Co-production and Co-design: A delivery model for the future

Enabling you to get the care you need ....
Co-production and Co-design - A delivery model for the future

- What is Co-design or Co-production and what does it mean?
- Examples of Co-production and Co-Design
- Questions to explore
- Key points
What is Co-design and Co-production?

- A holistic response, rather than competitive and working together without fear of losing intellectual property
- A common understanding where and how the design or the production ‘fits’
- Developing equal partnerships
- Cross-discipline working which focuses on outcomes

“Co-production and co-design will be essential in meeting the requirements of the NHS LTP” [LGA]
It means

- A shift to inclusive procurement to deliver the best outcomes
- A willingness to engage with commissioners and demonstrate ability
- Opportunities and a ‘leap of faith’ to ensure services are delivered
- Rules and agreed definitions between everyone taking part

“The best use of resources, delivering better outcomes and building stronger communities” [SCIE/LGA]
It also means changing your culture and practice.
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- **What is Co-design or Co-production and what does it mean?**
- **Examples of Co-production and Co-Design**
- **Questions to explore**
- **Key points**
Example: IUC tender 2016

NHS111 + GPOOH + CAS = IUC

NHS111 Service
Out of hours Primary Care
Clinical Assessment Service
Integrated Urgent Care

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Example: Multifaceted Co-Production 2018

- Large bubble = Core Transformation Team to ensure a consistent / efficient IUC service

- Medium bubble = Local Transformation Partner to ensure tailored local solution

- Small bubble = HSH Local Stakeholder Group to ensure the right outcomes i.e. Patient Group

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Example: Multifaceted Co-Production 2018

“Co-design with commissioners and co-production with providers” [GP Lead]
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Example – Virtual Coordination of Care and Clinical Advise 2019

...harnessing the expertise and contribution of clinicians who are already working across the area

- Telephone clinical triage
- Appropriate emergency response to scene
- Appropriate conveyance to appropriate destinations
- Mobile treatment services (See & Treat)
- Clinical Advice to Patients (Hear & Treat)
- Direct referrals to clinicians / community team
- Appointment bookings
- Rotational roles: CAS ~ MDTs ~ F2F response
- Advice to HCPs & Care Homes
- Remote diagnostics / tele-health
- Video links
- Signposting
- Interfacility Transfers
- Discharge planning & transport
- Outpatient transport
- Lone worker monitoring
- Public Health Messaging
- Social prescribing
- Telecare monitoring
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A vehicle - For each place or across a system?

Sub-Contract, Partnership, Alliance or formal Collaboration?

With or without commissioners?

Key points to consider e.g.

- Consideration of local specifications and range of options available to each place
- What is shared – and what is local?
- Are providers and commissioners across aligned
Scaling up or down?

Pros and Cons – bigger isn’t always better

Key points for discussion

• Are there efficiencies through for example, digital enablers?
• Can you all work together across a large area and avoid duplications or independent developments?
• Can you get alignment of all urgent care strategies, systems and SDPs.
• Can you do the right thing for the patient and make the money flow to pay for it where necessary?
• How is this governed?
• Can you attract and agree on workforce?
Should your partnership evolve to an IC Provider Contract?

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Working together

1. Determine what is part of the service and develop a joint vision

2. Create a future service model and a joint system wide strategy

3. Seek contractual solutions and statutory approval

4. Use your combined strength and transform

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Thank you