

From user group to coproduction

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Summary

The desire of many services to engage productively with wheelchair users and their carers can be hindered by a lack of capacity or awareness about what works. This paper will highlight the range of engagement strategies we found most useful in the wheelchair service in WestMARC.

Aims and objectives

The aims of the presentation are:-

To review common methods of engaging with users and to highlight some of their limitations.

To provide an overview and feedback on our early experiences of using a range of coproduction techniques

Background

Few people would argue against the importance of user engagement. This area was identified as weak in Scotland's national review of 2006 "Moving Forward" and was further highlighted in the National Action Plan. The Scottish Government currently have a Wheelchair and Seating Quality Improvement Framework that reinforces the need for accessible information, and requires services to carry out a user satisfaction survey at least every 2 years.

There are good examples of user groups working with wheelchair services but there are many more examples of user groups where there have been significant problems with constituency, empowerment and resilience. In the West of Scotland the 6 Health Boards took different approaches. Some established a user group, some already had one and some established a broad network of groups and individuals. As part of our response to the National Action Plan we have established user groups/networks in the 6 Health Boards, we agreed a core data set to be included in our information leaflets and web sites, and we developed national standards with users. Despite these changes, we did not feel we had adequately addressed this area.

We explored other methods of user engagement and we have now started to use a range of coproduction techniques. We assessed the breadth of our existing activities across the four coproduction areas, examples of each will be given, for:-

Co-commissioning

Co-design

Co-assessment

Co-delivery

What we found was that, although we had been performing well in the area of Co-commissioning, other areas of Coproduction were weak. There was a trend of improvement in the area of Co-design with the use of focus groups and opportunity interviews when carrying out our A3 improvement cycles. The area of Co-assessment was seen as weak, because our methods were not contemporaneous or frequent. In the area of Co-delivery, apart from users designing some of our information leaflets, we struggled to evidence any activity.

To address the problem of Co-assessment we wanted to introduce a technique that gave more immediate feedback of patient experience in small manageable chunks so that we could reasonably resource it. We introduced a technique into the service called Emotional Touchpoints. We will explain this technique, how we resourced it, and give some examples of how it has changed service provision.

Our biggest challenge was undoubtedly in addressing the lack of Co-delivery. To initiate this we have carried out an exercise to identify a single prioritised list of service improvements. The methodology included a survey of staff priorities, a survey of user priorities using our user networks, and a joint session between staff and users producing a single prioritised list. This list will be presented.

The next steps in improving Co-delivery of services will be outlined.

Discussion

Effective user engagement can be challenging for wheelchair and seating services. Traditional methods such as user groups and satisfaction questionnaires have a place, but there are other ways to address engagement. Viewing and using our users and carers as potential assets in service delivery is an opportunity we can ill afford to ignore. Coproduction offers an off the shelf structure and a tool-kit of resources that can be used by wheelchair and seating services to assess their strengths and weaknesses, and gives them a rare opportunity to make positive change with minimal resource investment.

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