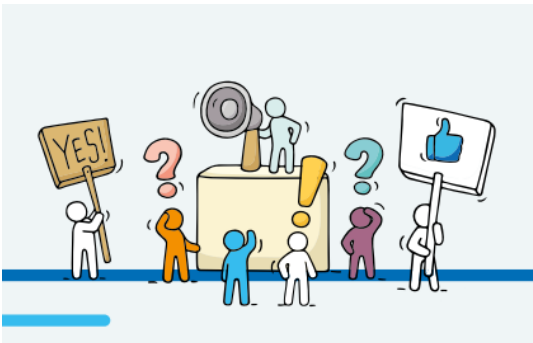


# Patient and public engagement and communications

Victoria Binks

Monday 8 July 2019



# What is engagement?

- Enabling people to:
  - Voice their views, needs and wishes
  - Contribute to plans, proposals and decisions about services
- Patients and public – including families and carers
- Involvement/engagement/participation/patient and public voice – used interchangeably
- Different approaches depending on target audience and commissioning activity



# The power of engagement

Working together improves individual patient outcomes and also wider community outcomes. *(King's Fund, 2012: Rogers and Robinson, 2004)*

Telling the public, patients, neighbouring surgeries and healthcare partners about changes means they understand what you are doing and why - and they are likely to want to help. *(Robertson, 2003)*

Staff are invaluable when playing a part in planning and development of services at a local level - and they are likely to want to help. *(Robertson, 2003)*

The public, patients and staff are equal partners in problem solving for the future of their local health services. *(Spencer et al, 2013)*

- Engaging patients and the public in vision of services is recognised as best practice
- Legal duties and statutory requirements

**“If you can put in place known approaches that effectively engage people in health-related decisions, you will directly create better health and wellbeing — more so than much of the routine provision of reactive medical treatments”**

Don Redding, Director of Policy for National Voices, 2019



# Core principles (NHSE 2019)

- Reach out to people – rather than expecting them to come to you and ask how they would like to be involved
- Promote equality and diversity
- Encourage and respect different beliefs and opinions
- Proactively seek participation from communities experiencing the greatest health inequalities and poorest health outcomes
- Provide clear and easy information, recognise people have different needs
- Be honest, open and transparent
- Invest in partnerships and relationships
- Give feedback on any engagement and results
- Review experience (positive and negative) and learn from what is said
- Take time to plan and budget for participation

# National voices (2017)



# Using engagement to influence

<b>Insight</b>	What do we already know? Patient experience, data, compliments and complaints
<b>Listen, analyse and co-design</b>	Work with our stakeholders and public to develop services, and key messages
<b>Influence – behaviours and perceptions</b>	Developing and managing relationships, building trust and credibility
<b>Leadership and sustainability</b>	Monitor and feedback

# Insight: What do you already know?

- Compliments and complaints
- Research studies
- Friends and family test
- Existing surveys
- Know your populations – JSNA, fingertips





# How and who to engage

- Stakeholder mapping – staff, patients and public, key stakeholders
- Use existing data and experience
- Gap analysis – where are we missing the data?
- Communication and engagement channels for each of the three key audiences e.g.

Group	Who are they	Recommended comms/engagement
Patients	Users of the service, specific condition	Face-to-face, email, focus group, social media, text to a survey

# Planning and action

- Review existing insight and previous involvement activities as a first step – what do we already know?
  - E.g: surveys, social media, Healthwatch reports Care Quality Commission (CQC) reviews , complaint, the VCSE sector and local authorities staff feedback including their own views, intelligence they have gained through their interactions with patients and the public previous public involvement exercises.
- Who needs to be involved? Stakeholder mapping
- Decide how to involve the public
- Ensure that its is fair and proportionate



# Stakeholder mapping

## Staff

- Internal
- Volunteers

## Patients and public

- General public
- Patients
- Members
- Critical friends/patients by experience
- Seldom heard

## Stakeholders

- Media
- MPs and councillors
- Health partners
- Regulators
- CCG/STP/ICS
- Health campaigners
- Emergency services
- VCSE and Healthwatch



- If you are making a material change to your services which will impact on how people access services, you will need to engage and involve your patients and staff.
- This could be permanent closure of a branch surgery or removal or creation of a significant service that you run.
- This will lead to people having reasonable expectations, high rates of satisfaction and fewer complaints.



# Closing the loop...

- Feedback to those involved – you said, we did
- Share and disseminate
  - Public
  - Stakeholders
  - Staff
  - Volunteers
- Celebrate and launch



**You said**



**We did**

# Practical steps to good engagement and involvement

- Think about using a wide range of approaches – one size does not fit all! Think about how to reach seldom heard groups.
- Work in partnership with others, particularly patient and public groups. The voluntary sector, Healthwatch and local authorities are a great place to start. Consider events/ workshops, providing accessible information and resources to support good communication.
- After an event feed back the outcomes of participation activities to those who took part and make time for a debrief

**Step One**

### Collaboration

Set up by bringing together the following



Central support



Patient representatives



Clinical teams

**Step Two**

### Gathering Feedback

Feedback is collated from the following



Previous patients



Current patients

**Step Three**

### Making Sense

Organising and presenting feedback to understand



Topics important to patients

**Step Four**

### Team Priorities

Reviewing topics to understand



Which topics to work on



Things to celebrate

**Step Five**

### Making a Change

Improving patient experience through



Team projects



Sharing with others

**Step Six**

### Review

Use new patient feedback to



Assess impact



Identify new topics



Periodic review



# Legal duties and statutory requirements

- Engaging patients and the public in the commissioning and provision of services is recognised as best practice
- Legal duties and statutory requirements:
  - National Health Service Act 2006 (as amended in 2012) – sections 14Z2
  - *Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England* (NHS England, April 2017)
  - Equality Act 2010 – section 149 (public sector equality duty)
  - Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- For CCGs, it means commissioning services that routinely provide individuals with the information, care and support to determine and achieve the outcomes that matter to them.
- It is not a nice-to-have, it is core business and can have some real impact.





# Stakeholder mapping

- Prioritise your stakeholders

<b>High power</b>	<b>Satisfy</b> Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	<b>Manage</b> Key stakeholders who should be fully engaged through communication and consultation.
<b>Low power</b>	<b>Monitor</b> This group may be ignored if time and resources are stretched.	<b>Inform</b> Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
	<b>Low impact/stakeholding</b>	<b>High impact/stakeholding</b>

# Understand key stakeholders

- Stakeholders – who are they? You need to identify these.
- How are your key stakeholders likely to feel about and react to your project?
- What is the best way to engage and communicate with them?
- Involve your stakeholders in developing your thinking – asking their opinions can be the first step in building a successful relationship with them.
- Build trust with your stakeholders. In order to work most effectively with your stakeholders, it is vital to understand their goals and expectations for the change work from their perspective.

# NHS England guidance for CCGs

**1** Involve the public in governance



**6** Feed back and evaluate



**2** Explain public involvement in commissioning plans/business plan



**7** Implement assurance and improvement systems



**3** Demonstrate public involvement in annual reports



**8** Advance equality and reduce health inequalities



**4** Promote and publicise public involvement



**9** Provide support for effective involvement



**5** Assess, plan and take action to involve



**10** Hold providers to account



**NHS**

Vale of York  
Clinical Commissioning Group

# When the legal duty may apply

We should always consider the benefits of involving the public in their work and seek to take account of feedback from the public about the services we commission. In some cases the need to involve the public will be obvious, other cases will need more assessment into what is appropriate.

- **Changes to commissioning arrangements:** The strategic planning of services e.g. reconfiguration of services or developing and considering proposals to change commissioning arrangements, e.g. Changes to services, new models of care, new service specifications, local improvement schemes, etc.
- **Procurement:** Considering or developing proposed models, configurations or specifications for a service, or commencing a procurement process.
- **Contracts:** Entering into a contract with a provider or varying a contract, serving a notice to terminate a contract with a provider or receiving a notice to terminate from a provider.
- **Equality:** An equality impact analysis may indicate the need for engagement, for example a lack of evidence relating to certain groups.
- **Overview and scrutiny referral**



## EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequality was addressed. The systemic barrier has been removed.

# Connections between engagement and equality

- Carrying out an equality and health inequality analysis can help identify people who experience the greatest health needs, those who face barriers to accessing services and to participation
- To reach into and develop relationships with diverse communities, especially with 'seldom heard' groups, staff should plan involvement proactively, identifying resources and sources of support.
- Connect with existing patient, service user and VCSE organisations
- Activities should be planned and adapted to ensure that they are fair and equitable regardless of a person's cultural, linguistic, religious background, communication and accessibility needs.
- Auditing and monitoring participation of equalities protected groups, for example in events and formal governance roles, supports staff to promote the involvement of people who are more reflective of the population in question.



# Engagement and consultation

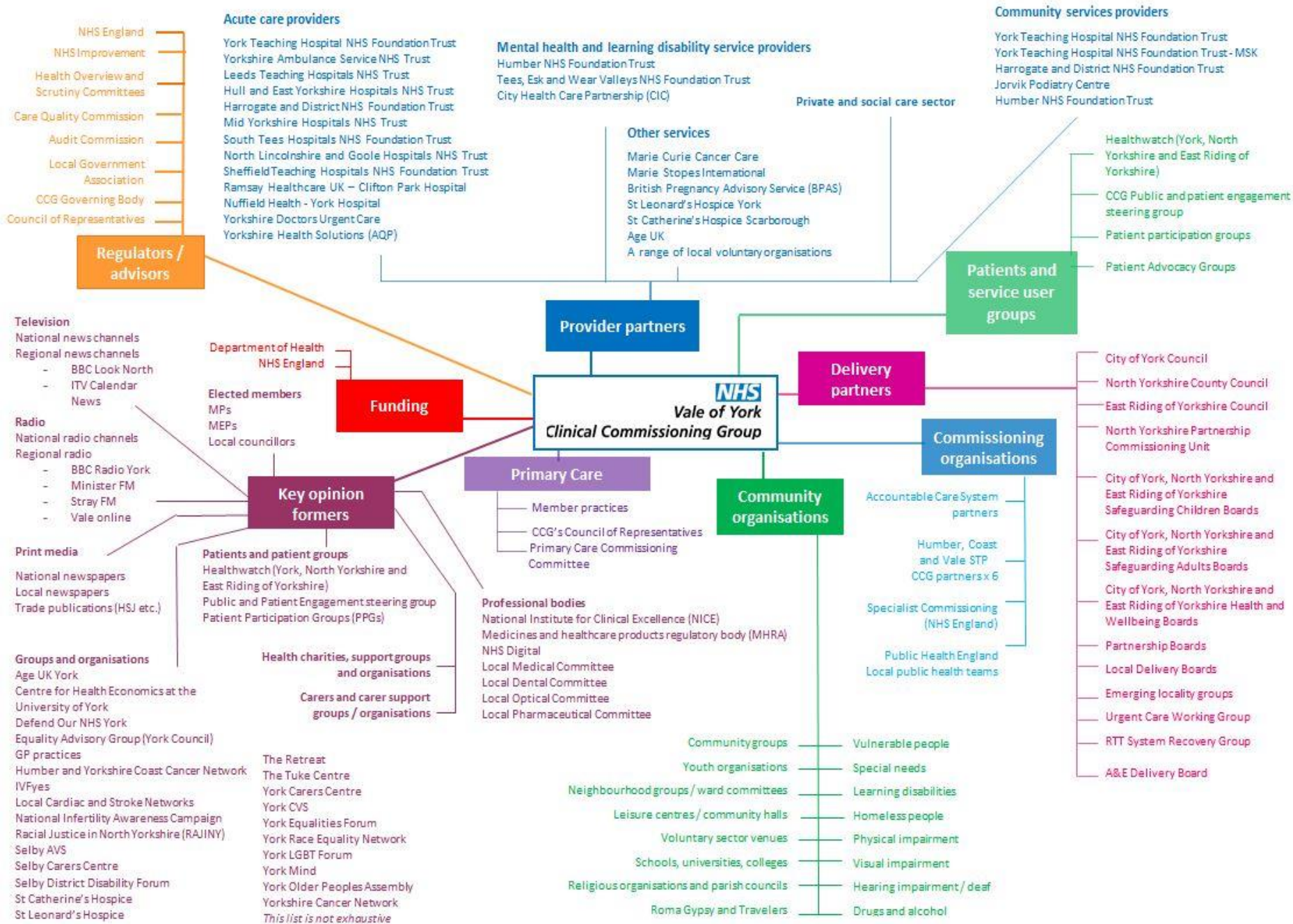
Definitions of reconfiguration proposals and stages of engagement/consultation

Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal involvement	Engagement	Formal consultation
<p>Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service</p>			<p>Category 4 Formal consultation required (minimum twelve weeks) <b>(RED)</b></p>
<p>Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people</p>		<p>Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making <b>(ORANGE)</b></p>	<p>Information &amp; evidence base</p>
<p>Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p>Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought <b>(YELLOW)</b></p>	<p>Information &amp; evidence base</p>
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions <b>(GREEN)</b></p>		<p>Information &amp; evidence base</p>

↑ OSC involved  
↓ OSC may be involved

**Can seek legal advice on whether a full public consultation is needed**

*Note: based on guidance within the Centre for Public Scrutiny's Major variations and developments of health services, a guide*





# Building trust and understanding

Write the name of your chosen stakeholder here

Our goals for this change are:

## Assumptions

What do we know about their goals?

Is this based on an assumption or fact?

What do we think they know or assume about us?



Head

Heart

## Understanding and trust

What activity(ies) can we use to build trust and understanding?

What more do we want to find out?

How can we align our goals?

How can we frame our messages?  
based on what we know about them

Frame 1

Frame 2

Frame 3

How do we communicate?

How do we want them to work with us?

Who will ask?

Collaboration

How committed are they to the change?

Commitment



Vale of York

Clinical Commissioning Group