we coproduce

NHS

A project connecting

Co-production Quality Improvement and Experience of Care

Accessible Information Standard

easy-read

About this booklet

01. 02. 03.

We have split this booklet up into different sections to make it easier to read.

You may want to read it in stages.

Support

You may want support to read through this booklet.

Contents

Section 1

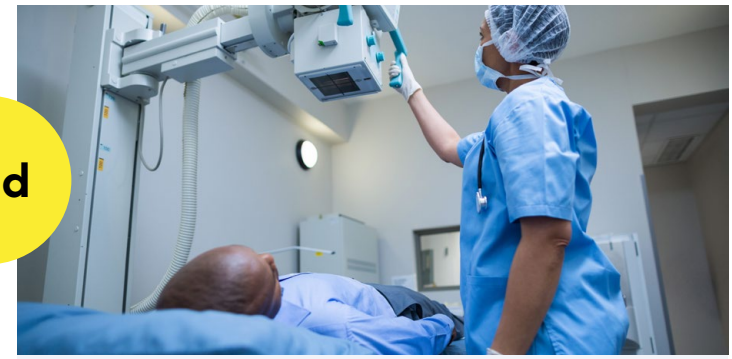
Introduction to our project

Some NHS organisations involve people using services in their improvement work.

Improvement work is about:

Improving people's
experience of care

and



Improving people's
quality of care

Involvement

Our project looked closely at how these NHS organisations involve people using services in this work.

1 Introduction to our project

Quality of care

Quality of experience

Co-production

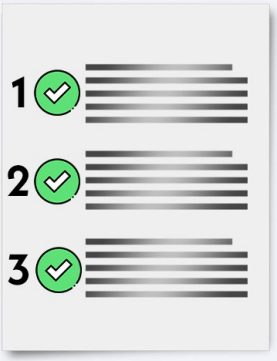
This booklet explains how these NHS organisations line up quality of care work, quality of experience work and co-production.

We are We coproduce and NHS England's Experience of Care Team and Improvement Team.

We want to share our learning.

We worked with lots of different people in this project.

1 Introduction to our project



Our initial advisory group was made up of:

NHS England

We coproduce

NHS staff

The Health Foundation

The King's Fund

Co-production Collective (University College London)

People using services

1 Introduction to our project

We visited 6 NHS organisations and asked a lot of questions about how they work in co-production.

The organisations are:

- **South London and Maudsley** NHS Foundation Trust
- **South Eastern Health and Social Care Trust** (Belfast)
- **East London** NHS Foundation Trust
- **Western Sussex Hospitals** NHS Foundation Trust
- **Humber Teaching** NHS Foundation Trust
- **North East London** Clinical Commissioning Group

These organisations cover hospitals, community health, mental health and services like GP practices.

2
Section

Co-production

Although NHS organisations have already involved people in improving care...

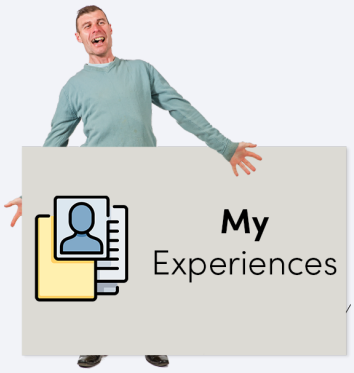
...co-production is very, very different from what we have done before.

Co-production happens when:

Everyone involved in the system works together.

and

Everyone recognises each other as being equally valuable.



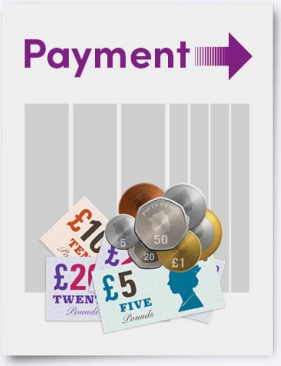
This means we can learn from everyone's experiences to:

1. Connect with many different people and ideas.

2. Include people from across all communities.

3. Be certain about what matters the most to people when we are improving things.

4. So that when we make changes they will last.



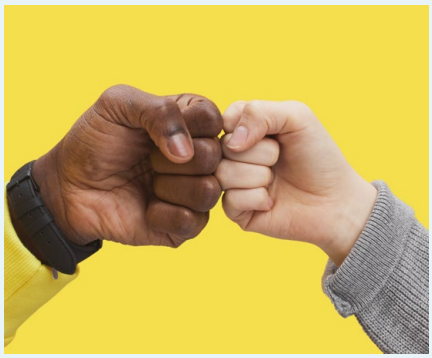
We also pay the people using services and family carers who co-produce the improvement work.

When done well, co-production does a number of things.

1. Recognises people using services have strengths and networks that reach beyond the labels we give them.

2. Builds equal relationships where everyone has expertise.

3. Starts from what matters most to people who use healthcare services.



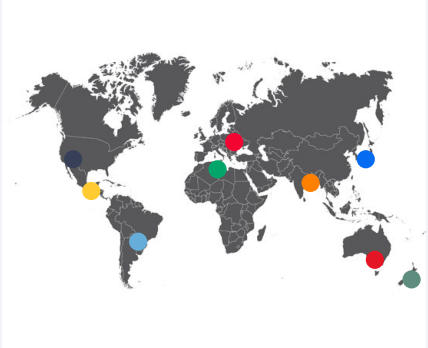
4. Creates really good partnerships from the very first conversation.

5. Shares who holds power and makes the decisions.

6. Means the NHS organisations involved ‘step back’ while the communities involved ‘step forward’.

At the start of the project we looked for reports that already exist.

These reports were about how quality improvement, experience of care and co-production can better connect.



We found 64 reports from accross the world.

3 Reports that already exist

Here are some recommendations from what we found out:

1. Pay attention to improving people's experience of care.

Don't only focus on treatment!

2. All leaders need to co-produce.

3 Reports that already exist

Leaders need to build co-production learning into planning.

And do it quickly.

3. Leaders need to follow up recommendations from co-production.

They need to allocate the time and the help needed to put them into practice.

4. Be excited about the way people are passionate to work in co-production.

5. Develop individual, family carer and staff confidence to work together.

3 Reports that already exist

6. New ways of working are not easy.

Co-production welcomes challenges and works best when people support each other.

7. Bring the right people together at the right time.

Do this early and do it honestly.

Make sure everyone has a say in shaping the improvement work.

8. Communicate openly and make everyone's roles formal.

Clearly define roles and responsibilities.

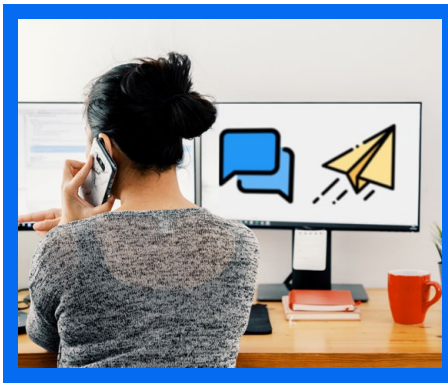
Build a co-production community rather than a team with layers of importance and someone sitting at the top.

9. Make it easy for people to have their say and have their input respected.

Think about having a co-production expert to help make sure everyone has their say.

Pay attention to everyone in the group.

3 Reports that already exist



10. Everyone in the co-production group is responsible for making the group's findings happen in practice.

Make sure everyone in the group is supported to have the confidence to do this.

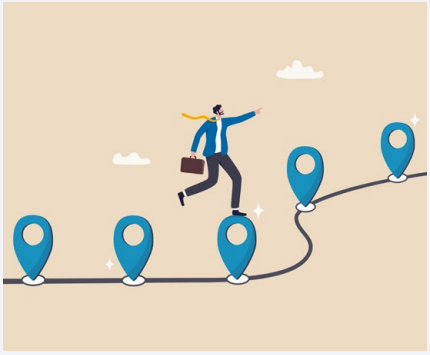
11. Collecting information tells us about patterns across the system.

And...

people telling us stories about their experiences reveals information that collecting data can't tell us about.

4
Section

Our visits to 6 NHS organisations



We know some organisations connect co-production and quality improvement well and others are at the beginning of the journey to do this.

These 6 organisations have begun to do this, and we learnt from them and the literature review what happens:

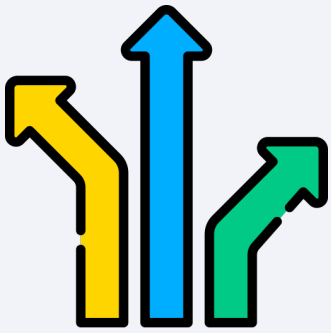
When you do it well

When you do OK

When you have made a start

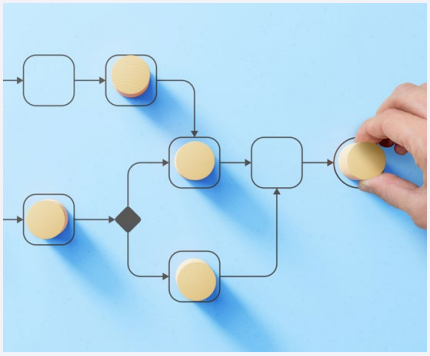
If it is not done well

4 Our visits to 6 NHS organisations

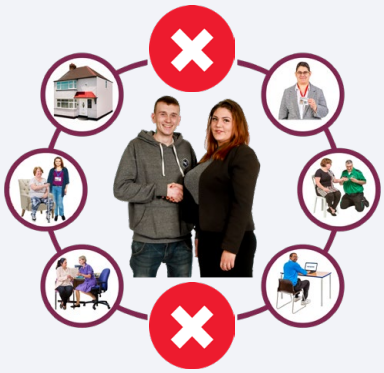


So what are the differences?

Organisations who do not do this well.



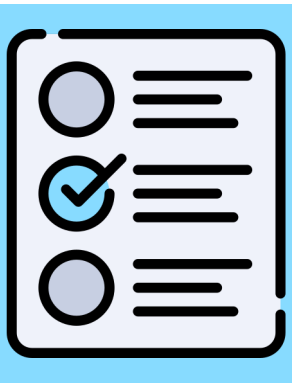
These NHS organisations focused on being efficient.



Co-production, as a way of working, wasn't in people's minds.

So there was no co-production.

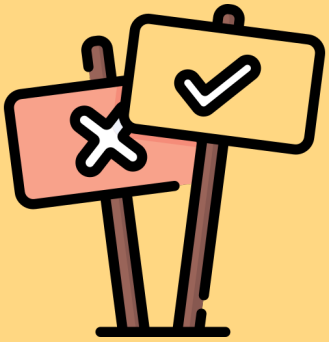
4 Our visits to 6 NHS organisations



Organisations who have made a start.

These NHS organisations had quality improvement and co-production.

But they were happening in separate places and they were not connected.



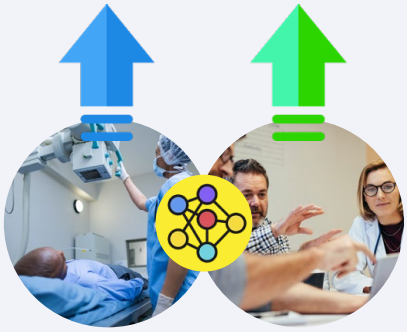
Organisations who were doing OK.

These NHS organisations had quality improvement and co-production.

They were happening together in some places but they were not connected across the system.

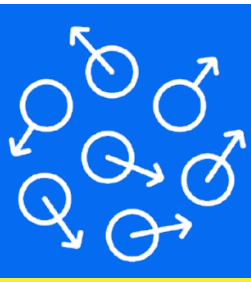
4 Our visits to 6 NHS organisations

Organisations who are doing well.



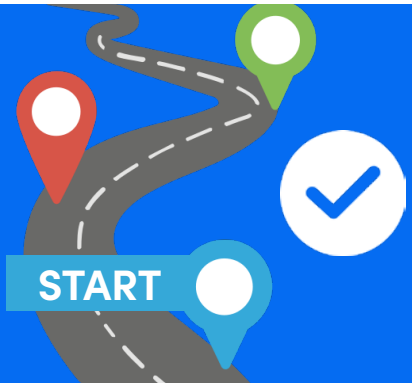
These NHS organisations had quality improvement and co-production.

They were happening together and connected across the system.



Co-production

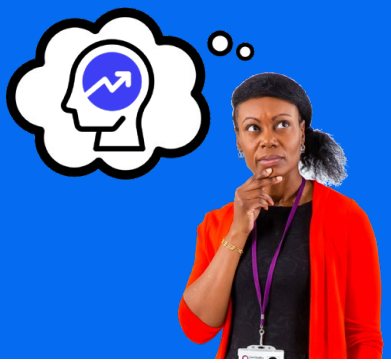
Co-production, as a way of working, doesn't need to happen one bit at a time.



Our visits showed us that connecting quality improvement to co-production can happen from the start.

4 Our visits to 6 NHS organisations

Co-producing improvement involves:



1. Always thinking about co-production as the preferred way of working.

2. Putting what matters to people at the heart of improvement work.

3. Sharing power equally between staff who have skills and knowledge and people who have lived experience of care.

4 Our visits to 6 NHS organisations

What we have learned from our project:

Quality of care

Quality of experience

We learned that bringing together quality improvement and co-production needs us to have:

1. Strong leadership

2. We start from what matters to people.

4 Our visits to 6 NHS organisations

3. Co-production should be at the heart of quality improvement.

4. Develop people's energy and confidence to work together.

5. The big system, organisations and communities are lined up together.

6. Learning how to improve together.

5 Section

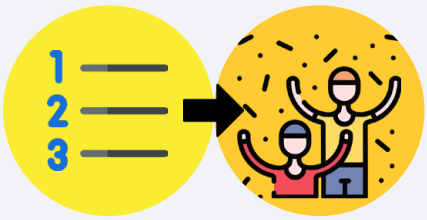
The Covid pandemic

The Covid-19 pandemic has taught us powerful lessons about co-production.

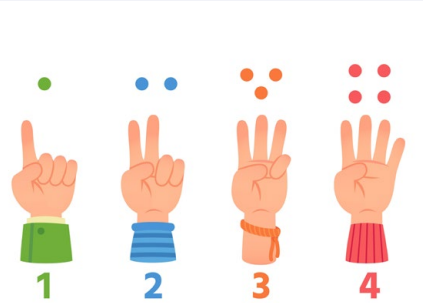
Different ways
of doing things

We have seen how things can be done differently during the pandemic. We don't want to lose what we have learned.

We have made recommendations on how to bring them into the NHS.



We are now working on how we bring these recommendations to life.



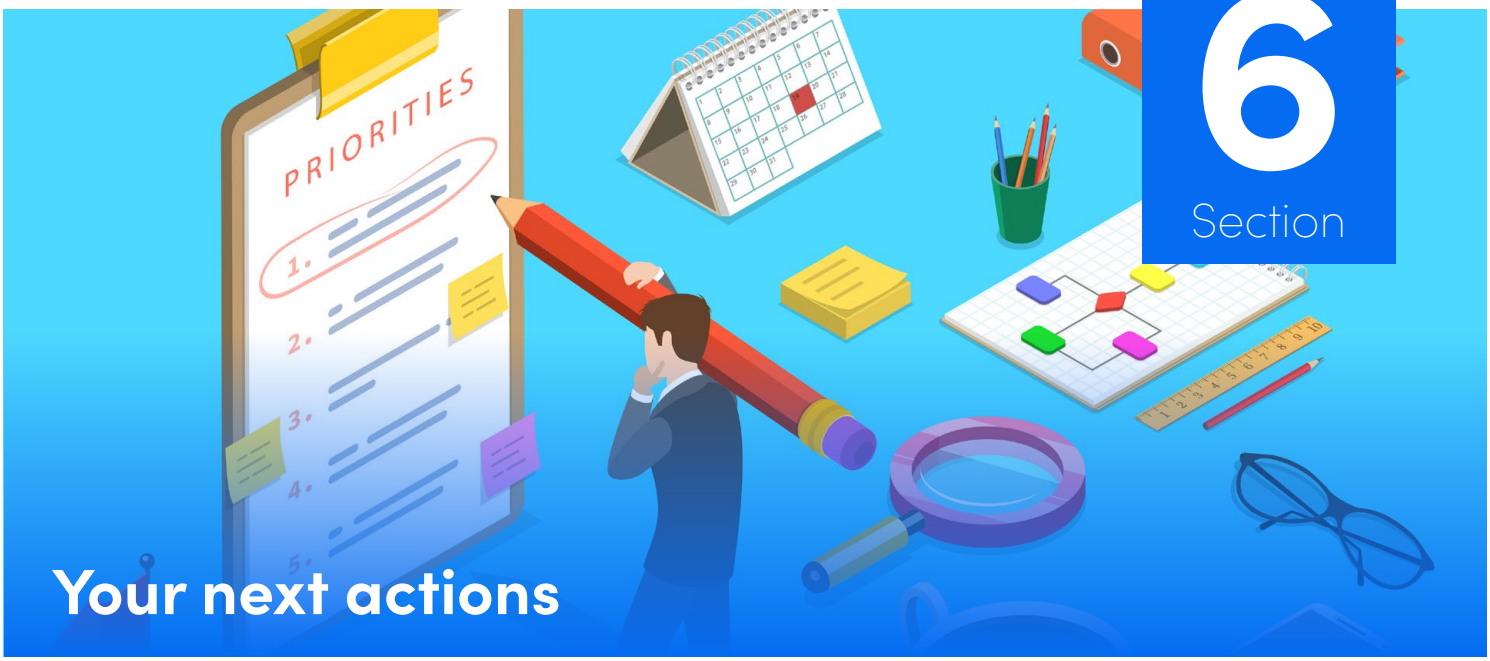
There are 4 ingredients for change:

1. Co-production from the start

2. Make reducing inequalities a priority

3. Appoint leaders for innovation

4. Welcoming new ideas



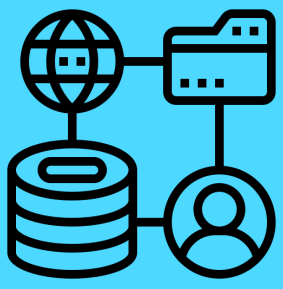
6 Section

Your next actions

Can you now join in a conversation about how to co-produce improvement in your workplace?

As an individual

As a leader



As a system

For further information and support please e-mail:

england.eoccoproduction@nhs.net

NHS

A co-production group worked together to make this easy-read document.

We created this document as people who are:

"Chilled, relaxed, kind, helpful and caring"
"Creative and committed"
"Kind and generous with my time to others"
"Passionate, approachable and dedicated"




To find out more:

Visit our website: thinklusive.org
e-mail: hello@thinklusive.org

Thinklusive

2019-2021 PAR 1498 iv
Published March 2023