

Experience based design-providing dignity for patients and carers.

Can you imagine being called in to see the doctor, everyone turns around to look, well there is not much else to look at while you wait then, just when you think you have gone around the corner and out of sight, you pop back into view of the whole waiting room? And, at that moment, the nurse asks you to get on the scales to be weighed.

This experience might not seem to be the worst thing that would ever happen, but why should any patient need to take their jacket and shoes off and step onto the scales in front of 30 complete strangers who are sitting in the waiting room? This is an experience that can leave patients feeling embarrassed and undignified.

The same can be said when we as staff just don't think how it feels when we ask people to take their clothes off in front of us. One elderly patient said;

'...the nice young man laughed and said don't worry I am used to seeing people without their clothes on. That was not the point, I am not used to taking my clothes off in front of complete strangers.'

How would we really feel if we had to undress to the waist and lie on a trolley with a small paper towel for cover, while a flurry of clinical staff walk in and out of an examination room? The words "vulnerable", "worried" and "undignified" have been used by those experiencing such a service.

Over the last few years, health services have created a high amount of learning about improving services so that they are focussed on patients and carers. Yet still there are many examples of patients and carers being distressed and upset because we have not provided care services that preserve dignity.

A new approach taken by the head and neck cancer service at Luton and Dunstable NHS Trust ensures that dignity is preserved. This is achieved by putting patients and staff right at the centre of the process. Using the concept of 'Experience-based co-design', the actual experiences of our users are drawn upon to design services. Patients and carers share stories about their experience of the service and it is these insights that have provided new inspiration for change. The resulting actions range widely from, moving weighing scales out of the view of the waiting area and redesigning the layout of the waiting room, to advising teams who are creating new patient flows or pathways. The work that sees patients and carers rewriting information, for patients and carers, has been a huge success resulting in information that really meets the needs of those it is intended for.

Redesigning the clinic seating area



There is a perception held by some that by involving patients and carers in this way the health service will be exposed to expensive demands that it will not be able to meet. In our experience this has not been the reality, rather there has been a large number of small and inexpensive changes that have significantly improved the service provided. This is supported by the view of Derek Wanless (2002) who states that *'putting patients in control and helping them to be fully engaged in their healthcare is likely to be more cost effective and offer better value for money than if people are simply passive recipients of services'*.

Only when we really work together with patients and carers will we be able to provide the level of dignified service that they deserve.

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