

Coproducing Personalised Care: Improving the Holistic Needs Assessment and Personalised Care and Support Planning in Colorectal Cancer



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BACKGROUND

Personalised care and support planning (PCSP) supports people to manage the impact of cancer, leading to improved experience of care, quality of life, and reduced health service use¹. PCSP is built on coproduction, recognising that care and health outcomes are generated through the shared work of patients and clinicians².

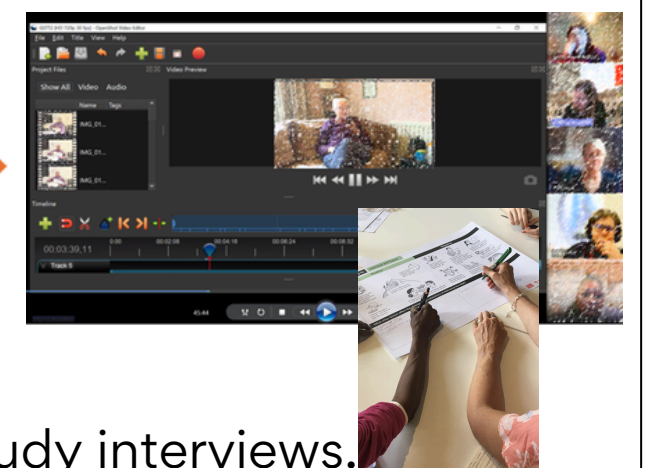
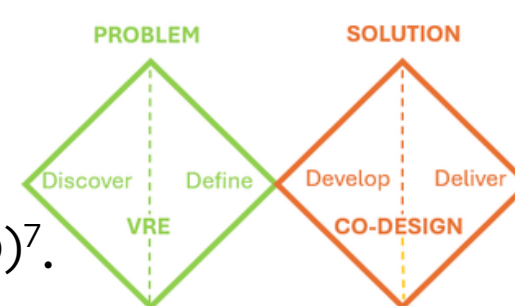


AIM

Despite being promoted as standard care, PCSP is not yet widely embedded³, and where it is, quality, content, delivery and timing vary⁴. Using the Holistic Needs Assessment (HNA) as a case study of PCSP in practice, this study explored how PCSP is coproduced in everyday colorectal cancer care, and co-designed improvements.

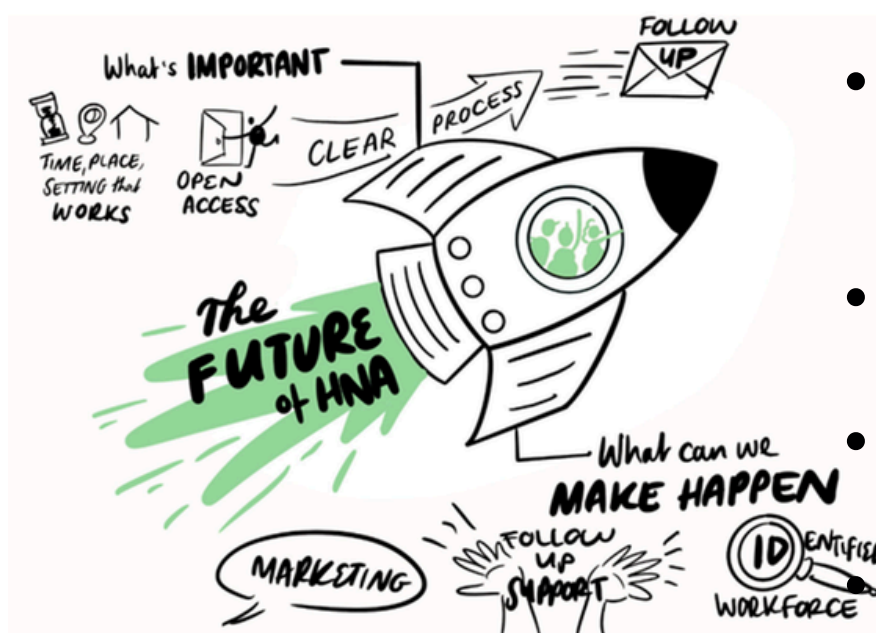
METHODS

The study used a collaborative, participatory approach combining the Double Diamond framework⁵, Video-Reflexive Ethnography (VRE)⁶ and Experience-Based Co-Design (EBCD)⁷. Conducted across three NHS Trust research sites: Ten patients filmed at three time points - 8 paired clinicians - 7 team reflexive sessions with 31 team members - 9 co-design workshops with 45 stakeholders - and 23 end-of-study interviews.



FINDINGS

- **Value gap:** The value that patients place on PCSP contrasted with clinicians' views of the consultations as bureaucratic
- **Empowerment:** Patients described co-producing health as enabling them to be active participants in their own care
- **Team approach:** The HNA and PCSP is a way to foster joined-up care
- **Low uptake:** Many patients do not take up the HNA and PCSP offer and some were unclear about its purpose
- **Language gap:** A gap between clinical speak ('holistic assessment') and patient understanding ('it's about my wellbeing')
- **Re-offer:** Timing of the offer isn't always right; need to find systematic ways to re-offer to patients



A suite of seven resources were co-designed to improve understanding, highlight benefits, and make PCSP more accessible. Available here:



OUTCOMES

- Outputs being used in **17 NHS Trusts** and across **13 Cancer Alliances**
- Hosted nationally by **Macmillan Cancer Support, Cancer Care Map** and **UK Oncology Nursing Society**
- Direct practice change: new HNA clinics, improved HNA tool
- Findings informed the **National Cancer Plan for England**
- Awarded 12-month funding from **King's Better Health and Care Hub** to evaluate impact
- Winner of the 2026 **King's Engaged Research Award** for participatory approaches to research (national level)

CONCLUSION

VRE and EBCD are powerful, complementary methods for understanding and improving how coproduction is realised in routine cancer care. By positioning patients, clinicians and wider stakeholders as equitable partners, we were able to rapidly identify barriers, co-design meaningful improvements, and produce outputs now being used at scale across NHS Trusts and Cancer Alliances nationally.

REFERENCES 1. Le Boutillier, C., et al., (2023) Improving personalised care and support planning for people living with treatable-but-not-curable cancer. *BMJ Open Quality*, 12:e002322. 2. Batalden, M., et al., (2016) Coproduction of Healthcare Service. *BMJ Quality & Safety*, 25:509–517. 3. Dept of Health and Social Care (2026) *National Cancer Plan for England: delivering world class cancer care*. London: DHSC 4. Williamson et al., (2020) The patient needs assessment in cancer care: identifying barriers and facilitators to implementation in the UK and Canada. *Supportive Care in Cancer*, 29:805–812. 5. UK Design Council (2023) <https://www.designcouncil.org.uk/our-resources/the-double-diamond/>. 6. Iedema, R., et al., (2019) *Video-Reflexive Ethnography in Health Research and Healthcare Improvement: Theory and Application*. Florida: CRC Press. 7. Robert, G., et al., (2015) Patients and therapist as codesigners of healthcare services. *BMJ (Online)* 350, 1–6.