the ebd approach
experience based design

NHS Institute for Innovation and Improvement

South Tees Hospitals NHS
NHS Foundation Trust

Looking at Service through New Eyes

"It's like looking at the service through a new set of eyes and it's hard for anyone to ignore." That was the assessment of Glynis Peat: Lead Nurse for Trauma and Project Lead for South Tees' Fractured Neck of Femur Great Pathways, following a series of patient interviews.

The aim was to find out what patients like and don't like about the Fractured Neck of Femur service as part of the drive for improvement. The team was already aware that one of its biggest challenges was lack of theatre time which meant patients had to wait for surgery, but staff didn't fully appreciate the implications of this for individuals, as Glynis explains: *"The issue of delays came out loud and clear in patient interviews. That didn't surprise us, but what did is just how powerful it can be to hear and see the effects on patients and families."*

By giving patients a voice, the team learned a great deal about the impact of its services – good and bad. For example, Glynis says: *"Lots of nurses and health care assistants will instinctively know that holding a patient's hand and reassuring them that things will be okay is a good thing to do. But, hearing patients recall that part of their experience as a really important moment reinforces for staff that the little things they do really matter."*

The Chief Executive of South Tees Hospital NHS Trust, Simon Pleydell, is a keen advocate of experience-based design as a technique for improving services. He cites the example of one Fractured Neck of Femur patient, Peggy Evans. Peggy fell at home and was on the floor for a long time before the ambulance came. South Tees hospital is a Major Trauma centre, and both elective and emergency patients used to wait on the same list. Each time Peggy heard the emergency helicopter fly over she used to think 'there goes my operation again'. Peggy's story shows just how many different factors contribute to the patient experience and Simon encourages everyone from the top down to use this kind of authentic, qualitative data to inform the redesign process. He comments: *"Working with patient feedback and patient stories on the development of care pathways has radically transformed our approach. I use individual stories that have emerged from this work regularly to talk to staff about how we can truly focus on the real patient experience of the services we provide."*

Within South Tees hospital, both the Fractured Neck of Femur team and the Stroke team have been using experience-based design techniques since 2007. The differing nature of the patients' conditions has an impact on the way the techniques are applied, as Gill Husband: Risk Management Lead, South Tees Hospitals NHS Trust explains: *"The Fractured Neck of Femur patients we have involved don't have, and don't want, a lifelong relationship with the service like some of our spinal injuries patients. So, while they are willing to help us take things forward in the short term, I do think that could affect how enthusiastic they'll be later in the process when it comes to co-design and we may have to adapt the methodology to reflect this."*

The Stroke team at South Tees hospital used dot voting with patients and staff to help it to identify key areas for improvement. Staff and patients were given different coloured dots and

asked to choose the issue of greatest importance to them. Some patients were unable to attend the event at the last minute due to illness so their votes were collected by phone to ensure they didn't miss out. Not only did the dot voting technique create a powerful visual effect, but it also highlighted a difference in opinion between staff and patients. Following discussions, the patients' issue, body image following a stroke, was chosen which sent out a powerful message to all concerned about the importance of patients within the experience-based design process.

All wards at South Tees have written a ward vision to articulate the service that staff aim to deliver to patients and the environment they want to work in. Once the wards have developed their vision, an independent person visits patients and interviews them about their experience. By listening to patients and acting on their suggestions, a number of simple improvements have been identified and implemented. For example:

- One stroke patient commented 'When I reached for the toilet roll which was on the same side as my weakness, I felt unsafe'. In response, the Trust planning department designed a new toilet roll holder system that can be attached to grab rails on both sides of the toilet.
- Patients and staff on another ward said that the ward environment was not conducive to social interaction. In response, and at no additional cost, the ward was reconfigured and now includes a patient and visitor sitting area.
- Other patients commented on the lack of information and the fact that it was often given only to them and not to their relatives. Information is now given when relatives are present and at different stages in the journey from GP's surgery to community rehabilitation ward. A Patient Passport has been designed, with information about the patient's stay in hospital and contact details for the different professionals involved in their care.

To feel safe sharing their experience, patients need to be able to trust the process. The South Tees team identified that someone who the patient already trusted was the best person to make the initial approach, for example, someone who had already cared for the patient. It was important for patients to feel happy sharing their experience with this person and to be comfortable telling their story warts and all. For Stroke patients, the team chose the Stroke Association to identify and approach patients. For Fractured Neck of Femur patients, it was the orthopaedic discharge team who made the first contact. Once the initial contact was made, patients were interviewed by an independent person.

Gill Husband: Risk Management Lead, believes that experience-based design is a genuinely different approach to service improvement. She concludes: "*Patient involvement has been part of my job and something of a passion for me for many years now. I remember in the early '90s, it still seemed quite innovative to include even one patient on your steering group.*"

Naturally enough, I was really interested when I heard about experience-based design for the first time. We started using experience-based design techniques almost immediately. That was several months ago, but it's only recently that I've started to genuinely grasp what it is that makes this different from all the other patient involvement techniques I already know about.

I knew the emphasis on co-design (getting the patients involved in the whole design process) was key, but I kept thinking: 'how hard can it be?' Surely it's just more of what we've already been doing – listening to patients; acting on what they say? But there is a difference. For one thing, experience-based design focuses on the experiences of staff, not just patients. Creating a level playing field between staff and patients is something new for me. So often we think we know what staff and patients will say. But with this approach you don't make assumptions. Staff are equals in the process and it's just as essential to hear their stories and emotions first-hand. Perhaps even more importantly, I'm starting to realise now how experience-based design encourages you to keep putting the power back into the patients' hands."