

P435

Co-production - Creating a patient- centred healthcare service

INTRODUCTION

The Austrian healthcare system generally **presents the highest standards and excellent structures** of cancer care, but

- patient outcomes are still average in global comparison.
- patient perspectives in cancer care are not considered as it is needed.
- the individual patient organisations, do not significantly impact care processes.

*Even if **patients' experiences and knowledge are valuable resources** that can improve healthcare quality, and clinicians could be trained to **share decision-making processes** with patients, **no co-production aspects have been realised.***

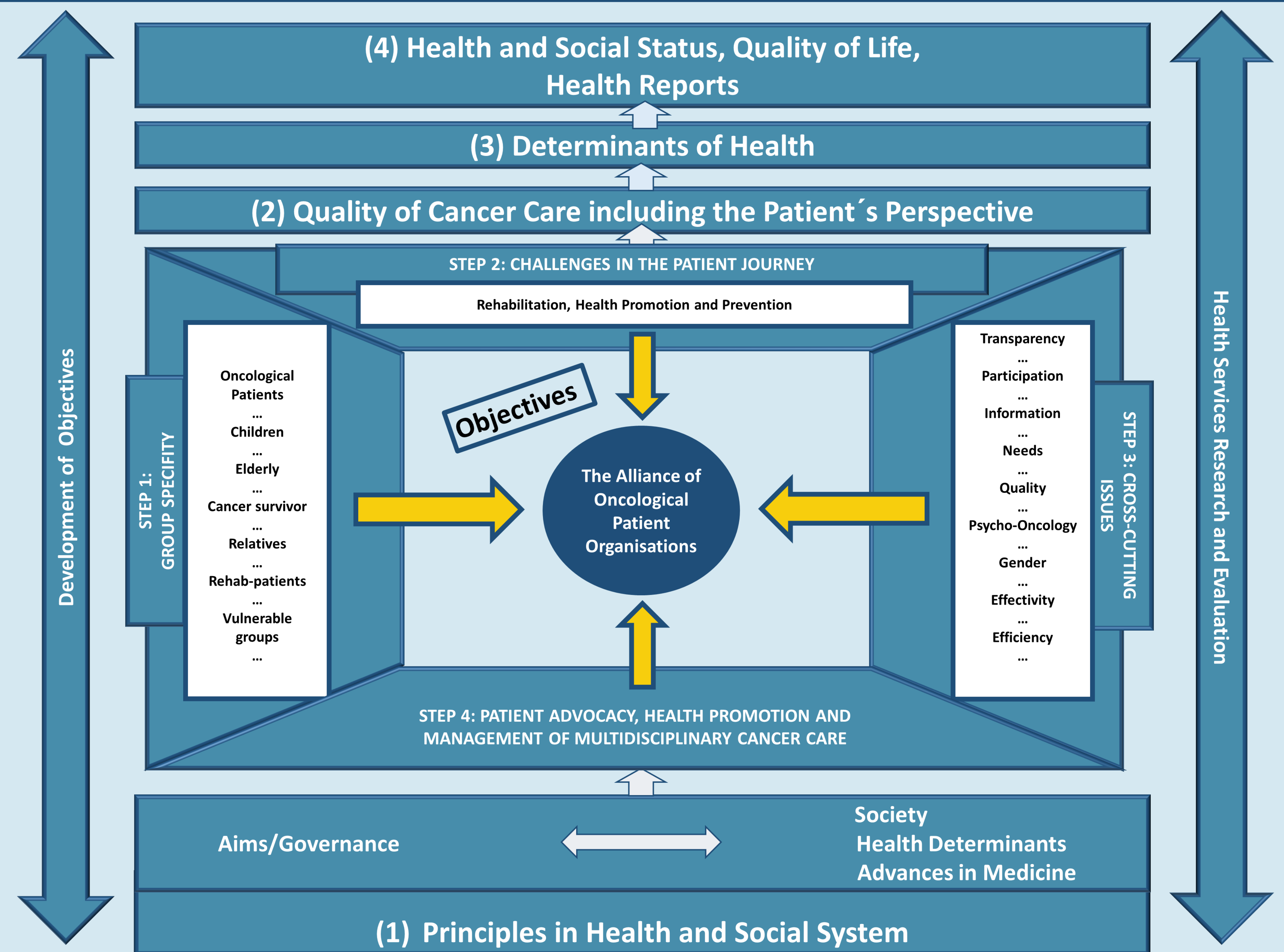
OBJECTIVES

Development of a co-production framework for cancer care for the established *Alliance of Oncological Patient Organisations*.

The Alliance was developed to...

- establish structures and concerted actions that will enable patient organisations to influence decision-making processes in healthcare.
- involve the patients' perspective in medical decisions.
- define clear goals.
- strengthen the representation of patients and
- patient advocacy in Austria.

THE CO-PRODUCTION FRAMEWORK



The co-production framework consists of four steps and provides an understanding of how patient organisations can increase the outcome of treatments for patients and cancer survivors transparently:

- Dimension 1 addresses fundamental problems and represents the social framework for the implementation of the objectives. A distinction must be made between the basic objectives in Dimension 1 and objectives that are developed directly for people with cancer (Steps 1-4).
- Steps 1-4 focus directly on improving care during the patient journey: (1) Identifying a specific group of people with cancer and the issues they face (2) Determining the challenges in the patient journey, based on available scientific evidence and its location in various policy areas (3) Considering cross-cutting issues that are essential for making an impact (4) Management of projects that incorporate the patient perspective and involve patient organisations.
- Objectives are then implemented through projects, with an emphasis on process-oriented management and stakeholder coordination.
- The effects of *The Alliance's* activities are measured in terms of the health, and social status and quality of life of patients and survivors (Dimensions 2-4).

METHODS

Ten strategic workshops with leaders of twelve oncological patient organisations:

- Semi-structured interviews about objectives, structures, and challenges.
- Development of a vision and mission statement.

A systemic and applied approach was used to embed *The Alliance* in the national health landscape:

- Literature review and stakeholder research.
- Development of a framework to help patient organisations set clear objectives and gain effective structures.
- Incorporation of multi-stakeholder involvement.

RESULTS

In line with the co-production framework, the *Alliance* has identified key areas for improvement in oncological care i.e.:

- Empowering oncological patient organisations.
- Promoting active exchange between all stakeholders.
- Ensuring the best possible care for oncological patients.
- Understanding the realities of patients' lives.

These areas include the **need for system and organisational change.**

It is essential to consider whether healthcare services **align with patient needs**, with patients at the core of all activities throughout their journey.

CONCLUSION

To **successfully implement an innovative co-production framework** in cancer care, it is vital to collaborate with health professionals and relevant stakeholders at each stage of the patient journey, i.e.:

- Cancer survivors have deep insights into care problems from the patients' perspective.

It is necessary to critically evaluate care processes relating to the individual tumour entities and every goal:

- To ensure that the patient's perspective is considered
- as a 'conditio sine qua non' for an entirely new perspective through co-production.

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