Using co-production and graphic facilitation to improve patient experience for adolescents with Type 1 Diabetes Mellitus

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1. Introduction

Co-production refers to working in partnership with service-users to improve provision of services. Increasing evidence highlights that co-production can improve health care and result in financial savings. Service-users are involved in defining the problem or need, creating the solution, delivering it, and evaluating it. This approach demands longer-term engagement by service-providers but leads to sustainable change. Graphic facilitation is the use of large-scale imagery to focus groups towards a goal stimulating strategic dialogue. Patients feel their ideas are captured and validated helping a consensus to be gained.

2. Methods

6 patients and 4 members of staff from the Diabetes service at Ealing hospital attended the session. All participants were over 14 years old and informed consent was obtained. A graphic facilitator documented conversations as a pictorial storyboard. Participants highlighted challenges faced by adolescents with diabetes initially through ‘word maps’ then focusing on ways to improve the service.

Results: Participants highlighted improvements to clinic structure using a more adolescent tailored consultation style. Other topics included progressing forward a WhatsApp™ group. Further work is looking at setting up a clinic in a local school to reduce appointments and a cookery book. Following this session staff also undertook additional training in motivational interviewing to further enrich consultations. Qualitative data has highlighted improved patient satisfaction following this coproduction. One patient quoted ‘I felt valued and involved in decision-making to improve my care’.

Conclusion: Co-production and graphic facilitation are useful methods to improve services and patient-centred care. It may improve adolescent ownership of their condition. Further research is necessary to determine if this change is sustained.

References: