

Introduction

Healthcare Improvement Scotland (HIS) has worked with health and social care staff to combine co-design and quality improvement approaches that focus on what matters to people. Recognising a support and coaching need, HIS has worked with local teams to develop an understanding of the challenges and barriers to local facilitation of co-designing improvement.

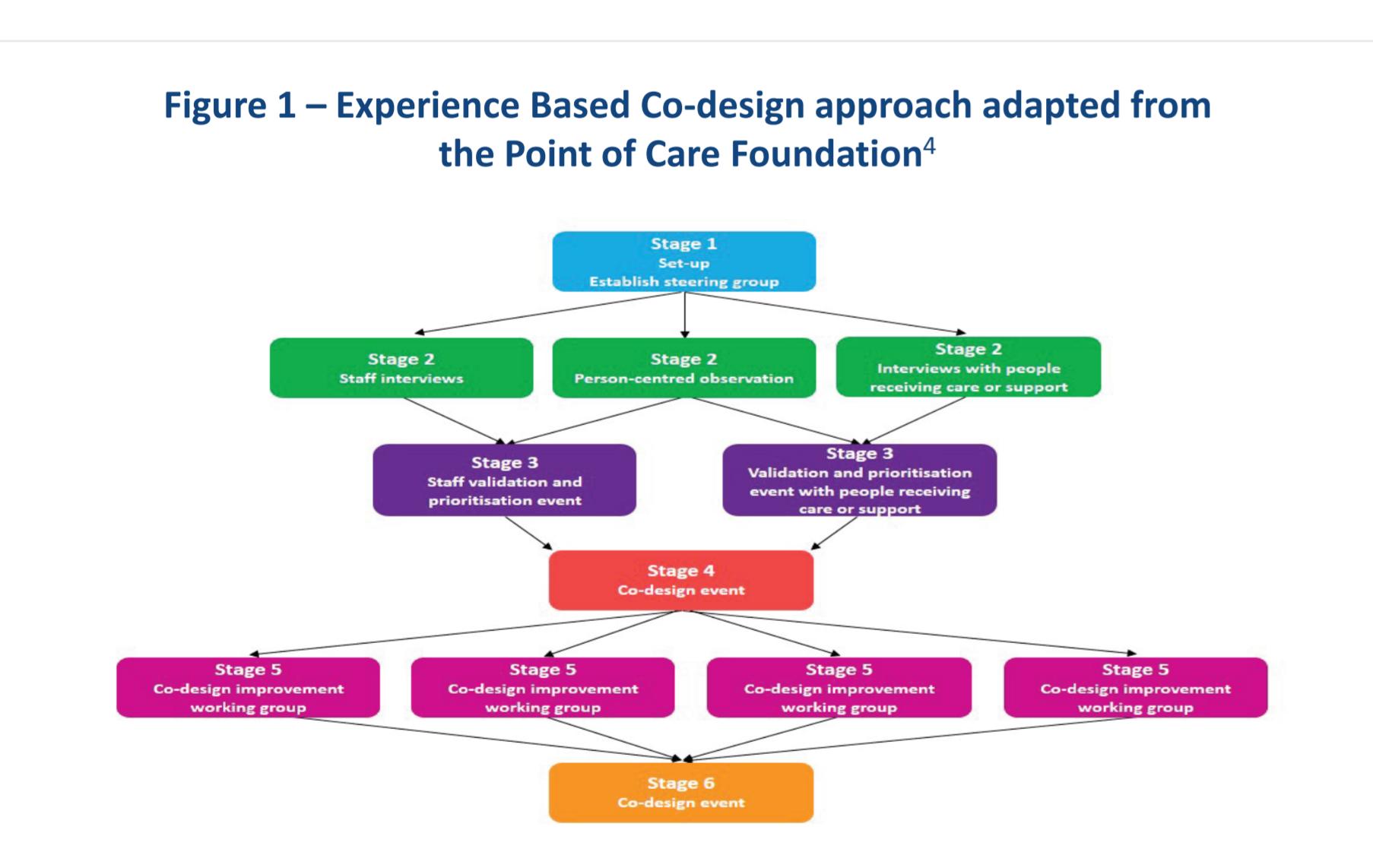
Background

Health and social care organisations in Scotland have a legislated duty^{1,2,3} to involve people in designing, developing and delivering the care services they provide.

Developing skills in participatory approaches to involving people in continuously improving their experiences of care is therefore a priority.

Method

This approach incorporated the Model for Improvement⁴ and Experience Based Co-design (EBCD)⁵ which is a participatory quality improvement approach that uses ethnographic methods such as in-depth interviews and participant-observation to help collect and understand experience.



Six demonstrator sites were established across different care settings.

Each demonstrator site received:

- methodology training at each stage of the EBCD approach (see Figure 1)
- EBCD and improvement coaching (for project leads and local guiding teams), and
- networking and sharing opportunities with other demonstrator sites.

References:

- Scottish Government. National Health Service Reform (Scotland) Act. 2004. Available from: <http://www.legislation.gov.uk/asp/2004/7/contents>
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- The Point of Care Foundation. Experience Based Co-design Toolkit. Available from: <http://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>
- Associates in Process Improvement (API), The Model for Improvement. Available from: <http://www.ihi.org/resources/Pages/HowToImprove/default.aspx>
- Healthcare Improvement Scotland. Focus on Dementia Impact Report. Specialist Dementia Units Improvement Programme. 2018. Available from: <https://ihub.scot/focus-on-dementia/specialist-dementia-units/>

Outcomes that matter: an experienced based approach to co-designing improvement priorities

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Results

Results from two of the demonstrator areas supported with this approach:

1. Improving antenatal education

Overall, 23 women and 15 midwifery staff were involved in sharing their experience of antenatal education; co-designing improvement priorities and prototyping improvement ideas as part of an improvement working group (see Figure 2).

Co-designed improvement priority themes:

- Improving class information and content
- Social opportunities and networking
- Facilitation styles of midwife/ interactiveness of sessions
- Engaging men/partners in classes
- Use of social media
- Reducing variation of content delivered

Changes implemented so far:

- A new booking form introduced
- Women can now book into classes by email as well as by telephone
- New antenatal education evenings information
- Standardisation and inclusion of new class content, including topics like car safety

2. Improving Specialist Dementia Units⁶

Forty-three relatives and carers shared experiences of specialist dementia care and 48 members of staff shared their experiences of working in a Specialist Dementia Unit.

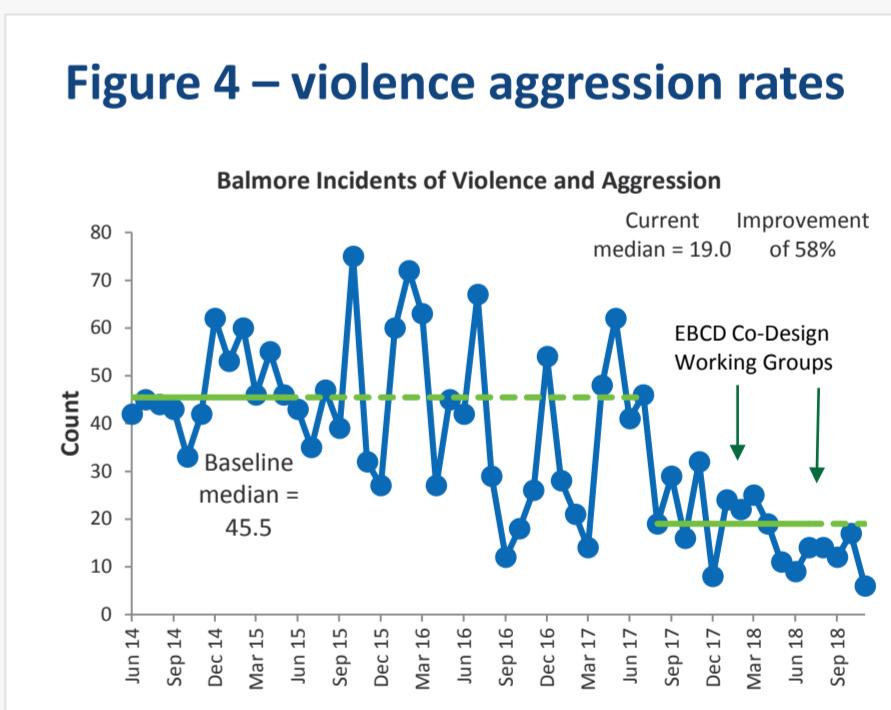
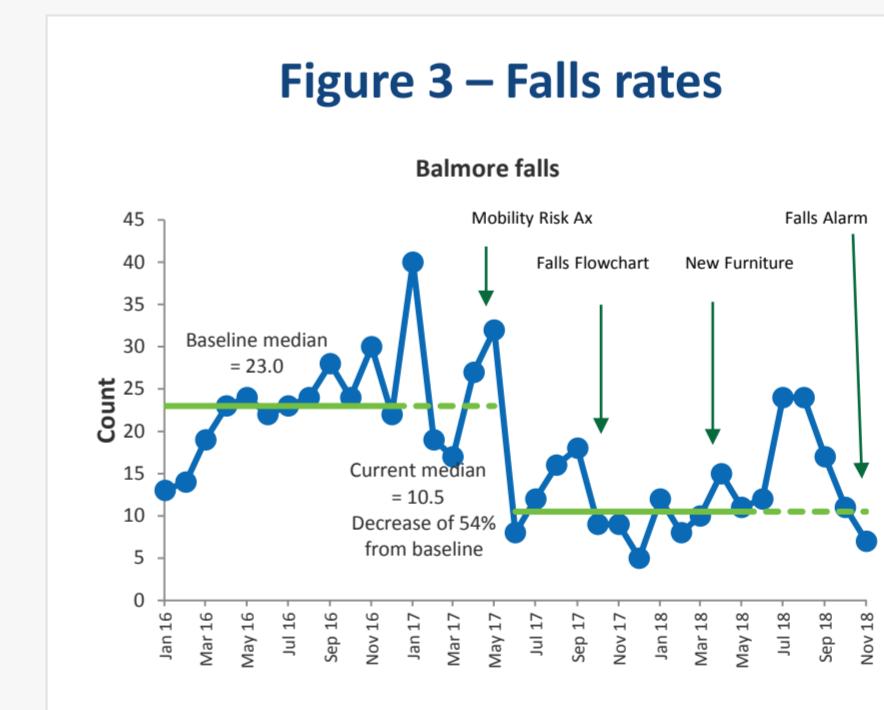
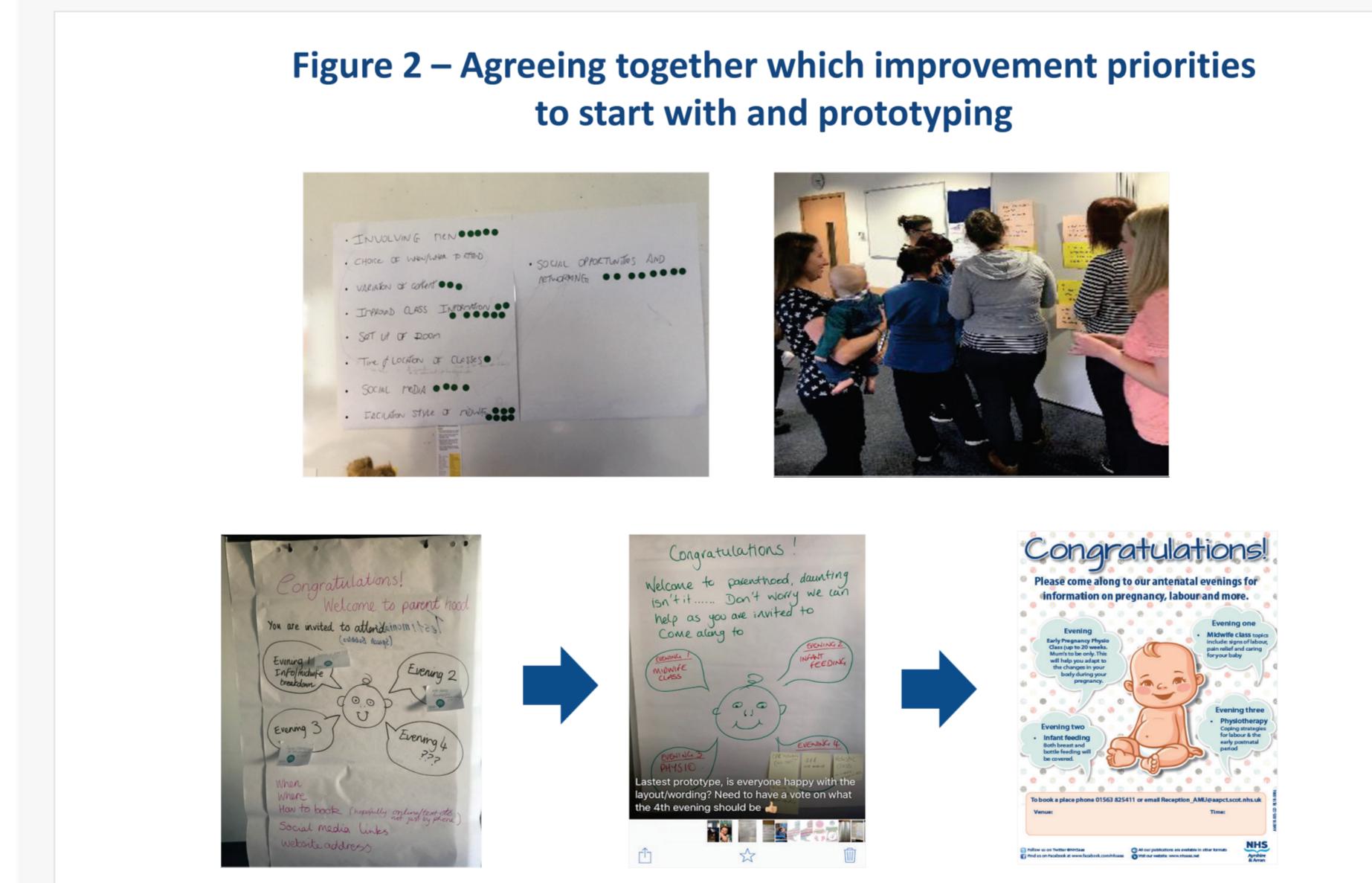
Co-designed improvement priority themes:

- Stress and distress
- Person-centred activity
- Mealtimes
- Environment
- Team resilience and joy in work
- Information for families and carers

Changes implemented so far:

- New stress and distress care plan
- Physical activity programme and furniture
- Carer information board - activity
- Mealtimes audit
- Values based reflective practice

As a result of the changes made demonstrator sites are seeing a reduction in falls, and violence and aggression (see figures 3 and 4), and staff increased quality improvement skills.



Conclusions

Building the capabilities for service users and care teams to co-design improvement priorities is vital to sustainably transforming our health and social care services, focused on what matters to people.

Key learning from supporting the approach:

- coaching and advisory support in co-design methodology and Quality Improvement can increase the ability of organisations and services to deliver outcomes that matter to people.
- focus development of local skills, approaches, processes and tools around the commencement of each stage of EBCD
- flex the approaches used to collect experience data based on context, service user cognition and communication abilities, and
- support navigation of local information governance and consent requirements

The learning will now frame the Scottish approach to supporting co-design using the Experience Based Co-design method.