



**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust

# Co-production and Co-design: A delivery model for the future

*Enabling you to get the care you need ....*

# Co-production and Co-design - A delivery model for the future

- **What is Co-design or Co-production and what does it mean ?**
- Examples of Co-production and Co-Design
- Questions to explore
- Key points

# What is Co-design and Co-production ?

- A holistic response, rather than competitive and working together without fear of losing intellectual property
- A common understanding where and how the design or the production 'fits'
- Developing equal partnerships
- Cross-discipline working which focuses on outcomes



*“Co-production and co-design will be essential in meeting the requirements of the NHS LTP” [LGA]*

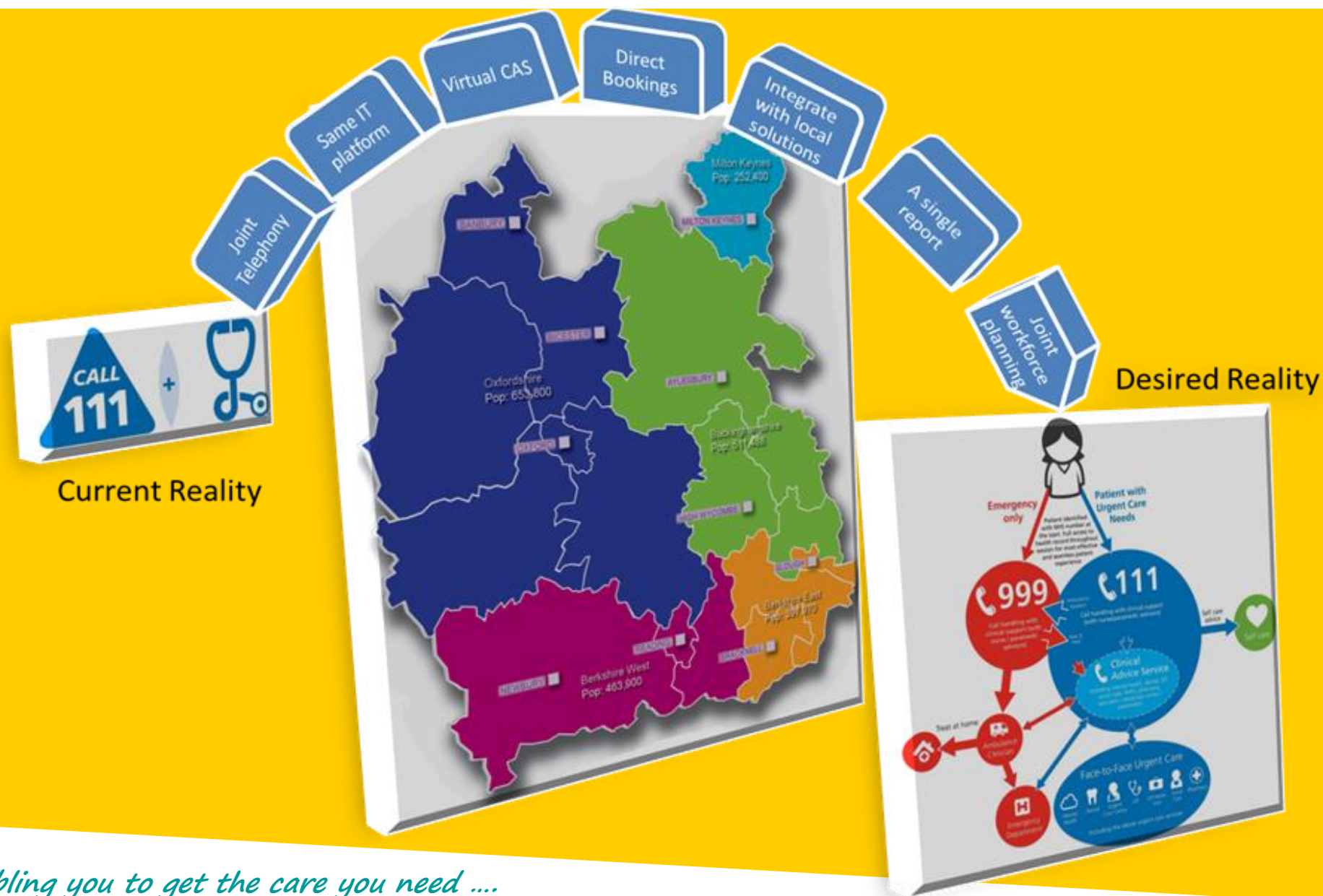
# It means

- A shift to inclusive procurement to deliver the best outcomes
- A willingness to engage with commissioners and demonstrate ability
- Opportunities and a 'leap of faith' to ensure services are delivered
- Rules and agreed definitions between everyone taking part



*"The best use of resources, delivering better outcomes and building stronger communities" [SCIE/LGA]*

# It also means changing your culture and practice



*"Swimming together or sinking alone" [IHM]*

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## Example: IUC tender 2016

**NHS111 + GPOOH + CAS = IUC**



**NHS111**  
**Service**



**Out of hours  
Primary Care**



## Clinical Assessment Service



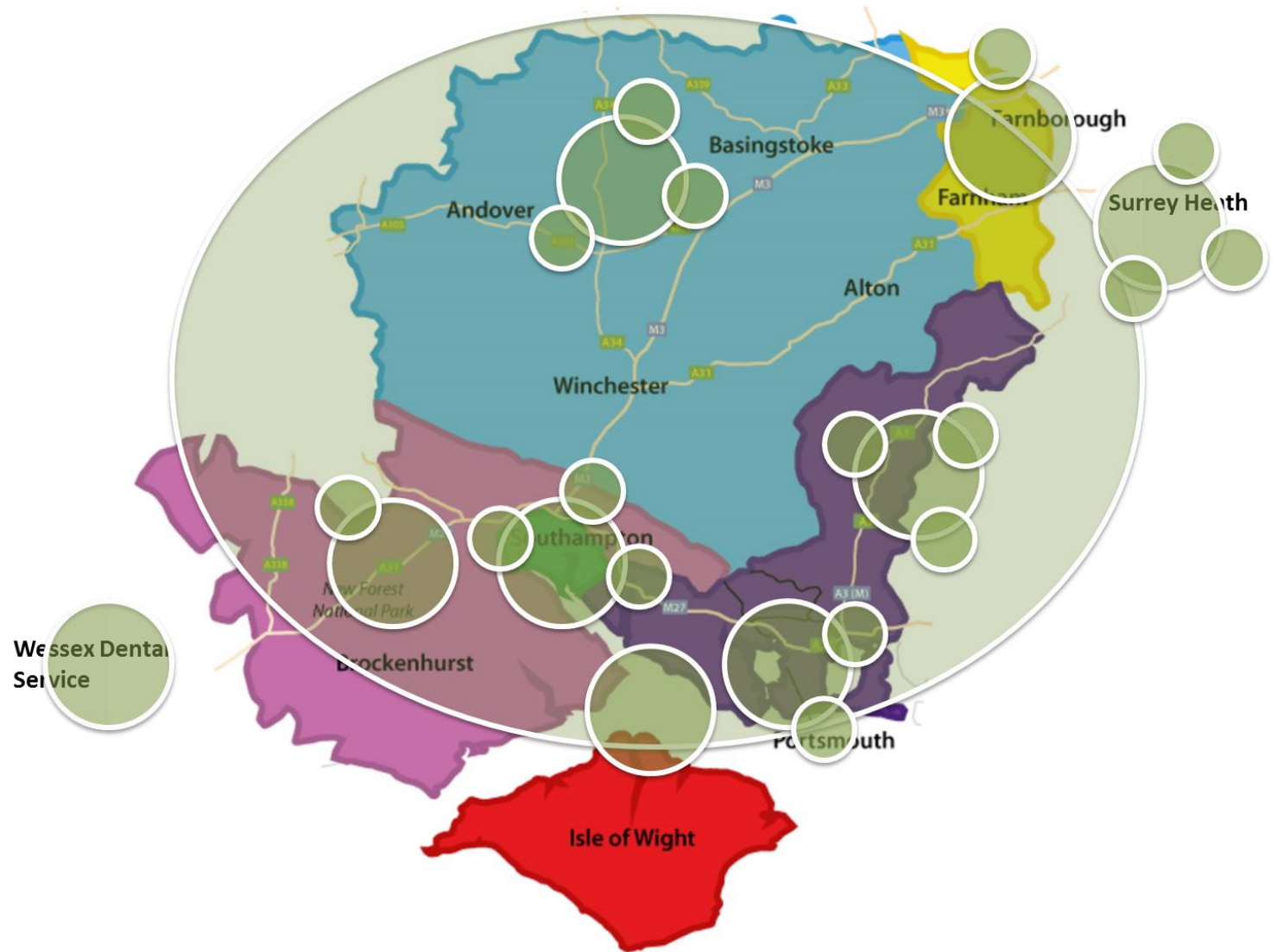
***Integrated  
Urgent Care***

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# Example: Multifaceted Co-Production 2018

- Large bubble =  
Core Transformation Team to  
ensure a consistent / efficient  
IUC service
- Medium bubble =  
Local Transformation Partner to  
ensure tailored local solution
- Small bubble =  
HSH Local Stakeholder Group to  
ensure the right outcomes i.e.  
Patient Group



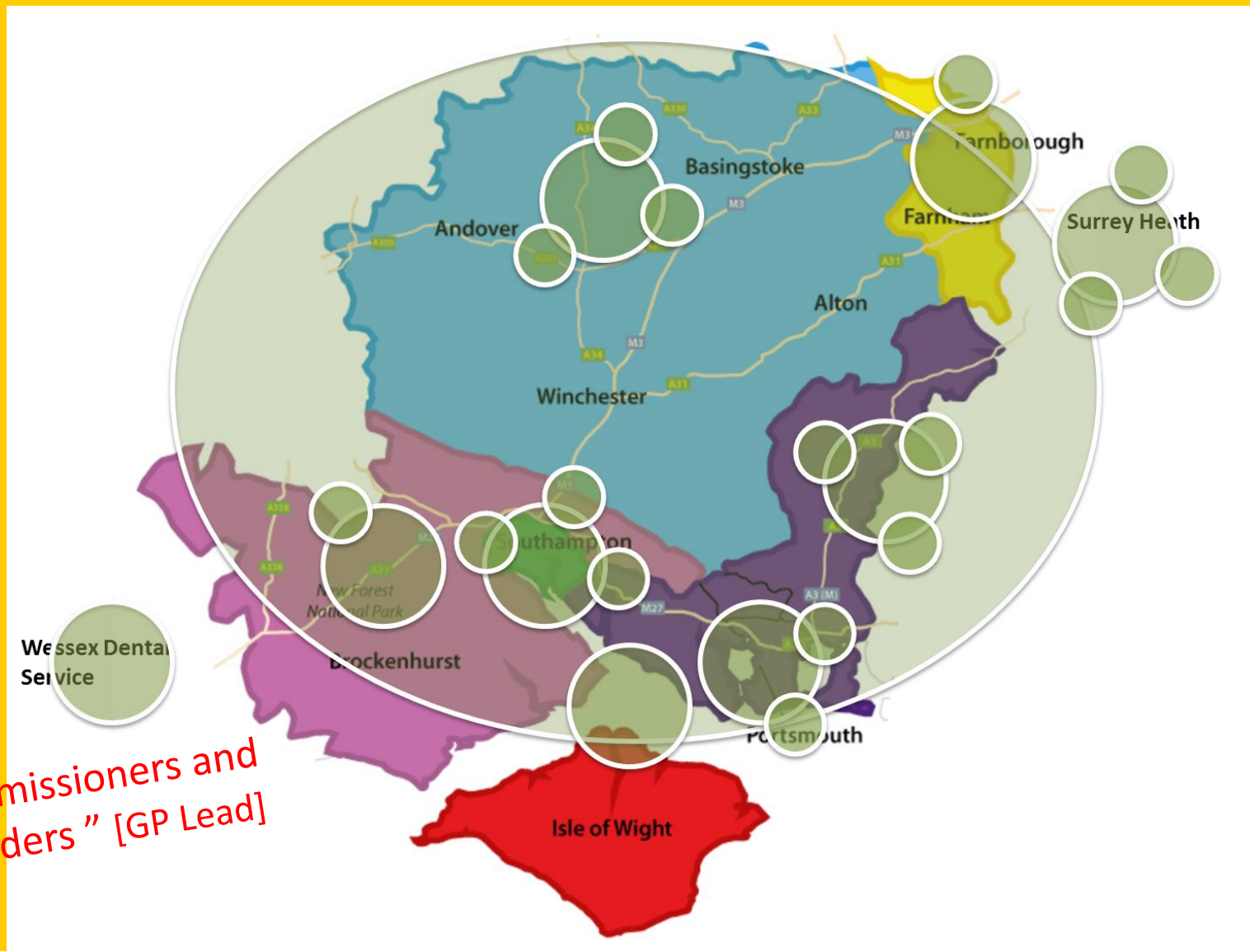


# Example: Multifaceted Co-Production 2018



“Co-design with commissioners and  
Co-production with providers” [GP Lead]

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# Example – Virtual Coordination of Care and Clinical Advise 2019

*...harnessing the expertise and contribution of clinicians who are already working across the area*

- Telephone clinical triage
- Appropriate emergency response to scene
- Appropriate conveyance to appropriate destinations
- Mobile treatment services (See & Treat)
- Clinical Advice to Patients (Hear & Treat)
- Direct referrals to clinicians / community team
- Appointment bookings
- Rotational roles: CAS ~ MDTs ~ F2F response
- Advice to HCPs & Care Homes
- Remote diagnostics / tele-health
- Video links
- Signposting
- Interfacility Transfers
- Discharge planning & transport
- Outpatient transport
- Lone worker monitoring
- Public Health Messaging
- Social prescribing
- Telecare monitoring

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# A vehicle - For each place or across a system ?

**Sub-Contract, Partnership, Alliance or formal Collaboration?**

**With or without commissioners?**

**Key points to consider e.g.**

- Consideration of local specifications and range of options available to each place
- What is shared – and what is local ?
- Are providers and commissioners across aligned

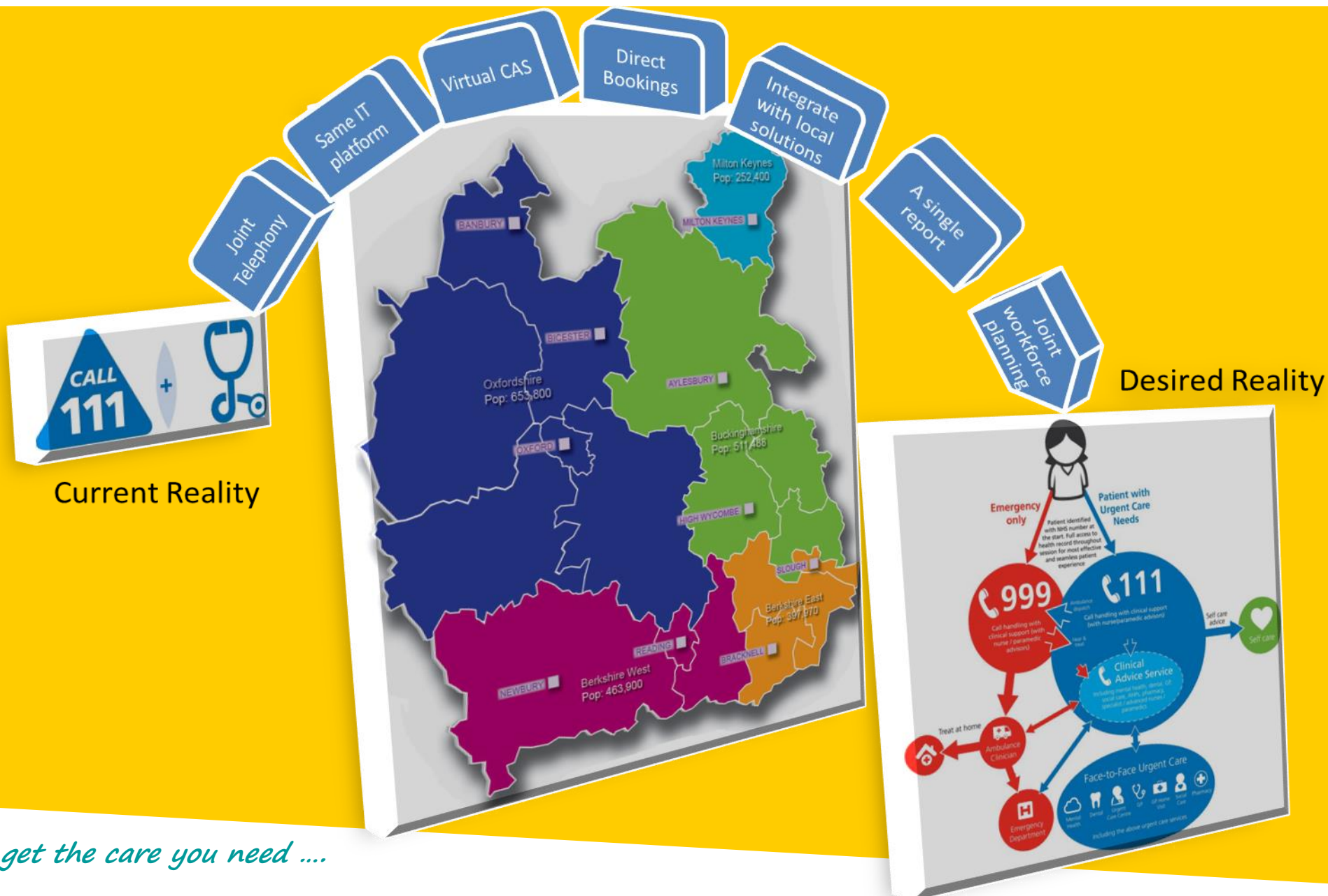
# Scaling up or down ?

## Pros and Cons – bigger isn't always better

### Key points for discussion

- Are there efficiencies through for example, digital enablers ?
- Can you all work together across a large area and avoid duplications or independent developments ?
- Can you get alignment of all urgent care strategies, systems and SDPs.
- Can you do the right thing for the patient and make the money flow to pay for it where necessary ?
- How is this governed ?
- Can you attract and agree on workforce?

# Should your partnership evolve to an IC Provider Contract?



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# Working together

1. Determine what is part of the service and develop a joint vision

2. Create a future service model and a joint system wide strategy

4. Use your combined strength and transform

3. Seek contractual solutions and statutory approval





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# Thank you

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