

# Outcomes that matter: person-led approaches to transforming health and social care services



*“We believe that transforming our health and social care system so it is fit for the 21st century will require a focus on both system redesign and continuous improvement.”*

Diana Hekerem

Head of Transformational Redesign  
Healthcare Improvement Scotland



@hekermum

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# Participation ladder



\*Adapted from Arnstein's participation ladder, 1969

# Community Led Support

Des McCart, Healthcare Improvement Scotland

Elaine Torrance, National Development Team for  
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Healthier  
Scotland  
Scottish  
Government

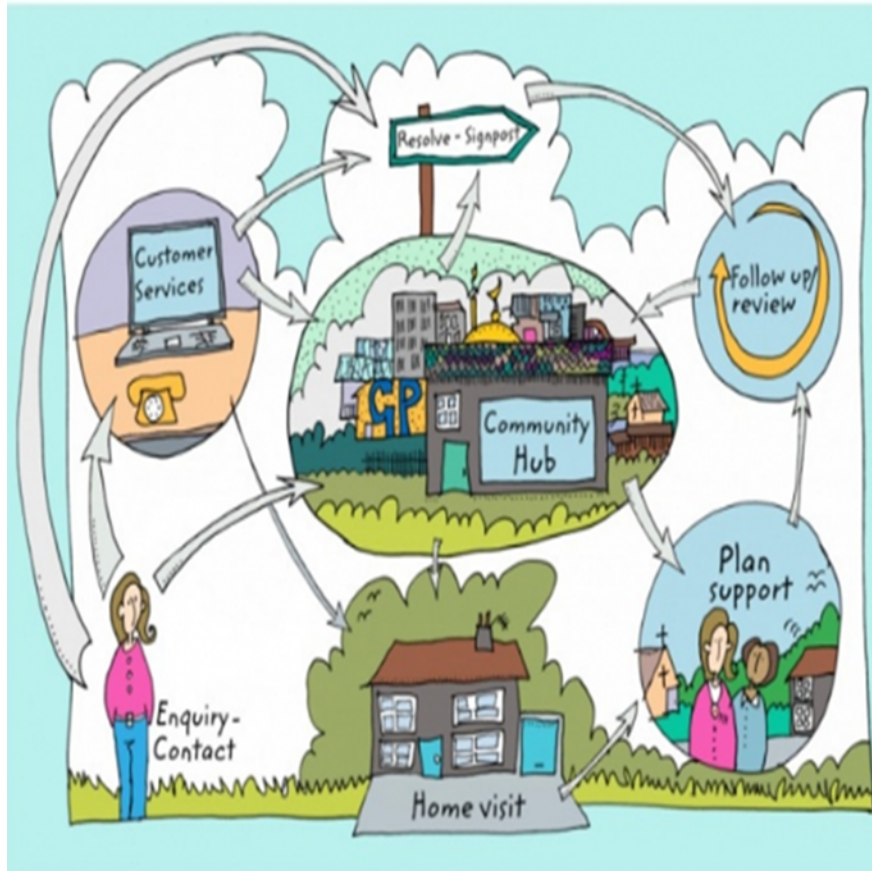


# Participation ladder



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# Community at the Heart



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Community Led Support (CLS) seeks to change the culture and practice of community health and social work delivery so that it becomes more clearly values-driven, community focused in achieving outcomes, empowering of staff and a true partnership with local people.

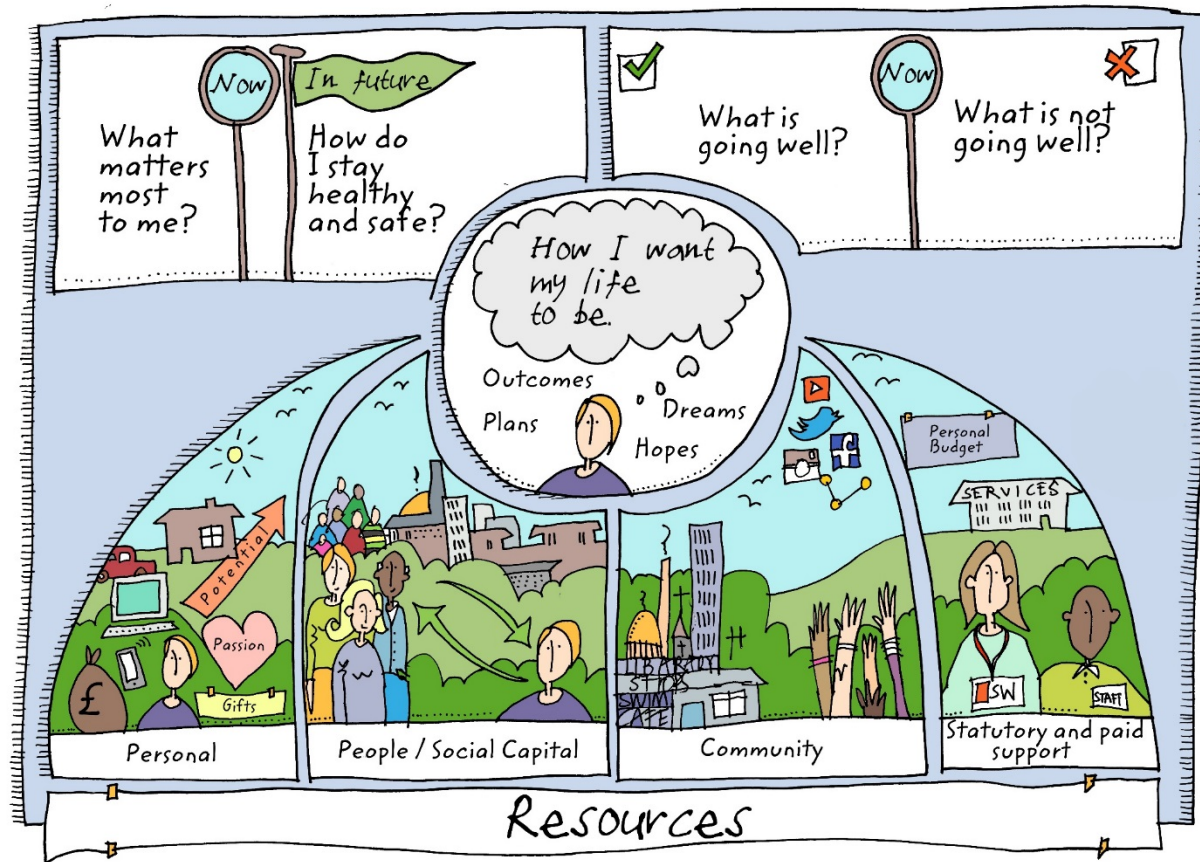
A map of Scotland with its administrative regions outlined. Fourteen specific areas are highlighted in red, representing the Scottish Gaelic language communities. These areas are primarily located in the western and northern parts of the country, including the Outer Hebrides, Shetland, and various regions in the Highlands and Islands.

- East Renfrewshire
- South Ayrshire
- Scottish Borders
- Fife
- Orkney
- Western Isles
- Falkirk
- South Lanarkshire

# CLS Values

- **Co-production brings people and organisations together around a shared vision**
- **There is a focus on communities and each will be different**
- People can get support and advice when they need it so that crises are prevented
- The culture becomes based on trust and empowerment
- People are treated as equals, their strengths and gifts built on
- Bureaucracy is the absolute minimum it has to be
- The system is responsive, proportionate and delivers good outcomes

# What matters and building on strengths



# Community Led Support

A Borders Perspective

Elaine Torrance





# In line with Key Principles Supported By the Partnership



- **Locality Working**
- **Early Intervention and Prevention**
- **Asset Focused Assessment**
- **Reduced Bureaucracy**
- **Co-Production**

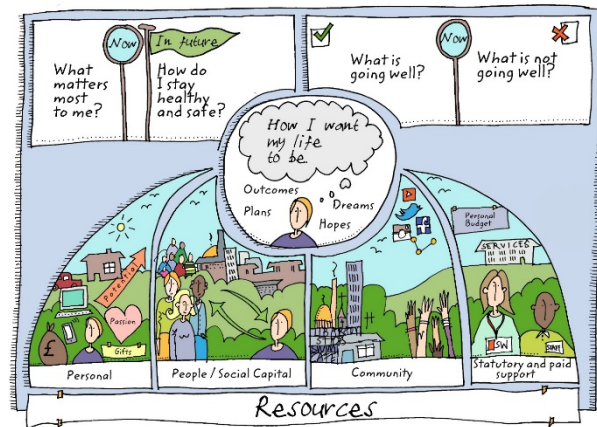




# Community Led Support Resource Wheel



In pairs read the example persona, and consider how you might help the person achieve their outcomes using the CLS resource wheel



Activity 10 mins

# Experience Based Co-design

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Scottish  
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# Participation ladder



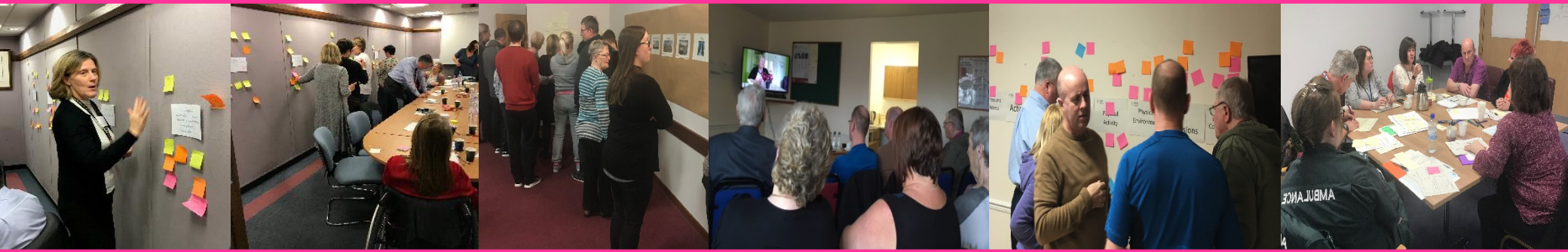
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# What is co-design?

- An approach that allows a wide range of people to work together to identify and solve a problem.
- Everyone works as 'equal partners' to resolve a particular challenge.
- Uses a collaborative design process to develop solutions that build on the expertise of service users, non-users and professionals.



# Experience based co-design (EBCD)



‘A participatory quality improvement approach that uses ethnographic methods such as in-depth interviews and participant observation to help collect and understand experience and collaborative methods to identify and make improvement.’

# EBCD process steps

1. Set up
2. User research data capture and analysis
  - Person-centred observation
  - Interviews with staff
  - Interviews with service users, families and/or carers
  - Creation of a trigger film
3. Agree and co-design of improvement priorities individually as staff/service user groups
4. Co-design improvement priorities together
5. Work together to prototype and test ideas that tackle the improvement priorities
6. Celebrate



The Point of Care Foundation EBCD toolkit:

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

# *Why listening to patients matters; a collaborative approach to service improvement*

*Nadine Hare*

*Highly Specialist Speech and Language Therapist*

*NHS Lothian*

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# Why?

*“Could you just email me?”*

- Increasing awareness that our current service did not meet the needs of our service users

## Collaborative Aim

Improve the Speech and Language Therapy service and patient journey for Laryngectomy patients in collaboration with patients and families.





# In development

- Business case for psychological support to be embedded in Head and Neck multi-disciplinary team
- Out of hours care flowchart update
- Explore options for patient held record or treatment summary

# Lessons Learned

- True value of collaboration and partnership
- Staff and patient engagement; don't create barriers
- Remain patient-centred
- Evolving nature
- Ask for help
- Challenging but hugely worthwhile and has resulted in a shift in team mindset and approach going forward

# Experience journey mapping taster



Before

During

Deciding you  
need an  
appointment

Making an  
appointment

Arriving at the  
surgery

The waiting  
room

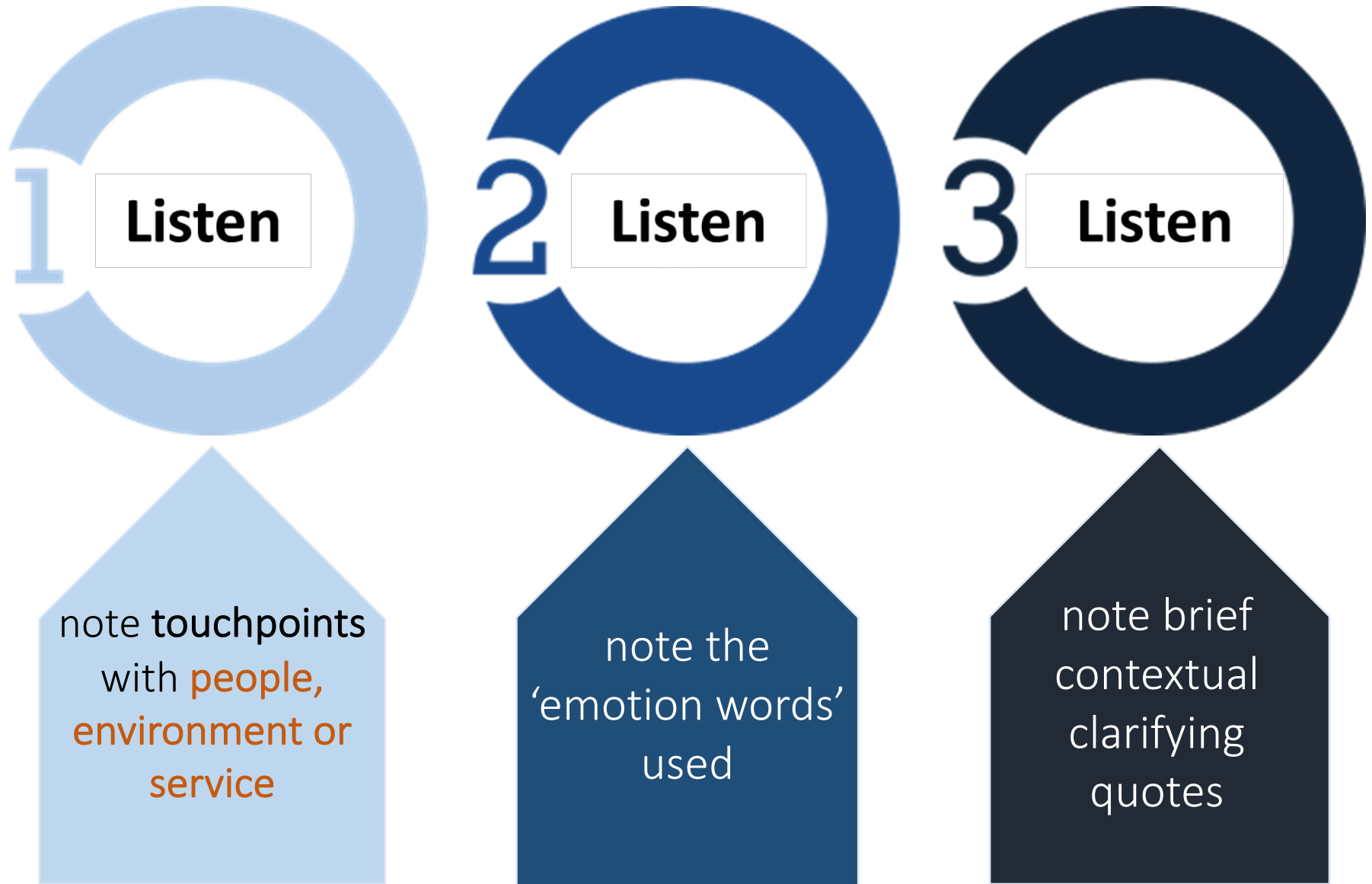
The  
consultation

# Experience journey maps can help to ...

- Surface experience issues, barriers and positives across a care journey.
- Illustrate and visualise the care journey 'as is'.
- bring a focus to 'the problem' you are trying to solve with your improvement activity.
- easily share care experience stories with a project team in a written single page format.



# 3 step non-participatory mapping












# What is a Journey touchpoint?

## a GP visit example

1. Phoning for an appointment and navigating the automated call handler.
2. Arriving at the GP surgery.
3. Booking in with the receptionist.
4. Sitting in the waiting room.
5. Consultation with GP.
6. Transferred to the practice nurse.
7. Waiting in a treatment room.
8. Follow up appointment letter.

# Journey touchpoints a GP visit example

1. **Phoning**  **service** for an appointment and navigating the automated call handler.
2. Arriving at the **GP surgery.**  **environment**
3. **Booking in**  **service** receptionist  **people**
4. Sitting in the **waiting room.**  **environment**
5. Consultation with a new **GP.**  **people**
6. Transferred to the **practice nurse.**  **people**
7. Waiting in a **treatment room**  **environment** downs.
8. **Follow up appointment letter.**  **service**



# Mapping the journey touchpoints







# Experience journey mapping

In pairs, use the template provided to note:  
*touchpoints with people, environment  
or service*

Patient Story



3 mins

# Person reported touchpoints 'moments of engagement'

***GP***

***Waiting room***

***A&E***

***Treatment area***  
*(taken through)*

***Nurse***

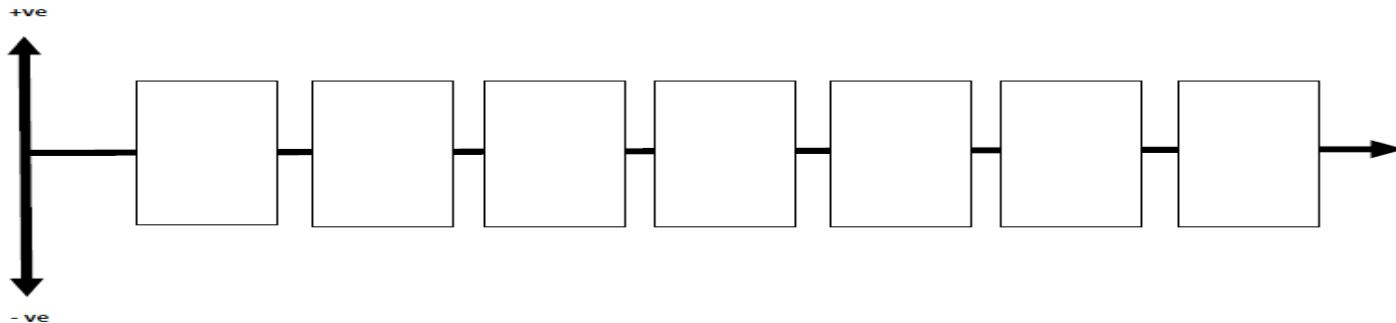
***Triage room***  
*(wee room)*

***Doctor***  
*(big doctor)*



# Experience journey mapping

Map the journey touchpoints in the order they happened (left to right) on the template provided to create a pathway



2 min

# Chart touchpoints 'patient reported pathway'

**+ve**



**- ve**



# Experience journey mapping

In pairs:

Person 1 note:

*emotion words used at each touchpoint*

Person 2 note:

*quotes clarifying context*

Patient Story



3 mins

# Identify emotion words

‘Do not have to be pure emotion words’

*“the annoying thing”*

*Irritated*

*Annoyed*

*Showing concern*

*Nice and Kind*

*“I was fine after that”*

*Relaxed*

# Emotion quotes

## ‘Clarifying quotes, emotions and memories’

“it was busy”

“they take you into a wee  
room”

“then put you back out in  
the waiting room”

“I’d never seen a doctor”

“People who came after  
me being taken through  
to see the doctor”

“I understand the pressure  
they’re under”

“we had a blether”

“talking me through  
things”

# Map emotion words

+ve



- ve

Showing  
concern

nice and kind

"I was **fine**  
after that"

Relaxed

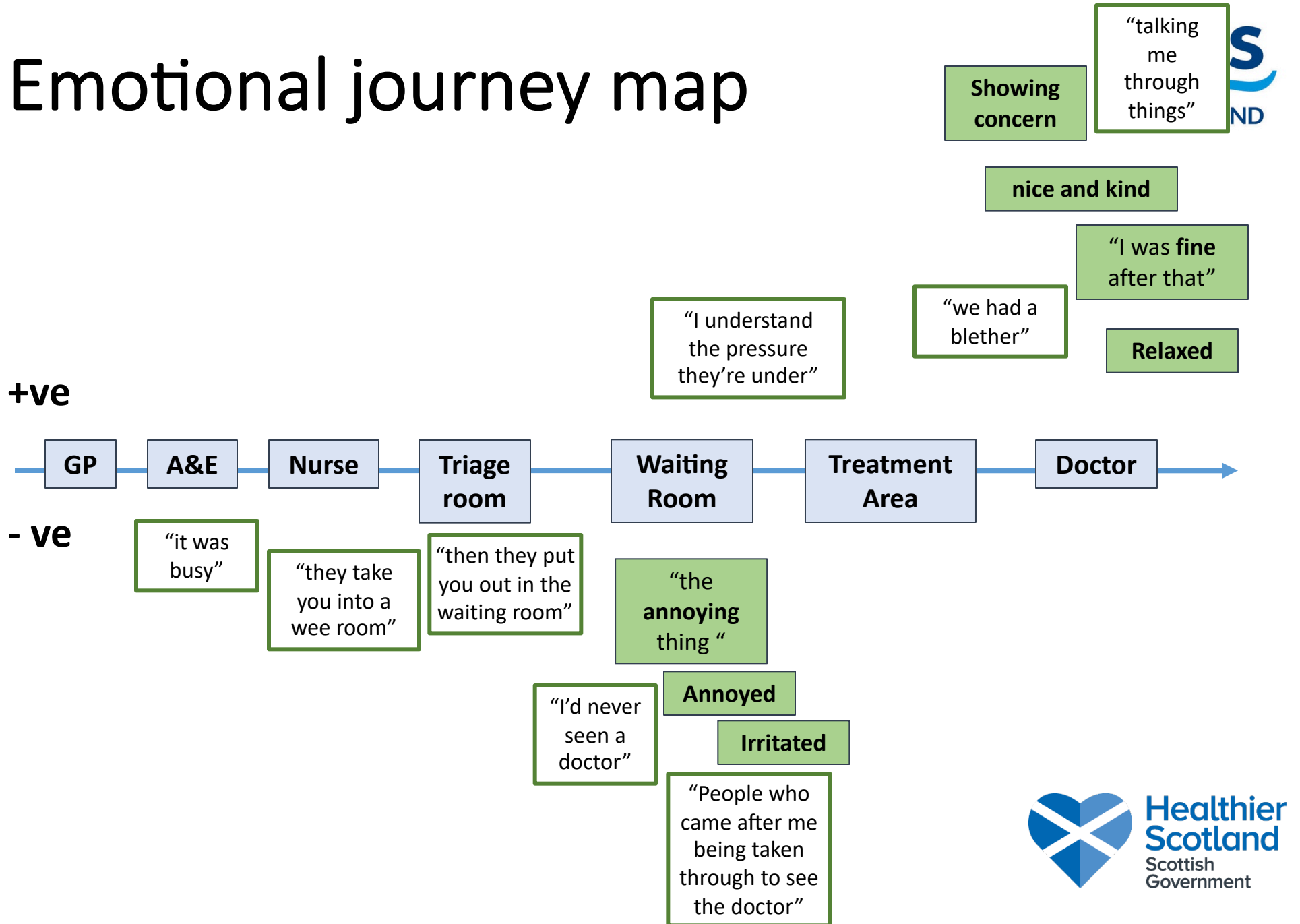
"the  
annoying  
thing "

Annoyed

Irritated



# Emotional journey map



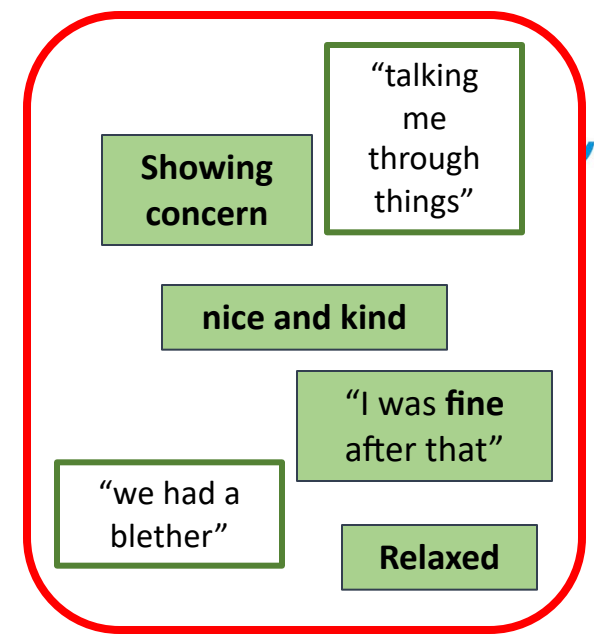
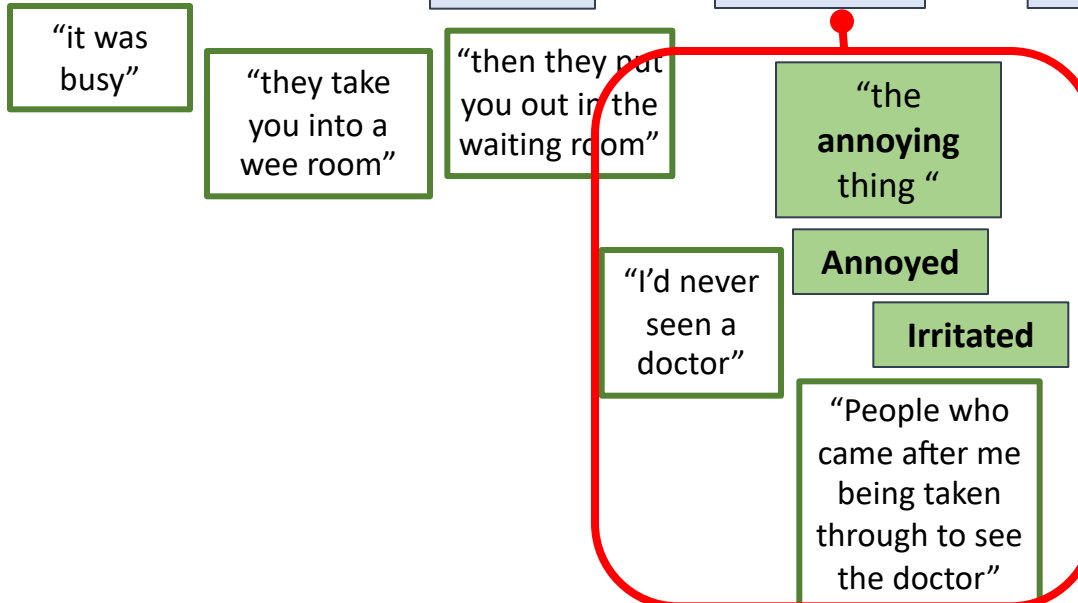
# Emotional journey map

## Hot spots

+ve



- ve



# Take home messages

- Co-production and co-design are at the top of the participation ladder and genuinely support shifting the power to make decisions to citizens and communities.
- Focusing on ‘What matters to people’ helps to deliver outcomes focused services that align with national policy such as: Realistic Medicine, Health and Social Care Standards, Healthcare Quality Strategy, and Self-directed Support.

# Thank you



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