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Improving Healthcare Services

Coproduction, Codesign and Operations

Sharon J. Williams
Lynne Caley

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Improving Healthcare Services

"This manuscript provides a valuable contribution in exploring two mechanisms – co-production and quality improvement – that have largely been developed independently but synergistically can offer more to improving healthcare systems. The authors consider the varying terminology and definitions for both approaches and discuss the benefits and challenges of developing an integrated approach. Interesting case studies are provided as illustrative examples of patient and family involvement in quality improvement. Conceptual integrated models are provided which integrated key principles of co-production with two popular approaches used in healthcare: Lean thinking and Model for Improvement. The reflective (what's missing) sections consider the lessons learnt from undertaking this research and/or the learning for healthcare organisations. This then allows academics to benefit from the agenda provided for future research. Healthcare professionals and managers looking to co-produce healthcare improvements will also find this text invaluable."

—Professor Zoe Radnor, Vice President, *Strategy and Planning; Equality, Diversity and Inclusion, City, University of London*

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Foreword

Victor Fuchs (1968) opens his early book on the "emerging service economy" with the acknowledgement that in contrast to making a product, there are always two parties involved in making a service. I interviewed him to explore how he came to that (Fuch 2015). He said, "it's obvious." I pressed him for more. He related the story of the time when one of his children cut his hand. Fuchs' wife wanted to develop a plan for the problem, was uncertain about the need for a suture and called the doctor. Together they discussed the indications for a suture, where to get it and what to do if it wasn't needed. "So," he said, "it took two parties to make the service—you see, it's obvious." I wonder if it's so obvious today. We live in a world where the logic of making a product – one party "makes" it, another party(s) buys it – seems to be the dominant view of how everything is made…even services! The authors of this book offer a refreshing contrast as they invite us to consider how services are actually made and improved. They build on the assumption that innovation and improvement become possible when there is a deep knowledge of the way things are "made" – hence, the link between service operations, improvement and coproduction.

For example, the coproduction of a service to achieve, preserve or improve someone's health involves a relationship and some action (Batalden 2018). They are held together in the shared work of patient and professional by knowledge, skill, habit, and some shared power. In addition, the work involves a willingness to be vulnerable in order to create, benefit from authentic relationships. The creation of a healthcare service is driven by several "streams" of knowledge: a.)the lived reality of the person – sometimes known as "beneficiary" or "client"; b.)the "as is" system

and its navigation by those seeking benefit; c.) "science-informed practice"; and d.) the lived reality of the person – sometimes known as "professional." This multiple knowledge-driven dyadic work of two parties is not "free-standing." (Batalden et al. 2016). It occurs in settings that enable a sense of "agency" by those involved, an experienced sense of "support" for the shared work, an ongoing curiosity for "design," and encouragement for "integrative thinking" across a variety of knowledge domains (Riel and Martin 2017).

Opening the logic of making a service invites clarity about "ownership" of the desired outcome and an accountability for the contribution that a service makes to that end. For example, despite many hopes, suggestions and efforts to try, it is actually very difficult to outsource one's own health or learning to another person, even a related "professional." Further, "service coproduction" invites measurement of the contributions that each party brings to the task, whether the intended aim was realized, and the degree to which the setting helped make it easier or more difficult.

These invitations for "service-making" offer new opportunities for design, for human and system development, for value creation, for innovation and for ongoing improvement. This volume offers its readers a reflective place to begin. Savour it.

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Preface

Involving service users in the design and delivery of healthcare has become a popular concept for practitioners, managers, policymakers, academics and patients and their families. Various approaches to how this might be achieved are being introduced alongside the various models and frameworks used to improve the quality of healthcare systems. We explore the opportunity to integrate models used for co-design and co-production with those of quality improvement. Drawing on service operations management, this study develops the thinking around the involvement of services users in improving healthcare services. We use two case studies which focus on two long-term chronic conditions and five published cases to illustrate an insightful explanation of how quality improvement can be integrated to co-production. We provide a research agenda that supports further development and understanding of what we have termed person-centred improvement. This study will be of interest to healthcare professionals, managers, researchers, educators and advanced students in public service operations and health service management.

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Contents

Abbreviations

COPD	Chronic Obstructive Pulmonary Disease
EBCD	Experience based co-design
HD	Huntington's Disease
MfI	Model for Improvement
OPD	Outpatient Department
PAM	Public Administration and Management
PDSA	Plan Do Study Act
PPI or PI	Patient and Public Involvement or Patient Involvement
PR	Pulmonary Rehabilitation
QFD	Quality Function Deployment
QI	Quality Improvement
SOM	Service Operations Management

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