

Resource sheet: discovery toolkit

Purpose of the discovery stage

The purpose of the discovery phase is to deeply understand the current experiences of those who use and deliver services, and what matters to both.

The insights created during this phase of the ELC process provide the baseline and foundation for all the stages that follows.

What are the key tasks we complete in the discovery stage?

The 10 key steps we complete during the ELC discovery phase are to:

1. Define our discovery question and communities of interest
2. Gather all the information and insights we already have related to the question and communities of interest
3. Identify related workstreams or stakeholders we can collaborate with
4. Complete an initial stakeholder map
5. Design our discovery work programme
6. Create our emotional mapping framework
7. Undertake discovery work
8. Analyse your primary discovery data
9. Synthesise information and insights from all sources
10. Complete discovery summary report

Best practice in discovery process

1. Define our focus question and communities of interest

Defining the questions, we ask is critical to success of work. It is informed by the insights we already have. The focus is on outcomes and framed positively. The question always starts with:

“What needs to happen so that....”

For example:

“What needs to happen so that CNHI and its clusters support people over 60 to use primary care first, live life to the full, keep well and self-manage their health conditions in an optimal way?”

This focus question has a service development element to it – and supports an outcomes based, valued led approach to system management as it recognises the need for people to self-manage their health issues to keep well.

Defining the community of interest is also key. It is important to think about the different communities and segments within communities, and ensure we look through the lens when we undertake discovery work. Lots of factors can influence peoples' experiences and the support they need from health and care services e.g.

- People who work have different lifestyles to those who are retired or unemployed
- Women and men experience life and health issues differently
- Being a parent, guardian, or family carer of an older relative impacts on experiences; women and men have different experiences of being a parent or carer
- People who have no support from friends and family experience life differently to those who have that support
- People living with two or long-term conditions experience health and care different to those in good health
- People who have a high income have a different life experience to those whose income is low or who live on state benefits

As we work to define our beneficiary communities of interest, we need to be mindful of ensuring we include all relevant communities. When we move to data analysis, we analyse the data in line with the communities we have listed.

For the first CNHI programme, we are working with:

- People who still work
- Retired people
- Female
- Male
- Carers (informal carer looking after family)

The same is true of the staff we work with. As well as the obvious people like doctors, nurses, pharmacists, allied health professionals who we will talk to, we need to be aware that a whole range of staff have valuable experiences and perspectives on the services being delivered and why they are not working as well as we would hope e.g.

- Receptionists can be a rich source of insight in clinic settings
- Health care assistants see the world differently to clinicians
- Porters in hospitals can help us understand why surgical systems are inefficient
- Managers see things differently to clinicians

As we work to define our caregiver communities of interest, we need to be mindful of ensuring we include all relevant staff. When we move to data analysis, we analyse the data in line with the communities of caregivers we have listed.

For our first CNHI programme, we are working with:

- GPs
- Nurses
- Health educators (who focus on supporting health related behaviour modification)
- Practice administrators
- Receptionists
- Staff in specialist settings

2. Gather all the information and insights we already have related to the question and communities of interest

This is a really important step in the process. It is fundamental to the assets-based thinking that underpins ELC.

Organisations often overlook information and insights that have already been produced or are being collected regularly. When embarking on a programme of work, people rarely stop to ask whether anyone else is working on something similar. As health organisations and systems grow, this often leads to duplication and resources, including management time, being wasted.

Stopping before you start, becoming a detective and doing a thorough audit of who is connected and collecting information and insights about your chosen focus communities before progressing to generating primary data can be very productive and help you to accelerate your work. Here are some questions to ask yourself and others:

- Is there any existing internal or provider or NGO work underway, focused on my communities of interest?
- Are there community or faith centres who can provide access to people or whom you can talk to informally to get a sense of the challenges the community faces?
- Is anyone doing a survey or conducting interviews with my communities of interest that I could add questions to?
- Are we already routinely collecting complaints and compliments that I can tap into? Is there demographic data in these that enables me to segment them and separate out those from my community of interest?
- Are we doing any staff surveys or other staff engagement initiatives that I can access and build on/add questions to?
- Is there any published research about my community of interest that I can review and draw upon? Either in my country or in the wider world?
- Is there any relevant health experience research published on www.healthtalk.org to help me walk in the shoes of people who use services and their family carers?

3. Identify related workstreams or stakeholders to collaborate with

Completing Step 2 thoroughly will almost certainly identify individuals and organisations who share your goals and can contribute to them. As an ELC Practitioner, you are open to and encourage collaboration wherever possible. The discovery work you will be doing can help others deepen their understanding of the community. You can help them, so ask, how can you help me? Perhaps they already have an event planned that you can attend and distribute a questionnaire or do some emotional mapping. Perhaps they can share results of surveys already completed. Perhaps they have a venue you can use for a co-design workshop. No matter how small or large, actively seek out collaborators and contributions.

Doing this also means that these stakeholders feel involved and validated. As your ELC programme progresses, they can get involved in group events and become part of the change movement your work will ignite.

4. Complete a stakeholder map

Relationships trump systems every time. The success of the ELC process centres on the quality of relationships ELC practitioners build and the engagement they create through their work. Relationships are one of the most important assets that you have in your quest to improve outcomes and create health.

The process of relationship management is underpinned by stakeholder mapping. Stakeholder mapping is an ongoing process, and your stakeholder map needs to be a living document. You should be updating it weekly or even daily during the discovery phase. It should include the names and contact details of everyone you engage with during the ELC programme you are running.

The organisations you identify in Step 3 will be the first ones you list in your stakeholder map. Here is a list to guide you:

- Organisations who share our interest; collaborators we have identified
- Key influencers from your communities of interest (staff and people)
- System leaders
- Clinical leads
- Management leads
- Quality Improvement team leads
- Staff experience team leads
- Patient experience team leads
- Contract managers
- The ELC programme project manager
- Their line manager
- Administrators supporting the ELC programme
- ELC practitioners involved in delivering the programme

- Those who will analyse the primary discovery data
- Community leaders and connectors who can link you with people and families
- People and families, you involve in ELC discovery work
- Staff you involve in ELC discovery work
- Internal departments that you know will use the ELC programme outputs / insights
- Providers that you know will use the ELC programme outputs / insights

Anyone who attends induction days, clinical lead challenge sessions; anyone who participates in the discovery work or subsequent codesign sessions needs to be added to the stakeholder database.

At the end of the programme, you can expect to have a list of several hundred people.

All the people in the stakeholder map should be sent a summary of the work completed and the decisions made as a result at the end of the programme, thus closing the feedback loop with “You said, we did”.

5. Create our emotional mapping framework

Once you have gathered existing information and insights, you are able to do your “best guesswork” and define the emotional touchpoints of the journeys you are mapping. Gather as a team, review what you have learnt. Using post it notes, start to create your map. You will create at least three frameworks; one for staff, one for people and one for their family carers. You may create different maps for different staff groups, reflecting their involvement in the specific journey you are mapping.

Within the map, there will be mirror touchpoints where the experiences of people and staff meet e.g. hearing the diagnosis, giving the diagnosis. These are key to developing a three-dimensional understanding of the design challenge.

Sense checking your emotional touchpoints with the ELC team means that you tap into their experience, expertise, and case studies of ELC programmes that have been successfully completed, which can provide insights you can build on. Once you reach this stage, do get in touch: georgina@elcworks.co.uk to arrange a design conversation.

6. Design our discovery programme

Once you have created your framework, you can design your programme. There is not set approach to gathering primary discovery data. Here are some options:

- **Storytelling:** you let people share their story in their own way, with minimal interruption. With their permission, you record their story so you can create trigger films of their and others’ experiences. The ELC Practitioner listens and

captures the emotional words and links them to the relevant touch points. The ELC toolkit contains resources to help you to capture stories for emotional mapping

- **Semi-structured interviews:** using the framework of the emotional mapping framework, the ELC Practitioner work with the person and provide them with a structure for their story. They respond to prompts and share their story in a structured way. The ELC Practitioner prompts them to talk about how they felt at each touch point. With their permission, you record their story so you can create trigger films of their and others' experiences. The ELC Practitioner listens and captures the emotional words and links them to the relevant touch points. Interviews may be done face to face, via video or telephone. The ELC toolkit contains resources to help you to undertake interviews
- **Group discussions and co design workshops:** ELC practitioners organise a codesign workshop where they support people from their communities of interest to map their experiences. This can also run as a drop in or happen live in a care setting e.g. in the reception area for the outpatient department. People may complete questionnaires and do emotional mapping on the wall. The ELC toolkit contains resources to help you to run group discovery events
- **Experience questionnaires:** using questionnaires that are especially designed to capture emotional mapping can be a good way of getting lots of feedback quickly. The downside is that the ELC Practitioner has limited control and usually the data questionnaire generate is less rich. The ELC toolkit contains example questionnaires
- **Diaries and journals (written or photographic):** you can invite a group of people to record their journey through a health care experience or pathway in a diary and using photos. This can work well for journeys through surgical procedures or hospital visits
- **Observation:** observation is a powerful technique in the discovery toolkit. Observation helps the ELC Practitioner understand the physical environment or service context so that discovery work is grounded in what happens, rather than what people think happens. When undertaking observation, you do not interact with people, you simply watch and record what you observe. The ELC toolkit contains guidance on observation
- **Shadowing:** shadowing differs from observation in that rather than being a "fly on the wall" you walk beside a caregiver or a patient who has consented for you to join them as they experience their journey. It helps you to see things through their eyes. You are also able to ask questions and prompt a running commentary from the person you are accompanying. The ELC Practitioner records this to provide a detailed, pen picture of the experience, role, approach, philosophy, and tasks of the person they are shadowing

- **Conversation cards:** Conversation cards can help you initiate conversation with people who use services and family members. The ELC Practitioner uses cards with prompts that might be touchpoints e.g. 'waiting' 'parking' 'getting my test results' to prompt discussion. This approach can work well in areas where people are waiting for an appointment with a health care professional. Their responses are recorded and can then be analysed.
- **Review of existing routinely collected data:** you will identify this at Step 2
- **Review of compliments and complaints:** this data can be easily accessed. If you are working with a particular demographic e.g. people over 60, you need to be mindful to include only complaints or compliments from that demographic

7. Undertake discovery work

Before undertaking discovery work, you must ensure that you have a consent process in place. The ELC toolkit contains guidance on consenting people to participate and a template consent form.

Once you have decided which methodology you will use, you need to go and do the work. It often works best and is quicker and less costly for ELC Practitioners to go to where the community of people you want to work with are. If you organise group sessions, the chances are that you will be asking people to come to you. If you can organise group sessions in community settings and places where people often gather, this sends the message that you are interested and happy to meet them in their community. Here are some good places to go and meet people:

- Waiting rooms
- Staff rooms
- Hospital wards
- Community groups and clubs
- Community centres
- Community events
- Accident and emergency (A&E) waiting areas
- Supermarkets
- Care homes

Use your discovery work planning template and schedule your ELC discovery work over several days. Cover several places and times where you will go out and meet people so that you get a cross section of conversations. For example, the people who you might meet in A&E on a Saturday night will be different to the people you would meet there during a weekday.

If you are planning a discovery group event, always make sure you create a session planner and have competent, skilled facilitators who work with the group and ensure a participative experience where everyone has an equal chance to

contribute. The ELC toolkit contains template session planners and slide sets to guide your event design and planning.

8. Analyse our primary discovery data

Once you have completed your discovery work, those who have been working on data collection need to pass the data to team analysts. They analyse the data and produce the draft emotional maps. Guidance on creating emotional maps is provided in the emotional mapping resource sheet.

As well as identifying the emotions experienced at the touch points on the journey, you will have asked people open questions about what “matters most” to them. The responses to these can be themed to provide insights.

Emotional maps combined with what matters most themes deliver powerful insights to support system management and improvement.

9. Synthesise information and insights from all sources

Now you have the emotional maps, and insights into what matters most to people, you can combine this information with the information and insights you identified at the start of the process. Here are some useful questions to ask:

- What are the differences? What are the new insights we have gained from the primary discovery work?
- What is surprising?
- Where are the synergies? What have we learnt from the primary discovery work that aligns with what we already knew?
- What are the hidden treasures? What are the insights that really make us gasp?
- Where are the highs for each of our communities of interest?
- Where are the lows for each community?
- Are there any touch points where there is a mismatch in the experience of staff and people and families?
- What are the key themes emerging from the data?

Once your analysts have started to make sense of the data, a workshop to present the emerging findings with the ELC Practitioners who spoke directly to people can be helpful so that they can sense check the key themes and provide input to shape analysis.

Once you have agreed the emerging story from the data, if you have recorded interviews with people and staff, the team can also produce a trigger film that tells that story in the words of the communities you have worked with.

10. Complete discovery summary report

The final step is complete a summary report. This should be as simple to engage with as possible. It does not only have to be in a word format. It could be a film or animation. It could be an infographic. It will summarise the key findings from the discovery phase so that you can share the findings widely with those who participated and your wider stakeholders.

Now discovery is complete, you are ready to move on to imagine at better way of supporting people and families and delivering care and support.

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