

## Background

Young people (YP) face **disproportionate health inequalities** compared to all age groups.<sup>1</sup> NHS England initiatives of “supported self-management” and “making every contact count” include the use of health resources for patient education.<sup>2,3</sup> However, patient resources are often **too complex**, adversely affecting health inequalities.<sup>4</sup> Tailoring health resources to specific patient groups is associated with improved health outcomes,<sup>5,6</sup> and this can be achieved through **patient co-production** of healthcare resources.<sup>7</sup> Despite this, YP are **rarely consulted** when designing health resources.

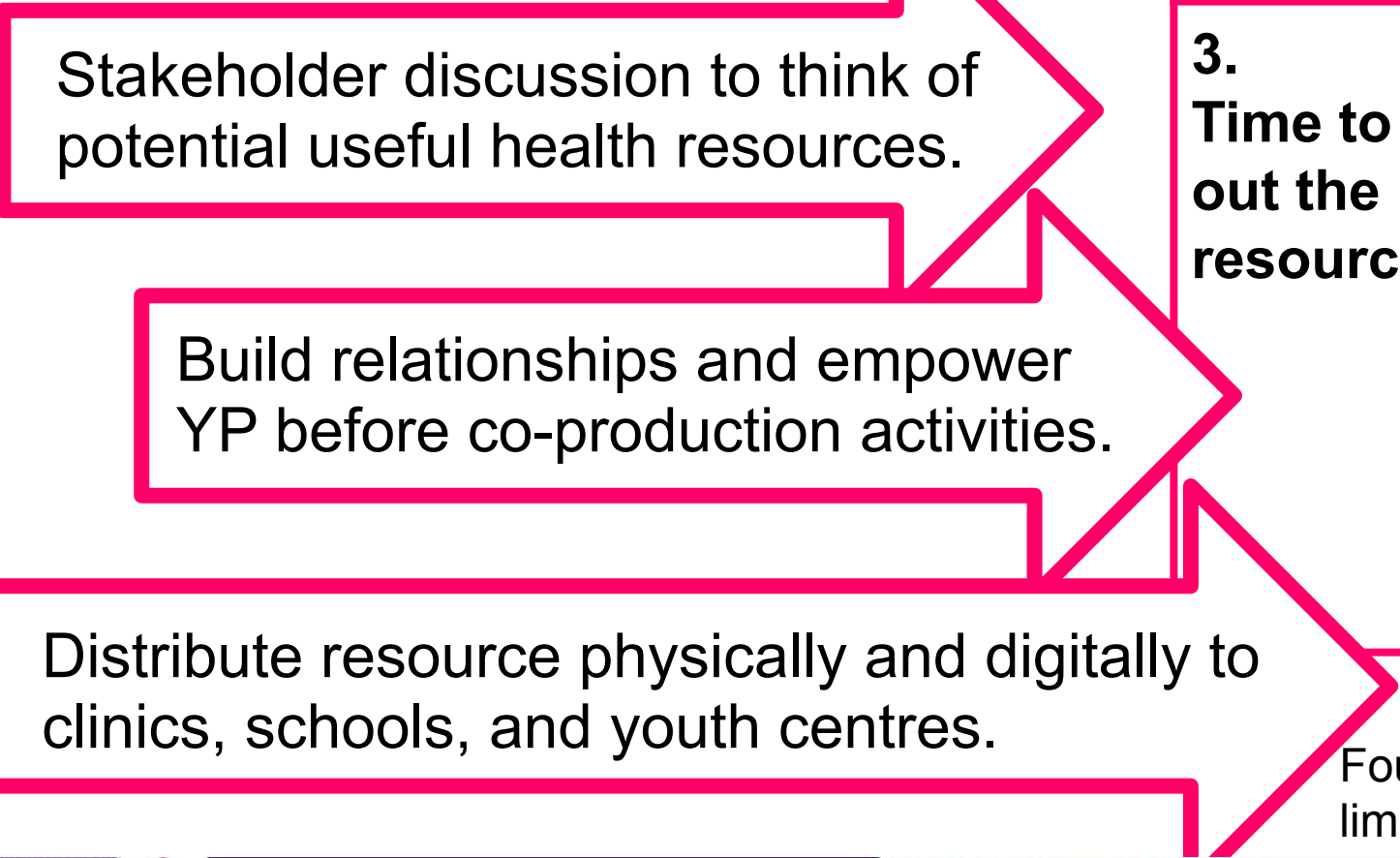
### Aim:

To **identify what YP need** from health resources and **co-produce** a comprehensive health resource made for and by YP by July 2024.

### Measures:

- Qualitative data** collection from workshop with YP about their health resource needs.
- YP rating of **usefulness and usability** of the resource

### Change Ideas:



## PDSA Cycles

Cycle	Plan	Do	Study	Act
1. Preparatory Work	List ideas for possible resources to include in the final output.	2 investigators used resources such as WHAM initiatives <sup>8</sup> and The Well Centre website.	Current health resources may be difficult to find and overwhelming to understand.	Planned activities for the resource co-production workshop.
2. YP Co-Production Workshop	Run a workshop with YP to create a useful health resource.	6 YP aged 14-17 years participated and shared thoughts/ideas about health resources.	YP want health resources that are easy to use, tailored towards them and their community, and address overall wellbeing.	Initial resource drafted using ‘Canva’ based on YP’s needs and ideas.
3. Time to test out the resource!	Distribute co-produced resource to YP and gather feedback.	6 YP tested the resource at school and filled in a survey.	5/6 YP said that the resource is easy to use and that it should be accessed digitally/physically. 6/6 YP said the categories are good and that the resource is useful.	Revised version of the co-produced resource was completed (Figure 1).

Four distinctive categories with limited text and use of colour, font size and icons.

### Quotes from YP...

About current resources:

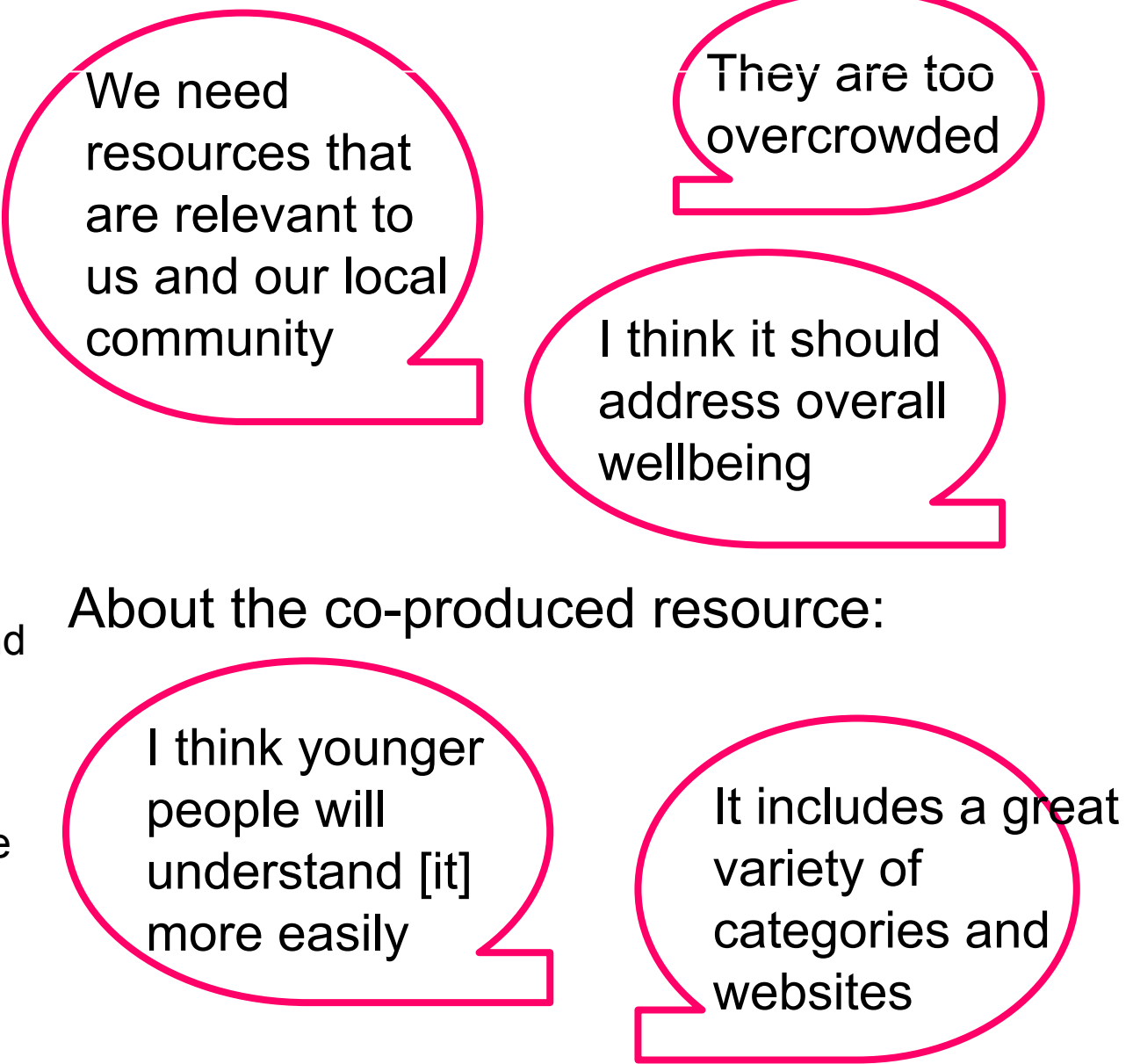


Figure 1: Co-produced resource made for and by YP (digital version)

## Reflections and Next Steps

- YP feel that health resources need to be better suited to their **unique needs** and their **contexts**, and suggested the inclusion of **non-medical aspects of wellbeing** in health resources.
- Involving YP in co-production of a local health resource led to a **comprehensive, accessible, and useful** resource, according to **all** participants.
- We hope to complete further PDSA cycles by distributing the resource digitally and physically to wider healthcare settings and gathering feedback from YP/clinicians to assess the scope of this method for health resource creation.

## References

- The Health Foundation, Whitworth, A., 2023.
- Supported self-management, NHS England, 2023.
- Making Every Contact Count (MECC): Consensus statement, Public Health England, 2016.
- Patient information materials in general practices and promotion of health literacy: an observational study of their effectiveness, Protheroe, J., Estacio, E.V., and Saidy-Khan, S., 2015.

- What do patients want? Time to innovate medicine information leaflets. Young, A., Smith, A., Tordoff, J., 2017.
- Coproduction of healthcare services. Batalden, M., Batalden, P., Margolis, P., Seid, M. *et al.*, 2016.
- The vital importance of patient information leaflets. BMA, 2021
- 1-2-3 Family Wellbeing Leaflet, Wellbeing and Health Action Movement, 2023.