

Involving patients in service redesign: testing accelerated experience-based co-design



Overview

Patients' stories can provide a powerful stimulus to clinicians and service managers to trigger service redesign. However, collecting the stories takes time and can potentially lead to a charge that individual experiences may not be representative of the whole. This study tests a methodology which aims to speed up the process by drawing on a national archive of narratives which has been collected using best practice research methods to address balance and diversity.

The objective of the work was to use the national Healthtalkonline video and audio archive of patient experience narratives to develop, test and evaluate a rapid patient-centred service improvement approach ('Accelerated experience-based co-design' or AEBCD). By using national rather than local patient interviews, the project team aimed to halve the overall cycle from 12 to 6 months, observing how this affected the process and outcomes of the intervention.

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Project Aims and Methods

The intervention was an adapted form of EBCD, a participatory action research approach in which patients and staff work together to identify and implement quality improvements. The intervention retained all six components of EBCD, but used national trigger films, shortened the time frame and employed local service improvement facilitators. An ethnographic process evaluation was conducted, including observations, interviews, questionnaires, cost and documentary analysis including previous EBCD evaluation reports. The study was conducted in the intensive care and lung cancer services in two English National Health Service hospital trusts (Royal Berkshire and Royal Brompton and Harefield NHS Foundation Trusts). 96 clinical staff (primarily nursing and medical), and 63 patients and family members participated in the study.

For this accelerated intervention, the trigger film was derived from pre-existing national patient experience interviews. Local facilitators conducted staff discovery interviews. Thereafter the process followed the usual EBCD pattern: the film was shown to local patients in a workshop meeting, and staff had a separate meeting to discuss the results of their feedback. Staff and patients then came together in a further workshop to view the film, agree priorities for improvement and set up co-design working groups to take these priorities forward.

Findings

The accelerated approach proved readily acceptable to staff and patients; using films of national rather than local narratives did not adversely affect local NHS staff engagement, and may in some cases have made the process less threatening or challenging.

Local patients felt the national films generally reflected important themes although a minority felt they were more negative than their own personal experience. However, they served their purpose as a 'trigger' to discussion, and the resulting 48 co-design activities across the four pathways were similar in nature to those in EBCD but achieved at reduced cost. AEBCD was nearly half the cost of EBCD. However, when a trigger film already exists, pathways can be implemented for as little as 40% of the cost of traditional EBCD. It was not necessary to do additional work locally to supplement the national interviews. The intervention carried a 'cost' in terms of heavy workload and intensive activity for the local facilitators, but also brought benefits in

terms of staff development/capacity-building. Furthermore, as in previous EBCD, the approach was subsequently adopted in other clinical pathways in the Trusts.

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Recommendation

AEBCD delivered an accelerated version of EBCD, generating a comparable set of improvement activities. The national film acted as an effective trigger to the co-design process. Based on the results of the evaluation, Accelerated EBCD offers a rigorous and effective patient-centred quality improvement approach.

Working with Thames Valley Health Knowledge Team

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- Sending you the full project report on publication.
- Putting you in touch with the research team.
- Providing project and governance support for your own service improvement work.

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