

Co-Production Training Day with South Tyneside CCG – discussion notes

Discuss what these words mean to you: Engagement, Consultation, Co-Design, Co-Production

Engagement

- Scope of influence by listening/being heard/feel part of something
- Challenge assumptions by listening to others
- Keep in loop, but not involved
- Comms in and out, socialising the issues
- Getting feedback/info=benchmarking
- Softer side – building relationships over time

Consultation

- Open to criticism – emotive
- Thought of idea and taking it to people after decisions/options agreed
- More linear, rigid, structured, formal – but can be challenged and can be adapted – legalities
- Decision made, done deal? Sometimes perceptions about the word and semantics

Co-Design

- Blue sky
- Step before
- A the outset
- Whoever needs to be involved creates the design – user, recipient
- For a product or options for that
- Consultation better
- Small and large scale – risky = brave

Co-Production

- Operational – making the design work in reality including everything above – the wording depends on what the ‘product’ is – we can co-produce engagement or a design or an end product. **Key is to involve the people who use the service and the front line staff who deliver the service**

What are the benefits of just carrying out 'Engagement' and 'Consultation'?

- Lots of benefits – speed – efficiency – cheaper = tap into existing groups
- More structured in scope in short space of time – there is a clear end point – your design wins
- But, can feel done to = people engage less next time
- Co-production can be open-ended – might not fit short timescales
- Clinical treatment guidance may change so decision may be out of our hands
- Patient safety decisions, e.g. stroke re-location was post-change engagement only
- Finance e.g. St Clare's closure, post-event engagement
- Legal issues may force change
- National Directives, out of our hands
- Just explaining why the change was needed
- Move into co-design/co-production for ways forward with those who use/work in service

Trust and Consequences – how might we feel if we speak up about services not being good?

- Fear of speaking up – might lose the service, or my job
- Need to build relationships and trust
- Staff made to feel heard and involved – improves retention
- Need to manage expectations and scope and being able to expand
- Consequences of not being honest
 - In public
 - In private
- Perception of the 'Commissioner' still affects VCS, tendering, competition

Who are the Service Users and Carers in South Tyneside – how might we group them?

- Children and Young People
- People with Learning Disabilities, Mental Health issues, Dementia
- Social groups – homeless – fuel poverty – deprivation - isolated
- Long term conditions
- Undiagnosed/unmet need
- Carers- young carers – foster carers- family members – hidden carers
- By registration with GP
- Engaged (or not engaged with services)
- Working (or non-working)
- Older adults, Young adults (16-25)
- Disabled (physically), long term frail
- By gender, ethnicity
- Addictions
- Immigration status, refugees, asylum seekers
- Digitally/non-digitally aware
- Veterans
- Group members- football, etc.
- Drivers/non-drivers
- Relationship status
- Victim/survivors

- Those with Autism
- Offenders/ex-offenders/young offenders
- Sensory needs
- BME, use different languages
- Activated/non activated
- LGBTQ
- Mobile/immobile
- People from the community
- Travellers
- Deprived /wealthy
- Educated/ less well-educated
- Teen mum/dads; single parents
- Sandwich generation
- Staff workforce
- Stressed
- LAC
- Pregnant; people with children under 2
- Kinship carers
- Chronic fatigue
- Students
- Stay at Home Mums and Dads
- Temporary residents / visitors
- Obese
- By Hospital clinics/appts
- Hospital inpatients
- 'Worried well'
- User of community services
- Fallers
- High risk patients
- Palliative
- Advocates
- Care home residents
- "out of area"
- GUM
- SEND
- Frequent users of blue light services

How do you hear the voice of the Service User/Carer now?

- SURP (Service Users review panel)
- Trained practitioners
- Listening panels
- Surveys (paper/online)
- Learning from complaints/compliments/incidents
- You said/we did approach
- 'Airport' style satisfaction buttons
- National patient surveys
- Look at comments on social media/posts or on newspaper articles
- Patient reference groups
- PPI panel
- Events

The groups discussed current approaches to involving Service Users and Carers, what has worked and what hasn't so far – it was noteworthy that what worked for some had not for others:

- Go where the people are – day services, home visits, VCS facilities
- Service User Review Panel (SURP) ongoing 1 year commitment = focus groups – opportunistic sampling in a service – GP reference (patients) groups
- 'You said, we did'
- Existing relationships
- Experts in place – LD, dementia * have the right facilitation/support
- Journey mapping with them – facilitated
- 'Champion' function with support and structure
- People want to help others with the same challenges
- Testimonies/case studies – sharing learning
- Time in/time out with GP's – sometimes relevance is key to their engagement
- Limited budget for doing community engagement
- How to reach the 'invisible', the carers? What's the loop to find/recruit?
- Survey Monkey – quick/easy to use/analyses results
- Focus Groups – people with lived experience/build long term relationships/useful face to face interaction/develop a narrative
- Interviews – wider selection of people/further feedback/going to where the participants are
- Engagement groups – established relationships
- Established groups in third sector – lived experience
- Patient stories – lived experience
- Formal consultation
- Text survey
- Paper survey
- Built a relationship with a current group – in situ
- Going to day service – visiting carer at home
- Using key workers
- Correct communication method
- Patient reference group
- Patient stories at home – talking to people
- Patient stories at Quality, Patient & Safety Committee

- Focus group
- LEB – some
- Going where people are
- Individual feedback – existing relationships
- Involvement of ‘Experts by Experience’
 - Focus groups
 - Informal
 - Open ended – not narrow focus
- Journey mapping with patients/stakeholders
- Engagement/identification of ‘champions’ – peer support/mentoring – needs structure/training/support
- Documentation/testimonies/case studies/good and bad practice and how we respond/provide feedback to patients
- Use of comms channels – newsletters, etc. online
- Tapping into existing networks/groups – limited impact/response

What hasn't worked?

- Survey Monkey – access from older/deprived population/negative feedback/% required to validate findings/how do you get it out?
- Focus Groups – same people/timing of event (availability)/well planned and facilitated/time consuming analysis
- Interviews – depending on time you get different groups/time consuming in analysis
- Engagement groups – timing/same people/access
- Lack of notice to find people
- If it is too piecemeal
- Questionnaires – might be rushed, query anonymity
- Targets always? but should be asking about the stuff we can improve
- Levels of response – time commitment + medium
- Difficult to get GP engagement – what's relevant?
- Hard to reach communities – or are we hard to find?
- Be creative and go them = find links
- How to support carers to join in? Same voices every time
- Over-loading – everyone asking too many questions
- Too much reliance on patient reference group – too mixed. Not enough direct knowledge
- The usual voices = bias. The groups discussed the need to ensure current Service Users and Carers are involved, and not historical representatives, to ensure feedback and experience is relevant/recent
- Call in focus group – turnout poor/conversation poor
- Quick turnaround
- Not enough time for planning
- Don't work with 'hard to reach' 'disengaged'
- Calling people to talk to you – not always
- Asset-based flexible approach to reach different communities
- Same questions but using different approaches in order to connect with groups
- 121, survey approach, speaking directly with people accessing a service, focus groups, roadshow, on-line survey, opportunistic sampling narratives
- Communications made specific to each group
- Questionnaires/feedback (often rushed)

- Not anonymous
 - Unreliable
- GP/clinician engagement difficult
 - Range of methods but limited response
 - Needs careful planning and comms
- Lack of community engagement support/expertise – limited capacity within teams to commit time/resources
- How do we engage with hard to reach/'invisible'/populations, e.g. carers
- Links to Carers Liaison Officer
- GP Patient Forums (variable)

Sarah Keetley
Transformation Lead
Trust Innovation Group
NTW
sarah.keetley@nhs.net