PATIENT AND THE PUBLIC INVOLVEMENT STRATEGY

July 2007
KEY PRINCIPLES

Wrightington Wigan and Leigh NHS Trust is committed to involving local people in planning and decision making today and in the future. We endeavour to meet expectations within available resources and hope to do this through a variety of innovative methods.

As a result of the National Health Service Act 2006, coming into effect in November 2006 the previous section 11 of the Health and Social Care Act (2001) is now Section 242. The full bill is available at: www.opsi.gov.uk/ACTS/acts2006/20060041.htm#aofs

Section 242 of the Health & Social Care Act 2001 places a duty on Strategic Health Authorities, Primary Care Trusts and NHS Trusts to make arrangements to involve and consult patients and the public in:

- planning services they are responsible for; not just when a major change is proposed but in ongoing service planning
- developing and considering proposals for change in the way those services are provided; not just in the consideration of a later proposal but in the early development stages
- decisions to be made that affect how those services operate; in decisions about general service delivery; not just major changes

Formal Consultation is only one method of seeking consumer views.

When you consult, care must be taken to comply with legal duties, such as those that arise under the Human Rights Act, the Data Protection Act, the Freedom of Information Act and laws against discrimination and defamation. In addition, the Race Equality Scheme contains specific obligations relating to the assessment.

This document outlines both the informal and formal consultation processes.

The National Health Service Reform and Health Care Professions Act 2002 established the Patient and Public Involvement Forums which are shortly to be replaced by Local Involvement Networks (LINks). Further details on the new arrangements are awaited once the Local Government and Public Involvement in Health Bill passes through the parliamentary process.
NATIONAL AND LEGAL REQUIREMENTS

In producing this strategy, it is important that both national and legal requirements are taken into account, so that the PPI and Patient Experience elements can be taken account of. A summary is set out below.

National Healthcare Standards - On April 1st 2005, the Healthcare Commission launched a new approach to assessing and rating the performance of each local NHS organisation: the annual health check. The aim of the ‘Annual Health Check’ is to promote improvements in healthcare for patients and the public. It replaces the old system of 'star ratings' and looks at a much broader range of issues than ever before. Each year in October, the Commission will publish the annual performance rating for each organisation. This rating has two parts:
1. quality of services
2. use of resources

In relation to PPI and Patient Experience, Core Standard 17 requires Trusts to ensure that the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The ratings are published on a four point scale: excellent, good, fair, or weak. The purpose essentially checks that the organisation is getting the basics right and making sustainable progress.

Auditors’ Local Evaluation - Healthcare remains the fastest growing area of public expenditure and increased spending on the NHS has been accompanied by a challenging regime of targets and initiatives. Designed by the Audit Commission and undertaken by external auditors, the Auditors’ Local Evaluation (ALE) involves auditors making scored judgements on the five key areas:

- Financial reporting;
- Financial management;
- Financial standing;
- Internal control; and
- Value for money.

Under the Value for Money area, a key line of enquiry requires assurance that the organisation has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community.

These judgements culminate in an overall use of resources score for all NHS Trust and PCTs (excluding Foundation Trusts). The use of resources score forms part of the Healthcare Commission's Annual Health Check.
**NHS Litigation Authority** - The NHSLA is a Special Health Authority (part of the NHS), responsible for handling negligence claims made against NHS bodies in England. In addition to dealing with claims when they arise, they have an active risk management programme to help raise standards of care in the NHS and hence reduce the number of incidents leading to claims. Important PPI & patient experience data can be found from analysis of complaints and incidents and used to drive up standards.

**Legal requirements**

**Section 11 of the Health and Social Care Act 2001** - this Act placed a duty upon NHS organisations to make arrangements to engage, involve and consult patients and the public in planning services and developing and considering proposals for changes in the way those services are provided (not just when major change is proposed). The duty to involve and consult was commenced on the 1 January 2003 and guidance was issued in February - ‘Strengthening Accountability’. In addition, best practice guidance was launched in October 2004 entitled 'Getting over the wall: How the NHS is improving the patient's experience'.

**Section 242 of the National Health Service Act 2006** - this Act brought a whole series of other Acts relating to health together and puts into statute all the arrangements for the new Strategic Health Authorities and reconfigured PCTs. Hence Section 11 has become known as Section 242.

**The Local Government and Public Involvement in Health Bill** – this bill has been placed before the Commons for its first and second reading and may be subject to further amendment. It includes the changes to involvement and consultation that lead on from the response to the Department of Health ‘Stronger Local Voice’ consultation and the changes to the duty to engage and consult.

Along with significant duties for local authorities, including ones relating to community strategies, Local Strategic Partnerships, Local Area Agreements and duties of Overview and Scrutiny Committees, the bill:
- Abolishes the Commission for Patient and Public Involvement in Health (CPPIH) and Patient & Public Involvement Forums (PPIFs).
- Creates Local Involvement Networks (LINks).
- Places a duty on Local authorities to make contractual arrangements for the involvement of people in the commissioning, provision and scrutiny of health services and social services.
- Strengthens and clarifies current requirements for public involvement and consultation on the commissioning and provision of health services.
- Introduces a new duty on each all Trusts to report on consultation arrangements by presenting such information to Trust Boards for example.

It is expected that once the Bill becomes enacted, guidance will be issued towards the end of 2007.

**Aim of Patient & Public Involvement**
The principle aim of this strategy is to enable the development of health services that are more responsive to the needs, expectations and preferences of health service users.

It aims to integrate feedback from users into service planning, prioritisation, development and service monitoring in order to provide services that are reliable, responsive and continuously improving.

It sets out broad principles that will lead to improved patient and public involvement and recognises that this will be a dynamic and continuously developing activity.

The aims of involving patients and the public in health care will:

- Enable staff to provide good care
- Facilitate patient participation in that care
- Build mutual trust between those providing and those receiving care

The overall benefits of better involvement will be:

- Better outcomes of health care
- Increased patient satisfaction
- Improved patient experience
- More responsive and cost effective services
- A strengthening of public confidence in locally provided services

Dimensions of public and patient involvement

In order to undertake work on public and patient involvement it is important to have an understanding of what the term means and take a consistent approach. Public and patient involvement needs to be carried out across two levels.

- **The individual** – the involvement of patients in discussion and decisions concerning their own individual care and treatment. It is closely linked to the overall care experience for individual patients.
- **The collective** – the involvement of patients and the wider public in decisions concerning the deliver and planning of services.

At both the individual and collective levels, there may be different degrees of involvement that reflect a spectrum of engagement that ranges from provision of information to patients and/or the public, through feedback from patients and/or the public, to patient and/or public influence over decision making.

At the individual level involvement includes, receiving information about access to services, what to expect from care and treatment and/or about health professionals and treatment choices. Importantly, it provides opportunity for patient/public to ask questions, make suggestions, identify needs and concerns or make a complaint about a service or experience of care.

At the collective level, involvement includes the wider public receiving information about health concerns, such as health promotion, public health
issues. It also may include information on services available and mechanisms for feeding back the collective views of patients/communities for example through quantitative or qualitative research, audit, clinical governance reports and PALS and complaints monitoring. The grid below incorporates the different dimensions of public and patient involvement and allows the Trust to map its activities across the organisation as a whole and within individual services.

This approach provides a vehicle for the Trust to make an assessment of the provision for public and patient involvement through explicit initiatives taking place, identifying gaps where more initiatives are required and measurement of the degree to which there is consistency of practice. By adopting this framework, it is possible to make the link between a means and an end.

The dimensions of public and patient involvement and the need to link purpose to outcomes are set out in the grid below (fig.1).

**Main dimensions of public and patient involvement – linking purpose and outcomes**

*Fig. 1 (Source: Nothing About Us Without Us. CHI)*

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>FEEDBACK</th>
<th>INFLUENCE</th>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
<td><strong>Collective</strong></td>
<td><strong>Better informed access to care.</strong></td>
</tr>
<tr>
<td>• Patient leaflets</td>
<td>• Patient leaflets</td>
<td>Needs focused services</td>
</tr>
<tr>
<td>• Patient prospectus</td>
<td>• Patient prosectus</td>
<td>Service responsiveness</td>
</tr>
<tr>
<td>• Patient held records (smart cards)</td>
<td>• Patient feedback/complaint cards</td>
<td>Patient choice.</td>
</tr>
<tr>
<td>• Internet provision</td>
<td>• Patient diaries/stories</td>
<td>Patient centred care.</td>
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<td>• Access to patient correspondence</td>
<td>• Patient pathway</td>
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<tr>
<td>• Annual reports on PPI</td>
<td>• Patient Panels</td>
<td>Accountability to patient &amp; citizen.</td>
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<td>• Strategy for PPI</td>
<td>• Complaints monitoring</td>
<td></td>
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<td>• Annual plans</td>
<td>• PALS activity monitoring</td>
<td></td>
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<tr>
<td>• Performance Information</td>
<td>• National Patient Surveys</td>
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<td>• Clinical Governance reports</td>
<td>• Focus Groups</td>
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<tr>
<td>• Press &amp; medical publicity</td>
<td>• Wider consultation re health needs/priorities</td>
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</tbody>
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Clarity of understanding Of rights and responsibilities.

Service consistency and quality.
Transparency of service provision. Efficient use of resources. Contribute to effective clinical governance.

Better understanding and confidence in NHS. Service improvement and development. Appropriate services. Involvement in treatment decisions.

PURPOSE AND VISION

To inform the purpose of this strategy there has been engagement with staff and patients. Research was undertaken looking at best practice across the NHS family and through guidance from key agencies including the NHS Centre for Involvement.

Our Vision for Involving Patients

To provide a clear and coherent approach for public and patient involvement. The strategy will aim to establish the mechanisms that will achieve a patient and public focus on the future direction of service delivery, planning and policy and create an atmosphere that will promote a strong culture of trust and partnership between patients and staff.

Core Principles

The aims and objectives of this strategy are to achieve through effective communication and engagement, a patient centred and patient directed service.

This strategy sets out a commitment to achieve this, recognising that involvement must occur across all levels including policy making, service development and treatment processing. This requires active involvement by INFORMING, CONSULTING and by working in PARTNERSHIP.

The Key principles and values of involvement are represented through the core principles adopted by the Trust Board that:

- Public and patient perspectives are an integral part of the culture of the organisation.
- The models and methods of involvement will adopt best practice
- Staff will be fully supported and appropriately trained to engage in patient and public involvement activities
The process of involvement is sensitive to the needs and abilities of all participants, including preferences concerning language, mode of communication and will ensure that there is equal access to involvement for all.

Patient & Carer Involvement

- In January 2002 a Patient and Public Involvement Manager was appointed to assist individuals and staff teams in actively involving patients in service planning and design. This post is funded jointly across the health economy, facilitating close links between the Trust and Ashton Leigh and Wigan PCT.

- Mechanisms to involve patients in service design include joint working with key partners including the Primary Care Trust, Local Authority, Patient & Public Involvement Forum, independent, community and Voluntary Sector. This work is facilitated through the Patient and Public Involvement steering group.

- Good relationships have been established with the Patient & Public Involvement Forum and local Overview and Scrutiny Committee, particularly in relation to joint working on consultation exercises on service redesign. The PPI Manager attends monthly meetings of the PPIF. (Arrangements for ongoing dialogue with LINKS will be established on appointment).

- Partnership working is evident with the Local Authority Community Engagement Team, in particular in communication with the local Townships.

- Patient involvement activity is monitored through the Directorate Action Plans, developed through the Divisional Service Improvement Teams.

- The Trust Board and Clinical Governance & Standards Board receive regular updates on patient involvement activity.

- Other patient involvement activity is conducted by individual staff members, including activity related to educational or personal development plans.

- A Readers Panel assesses the quality of corporate information being issued by the Trust to patients, providing advice on best practice in the use of appropriate language and design. This Panel also provides advice in the development of the internet web pages accessible to the public.

- The Trust is continually seeking to increase its hospital Membership scheme as part of its Foundation Trust application process.
• The Trust has established an active Patient Panel from its membership scheme

• Support/special interest groups provide input into service planning and redesign.

• Patients and Carers and our Volunteer workforce are involved in auditing the quality of Trust provided services.

Patient/carer experience

• The PALS and Complaints service facilitates feedback of patient experience to Divisions, Service Improvement Teams, Clinical Governance & standards Committee Committee, PPI Steering Group and the Trust Board through activity reports and anonymous case studies. The PPI department work closely with the Voluntary Services Manager and the vast number of volunteers who provide an invaluable support to patients attending our hospital sites.

• The annual National Survey Programme provides information on patient experience. Action plans are in place to take forward issues of service improvement from the outcome of these surveys

• Directorate teams are engaged in a range of mechanisms to ascertain patient experience, including patient stories, focus groups, video diaries, art projects, patient diaries, questionnaires, with access to advice/support from the Patient & Public Involvement Department.

• Feedback from patient concerns and complaints are fed through to Heads Of Nursing and General Managers

• Links to local specialist Advocacy Services have been established through the PALS Team to provide support to patients. Including the ICAS service specialising in supporting people wishing to make formal complaints through the NHS complaints procedure.

• There are comments/suggestions cards for patients to send comments on experience of service provision that can be posted in boxes located around the hospital

Patient and Public Involvement Framework

The framework below sets out the reporting mechanisms for patient and public involvement across the Trust.

The PPI Manager reports to the Assistant Director of Nursing and Governance. The PPI Department coordinates three key activities for the Trust, the coordination of patient and public involvement activity on behalf of the Trust, the management of the Patient Information Service, supporting patients, relatives, visitors or carers with information needs and management of the Voluntary
Services Manager who coordinates all voluntary service activity across the Trust and Management of the Trust Wide Chaplaincy Service.

The Patient and Public Involvement Forum (PPIF) are separate to the reporting structure as the independent statutory body currently appointed to monitor local health services. The PPIF are represented on both the Clinical Governance and Standards Board and on the Patient and Public Involvement Steering Group. They also are invited to send a representative observer to all meetings of the Trust Board. The Forum also send representatives to a range of other service discussion groups across the Trust.
Patient & Public Involvement Governance Structure

KEY PRIORITIES

- To monitor annual Action Plans for Patient Involvement and Experience on behalf of the Trust
- To report PPI Activity within the Annual Report of the Trust

Resources & Support

“You cannot expect ordinary people to put forward their views or take part in discussion if they think that decisions have already been made. Equally, those working in the NHS who have a commitment to wanting to involve patients and the public will require the support of the organisation to equip them with the necessary skills to do this properly.” (Bowling, 1997)

The action research that informed this strategy has supported this view in that both patients and NHS staff were committed to working in partnership to inform the future development of health services. However, both groups identified the need for time and financial resources to enable them to undertake this effectively.
The PPI Department in implementing this strategy will take account of the need to offer opportunities to staff to develop their engagement skills.

Equally patients who take part in activity on behalf of the trust should be provided with opportunities for reimbursement of time and expenses where appropriate to the individual. All patient/public members who act as lay advisors are regarded as working in a voluntary capacity and as such will be registered as hospital volunteers, receiving the support and protection of the Trust Volunteer Policy.

**Working with Key Stakeholders**

The Trust has agreed a local compact to work in partnership with other key stakeholders including the Primary Care Trust, Local Authority and Voluntary Sector to achieve a seamless approach to the delivery of health and social care services, recognising the contributions of all stakeholders.

**Patient & Public Involvement Forums (LINK on appointment)**

The Trust engages fully with the independent statutory Patient and Public Involvement Forums, to ensure that they are able to conduct their statutory duties to the best of their ability, receiving the full support of the Trust in the carrying out of their functions.

**Patient Prospectus**

The Trust will continue its patient survey programme in line with the Department of Health’s requirements and will share information from this programme through publication within the Patient Prospectus, working in partnership with the coordinating agency, Ashton Leigh and Wigan PCT.

**Overview and Scrutiny**

The Trust actively engages with the Overview and Scrutiny process operated by Wigan Council’s overview and scrutiny health select committee and will work in partnership with the Council to agree a programme for scrutiny of trust provided services.

**The Process**

The Trust will embrace its obligation to consult at all levels, whether this be on an individual basis or collectively on plans for the future or proposed changes to services. Consultation will be undertaken recognising the cultural, physical and environmental issues that may impact on a consultation process, to ensure that the process is equal and open in its approach. The Trust will work in partnership recognising the values of the compact agreement in planning and exercising consultation.

The process for patient and public involvement set out within this strategy document will be implemented through an Action Plan (Appendix i). The results
of this action plan will be reported via the Trusts Annual Report, detailing the outcome of activity developed through the action planning process.

The opportunity to use qualitative and quantitative research methods in undertaking patient and public involvement on and individual or collective basis will be taken. Traditional methods including:

- patient questionnaires
- patient stories
- focus groups
- patient panels
- Links to support groups and “expert patients”

will be complemented by alternative approaches to engaging with patients including:

- collage,
- paintings,
- video diaries
- photography

These alternative approaches to undertaking patient experience will help to engage with patients in areas traditionally regarded as difficult to reach such as specialties including learning disability, sexual health or children’s services.

PROVIDE FEEDBACK

Providing feedback to patients/visitors/carers/members of the public regarding the responses received is essential because:

- It will demonstrate that the Trust has taken account of view expressed
- It will allow the Trust to demonstrate where improvements have been made as a result of comments received
- Where changes cannot be made, the Trust will explain the reasons for this
- Feedback mechanisms include:

  Information on the Trust internet
  Poster displays “You said – We Did”
  Press releases
  PPI project reports available to participants on request
  Summary of PPI activity contained with the Trust Annual Report

CONCLUSION

This strategy will aim to achieve a philosophy across the trust that encourages staff and patients to work together to “put our patients needs at the heart of everything we do.”
References

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Creating a Patient Led NHS ( DOH, 2005)

Now I Feel Tall. What a patient led NHS feels like (DOH, 2005)

Our Health, Our Care Our Say. Making it happen ( DOH, 2006)

Local Government & Public Involvement In Health Bill (DOH, 2006)