Learning from the Co-Creating Health programme

The Health Foundation designed Co-creating Health through an 18-month process of research, consultation and co-production with experts. We then partnered with eight healthcare economies to test and develop the model. Here is some of our learning from phase one of the programme.

Establishing the programme

We found that Co-Creating Health requires time at the outset to establish the framework for effective delivery:

- **Align the vision of clinicians, managers and commissioners across organisational boundaries.** All key players must understand and fully own the aims and desired outcomes of the programme.
- **Frame the programme within the current national and local policy context.** Make the link with priorities such as shared decision making, personalisation, care planning and making savings on care for people with long term conditions.
- **Create a strong infrastructure for implementation,** including effective programme leadership and management structures. Each of the demonstration sites recruited a full-time project manager. Executive Sponsors have also been crucial.
- **Deliver a single integrated quality improvement programme.** We found that a staggered approach meant that the three programmes (SMP, ADP, SIP) were not all at equal stages of development and effectiveness.
- **Personal stories of success** from both lay people and NHS staff provide invaluable insights and encouragement to people participating in the programme.

Improving clinical practice

It takes time and effort to encourage clinicians to change, to teach and share skills, and to sustain change over time.

- **Local clinical champions**, who promote the value and feasibility of self management are essential. To be authentic champions they must attend the ADP and experiment with changes in their own clinical practice.

Identify Innovate Demonstrate Encourage

- **Engage whole practices and clinical teams rather than individuals.** Impact was greater when we focused on whole teams who can support each other and share a common aim.
- **Tailoring the Advanced Development Programme to local needs** helped to engage clinicians. However, the core content is derived from the evidence base and is therefore used in all sites.
- **Provide follow-up support to help clinicians** embed and sustain their new skills. Strategies include one to one coaching, action learning sets and prompts such as reminder cards and prompts on EMIS.
- **Avoid unnecessary administration.** Clinicians are more likely to test changes in their practice if the processes involved are not overly bureaucratic and tools are available.

Helping people to improve their health

- **Build the Self Management Programme (SMP) into existing care pathways**. It is important to distinguish between SMP and structured education courses which focus more on building knowledge and skills particular to each condition. These courses are complementary but not substitutes for each other.
- **People are more likely to attend SMP if encouraged by their clinician**. Well advertised programmes, available at different times, and taster sessions also boosted participation.
- **Reunions for people who have attended the Self Management Programme** encourage people to continue using their skills and further develop their confidence and motivation.

Changing the system

Through the Service Improvement Programme, demonstration sites have using the PDSA cycle – Plan Do Study Act – to test and implement small scale changes.

- **Service improvement experience and expertise are needed to make real progress.** In phase one, we provided demonstration sites with work-based support from quality improvement consultants. In phase two, sites will draw on existing improvement expertise from within their organisations.
- **Demonstrate to clinicians how service improvement helps** with the adoption of new clinical skills. All participating clinicians need to understand the totality of the commitment and how the various aspects of the programme reinforce each other.
- **Go straight to implementation where a change is already proven.** At the start we needed to test everything. In future, teams will be able to learn from the testing already undertaken and experience quick wins by using proven models and tools.