

Top Tips to help you to coproduce effective, sustainable COVID-19 restoration plans at pace

#NHSChangeChallenge work and this resulted in both lived and learnt experiences being captured on the platform. These experiences are now being used to coproduce the MSK restoration strategy.

“The coronavirus pandemic has created a once in a lifetime opportunity for positive change, in all organisations and walks of life. Looking back a year, who could have guessed that video-consultations would be playing such an important role in our healthcare as they currently are? Who could have guessed that healthcare professionals would be working in such an inter-disciplinary way? Going forward, how can these and other innovations/improvements be harnessed to provide the best possible musculoskeletal health for all across our country? How can patients be provided with more choice in how their healthcare is delivered? How can healthcare become more person-centred? How can patients be better involved in co-producing service design?”

It has been a pleasure for me to work with other patients, charitable organisations and healthcare professionals to look to the future and consider how musculoskeletal healthcare can now be improved and delivered in the best possible way, post coronavirus”

Christine Price
An MSK persistent pain patient

“It has been really great to be able to contribute. I think sometimes patients feel that they are manipulated to fit the system. However if they don't ‘fit in’ it can make their own personal recovery especially hard. So to be able to have an input is very useful. I also think that some of the models in business can be applied to healthcare especially with respect to planning and design and leadership. A healthcare system designed around the patient is vital as far as I am concerned.”

Bernadette Johnson
A patient with a particular personal interest in MSK care for scoliosis

“Our ambition is to promote the best musculoskeletal health within all communities throughout life. We aim to deliver high quality healthcare of value to all. The Coronavirus pandemic has created many new challenges within musculoskeletal health care, and those identified within the long-term plan remain. We also have the opportunity to rebuild services utilising new and innovative ways of working which have rapidly developed across the NHS in response to the pandemic. A co-productive approach with healthcare professionals collaborating with public, patients and charitable organisations is essential to meet these challenges, lock in the opportunities, and build musculoskeletal health care services valued by all involved.”

Andrew Bennett
National Clinical Director Musculoskeletal Conditions
NHS England and NHS Improvement

Our experiences coproducing the MSK restoration plan have also been used to inform a blog published by the IHI which discusses [Co-Producing COVID-19 Recovery](#) .

The guide outlines some useful considerations when coproducing beneficial changes and effective, sustainable restoration plans by: nurturing a culture of coproduction; involving the relevant people in conversations, and; amplifying the voices of people with lived experience:

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Creating a culture of coproduction		
Do	Don't	Steps to try
Embrace partnership and collaboration through open and honest conversations	Only ask people with lived experience to add to clinicians' expressed perspectives	Ask: "What can we do together that would help right now?"
Be upfront about the scope of coproduction	Work in silos	Confirm understanding: "Here's what I hear you saying — have I understood you?"
Bring people together to listen and learn from each other's experiences	Assume you know what people will say	Ask: What matters to you? Start with a blank piece of paper
Listen actively and try not to interrupt		Ask: What do we know matters to people from feedback we already have?
Be curious and eager to listen to experiences of care, whether lived or learnt, about what matters to people and what their change ideas are		Ask: "What do we still need to understand?"
Learn what is going well, not just problems - ask about ideas and solutions too	Expect the work to be completed after one meeting- this will evolve and develop	Acknowledge that understanding of coproduction is an ongoing, learning process
Co create a vision and aim that has space for different opinions	Assume public/patient partners will be conversant with NHS terminology and procedure	Look at the Ladder of Inference as a useful tool
Acknowledge the complex emotions in the face of uncertainty	Interpret challenge and distress as attack	Reassure public/patient partners they can be completely frank (as people may find healthcare professionals intimidating)
Be "comfortable with the uncomfortable uncertainty" and not knowing the outcome at the start of the journey	Have a plan drafted that you want the group to approve	
Involving the right people as equal partners		
Do	Don't	Steps to try
Involve people with relevant lived experience from the beginning and at every step of the way	Be overreliant on one or two people or the same voices that you always hear from	Partners may include: <ul style="list-style-type: none"> • people with relevant lived experience; • relevant charities / voluntary organisations; • point of care clinicians;
Purposefully, mindfully and meaningfully involve diverse voices including, those with protected characteristics, inclusion health groups, and unpaid carers		

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Ask each other who is not in the room who needs to be		<ul style="list-style-type: none"> NHS England and Improvement's national Experience of Care Team, Personalised Care Group and Participation Team, Beneficial Changes Programme, Change Challenge team
Give resources and support to those tasked with engaging with existing and new public and patient partners with relevant lived experience		
Have a pre meeting to give the background and ensure people have all the relevant information		
Spend time on introductions and what skills and perspectives people bring to the meeting rather than focusing on job titles	Allow comments about "just being..." to go unchallenged. Everyone is making a valuable contribution	Ask: people when would be the best time of day for them to meet
Create a support team who can help connect you with people who can help and be your thinking partner		Ask: people where they want to meet
Amplifying the voices of people with lived experience		
Do	Don't	Steps to try
Engage people with relevant lived experience at the start but also see past just experience of a diagnosis – try to get people involved who have an interest in participating with assets to bring or who want to learn – don't just tick box	Assume that finding the voice of people with lived experience takes time and extra effort. Like clinicians, people have had to adapt how they self-manage during COVID-19	Ask: patient leaders to talk to others to access a diverse range of views so that many people are heard
Recognise people's time and contribution through payment in line with our policy	Assume people will not want to get involved	Explore: Virtual communication for example, social media, email, on-line sharing and meeting platforms.
Use the words used by people with lived experience in documents and reports	Change the language people used to describe their experience to "fit" or sound more formal	Explore: Charities may have a survey or have information from calls to their helplines Check out the demographics of the stakeholders you will be impacting and make sure that these voices are amplified

Please contact ENGLAND.PEAdmin@nhs.net for more information or to talk with someone about coproducing your recovery plan