

**To Cite:** Goodrich J. Why experience-based co-design improves the patient experience. *JHD*. 2018;3(1):84–85. <https://doi.org/10.21853/JHD.2018.45>

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**SUMMARY**

Co-design is a collaborative approach between patients and staff, which ensures that services are designed, or redesigned, to meet the needs of service users and patients. Since patients uniquely see the service from start to finish, their first-hand knowledge of healthcare services and their ideas for change are essential if their patient experience is to be designed successfully. Experience-based co-design (EBCD) is a systematic, evidence-based approach that has been used successfully in many different healthcare settings in many countries.

**Key Words**

Co-design; patient experience; experience-based co-design; design thinking

**INTRODUCTION**

Co-design is a collaborative approach between patients and staff, which ensures that services are designed, or redesigned, to meet the needs of service users and patients. Co-design is part of a wider tradition of co-production, which has been an approach in public services for decades, but it introduces elements from design industries such as architecture, engineering, and software design. It was first adapted as “experience-based co-design” (EBCD) for healthcare services by Bate and Robert<sup>1</sup> in 2006, and has since taken off both as a participatory action research method and an effective quality improvement approach.

EBCD is a method that takes a systematic approach to improving the *experience* patients (and their families)

have: the first phase involves gathering patients’ experiences, and the second is to redesign the experiences together. Ethnographic approaches are taken to collecting experience: narrative interviews are conducted with patients and filmed at the same time. Staff are interviewed, and observation is carried out at different times of day and night in the healthcare setting chosen for the improvement project. Patients meet together and watch the edited film of their interviews together and review the themes that have emerged. This, an emotional mapping exercise, which identifies the touchpoints in the patients’ experiences, helps them choose their collective priorities for improvement.

Staff meet separately and go through the same process with the themes that have come out of their interviews. The co-design phase begins with an event that brings staff and patients together. They watch the film together, hear each other’s priorities, and then vote for three or four areas for improvement. Co-design working groups are formed and patient and staff volunteers join each group. They meet regularly over a period of months or longer to create ideas for change, prototype, test, and implement improvements.

The EBCD approach has been taken up in many different healthcare settings in the United Kingdom (UK), elsewhere in Europe, Scandinavia, Australia, Canada, the United States (US), South Africa, and most recently Ethiopia. It has proved to be adaptable. The Point of Care Foundation (PoCF), a not-for-profit organisation, has led, supported, and trained participants in the approach since 2008, in collaboration with Professor Glenn Robert.<sup>2</sup> In 2017 alone, PoCF has delivered training in London, Toronto, Boston, and Addis Ababa. The learning from an early project in cancer services was turned into a freely available toolkit designed to enable practitioners to follow the method step by step.<sup>3</sup> Most recently, the approach has been tested in learning disability services. One of the key adaptations here was that instead of a core project team of staff leading the work, and recruiting patients to interview, the service users were part of the

project team from the outset and helped with interviewing, filming, editing the film, and running the events. They were members of the co-design groups, working on and implementing solutions.

This equal involvement in the process is a positive outcome in itself. The most recent review of the co-design literature, a rapid evidence synthesis, showed that outcomes are reported in this category and two others: staff and patient involvement in the process; generation of ideas and suggestions for changes to services, which impact patients and carers' experiences; and actual tangible changes in services and impact on experiences. It is this involvement in the process which makes the co-design approach different from other service improvement methods—both patients and staff gain a huge amount just from working together in this way. Researchers have concluded that it is motivating for staff to work alongside patients in a focused way, and that the physical presence of patients in the project reminds everyone who the designed improvements will be for, and holds staff to account to make the changes.<sup>4</sup> For patients, it can be empowering: patients in the learning disability services projects described themselves as growing in confidence, and taking on more responsibility—an example being delivering training to healthcare students at the local university.

The EBCD approach makes changes to services that are beneficial for patients, and often for staff as well: examples include day surgery redesign, carers allowed in surgery waiting areas, clinic procedures reviewed and revised to reduce waiting time, V-shaped pillows provided, redesigned appointment letters, surgery dates agreed on day results given, staff photoboard, improved oral and written information, and reception staff training. A co-design approach produces sustainable change. One study has shown that designed changes that were made as a result of using this method were sustained in 66 per cent of cases 19–22 months later.<sup>5</sup>

Co-design in health care has been slow to arrive; in other industries, it has long been taken for granted that testing a product with consumers, and understanding how “user-friendly” consumers find it, makes commercial sense. Without understanding patients' experiences of healthcare services, (and after all, they are the only ones who see the service from start to finish) and taking on

board their ideas for change, it is possible to spend a huge amount of effort and resources on “improving” the wrong thing! Patients' contribution to designing and testing solutions is essential.

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## ACKNOWLEDGEMENTS

None

## PEER REVIEW

Not commissioned. Externally peer reviewed.

## CONFLICTS OF INTEREST

No

## REFERENCES

The authors declare that they have no competing interests.

## FUNDING

None

## ETHICS COMMITTEE APPROVAL

None