



# Murrumbidgee Primary Health Network Co-design Toolkit

Working together to design solutions that fit



This toolkit is to assist in the co-design of services  
for Murrumbidgee communities

*Well People, Resilient Communities across the Murrumbidgee.*



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Murrumbidgee Primary Health Network acknowledges and pays respect to Aboriginal and Torres Strait Islander peoples and Elders past, present and future as custodians of all country in Australia.

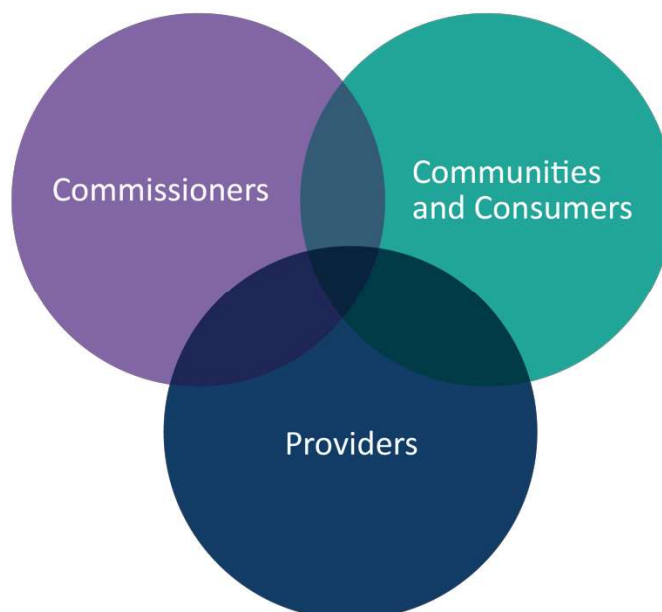
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# 1. Introduction and how to use this co-design toolkit

This co-design toolkit has been developed by Murrumbidgee Primary Health Network (MPHN) to support collaboration with stakeholders, including communities, providers and other commissioners throughout the commissioning cycle.

This toolkit will help the PHN team to lead, facilitate and support co-design with its stakeholders. A co-design approach will help to identify where and how primary health care can contribute to the health of communities, and to develop solutions using a collaborative approach.



*Figure 1: Key co-design stakeholders*

Whilst the toolkit has been developed to work with a diverse range of stakeholders, and is based on the belief that developing approaches together in a collaborative manner will result in the best service outcomes, it has not been written specifically for co-designing with Aboriginal and Torres Strait Islander people or culturally and linguistically diverse (CALD) communities. MPHN acknowledge that working with these populations requires culturally specific knowledge and understanding, therefore this toolkit should be supplemented with approaches and resources that have been developed specifically for these communities. Consultation with the Murrumbidgee Aboriginal Health Consortium is recommended to develop any specific co-design approach.

The toolkit is organised to make it easy to find the elements that are most useful for your project and uses visual icons to assist your navigation. It includes background information to introduce new topics and steps, templates and examples, checklists to track your progress and co-design methods to guide you through specific co-design activities.



Throughout this toolkit you will find the following icons, which indicate the purpose of each section of the toolkit:



**Background information** introduces a new topic or step in the co-design process. This background information sets the scene and context for taking action. This can be found in section 3 of this toolkit.



**Checklists** propose the actions you may choose to undertake the co-design activity. They are purposefully high level rather than extensive lists and should be used as a prompt to set you in the right direction to develop and implement your activity plan. The checklists can be found in section 3 of this toolkit.



**Co-design methods** are the types of co-design approaches you may wish to choose from. This is not intended to be an exhaustive list and methods presented are intended to be those that will assist you in the context of this project. Each co-design method provides you with practical guidance about what it is, when to use it, top tips and other considerations. The co-design methods can be found in section 4 of this toolkit.



**Helpful resources** provide you with a selection of resources related to co-design to guide you in your initial research of these topics. These resources can be found in section 5 of the toolkit.



**Templates and examples** are provided for you to use when enacting the co-design process. The templates and examples are in the appendix section of the toolkit.

## 2. Co-design and what it is

Co-design is an approach to understanding the needs of the community, setting the vision, prioritising the use of resources, designing the services, shaping the market and monitoring and evaluating performance. The co-design process is intended to incorporate the knowledge of all stakeholders in the design and development of commissioning activity, in order to improve the experiences and outcomes of service users and the services themselves.

Co-design may involve many stakeholders, from medical experts to those who experience the services, and all are considered equal partners sharing their knowledge, experiences and expertise during the design process. This toolkit is intended to be used with these stakeholders in your community, to assist you to work together in a collaborative manner.

Co-design in health, primary health care and human services is being increasingly adopted due to a recognition that recipients (consumers, carers and communities) have significant insight with regards to the services they receive. Co-design seeks to harness that insight, to identify outcomes that matter and support better ways of achieving them.

In the health context in particular, patients and carers often have significant expertise regarding their own experiences of their condition and the services they receive. They also often have the best understanding of their needs and what works for them, particularly in understanding their own lifestyle and life goals (outcomes that matter). This experience can be informative in designing approaches that better understand and reflect their needs.

According to the Waitemata District Health Board in New Zealand, *'Co-design is a way of improving healthcare services with patients. Many service improvement projects have patient involvement but co-design focuses on understanding and improving patients' experiences of services as well as the services themselves'*.<sup>1</sup>

Co-design activities may include workshops, interviews, storytelling, surveys as well as other methods. Co-design is an iterative process, which may mean that a variety of the methods need to be used more than once to achieve different goals. These methods can be found in section 4 of this toolkit.

For the purposes of this toolkit, the co-design process has been broken down into three phases: 1) Planning and Organising, 2) Enactment Phase and 3) Post Co-design Phase.

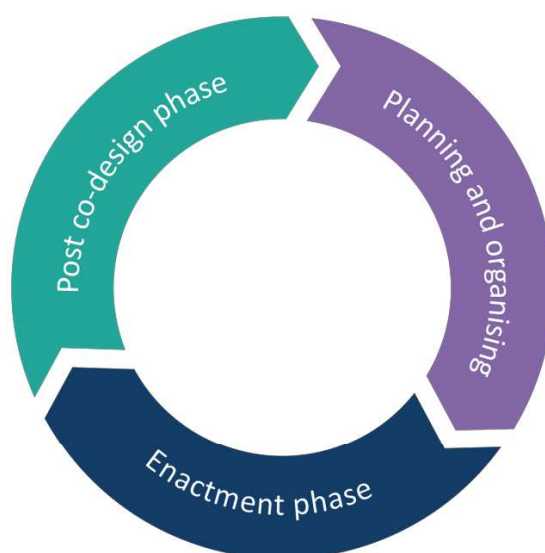


Figure 2: Co-design phases

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<sup>1</sup> Waitemata District Health Board, *Health Service Co-Design*, <http://www.healthcodesign.org.nz/index.html>

## Co-design phases

Phase	What is it?	Why is it important?
1) <b>Planning and organising</b>	The planning and organising phase is about understanding how co-design may support your objectives and how this may be best achieved	Planning and organising is essential to ensure the success of the project as it lays the foundation for the stakeholder work ahead.
2) <b>Enactment</b>	Enactment means putting into action the co-design activities selected in the planning and organising phase. This stage involves gathering the information and beginning to consider how these perspectives can inform approaches.	Enactment is where the co-design part of the process comes alive, as you work together with a diverse group of stakeholders to understand the issues and design approaches.
3) <b>Post co-design</b>	Post co-design is where you learn from the process and continuously monitor and evaluate the program to identify where change may be required.	Evaluation and monitoring is key to continuous improvement and ensuring program outcomes are achieved.

## Principles and values of co-design

Co-design is underpinned by the belief that developing approaches together in a collaborative manner will result in the best service outcomes. According to the Australian Healthcare and Hospitals Association *Experience Based Co-Design: a toolkit for Australia*, there are four key principles that underpin co-design.<sup>2</sup>

**Equality:** Everyone has skills, abilities and time to contribute and no one group is more or less important than another.

**Diversity:** The process is inclusive and diverse to represent all stakeholders. This may require special efforts and alternative approaches to ensure seldom heard and hard to reach groups are included.

**Accessibility:** Attention to accessibility is required to ensure everyone has an equal opportunity to participate fully in ways that suit them best.

**Reciprocity:** Reciprocity means people get something back for putting something in. In order to achieve this, it is important to foster equal relationships between participants and the organisation.

It can be helpful to keep these principles in mind throughout the co-design process. This is particularly important in the context of health, in which patients rely heavily on their doctors to understand their conditions and patients may feel that they are at an information disadvantage. Co-design requires medical professionals and commissioners to be open and willing to listen to the people *experiencing the services*, and to learn from those experiences.

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<sup>2</sup> Australian Healthcare and Hospitals Association, *Experience Based Co-Design: A Toolkit for Australia*, <https://ahha.asn.au/EBCDtoolkit/files/downloads/EBCD%20toolkit%20Final.pdf>

## Co-design and Primary Health Networks

The PHN commissioning framework has been developed to assist PHNs to be consistent, comparable and measurable in their commissioning approaches. Commissioning is about more than just procurement, it is a continual and iterative cycle which involves strategic planning, procuring services and monitoring and evaluation.

Co-design can play a role at every phase of the commissioning cycle throughout the strategic planning phase, the procuring services phase and the monitoring and evaluation phase. At each phase, opportunities exist to involve the community and key stakeholders in improving the commissioning activity for your community.



*Figure 3: Murrumbidgee Primary Health Network commissioning cycle*

MPHN have existing community and clinical forums that can be engaged in the co-design process and may be the best starting place for engaging community and or clinical feedback. There are formal processes in place for engaging these existing groups and the relevant senior manager should be consulted prior to engagement.

Current groups include (but not limited to):

Group / Committee	Who and what they do
<b>Local Health Advisory Committees (LHCAs)</b>	<p>There are 33 LHACs across the region. LHACs are a platform for community members to work with health managers to identify local service needs, identify ways to improve access to services, and to assist in planning and development. Each LHAC provides a central connection between the local community and the local tertiary/primary health system. These committees are great for providing feedback on local issues. These committees are managed by the MLHD and meet mostly on a monthly basis. MPHN attend these meetings and provide a monthly update on activities. The Chairs of these Committees also meet on a regular basis and participate on the Community Advisory Committee.</p>
<b>Community Advisory Committee (CAC)</b>	<p>The CAC is a MPHN governance committee and provides a community perspective to the Board to ensure that decisions, investments, and innovations are patient centred, cost-effective, locally relevant, and aligned to local care experiences and expectations. It will identify and advise on issues relevant to patients and communities, including input into the development of health service priorities and strategic direction, the reduction of inequities, improved patient experience and guidance regarding gaps, duplication, and access issues. It meets bimonthly on Board day.</p>
<b>Planning and Integration Committee (P&amp;I)</b>	<p>The P &amp; I Committee is a MPHN governance committee which has a diverse membership to provide recommendations on the development of local strategies, systems and structures to improve health care for patients in the region through strategic, evidence-based cost-effective investment and innovation. The Committee is made up of Board members, Clinical Council Chairs, CAC Chairs, MLHD, Aboriginal Service Providers, and MPHN staff. It meets bimonthly on Board day.</p>
<b>Clinical Councils</b>	<p>There are four clinical councils across the region (one in each sector). Membership includes a broad range of clinicians working in these local areas including: GPs, allied and mental health professionals, nurses and pharmacists, Ambulance NSW and MLHD representatives. Clinical Councils provide advice and recommendations to the Board on: integrated systems and models that will maximise health outcomes; emerging issues and priorities for communities and/or patients; emerging issues and priorities for general practices and clinicians; and recruitment and retention, education and research. It meets bimonthly on Board day.</p>
<b>Mental Health and Drug and Alcohol Alliance</b>	<p>The purpose of the Murrumbidgee Mental Health and Drug and Alcohol Alliance (MMHDAA) is to provide a forum through which key stakeholders from the health, community and social sectors can develop a strategic approach to meeting the mental health and drug and alcohol needs and expectations of consumers for access to, and delivery of, services to the Murrumbidgee population.</p>
<b>Aboriginal Health Consortium</b>	<p>The Aboriginal Health Consortium works together with the community to coordinate action that improves the wellbeing of Aboriginal people living in the Murrumbidgee. This includes the development and implementation of a joint regional plan and improving integration and coordination between service providers. The Consortium meets bimonthly.</p>
<b>Murrumbidgee Aged Care Consortium</b>	<p>The Aged Care Consortium provides a forum for key stakeholders from health, social, community and education sectors to improve coordination and access to timely and appropriate care for the older person and their carers. It is facilitated by MPHN and meets quarterly. The consortium provides a valuable link to aged care providers across the region including residential and community services.</p>

## 3. Co-design: a step by step process

### Planning and organising



#### **Project Lead:**

The Project Lead is the key point of contact for the project and is responsible for managing it. The Project Lead is responsible for staying on top of communications and stakeholder management, helping to organise workshops/ interviews/ storytelling sessions and making sure the project is tracking well.

Although they are not responsible for running all of the activities, the Project Lead has a significant coordination role.



#### **Program working group:**

You may want to establish a program working group, made up of people who will work with you to develop the vision and assist in the work at hand, whether this is in understanding the health needs of the population, understanding the current gaps, designing and the delivery of a new care model or monitoring and evaluating the activity. A program working group can be made up of various stakeholders that share your vision, understand the needs of your population and service gaps and will be key in the design and implementation of the new approach.



#### **Vision:**

It is important to have a clear vision statement for the co-design program, which will guide you throughout the process. Your vision statement should state what you are trying to achieve from the co-design activity. This will align to whether the co-design activity is looking to help define outcomes, help develop new service models or fulfil some broader objective.



#### **Activity Plan:**

Creating an activity plan is a good way to ensure that you are organised and remain on track throughout the co-design process. The activity plan should cover the co-design period and should set out all of the important tasks and activities to be completed during the co-design process. Examples of activities that could be included are interviews, workshops, surveys, stakeholder mapping, stakeholder engagement, etc.

An example of a co-design activity plan can be found in appendix 1.





## Logistics and administration:

Logistics and administration are an important part of the planning and organising phase. Done well, this will create the foundations for a successful co-design process.

First you need to know who the relevant stakeholders are and how you plan to get in touch with them. A stakeholder mapping exercise can be helpful, in which you prepare a list of all of the relevant stakeholders groups (both individuals and organisations) that you will get in touch with. See appendix 2 for an example of a stakeholder map. Depending on the purpose of the co-design activity and the scale and complexity of the commissioning outcomes you are seeking to achieve, these stakeholders could include representatives across the 'whole of government' and be planned and developed in collaboration with many other agencies. Alternatively, they could be more localised and specific to primary health and care – the scale is dependent on the project scope and requirements. Work out who you have contact information for, whether there are any gaps and consider what their initial perspectives may be in relation to the project.

You will also need to think about how you are going to run your activities in the enactment phase (workshops, interviews, focus groups, surveys, storytelling). The Project Lead will play a key role in setting up the various sessions. Section 4 of this pack provides you with pointers about which co-design approaches may best suit each situation. Key points for consideration include: where will you host the different activities? What sort of tools will you need for the sessions? Who you will invite? How will you reach out to stakeholders (email, telephone)?

Make sure that you map these activities against the timeline for the project so that you allocate enough time for different activities. In order to encourage the broadest participation, it is important that you give stakeholders enough notice for them to be able to participate, for example, if you require clinical or medical staff to attend you will need to provide at least four weeks' notice before the session/ workshop to secure individuals due to rota commitments.



## Planning and organising checklist

Step	Activities	Tick once complete ✓
<b>Project lead</b>	<ul style="list-style-type: none"><li>Decide who will be the Project Lead. This person will drive the project for the organisation, and ensure that all activities are on track.</li></ul>	
	<ul style="list-style-type: none"><li>Agree the support this person needs so they can be successful in the role (including resources who will provide the tactical support to carry out the activities).</li></ul>	
<b>Local working group</b>	<ul style="list-style-type: none"><li>Establish a local working group made up of health care professionals from the local area who will help you design and implement the care model.</li></ul>	
<b>Vision</b>	<ul style="list-style-type: none"><li>Host a vision planning workshop to collectively determine the vision and objectives for the co-design project. Summarise this in a vision statement (see appendix 6 for a vision planning workshop agenda).</li></ul>	
	<ul style="list-style-type: none"><li>Identify which key gaps you will evaluate once the new model of care is developed, to measure success.</li></ul>	
	<ul style="list-style-type: none"><li>Share the vision statement with key stakeholders as part of an introduction to the project and the co-design process.</li></ul>	
<b>Activity Plan</b>	<ul style="list-style-type: none"><li>Develop a plan of activities that you will undertake during the co-design process (see appendix 1 for the activity plan template).</li></ul>	
	<ul style="list-style-type: none"><li>Design the agenda and how you are going to undertake any workshops (see appendices 6, 7, 8 for example agendas).</li></ul>	
	<ul style="list-style-type: none"><li>Design any surveys you wish to use (see appendix 4 for example surveys).</li></ul>	
	<ul style="list-style-type: none"><li>Design any interview questions you wish to use (see appendix 5 for example interview questions).</li></ul>	
<b>Logistics and admin</b>	<ul style="list-style-type: none"><li>Prepare lists of stakeholders to be contacted and the aspects of the co-design you would like them to participate in.</li></ul>	
	<ul style="list-style-type: none"><li>Diarise any workshops, interviews and storytelling sessions.</li></ul>	
	<ul style="list-style-type: none"><li>Communicate with stakeholders and invite to interviews, workshops, storytelling as per activity plan (see appendix 3 for example invite letters).</li></ul>	
	<ul style="list-style-type: none"><li>Organise events (location, RSVPs, catering, speakers, AV, equipment, materials to use on the day, method of recording information). (See appendix 9 for an event management checklist).</li></ul>	

## Enactment



### **Undertaking co-design:**

Undertaking the co-design process means putting into action the activities chosen in the planning and organising phase. The first part of the co-design process is to listen and learn from the stakeholders such as patients, community members, health professionals and carers about their experiences and needs. Listening and learning can involve interviews, workshops and surveys, during which you will gather the information and build a deep understanding of the experiences to inform approaches. It is important to record and document the information you are gathering so that you can use this information later.



### **Developing a new approach:**

Once you have conducted your co-design activities, you can implement these new learnings and develop a new approach. You may be using co-design to improve your understanding of the needs of the community, set a new vision, design a new services approach or model of care, to shape the market or to monitor and evaluate performance, so the approach you take will be dependent on the purpose of the co-design.

The co-design process is intended to incorporate the knowledge of all stakeholders in the design and development of commissioning activity, in order to improve the experiences and outcomes of service users and the services themselves. As part of the approach you bring together the insights and learning from the various forms of co-design undertaken. Examples of this synthesis of insight and learning can be found in appendix 10. In this example, there are two templates that relate to developing a new care model.



## Enactment checklist

Step	Activities	Tick once complete ✓
<b>Undertaking co-design</b>	<ul style="list-style-type: none"><li>• Run through final preparations for the chosen co-design activities.</li></ul>	
	<ul style="list-style-type: none"><li>• Carry out the chosen co-design activities. Part of this process will likely to include listening and learning through interviews, surveys, storytelling and workshops.</li></ul>	
	<ul style="list-style-type: none"><li>• Follow the agreed activity plan.</li></ul>	
<b>Develop a new approach</b>	<ul style="list-style-type: none"><li>• Bring together the learnings to design improvements or approaches.</li></ul>	
	<ul style="list-style-type: none"><li>• Review what you have learned so far. You may want to group the learnings under specific co-design topics.</li></ul>	
	<ul style="list-style-type: none"><li>• Review the needs and the gaps/ issues and challenges against your vision for the project. What is missing? (See template in appendix 10 as an example of how you might bring the co-design learnings together).</li></ul>	
	<ul style="list-style-type: none"><li>• Develop new approaches using the evidence base available to you including patient and service provider experiences, feedback and insight from your community.</li></ul>	
	<ul style="list-style-type: none"><li>• Decide what you will want to evaluate.</li></ul>	

## Post co-design phase



### **Appreciation:**

One of the fundamental principles of co-design is that everyone has knowledge and expertise to contribute to the process. Without the efforts of the various stakeholders who participate in the co-design process, it would not be possible to develop new approaches collectively, so it is important to thank everyone for their time and contributions. Get in touch with all of the participants and thank them for participating, and make sure to mention how important their contribution has been as well as what happens next and how they can continue to contribute.



### **Socialising the model:**

Socialising the outputs, for example a new model of care or new approach to commissioning, is an important step to determine whether what has been co-designed reflects the needs of all stakeholders. By sharing and asking for feedback, you can make sure that all stakeholders have a chance to comment. Feedback and comments should be sought from all, with a focus on understanding if the co-designed work addresses their key concerns, and if there is something missing that should be included. Providing 1-2 weeks for stakeholders to review the outputs of the co-designed work and to provide feedback should be sufficient.



### **Monitor and evaluate:**

Ongoing monitoring and evaluation will be required to check whether the new approach is working as planned, or whether changes are needed. Make sure to monitor the implementation for any areas that need to be improved or for areas that are working well.

If you identify areas that are not working, speak with stakeholders (you can use a range of the co-design methods such as interviews, focus groups, workshops and surveys) to better understand the issues or problems that have arisen.



### **Post implementation review:**

Conduct a post implementation review to assess the effectiveness of the co-design process. Meet with your team at the end of the process, or after key milestones, to reflect on the impact of using co-design for the project. The post implementation review is an opportunity for you to determine what has worked well during the co-design process and what needs improvement. Details of the post implementation review method can be found in section 4.

A workshop of 1.5 to 2 hours with all team members involved is a good way to run the post implementation review process. Use key questions to build an understanding of the strengths and weaknesses of the process and make sure to record the outcomes of the discussion (see appendix 11).



## Post co-design checklist

Step	Activities	Tick once complete ✓
<b>Appreciation</b>	<ul style="list-style-type: none"><li>• Thank everyone for their involvement and for sharing their experiences.</li></ul>	
	<ul style="list-style-type: none"><li>• Let stakeholders know what will happen next and what part they can play in these next steps.</li></ul>	
<b>Socialising the model</b>	<ul style="list-style-type: none"><li>• Share the design for the new approach with stakeholders for review – ask for feedback.</li></ul>	
	<ul style="list-style-type: none"><li>• Seek stakeholder commitment and buy in.</li></ul>	
<b>Monitor and evaluate</b>	<ul style="list-style-type: none"><li>• Set up the ongoing monitoring of any changes to assess whether these are having the desired impact which should include a continuous quality improvement approach.</li></ul>	
	<ul style="list-style-type: none"><li>• Set up the formal evaluation process.</li></ul>	
<b>Post implementation review</b>	<ul style="list-style-type: none"><li>• Conduct a post-implementation review workshop or meeting with your team to discuss what went well and areas for improvement (see appendix 11).</li></ul>	
	<ul style="list-style-type: none"><li>• Conduct a post-implementation review workshop or meeting with stakeholders to discuss strengths and weaknesses (see appendix 11).</li></ul>	
	<ul style="list-style-type: none"><li>• Use the post-implementation review with your team and stakeholders to determine whether the stakeholder engagement enacted during the co-design phase was effective.</li></ul>	



## 4. Co-design methods

These co-design methods are designed to guide you through the co-design process in a way that will help you get the most out of each activity. The list of methods in the toolkit is not exhaustive, however they have been selected with the intention of providing you with simple and effective approaches for this project.

The co-design methods presented are a mix of information gathering methods (listen and learn) and brainstorming or solution designing methods. This is because the co-design process requires first understanding the issues by learning from the diverse stakeholder groups, and then working together to develop new approaches.

The following methods are included in this toolkit:

1. Facilitation skills
2. Focus groups
3. Interviews
4. Post-implementation review
5. Storytelling
6. Surveys
7. Workshops

Each of these methods are explored in further detail in this section. They have been included in alphabetical order because the methods (apart from post-implementation review) can be used throughout various phases of the co-design process.



## Facilitation skills

### What is facilitation?

Effective facilitation of workshops and focus groups is a key skill that will help you get the most out of these activities. A facilitator is there to guide people through the process and to encourage and assist them to participate effectively. The facilitator does not have all the answers and should not be the focus of attention, but rather should provide the space, environment and opportunities for participants to voice their opinions, share their ideas and contribute.

An effective facilitator leads the group through the workshop or focus group, moving the process forward so that the group can achieve its objectives (outlined at the start of the process). If the focus of the discussion is shifting away from where it needs to be, the facilitator can bring the focus back to the topics or issues around which the workshop is being held.

### Why use facilitators?

Skilled facilitators bring capability to support a group of stakeholders to contribute to the topic in question. They guide and provide group processing expertise to the group.

### Top tips

- Define the purpose of the workshop or focus group at the beginning and be clear about what you are trying to achieve.
- Make sure that everyone feels comfortable to participate, engage with the group on guidelines for participation so everyone is clear of the 'rules of engagement'.
- Have a clear agenda for the workshop or focus group and make sure that you stick to the agenda and time frames. This will help you prevent the conversation going off topic and time being wasted.
- Keep the focus of the discussion on the key issues or areas of discussion that will help the group achieve the objectives for the activity. If the discussion is getting off topic, feel confident to jump in and lead the conversation back onto the right track.
- The facilitator should be neutral and not take sides – try to be confident in your role of leading the workshop, but not push any particular view or position.
- Don't be afraid of silence. In order to really open up the conversation and encourage everyone to participate, sometimes it is necessary to create the space for people to respond to questions by pausing and allowing the silence to fill the room.
- The facilitator does not have all the answers. Resist the temptation to provide answers or correct people as this might prevent people from participating further in the conversation.
- Respond positively to participants' contributions to the discussion.
- Be aware when some participants are not contributing, and try to give them an opportunity to contribute by inviting them specifically to share their thoughts.
- To make sure that everyone is on the same page, the facilitator can summarise the key messages coming out of the group. For example, *'from what I'm hearing so far...'* or *'it sounds like we are all in agreement that...'*



## Focus Groups

### What are focus groups?

Focus groups involve bringing together a group of people to engage in a discussion about a specific issue, about which they have experience and expertise. Focus groups are an opportunity to focus on a particular issue or condition and really explore it to the level of detail required. Focus groups should be just that – focused on an issue – and should last for anything between 45 minutes and 1.5 hours.

### Why use focus groups?

Focus groups involve open and free ranging conversation where participants are invited to explore a particular issue and share experiences. Focus groups should open up the conversation on a particular issue by inviting a group of people with experience of that issue to come together and discuss it.

### When are focus groups appropriate?

Focus groups are a great tool for opening up the conversation and encouraging free flowing discussion about a specific topic. Focus groups are best used for listening and learning, without too many parameters on the discussion apart from clear ‘rules of engagement’, such as there are no right or wrong answers so participants can speak freely.

### When are focus groups not appropriate?

Focus groups are not appropriate for designing solutions as focus groups are about listening to participants and building an understanding of an issue rather than solution building forums.

### How do you run focus groups?

At the start of the focus group you should set out the parameters of the discussion and clarify any issues relating to confidentiality (e.g. how you plan to use the information, that people won’t be named but may be quoted, or asking participants to sign any confidentiality deeds if required) and outline the objectives of the session (e.g. *to understand the experiences of young people living with mental health problems in the Murrumbidgee area*).

Once the introductions have been made and parameters set, open up the discussion. The purpose of the focus group is to hear from the participants, and to allow for a free flowing conversation amongst them. Encourage this by using probing questions but allowing the conversation to flow around the room. It is a good idea to have specific questions which will allow you to drill down into the issue.

The role of the facilitator should be to keep the conversation focused on the topic, whilst not playing too dominant a role in the conversation.

### Top tips

- Make sure that you have clear objectives for what you are seeking to get out of the session.
- Once you know what you are seeking to understand, you can consider participants to invite.
- A good length of time for a focus group is 45 mins to 1.5 hours, and a good size is eight to ten people.
- Make sure you nominate a note taker from your co-design project team to record the outcomes of the conversation.
- The purpose of a focus group is to stimulate rich discussion around a topic, so design questions that are open ended and don’t suggest any particular response



## Interviews

### What are interviews?

Interviews are structured conversations that will allow you to better understand the experiences and insights of different participants. Interviews can be used to delve into a particular issue that you would like to understand better. Interviews can be conducted with any of the stakeholder groups you have identified, however the focus may be different for each of these groups.

See appendix 5 for an example of interview questions.

### Why use interviews?

Interviews allow you to explore the perspectives of different stakeholders in detail. Each different stakeholder group will likely focus on different aspects of their experiences of the services. In order to enact co-design most effectively, it is important to understand each stakeholder groups' experiences and to develop a complete picture of the services from different angles.

Interviews are helpful for gathering in depth information and drilling down into the detail of specific issues.

### When are interviews appropriate?

Interviews are useful during the information gathering phase. Interviews are best used to investigate particular issues or service areas that you would like to better understand, as they allow you to focus on specific issues with the participant. You can conduct interviews with any stakeholder group, including patients and carers, services providers, nurses, paramedics and other service providers.

Interviews should be used after the planning and organising phase is complete, so that you have an idea of where the gaps in your knowledge are and what topics to focus on.

### When are interviews not appropriate?

Interviews are not appropriate during the solutions designing phase, because by that stage the problems and issues should be well understood.

### How do you do interviews?

Before commencing the interviews make sure you have selected a representative from each stakeholder group to speak with. It is important to include each stakeholder group in the interview process.

Invite prospective participants with sufficient time (three to four weeks) so that you can set up an interview at a time that suits them.

Decide how you will record the interview, using notes, audio recording or video recording. Make sure that the participant is comfortable with the chosen information recording method and that they know about this well in advance (it is not a good idea to surprise participants with video cameras or audio recording devices when they arrive for an interview).

Commence the interview by clearly explaining the purpose of the interview, and the purpose of the overall program. Explain to the participants whether the interview will focus on any particular topics and why you have invited them to speak with you (usually this will be because of their experience and expertise with the subject matter).

Come prepared with a list of questions you want to know the answer to, but also be willing to let the conversation flow. Make sure to ask them what is working well and what is not working well from their perspective. It is not necessary to send the interview questions in advance however a written communication that explains the purpose and the general areas you would like to cover often helps stakeholders to mentally prepare.

### **Top tips**

- Make sure the participant understands what you are trying to do, and why the interviews are important for this process. If you run a planning workshop, it could be an idea to explain to stakeholders that you will be reaching out for interviews and for interested parties to let you know that they would like to participate.
- Interviews should be conducted with as broad an audience as possible. Different stakeholder groups will have very different experiences of the services, and interviews are a great way to draw this out.
- One on one interviews are the best way to build trust and get the most insight from the participant.
- Make sure to have tea/ coffee/ a cool drink and some snacks available for the participant. This will make them feel more comfortable and at ease.
- Decide how you plan to record the information. You could take notes during the session, bring someone to scribe, or record the interview on a recording device (you can turn your phone into a recording device with the use of various apps).
- It is important to seek a representative sample of interviews from the community, so that you are not relying on a small number of interviews to draw conclusions about the wider community.



## Storytelling

### What is storytelling?

Storytelling provides an opportunity for stakeholders to talk about their experiences, either individually or in a group setting.

The purpose of storytelling is to gain a deeper and more personal understanding of people's experiences, both their personal journey and their experience of the services they receive. Participants stories provide unique insight that can reveal issues and challenges that may not emerge in other consultation processes (such as more structured interviews or surveys).

### Why use storytelling?

Storytelling provides an opportunity for a deep dive into a participant's experience of the services and their own personal journey with their illness or that of their loved one. Storytelling allows the participant to tell their story in detail, which can reveal issues, challenges and opportunities that may not otherwise have emerged.

### When is storytelling appropriate?

Storytelling is a great activity for early on during the information gathering phase of the co-design process. This is because storytelling can reveal areas that need to be improved, which will help you identify gaps and to focus the development of new approaches.

### When is storytelling not appropriate?

Storytelling is not appropriate during the developing solutions phase of the co-design process, because storytelling is a tool for revealing the issues or problems to be addressed, rather than responding to them. Where this might differ is for Aboriginal and Torres Strait Islander peoples and CALD communities where story telling may have a greater part to play in their culture, thus supporting wider application.

### How do you do storytelling?

During the planning and organising phase, you will have identified some people in your community who you would like to ask to participate in the storytelling. Make sure that you reach out to these people with sufficient time (at least four weeks) to ask them if they would be willing to participate in a storytelling exercise.

Once you have organised who your storytelling participants are, organise the session in a place that is comfortable for them (possibly their home) and with sufficient time to allow them to tell their stories in full (two hours is usually a good amount of time). Make sure the participant is comfortable and at ease to tell their story.

Before you commence the storytelling, make sure participants have given full consent to participate. Explain that the session will be unstructured and is designed to give them free reign to talk openly about their experiences. The storyteller might want some coaching from the facilitator to help them organise their story.

Decide which approach you will take for recording the information. It is a good idea for two people to attend, so that one can ask questions/prompt and the other can record the information (audio recordings, video recordings and notes can all work well)

In order to commence the process, ask a few open ended questions such as "where did things start for you?" or "when did you notice something wasn't right?"



Once the participants have shared their stories, you can invite them to reflect on their experiences. Continue to use open-ended questions in order to understand their experiences (e.g. “which particular experiences stand out as good or bad for you?” “What did you make of this or that experience?”)

Next invite participants to suggest improvements. The process of telling their story will mean that their experience is front of mind, and they will likely recall things that worked well and things that didn’t work so well.

### **Top tips**

- Make sure participants feel comfortable and at ease to tell their story. The stories they share may be emotional as they may be focused on a period of life that was/ is difficult. A good place for storytelling is a place they nominate as safe and comfortable for them.
- Encourage participants to tell their stories at their own pace. This will bring out the detail in their stories that will be useful in designing solutions, and may also reveal new or unexpected information. Give these sessions sufficient time – between one to two hours – to give the participants enough time to really tell their story.
- Storytelling is very personal and can be emotional for the storyteller. Participants may not have had many opportunities to share stories of this period of their lives with other people, so the process can be therapeutic in its own right and should be carried out by an appropriately qualified and experienced facilitator.
- The idea is for participants to tell their stories in their own way and allow them to lead, unlike in an interview where the interviewer may lead the conversation to specific questions. However, some participants may need a bit more structure, so come prepared with some open ended questions to guide the conversation (e.g. “what happened next?” “What else was going on at that time?”).
- An option might be to record (visual or oral) the storytelling so it can be replayed to other audiences. The storyteller themselves must be involved in deciding whether they would like to do this and how their recording is used.

Storytelling can also take place in groups at workshops. Allowing a group of patients and carers to share stories can reveal different perspectives as well as shared experiences. Workshops can provide an opportunity for multiple patients and health professionals to share their experiences with one another.



## Surveys

### What are surveys?

Surveys are a great way to gather general information from the community about a topic, and to garner community sentiment. Surveys can take the form of a written survey given to patients, health professionals and community members or online surveys sent to a broad cross section of the community.

Surveys are best used to gather a general understanding of an issue, for example the general community attitude towards a particular health issue (obesity, diabetes, cancer), or the general community perception of health care services in the area for a particular health issue. A general perception can be gathered by seeking responses from as broad an audience as possible and asking them to rate their experiences or perceptions.

Survey questions might include ratings and agree to disagree bars (e.g. “this community has sufficient access to services to assist young people with type two diabetes”, with the option for participants to select ‘strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, or ‘strongly disagree’).

See appendix 4 as an example of survey questions.

### Why use surveys?

Surveys are a really useful way to expand the reach of your information gathering, by reaching out to different segments of the population that you might not have otherwise been able to access. Surveys can be given to or sent to many different potential participants, thereby broadening the reach of the information gathering phase.

### When are surveys appropriate?

Surveys are useful for gathering the general community view of an issue. Surveys can provide an aggregate view that is helpful to garner the general perception of the community on an issue.

### When are surveys not appropriate?

Surveys are not appropriate for in depth or deeply personal questions. These issues would be more appropriately addressed during interviews, storytelling and workshops.

### How do you do surveys?

Decide what sort of survey format you are going to use (hard copy written or digital). We encourage online surveys because these are easily filled out and don't need to be returned, however we recognise that for some segments of the populations (e.g. older people) a hard copy written survey will be the best way to encourage their participation.

Determine the focus of the survey. Surveys are best for garnering general community sentiment about an issue. (For example, how much contact have you had with health services in the community in the last 12 months? Which health services do you use most frequently in your community?). These types of questions will provide a general view, such as *80% of the community feel that they have sufficient access to the health care services that they need on a day to day basis.*

Once you have determined the focus, develop the questions to tease out the issues. We recommend about 5-10 questions with the majority of these being yes/ no, ranking or agree/ disagree responses. Some of the questions can ask for some more written information on issues

that require more detail, but these should be optional so as not to deter potential participants from completing the survey.

Give sufficient time for the surveys to be completed (e.g two to four weeks) to encourage maximum participation.

Once the results are received, collect and aggregate the data to build a community wide picture. Surveys should provide you with a broad understanding of the issues in your community.

When reviewing the surveys, make notes of any repeat issues or problems that are raised, as these may help to inform areas of focus for subsequent information gathering activities.

### **Top tips**

- Keep it simple – the best way to get results is to ask simple questions that require little writing and get straight to the point. Surveys should only take up to ten minutes, as you want to make it easy to respond so that you can gather as many responses as possible.
- Online digital surveys are easy to set up and share, and can be sent to a wide stakeholder audience. Consult with the PHN data analysts to determine an appropriate tool for collecting this information.
- Don't ask for too much detail. Surveys are a useful way to draw out some of the issues and themes, which can then be explored in greater detail in other information gathering steps (e.g. storytelling, interviews).
- It is important to seek a representative sample of responses from the community, so that you are not relying on a small number of responses to draw conclusions about the wider community.



## Post-Implementation Review

### What is a post-implementation review?

Post-implementation reviews can be conducted at the end of your co-design project, or after key milestones, and provide a chance for you to reflect on the project and assess its success. A post-implementation review is a meeting or workshop with your project team, or with your key stakeholders, where you discuss the project and identify the strengths and any areas of improvement. Post-implementation reviews can focus on the project as a whole with participants from the project team, or the co-design process itself, with the participants from your diverse stakeholder groups that participated in the co-design process.

### Why do a post-implementation review?

Post-implementation reviews are a great way to determine how effective your co-design process has been and to identify any areas for improvement. As discussed earlier in this toolkit, co-design is an iterative process, which requires continual reflection and improvement. Post-implementation reviews give you the opportunity to reflect on your work so far and work out how you can improve the approach even further.

### When are post-implementation reviews appropriate?

Post-implementation reviews should be conducted at the end of your project, or after key milestones (if the project is long or complex).

### When are post-implementation reviews not appropriate?

Post-implementation reviews should not be conducted during the co-design project, and should not be conducted immediately afterwards. You should conduct the post-implementation review at a time where participants will have had space and reflection time, this could be a matter of days or weeks depending on the circumstances, the decision on timing is dependent on having enough time to properly reflect on the strengths and improvement opportunities of the project.

### How do you do a post-implementation review?

You should conduct a post implementation review to assess the effectiveness of the co-design process. You can run a post-implementation review with your co-design project team, or with your stakeholders, to discuss the strengths of the process and identify areas for improvement. Meet with your team at the end of the process, or after key milestones, to reflect on the impact of using co-design for the project.

A workshop of 1 to 2 hours (dependant on complexity) with all team members involved is a good way to run the post implementation review process. Use key questions to build an understanding of the strengths and improvement opportunities and make sure to record the outcomes of the discussion (see appendix 11). The recorded outcomes of the discussion, with identified strengths and areas of improvement, should be used to guide you during your next co-design project.

### Top tips

- Be open to hearing about both the strengths of the project and the areas that didn't work so well
- Make sure to record the results of the post-implementation review so that this information can feed into your next co-design process



## Workshops

### What are workshops?

Workshops are about bringing together a diverse group of stakeholders and coming up with approaches to the issues and challenges raised in the information gathering phase. Workshops involve brainstorming the solutions together, and working out how to resource and implement them.

Workshops may focus on designing new approaches to address one specific issue, or they may focus on a range of topics (depending on how many issues there are to resolve).

### Why use workshops?

Workshops are at the core of co-design, as they allow for a broad group of participants to work together to design solutions that work for everyone. Workshops are a crucial element in the design process because this is when collaborative design takes place.

One of the core principles of co-design is that the process is diverse and inclusive. This means that all stakeholders are involved in the development of solutions, and that different perspectives and roles are respected. A well organised and facilitated workshop for developing solutions can ensure the diversity and inclusivity of the process, by making sure that diverse stakeholders are represented and all voices are heard.

### When are workshops appropriate?

Workshops are great for gaining momentum on a topic and for coming up with ideas, as they bring together the collective knowledge and experiences of relevant stakeholders. During the information gathering phase (interviews, storytelling, surveys) try to delve deeply into the experiences of the participants and identify the challenges. Once the issues have been identified and they are properly understood, workshops can be used to develop new health services approaches collectively.

### When are workshops not appropriate?

Workshops may be less appropriate when deep diving into the issues and problems during the listening and learning activities (such as storytelling and interviews).

### How do you run workshops?

The first step is to identify which stakeholders need to be present at the workshop. Workshops require the attendance of a broad group, and it's important to make sure that all relevant stakeholders are invited to participate in the session.

Be really clear on what you want to achieve in the workshop, it is easy for less experienced facilitators to get side tracked by particularly vocal groups or individuals. Make sure you have the tools that you need to record the information coming out of the sessions, and for workshops groups to record their thoughts as well. A good place to start can be butcher's paper and markers for each group to use in breakout sessions, as well as a whiteboard or large sticky notes for the facilitator.

At the start of the workshop, identify the key problems that the workshop is seeking to resolve. It's a good idea to write these down clearly at the start of the session. The problems will have been identified in the information gathering phase.

Next step is to brainstorm what success looks like. If this problem is resolved, what impact will this have on patients and health professionals? How will this impact their lives and their

experiences of the services? (This should align to the vision statement developed in the planning and organising phase).

Depending on the size of the group, it can be useful to break into smaller groups to begin brainstorming. Make sure to record all brainstorming ideas as they are shared – these can be recorded on butcher’s paper, a whiteboard or large sticky notes.

Once there is a list of potential ideas for addressing a specific problem, the group should come together to review the ideas and reflect on them collectively. Everyone should be involved in the review process and determine which ideas they think will work best. One way to do this is for each individual to select their top three ideas and see which ones are the most popular overall.

### **Top tips**

- Facilitators play an important role at workshops, helping all participants to have their voices heard. One of the principles of co-design is that all participants have expertise to share, and facilitators can be instrumental in making sure that the views of less dominant participants (often these can be patients and carers) are heard by the broader group.
- Make sure to write down all ideas during the workshops, as these will provide the foundations for developing solutions. If you use butchers paper, post it notes or record information on a white board, be sure to take this information away as a record (you can take photos of any notes on the white board).
- Come prepared with any tools that you might need (butcher’s paper, whiteboard, pens/ markers).
- Provide coffee/ tea and some food to make people feel relaxed. Conversations over a tea during a break can be very informative!
- Voting for the best solution: Participants are all given three sticky dots to be used to select their preferred solutions. Each participant can make their way around the room and stick a dot next to their top three solutions that came out of the brainstorming session.





## 5. Helpful Resources

The following resources are a great place to start if you are seeking to deepen your knowledge in the areas of co-design for health care services.

### Co-design

The following co-design toolkits have been used to inform the development of this toolkit:

Waitemata District Health Board Health Service Co-Design

<http://www.healthcodesign.org.nz/index.html>

EBCD Experience Based Co-design Toolkit, Point of Care Foundation, UK

<https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>

Experience Based Co-Design: A Toolkit for Australia, Australian Healthcare and Hospitals Association

<https://ahha.asn.au/EBCDtoolkit/files/downloads/EBCD%20toolkit%20Final.pdf>

### Facilitation skills

Mind tools have a range of tools to assist with workshop facilitation

<https://www.mindtools.com/>

Davis A & Droppers K, 2000, 'How effective a facilitator are you?', Harvard Management Communication Letter

<https://hbr.org/product/how-effective-a-facilitator-are-you/C0001D-PDF-ENG>

The Design Gym, Top 11 Skills of an Effective Facilitator

<http://www.thedesigngym.com/top-11-skills-effective-facilitator/>

NSW Agency for Clinical Innovation has a number of resources and frameworks to support the design / redesign of models of care.

<https://www.aci.health.nsw.gov.au/about-aci>



## Appendix 1: Activity plan

### Introduction:

Please see below for an example activity plan developed by the PHN for co-design for an at home palliative care program. This activity plan has been included as an example to demonstrate how you can incorporate the co-design process into your overall project.

### The tool:

**Activity plan:** Complete the blue shaded sections of this template. Complete the relevant green shaded section at the reporting interval. Include the information relevant to each reporting period only.

Section 1 - Service overview	
General Practice Name:	
Project Lead:	
Contract Number:	
Activity name:	
Report due date:	
For reporting period (date to date):	Click here to enter a date. <b>To</b> Click here to enter a date.

## Section 2 - Action plan

Please complete the following table.

The Action Plan should be developed with reference to the Activity Details and Performance Indicators An example is provided to assist with completion of this section.

Activity	Strategies	Phase	Timeframes	Progress against activities and measures
<b>Refer to your minimum requirements list key service delivery outcomes</b>	<i>Provide detail on how the minimum requirement will be met</i>	<i>'Planning &amp; Organising' or 'Enactment' or 'Post Co-design'</i>	<i>Target date</i>	<i>Reporting against agreed activities, timeframes and measures; brief summary or bullet points</i>
<b>Example: Stakeholder mapping</b>	<i>Key stakeholders to be identified in the area.</i>	<i>Planning &amp; Organising</i>	Click here to enter a date.	
<b>Example: Stakeholder Engagement</b>	<i>Formal engagement in a workshop setting.</i>	<i>Enactment</i>	Click here to enter a date.	
			Click here to enter a date.	
			Click here to enter a date.	
			Click here to enter a date.	
			Click here to enter a date.	
			Click here to enter a date.	
			Click here to enter a date.	

*Add more rows as needed*

### Section 3 - Risk management

Risk	Risk rating	Mitigation strategies	Status update on risks / mitigation strategies
E.g. Activity may not provide the intended greater choice for in home care	LOW	<ul style="list-style-type: none"> <li>– Patient and Carer consultation in the co-design phase to ensure model if fit for purpose.</li> <li>– Review of proposed model in multidisciplinary stakeholder session.</li> </ul>	

*Add more rows as needed*

### Section 4 - Highlights and Challenges

Highlights and Challenges	Detail
Outline any key challenges to meeting the minimum requirements and KPIs	
Identify what strategies are in place to overcome these challenges.	
Provide examples of success stories include patient journeys, data / quality improvement initiatives, partnership initiatives, successful service models, formal evaluation etc.	
Outline any specific strategies around program promotion and attach evidence of media releases, brochures, resources	
Identify any emerging unmet needs in relation to your patient / client cohort, system weakness or key service gaps	

*Add more rows as needed*

## Section 5 - Major incident

Describe any major incident or event that has taken place (see 'Major incident's table in Appendix A). If no major incident has occurred, please indicate by N/A. If incident has closed, there will be no requirement to report in the next report update.

*Once identified, major incidents should have been notified to MPHN immediately.*

Date major incident occurred	Major incident	Recommendations following review of major incident	Status update on recommendations to address major incident at <i>Indicate if open or closed</i>
Click here to enter a date.			
Click here to enter a date.			
Click here to enter a date.			

*Add more rows as needed*

*Acknowledgement – This activity plan has been adapted from South Eastern NSW Primary Health Network*



## Appendix 2: Stakeholder map

### Introduction:

The following is an example of a stakeholder mapping exercise for an at home palliative care model of care. This example is intended to show how co-design fits into the stakeholder engagement process. As part of every project that the PHN undertakes, there will be a requirement for stakeholder planning and mapping. Stakeholder planning is an important first step for any co-design process, to develop an understanding of who you should be reaching out to and where any gaps exist.

### The tool:

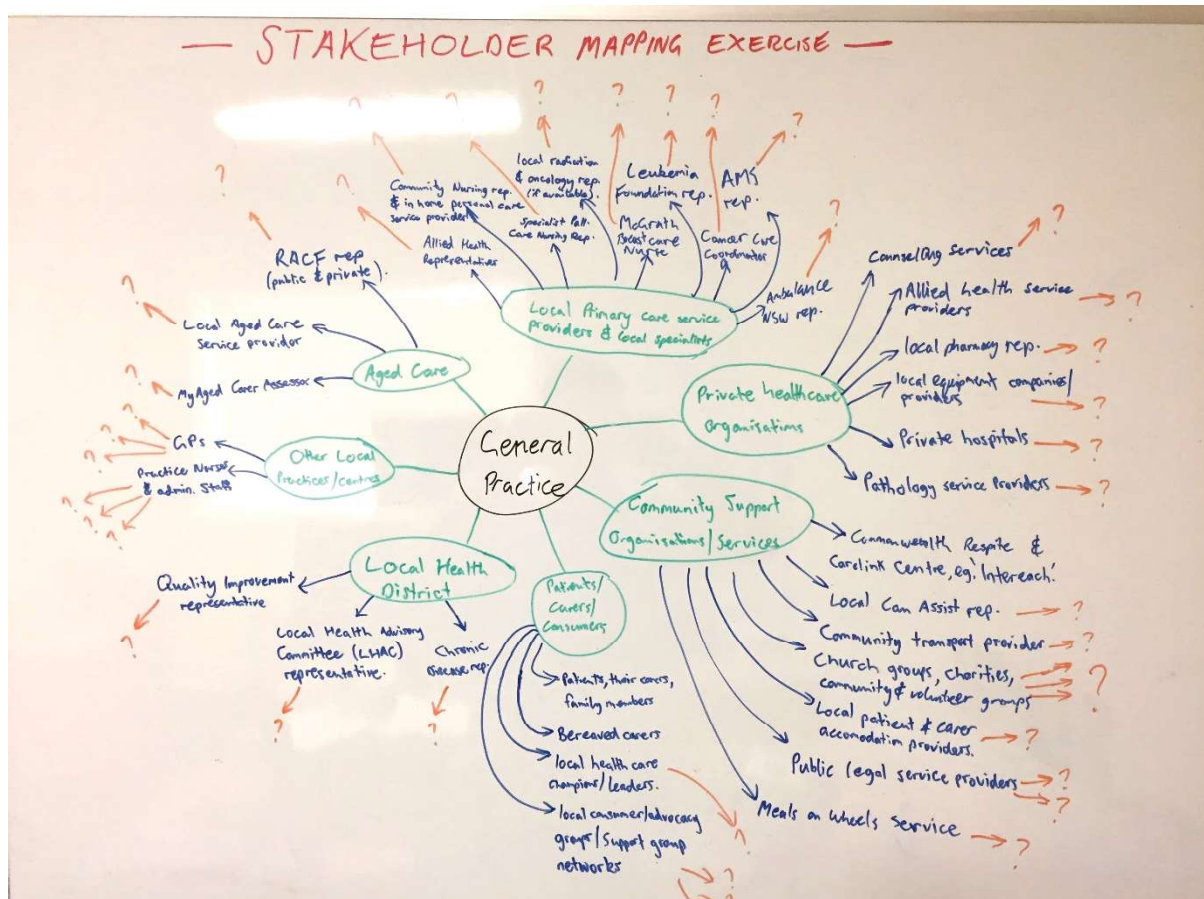


Figure 4: Stakeholder mapping exercise

It is anticipated that each site will have its own unique make up of stakeholder representation. Compiling a list of your local stakeholders may assist you with service gap identification.

Completing a stakeholder map would also include completing a table similar to the example below. This stakeholder mapping table was used for the at home palliative care program.

Stakeholder group	Organisations, groups and/or individuals examples	Local stakeholder contacts for your region
<b>Patients/carers/consumers</b>	Patients, their carers and family members  Bereaved carers  Identified local health care champions/leaders  Local consumer/advocacy groups / support group networks	
<b>Local Health District</b>	Quality improvement representative  Local Health Advisory Committee (LHAC) representative  Chronic disease representative	
<b>Other local practices / centres</b>	General practitioners  Practice nurses and administration staff	
<b>Aged Care</b>	Residential Aged Care Facilities representatives (public and private)  Local aged care service providers  My Aged Carer assessor	
<b>Local Primary care service providers and local specialists</b>	Allied Health representatives  Community Nursing representative & in-home personal care service provider  Specialist Palliative Care Nursing representative  Local radiation and oncology representatives (if treatment available locally)  McGrath Breast Care Nurse  Leukaemia Foundation representative  Cancer Care Coordinator  Aboriginal medical services representative  Local Ambulance NSW representative	

**Private healthcare organisations**

Counselling services (especially if bulk bill or utilise mental health care plans)

Allied health service providers

Local pharmacy representatives

Local equipment companies / providers

Private hospitals (especially if care for palliative patients)

Pathology service providers (especially if provide home delivery service)

**Community Support Organisations / Services**

Commonwealth Respite and Carelink Centre e.g. Intereach

Local Can Assist representative

Community transport provider

Relevant church groups, charities, community & volunteer groups

Local patient and carer accommodation providers

Public legal service providers

Meals on Wheels service





## Appendix 3: Email templates

### Introduction:

The following are example emails for inviting participants to a workshop and for thanking participants for their attendance. These will need to be adapted to suit the specifics of the project that you are running.

### The tool:

#### Workshop Invitation Template:

Dear *[name of participant]*,

I am writing to invite you to attend the upcoming workshop as part of the co-design process for the *[insert name of new health services you are designing]* we have recently commenced. This is being undertaken as part of a shift towards greater participation from patients and the community in designing the services that you need.

This workshop is a critical component of the co-design process and we would welcome your expertise and input in developing an enhanced approach to *[insert name of new health services]*.

We are planning to run the workshop on *[insert date, time and location]*.

Could you please confirm if you will be able to attend by COB *[insert date and time]*.

If you have any further questions, please do not hesitate to contact me on *[insert best contact number]*.

Thank you in advance and I look forward to hearing from you.

Kind regards,

#### Thank you Template:

Dear *[name of participant]*,

I would like to express my appreciation for your attendance at the recent Co-Design Workshop.

We really appreciate you sharing your stories and experiences with us, and being part of this collaborative process.

Your input will inform the development of an improved model of care in our local area, which we hope will be more responsive to the specific needs of you and the broader community.

Should you wish to provide any further information or input into the process, please feel free to do so either via phone or email.

Kind regards,



## Appendix 4: Survey questions

### Introduction:

The following example survey questions were developed as part of a co-design toolkit for at home palliative care. These questions should provide you with some ideas about how to structure a survey for the co-design project that you are undertaking. Surveys can be used for a wide range of purposes, and below is a very specific example that was used for a particular project. For any co-design project, survey questions will have to be carefully tailored to the subject matter that you are exploring.

### The tool:

**Purpose:** To build an understanding of the experiences of patients receiving at home palliative care in your communities. This short survey will help you get a picture of what is being done well and what is not being done well.

**Audience:** Patients with progressive and advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is now to optimise the quality of life. Carers and family members of the patient.

Survey questions – Patient						
I have had a discussion with my care team (e.g. doctor or nursing staff) about what is important to me now	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I have the information and support I need to live as best I can	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I have received helpful advice regarding advance care planning	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel confident that my choices and wishes will be followed	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel that I will be well cared for at home and I will be able to die at home, if that is what I want	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I think my care is well coordinated and appropriate	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
My symptoms are well managed by my care team, in a timely manner	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I get what I need, when I need it	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel well supported by my family and friends	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>

**Purpose:** To build an understanding of the experiences of carers who are caring for loved ones at home. This short survey will help you get a picture of what is being done well and what is not being done well.

**Audience:** Carers providing at home palliative care to family members and loved ones.

Survey questions – Carer						
I have the information and support I need to care for my loved one at home	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel confident that my loved ones choices and wishes will be followed	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel confident that I can care for my loved one at home, to die at home, if that is their wish	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I think my loved ones care is well coordinated and appropriate	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
My loved ones symptoms are well managed by the care team, in a timely manner	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
As a carer, I get what I need, when I need it	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
I feel well supported by my family and friends	<i>Strongly agree</i>	<i>Agree</i>	<i>Mildly agree</i>	<i>Mildly disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>



## Appendix 5: Interview questions

### Introduction:

The following example interview questions were developed as part of a co-design toolkit for at home palliative care. These questions should provide you with some ideas about how to design interview questions for the co-design project that you are undertaking.

The interview questions will vary depending on the stakeholder and the issues you are trying to understand, so you will need to tailor the questions to suit the interview participant (carer, patient, service providers) and the issues you are trying to understand.

### The tool:

#### Interview questions – for a patient

What does good palliative care mean to you?

What has been your experience with palliative care services in your community?

What has been the hardest part of your illness? Why? What could have been done to make this easier for you?

What assistance would be most helpful now?

What matters most to you now?

Do you have confidence that you will be well cared for at the end of your life?

Is there anything worrying you about being cared for at home?

#### Interview questions – for a carer or bereaved carer

What does good palliative care mean to you?

How have you found the role of carer?

What have been the major challenge(s) you have faced in this role?

How have you been / were you supported in your carer role?

What would have been helpful but did not receive?

Current carers: What support would be useful right now?

Do you think that you are well informed about the care being provided for your loved one?

Are you / Were you part of the decision making around their care?

Do you think you know about all of the services available in your local area?

Bereaved carer – how well have you been supported in your bereavement? What was helpful? What was unhelpful?

What has been your experience of the services available to carers in your local area?

### Interview questions – for a service provider

What are the strengths of the current at home palliative care services?

What are the major challenges for you in delivering at home palliative care services in the local area?

What services are currently available to support at home palliative care?

Where do you see community needs and services gaps?

Within current resources and funding requirements, what would you do differently to improve at home palliative care services in the areas that you serve?

How could you and others work differently to improve the patient and carer experiences?



## Appendix 6: Vision workshop agenda

### Introduction:

The following agenda was developed for the purposes of a solutions design workshop for an at home palliative care model of care. This agenda is intended to provide an example agenda that could be adapted for a range of different workshop topics.

### The tool:

#### Workshop Agenda

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<b>Project:</b>	Murrumbidgee Primary Health Network, At Home Palliative Care Program
<b>Subject:</b>	Vision workshop
<b>Participants :</b>	Participants could potentially include: service providers, community leaders, patients and health professionals.
<b>Date:</b>	
<b>Location:</b>	
<b>Duration:</b>	2 hours

Timing	Topic	Who leads?	Purpose
<b>20 mins (prior to start time)</b>	<ul style="list-style-type: none"> <li>Registration and refreshments on arrival</li> </ul>	<ul style="list-style-type: none"> <li>Reception to be manned</li> </ul>	<ul style="list-style-type: none"> <li>Make everyone feel comfortable and welcome, and encourage some initial mingling and conversation</li> </ul>
<b>20 mins</b>	<ul style="list-style-type: none"> <li>Welcome</li> <li>Welcome to / Acknowledgement of country</li> <li>Introductions</li> <li>Purpose of the workshop</li> <li>Patient story (recorded or in person) to set the scene</li> </ul>	<ul style="list-style-type: none"> <li>Project Lead to facilitate, all attendees to introduce themselves and who they represent for the purposes of this workshop</li> </ul>	<ul style="list-style-type: none"> <li>Everyone in the room knows who is who and why they are there</li> </ul>

<b>20 mins</b>	<ul style="list-style-type: none"> <li>• Case for change (short presentation on why we are here)</li> <li>• Q&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>• Project Lead from GP practice</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all attendees are on the same page regarding why they are here and what they are trying to achieve</li> </ul>
<b>30 mins – 45 mins</b>	<ul style="list-style-type: none"> <li>• Vision development: small group work to discuss what the component parts of the vision could be. Identify key words that are important to this community</li> </ul>	<ul style="list-style-type: none"> <li>• Break out into smaller groups (3 – 5 groups max) to discuss the vision questions</li> </ul>	<ul style="list-style-type: none"> <li>• Each group agrees on a vision that they believe reflects the previous discussion of why they are here</li> </ul>
<b>20 mins</b>	<ul style="list-style-type: none"> <li>• Vision discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Each group presents their proposed ideas for the vision</li> </ul>	<ul style="list-style-type: none"> <li>• Agree key components of what the vision should include</li> </ul>
<b>10 mins</b>	<ul style="list-style-type: none"> <li>• Reflections, next steps and how stakeholders can be involved moving forward</li> </ul>	<ul style="list-style-type: none"> <li>• Project leader</li> </ul>	<ul style="list-style-type: none"> <li>• End the session, thank all participants</li> </ul>

**Notes:**





## Appendix 7: Solutions design workshop agenda

### Introduction:

The following agenda was developed for the purposes of a solutions design workshop for an at home palliative care model of care. This agenda is intended to provide an example agenda that could be adapted for a range of different workshop topics.

### The tool:

#### Workshop Agenda

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<b>Project:</b>	Murrumbidgee Primary Health Network, co-design for health services
<b>Subject:</b>	Solutions design workshop – Multidisciplinary teams
<b>Attendees:</b>	This workshop is likely to be drawn from providers, however, it is also good practice to include patients in the workshop so the voice of the consumer is present.
<b>Date:</b>	
<b>Location:</b>	
<b>Duration:</b>	2 hours

Timing	Topic	Who leads?	Purpose
<b>20 mins (prior to start time)</b>	<ul style="list-style-type: none"> <li>Registration and refreshments on arrival</li> </ul>	<ul style="list-style-type: none"> <li>Reception to be manned</li> </ul>	<ul style="list-style-type: none"> <li>Make everyone feel comfortable and welcome, and encourage some initial mingling and conversation</li> </ul>
<b>20 mins</b>	<ul style="list-style-type: none"> <li>Welcome</li> <li>Welcome to/ Acknowledgement of country</li> <li>Introductions</li> <li>Purpose of the workshop</li> <li>Patient story (recorded or in person) to set the scene</li> </ul>	<ul style="list-style-type: none"> <li>Project Lead to facilitate, all attendees to introduce themselves and who they are and who they represent in this workshop</li> </ul>	<ul style="list-style-type: none"> <li>Everyone in the room knows who is who and why they are there</li> </ul>

<b>20 mins</b>	<ul style="list-style-type: none"> <li>• Case for change – short presentation on why we are here</li> <li>• Q&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>• Project Lead from GP practice</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all attendees are on the same page regarding why they are here and what they are trying to achieve</li> <li>• Understand what everyone is seeking to achieve with the program; What benefits will patients/ carers receive from the program?</li> </ul>
<b>45 mins</b>	<ul style="list-style-type: none"> <li>• Multidisciplinary teams (MDTs) – who should participate in the multidisciplinary team? How will these teams work? What skills and education is needed to support these teams?</li> </ul>	<ul style="list-style-type: none"> <li>• Break out into smaller groups (2 – 3 groups max) of the MDT members</li> </ul>	<ul style="list-style-type: none"> <li>• Problems identified and discussed, now work together to design solutions</li> </ul>
<b>20 mins</b>	<ul style="list-style-type: none"> <li>• Solutions discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Each group presents the solutions proposed</li> </ul>	<ul style="list-style-type: none"> <li>• Identify key characteristics for the MDTs</li> </ul>
<b>10 mins</b>	<ul style="list-style-type: none"> <li>• Reflections, next steps and how these stakeholders can be involved moving forward</li> </ul>	<ul style="list-style-type: none"> <li>• Project Lead</li> </ul>	<ul style="list-style-type: none"> <li>• End the session, thank all participants</li> </ul>

**Notes:**



## Appendix 9: Logistics checklist

### Introduction:

The following is an example check list for a workshop or focus group. There may be other steps that you need to include, as every event is different, but this should give you an idea of the things you need to do before, during and after the event.

### The tool:

#### Pre event check list activities

Tick once  
complete  
✓

- Map your stakeholders and develop a list of who you will invite to the session
- Define the objectives of the workshop or focus group (what are you trying to find out? What are you hoping to achieve?)
- Decide the date and time. When will be convenient and likely to encourage the best participation?
- Book a room or space
- 'Hold the date' Invite to the participants
- Develop your materials (Will you be using a PowerPoint presentation? Will you be running any activities that require participation?)
- Develop an agenda for the workshop. This will help you cover all of the topics that you need to cover, and run the session to time.
- Book and confirm any catering requirements
- Work out what technology and stationary you need (breakout sessions may require butchers paper, pens, post it notes etc)
- Organise any stationary or equipment you will require
- A few days prior to the event email attendees with any arrival information or pre reading, if necessary

## Immediately prior and during to event check list activities

Tick once  
complete  
✓

- Bring a contact list for participants, so that you can call anyone that may be late
- Confirm that the layout of the room works for the session you have planned
- Make sure you have the material that you need (digital version of PowerPoint, hard copies of slides, butchers paper, pens, materials for any activities planned)
- Make sure your technology is working, you have access to charging points if you need them, you have a whiteboard if you need one etc.
- Decide the date and time. When will be convenient and likely to encourage the best participation?
- Check any catering has arrived
- Provide water/ tea/ coffee (depending on what catering you decided you were going to provide)
- If using name tags, set up registration table with name tags
- Be ready, on time, to greet your participants as they arrive

## Post event check list activities

Tick once  
complete  
✓

- Properly record any information gathered during the session on butchers paper or the whiteboard (you don't want to lose any of these important findings)
- Email participants to thank them for attending
- Once the project is complete, hold a post implementation review to determine the effectiveness of this co-design session



## Appendix 10: Creating a model of care

### Introduction:

The following tables provide a guide for how you could begin developing a model of care. These tables will help you gather all of the thoughts and learnings that you have developed during the co-design process together. The first table is about identifying needs and gaps, and starting to think about how to address them. The second table is about assembling your thoughts on how you will develop the care model itself.

### The tool:

#### Patient experience

Needs?	Gaps?	How will we fill these gaps?

**Create the conceptual design:**

Model	What does the model look like?	Who will be involved in designing and delivering?	How would we make this work? (day to day, after hours?)



## Appendix 11: Post implementation review

### Introduction:

The following tool provides some guidance on how to run a post-implementation review. Post-implementation reviews are important because they allow you to reflect on the process so far and identify ways to improve the process for next time. They also allow you to engage with your stakeholders and gain insight from their reflections.

### The tool:

#### Example questions for post implementation review with commissioners:

1. How satisfied are you with the co-design process?
2. What do you think the strengths of the co-design process were?
3. What do you think the areas for improvement were of the co-design process were?
4. What impact did the co-design have on your process and approach?
5. What new information did the co-design process reveal, and did this impact your process or approach?
6. Are you satisfied with the outcomes of the co-design process and the service approach that has been developed?
7. If you were to run the process again, what would you do differently?

For the post implementation review workshop, track the results of the conversation as per the below tables:

Strength	Description



Area for improvement	Description	Action

**Example questions for post implementation review with stakeholders:**

1. How satisfied are you with the co-design process?
2. What do you think the strengths of the co-design process were?
3. What do you think the areas for improvement of the co-design process were?
4. Do you feel that your voice was heard?
5. Do you feel that your inputs and contributions have been listened to and acted on by the PHN?
6. Do you feel that your expertise and knowledge was treated as equal to other participants' expertise and knowledge throughout the process?
7. Are you happy with the outcomes of the process and the service approach that has been developed?
8. If you were to participate in the process again, what would you do differently?

For the post implementation review workshop, track the results of the conversation as per the below tables:

Strengths	Description

Area for improvement	Description	Action