



HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND

*Kupu Taurangi Hauora o Aotearoa*

# Overview of co-design approach

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Acknowledgement to:

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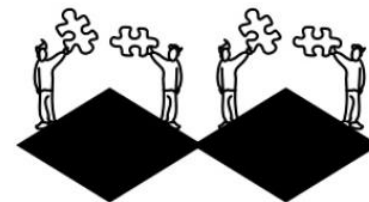
Counties Manukau Health

# Session plan

DOING **CO-DESIGN**

Aim: to build on your understanding in the following areas:

- The context, value and evidence base for working with consumers, family and whānau and staff
- How to effectively **engage** with people as partners to improve services
- Use of a systematic process to engage people, **capture** their experiences of care, **understand** and identify themes for improvement



# Terminology – what do they all mean?

Consumer experience

Consumer-centred care

Co-production

Co-design



# Definitions

**Consumer (patient) experience** – “The sum of all interactions, shaped by an organization's culture, that influence patient [consumer] perceptions across the continuum of care.”

The Beryl Institute

**Delighted**



**Underwhelmed**



**Frustrated**



# Definitions

**Consumer (or person or patient)-centred care** – “an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families”

Institute for Patient and Family Centred Care (2010)





# Definitions

**Co-production** – “delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours”

New Economics Foundation



# Definitions

**Co-design** - (originally co-operative design) is an approach to **design** attempting to actively involve all stakeholders (e.g. employees, partners, customers, citizens, consumers) in the design process to help ensure the result meets their needs and is usable.  
Often also called participatory design.





# Co-design...co-define, co-develop, co-produce

Co-design is a process to **engage** people (consumers, family, whānau, staff and other stakeholders), **capture** their experiences and ideas, **organise the learning** that they bring to create new understanding and insight from their perspective of the care journey, **and continue together in partnership** to review learning and ideas, plan and implement improvements, and review what difference that has made.

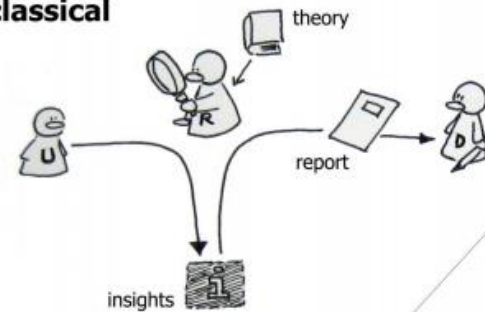




# How do we typically design services with consumers?

- Don't listen very much to our consumers and we do the designing
- Listen to our consumers then go off and do the designing
- Consumers called in at last minute to comment
- Listen to our consumers and then go off with them to do the designing (**co-design**)

classical



co-design



# What matters to consumers

- Being treated as a person, not a number
- Feeling informed and being given options
- Staff who listen and spend time
- Being involved in care and being able to ask questions
- Availability of support services, for example consumer and carer support groups
- Efficient processes

(Kings Fund & Kings Collage England 2011; Robert, Cornwall, Brearley et al 2011)



"You weren't listening.  
I said, 'DON'T fall.'"

# Principles of co-design

There are four key principles for success in doing co-design work within health services:

1. Prioritise the consumer experience
2. Trust the process
3. The 'means' is as important as the 'ends'
4. Acknowledge the contributions of consumers throughout the process. This may include:
  - Assistance to attend meetings, e.g. petrol vouchers.
  - Thank you cards after workshops or other events.
  - Celebratory events when improvements have been made.





# Co-design approach

The co-design approach includes the following stages:

- M**
- **Project start up: aim, scope, plan**
- e**
- **Engage:** consumers, families and whānau, staff and stakeholders
- a**
- **Capture:** consumer, family and whānau and staff experiences using a range of methods
- S**
- **Understand:** emotions and “touch points” along the journey of care
- u**
- **Improve:** work together to identify and prioritise what to improve
- r**
- **Measure:** check to see if experience is improving
- e**



# Project start up

- Establish your project team
- Define your aim
- Baseline data
- Co-design helps to define the problem or challenge from multiple perspectives including:
  - Organisation/routinely collected data
  - Experiences of staff and other stakeholders
  - Experiences of consumers, family and whānau
- Preparation for engage, capture, understand phases

*“Lived experience is equal to other forms of knowledge, evidence and expertise.” Marie Ennis-O’Connor 2017*

# The team

- Consider who is/ or who are you trying to engage to be on the team?
- What role will they play?
- Plot on a Gantt/time chart how many hours per week every person in the team has available to spend on this project including public holidays and team leave
- Consider a range of people with specific expertise such as data support and communications support
- Active support from senior leadership is key





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# Engaging consumers and whānau

There is no single ‘right way’. Use respectful and appropriate methods of engagement that are relevant to the people or group that are involved or impacted.



# Engaging people



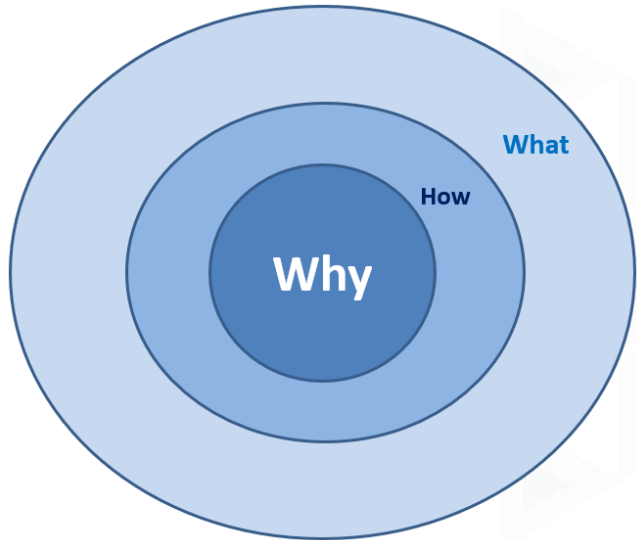
Create a list of all the people you have or need to engage  
Include consumers, family and whānau and staff  
Senior leader sponsor and other stakeholders.

Draw a table and think about some headings *for example:*

<b>Who?</b> - might be role or an individual	<b>Where</b> is it best to engage with them?
<b>Why</b> are they important - what value will they bring to the project?	<b>Who</b> will engage with them?
<b>How many</b> of them will you try to engage?	<b>When</b> will that happen?
<b>Where</b> are they - where will you find the people?	Plus any other heading(s) that will be useful



# People need to understand why you want to engage with them



Develop a concise narrative about **what** you are planning to do, **how** and **why**, and the role consumers, family and whānau and staff can play (**elevator pitch**).

Communication needs to be informative and succinct.

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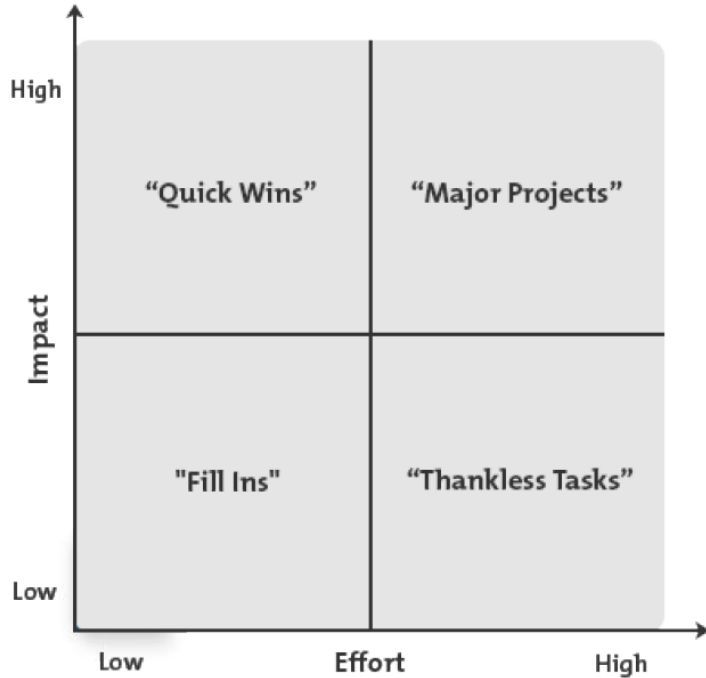
# What happens?

Consumers, family and whānau and staff and other stakeholders come together to:

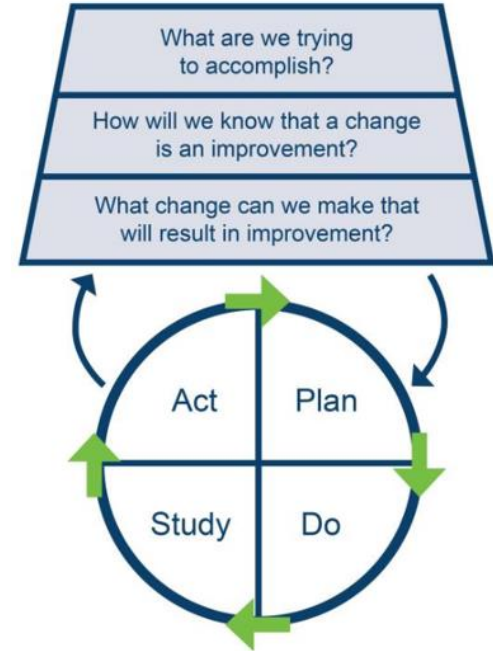
- review the learning
- identify themes
- add to the ideas
- use criteria to select some of those ideas for early testing (change ideas)
- create a plan for testing/ implementation



# Decide on what ideas will be tested and plan



Impact/effort matrix



Model for Improvement, Improvement Guide, Langley et al

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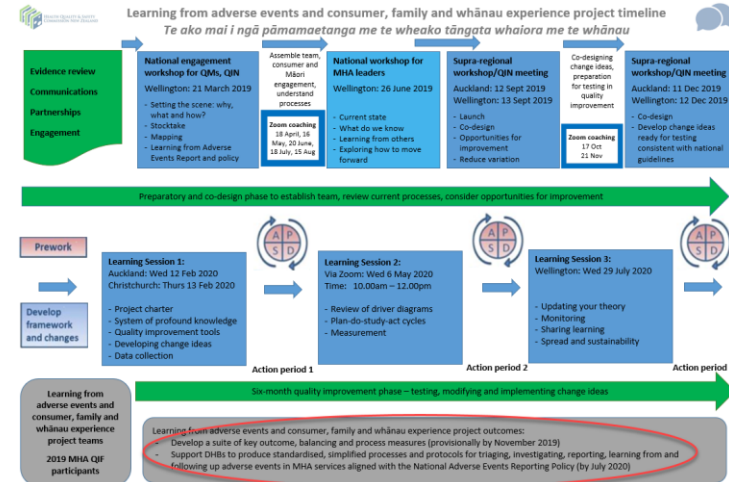
# Measures

**Develop a suite of measures**  
**Outcome** – how is the system performing? Consumer and staff perspective. What is the result?

**Process** – are the parts of steps in the system performing as planned?

**Balancing** – what is the risk? Is something else being affected by the changes (good or bad)?

“No data without a story and no story without data”  
Maureen Bisognano,  
former IHI President  
and CEO



# Any questions

