

Designing in health: lessons and opportunities from the UK Health Service

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Designing in health: lessons and opportunities from the UK Health Service

Dr Joe Langley
Daniel Wolstenholme

Karolinska Institute, Sweden 15th January 2015

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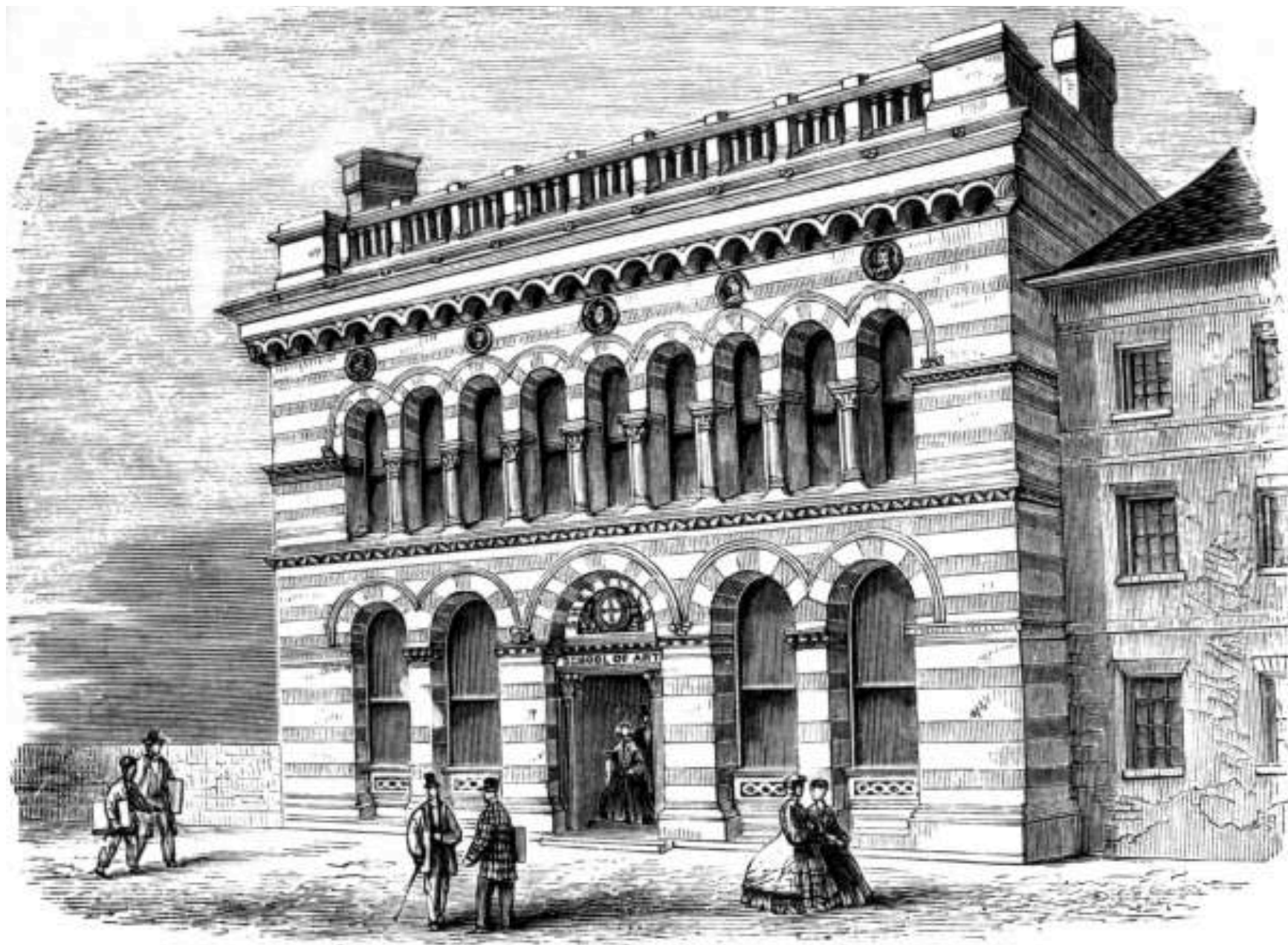
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About Us Our Themes Capacity Building Health Inequalities Engagement PPI Resources Contact us



NIHR CLAHRC Yorkshire and Humber is one!

We are celebrating the 1st birthday of the National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care, Yorkshire and Humber (NIHR CLAHRC YH).

Over the last 12 months, since its launch, we have successfully delivered our objective of improving the health and wellbeing of the people of Yorkshire and Humber

We have 32 partners across our region, with 231 staff funded or match funded into the collaboration. We have brought in £11.2 million of funding to our region with £5 million coming in the form of a prestigious grant to our Healthy Children, Healthy Families Theme based in Bradford.

We have 100 ongoing projects with a huge range of methods and topics from nationally recognised areas of work around the impact of mental health on physical health and vice versa and the Health economic impact of air pollution on the people living in our cities.

The collaboration is building skills for the future of our region too with 28 PhD students working alongside leading researchers in their fields

Our work is not going unnoticed with the United Kingdom's Department of Trade and Industry coming to Sheffield to see our technology work done in collaboration with industrial colleagues from across the world

Welcome

As a CLAHRC, our success and impact over the last five years is evidenced both by external evaluations, and also by ongoing feedback from the National Institute for Health Research (NIHR), which has commended us on our partnerships with patients, the public and industry.

More importantly, we have generated commitments of over £14 million of match funding for CLAHRC Yorkshire and Humber - a significant amount, especially at a time of financial restraint in public services. Most of this commitment comes from NHS providers and commissioners, universities, charities and local authorities.

Our region has some of the highest levels of social deprivation and health inequalities in the



Tweets

Follow



Dementia Centre
@dementiacentre

34m

Share ideas about the role of the Arts and Culture in #dementia at our IdeasLab dementia.stir.ac.uk/ideas/ideaslab...

Retweeted by NIHR CLAHRC YH

Expand

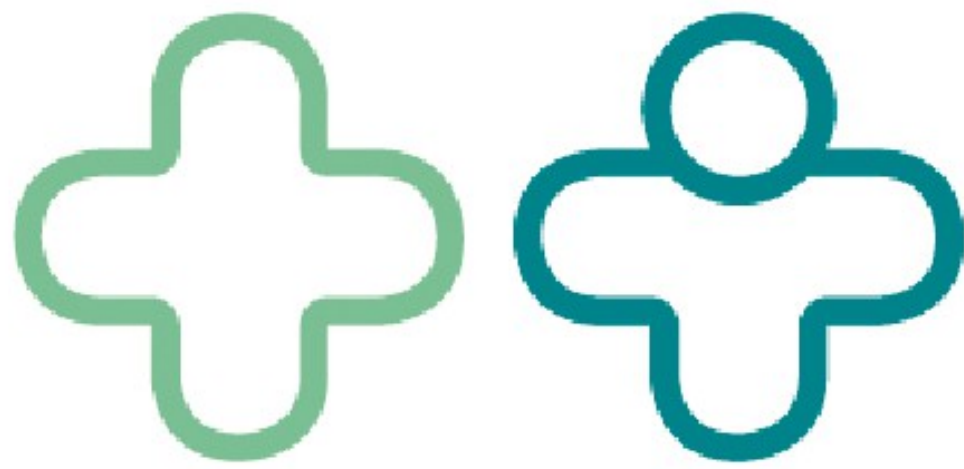


NIHR CLAHRC YH
@CLAHRCYH

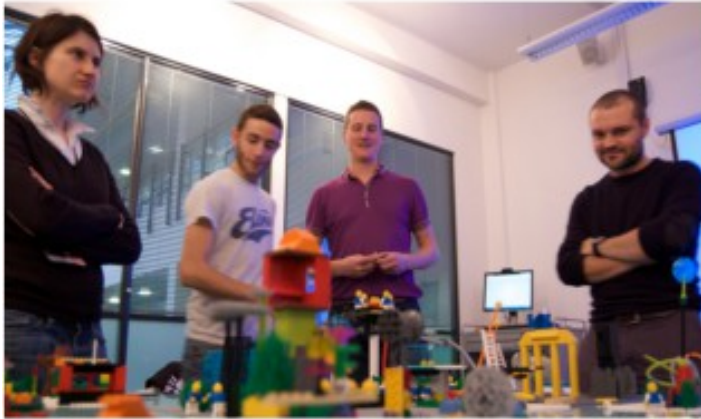
39m

CLAHRCYH would like to thank the 27,802 individuals who have completed the online questionnaire for the SYCohort or YHStudy [@YorkshireCohort](#)

Expand



User-centred Healthcare Design



Royal Hallamshire Hospital Medical Out-Patients

Entrance and Reception
Centre
admissions unit

automatic door

automatic

Sheffield Hallam University

Use this

Medic

Dia

Respira

Geni





Case Studies

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headup

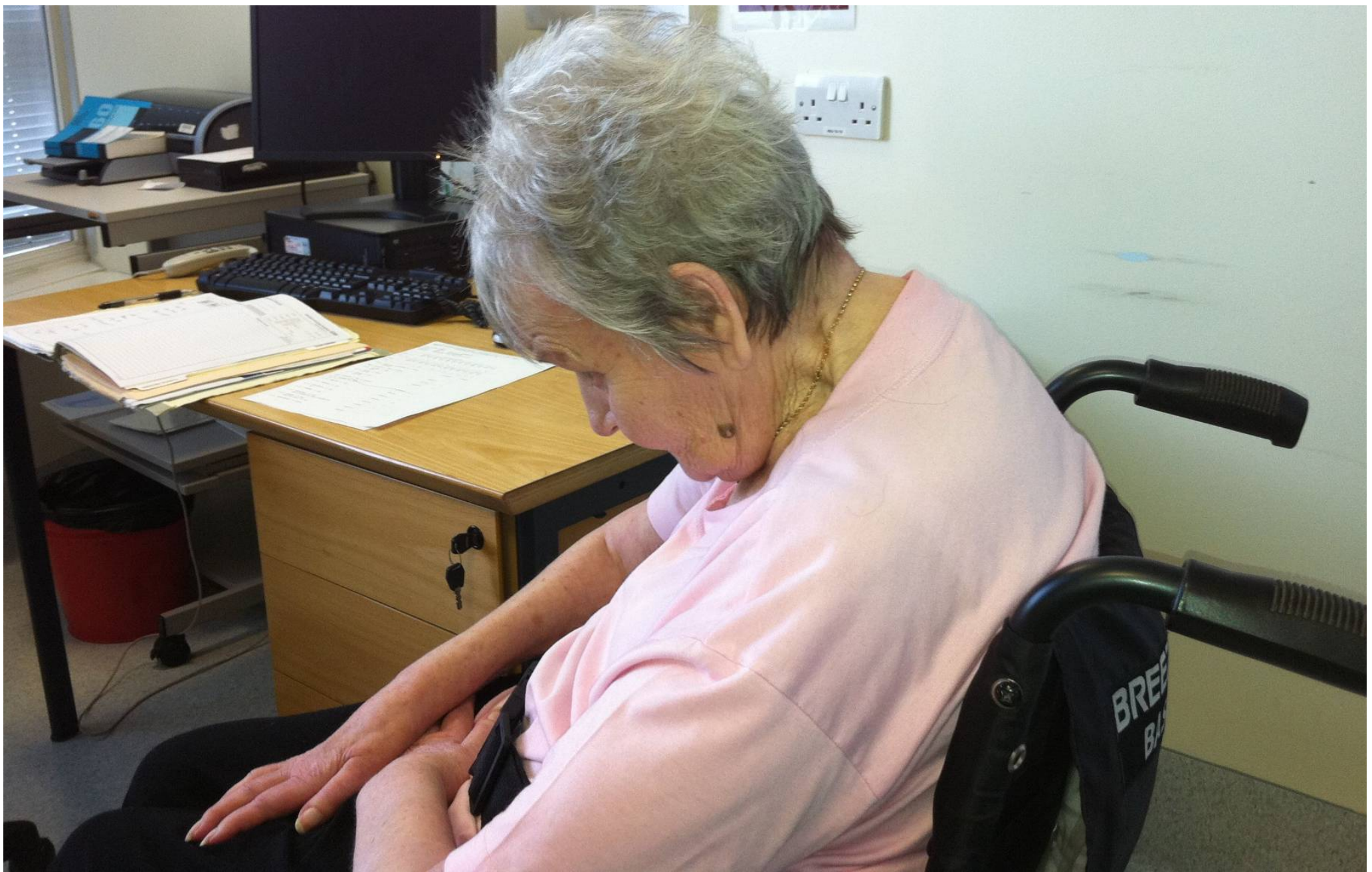
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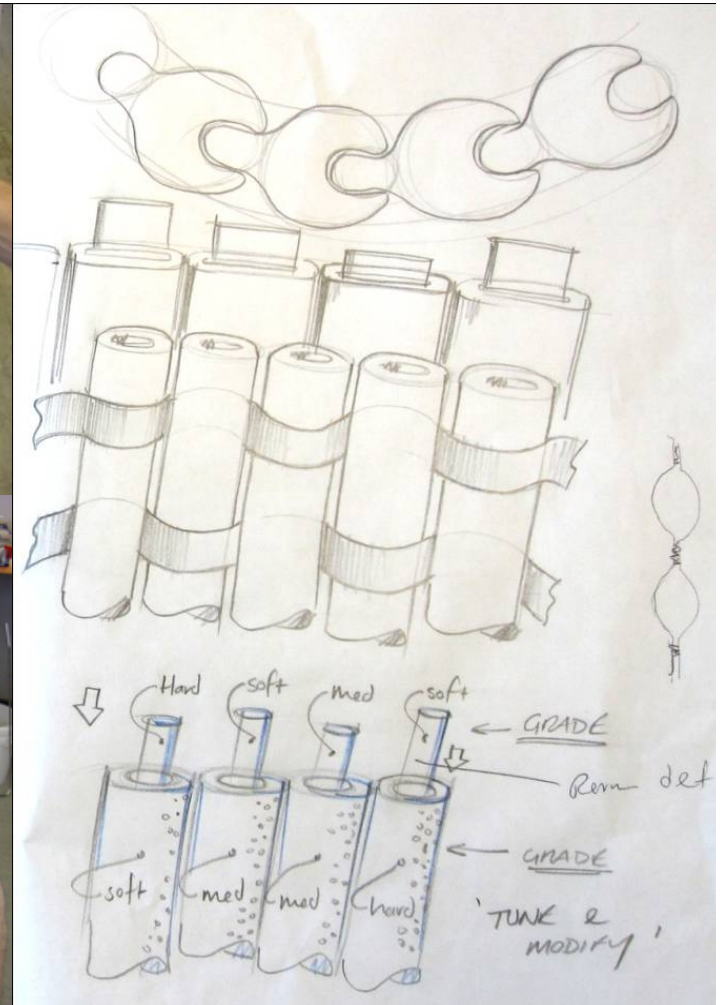
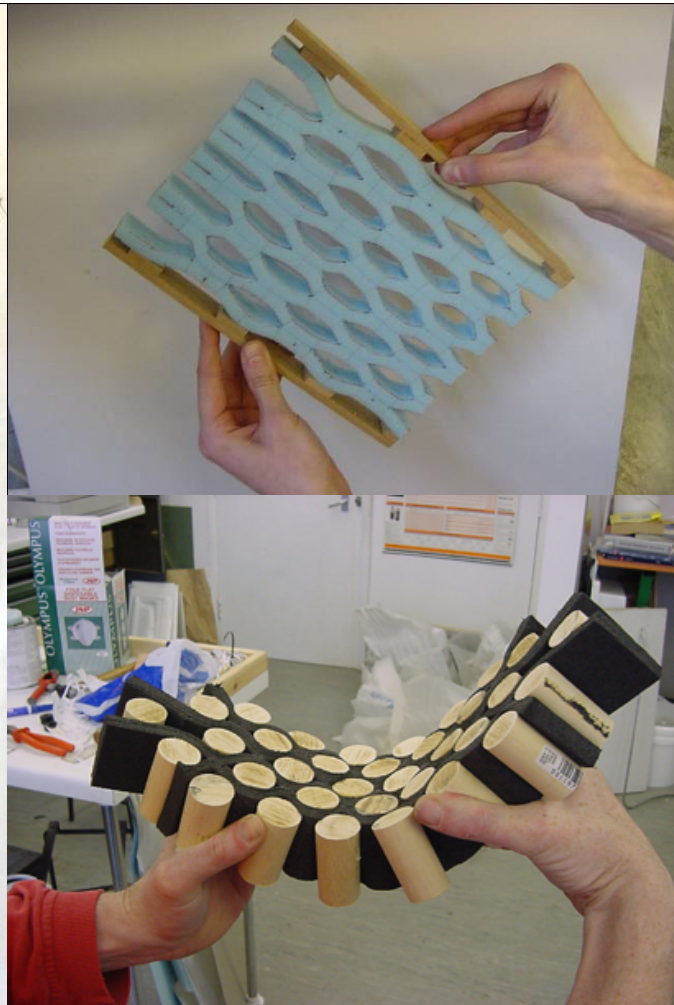
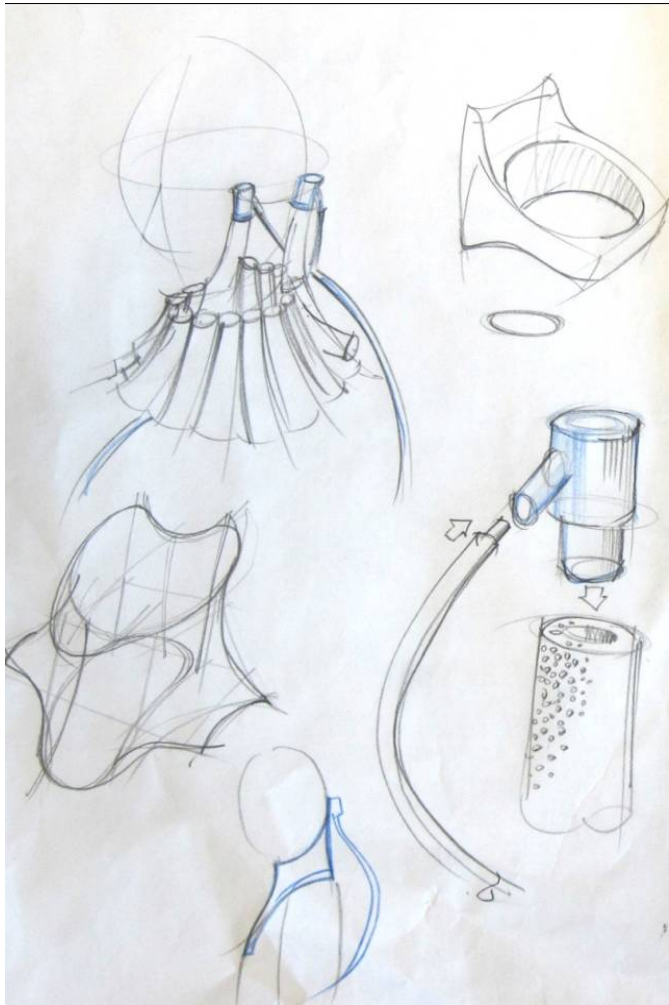
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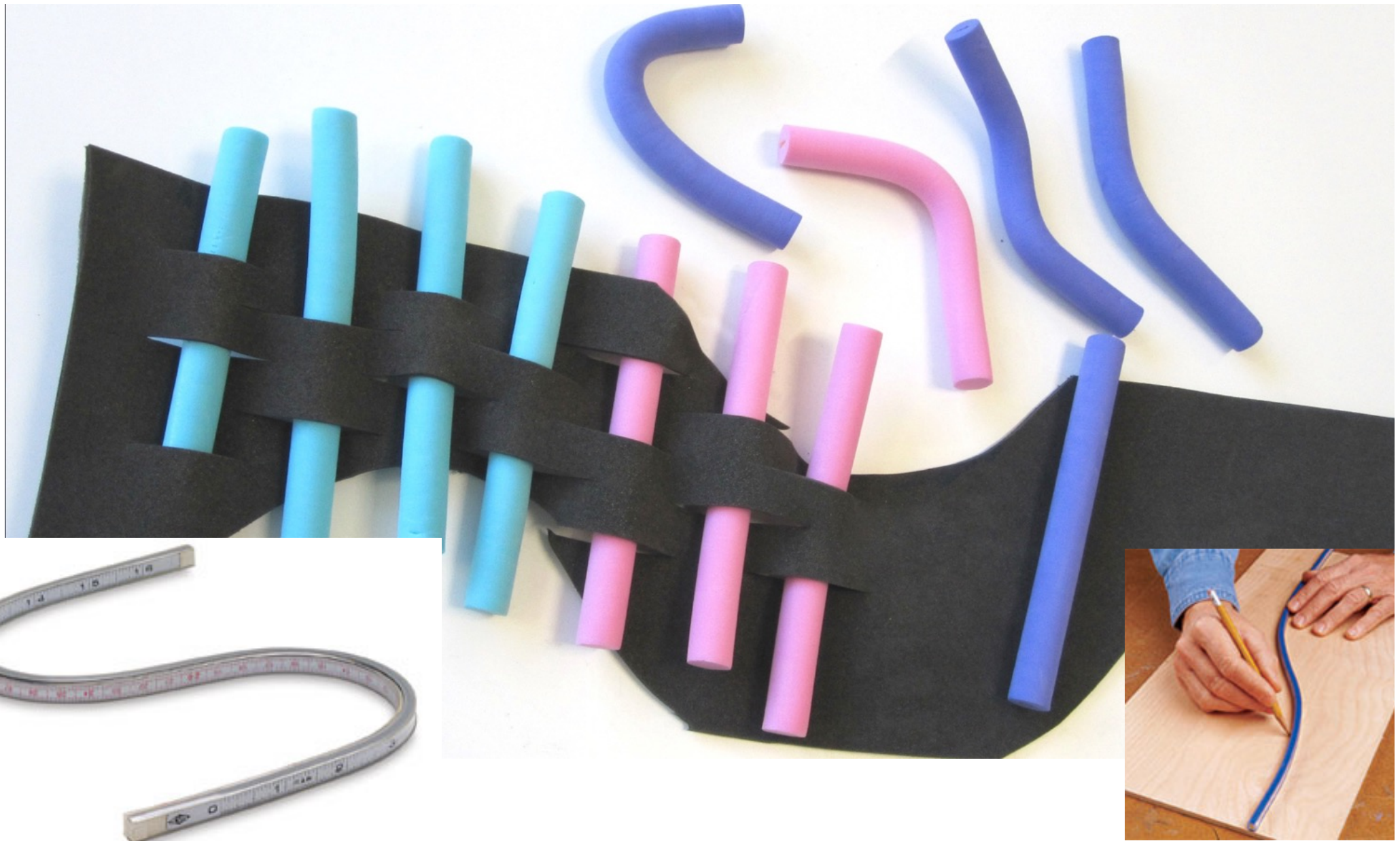
Nothing currently available offers support with movement. Collars currently prescribed were developed for trauma (immobilisation) or short term head support



Free movement / limited support

Restricted movement / maximum support





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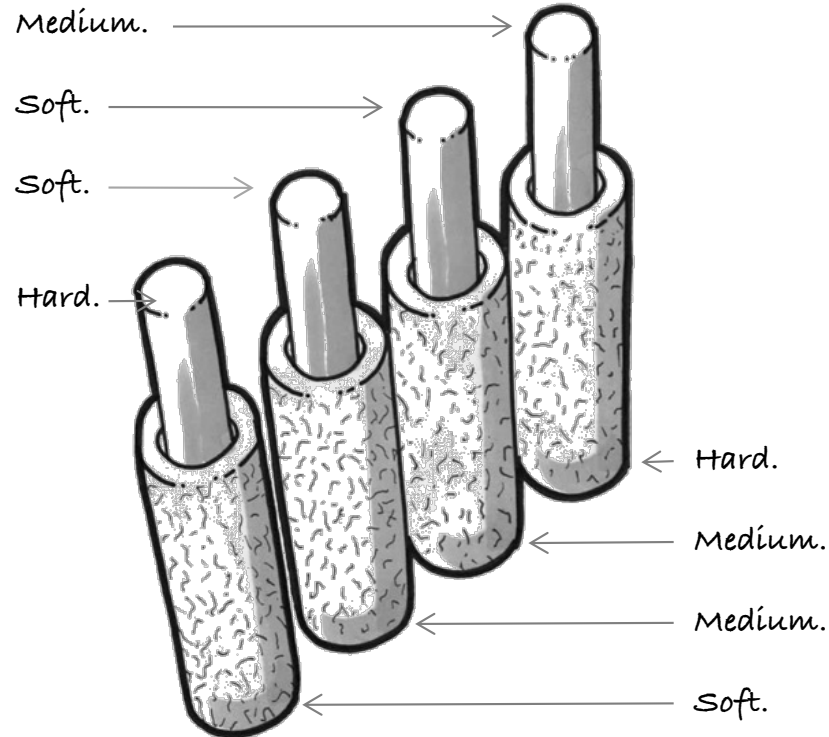
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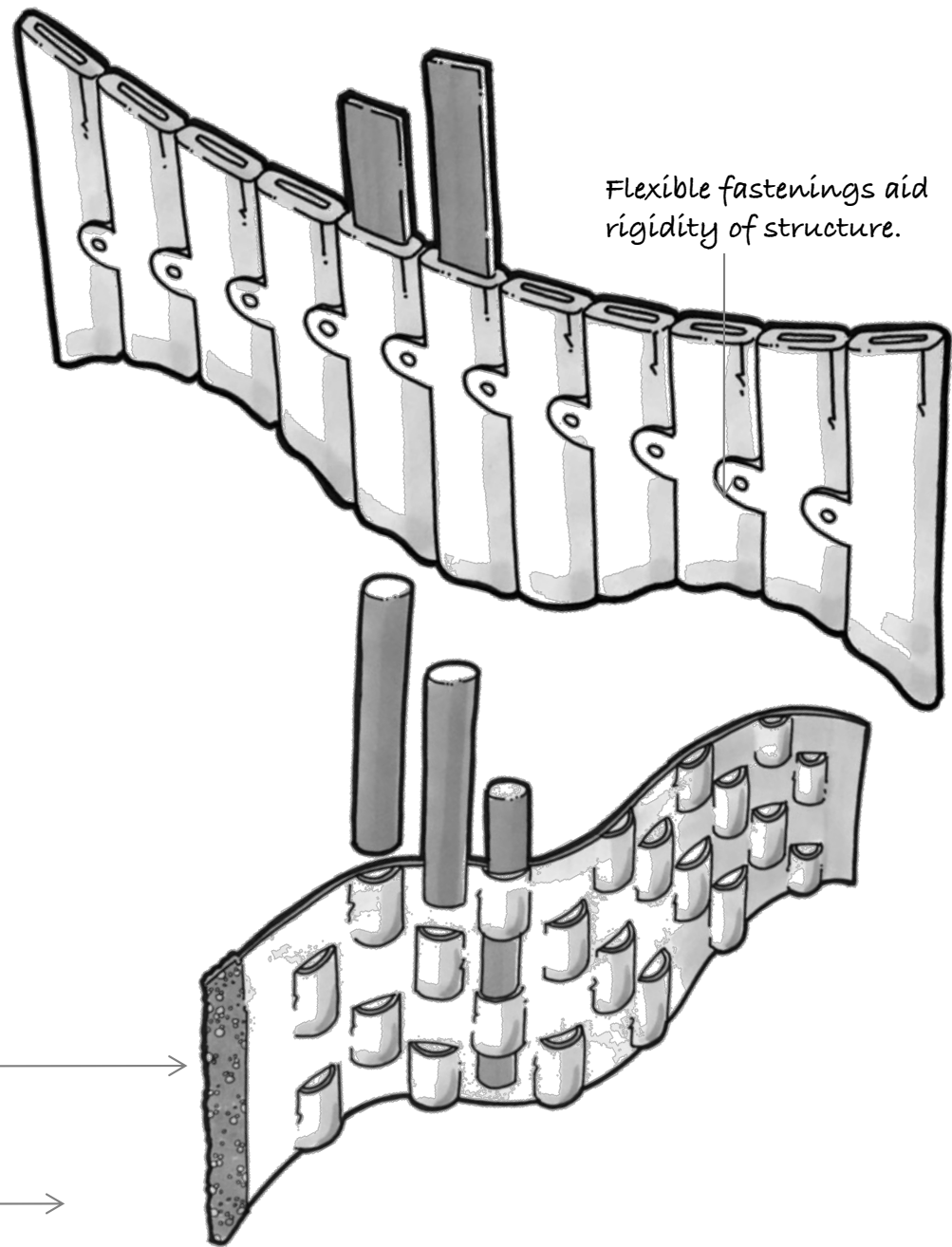
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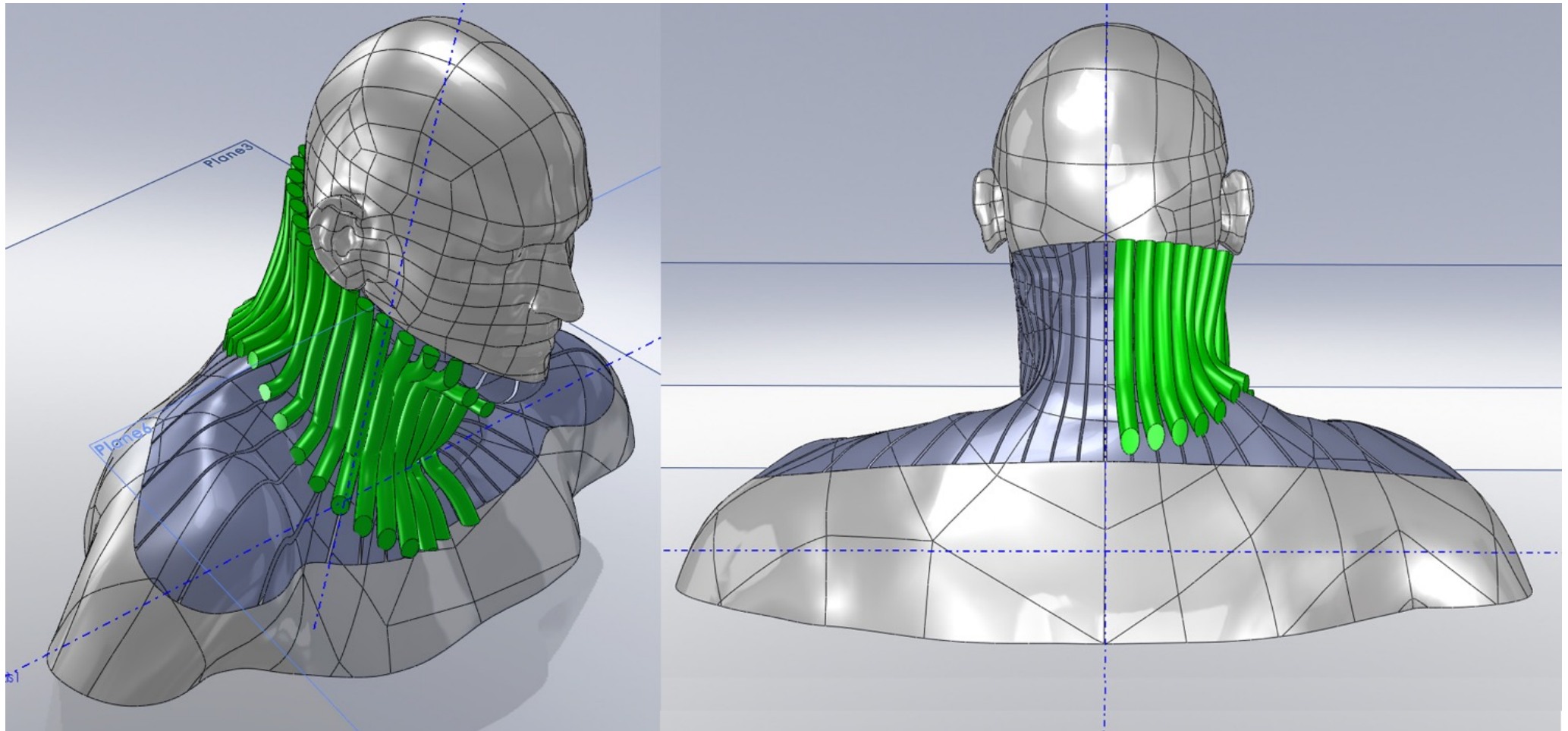
Tune and modify to adapt to users needs.



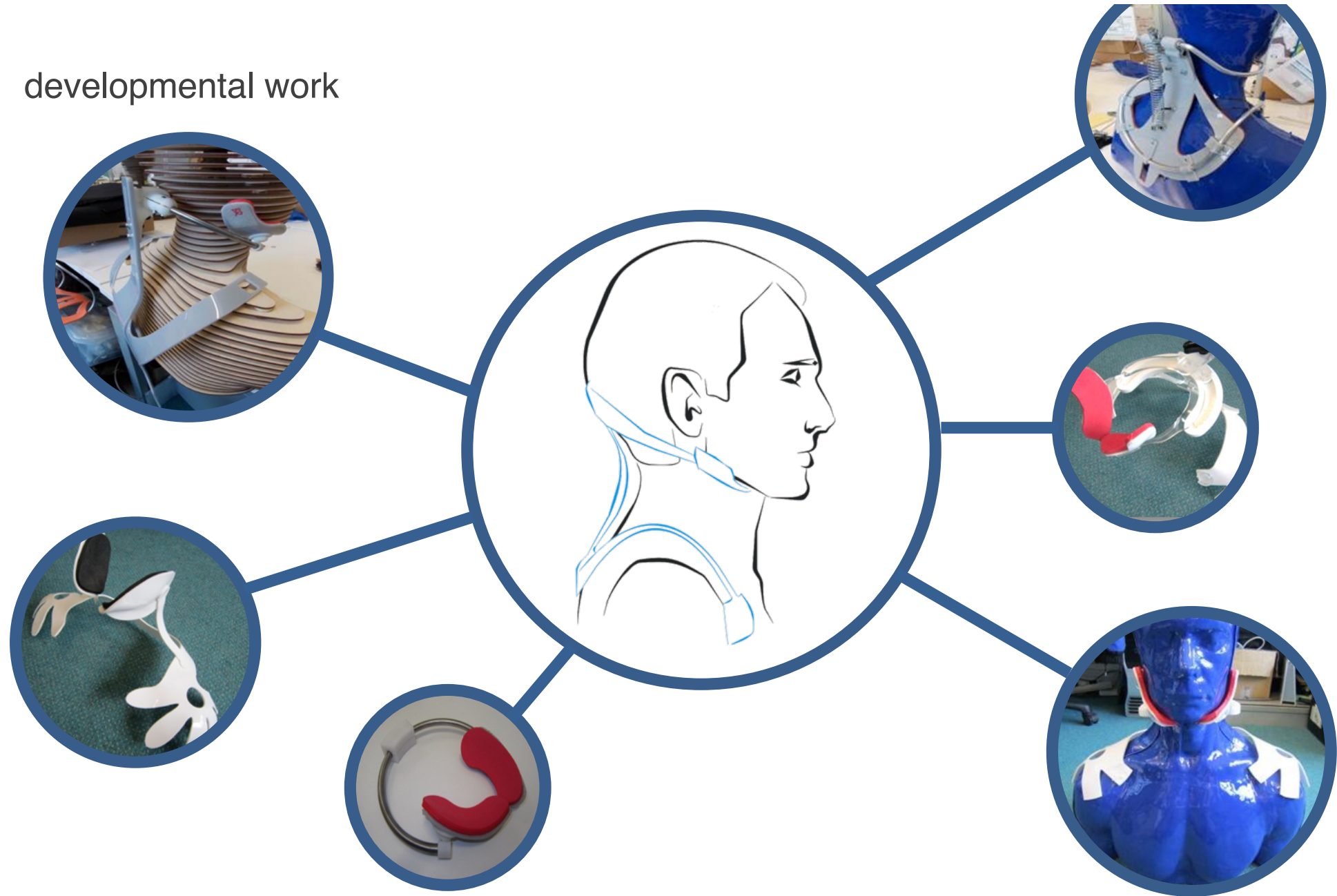
Weave effect structure allows for selective placement of flexible support inserts.

Velcro / other fastening.

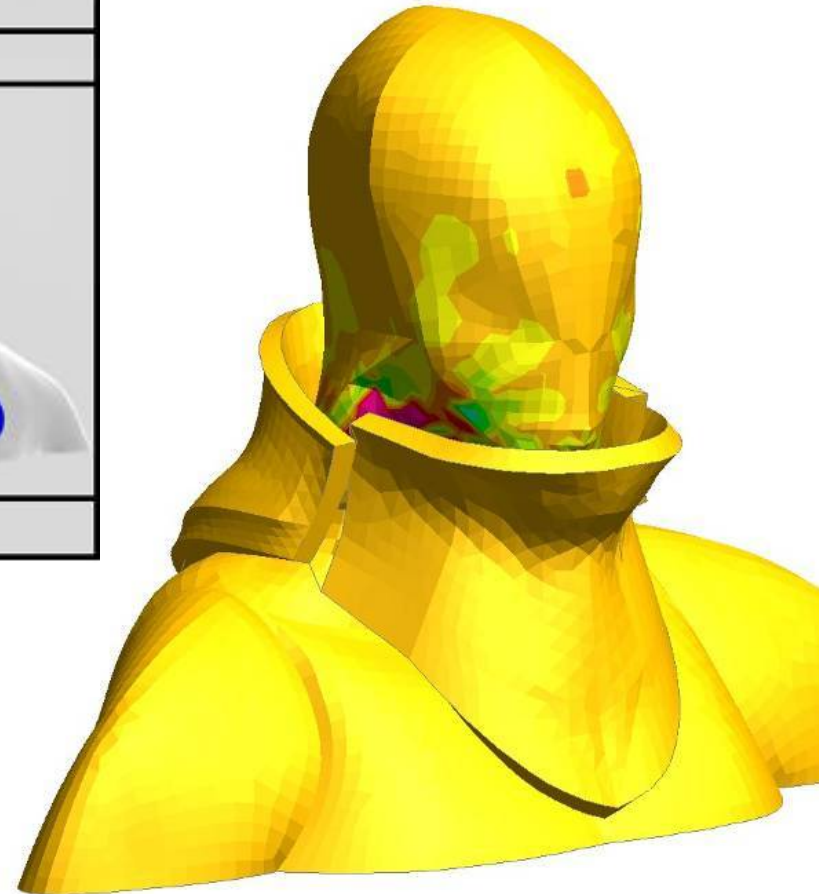
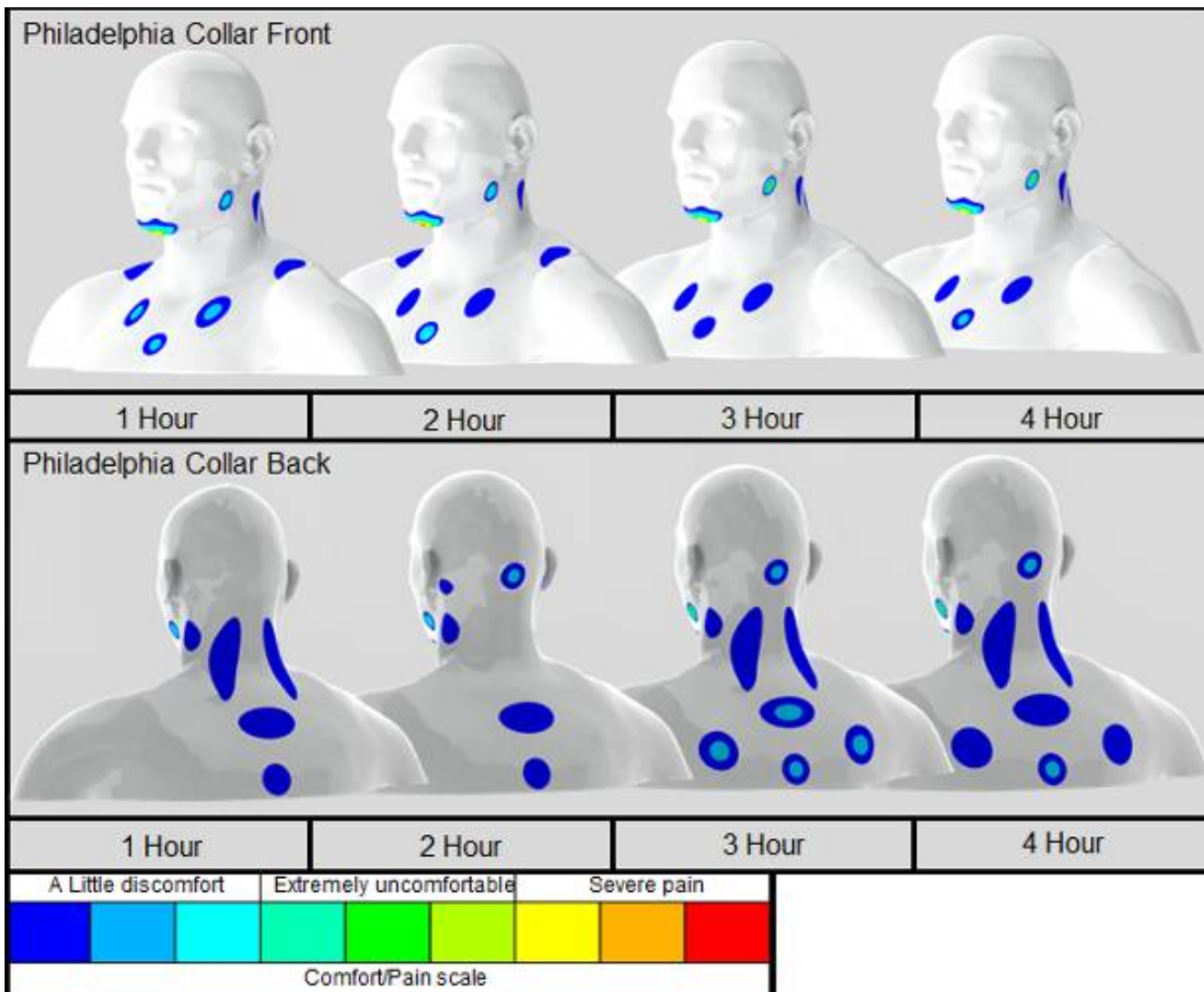




developmental work









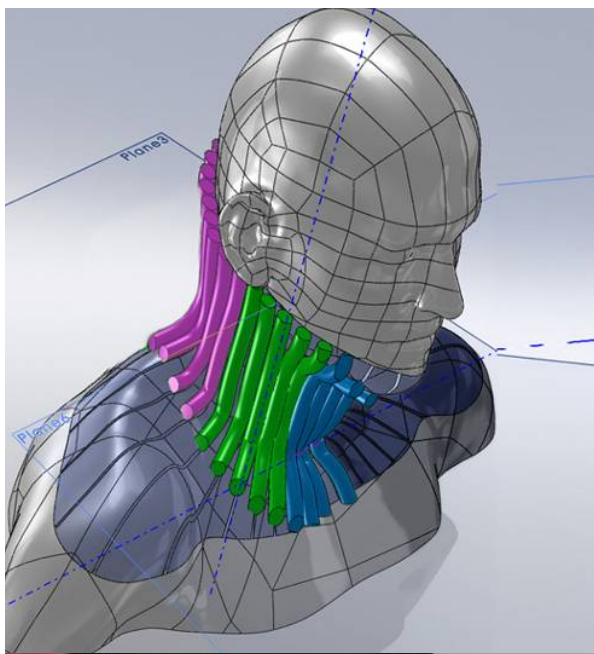
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BOSOP **Better Outpatient Services for Older People**

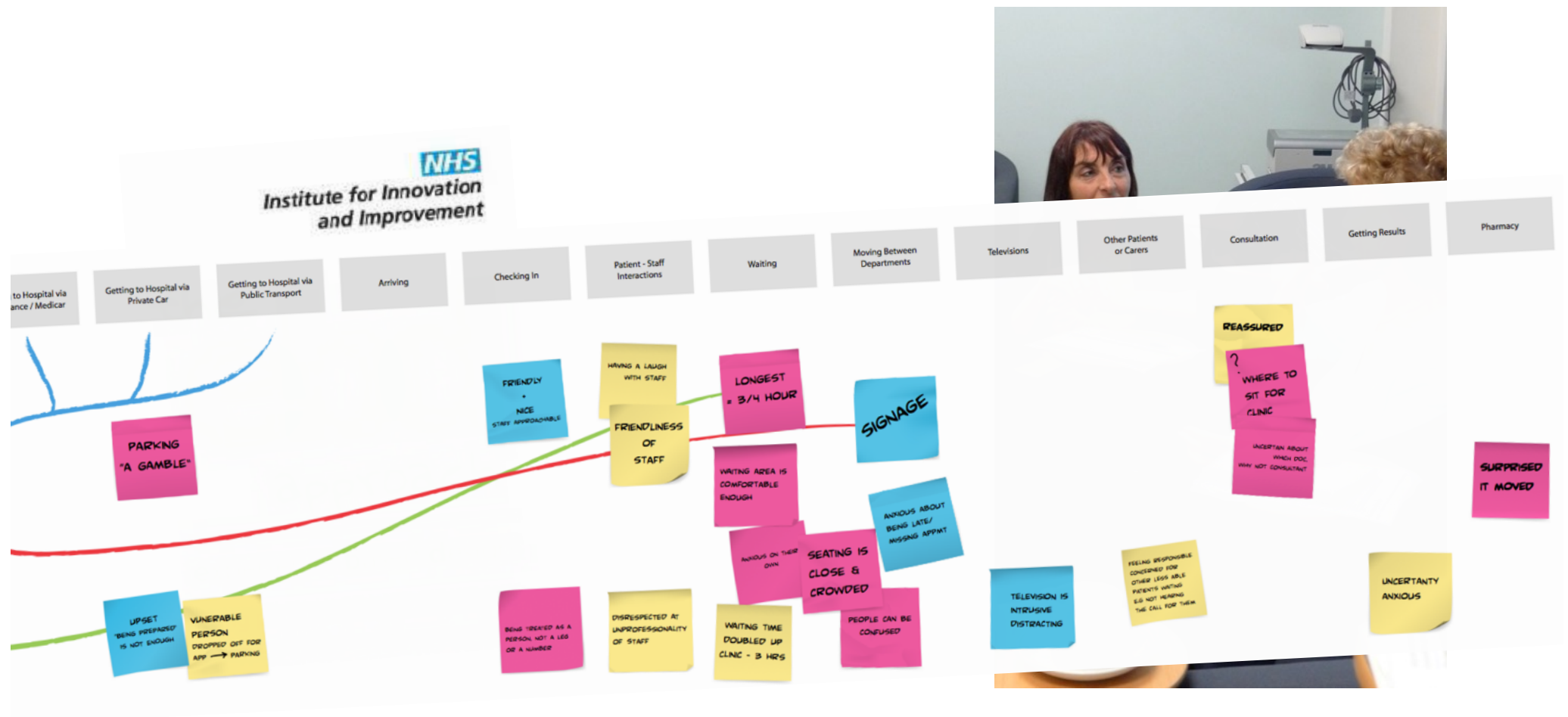
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Sheffield Teaching Hospitals **NHS**
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Royal Hallamshire Hospital
Glossop Road
Sheffield S10 2JF

Tel 0114 271 1900 Fax 0114 271 1901

22 DECEMBER 2009

Ref: AB####

NHS No: ### ### ####

MR P. ATIENT
24 SOME ROAD
WALKLEY
SHEFFIELD
S YORKSHIRE
S6 #AB

Dear P. ATIENT

Consultant : DR. A.B. FOOT
On : Thursday 04 March 2010 at 3.30 pm (Ref: ABC#D)
Clinic : GENERAL MED-E

An appointment has been made for you to be seen in the above clinic which is held in the Medical Out Patient Department, situated on A floor at the Royal Hallamshire Hospital.

If you are unable to keep this appointment, please contact the clinic on Sheffield (0114) 2712953 so that this appointment may be offered to another patient and an alternative date arranged for you.

N.B. Please bring your medication or prescription list to every appointment.

Please bring your appointment card with you when you attend.

Yours sincerely

Appointments Clerk



Chairman: David Stone OBE • Chief Executive: Andrew Cash OBE

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Medical Outpatients
Glossop Road
Sheffield
S10 2JF

0114 271 2953

Mr P Atient
101 Nice road
Sheffield
S12 357

Dear Mr Atient

Patient Number DW1452

Welcome to Medical Outpatients, we have arranged the following appointment for you.

Consultant: Dr A Anderson
Date: Wednesday 13 November
Time: 4.30pm
Where: Medical Outpatients (A Road)
Royal Hallamshire Hospital
Transport: An ambulance will arrive for you and your escort between 12 noon and 2.00pm



As this is your first visit to clinic you will need to bring:

- A sample of urine in a small labelled pot
- A list of medications and their doses (your prescription list)

Please allow a full morning or afternoon for your visit. After meeting with the doctor you may need to have an ECG, Blood tests or an X-Ray. The doctor will tell you if this is necessary during your appointment.

Please contact us as soon as possible if you are unable to attend your appointment as this will allow us to offer the appointment to someone else. We can be contacted on the number at the top of this letter between 8.00am and 5.00pm Monday to Friday. You can also use this number to contact us if you have queries regarding your transport arrangements.

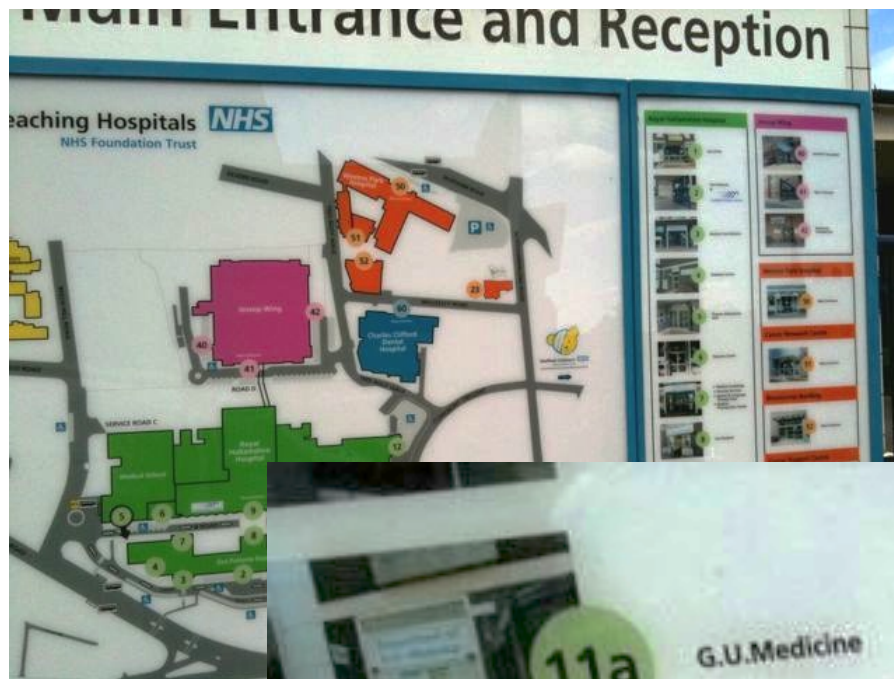
We look forward to seeing you at your appointment

Yours sincerely

Darren Woodward,
Appointments Clerk

****Please bring this letter with you to your appointment****

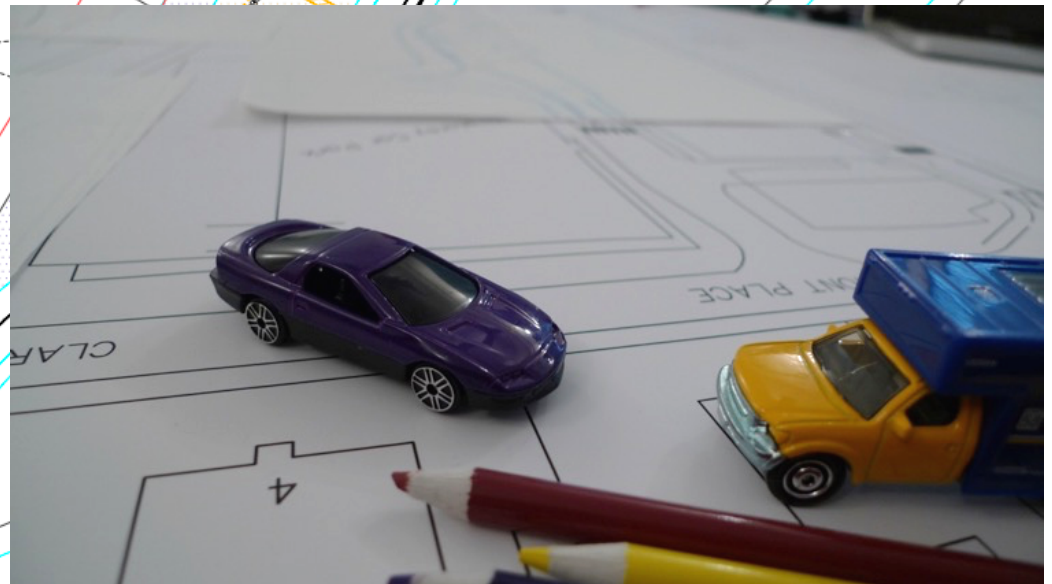
Chairman: David Stone OBE • Chief Executive: Andrew Cash OBE



- List of suggestions not problems
- Real public engagement
- Legacy of impacts

Area to be at same
footway to lessen
as road

ed and
off
way a



Road

Ambulance waiting
zone

AMBULANCE ONLY



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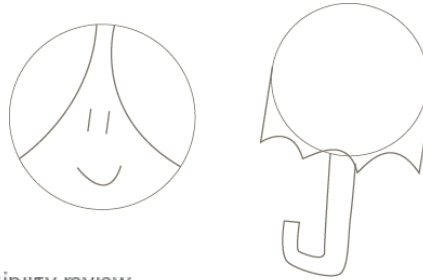
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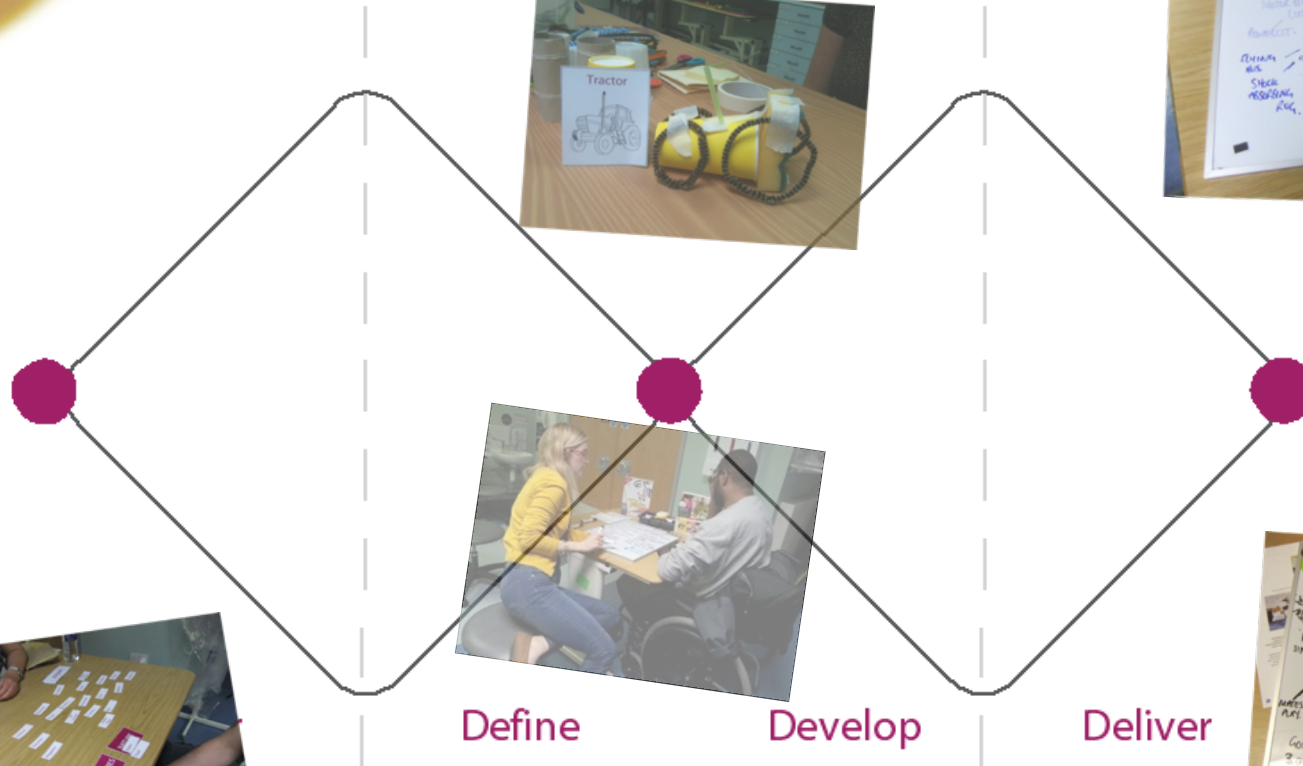
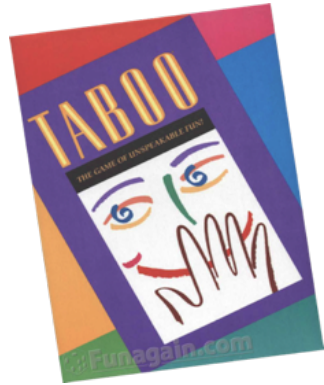
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Feasibility review

Concept review



Define

Develop

Deliver

The Perceived manageability scale

The following questions ask how often you have certain feelings/beliefs about your injury. Please read each statement carefully, indicating how often you feel like this by ticking the appropriate number of the scale, as follows.

I believe the situation is manageable

Not at all ☐ Sometimes ☐ Fairly often ☐ Almost always ☐

I have learnt the skills to cope with most of the problems that have arisen from my injury

The appraisals of Disability: Primary and Secondary Scale

Participant number

Date of workshop

Workshop number ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

We are interested in the thoughts people have about their spinal chord injury. Using the following scale, rate the extent to which the following statements reflect your CURRENT perceptions of your injury

Since my injury life is more frightening for me

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐

I cannot believe this has happened to me

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐

I will continue to live my life to its full capacity

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐

I am going to miss out on so many aspects of my life

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐

This experience has made me a stronger person

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐

There are many things I can do to change my situation

Strongly disagree ☐ Moderately disagree ☐ Mildly disagree ☐ Mildly agree ☐ Moderately agree ☐ Strongly agree ☐



Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think others want you to say.

If the statement does not apply to you, circle N/A.

- | | | | | | |
|---|-------------------|----------|-------|----------------|-----|
| 1. When all is said and done, I am the person who is responsible for taking care of my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 2. Taking an active role in my own health care is the most important thing that affects my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 3. I am confident I can help prevent or reduce problems associated with my health | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 4. I know what each of my prescribed medications do | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| 5. I am confident that I can tell others how to go to the doctor | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |



EUROQOL EQ-5D

Form Identification

PD SURG Trial No.
 Patient Initials
 Date Completed
 Date Received
 Date Entered
 Baseline 1yr 3yr 5yr 7yr 9yr

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today.
 Do not tick more than one box in each group.

Mobility

I have no problems walking about ☐
 I have some problems in walking about ☐
 I am confined to bed ☐

Self-care

I have no problems with self-care ☐
 I have some problems washing or dressing myself ☐
 I am unable to wash or dress myself ☐


Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐
 I have some problems with performing my usual activities ☐
 I am unable to perform my usual activities ☐


Activity prompt cards

Making Activity

To work as a team to create and interpret the objects represented on the cards




1



Lay out materials


2

Ladder



Pick a card


3



"Place two lollypop sticks parallel"

Direct your partner to create what is on the card (see instruction guide below)

4



Guess!

Rules

- One person is the describe and the other is the maker, swap each turn if its possible. Start on pack one and move onto pack two after you've got the hang of it!
- Materials for sticking such as masking tape and glue are not to be used as part of the object
- Instructions such as: 'place two lollypop sticks end to end', 'create a circle with the pipe cleaner', 'cut the green card to make a square', are allowed but 'make two wheels', 'create a lid' etc. are not.
- Try to complete as much of the making as possible before guessing
- The range of materials is limited on purpose to encourage resourcefulness.

Discussion:

- Effective communication-practice makes perfect
- Prototyping/trial and error/giving things a go
- No such thing as failure, just learning
- Non-physical prototyping - acting things out/talking through a process/practice

“ I have not failed, I have just found 10,000 ways which won't work ”



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Thoughts and future directions

Designing for *people* not patients



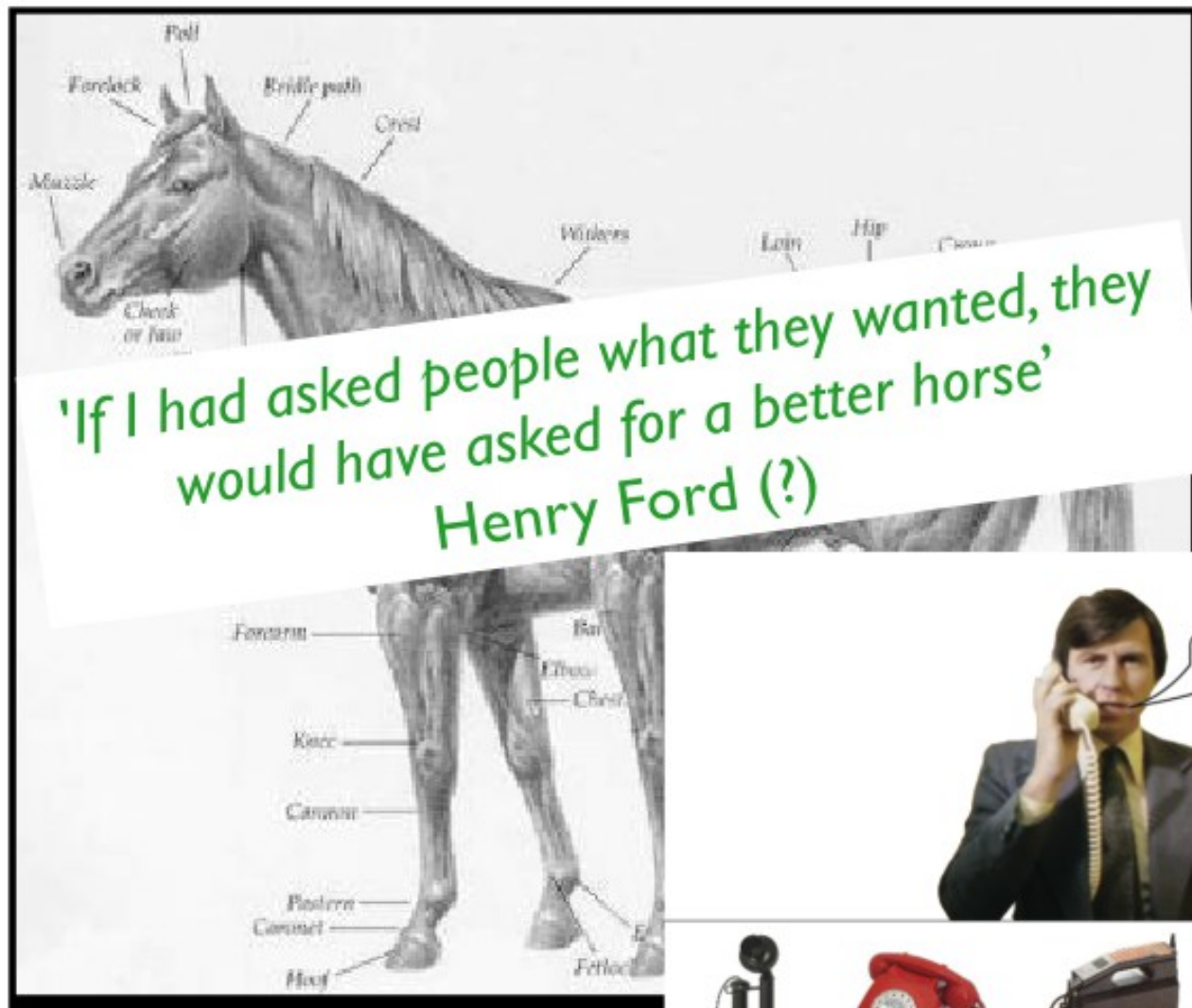
- Our approach begins with *lived experiences*;
- People not just as service-users but human beings with feelings and wider goals (such as maintaining independence and dignity).

Designing *with* people



- Public and patient engagement is recognised as good practice in health and social care;
- Participation is about more than developing service it changes relationships
- Two benefits of Participatory Design
 - Better services closer fit
 - Democratic involvement = empowerment
- Need both for sustainable change





Designing for Innovation

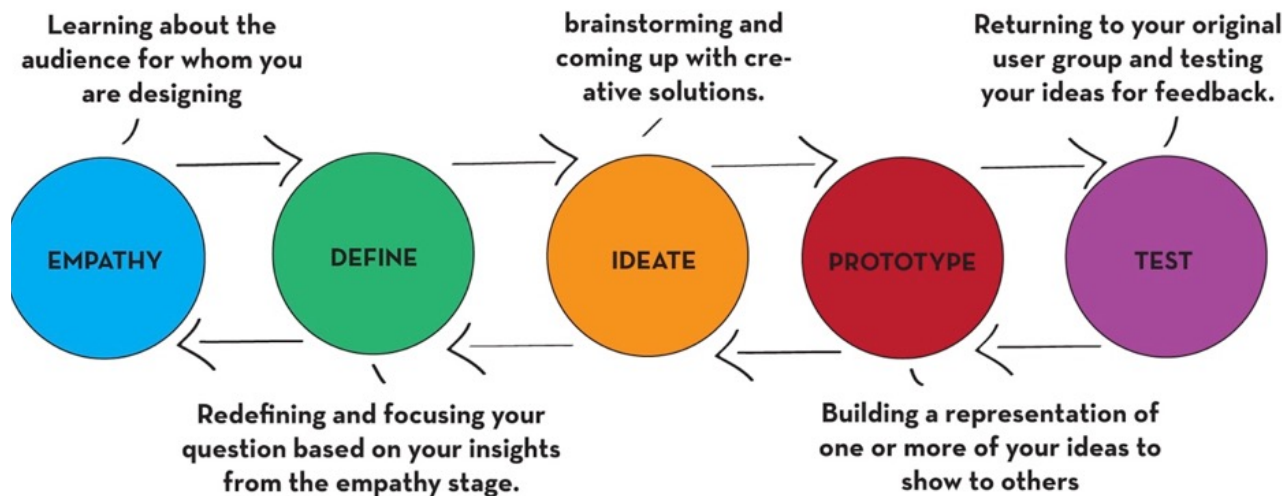


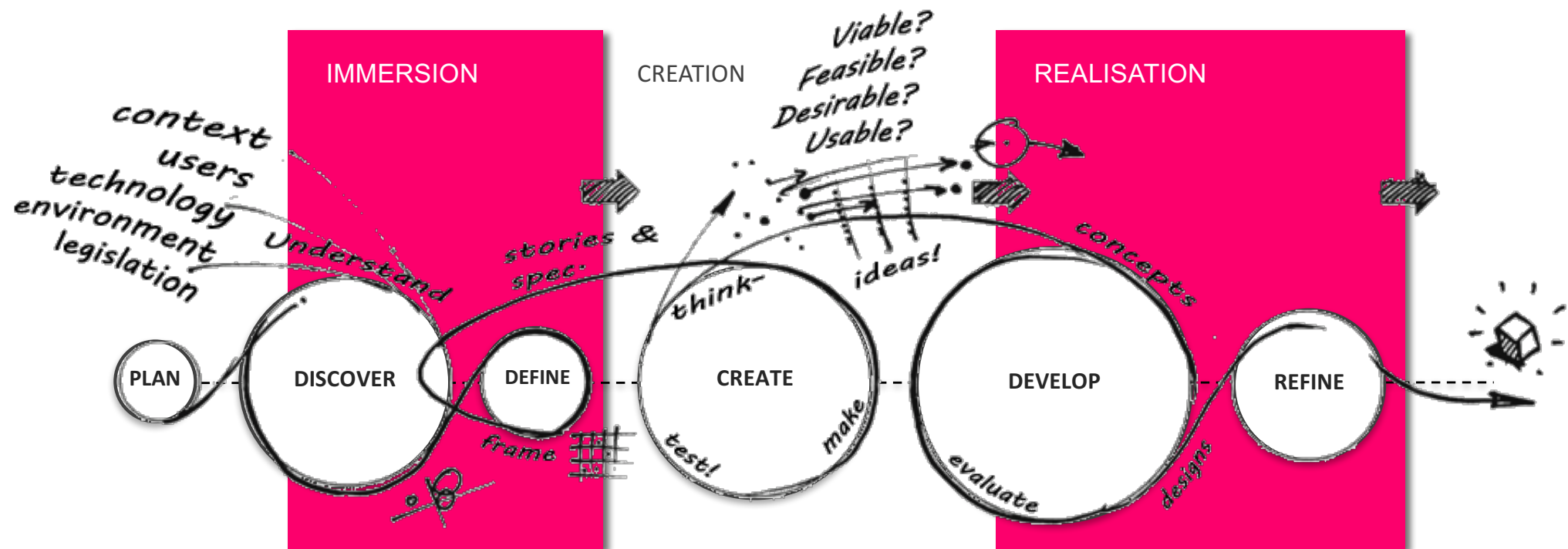
- Focus on solutions not problems, when situation is complex;
- Making is thinking
- Thinking through making

Having *something* to talk about and making that thing can help people explore what is important



So.....
designing
without
Designers?





Deduction

What + How = ??

Induction

What + ?? = Result

Abduction 1

?? + How = Result

Abduction 2

?? + ?? = Result

Kees Dorst (2011) 'The core of design thinking and its application',
Design Studies, 32 (6) 521-532

think *WITH YOUR HANDS*

The concept of '*Cognitive Interaction*'
- from '**How designers work**' by Henrik Gedenryd

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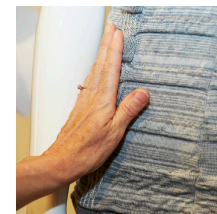
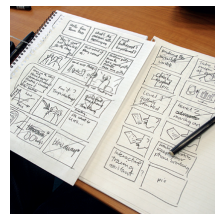
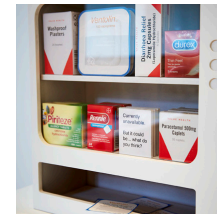
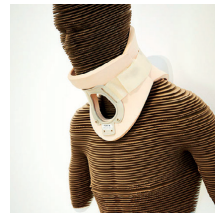




3rd European Conference

13th - 16th July 2015 Sheffield UK

Lab4Living is pleased to announce the 3rd European conference on Design4Health. Our third biennial conference brings together designers and creative practitioners with researchers, clinicians, policy makers and service users to discuss, disseminate and test their approaches and methods. Our events provide an opportunity to reflect on how the disciplines of design and health might develop new ways of thinking and working, and how we might impact positively and sustainably on the social, economic and cultural factors within our communities and beyond.



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Thank you

www.lab4living.org.uk

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@JoeLangley_

j.langley@shu.ac.uk

The Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (CLAHRC YH) acknowledges funding from the National Institute for Health Research. The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health. CLAHRC YH would also like to acknowledge the participation and resources of our partner organisations. Further details can be found at www.clahrc-yh.nihr.ac.uk