

# Exchange Network

## Establishing relationships and defining tasks

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Public Engagement and Involvement Theme

Lead

# In this session

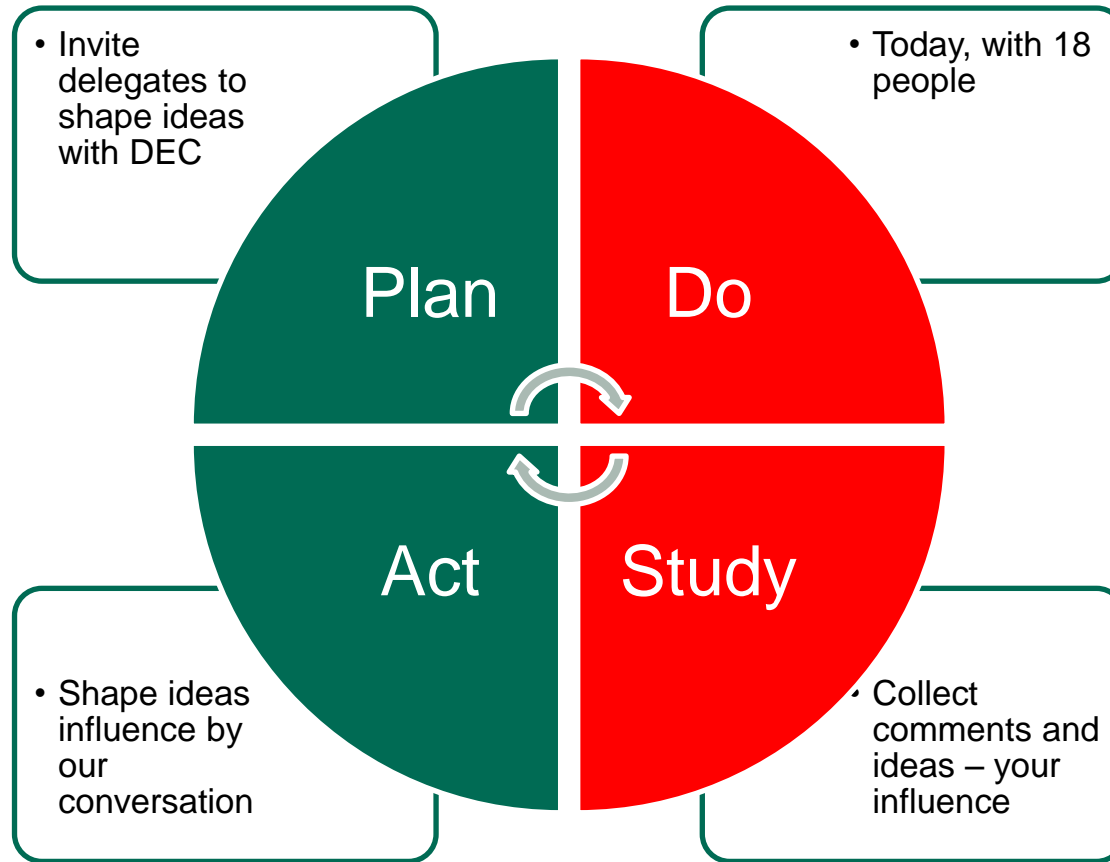
- Why should patients and carers be involved with the Diagnostic Evidence Cooperative?
- Who could be involved and how?
- What is the task of involvement?
- Your chance to shape what happens

# Principles of co-production

- Building on people's existing capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Blurring distinctions
- Facilitating rather than delivering
- Recognising people as assets

Adapted from Boyle, D, Slay , J and Stephens L. (2010) *Public Services Inside Out. Putting Co-production into Practice*. NESTA, London

# Test the conversation



# CLAHRC Collaborative Learning Event

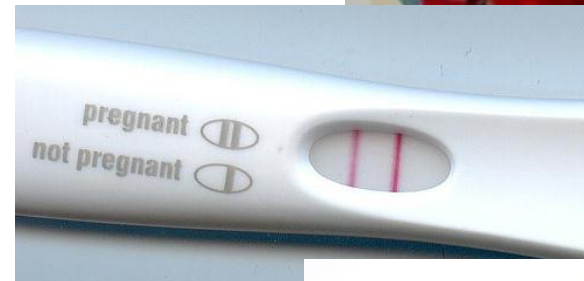
28<sup>th</sup> April 2015

**D**iagnostics **E**vidence **C**ooperative



# Point-of-Care Tests

- Have you ever received a finger-prick blood test for diabetes or cholesterol?
- Maybe at your GP's office or at your local pharmacy?
- Did you receive the results within a few minutes?



- Other examples include:
- Urine dipstick tests
- Pregnancy tests



# Laboratory Tests – What's the difference?

Point-of-Care tests are different from laboratory tests because:

- **Speed:** You receive the results much faster
- **Convenience:** The device is portable and can be carried to your bedside, or to the GP's office for your appointment.
- **Faster Treatment:** The doctor or nurse is with you when the test is performed and to give you the result and further treatment straight away.



# The Problem...

The NHS needs to know which Point-of-Care tests be best for use in clinical practice (e.g. hospital, GP office).

Best in terms of:

- Cost effectiveness – the NHS only has finite resources, so we need to make sure they are used in the most effective way possible.
- Better Patient Experience – faster and more appropriate treatment, less waiting time, safe and more user-friendly.





# The Solution...

The aim of the **D**iagnostics **E**vidence **C**ooperative is to...

generate EVIDENCE...

for the NHS to use in decision making...

about which Point-of-Care devices...

to implement into clinical practice.



# Evidence?

- Does the Point-of-Care diagnostic test measure what it should?
- Does it actually change the management or treatment of a patient?
- Is it used in the right place within the NHS? For example – would it be better within a different part of the clinical pathway.
- Does it provide the best value for money for the NHS?
- Is the design user friendly? Has it been designed with the end-user in mind? Is it safe to use?

# We need your help!

For many Point-of-Care diagnostic devices, the patients are the main user. We need patient and public representatives to help us with:

## **1. Patient and Carers Journey Mapping**

As the patient, where would you benefit from the diagnostic test most within the care pathway?

## **2. Patient Experience with a Device**

Is the design of the device fit for purpose?

Is it user friendly?

Are there likely to be any errors from using the device?

Is it safe?

# What would this involve?

Workshops and interviews/demonstrations with the device:



We will not perform any diagnostic test on you!

# In this session

- Why should patients and carers be involved with the Diagnostic Evidence Cooperative?
- Who could be involved and how?
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- Your chance to shape what happens

# Thank you!

