [NHS England Online Events - Shine A Light](#)

Please get in touch if you would like to highlight your co-production work at england.eocoproductio@nhs.net



England.eoccoproduction@nhs.net



[@acserrao76](#)
[@helenlee321_lee](#)

[#ExpOfCare](#) [#AlwaysEvents](#) [#Coproduction](#) [#LivedExperience](#) [#WMTY](#) [#ImprovingTogether](#)
[#QICopro](#)



Thank You



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company/nhsengland



england.nhs.uk

Quality Improvement and



in the Recovery College



Our QI Story

Partnership & Coproduction



Is at the heart of everything we do...

- Culture
- Living & learning together – Students, staff & peers
- Our peer staff are evolving too...lived experience from life, but also on professional pathways
- Partnership with staff & teams in the Trust
- New coproduction partners connected to other services e.g. PSNI, Community & Voluntary Groups, Healthy Living Partnerships, Queen's University, GP federation MDT staff
- Students from our Training 4 Trainers course generated ideas for future courses & are now coproducing these

How we decide what to focus on...

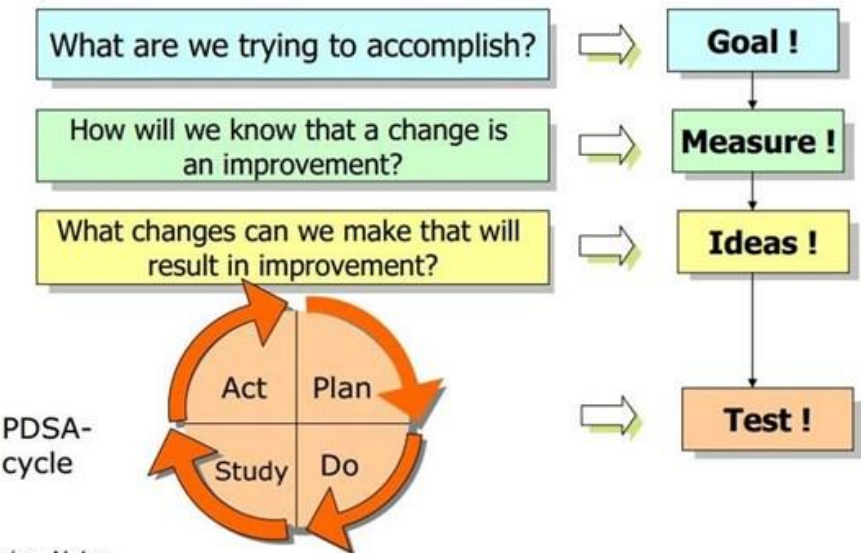


- Knew we had an issue with DNAs
- Tried to follow up with the student at week 1
- But then...Nothing
- Baseline 50.4% DNA rate

We knew we wanted to do better

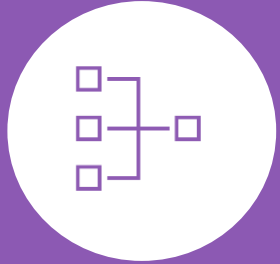
- Team meetings focussed on generating our ideas for improvement & we developed our Driver Diagram

The Model of Improvement



Our QI Journey

Aim: Aim statement developed



Block Diagram

- Process Mapping
- Identify contributors
- Why change is needed
- What is wrong w/system



Driver Diagram

- Refine aim
- Clarify outcome measures
- Primary & secondary
- Change ideas



PDSA Cycle

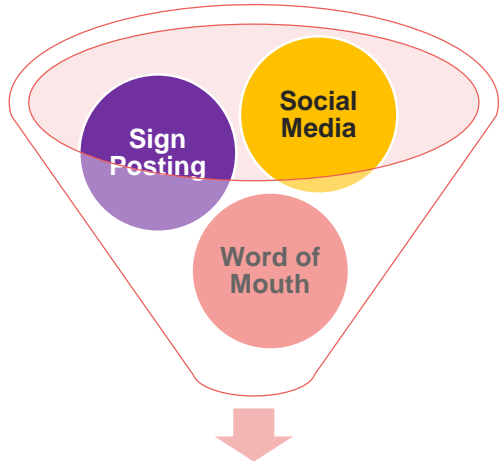
- Plan - test & collect
- Do – trial period
- Study – analyze results
- Act - next steps



SPC Chart

- Record data
- Review trends
- Impact of change ideas
- Inform future QI ideas

Our Block Diagram – typical student journey



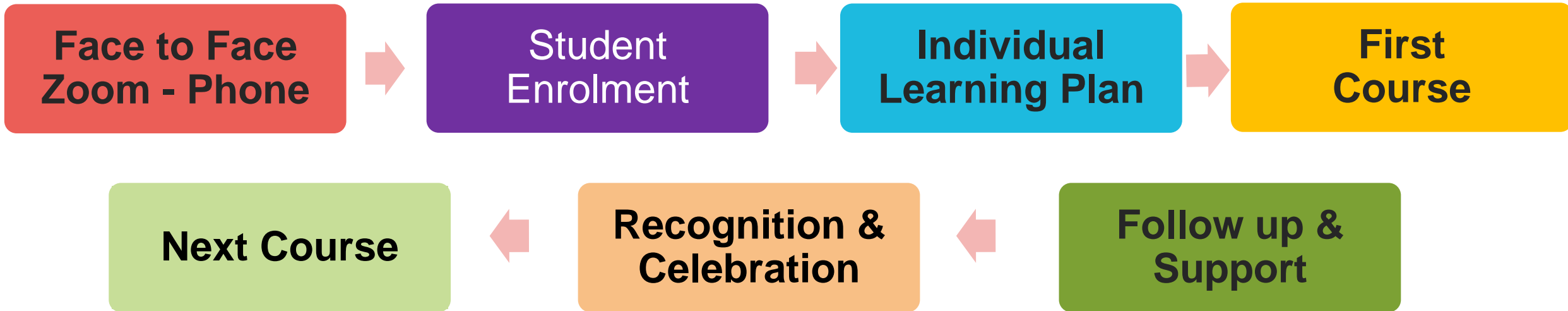
Registration



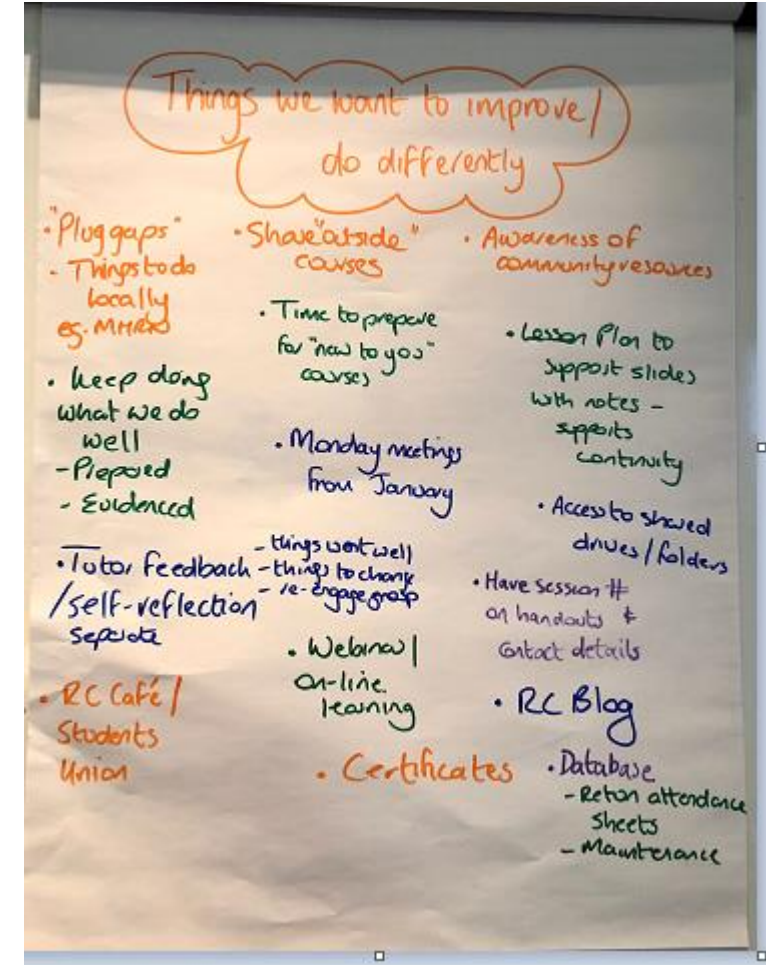
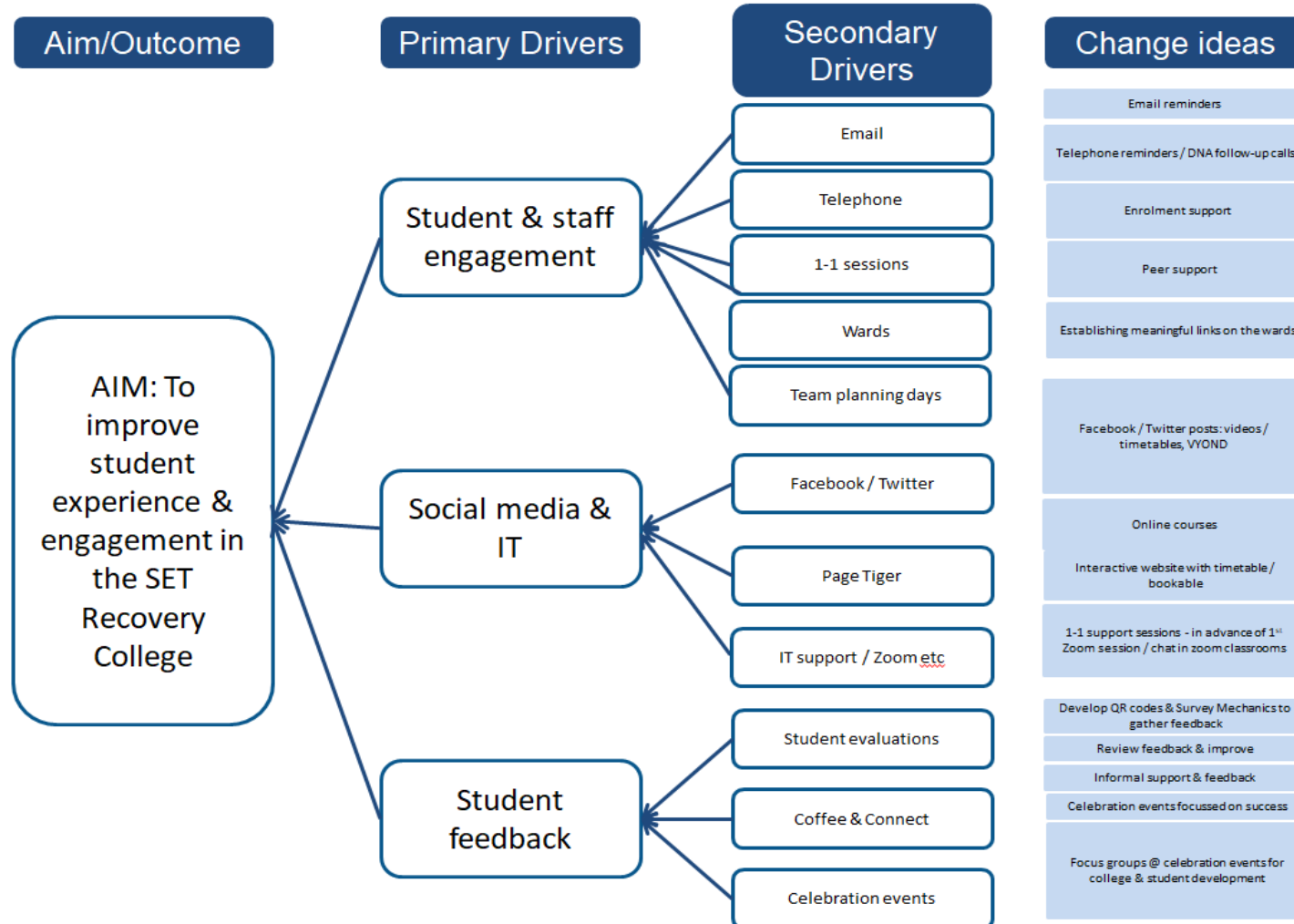
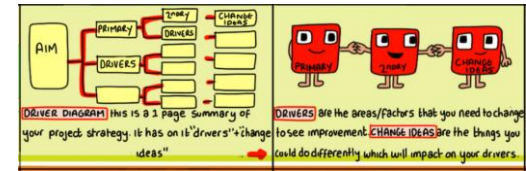
Contributors to problem: mental health, scheduling conflicts, forgot, anxiety.

Change is needed because an average of 25% of registered students do not attend courses.

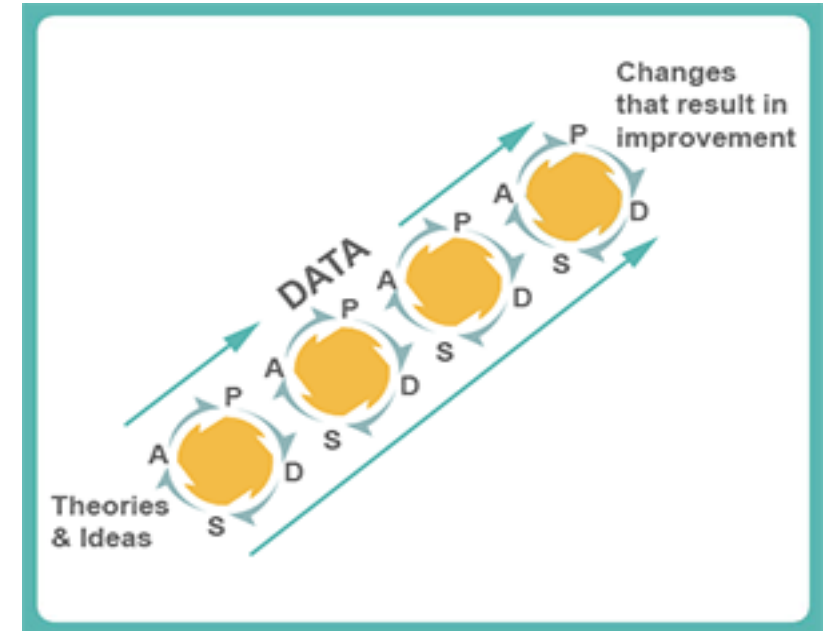
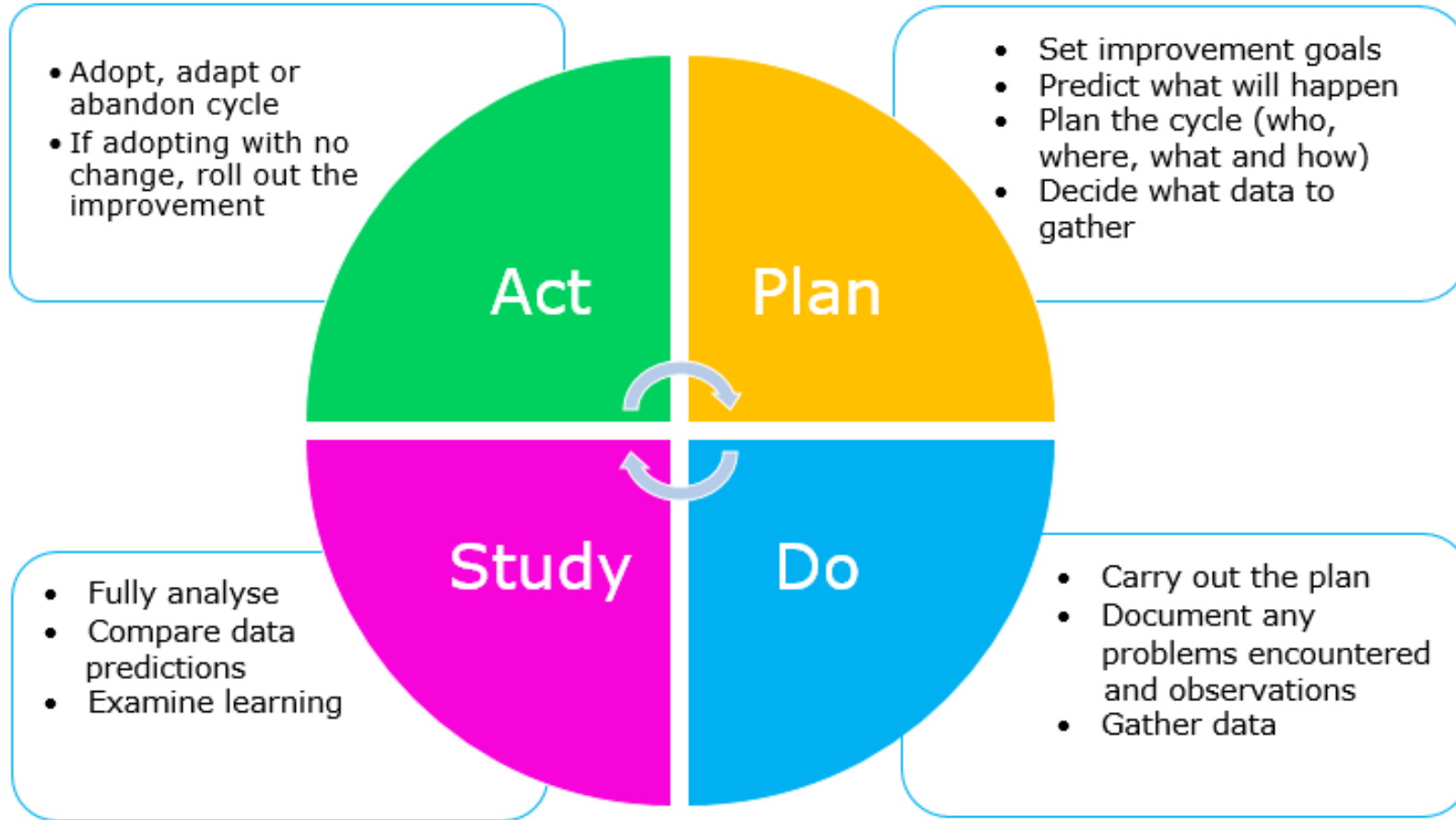
What is wrong with the system: Feedback indicates that students benefit from courses but follow with DNAs suggest more support is needed.



Recovery College Driver Diagram



Aim: Reducing the DNA rate from 50% to 20% by June 2022



PDSA Cycles

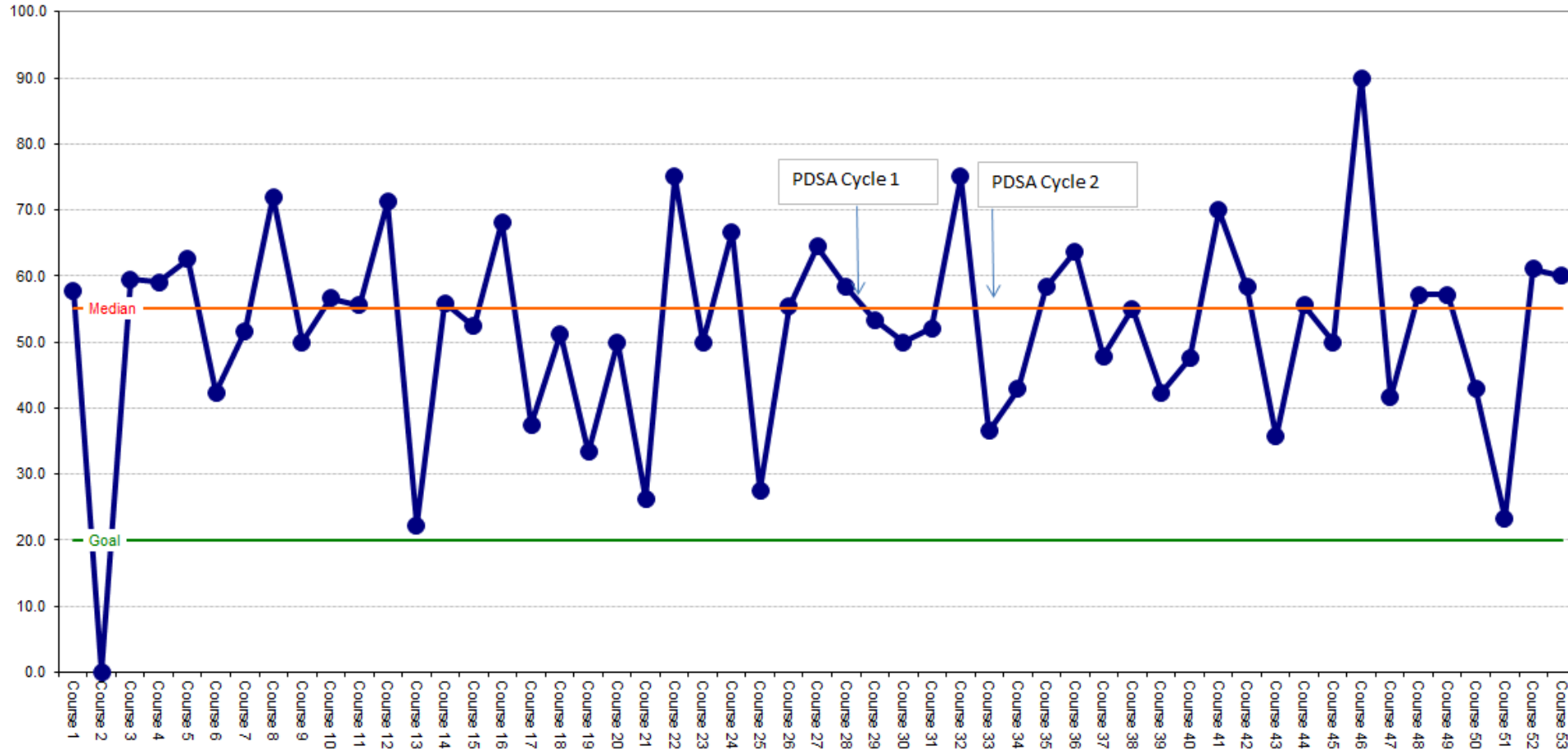
Cycle	Date	Change
1	April 2021	Email reminder sent day before session
2	April 2021	In addition to above email reminder sent on day of session
3	September 2021	In addition to above DNA people phoned
4	November 2021	In addition to above inter-session contact with course tutor
5	January 2022	In addition to above – student clearly informed attendance at all sessions required



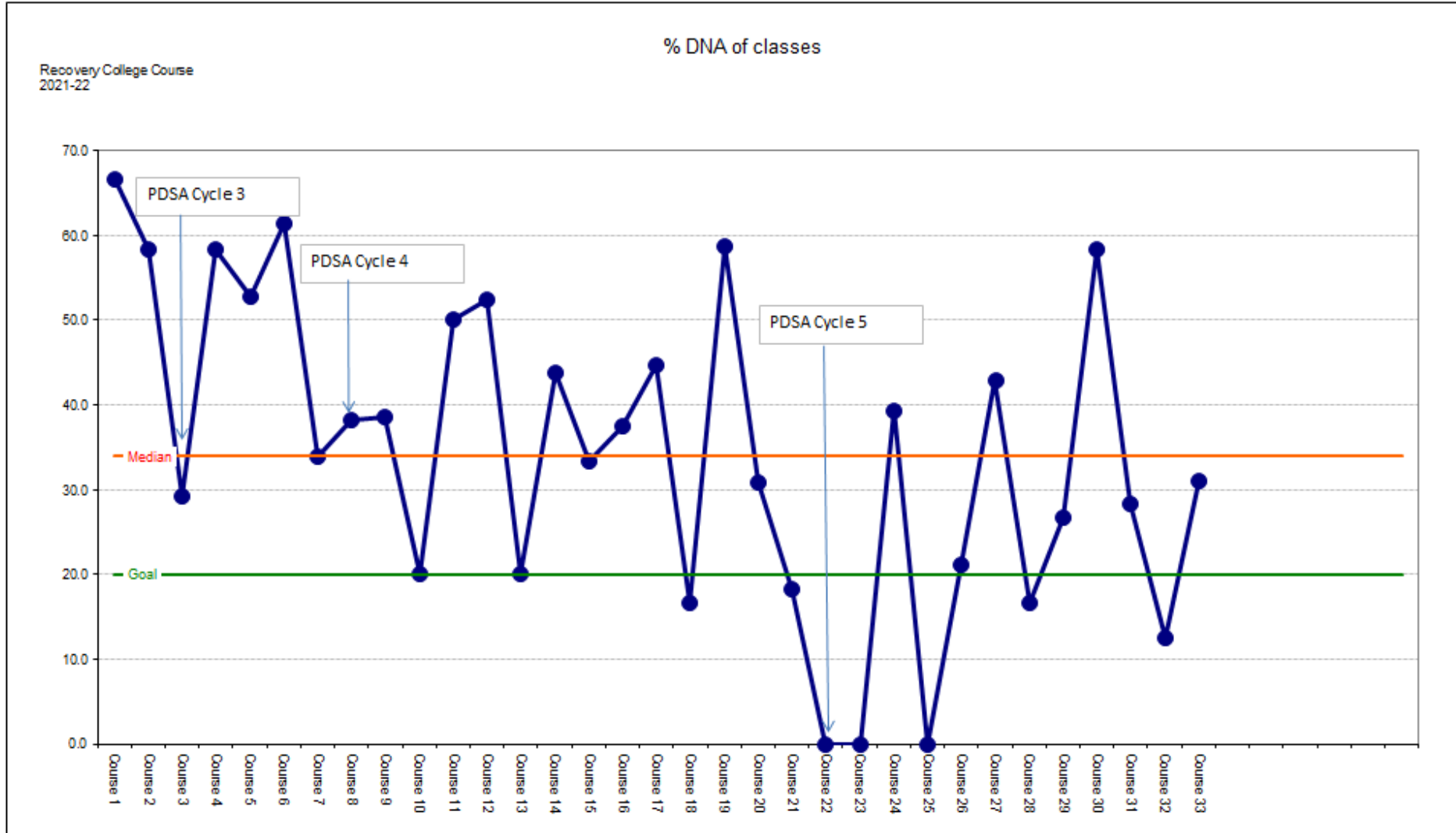
% DNA September 2020- July 2021

% DNA of classes

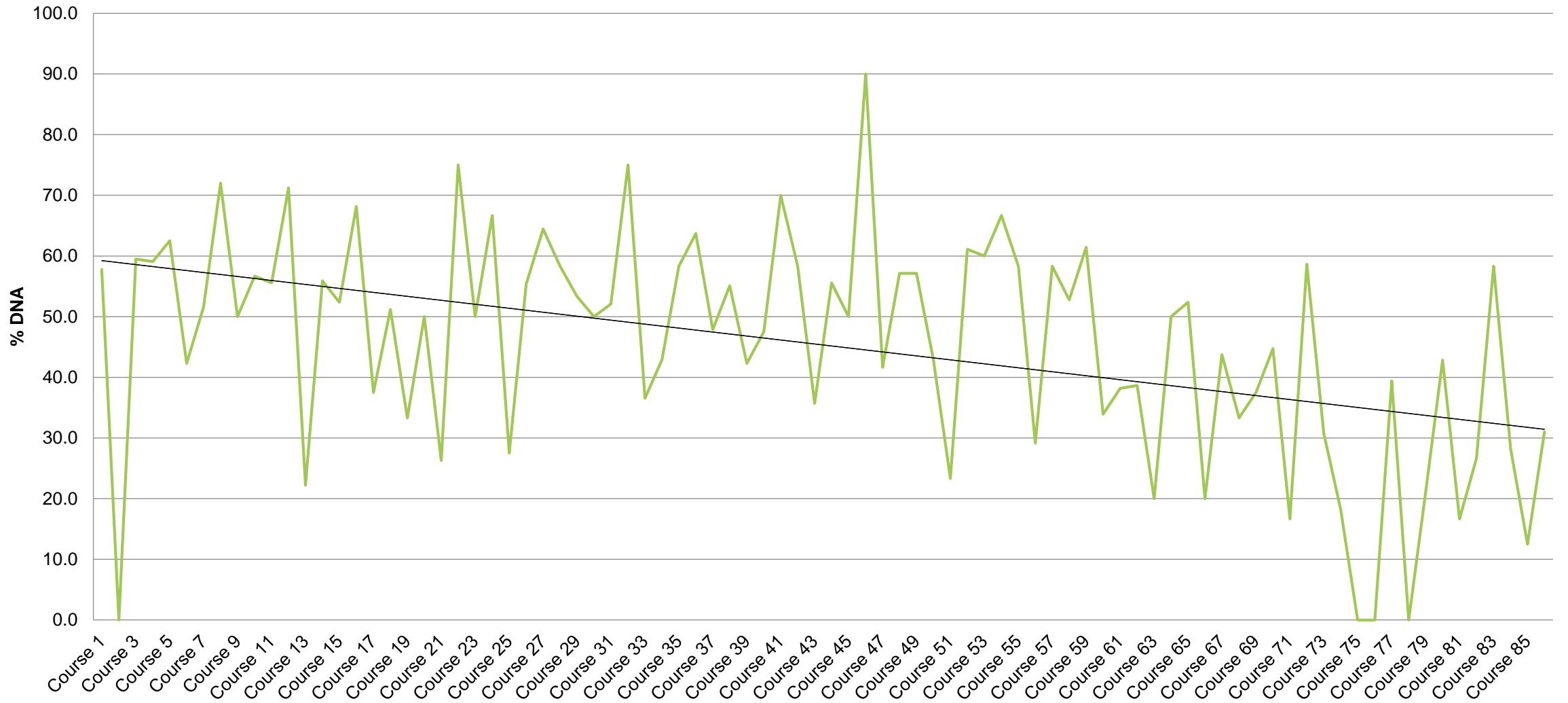
Recovery College Course 2020-21



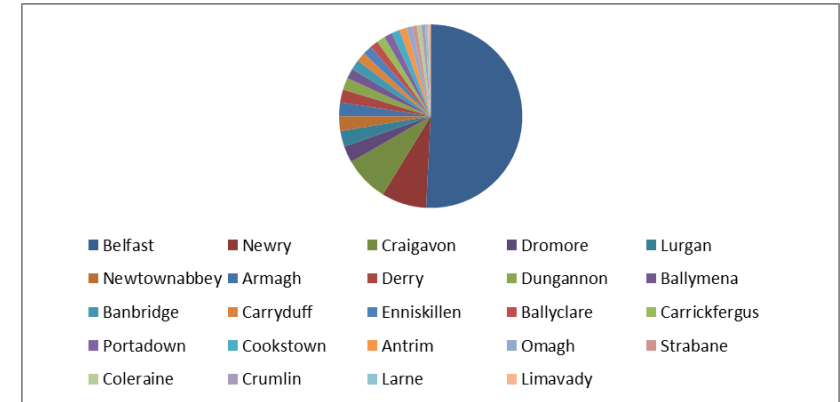
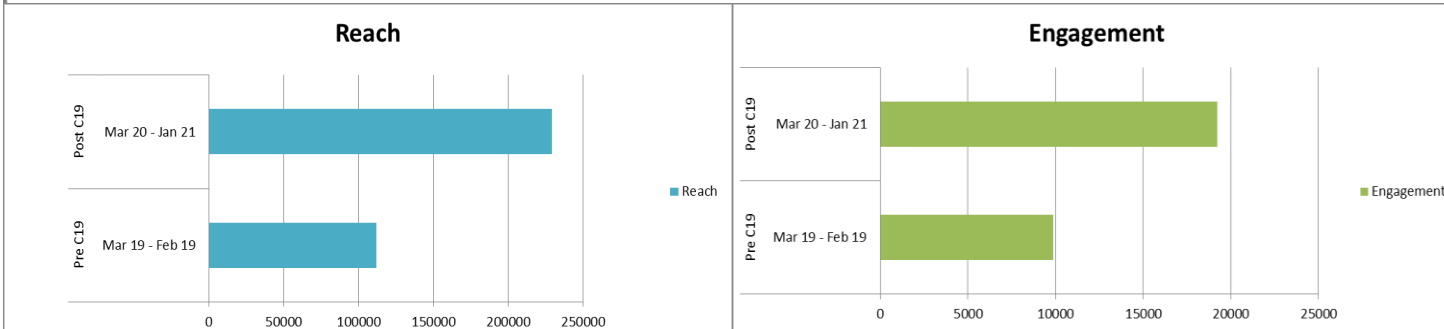
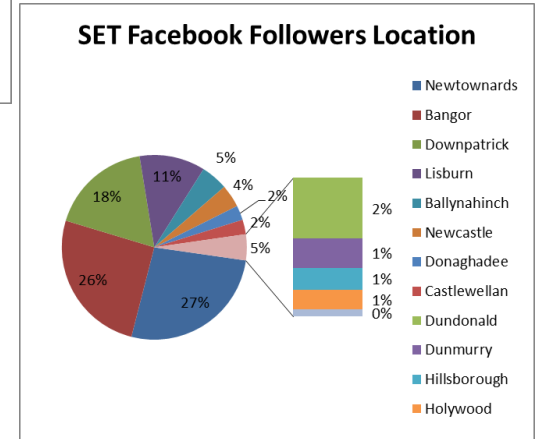
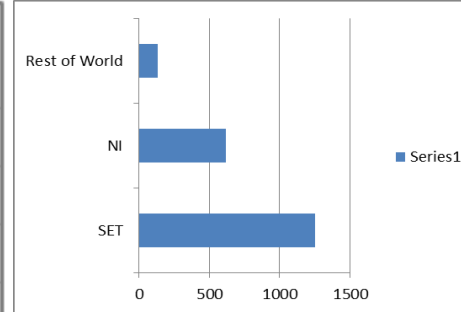
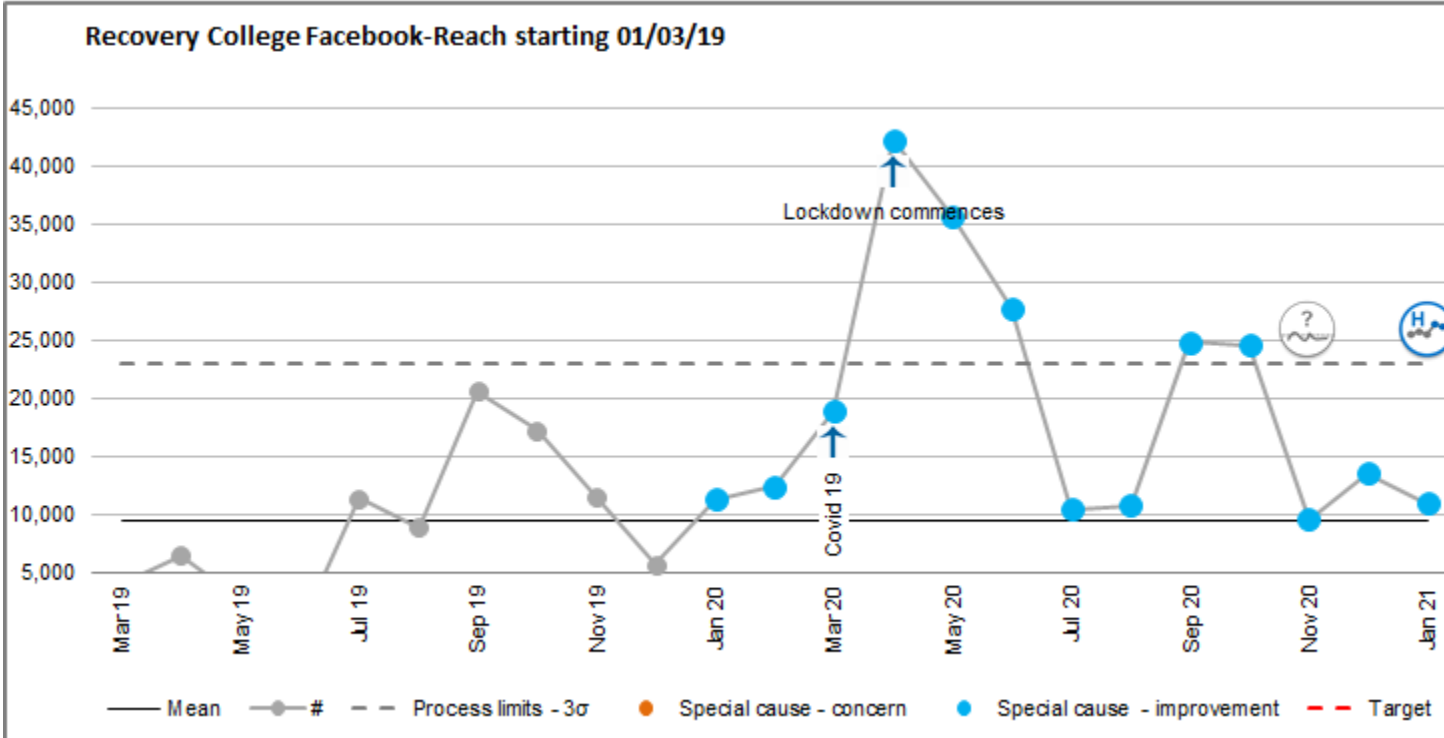
% DNA September 2021- May 2022



% DNA September 2021- May 2022



Report cards & SPC charts / results



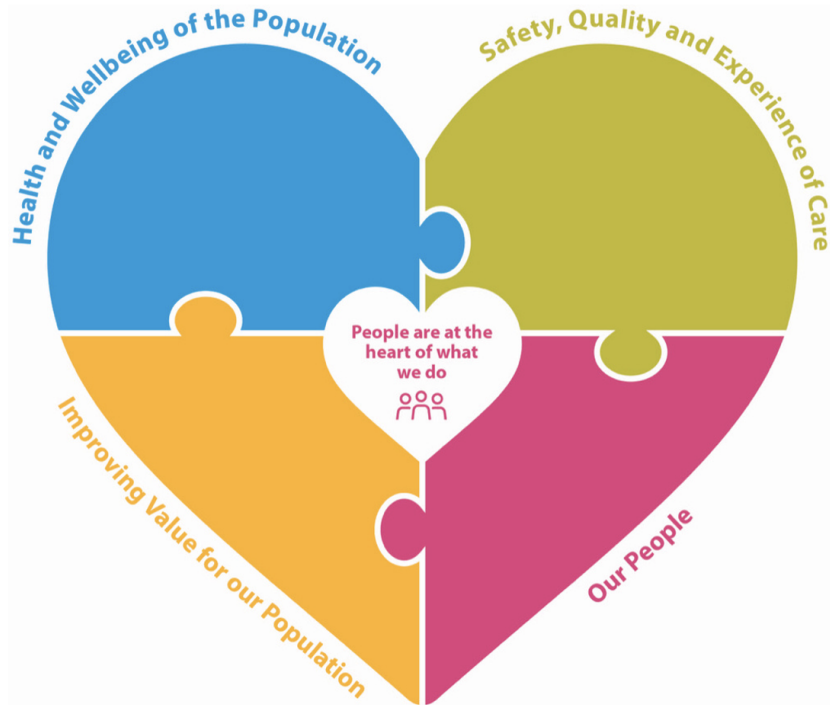
The learning from our improvement projects

- Feedback – helping us learn & develop courses / evening courses / Zoom evening classes
- Zoom – people love it!
- Rural student numbers have increased
- Inpatient numbers have increased
- Carer engagement has increased
- Wellness Recovery Network has expanded the support offered to students and improved engagement
- Learning beyond the RC classroom e.g. new skills for students – connecting with family / builds confidence
- Mixed model of Zoom & F-2-F at the same time doesn't work
- New services want to be part of the College programme - TZS, Perinatal Mental Health, QI for Lived Experience



“The more we reach out to students, the more they reach in to us”

SET MENTAL HEALTH SERVICES
&
QUALITY IMPROVEMENT AND INNOVATION CENTRE



Let's talk about
Lived Experience
in
Quality
Improvement

What's next on our continuous improvement journey...

- Road trips & Road shows – internal & external
- Champion model for team and service involvement
- Student nurse placements
- Coproducing with new services e.g. Peri-Natal MH, Think Family, Trauma informed courses
- QI for Recovery College Students
- Student handbook / journal
- Rolling out evidence-based courses e.g. LLTF, DLS & MCBT Courses, ASIST & safeTALK
- Continue to reduce the DNA rate for courses using quality improvement methodology
- Providing students with resources and supports to make home learning easier

