Healthcare Breakfast

"How do we make people's needs and preferences a practical outcome rather than a value statement?"

Most healthcare professionals would agree that the needs of the patient should be a priority. Yet, for many varied and complex reasons, what is easy to say as a statement of intent can be difficult to achieve in practice.

This session was designed to stimulate some discussion and explore how service design can help make this intent a reality.

The role of technology

Zocdoc: Provides access to care but doesn't own clinics

Airbnb: A hotel provider that doesn't own any property
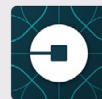
Alibaba: A trader which doesn't own any inventory

Facebook: A media company which doesn't produce content

Uber: A taxi company that doesn't own any cars

Innovation is not analogous to technology. Many so called 'tech' disrupters have achieved their goals by placing their customers' needs at the heart of the experience they offer. They might use technology to achieve this, but the goal is to meet those needs at the point of need.

E.g. Uber has been successful by identifying its customers' needs (I need to get home) at the point of need (right now). It has disrupted the status quo by building its service around the customer'.

Introducing service design

Service design seeks to achieve human-centric experiences, products, behaviours, infrastructure and communications.

It aims to improve the quality of the interaction between service providers and the people that use them.

It achieves this by focusing on human needs; considering all the people involved in the process; mapping the journeys people will take; identifying where the points of friction are; exploring how technology can be placed in service of unmet needs.

This is human-centric design.

What does it mean to be people centric in healthcare delivery?

We looked at a healthcare service scenario through the eyes of a patient to understand exactly what it is they have to go through, and who is involved 'behind the scenes' at each stage.

It's a complex process the patient has to go through and by mapping out each stage of the journey, we can tease out what are the emotional arcs and thought processes someone goes through. This also highlights how their needs currently come second to the healthcare system, which has to change.

The patient does not see all the underlying workings in his journey - he just wants his issues solved. For this to happen quickly, easily, and with empathy the different elements need to work with each other to deliver on the best possible service.

In service design we start with the low level detail and then abstract upwards to the high level, ensuring that any wide conclusions drawn and decisions made at the public level are still based on granular human insight.

Main workshop themes

- Thinking in a service design way encouraged the use of non-medicalised language– words like 'vulnerable, struggle, connection, relationship, fear, anxiety, assurance' were common but most importantly consensus was reached that **PEOPLE** should be the adopted in preference to patient or user.

- The only consistent element of the journey we mapped was Jamie (the patient in our scenario)– the focus was on him, not who was paying for his care or which organisation was delivering it.

- The journeys brought out the complex emotions and decisions Jamie goes through and highlighted a need for understanding the context as a source of anxiety. e.g. two children to look after when checking into a ward or trying to fit a visit around a work schedule.

- A distinct lack of communication was common, whether to understand Jamie's situation or to relay where he was within the process. The patient is the last one to find out the results, in part accounting for self-diagnosis and Dr. Google.

- There was a fine balance between the 'processing' of a patient within a system and understanding what that individual needs are at that point in time.

Initial thoughts

– We need to look 10-20 years ahead and not try to fix broken systems. This thinking is mostly about migrating things online for self management and diagnosis but also making better use of alternative services like pharmacies etc.

– We should adopt the phrase "people's health" v patient centric services (change the words and narrative)

– The first time Jamie gets answers to his questions (i.e. where his expectations are met) is once the senior doctor tells him it's only a fracture and nothing more serious. This happens quite late in a relatively simple journey. Can we make this connection point happen sooner given the frustration and worry Jamie experiences before then.

– At the risk of oversimplifying things, how do we square off the individual needs and preferences with trying to manage care for whole populations?

– We need to create the space for patient leadership, recognise the innovation that patients as entrepreneurs can bring. We should get 20 Jamies into the room!

– Isn't mapping at this level routine in healthcare anyway? A: Not really. While service design is routine it may not be at this level and it also never gets to scale to have much impact.

Service Design Recipe

Try thinking about each
user through these 6 questions

1 How can I use different language starting now (e.g. people not users)?

2 How can I consider solving problems though the service design lens, and using patient leadership/ entrepreneurship as a way of exploring this?

3 How do I use simpler tools first before throwing tech at a situation hoping for a solution? There may well be simpler tools to try first.

4 How do I call on the new people I have met (across sectors) to help me think through how I realise the people centric ambitions in my work?

5 How can I and my colleagues move from focus on patient to person and next to a co-creator?

6 How can I initiate a dialogue from the beginning with a person?

We will be in touch with a follow-up session…

Thankyou