

**‘WORKING TOGETHER IN PARTNERSHIP WITH PATIENTS’ –
A STRATEGIC APPROACH TO CO-PRODUCTION**

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Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
V.1	28/4/14	Head of Organisational Development Head of Human Resources Head of Training and Development Equality and Diversity Lead Practice Facilitator Deputy Training and Development Manager Quality Governance Manager Audit, Research and Clinical Effectiveness Manager Head of Communications Patient Experience Lead Patient Relations Lead	Minor amendments
V.2	1/5/14	Consultant, GU Medicine Consultant Psychiatrist Director of Quality and Executive Nurse Consultant Psychiatrist in Learning Disability Director of Operations Medical Director Associate Medical Director Community Drugs Service Team Leader Deputy Director of Operations and Adult Mental Health Service Delivery Unit Lead Doctor, Palliative Care Chief Executive Head of Facilities Deputy Director of Strategy Director of Strategy and Business Development Company Secretary	Comments Comments Comments Suggested additions Comments and suggestions

		<p>Head of Information Technology</p> <p>Health and Wellbeing Lead</p> <p>Consultant Paediatrician</p> <p>Deputy Director of Finance</p> <p>Director of Finance</p> <p>Associate Director of Contracts</p> <p>Associate Director of Human Resources and Workforce Transformation</p> <p>Deputy Director of Nursing</p> <p>Interim Director of ICT Services</p> <p>Learning Disability Service Delivery Unit Lead</p> <p>Interim Clinical Director of Dental Services</p> <p>Community Care Service Delivery Unit Lead</p> <p>Operational Lead, Offender Health</p> <p>Children's and Families Service Delivery Unit Lead</p> <p>Clinical Lead, Adult Mental Health</p> <p>Quality Governance Team Manager</p> <p>Head of Programmes</p>	<p>Minor amendments</p> <p>Suggested additions</p> <p>Suggested additions</p> <p>Suggested additions</p> <p>Minor amendments</p>
V.3	8/5/14	<p>Doctor, Community Palliative Medicine</p> <p>Consultant Psychiatrist</p> <p>Psychiatrist</p> <p>Psychiatrist</p> <p>Consultant in Sexual Health and HIV medicine</p> <p>Consultant in Older Adult Psychiatry and Clinical Director for Older Adult Mental Health</p>	<p>Suggested additions and minor amendments</p>
V.4	13/5/14	<p>Expert Patient Programme Trainers</p> <p>Volunteers *3</p> <p>Peer Support Workers</p>	
V.4	28/5/14	<p>Matron/Lead Nurse</p>	

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V.5	9/7/14	Trust Board	Comments and amends
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V.8	3/11/14	Head of Equality and Organisational Development Head of Training and Development Deputy Training and Development Manager Equality and Diversity Lead Health and Wellbeing Lead Quality Governance Manager Marketing and Communications Manager	Comments and amends
V.8	29/10/14	Quality and Safety Committee	Comments and amends
V.8	27/11/14	Non-Executive Directors *2	Comments and amends
V.9	4/12/14	Patient Representative Working Party	Comments and amends
V.10	5/12/14	Quality and Safety Committee	

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Training and Development

Worcestershire Health and Care NHS Trust recognise the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

'WORKING TOGETHER IN PARTNERSHIP WITH PATIENTS' – A STRATEGIC APPROACH TO CO-PRODUCTION

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1. What is co-production?

Co-production challenges the traditional approach towards health and care which presumes a professional expert and a passive patient, and replaces it with equally empowered patients and facilitators of care, who share information and decisions. Co-production can inform the delivery of services from the clinical meeting right through to designing services. The following statements help explain what co-production is:

'As a delivery model for health services, co-production is based on the sharing of information and on shared decision making between the service users and providers (Bettencourt, Ostrom et al, 2002; Needham and Carr, 2009). It builds on the assumption that both parties have a central role to play in the process as they each contribute different and essential knowledge (Cahn, 2000).'

(From Realpe and Wallace, 2010)

Co-production is a term that refers to a way of working whereby decision-makers and citizens, or service providers and users, work together to create a decision or a service which works for them all. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it.

Co-production is an approach to a decision making process rather than a specific method.

(NHS Institute for Innovation and Improvement)

Co-production is underpinned by certain principles:

- *It views patients and carers as assets, with inherent abilities, competencies and resources and it seeks to build upon these strengths.*
- *It is based on equality and at its centre is a relationship of mutual respect.*
- *It views the health professional role as one of empowering patients to enable them to make decisions about health and treatment.*
- *It recognises the importance of networks in bringing about and supporting change.*

(Adapted from New Economics Foundation)

2. Definitions

For the purpose of this document, the term 'Patient' includes: Patients, Carers, Service Users, and the wider public community of Worcestershire

3. Why is this strategic approach needed?

- This strategic approach is part of our on-going commitment to engage patients to ensure they have an active role at all levels and at the earliest stage.

- Working together in equal partnership with patients will ensure we really listen to patients, which is so important if we are to offer services that truly meet their needs.
- The full involvement of patients helps us protect against error; by listening to patients and acting on what they say, we are enabled to develop and offer safer health and care services
- A co-production approach improves the value that patients put on services by addressing and delivering the things they deem important
- The strategic approach will help the Trust standardise the approach taken towards interactions with patients across the organisation
- It reflects the values of the NHS Constitution which promotes the full involvement of patients, staff, families, carers and professionals inside and outside the NHS
- It reflects one of NHS England's 'Putting Patients First' aims to ensure high quality care for all, through its commitment to citizen participation and empowerment.

4. Co-production – what do we do now?

The Trust's current patient involvement activity that reflects some of the principles of co-production is listed at Appendix 2.

The examples listed show that the organisation does use input from patients in a number of ways. However, whilst patient involvement is supported, it is currently limited to particular areas or activities and the conventional approach to healthcare, where professionals retain much of the power to make decisions, largely remains unchanged.

5. Our development areas – where do we want to get to?

Co-production and true partnership working would require a cultural transformation and a shift in power and control so that it is shared equally between staff and patients, across all services, all activities and in every interaction.

5.1 Patients as partners

Patients, who are also partners, are active co-creators of health who:

- reflect on the reality of their illness, and communicate the impact it has on their lives and their needs and wishes in relation to it.
- take responsibility for their own health and well-being,
- make informed decisions and choices about their treatment and care
- help co-design services
- engage with staff on the basis of equality, reciprocity and trust

It is recognised that certain cognitive, emotional, intellectual, psychological, social, spiritual and physical factors may sometimes restrict the extent to which some patients and their carers may be willing or able to engage in a co-productive dialogue. This might include adults, children and young people, patients with

learning disabilities or difficulties, or those for whom co-production is a very new way of approaching health conversations.

In such circumstances staff will demonstrate a respect for patient diversity and a capacity to respond with flexibility. Through approaching their conversations with patients with empathy and knowledge of different communication approaches or adapted literature, staff will be best placed to communicate in ways that best empower patients to develop and use their potential, at a level that is right for each patient.

5.2 Growing patient strengths and abilities

Co-production develops and grows patient strengths and abilities and supports them to be put to good use in the co-creation of health. Co-production will serve to empower patients to become co-creators of health in the following ways:

- As partners in clinical interactions, where this is appropriate
- As patients who are empowered to practice self-care, preventative care, and make informed choices
- As valued panel members in the recruitment of all staff, to ensure evidence of alignment with organisational values and underpinning behaviours
- As valued contributors to the development and delivery of staff training so that all training is grounded in patient experience
- Through being recruited as peer support workers in all appropriate services
- Through being essential contributors to inspections, reviews and assessments
- Through participating in research both in terms of contributing to the decision around what is researched and as participants.
- Through being involved at the very beginning of the planning process for service developments and changes
- Through also being involved in forums, working groups and committees
- Through volunteering to gather patient experience using a range of feedback mechanisms
- Engaging with complainants to work with staff to help the Trust come to a deeper understanding of the patient experience and a shared recognition of what needs to change.

5.3 Staff as Facilitators of Care

As facilitators of care, staff will work with patients and carers to help them understand their diagnosis and treatment options. Listening to patient partners, and understanding their experience will help frame decision making so patients, with the support of staff, can determine the way forward. Staff bring knowledge and expertise to enable and empower patient partners to make the right choices for themselves.

5.4 Established internal and external networks

Co-production depends on staff working better together, in more joined up ways. This includes both within the organisation and across the wider health and care

economy, including both statutory and voluntary and community sector providers. This will ensure that patients are better able to link into and access the care and support most appropriate to them at any given time.

6. The action plan – how will we get there?

Adopting and embedding co-production across the Trust will require a number of actions. These are detailed in the action plan at Appendix 1.

7. How will the future look?

Co-production will bring new ways of interacting and working that will challenge and change our traditional approaches. The relationship between the organisation and patients will be characterised by a new level of equality and shared responsibility. The contribution of patients will be an intrinsic and essential part of the work of the organisation at every level. The organisation will work in integrated and collaborative ways with its partners to offer health and care services that support patients to achieve the outcomes important to them.

8. What difference will this make?

- Co-production will empower patients and staff. It will develop patients' health knowledge and capacities for personal responsibility and self-care. It will promote patient choice and control.
- Co-production will help the Trust deliver an improved patient and carer experience
- Co-production will help improve health outcomes
- Co-production will ensure services are relevant and effective
- Co-production will support an integrated health and care economy across Worcestershire that places the patient at the centre.
- Current financial and demographic demands demand that we implement a fundamental change in the way health and care services are delivered. The adoption of co-production throughout the organisation will help us meet these demands.

9. Conclusion

Co-production is an approach based on sharing which has, at its centre, an acknowledgement and respect for the contribution that both staff and patients can bring to health care. This strategic approach outlines why the adoption of this approach is necessary and important, and what we as a Trust will do to embed this approach across and within the organisation to bring about a fundamental transformation that is empowering to all

Appendix 1: Action Plan

Objective	Item	Action	Lead	Timescale	Metric	Comments	RAG Rating
1. Directors, Senior Leaders and Senior Management Team adopt and disseminate the approach	1a	The strategic approach will be adopted at Board.	All Directors	Q.1 2015	Ratification at Trust Board		
	1b	A co-production workshop will be designed and delivered to all Directors and Senior Leaders	Head of Organisational Development supported by Head of Community Engagement and co-produced with patients	Q.2 2015	Workshop created and feedback data obtained	Purpose of the workshop will be to promote understanding; explore the role of each person in embedding co-production across the organisation; how to disseminate the approach out to teams. Workshop to be delivered together with patients	
	1c	Senior Leaders in each Service Delivery Unit (SDU) will be invited to respond to co-production by including a specific objective in each Directorate Annual Plan	SDU Leads co-ordinated by Planning and Programme Management Lead	Q.1 2015	Business plan statements for each SDU		
	1d	The approach will be communicated to Senior Managers	Director of Quality and Executive Nurse, Senior Management Team and Head of	From Q.1 2015	The ethos of co-production will be included in all internally delivered		

			Organisational Development		leadership programmes		
	1e	Staff responsible for Trust Policies instructed to ensure all new policies include a statement of intent to reflect the co-production approach	Deputy Director of Nursing; Chief Pharmacist; Associate Director of Human Resources and Workforce Transformation; Risk and Security Manager; Company Secretary; SDU Leads	Q.1 2015	New policies will be reviewed to ensure they fit with the co-production approach		
	1f	Quality Account for 2015 will have co-production as a priority	Quality Governance Manager	Q.1 2015	Included in Quality Account as a forthcoming priority and clear measures reported on		
2. Staff will adopt co-production as the guiding approach in all interactions with patients	2a	A co-production workshop will be designed and delivered to all staff groups to enable them to co-produce the delivery of health and care services with patients.	Head of Training and Development and Practice Facilitator, supported by the Head of Community Engagement and the Equality and Diversity Lead and co-produced with patients	From Q.2 2015	Workshop created and feedback data obtained	Purpose of the workshop will be to promote understanding and explore the role of each person in embedding co-production across the organisation. The programme will need to provide staff with information about different communication approaches and adapted literature. Workshop to be	

						delivered together with patients	
	2b	Co-production will be reflected in the staff appraisal system so that appraisal documents and the appraisal process enables staff to reflect on the co-production work they have done	Head of Organisational Development	Q.4 2015			
	2c	A Staff Award will be created for Co-production	Head of Communications	Q.4 2015			
	2d	Clinical Champions for co-production will be identified in each SDU and recognised for their work at annual recognition events	SDU Leads	Q.4 2015	There will be a champion in each unit, base or ward.		
	2e	A patient experience feedback question will be created to evaluate how patients experience the approach. The question will be attached to the friends and family test questions.	Patient Experience Lead and Practice Facilitator. Support around creation of the question to be sought from an external specialist organisation	Q.4 2015	Feedback tool created and disseminated. Baseline and on-going data collated to show trends		
	2f	Utilise the staff 'pulse survey' to gather staff experience of the co-production approach	Head of Human Resources	Q.4 2015	Feedback tool disseminated. Baseline and on-going data collated to show trends		
3. Patients will be empowered co-producers of	3a	Engage patients and their representatives to communicate the Trust	Head of Community Engagement, Patient Experience	From Q.2 2015			

health and care		adoption of co-production	Lead and Head of Communications				
	3b	Form a patient working party to develop a patient toolkit to enable patients to embrace co-production	Patient Experience Lead supported by Practice Facilitator and Head of Community Engagement	Q.3 2015	Toolkit created and available in different formats and languages	Purpose of the toolkit will be to offer patients the support they need to become co-producers of their own health and care	
	3c	Disseminate the patient toolkit to patients	Patient Experience Lead and Practice Facilitator	Q.3 2015	Toolkit available digitally and in hard copy across all services		
	3d	Provide information to patients on a range of health and care organisations in both the statutory and voluntary and community sectors to encourage integrated care and patient choice	Head of Communications	Q.4 2015	Comprehensive and regularly updated A-Z of local organisations and the services they provide, available on Trust website		
	3e	Provide information to patients on a range of conditions to encourage patient independence	Head of Communications	Q.4 2015	A-Z of conditions regularly updated and refreshed		
	3f	All interview panels have one or more patient members	Head of Recruitment	Q.2 2016	Recruitment panel data		
	3g	Patients inform the development and delivery of staff training	Head of Training and Development	From Q.1 2016	Training data		
	3h	Service inspections, reviews and assessments routinely	Quality Governance Manager	From Q.1 2016	Inspection data		

		involve patient members					
	3i	Patients contribute to decisions around what is researched and are invited to become research participants	Audit, Research and Clinical Effectiveness Manager	From Q.2 2016	Research data		
	3j	Patients are involved at the beginning of the planning process for service developments and changes	Head of Community Engagement and Patient Involvement	From Q.1 2015	Consultation Report data		
	3k	Patient groups are routinely involved in the gathering of patient experience feedback	Patient Experience Lead	From Q.1 2016			
	3l	Complainants are engaged with to come to a deeper understanding of the patient experience when a complaint has been made	Patient Relations Team Lead, Quality Leads and appointed Investigating Officers	From Q.2 2016	Complaint Data		

Appendix 2

Patients are currently engaged in the delivery of health care in many different ways. These are listed below:

- Care processes are improved through gathering and acting on patient and carer feedback; through Patient Led Assessments of the Care Environment; through patient and carer input at quality reviews and through the involvement of Peer Support Workers in some mental health services
- Patients self-care is encouraged through efforts to promote health literacy through the work of the Health Trainer service, Foundation Trust events, initiatives such as 'Making Every Contact Count' and an A-Z of conditions being available on the Trust website
- Patients and carers are encouraged to be more involved in selecting treatment options through the work of the Expert Patients Programme and some services such as the Early Intervention Dementia Service. The personalisation and use of personal budgets and direct payments in other services has also sought to promote greater patient choice and control over treatment
- Some patients and carers assist in various aspects of research for example through the newly formed patient group which reads research proposals and gives feedback
- Participants engaged with the Expert Patients Programme are involved in the training of professionals
- Patients and carers are involved in service development and service change consultations and a number attend a range of established patient forums to give their views
- Certain projects – such as the Big Recovery – work from an ethos of patient centred care and collaboration
- Patients sit on interview panels, working groups and on committees as lay representatives
- Patients are invited to give feedback about services on a continuous basis through the friends and family test.

References

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NHS England, 'Putting Patients First: The NHS England business plan for 2014/15-2016/17

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http://www.institute.nhs.uk/share_and_network/pen/co-production.html (Accessed 15/10/14)

Realpe, A. and Wallace, L. M., on behalf of the Coventry University Co-creating Health Evaluation Team, (2010). 'What is co-production?' London: The Health Foundation pp5

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