Description of the purpose of Award and the Project

Part 1: Purpose of Award

To increase our understanding of the co-creation of health by investigating, critiquing and re-working the concept in the light of key insights from the philosophical literature and to assess the implications of any re-working for policy makers and practitioners

Part 2: Description of the Project

Introduction

The Health Foundation's strategic priorities for improving healthcare quality include efforts (1) to inspire will, enthusiasm and commitment among clinical communities, and (2) to change relationships between health services and users. These priorities are congruent with the aims of many health policy leaders internationally to embed new understandings of 'professionalism' that include commitments to work responsively and respectfully with patients as partners in care, co-producers of health, and people whose personal experiences and perspectives matter.

We believe the Health Foundation's strategic priorities are important and well-chosen. We are concerned, however, that prevailing ways of thinking about some key healthcare quality issues are not adequate to support (and may, in some instances, paradoxically undermine) the kinds of improvement that the Health Foundation rightly aspires to. For example, prevailing ways of thinking about 'respect for patient autonomy', 'person centred care' and 'shared decision-making' have arguably contributed to – or at least sanctioned - the development of policies and practices that can be critiqued for (a) over-emphasising the provision of 'choice' and so deflecting attention from issues of care and neglect, and (b) reducing considerations of relationship to considerations of task-oriented information exchange, influence and control, and so obscuring issues such as interpersonal rapport or presence-for-another that are strongly valued by many patients. We suggest this is in part because the prevailing ways of thinking about ideas such as 'respect for patient autonomy', 'person centred care' and 'shared decision-making' incorporate unwarranted assumptions about people and their needs and capabilities, and fail to reflect complex social realities. Prevailing ways of thinking cannot provide adequate conceptual or ethical foundations for efforts to develop a new professionalism or to change relationships between health services and the people who use them.

There are important but largely untapped resources in contemporary philosophy that could significantly refresh and strengthen ways of thinking about - and making the case for - improvements in healthcare quality. We believe there is particular potential in the growing literature on (a) 'relational' conceptualisations and theories of persons and their capabilities and (b) the capabilities approach as an evaluative lens. Our engagement with this literature to date suggests that some careful 'knowledge exchange' oriented scholarship (sifting, interpreting and synthesising the relevant conceptualisations and arguments, and 'translating' key ideas for health service contexts and audiences), could support the development of richer and more robust specifications of key concepts associated with healthcare quality. We would value an opportunity to work with the Health Foundation to introduce key insights from philosophical literature to broaden and strengthen thinking in ways that could have significant practical implications for the development of professionalism and effective healthcare relationships.

Brief indication of potential value of 'relational' and 'capabilities' approaches for healthcare

'Relational' approaches in academic philosophy and social sciences are particularly concerned to avoid incorrect assumptions about the 'independence' of individual human beings. They recognise that it is misleading to think of many of our valued capabilities (including, for example, our capability for autonomy) as purely personal characteristics or properties that we have inherently or can acquire and then fully and always possess and exercise as individuals. Relational approaches suggest instead that these valued capabilities should be understood as dynamic products of our socially refined personal capacities and goals and our particular situations, including our positions within social relationships.1 Relational conceptualisations of persons and their capabilities take issues of social influence and interdependence seriously. They can help avoid the pitfalls of, for example, making unrealistic assumptions about people's ability to make 'independent' decisions about their healthcare, or obscuring the ways in which clinicians' attitudes can 'position' patients and inhibit them from speaking up and contributing to their care. They can help differentiate between more and less appropriate forms of interpersonal clinician-patient relationship.

We have been struck by how positively clinicians have responded to our recent use of relational understandings of autonomy to justify and suggest ways of appraising more diverse forms of decision support than are sanctioned by prevailing conceptions of shared decision-making. The work clearly resonates with and addresses clinicians' practice-based concerns about the applicability of shared decision-making. It can open up their thinking about the idea and enable them to see how they can (and should) share a broader range of clinical decisions with a broader range of patients. It can also enable them to feel more confident that some of the practices of decision support that they conscientiously incline towards but 'worry about' are compatible with respect for patients.

The capabilities approach, developed initially by Amartya Sen and Martha Nussbaum in the context of work on human development, basically advocates that questions of how well people's lives go, or how advantaged or disadvantaged they are, are best answered by considering the extent to which they have genuine opportunities or capabilities to be and do what they reasonably value being and doing.2

The capabilities approach can be used to explain and help justify attention to the implications of professional practices and healthcare relationships for people's personal experiences of healthcare. VE recently used ideas from Sen's capabilities approach to help synthesise insights from studies of patients' perspectives on healthcare delivery. The synthesis links the characteristics, motivations and actions of healthcare services and staff to patients' experiences of being enabled (or not) to feel, be and do what they value feeling being and doing – both during healthcare contacts and beyond. The synthesis was reflected in a conceptual map developed to facilitate discussions about improving patients' experiences. Because the map is presented in terms of capabilities and from the perspective of a person using health services, it renders the importance of clinicians' responsiveness to individuals axiomatic. The map has been enthusiastically received by both patient advocates and policy makers and service development leaders who recognise it can take them beyond the constraints of previous frameworks for considering person-centred care and 'patient experience'.

We are not aware of any work that has used the capabilities approach to assess the positions of clinicians, but it could provide an holistic framework within which to

consider what they value being and doing as professionals and whether, why and to what extent their working contexts and roles render them free to be and do that. It could thereby facilitate a shift away from the idea of professionalism as simply an aggregate of defined skills and competences. Amid concerns that 'rank and file clinicians' see new models of professionalism and the rising expectations of patients as threats rather than opportunities,3 it offers a sympathetic approach with which to understand their positions and concerns.

Our broad ambition

Although relational understandings of persons and the capabilities approach have a relevance for health services that is relatively easy to grasp, they are not compatible with some of the conceptualisations and theories that currently prevail in healthcare contexts, and cannot be automatically or simply 'applied' to health service issues. The development of richer conceptualisations and more robust theories relating to key concepts in healthcare quality will require some serious interpretive scholarship. To be successful, this scholarship will need to draw on familiarity with both the philosophical literature and contemporary issues in health care, and will depend on careful judgements about 'translation' and on context sensitive-explanations in application. We believe we are well placed to undertake this work. We have ambitions to develop a broad, ongoing research and knowledge exchange programme that draws on our abilities to engage with both academic philosophy and health services research and policy. The programme will adopt a scholarly approach to develop 'conversations' between them that could strengthen both.

Our proposal to the Health Foundation

We propose to work with the Health Foundation to explore a series of ideas that feature strongly as 'good things' in current discourse around professionalism and changing healthcare relationships, but that are variously and often only vaguely conceptualised. We will investigate: (i) how these ideas might be theoretically 'unpacked', critiqued and re-worked in the light of key insights selected from the philosophical literature; and (ii) the implications of such re-working for policy making and practice.

Each of the projects in our proposed series will iterate between research scholarship activity and knowledge exchange events with relevant Health Foundation staff, collaborators, and key audience representatives. Because there is not a one-to-one mapping of key insights from philosophy onto key ideas relating to healthcare quality, our approach will not follow a simple linear process, but we will work on and between:

- Analyses of current conceptualisations relating to the ideas of interest

  We will draw on academic and policy literature, and discussions with key stakeholders (including during 'initial' knowledge exchange discussion events) to identify and summarise the main ways of thinking that prevail in current health policy, health services, research and quality improvement arenas. Our scoping activity will pay particular attention to the 'work' that key ideas are supposed to do in quality terms, to how they are conceptualised and theorised, and to any issues of 'resistance to' or 'experienced difficulties in' their implementation in clinical practice.

- Summaries of selected key insights from contemporary philosophy

  We will work to summarise key ideas from the philosophical literature in ways that make them accessible for healthcare audiences. For Project 1, at least,

we will concentrate on relational understandings of persons and the capabilities approach. First versions of the summaries will be used in Health Foundation knowledge exchange discussion events and refined in response to feedback from those events for broader dissemination.

- Refreshing or re-visioning the ideas of interest

  We will examine how insights from the philosophical literature can inform a critique and shift conceptualisations and theories relating to the ideas of interest. We will focus both on the philosophical strengths and weaknesses of different conceptualisations and on the 'applicability' or usefulness of different conceptualisations in the contexts of policy making and practice. We will take care, for example, to consider how different conceptualisations might address the difficulties that can be experienced with translating ideas into practice, and whether some conceptualisations might be better able than others to help overcome clinical 'resistance'. This work will be presented, discussed in and refined by 'review' knowledge exchange discussion events.

The work of each project could be written up into a publishable Health Foundation report (we would welcome editing and design support from the Health Foundation to ensure the reports are accessible and useful for the Health Foundation's key audiences). We will also be keen to publish aspects of the work, perhaps particularly any philosophical developments and significant re-conceptualisations of key ideas about healthcare quality, in good peer reviewed journals. The value of the projects to the Health Foundation will probably lie in major part in the contributions that learning from the knowledge exchange events make to ongoing and future project and research work.

Conceptualising the co-creation of health

This broad initial project will explore the idea of 'co-creating health', looking at the various ways of thinking about clinicians and people with long term conditions working together to deal with those conditions. We propose to start with the idea of 'co-creating health' because it is timely for the Health Foundation (the knowledge exchange events coincide with the need to pull together learning from the second Co-Creating Health programme), but also because it is well suited to the exploration of the relevance of a range of insights from relational understandings of people and their capabilities, and of the capabilities approach for evaluation in healthcare. We (and the Health Foundation staff and collaborators who work with us) should be readily able to build from this first project to additional linked projects, including a second broad project on 'person centred care' (see below), and subsequent projects that focus on more specific ideas and may require more nuanced and context-sensitive use of the philosophical concepts and theories introduced in, and developed from, the first two.

We propose to conduct the first project over a twelve month period, commencing 1 October 2011. We would welcome a meeting with one or two key representatives from the Co-Creating Health team in the first few weeks of that period to ensure we have a good starting familiarity with experiences and any concerns emerging from the Health Foundation programmes.

The 'initial' knowledge exchange discussion event could be scheduled for late January 2012 and the 'review' knowledge exchange discussion event for May 2012. We will work with the Health Foundation to help plan these events in more detail, but suggest that for the purposes of this project, the initial event might involve 15-20 participants drawn primarily from Health Foundation staff and from the group of

clinicians, managers and patients who are collaborating with the Health Foundation and are able to share and reflect on practical insights from the Co-Creating Health and associated Closing the Gap and MAGIC programmes. It would be helpful if most of these participants were also able to attend the 'review' knowledge exchange event. Depending on the evolution of the project and discussion with Health Foundation staff, it may also be appropriate to invite a few other clinician- and/or philosopher academics to the review event.

We suggest that the knowledge exchange events should allow time for: welcome and brief reiteration of the aims of the project and the event; brief introductions to each other; presentation from VE and AC to introduce key features of 'relational' understandings of persons and the capabilities approach, and initial ideas about how these might relate to ideas of co-creating health; and facilitated discussion of implications of relational/capabilities thinking for thinking about and working to promote the co-creation of health. It would be useful either to include presentations about experiences from the Health Foundation Co-Creating Health and associated programmes within the knowledge exchange event programme or to run the knowledge exchange event after a larger gathering at which these experiences were being presented anyway (assuming VE, AC and most knowledge exchange event participants could also attend the larger gathering).

The 'initial' event would serve in part to identify key issues relating to co-creating health for VE and AC to focus on and ensure the philosophical work addresses, and both events would serve to identify practice-based examples to illustrate, stimulate the development of, and help share relevant philosophical insights with broader health service audiences.

The main deliverable, apart from presentational content for the two knowledge exchange events, will be the draft Health Foundation report. This would outline the conventional/historical background to the notion of 'co-creating health', introduce the key philosophical ideas and explore (with examples) their application and implications for efforts to support a co-creation approach within health services. We would also like to be able to publish one or more papers based on this work (especially any philosophical developments and or significant conceptual developments) in peer reviewed journals, with appropriate acknowledgement of Health Foundation funding.

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