

# What are consumers' and health providers' views and perceptions of partnering to improve health services design, delivery and evaluation?

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# What are consumers' and health providers' views and perceptions of partnering to improve health services design, delivery and evaluation?

*The arc of this review...*

**WHY** did we do it?

**HOW** did we do it?

**WHAT** does it show?

**MOVING** evidence into practice

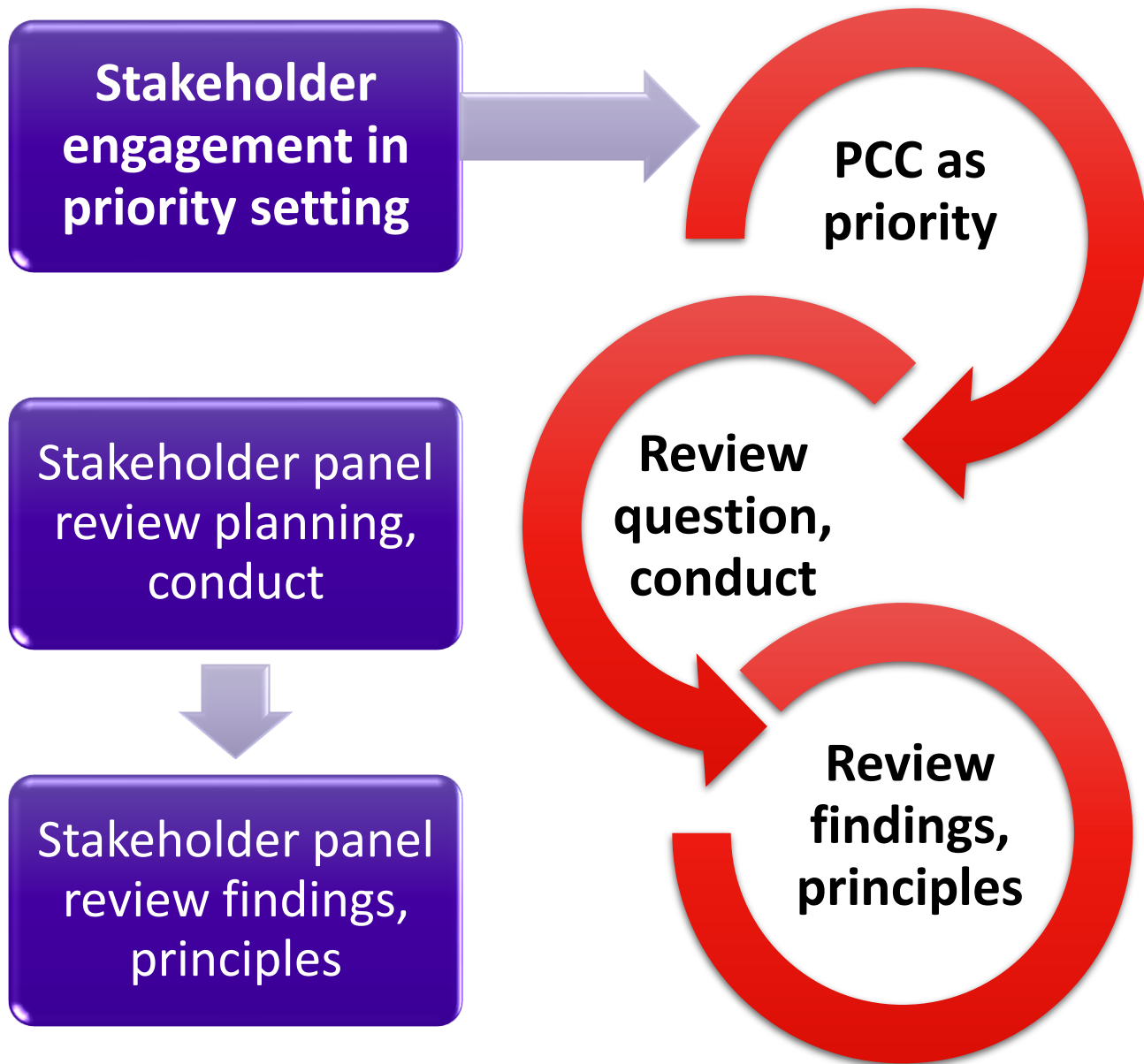


**Cochrane  
Library**  
Cochrane Database of Systematic Reviews

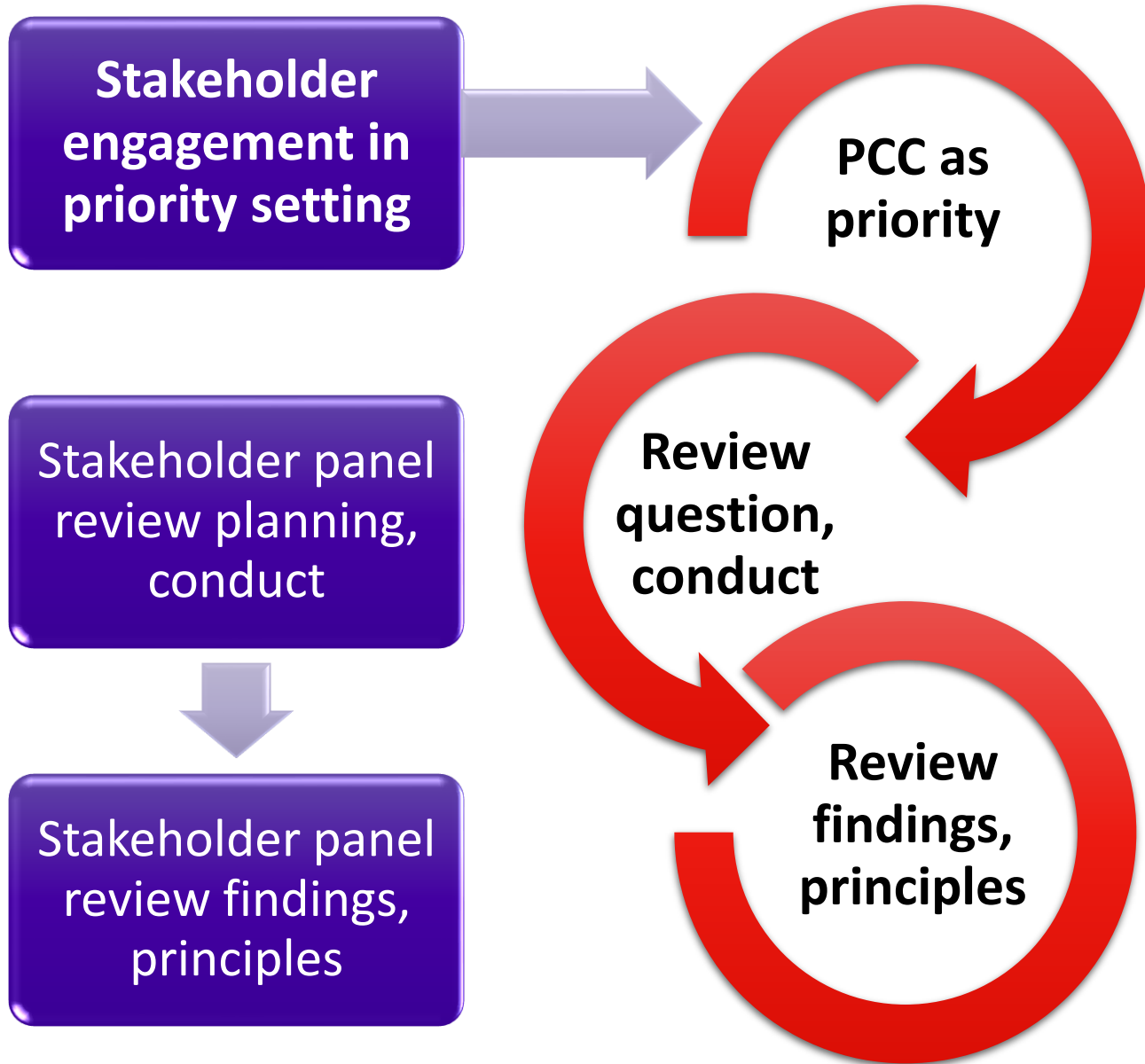
**Consumers' and health providers' views and perceptions of partnering to improve health services design, delivery and evaluation: a co-produced qualitative evidence synthesis (Review)**

Merner B, Schonfeld L, Virgona A, Lowe D, Walsh L, Wardrope C, Graham-Wisener L, Xafis V, Colombo C, Refahi N, Bryden P, Chmielewski R, Martin F, Messino NM, Mussared A, Smith L, Biggar S, Gill M, Menzies D, Gaulden CM, Earnshaw L, Arnott L, Poole N, Ryan RE, Hill S

# Why did we do this review?

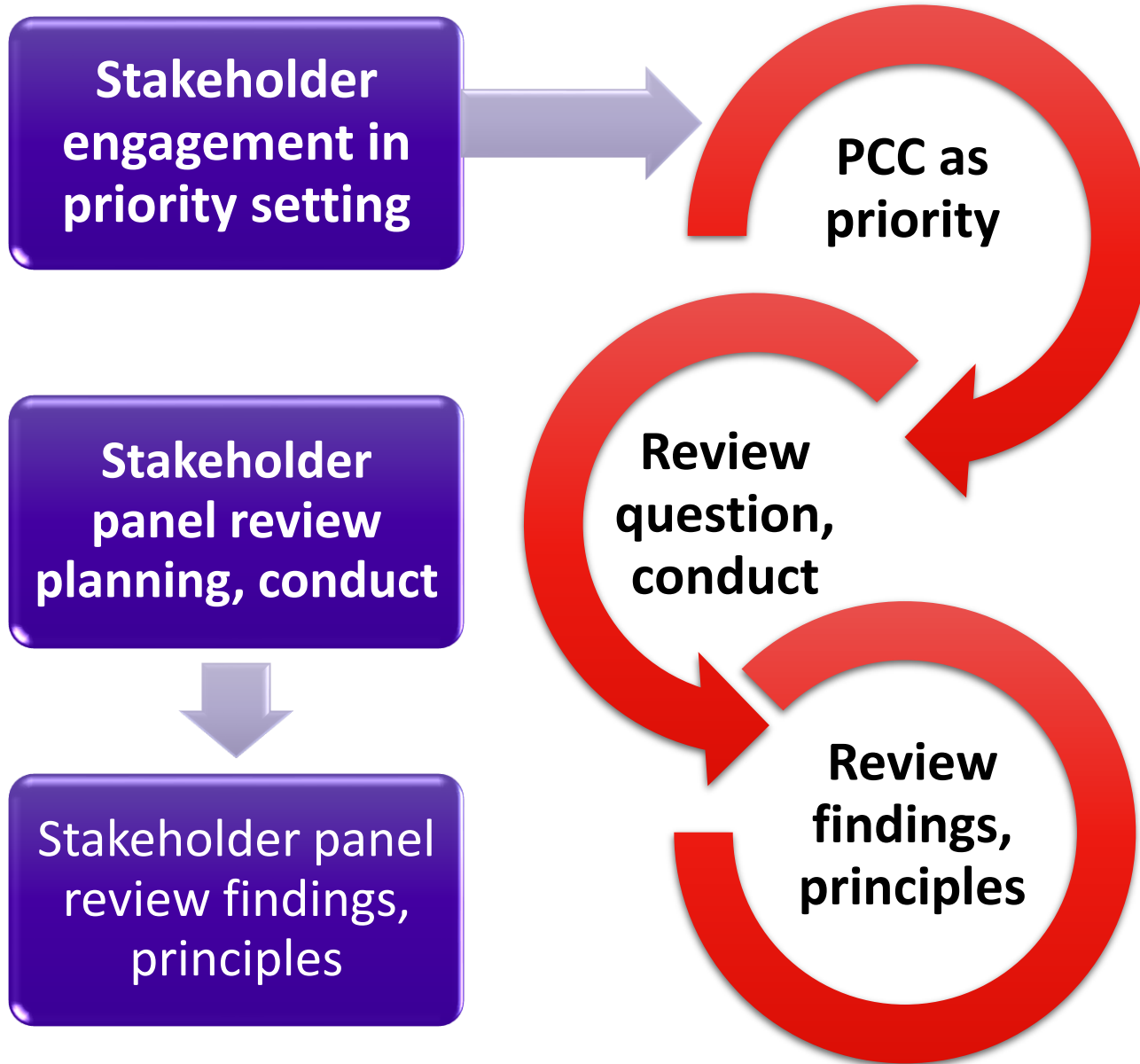


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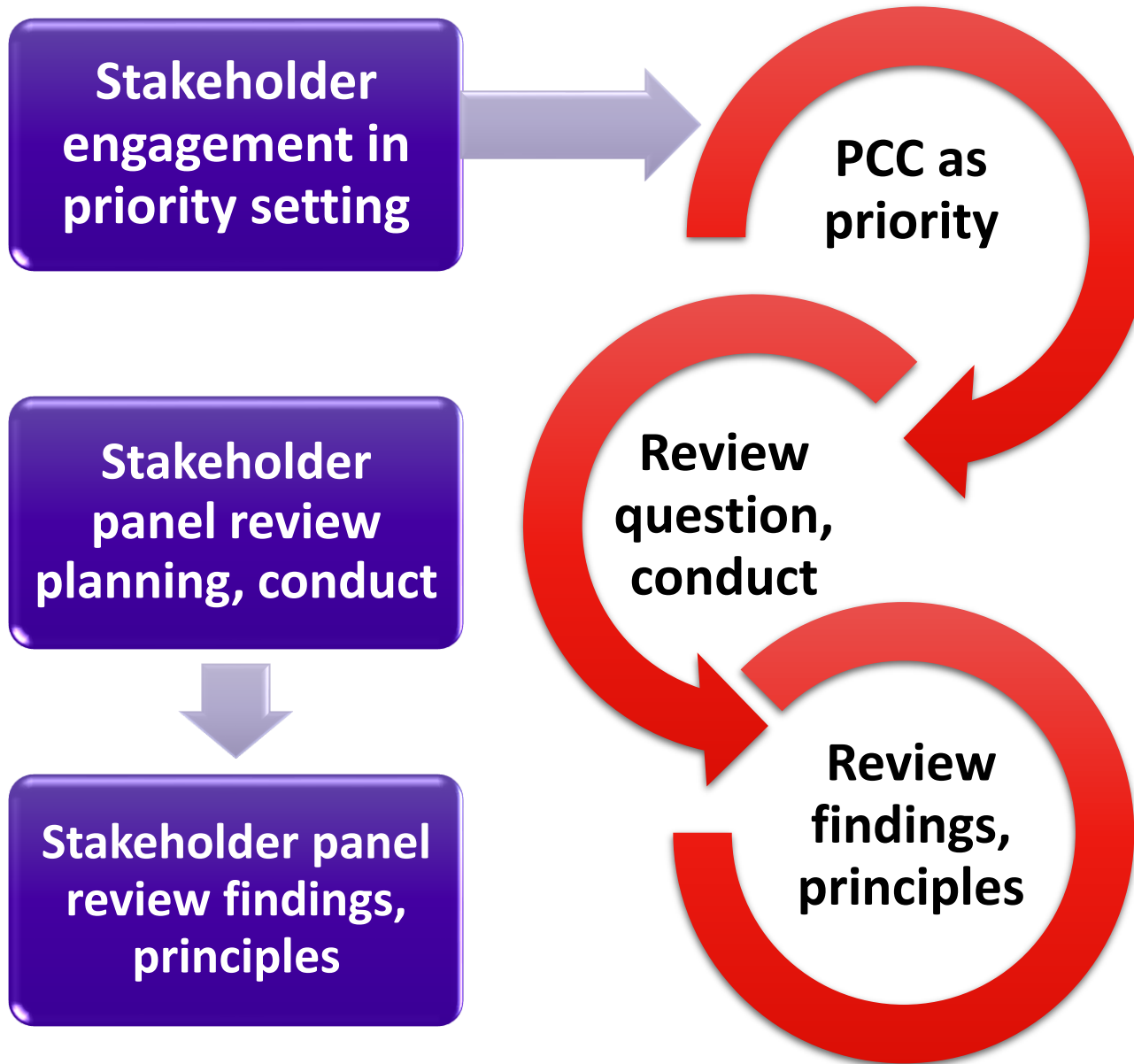
- ❖ One of five top priorities identified
- ❖ PCC essential for high-quality, safe health care

# How did we do the review?



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- ❖ PCC essential for high-quality, safe health care
- ❖ Panel convened to coproduce the review
- ❖ Involved beginning to end
- ❖ Not ‘what works?’ but ‘how do we ‘do’?’
- ❖ Defined scope: consumer-provider partnerships in health service committees

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- ❖ Not ‘what works?’ but ‘how do we ‘do’?’
- ❖ Defined scope: consumer-provider partnerships in health service committees
- ❖ Worked with the team at all stages
- ❖ First fully-coproduced QES Cochrane Library

# What does the review tell us about consumer-provider partnerships?

**Main finding: Health care providers need to continually reflect on and adjust for power imbalances between themselves and consumers that may otherwise constrain consumer participation in committees**

- 182 studies; 33 sampled for diversity; high or moderate certainty evidence
- 19 major findings in 5 categories

*Contextual factors influencing partnerships*

*Consumer recruitment*

*Partnership dynamics and processes*

*Perceived impacts on partnership participants*

*Perceived impacts on health service planning, delivery and evaluation*

# Bridging the research to practice gap: moving evidence towards practice

## Best practice principles:

- Leadership & health service culture
- Diversity
- Equity
- Mutual respect, shared vision & regular communication
- Shared agendas & decision-making
- Influence
- Sustainability



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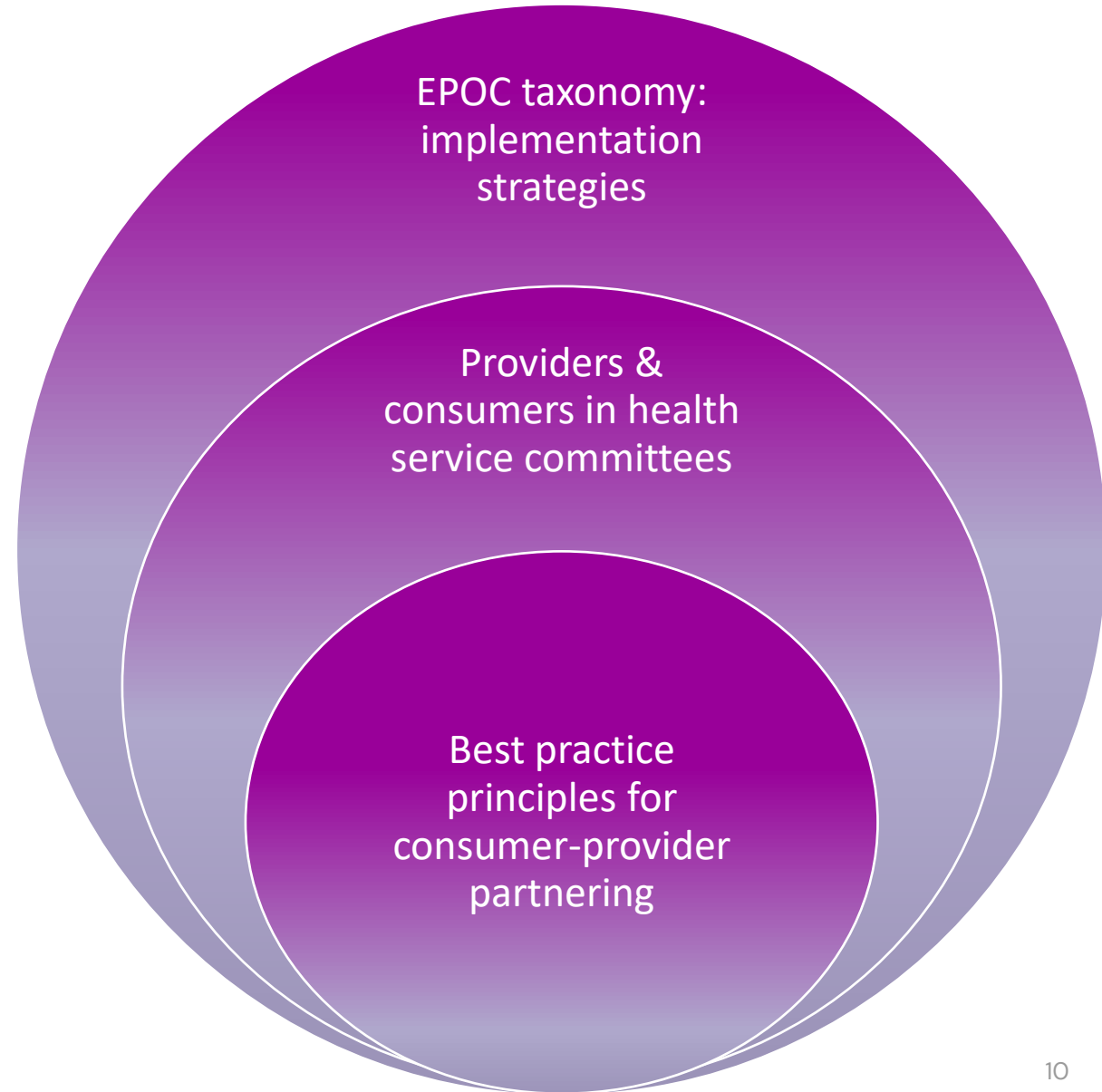
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Principles are not intended to stand alone

Occur within health services

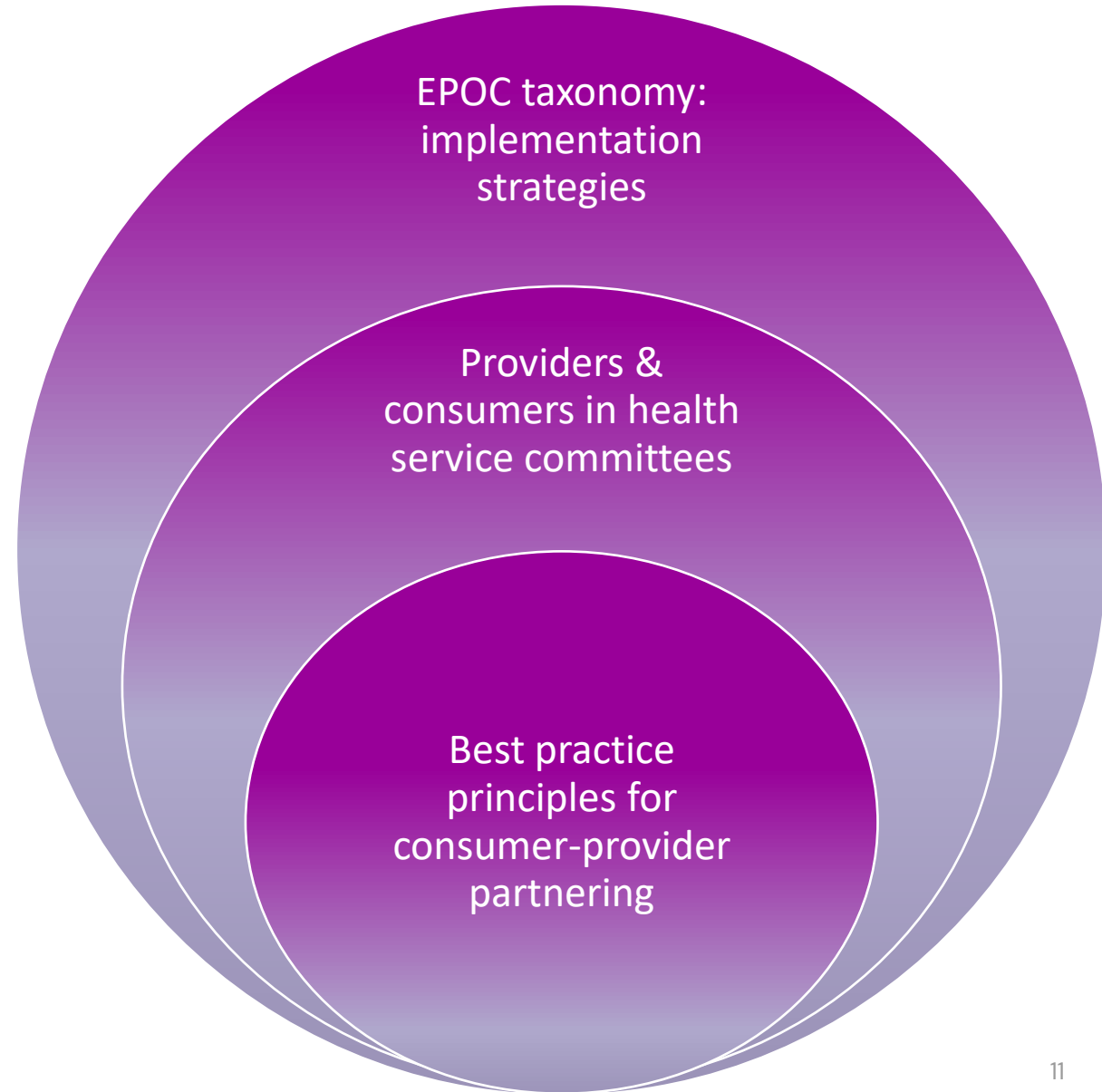
How to implement and embed the principles?

# Bridging the research to practice gap: moving evidence towards practice



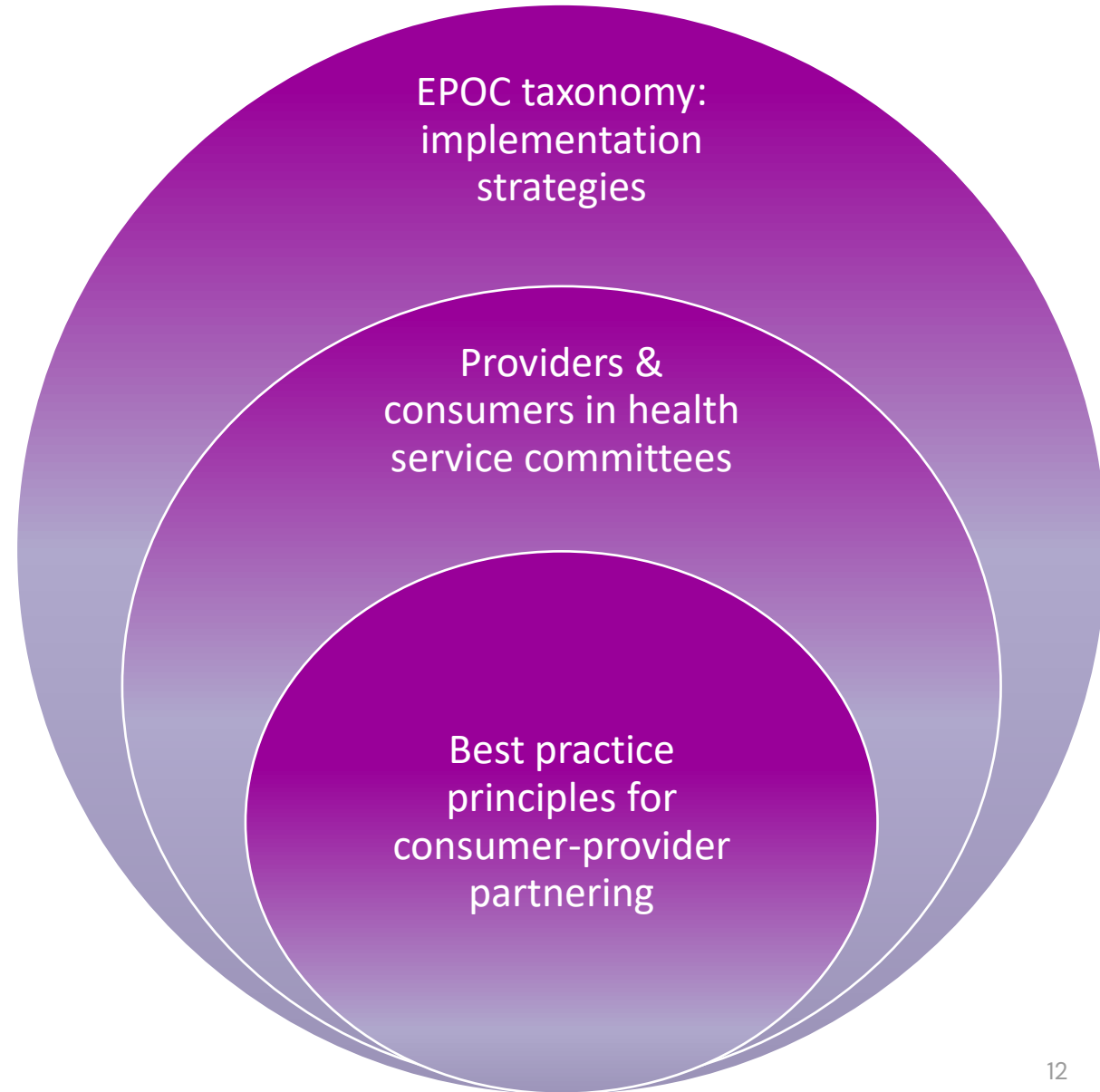
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- ❖ Review shows: provider health behaviour change is needed for better partnering



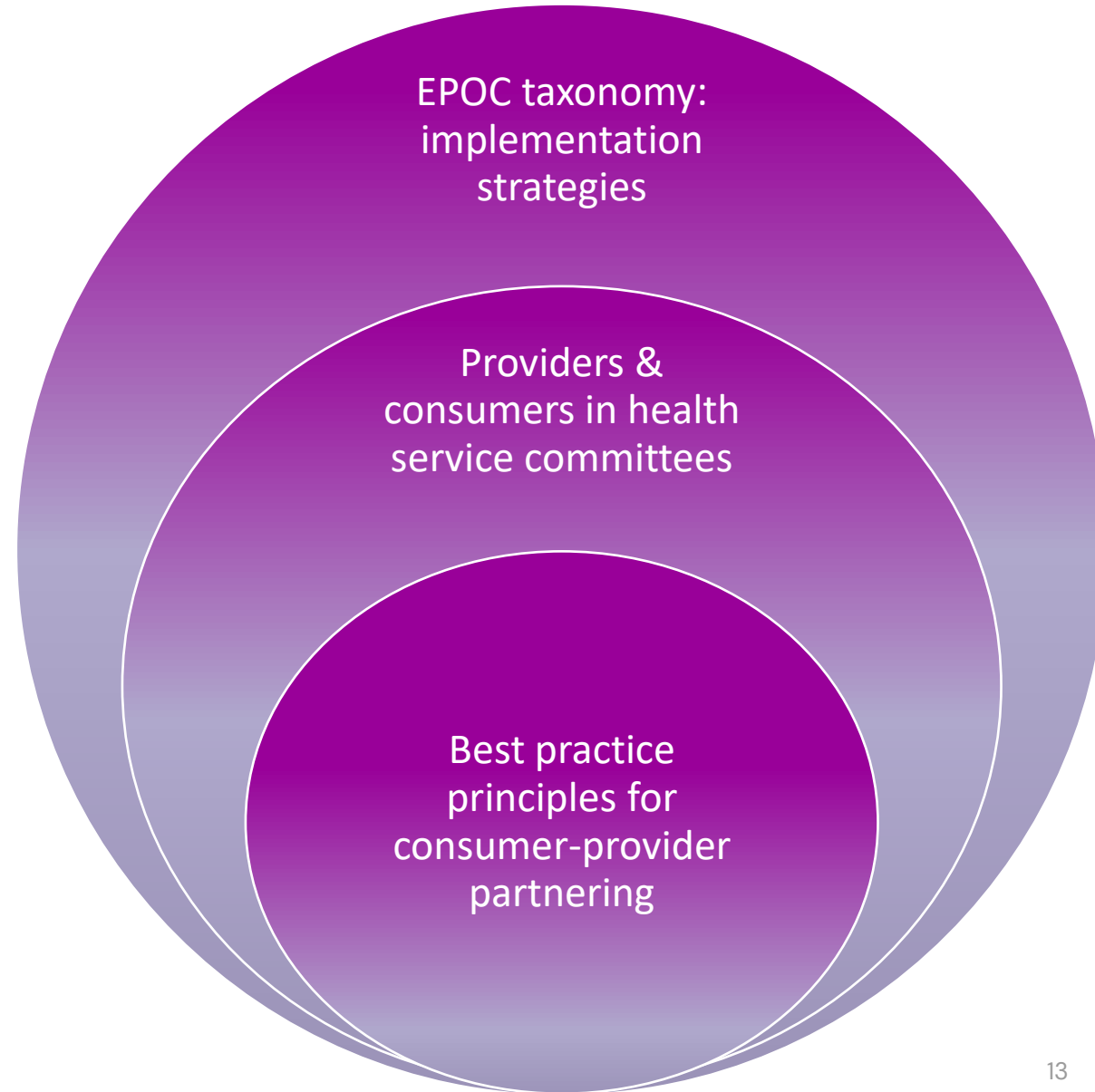
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- ❖ Review shows: provider health behaviour change is needed for better partnering
- ❖ Intersection between people and health systems key to implementing these findings



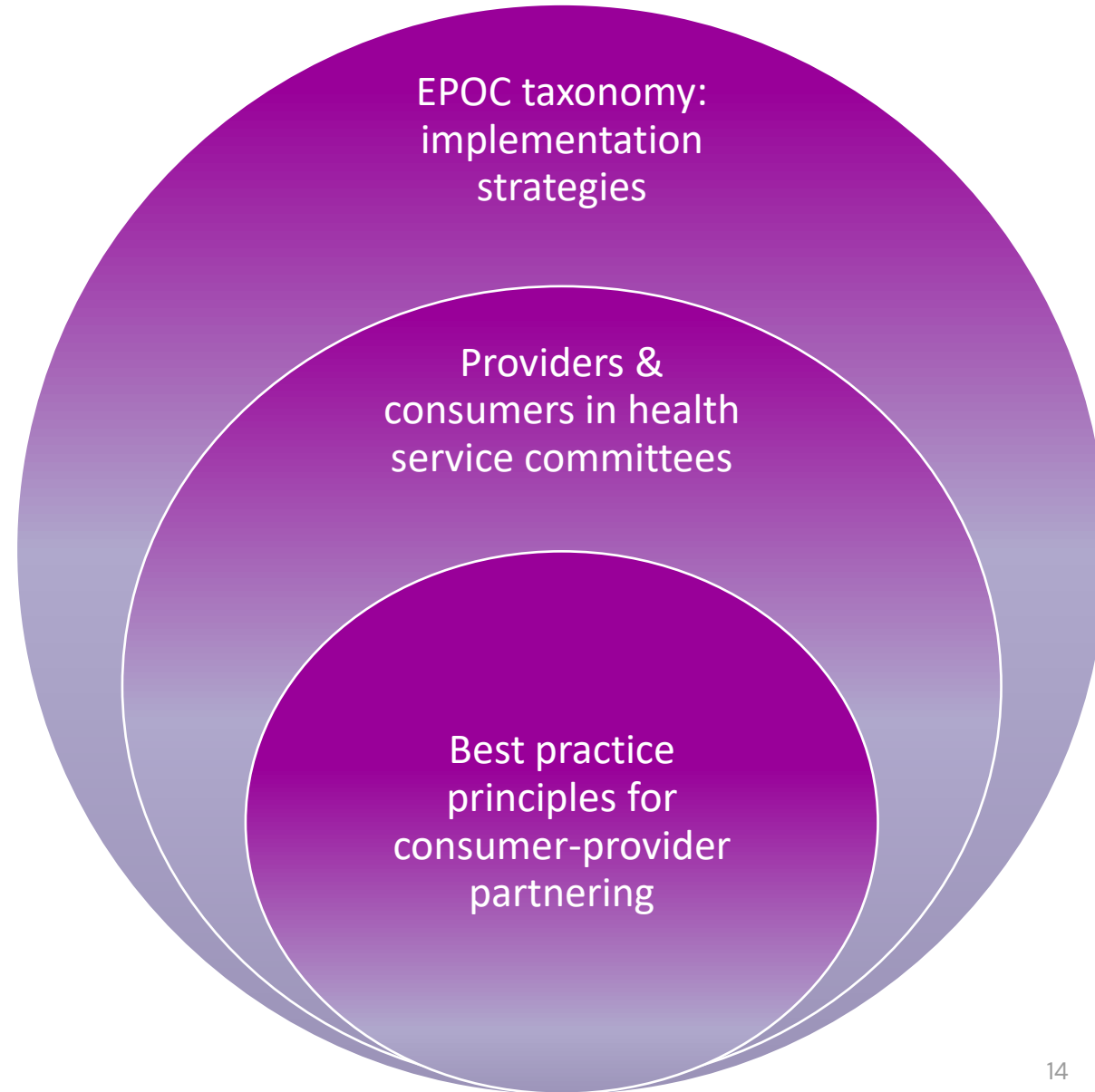
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- ❖ Review shows: provider health behaviour change is needed for better partnering
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- ❖ Using EPOC's research (taxonomy) to identify implementation options



# Bridging the research to practice gap: moving evidence towards practice

- ❖ Review shows: provider health behaviour change is needed for better partnering
- ❖ Intersection between people and health systems key to implementing these findings
- ❖ Using EPOC's research (taxonomy) to identify implementation options
- ❖ Thematic Group drawing on wider expertise important for implementing person-centred research findings



# Acknowledgements

- Dr Bronwen Merner
- Stakeholder panel members
- Other coauthors of the review
- Past and present members of CCC & CHCP, including those who conducted the CCC Priority Setting Exercise



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**THANK YOU**

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