The heart of the matter

Patient and public engagement in today’s NHS
The voice of NHS leadership

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- providing independent challenge
- creating dialogue and consensus.

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Introduction

Patient and public engagement (PPE) needs to be integral to everything that NHS organisations do, both as commissioners and providers of services. While techniques and approaches will differ depending on the particular circumstances and audiences, there are common principles and characteristics that underpin good engagement.

PPE strengthens accountability and helps NHS bodies develop a relationship of trust and confidence with their local communities. It can contribute to the quality and effectiveness of services for individuals and the community. Increasingly, patients’ views of the care they receive are reflected in assessments of services and the income organisations receive.

In England, the imperatives for PPE are underlined both by government policy around the need for public and user involvement in public services and the regulatory and legal framework within which the NHS works. Recent regulatory and legal changes heighten the importance of PPE for NHS organisations, particularly as they respond to the Quality Innovation Productivity and Prevention (QIPP) agenda.

Practice across the NHS in England is mixed. Some organisations are realising the benefits of embedding PPE throughout their organisation, supported by sustained investment and commitment, while others take a more mechanistic approach.

More needs to be done to embed commitment and focus on effective and efficient PPE in all NHS organisations as part of their everyday way of doing business. In the current financial climate, when there is a danger of PPE being seen as an unaffordable luxury, NHS organisations need to recognise the benefits of engagement as well as the costs of not engaging or not doing it well.

The NHS faces a period of significant change as it responds to pressures to deliver better quality care at lower costs. PPE must be central to these changes, and the key question is how to achieve this.

Major reform of PPE structures or arrangements is unlikely to provide the answer. This report argues that structures are ultimately a secondary consideration. What is most important is having a culture of engagement that is reflected in behaviour and attitudes throughout NHS organisations, and influences the organisation’s decision making and the quality of services provided.

The report sets out what good engagement looks like, where the NHS in England is at with PPE, and asks some further questions for discussion. See our website (www.nhsconfed.org) for a range of useful case studies.

**Good engagement is:**
- focused on culture rather than structures or techniques
- integral to all activity
- strategic, clear and coordinated
- open and transparent
- well resourced and supported
- inclusive and representative
- flexible
- collaborative and builds partnerships
- sustained
- outcomes based and focused on improvement.
Engagement: why bother?

NHS organisations need to engage with the public and patients because there are regulatory and legal requirements to do so, and also because of the public’s expectations that their views will be sought. But more importantly, effective engagement enhances services and care, improves health outcomes and strengthens public accountability.

The rationale for PPE is increasingly supported by financial incentives, with plans to link part of the Payment by Results (PbR) tariff to patient experience, and recognition that assessments of quality should include patient reported outcomes measures (PROMs). Together these help to create a compelling business case for better engagement. And, in these tough financial times, knowing what patients want, how they feel about their care and what can be improved will help organisations improve services which will ultimately affect income.

Improving the quality of care

PPE can help to identify what services need to be provided and where, any gaps in services or unmet needs, and how well services are meeting patients’ needs. Understanding people’s experiences of care can lead to a better understanding of issues along the care pathway, which can guide both commissioning and service provision, and better coordination of care.

Patients and their families also have an important role to play in developing and promoting a safety culture. Often patients who have been harmed or who have a poor experience of care have the strongest motivations to use their experiences to improve care. Lessons from the Bristol Royal Infirmary Inquiry and Healthcare Commission investigation into Mid Staffordshire NHS Foundation Trust clearly show that listening to what patients and their families have to say about care can provide early warning signals if things are not right, and can contribute significantly to learning from adverse incidents and improving services.

Improving health outcomes

There is strong evidence of the positive impact of engagement on health outcomes for both individuals and the wider community, particularly the benefits of engaging individuals in their own treatment. Better understanding of a community can also help

Social marketing and smoking cessation in Knowsley

Knowsley PCT used social marketing as part of its smoking cessation programme, working in partnership with the local authority and Roy Castle Lung Cancer Foundation’s FagEnds. Aspects of the programme included:

- holding focus groups with smokers and staff
- targeting people not usually receptive to NHS material
- segmentation - of both demographics and service users
- individually tailored support and using a Stages of Change model, based on the acceptance that quitting is a process.

Knowsley has gone from having one of the worst quit rates in the country to consistently being among the top three performers. In 2007/08 Knowsley had the highest number of quitters across the country, and the number of successful quitters per head was almost twice the national average.
NHS organisations develop services that engage ‘hard to reach’ groups and boost take-up rates. This has been especially important in promoting public health and well-being, and fostering health literacy.

**Strengthening accountability**

Patients and the public increasingly expect to be involved in decisions about their personal care and those that shape NHS services, including hospital closures and other service changes. The NHS is accountable for these decisions through:

- non-executive directors (NEDs) drawn from the local community
- external scrutiny by regulatory and inspection bodies, Local Involvement Networks (LINks) and local authority Overview and Scrutiny Committees (OSCs)
- foundation trust membership and board of governors.

However, the public accountability of the NHS is often questioned. A perceived democratic deficit can affect confidence in the NHS and its actions, and foster mistrust in its decisions. Effective engagement can help address this perceived gap.

**Complying with the law**

All NHS bodies have a legal duty to involve and consult patients and the public in planning, developing and delivering health services. This includes:

- a new requirement for PCTs, NHS trusts and foundation trusts to prepare and publish a statement of involvement, which comes into effect from April 2010
- the NHS Constitution, which gives patients rights to be involved in decisions about their healthcare
- world-class commissioning, which expects PCTs to take commissioning decisions that reflect the needs, priorities and aspirations of the local population
- a new duty for PCTs and SHAs from April 2010 to produce an annual report, outlining how they have engaged with the local community and taken account of these views in commissioning and other relevant decisions
- a requirement for foundation trusts to draw their membership from the local community (and staff), and to have elected representatives of patients, carers and the local community on their boards of governors.

**Regulatory compliance**

A new system of registration for all health and social care providers from April 2010 will require NHS organisations to engage effectively with patients and the public. The new system, run by the Care Quality Commission (CQC), will legally require all providers to assess the views and experiences of their service users, and to have regard to these in relation to managing quality.

Specific registration requirements relate to the involvement of people in their own care, and what providers should do to ensure that the views and experiences of people using services are taken into account. CQC guidance about compliance with the statutory registration requirements is built around the outcomes patients can expect to receive, meaning that providers will need to seek patient feedback to demonstrate that they comply with the regulations.

NHS organisations are also subject to the Audit Commission’s Comprehensive Area Assessments (CAA), which look at how well public services are serving the community. Part of this process looks at how well local public services understand the needs of the community, whether local people feel involved and whether organisations have met their duty to consult.
What good engagement looks like

Engaging badly wastes money and effort, not only for NHS organisations but also the patients and public with whom they work. It can destroy trust in the organisation and damage its reputation. While the methods of effective engagement will differ between organisations and according to circumstances, some characteristics define good engagement.

Organisations that engage well go out of their way to seek people’s views and to build relationships, rather than waiting for people to proffer them. For example, South Essex Partnership University NHS Foundation Trust has developed a sustained and long-term commitment to engaging service users, carers and their families in all activities. Croydon PCT is developing a systematic approach to involving patients and the public as part of its everyday business, using the engagement cycle as part of world-class commissioning. And NHS Wandsworth has run its ‘mystery shopper’ scheme for two years, using the information it gathers to improve patient care.

A culture of engagement and systems throughout the organisation

PPE needs to become part of the everyday values and behaviours of everyone across the organisation and not seen as an ‘add on’ or a ‘tick box’ process. This starts with senior managers and the board, and recognition of the value of PPE as a strategic asset to shape and inform decisions.

Effective engagement that drives high-quality patient experiences involves:

- a consistent organisational approach to, and understanding of, what constitutes patient experience
- knowing what information is needed to measure it and how best to gather it
- a commitment to act on this information.

Clear, strategic, transparent and accountable

Effective engagement can add legitimacy and credibility to decision-making processes and build relationships and trust with the local community and users of services. It helps to create a shared understanding about expectations, priorities and limitations, and highlights areas of tension and consensus. It can also strengthen public confidence in the decision-making process, which is helpful when difficult decisions have to be made.

Being clear from the outset about the intended purpose and objectives for any engagement is vital. This should include why and who the organisation wants to involve, how they will be involved, and what their role and influence will be. A strategy is needed to achieve systematic, sustained and coordinated engagement at all stages of commissioning and providing services. This should be patient-led and board-approved, and link into a communications plan.

By sharing information openly and honestly NHS organisations can aid people’s understanding of the issues. It is also important that they report the results of feedback, demonstrate how they have taken account of them, and explain decisions. Information must be accurate, timely and accessible to everyone for whom it is intended.

Sufficient resources and building capacity

Engaging effectively requires time and resources from both the NHS and the public and patients, but the benefits of engagement are likely to outweigh this. Not engaging or doing it badly can damage the credibility of the NHS and its relationships with patients and local community. It may even result in legal challenges or referrals to the Secretary of State for Health and ultimately the Independent Reconfiguration Panel (IRP).
The heart of the matter: patient and public engagement in today’s NHS

Good engagement requires sufficient resources and support to be made available at all stages of the process. The current financial climate makes it even more important to choose the most effective technique for each task, and to engage with people in ways that work.

Embedding PPE across organisations may require new skills and ways of working. A dedicated team to support engagement can help this process but capacity needs to be built across the organisation.

Some trusts have also found it helpful to:

- include engagement in staff induction, training and development
- give staff PPE goals
- appoint a dedicated member of staff to support engagement activity by all staff
- build a network of involvement champions
- work with intermediaries, such as the local involvement network (LINk).

A culture of engagement in South Essex

With strong support from the chair and chief executive, South Essex Partnership University NHS Foundation Trust (SEPT) has developed a sustained and long-term commitment to engaging service users, carers and their families in all its activities, so that engagement has become routine. This mental health and learning disabilities trust recognises that this contributes to strengthening its reputation, both with its users and in the local community.

SEPT uses different approaches and projects to engage service users, carers and the public, including:

- providing information such as specially-commissioned DVDs
- using point-of-use surveys and ‘mystery shopping’ to gather feedback about services and ideas for improvement
- consultant psychiatrists and junior doctors meet service users and carers to talk about what’s good and what needs to change
- users and carers participating in interview panels and staff training, speaking about their experiences to help staff understand their perspectives
- users and carers participating in Patient Environment Action Team (PEAT) inspections. Information gathered through PPE is used as evidence for Commissioning for Quality and Innovation (CQUIN) payments
- the trust actively building relationships with the local LINks and other key stakeholders, including representatives from the voluntary sector and housing associations. It also works with commissioners and others interested in engagement such as the county council.

As a foundation trust, SEPT recognises the importance of having a broad and extensive membership to ensure the trust is representative of and builds links with the community. This includes using membership meetings and trust governors to build a better understanding of mental health and learning disability issues and to tackle stigma.
Mystery shopping in Wandsworth

NHS Wandsworth has run its ‘mystery shopper’ scheme for two years as a way of gathering information about people's actual experiences of services. This information is then used to improve patient care.

Interested members of staff and the public have been trained and supported as mystery shoppers to carry out visits to clinical departments. Pairs of mystery shoppers observe the interactions and facilities and talk to patients about their experiences of services. Findings from the visits are reported to the management team with recommendations for change, and the chief operating officer monitors their implementation.

The scheme has helped improve service delivery in specific areas, including family planning, minor injury units, walk-in centres and radiology. It has also provided useful patient experience evidence for NHS Wandsworth to provide to the CQC.

Flexible, tailored and inclusive

Good engagement is not a ‘one size fits all’ approach and should always involve a range of activities. Department of Health guidance on this identifies an involvement continuum and different techniques.5

NHS bodies need to recognise that patients and the public are increasingly providing information about services in ‘unofficial’ ways, for example comments at the reception desk or during a consultation, or comments posted online through websites like NHS Choices, Patient Opinion, Iwantgreatcare and online health communities. Ways need to be found to systematically build this into the organisation's knowledge about how services are meeting patients' needs.

Engaging with all sections of the community or users is important to add legitimacy and many initiatives will need to reach people whose voices are rarely heard. People who do not use services may also have unmet needs.

Detailed understanding of their local community and the barriers to engagement for some sections can help NHS organisations improve the effectiveness of their engagement. Some barriers can be overcome by simple techniques such as translated or large-print materials, or arranging meetings at accessible venues or convenient times.

Collaboration and building partnerships

Working with local networks and structures can maximise the resources available for engagement and channel activities more effectively. NHS organisations can work with established patient and community groups, the voluntary sector, and local authorities. Pooling resources can achieve wider community engagement, offer opportunities to learn from how others do it, and offer access to special skills, expertise and knowledge.

Working with the voluntary sector can be particularly valuable in connecting with groups with specific needs, can be an extremely valuable source of informal feedback, and can help to give local people across a diverse range of cultures a voice on local health issues.

But partnership needs to go beyond tokenism and be based on a reciprocal respect and desire to work together. No areas should be off limits and some organisations have found ways to overcome concerns about involving patients and the public in issues such as recruitment and procurement. For example Croydon PCT has involved the public in tendering two GP practice lists.
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Listening, learning and feeding back

Listening to stakeholders and developing a dialogue has to be at the heart of any engagement strategy. NHS organisations need to be proactive as well as reactive and should not overlook the valuable information gathered through everyday contact between patients and carers and staff.

Listening and learning is fundamental to monitoring services. Understanding what is important to patients and the public provides a basis for performance assessment and benchmarking quality.

But patient and public engagement only has real value if it makes a difference. The NHS needs to feed back and explain the impact of input from patients and the public. This helps tackle any appearance of tokenism, and is part of building a relationship with the community and developing a sustained commitment to continuous engagement.

Measuring and evaluating

Monitoring PPE and its outcomes is essential and therefore planning how evaluation will be done must be considered at the outset. Findings from the National Centre for Involvement’s evaluation shows that trusts which undertook effective engagement had step-by-step processes to evaluate the PPE activity, from planning through to the review stage.

Engaging with diverse groups: Birmingham and Solihull Mental Health NHS Foundation Trust

The trust recognises that a variety of engagement mechanisms are essential to ensure its diverse population has an opportunity to be involved in service planning.

It has appointed a director of diversity/community engagement and recruited celebrity ambassadors to raise awareness about the importance of mental health service and deliver the anti-stigma message. Actor Art Malik was involved in a 12-month engagement campaign during the planning for a new mental health centre in Sparkhill and a series of multi-faith events and community meetings helped to overcome opposition.

The trust works with a range of local media outlets, including community radio and the black and minority ethnic (BME) press, and is prominent at annual faith events. This activity has proved invaluable in publicising the trust’s membership scheme and raising awareness of general mental health issues.
Where we are with PPE

Inevitably, NHS organisations differ in how they develop effective engagement. Knowledge of what works and what tools are most effective is not always shared across the NHS.

There is emerging recognition that PPE needs to move to a new level with a more sophisticated, collaborative and deliberative approach. Some NHS organisations are rising to this challenge and are using a range of techniques, including more innovative and participatory methods to engage with patients and the public. For example, Luton and Dunstable NHS Foundation Trust initially used experience-based co-design to redesign its head and neck cancer services, and then rolled this out more widely across the trust.

The Healthcare Commission’s report into Mid Staffordshire NHS Foundation Trust in 2009 highlighted what can happen to quality when an organisation fails to listen to what its patients and carers are saying about their experiences of care. That case also raised questions about the effectiveness of existing formal arrangements for PPE and public scrutiny for dealing with such issues. Unsurprisingly, much of the learning from Mid Staffordshire focuses on routinely improving engagement with patients and their carers and how organisations listen and respond.

Evidence from the Picker Institute Europe7 and the National Centre for Involvement8 indicates that while practice is generally improving, there are some areas and aspects of NHS activity where PPE is less well developed. Some organisations still appear to be going through the motions, and over reliant on set-piece, traditional consultations that do not offer...
effective engagement. The need for improvement was clearly highlighted in the Healthcare Commission's 2009 review of PPE, *Listening, Learning, Working Together?*

A report from the Independent Reconfiguration Panel (IRP) outlines the risks for NHS organisations if they fail to engage effectively with local communities about proposed health service reconfigurations. The report suggests that closer attention to some common themes could have avoided referral to the IRP. Failings included:

- inadequate engagement before options were published in formal consultation
- reconfiguration plans which missed out details of what services would be provided and how they could be accessed
- mixed messages about clinical issues with disagreement among clinicians leading to public scepticism
- proposals placing too much emphasis on what cannot be done and factors such as staffing problems, and underplaying the benefits of change, particularly for patients, and plans for additional services
- consultation responses not taken into account adequately
- not taking sufficient account of the three issues most likely to excite local opinion – emergency care, transport and money.

### How PCTs are doing

The DH’s world-class commissioning (WCC) programme emphasises the importance of PPE for commissioners. One of the 11 competencies for PCTs set out in the WCC assurance system requires PCTs to ‘proactively build continuous and meaningful engagement with the public and patients to shape services and improve health’. Each PCT is assessed against three components for this competency, with a published rating between 1 (entry level) and 4 (world class) for each. In the 2009 WCC assessment, nine PCTs achieved level 3 on one of these components.

For example, Derbyshire PCT was assessed as level 3 for one component of competency 3, and level 2 for the other two components. Their assessment highlighted a clear and detailed communications strategy detailing goals, and audiences, with the PCT performing well above the national average in terms of patient engagement. The PCT has worked very closely with its partners to establish LINks, and has incorporated patient insights into commissioning plans. Despite the good work being undertaken, there is recognition that more could be done to improve the trust’s PPE, including the more systematic use of social marketing techniques and the systematic review of trends in patient feedback and use of these to inform planning and commissioning decisions within the PCT.

These examples of good practice are supported by a 2009 Picker Institute Europe study which found what it described as “the beginnings of a culture shift” towards PPE. Eighty-two per cent of PCTs responding to the survey reported either significant or sweeping changes to their organisational culture, partly as a result of the WCC requirements. This included: recognising that PPE needed to happen earlier in the commissioning cycle; responsibility for PPE moving up the managerial ladder; and increased investment in PPE.
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The contribution of LINks, membership schemes and working with local government

LINks

Local Involvement Networks (LINks) are the formal arrangements to help local communities have a say in how health and social care services are planned and delivered, and to help improve services. LINks replaced patient and public involvement forums (PPIF) in 2008 and have powers that can be used to investigate specific issues of concern and hold services to account.

A LINk should now be operating in every PCT and social services authority area. Local authorities have a legal duty to make contractual arrangements to enable LINk activities to take place, provide funding to support a LINk in its area, and to appoint a host organisation to support the LINk’s operation.

Progress in establishing LINks has been mixed across the country. As bodies that cover the whole health economy there have been concerns about LINks’ lack of accountability, and the absence of sufficient resources and adequate infrastructure to support their development and operation.

Feedback from NHS Confederation members

In 2009, the NHS Confederation asked some of our PCT members about the progress of LINks in their area. All were taking steps to involve the local LINk in their work, but there were mixed opinions about the potential for the LINk to make a difference. However, some felt that LINks have the potential to become more effective than PPIFs over time.

Many of those responding highlighted teething problems with establishing the new system, including difficulties with governance arrangements, securing membership, and establishing expertise and effective ways of working. They particularly felt that insufficient resources hampered the progress and development of an effective LINk, and there was a danger that they were set in old ways of working. Some were concerned about how well connected the LINk was to the local community or service users, and felt that the LINk failed to encompass the intended broader membership of individuals, organisations and existing community groups.

However, in some areas good progress was being made. Here, the LINk was seen as adding value, particularly on equality and diversity issues. In some areas, the LINk was developing systems to provide feedback and engage with communities and individuals that were not previously involved. For example, NHS Tower Hamlets has found that working with Tower Hamlets Involvement Network (THiNK) has already had a positive impact on local service provision, particularly in urgent dental care, maternity services and GP access.

Our members also suggested some changes. In particular, they felt it was important to clarify the role of LINks and how they can add value, particularly reflecting the views of the local community. They also told us what’s needed is:

- more resources (both financial and practical) to develop the role
- practical support and leadership to share best practice
- developed capacity to make LINKs more strategic and effective, including member training
- support to develop understanding of the wider health and social care agenda
- greater direct accountability for both LINKs and host organisations for their performance and extent of community engagement.
Integrating LINks into PPE strategies
LINks have legal status within the PPE framework and NHS organisations must consider how best to work with them. While LINKs may not yet be delivering the high-quality engagement expected of them, it is still early days and, in times of financial pressures, making the best use of existing resources makes sense.

However, unless LINks add value to local involvement and scrutiny, the danger is that they will be seen as redundant and bypassed by the NHS. For some NHS organisations, the LINk can feel remote and challenging to engage with. Ambulance trusts in particular may need to liaise with several LINks, while for foundation trusts the LINk can feel like a duplication of their membership scheme. Our Foundation Trust Network has published guidance for its members to facilitate effective relationships between the two.11

Membership schemes
Membership schemes are one way that NHS trusts can achieve better engagement with patients and the local community. As well as the statutory schemes in each foundation trust, some PCTs and community services providers are now looking to membership schemes to connect more effectively and consistently with the local community. Additionally, six primary care provider trusts are piloting a community foundation trust model.12

Foundation trusts
The sheer number of people who are members of foundation trusts (FTs) means they are very powerful forces for engagement. Membership, together with the board of governors, can provide a means for NHS bodies to be accountable to their local communities.

But maximising the benefits and opportunities of this model depends on:

- the level of support and information provided to the membership and the board of governors to facilitate their contribution
- how the board of governors works with the corporate board, and the extent to which it is involved in shaping trust business and decisions
- clarity of roles for both governors and NEDs, and the distinction between the two
- a commitment on the part of the corporate board and executive to use the membership and governors as ways of effectively engaging with the local community and patients.

The membership also provides foundation trusts with considerable opportunities to develop and maintain strong accountable relationships with their local community. This can go beyond specific service or foundation trust issues to include issues that affect the whole community. For example, Chesterfield Royal Hospital NHS Foundation Trust worked with other local foundation trusts and NHS organisations to consult members on Derbyshire County PCT’s NHS Next Stage Review report. This joint working led to more than 20,000 people across Derbyshire responding. Read the full case study on our website.

PCTs and primary care
Several PCTs, including NHS Hampshire, NHS West Sussex and NHS Hull, are looking to membership schemes to help improve local accountability, develop an engagement relationship and generate debate about local health services. They face significant challenges in making these schemes work. For example PCTs often cover large and diverse areas and they lack the tangible focus provided by a hospital or other service provider. There is also a danger that these initiatives duplicate the efforts of foundation trusts in their area, and may cause confusion for the public.

PPE in the rest of primary care is generally under developed. Unlike other NHS commissioners and service providers, there are no legal obligations on
primary GP or dental practices or practice-based commissioners to consult and involve their patients. This duty remains with the PCT.

If practice-based commissioning (PBC) is to become an increasing part of how NHS services are commissioned, consideration must be given to what drivers are needed to ensure PPE is integral to it. Further emphasis on the need to develop a more systematic and strategic approach to PPE in primary medical and dental care will come from the extension of CQC registration to these providers in 2011/12. Membership schemes may be a particularly useful model for practice-based commissioners and providers of primary medical and dental services to integrate PPE within all their activities.

**Working with local government**

Close working with local government can help the NHS achieve better engagement with its local community and strengthen accountability. This builds on local government’s role in building social capital and community leadership, its responsibility for strengthening local democracy, and the shared focus with the NHS on improving community health and well-being.

The NHS and local government both need an understanding of their local community and its needs and the NHS can share information and understanding to build better engagement with local communities. The NHS and local government can collaborate in engagement activity and local council initiatives that may particularly help the NHS engage with hard-to-reach parts of the population. It can also give health services the opportunity to work with councils on some of the wider issues that affect health and take-up of services.

Many PCTs and local NHS bodies recognise the importance of building effective relationships and are working in close partnership with local government on services that are closely linked, such as social care and children’s services. Foundation trusts include local authority representatives on their board of governors. Some PCTs have made joint appointments of public health directors, while Herefordshire and the London Borough of Hammersmith and Fulham have joint chief executives of the local council and PCT.

Close working between the NHS and local government is also reflected in arrangements to promote partnership working between local authorities, PCTs and other health trusts through Local Area Agreements (LAAs) and Local Strategic Partnerships (LSPs). These initiatives are reinforced by the Comprehensive Area Assessment (CAA) which provides a governance mechanism for LSPs and seeks to ensure collective responsibility and accountability among the providers of local services.

**Overview and scrutiny committees**

Local authority Overview and Scrutiny Committees (OSCs) already provide an important community perspective and accountability to health service planning and delivery through the active participation of elected councillors. NHS organisations must consult OSCs on any proposals that would lead to “substantial developments or variations” in health services, and OSCs have powers to review local health arrangements, referring matters of concern to the health secretary. NHS trusts, foundation trusts and PCTs are expected to provide information in response to OSC requests, not only to evaluate progress on LAA targets but also on wider issues.

The current focus on strengthening local democracy may result in the extension of OSCs’ powers. Their role in health scrutiny is likely to be increasingly important, particularly with the trend to closer integration of health and social care services. What is important is how OSCs then relate to the local LINk, which also has a health and social care remit across the whole health economy.
Conclusions

Across all sectors, there is an inexorable trend towards greater transparency of information and decision making, with growing expectations that services will be more publicly accountable. The pressure is for organisations to make information more widely available and in greater detail, including assessments of services and comments from patients and the public. There is no going back: patient and public engagement has to become integral to the operation of every NHS organisation.

Patient and public engagement will be of increasing importance as the NHS adapts to a radically changing environment in the next few years. The NHS must look to strengthening its capability and capacity to maximise the benefits that effective and efficient PPE can bring to delivering the high-quality, patient-centred services that we all aspire to, and improving the effectiveness and efficiency of NHS services.

PPE in the NHS is a work in progress with much achieved but still a long way to go. Despite good practice in some NHS organisations, significant challenges remain before PPE becomes an integral and routine part of all NHS organisations’ decision-making processes and activities, and delivery of care. While this paper has focused on the responsibilities of NHS organisations as a whole, this is everyone’s responsibility to make it happen: individuals, clinicians, managers and boards.

NHS organisations increasingly recognise that they must engage actively and effectively with individual patients and local communities to understand their needs and priorities, and to tailor services to deliver more personalised and responsive care. There is growing recognition of the benefits and opportunities this can bring to the quality and effectiveness of services, health outcomes and accountability. While the future holds many challenges, it also presents significant opportunities for NHS boards to build on what has already been achieved and to realise the wider benefits of effective engagement, particularly in delivering the QIPP agenda.

Facing the challenges

This report highlights some key characteristics and principles of good engagement, and the benefits that it can bring. We recognise that achieving this is not always easy. Good engagement takes time and considerable resources, and can present difficult decisions to be made, highlighting conflicting priorities and demands. This can make it hard for NHS organisations and clinicians to prioritise patient and public engagement and to see the benefits it can bring, particularly when significant service reform and financial pressures dominate.

But the costs of not engaging with patients and the public, or of not doing it well, are also significant. Cutting PPE as a response to the financial crisis could reverse much of the progress that has been made. A fundamental shift is required that puts patient and public engagement at the heart of planning, commissioning, delivering and monitoring NHS care. Without this, organisations will not achieve the engagement vital to delivering better health outcomes or improvements in the quality and efficiency of NHS services. They will also fail to secure the support of patients who will increasingly be able to make individual choices about when and where they receive their care.

Particular challenges exist for certain types of NHS organisations, for certain groups of patients or communities, and for certain types of issue. For PCTs, this includes engaging the local community in commissioning decisions, and finding ways of developing better connections with the public.

Culture not structures

There has been a tendency to focus on techniques and structures needed for PPE but the key challenge is how to generate and embed a culture across the NHS that sees PPE as the natural way of doing things – everything from individual consultations to
decisions about priorities or service configurations. Truly embracing this culture also requires a fundamental mind shift so that individuals and organisations look at engagement from the patients’ and public’s perspectives, and recognise that effective engagement can sometimes be about doing small things well.

A focus on structures and processes will not guarantee this. There is little to be gained from another major reorganisation of local PPE structures, and successive reforms have tended to undermine community capacity for engagement and set back what progress has been achieved. A period of stability is needed to allow LINks to bed in and to use the lessons from their early operation to strengthen capability. We believe that all political parties should avoid the temptation to undertake any major reform of local engagement structures.

Other formal structures, such as foundation trust membership and governors, can also offer direct routes into local communities and some PCTs are developing local membership schemes as a means of engagement. Similarly, OSCs have an important role to play.

It is important for NHS organisations to work with all these bodies, but it is also crucial that these bodies work together effectively to maximise their input and coordinate activity.

Strengthening accountability

The contribution of effective engagement to delivering accountability to the NHS needs to be considered. All NHS organisations should ask whether their engagement activities deliver better accountability to the local community and the people who use their services. If not, they should revisit their strategy and approach.

Proposals to strengthen accountability in the NHS include elections to NHS boards and the development of local membership schemes, as well as greater local government involvement in the NHS. While each approach may have some merits, it is unlikely that any of these initiatives in isolation will provide the answer to creating a more accountable and responsive NHS. Most important will be the underlying attitude of the local NHS and its partner organisations to delivering high-quality patient care.

Where we go from here

Potential policy changes raise questions for the future of PPE in the NHS, for example, the role of PPE in an NHS with greater opportunities for patients to make choices about their care. In a system where healthcare provision is shaped by individual choices and GPs’ commissioning decisions, what form should engagement activity take and how will public accountability be delivered? And how do we resolve tensions between individual choices and collective priorities?

Perhaps the biggest challenge for the NHS is that, despite strong public support for engaging patients and the public in decisions about the NHS, they are often reluctant to be involved. The first step in meeting this challenge is the NHS must value people’s input and demonstrate that it was worthwhile giving their time and energy. This should begin with clinical engagement and involving individuals in decisions about their care and for them to feel their input is valued. But it also requires finding better ways of involving them in decisions about priorities at different levels, for example commissioning strategy plans, local priorities, service reconfiguration, decisions about funding care and treatment.

The NHS already has a wealth of good practice and understanding about what works in engagement,
but the learning about this needs to be shared more systematically. This needs to focus on the tools and skills for building collective engagement, and on the opportunities and challenges created by new technology and techniques such as social networking and e-democracy.

Opening the debate

This report aims to promote understanding of the value and role of PPE in today’s NHS. It also intends to prompt discussion about PPE’s future in an ever-changing NHS which faces significant challenges. Have your say on the questions we believe need debating to enable the NHS to best respond to the challenges ahead.

Together with the Department of Health, the NHS Confederation will be holding some discussion events to consider these issues. If you wish to respond to this report or participate in these events, please contact Frances Blunden, NHS Confederation senior policy manager, by emailing frances.blunden@nhsconfed.org

Questions for debate

- Do you recognise the characteristics of good engagement highlighted in this paper? What other factors can help to strengthen the business case for engagement? What do you think stops the NHS from integrating effective engagement into all that it does?

- What needs to change to embed the culture and commitment to support effective engagement? What is needed to strengthen capacity? How do we maintain this focus despite the significant financial challenges facing the NHS?

- How should PPE adapt in response to system changes and the opportunities and challenges presented by new technology and techniques?

- Are current formal review and scrutiny structures right? If not, what should be done to improve their effectiveness?

- Are there lessons to be learnt from foundation trust membership schemes that can be applied more widely across the NHS?

- Does the current framework provide appropriate ways of ensuring the NHS is accountable to patients and the public? If not, what needs to change? Can existing arrangements be used to strengthen accountability?

- Is there more that the NHS Confederation could be doing to advance this agenda? If so, what would help?

Acknowledgements

We are very grateful to the NHS organisations that contributed case studies of how PPE is working for them. Several have been included in the paper but others are available on our website www.nhsconfed.org
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Other resources

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Guy’s and St Thomas’ Charity, Mystery Shopping. A tool Kit for Delivery. Sexual Health Modernisation Initiative, 2008 www.gsttcharity.org.uk

National Centre for Involvement www.nhscentreforinvolvement.nhs.uk

NB no longer operational from 31 August 2009, although resources will still be available on their website for some time to come.

Picker Institute Europe www.pickereurope.org.uk

InHealth Associates www.inhealthassociates.co.uk

Centre for Public Scrutiny www.cfps.org.uk
Patient and public engagement (PPE) needs to be integral to everything that NHS organisations do, both as commissioners and providers of services. While techniques and approaches will differ depending on the particular circumstances and audiences, there are common principles and characteristics that underpin good engagement.

PPE strengthens accountability and helps NHS bodies develop a relationship of trust and confidence with their local communities. It can contribute to the quality and effectiveness of services for individuals and the community. Increasingly, patients’ views of the care they receive are reflected in assessments of services and the income organisations receive.

In England, the imperatives for PPE are underlined both by government policy around the need for public and user involvement in public services and the regulatory and legal framework within which the NHS works. Recent regulatory and legal changes heighten the importance of PPE for NHS organisations, particularly as they respond to the Quality Innovation Productivity and Prevention agenda.

This report sets out what good engagement looks like, describes current PPE within the NHS in England, and poses some questions for discussion.