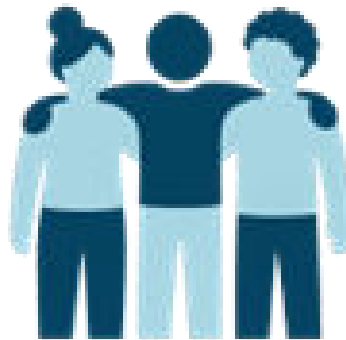


Co-Production in Clinical Audit and Quality Improvement



Insights and Guidance from People with Lived Experience

Companion guidance to the HQIP Co-Production Infographic



Introduction

Clinical audit and quality improvement are most effective when they are informed by the experiences of the people who use services. Co-production enables patients, carers and members of the public to work alongside professionals as equal partners throughout a project. Effective co-production can improve the quality, relevance and impact of audit and quality improvement.

People with lived experience are not reviewers at the end of a project; they are partners in identifying priorities, shaping decisions, improving services and evaluating impact:

“Nothing about us, without us,” **SUN member**

This guidance brings together insights from SUN members on what meaningful co-production looks like in practice and what audit providers can do to make it successful.

What is co-production?

Co-production means working with patients, carers and members of the public as equal partners throughout planning, design, delivery, review, evaluation and sharing learning. It is about sharing power, influence and responsibility.

“If an exercise feels tokenistic, it can be quite damaging,” **SUN member**



Figure 1: Rainbow of Possibility - <https://www.peoplehub.org.uk/co-production/>

Understanding the different levels of involvement

Inform	Consult	Involve	Co-produce
Tell people what is happening	Ask for views	Work together on parts of the work	Equal partnership from start to finish

The key question

Can people with lived experience genuinely influence decisions and outcomes?

If the answer is no, then the activity is not co-production.

"I don't think we should ever overlook the power of relationships with people," **SUN member**

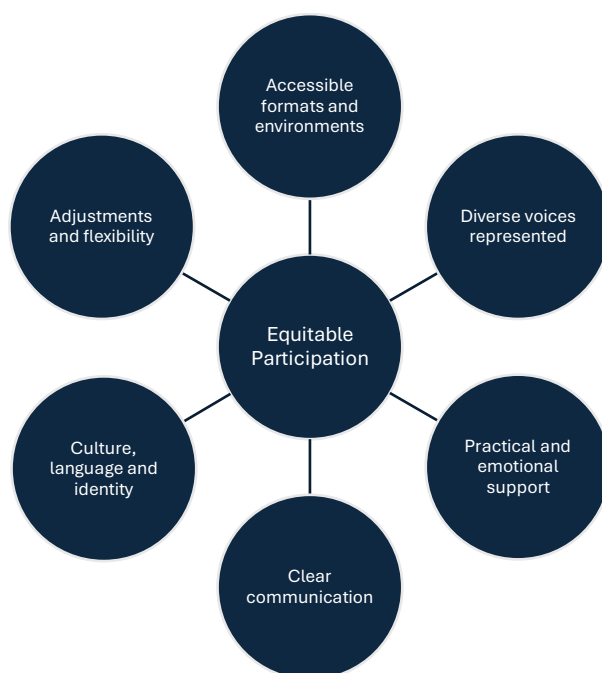
What makes co-production successful?

The experiences shared by SUN members identified six foundations for successful co-production.



1. Start Early Why it matters People should be involved before decisions are made. Good practice • Involve people from the concept stage • Co-design priorities • Design projects collaboratively	4. Equity, Diversity and Inclusion Why it matters People experience barriers differently. Good practice • Recruit beyond established networks • Include under-represented voices • Use plain language and minimise jargon • Support people whose first language is not English • Provide information in accessible formats appropriate to participants' needs • Offer reasonable adjustments
2. Share Power Shared power means people with lived experience have genuine influence over decisions and outcomes. Why it matters People should influence decisions. Good practice • Demonstrate impact • Be transparent • Avoid tokenism	5. Support Participation Why it matters Sharing lived experience can be emotionally demanding. Good practice • Named contact or facilitator • Safeguarding • Trauma-informed approaches • Emotional support • Training and support for contributors and professionals • Fair payment and reimbursement
3. Partnership Why it matters Relationships underpin successful co-production. Good practice • Build trust • Respect lived experience • Work collaboratively	6. Communication, Feedback and Impact Why it matters People need to know how their contribution has influenced outcomes. Good practice • Clear communication • Regular updates • Transparency • Feedback loops • "You Said, We Did"

Equity, diversity and inclusion



“I think it’s equity rather than equality,” **SUN member**

CASE STUDY

“As a member of the HQIP Service User Network (SUN) I was invited to join the working party to update their Patient and Public (PPI) Involvement Strategy. This sets out the vision and approach to PPI and guides the commissioning of programmes, including the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

I was excited to be part of the project, with three other SUN members, all committed to ensuring user and carer perspectives in audit and quality improvement are understood, valued, and fully integrated. I appreciated the structure and organisation of the work, with online meeting dates, agendas and timelines provided well in advance, followed up with notes and actions. The democratic and compassionate leadership style enabled in-depth discussions; everyone had a voice, and the atmosphere was respectful. The timescale was tight, but it felt supportive, and our other roles and commitments were recognised.

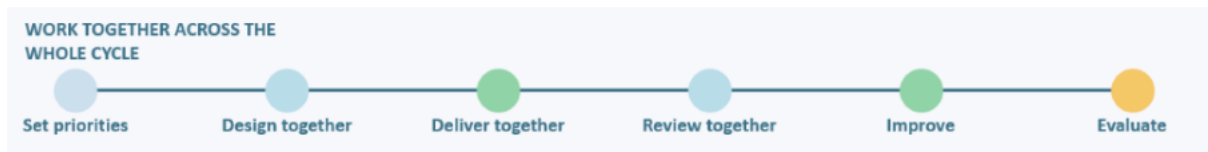
There was opportunity to utilise our skills, knowledge, and expertise in the process. One of the roles I took on was to investigate co-production models and prepare ideas for a visual representation for HQIP. The model is on the website. It was a rewarding experience; I learnt a lot, and I promote the website, resources and information at every opportunity.

My message for audit providers wanting to co-produce effectively is:

- Listen - learn from people with lived experience.
- Look in - examine what you are doing.
- Look out - explore together what you could do better.

Sandie Woods (SUN member)

What good co-production looks like



"Partnership is at all stages from the planning, the designing, undertaking and evaluating together and not just being involved at one aspect of it or just consulted at the end,"

SUN member

CASE STUDY

I am a member of HQIP's Data Access Request Group (DARG). As public members, we consider the impact on patients and the public when organisations and researchers request access to health data for research purposes through Data Access Request Forms (DARFs).

We review the outcomes researchers are aiming to achieve, whether there is a clear public benefit, whether the information provided is understandable, and whether appropriate arrangements are in place to keep data secure. Public members are involved throughout the process, from the initial data request through to any amendments or extensions to DARF applications. The group meets monthly, with two public members participating in each meeting.

What makes this a positive example of co-production?

I feel supported in my role and can contact members of the DARG and HQIP team if I have any questions. Meeting papers are shared in advance, giving me time to prepare, and DARG members make sure that public contributors understand the information being discussed. This means that public members are considered and supported both during meetings and afterwards.

What difference does public involvement make?

My views are listened to and taken into account when decisions are made about DARF applications. Bringing a lived experience perspective helps ensure that decisions consider not only the research project itself, but also the wider impact on patients and the public. My involvement also helps highlight the complexities and nuances of using patient data from diverse populations across the UK, ensuring that these perspectives are considered as part of the decision-making process.

Advice to organisations wanting to co-produce effectively

Treat professional expertise and lived experience expertise as equally valuable. Be clear about what the role involves and be honest and transparent throughout the process. Clear expectations, openness and trust are essential for meaningful co-production.

NA (Public Member)

Useful tools

Participation checklist

- ✓ Accessible information
- ✓ Flexible participation methods
- ✓ Diverse recruitment
- ✓ Reasonable adjustments
- ✓ Emotional support
- ✓ Safeguarding
- ✓ Fair payment and recognition

Audit provider self-assessment

- ☐ Have people with lived experience been involved from the beginning?
- ☐ Can they influence decisions?
- ☐ Are diverse voices represented?
- ☐ Have barriers been removed?
- ☐ Is there a named person responsible for supporting and facilitating co-production?
- ☐ Is support available?
- ☐ Are payment and recognition arrangements clear?
- ☐ Will contributors see the impact of their involvement?
- ☐ Are we evaluating the quality of co-production rather than simply participation?

Aim for	Avoid
✓ Early involvement	✗ Power imbalance
✓ Equal partnership	✗ Tokenism
✓ Shared decision-making	✗ Poor communication
✓ Transparent influence	✗ Lack of support
✓ Recognition and payment	✗ Inaccessible participation
✓ Emotional safety	✗ Unclear influence
✓ Clear feedback loops	