Partners in Care co-design programme:

Participant feedback report

June 2021

Contents

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This document is available on the Health Quality & Safety Commission's website:

www.hqsc.govt.nz

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Background

The Health Quality & Safety Commission's (the Commission's) consumer and whānau engagement programme, Partners in Care, has been delivering a co-design programme to the health and disability sector in collaboration with Dr Lynne Maher (Ko Awatea, Counties Manukau Health) for nine years. Previous case studies and evaluations can be found on the Commission's website (www.hqsc.govt.nz).

This year (2020/21) the programme sought the following outcomes from the co-design in primary care programme:

1. Eighty percent of participants will report having a greater understanding of co-design in primary care and how it contributes to improving health outcomes and addressing inequity.
2. Case studies will be collected from teams participating in the sessions and workshops and published on the Commission's website by 30 June 2021.

The following summary responds to the first outcome.

Understanding co-design participants' knowledge

Face-to-face workshops for the co-design in primary care programme took place in Auckland, Tauranga, Hawke's Bay and Wellington. A pre-programme survey (completed by 35 participants across the four face-to-face workshops) was administered at each workshop. Questions were asked about ethnicity (Table 1), whether participants were providers or consumers, the confidence they had in using co-design (Table 2) and their prior experience of it.

Pre-programme survey

Table 1: Participant ethnicity

Ethnicity	Number of participants
Māori	11
Pacific peoples	4
Asian	2
Middle Eastern/Latin American/African (MELAA)	1
NZ European	16

Twenty-nine participants categorised themselves as a provider, four as a consumer, and one as 'both'.

Of the 34 participants who completed the pre-programme survey, 26 had no experience of co-design, while the remainder had some experience. Not surprisingly, confidence ratings in using co-design were low, with only six participants indicating some degree of confidence (Table 2).

Table 2: Pre-programme confidence ratings

	Not at all confident					**Moderately confident**					**Extremely confident**	**Total respondents**
Rating	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Number of respondents	4	3	3	4	9	4	3	3	0	0	1	34

Post-programme survey

A post-programme survey (completed by 25 participants) administered at the second full-day set of workshops sought information on the relevance of the content and acquisition of new knowledge and skills. All participants agreed that the content of the workshop was relevant to them or their workplace, and all reported some degree of confidence in using co-design (Table 3).

Table 3: Post-programme confidence ratings

	Not at all confident					**Moderately confident**					**Extremely confident**	**Total respondents**
Rating	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Number of respondents	0	0	0	0	0	6	5	2	5	4	3	25

Twenty-three participants agreed that the content of the workshop was relevant to their role, while the remaining two neither agreed nor disagreed. Nearly all participants learned new knowledge and skills from the workshop.

Participants made additional comments about the second workshop, which were all positive.

Several participants noted increased confidence and new learning in understanding co-design:

> ‘Really enjoyed learning new skills and methods.’
>
> ‘Feeling very confident now to be able to progress with the programme.’
>
> ‘Learned about the benefits of co-design, for patients, staff and health professionals.’

Others noted the importance of being supported to do co-design:

> ‘Support from the Commission key to understanding co-design.’
>
> ‘Thanks for workshop, to share experiences is amazing.’
>
> ‘Enjoyed working in a group context. Well facilitated and helped understand what we wanted to improve and how to go about it.’

In feedback from participating in the workshops, one consumer noted:

> ‘As a consumer, really interesting to see how other practices are looking to improve Māori health.’

Comparing pre- and post-programme confidence ratings

This year’s co-design participants were asked, ‘How do you rate your current confidence level to apply experience-based co-design?’

In the pre-programme survey, the median confidence rating was 4. In the post-programme survey, the median confidence rating was 7. The median confidence rating of participants’ self-reported understanding of co-design in primary care therefore increased by 75 percent. Further, the pre-programme survey mean rating was 3.7, and the post-programme mean rating was 7.2. This is a 94 percent increase in the mean. Taken together, the increase in confidence equates to around, if not above, 80 percent.

Insights from case studies

Teams were asked to demonstrate how they have addressed equity in their case studies. The case studies also helped to illustrate aspects of learning, and how teams sought to address equity in their projects. Excerpts from two case studies are presented below.

> **Improving access to diabetes care for Māori and Pacific people in the Western Bay of Plenty**
>
> Western Bay of Plenty Primary Health Organisation
>
> The Doctors Bayfair and The Doctors Papamoa
>
> #### *Equity aim*
>
> Our current data illustrates that Māori and Pacific people are less likely to be able to participate in an annual review of their diabetes than others in our two practices. This means that they are not able to receive the care and support they need, which is likely to result in them having greater health risks than others. We aim to engage with Māori and Pacific people to understand how we can develop diabetes services that will enable them to access diabetes care, including the new medications mentioned earlier. We anticipate that this will provide an opportunity to reduce diabetes-related complications for Māori and Pacific people and improve their quality of life for them as individuals and for their whānau.
>
> #### *Conclusion*
>
> The team are very pleased that through this co-design project we have been able to better understand the needs of our diabetes patients, especially those who are Māori and Pacific.
>
> So far, we have implemented one seemingly small change. However, since our Māori reception team member has been making individual contact with Māori and Pacific people who have previously not responded to invitations for check-ups, we have seen a positive increase in attendance for diabetes annual reviews, especially for Māori.
>
> This small change aligns with the concept of ‘for Māori by Māori’, tikanga, and manaakitanga (the process of showing respect, generosity and care for others).

The increased engagement with our Māori patients has enabled them to access diabetes care, which in turn has provided an opportunity for them to access medicines, education and support to improve their confidence and ability to live with and manage their diabetes well.

Further details about how this was achieved can be found on the Commission’s website.

He waka eke noa – We are all in this together

Chadwick Healthcare Tauranga – Western Bay of Plenty Primary Health Organisation

Equity aim

In a co-design project led by the equity team the aim was to improve engagement with our Māori patient population and increase Māori enrolment. We hope to achieve equitable health outcomes for Māori here at Chadwick.

Improve

From the feedback received, we have worked to increase staff awareness and understanding of Māori culture, values and tikanga through regular intranet updates, including information on pronunciation, unconscious bias, and the background on significant days such as Matariki (which signals the Māori New Year and is a time of renewal and celebration) and Waitangi Day (which commemorates the signing of the Treaty of Waitangi, the nation’s founding document).

We heard from the survey that patients would like our team to acknowledge Māori culture more. Together as a team we enabled staff to participate in the online culture and equity learning modules available to increase cultural awareness.

We have also undertaken activities such as labelling items throughout the practice in te reo (Māori language). We created fun learning, including a bingo challenge where activities included visiting a pā site (Māori village or defensive settlement) to learn about its history. Staff also committed to learn five new words in te reo. Staff participation was good and the activities proved popular, especially with the reception team.

Interest has been expressed by 10 staff who have committed to a year-long te reo course.

Since this project began, we have seen a greater increase in Māori enrolments than we have ever seen before. We know Māori have very strong relationships and that they appreciate organisations who make progress in focusing on their health needs and their cultural needs. We believe that the work of this project has influenced an increase in enrolments.

The full case study can be found on the Commission’s website.

Conclusions

The impact of COVID-19 in primary care resulted in attrition from teams, slower progress in completing case studies and changes in teams along the way.

Despite this, participants learnt a lot from undertaking the co-design programme and increased their confidence in understanding and working in a co-design way.

There is clear evidence in the case studies of equity being a central theme of the work undertaken, and evidence that participants' knowledge of co-design increased across the course of the programme.

Teams were specifically asked to address inequity within their co-design projects. This provided a useful focus for them and an opportunity to engage with Māori and Pacific peoples around the health issues that often have the most inequities, such as diabetes. The small but significant steps adopted to further understand and address these have provided useful learnings that other practices will also benefit from.

Hauora Heretaunga's case study captures the essence of co-design and its potential to improve health equity:

> One of the unintended consequences of the project team consumers' involvement in the project and subsequent engagement with whānau was that knowledge and health literacy were built within whānau, making a difference to their experiences of living with diabetes. They felt empowered and the family culture shifted where the whānau's 20 years of experience of diabetes had not been talked about. Now there are conversations happening where individual experiences are being shared and they are learning from each other.