

How can patient involvement and leadership further contribute to health service design?

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Alongside other Congress participants interested in health and well-being (patients, researchers and health professionals and managers), I would like to examine what needs to be done to maximise the benefits of patient involvement and leadership in health services research and design.

While health authorities have become more inviting of direct patient involvement in the identification of service problems and solutions, 'clinical leadership', 'efficiency' and 'objectivity/ hard-data' have also emerged as touchstones for health sector management and reform in New Zealand and elsewhere. On occasion, patient engagement and inclusive forms of decision-making have been criticised as too bureaucratic, expensive, slow and unrepresentative when compared to other forms of deliberation and decision-making, such as where 'expert' decision-makers are informed of patients' views by quantitative survey.

Of interest to this workshop is bringing together the Action Learning and Action Research Congress participants experiences of and knowledge about health management and participatory and action research to answer the question: how can patient involvement and leadership further contribute to health service research and design? The workshop will focus on the challenges we need to face to make patient involvement and leadership a success, what some solutions are, what kinds of involvement and leadership are likely to lead to improved health outcomes, even better outcomes than if patients weren't involved.

I suggest that the notion 'discourse' can be a useful tool to help us think our way through this workshop. Foucault and others have demonstrated that discourse is the source of authority (or lack of) for commentary and action, that it provides the context within which data, statements and actions can have meaning, that there can be multiple forms of discourse impacting on a field of experience, knowledge and practice, and that the nature of discourse changes through space and time due to the actions of influential persons and organisations. If we think of AL/AR as a field of discourse and health management as another, it is the interplay between them that is of most interest here.

A. *Overall question*

How can patient involvement and leadership further contribute to health service research and design?

B. *Outcome*

A record of context specific challenges and solutions

C. *Process*

1. Confirm approach
 - a. Can the question, outcome and/or process be more productive (the process is likely to depend on the number of participants)
2. Observe:

- a. What are the one or two biggest challenges you face with regard to participating in or involving patients in health services research or design?
 - b. What do you find work's well?
3. Think:
 - a. In what contexts do those issues exist, and why do they exist?
 - b. In what contexts do those approaches work, and why do they work?
4. Act/ formulate solutions:
 - a. Collectively assimilate the outputs of steps 2 and 3 to consider how patient involvement and leadership can further contribute to health service design