

# Patient and Public Engagement (PPE)<sup>1</sup>

## PPE in Clinical Audit - A Summary<sup>2</sup>



HQIP is an alliance representing an unrivalled combination of professional and patient interests working together for quality; we have several key aims in relation to patient involvement that are expressed in the way we work as an organisation and the models of clinical quality improvement that we recommend. For example, HQIP advocates for PPE in the selection of initiatives to improve quality; in the governance of these initiatives, such as clinical audit; in the collection of data for the audit and in the action planning and re-audit stages. In other words, HQIP views PPE as an integral part of the whole of the audit cycle.

### HQIP Patient Network

Our Patient Network, currently has over 40 members and has established itself as a consulting body for HQIP and regularly contributes to HQIP products and publications. The Patient Network identified a need for guidance in PPE in clinical audit and were involved in the entire process of its production. The Patient Network continues to meet three to four times a year and our website is regularly updated with additional support and guidance. [www.hqip.org.uk](http://www.hqip.org.uk)

### How to involve and engage patients and the public in clinical audit

HQIP's 'Criteria and Indicators of Best Practice in Clinical Audit' (2009), section 5, refers to patient representation and participation as a key element in achieving good quality clinical audit.

The suggestions for how to involve patients (and carers as appropriate) are anchored around the NHS Centre for Involvement's (NCI<sup>3</sup>) set of six organisational standards that identify what NHS organisations need to do, to ensure meaningful PPE in clinical practice.

This framework can be used as a helpful structure to support and aid PPE in clinical audit with suggestions given to how the standards may be achieved. HQIP have adapted the standards and included additional criteria in order to give more in depth guidance for specific engagement in clinical audit.

#### STANDARD 1:

**People:** Roles and responsibilities for PPE are clearly defined, visible and effective throughout the organisation including leadership at all levels.

*Patients involved in clinical audit need to know what their role is and what they are being asked to do; this needs to be widely understood and agreed, or patient engagement will be tokenistic and unfocused and patients will not feel valued and their skills and experience utilised effectively.*

#### CRITERIA:

PPE in an organisation is managed and led. Staff and clinicians who lead clinical audit projects are trained and informed about the benefits of PPE. Systems and policies are in place, and steps taken to engage patients and carers in clinical audit.

Patients who are members of a clinical audit management or delivery team are fully informed about what is expected from them in terms of participation, commitment and workload.

The patient group to whom the clinical audit standards apply is clearly defined.

If required, patients who are members of the clinical audit team are given basic training to enable them to contribute effectively to the process.

#### HOW?

- The organisation<sup>4</sup> has named individuals responsible for defined PPE in clinical audit.
- All staff and volunteers within an organisation, or working on clinical audit, know their responsibility for PPE.
- Patients and carers with formal PPE links to the

<sup>1</sup>PPE includes patients, carers, service users and the public and can also be referred to as patient and public involvement (PPI).

<sup>2</sup> Full document can be found at <http://www.hqip.org.uk/patient-and-public-engagement-2/>

<sup>3</sup> Please note that the NCI closed on 31st August 2009 at the completion of its contract with the Department of Health.

<sup>4</sup> This term as used in these standards includes NHS providers and organisations running national audits, as appropriate.

organisation have clearly defined role descriptions covering the scope of their engagement in clinical audit.

- There are policies in place to support PPE activity including:
  - a reimbursement policy
  - a reward and recognition policy
  - a communications policy
  - a policy on information governance related to patient engagement
  - a policy or policies outlining governance arrangements for PPE
  - a policy or policies that outline health and safety arrangements for PPE
  - a policy on support available to involved users.
- There is a training programme in place to support PPE including:
  - inclusion of PPE in induction training of staff
  - inclusion of need to involve patients
  - training of patients and public volunteers.

#### STANDARD 2:

**PPE strategy and vision:** There is an explicit strategic framework that makes clear the organisation's commitment to PPE.

*The rationale and purpose behind PPE needs to be understood by those responsible for management; its value needs to be shared by those with responsibility. This shared vision needs to be expressed within a strategic framework.*

#### CRITERIA:

PPE is owned at board or senior management level.

There is an explicit link between the organisations clinical audit strategy and its PPE strategy.

#### HOW?

- The organisation has a defined set of objectives for PPE activity, which covers clinical audit.

- There is a publicly available document, approved by the board or management group that sets out the organisation's vision for PPE, and that this covers clinical audit.

#### STANDARD 3:

**PPE structures:** Structures are in place at all levels of the organisation that facilitate **dialogue and communication** with patients, carers, the wider community and the public.

*Strong efforts need to be made to ensure the patient is engaged systematically, especially in communication or dissemination strategies.*

#### CRITERIA:

Patients are kept informed and supported throughout the clinical audit process about timescales, progress, results and actions.

All communication should use simplicity of language and avoid the use of jargon and acronyms.

#### HOW?

- An organisation's clinical audit programme, and the results, are pro-actively communicated to patients and public via appropriate communication channels, for example mailings, meetings, LINKs groups, ward notice boards, websites, newsletters or local media. This should include clinical audit results which are critical as well as audit results which are positive.
- The value and potential impact of any national or local clinical audit is effectively communicated to patients who will be directly affected. A greater understanding of the process and what their role is within it is more likely to increase patient's and carer's support.
- Progress updates and clinical audit results are shared with patients in an accessible format – too much clinical audit data is difficult to understand, by clinicians, managers and patients alike. Efforts should be made to communicate this more easily. HQIP will issue guidance on this in 2010.
- National clinical audits should be proactive in assisting local provider organisations and PCTs with their patient communications by supplying relevant clinical audit data and results as required. National clinical audits must make every effort to ensure their data are useable; helps prompt change, and is timely, in respect of patient interests.

#### STANDARD 4:

**PPE processes:** Processes are in place at all levels of the organisation that enable patients, carers, the wider community and the public to effectively influence the planning, delivery, development, review and decision-making about changing and improving healthcare services.

*Patient engagement needs to be integral to an organisation. Such engagement needs to have direct impact at all levels in an organisation and in relation to such processes as clinical audit, at an early stage.*

#### CRITERIA:

The organisation takes steps to ensure PPE in the setting of clinical audit priorities and in the development of the annual clinical audit programme.

Patients are involved in helping to plan and enact changes arising from clinical audit, and to monitor results.

Where the public is part of the clinical audit team, systems must be in place so that there is no breach in Caldicott guidelines<sup>5</sup> i.e. access to other patient data must be restricted.

Clinical audit standards take full account of patient priorities and patient-defined outcomes. Where possible the audit incorporates PROMs (**See part 3**).

#### HOW?

- The local organisation or national clinical audit is able to demonstrate that it evaluates both the experience and outcomes of PPE activity and their impact on staff, patients and the public.
- Results of the clinical audit, and action plans are openly shared and communicated with patients and the public.
- Patients are involved in both the conduct of clinical audits and their governance.
- Patient groups are advised of the healthcare organisation's clinical audit programme and supplied with results on a routine basis.
- Quality Accounts should show organisational participation in clinical audit and how patients have been involved.
- Patients are involved in standard selection for clinical audit or were involved in the development of national standards which are used; any national standards set

should be reviewed for their relevance to patient interests and added to as necessary with validated patient relevant standards. For example the NICE standards are developed with extensive patient involvement.<sup>6</sup>

#### STANDARD 5:

**Partnership working:** The organisation has clearly defined structures and processes in place that enable effective dialogue with partner organisations at national, local and regional levels.

#### CRITERIA:

Patients/carers are recognised as key stakeholders in the clinical audit process and, if appropriate, patient representatives and relevant patient organisations are involved in all stages of the clinical audit cycle as equal members of the clinical audit team.

#### HOW?

- The organisation has defined pathways mapping how it works with relevant patient groups and other health and social care partners including:
  - LINKs
  - voluntary and community organisations at the local or national level
  - disease/condition specific interest groups, locally and nationally
  - hard-to reach and 'seldom heard' individuals, groups or communities
  - overview and scrutiny committees
  - Strategic Health Authorities
  - other health care organisations
  - social care providers
  - advocacy and support agencies and organisations
  - independent organisations.
- Patients who may be affected by changes in practice from clinical audits of services they use should be consulted, advised and involved in those audits.

<sup>5</sup> Report on the Review of Patient-Identifiable Information, The Caldicott Committee, 1997.

<sup>6</sup> [http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patient\\_and\\_public\\_involvement.jsp](http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patient_and_public_involvement.jsp)

- Patients should be encouraged to request clinical audit results.
- Carers and other relatives need to be involved in clinical audits where the patient cannot contribute fully, alongside the patient.
- Informal and ad-hoc systems of engaging the public in clinical audit and other PPE processes, such as online capture, can have a role in any engagement strategy.

#### STANDARD 6:

**PPE monitoring and evaluation of effectiveness:** Systems are in place that monitor PPE activity and evaluate effectiveness and impact and which influence future PPE planning.

#### Summary

Involvement and engagement of patients in clinical audit is a vital marker of high quality audit.

In essence, the engagement of patients and public, both nationally and locally in clinical audit needs to involve:

- Engagement in **governance and strategic direction** of clinical audit.
- **Consultation** in respect of standards (and outcomes, where appropriate) to be audited.
- **Active participation** in collection and analysis of clinical audit data.
- Engaging the public in the **communication of** clinical audit results.

To achieve this, patient engagement needs to be an integral part of the whole conception of the clinical audit.

The information in this guidance is open to adaptation and is not meant to be read as absolute instructions. This guidance contains suggestions that we hope will provide organisations with enough information to ensure there is PPE within their own clinical audits.

*It is very easy to assume PPE is worth doing, and that the very existence of engagement processes are enough; however they need to be constantly reviewed in respect of their effectiveness and value.*

#### CRITERIA:

PPE activity needs to be monitored, evaluated and reported.

#### HOW?

- The organisation accurately maps and records all PPE activity on a continuous basis, and this is reported and managed at board/senior management level.
- PPE is fully documented in all clinical audit reports.

HQIP will continue to develop and publish further guidance on various aspects of patient engagement; new products are available on the HQIP website (<http://www.hqip.org.uk/patient-and-public-engagement-2/>) these include;

**A Guide for patients in understanding clinical audit reports**  
**A Guide on how to present clinical audits for the public**  
**Clinical audit - An introduction for patients**

HQIP have also created a tool and a presentation based on the standards from this guidance in order to facilitate you further in your development of PPE within your own clinical audit. These resources can both be found on our website. We hope you find our work useful and look forward to hearing any feedback.

Case studies and appendices can be found in the full guidance; however, updating our case study library is vital so please get in touch with us at HQIP with your best practice examples.

If you are interested in joining the Patient Network or if you have any ideas regarding PPE in clinical audit please contact **Kim Rezel**; [kim.rezel@hqip.org.uk](mailto:kim.rezel@hqip.org.uk); 020 7469 2511

**[www.hqip.org.uk](http://www.hqip.org.uk)**