Oriel – the co-design stage

*You’re part of the story*

Report title Summary of outcomes from engagement March-September 2021 

**Introduction**

This is a summary of what people have told us during March to September 2021 about their hopes for Oriel. We asked for feedback about what is important in the design of the new centre for eye care, research and education. We spoke to patients, carers and staff to make sure that the design of Oriel meets their needs and expectations before the building work starts.

We have identified common themes, including what people like about the design, their doubts, uncertainties and what they would like to know more about. All of this information will be used as the basis for continuing our Oriel engagement programme.

**What we mean by Oriel engagement**

Engagement involves talking and listening to people so that their views are taken into account in the design of Oriel. Having these conversations about Oriel will enable us to jointly deliver a building that is the best it can be.

**Who did we engage with?**

* We have engaged with over 1,000 patients, staff and members of the public during March to September 2021.
* We engaged with people using a range of different online and in-person methods including.
  + Online discussions and workshops
  + An online and print survey
  + Face-to-face conversations
  + Oriel patient, partner and staff advisory groups
  + A three-day in person exhibition

More information on the types of discussion can be found in the **appendix**

**Top five themes that people consider important in the design**

* 1. **A welcoming, pleasant atmosphere** – especially around the building’s entrances and the atrium, the central space where the reception area will be. Both staff and patients talk about how the building should feel and the impact on confidence and inspiration.
  2. **A comfortable environment** – a calming place for everyone with plenty of space and an even temperature inside the building. Lighting and sound are important for people with visual impairments and for staff at work.
  3. **Getting to and from the centre and effective internal wayfinding** – Many patients are concerned with the “last half mile” and the question of getting to and from the centre confidently on their own. People should also be able find their way around the building as easily as possible. This could involve the use of colour-coding, lighting, clear signage and accessible information that makes the most of technology alongside friendly, personal support.
  4. **Facilities and wellbeing** – Access to food and drink within the centre is welcomed by patients and an essential part of working life for staff. People ask for toilets to be close to waiting areas or easily accessible to people who are waiting. Space for collaboration is valued by staff, but also access to individual work spaces.

Staff facilities include cycle storage, changing rooms and secure places for belongings, as well as good transport links.

* 1. **Patient support, journey and privacy -** Individual consulting rooms with good lighting and acoustics in consulting rooms to improve communications between clinicians and patients, particularly for people with hearing difficulties.

**Analysis**

At this stage, much of the feedback from our engagement activities echoes previous consultations, which serves to emphasise what people consider important and provides both assurance and challenge. In later stages, it will be possible to discuss finer details, which may require a break down and division of design topics.

Oriel is an opportunity to make improvements in care, services, the workplace and wellbeing for everyone with an interest in the new centre.

A theme that runs through all discussions is that there is an enthusiasm for the new centre to be “more than a hospital” through the integration of eyecare, research and education. There is a clear sense that both staff and patients want the new centre to be a place for learning, discovery and achievement.

Several of the groups, including the focus group for younger people, talked about learning opportunities in the new centre. Specifically, both patients and staff talk about research being “visible” via exhibition or online, if not literally visible as research in action.

There were also ideas about building relationships with the voluntary sector, where experts could be available within the centre to give group talks or one-to-one advice. This included support to all parties, patients, carers, staff and students to developing networks and communities of knowledge.

As part of the integration culture change, patient groups are interested in stronger links between the centre and other services in the wider system, such as primary and social care.

Oriel is an opportunity to change culture, and this can be promoted now.

**What next?**

* Further engagement on specific topics or themes identified as being of most importance
* Involving patients and staff in trials and testing / areas for co-production
* Embedding a culture of ownership and collaborative working practices