

Patient and carer engagement strategy 2022-2024



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HQIP Patient and carer engagement strategy 2022-2024

Purpose

This strategy describes HQIP's vision, commitment and approach to involving, engaging and informing patients and their representative organisations throughout our work. It has been developed to support HQIP's values and strategic objectives. Delivery of this strategy will be facilitated through our Head of Involvement, Service User Network (SUN), HQIP staff and Board and delivered through our operational plans. This version details our activity for 2022-24

Introduction

As an independent organisation, HQIP works in partnership with patients and healthcare professionals to improve care for patients. To learn more about our different work streams, follow this link through to [our website at www.hqip.org.uk](http://www.hqip.org.uk).

Our vision is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve our healthcare services.

This strategy focuses on how we work with those that receive healthcare and sets out how we can encourage and provide information to enhance patient and carer engagement in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and other quality improvement activities.

The HQIP engagement strategy has seven key priority areas:

- Embedding our partnership working ethos throughout HQIP
- Ensuring that we support and enable national clinical audit, registry and Clinical Outcomes Review Programme (CORP) providers to incorporate patient and carer engagement in structures and processes, where appropriate
- Providing support and advice to commissioners and providers of NHS healthcare to implement systems that enable effective patient and carer engagement in data driven quality improvement activities within and between organisations, with a specific focus on outputs produced for patients and carers
- Engaging our HQIP Service User Network in focused project work and working with members to promote the HQIP programme, specifically our engagement resources and acting as advocates for the organisation
- Facilitating a co-production culture and working with patients to become champions of change
- Learning from others to explore new ways to engage and reach seldom heard people and communities

- Work to broaden the reach of the annual Richard Driscoll Memorial Award in relation to the HQIP commissioned programmes.

Definition

What do we mean by patient and carers?

This term refers to patients, service users, carers, families, women, children and young people, and the general public. Within this is the involvement of the voluntary sector which can support delivery of engagement work through representation and dissemination. 'Patients and charities' is also used as a general term to include all the above.

We acknowledge the impact of engagement in improving health outcomes for people and their communities.¹

What do we mean by engagement?

The word *engagement* does not simply mean informing, but increasingly co-production and partnership working and, ultimately, patient-led activity. Within this document we are referring to working with patients to ensure optimum involvement that is best suited to each area of our work.

What does this mean at HQIP?

We will engage patients and carers by consulting with them throughout our commissioning process; when looking at future projects and/or new business; when reviewing and developing our resources, particularly those designed for working with or for patients and carers. We will do this in two ways:

- When specialist knowledge and familiarity is required, (e.g. for a specific diagnosis or treatment) we will seek out those with relevant and lived experience and involve them in the development process.
- When we need a broader view we will ensure our consultation group is fully inclusive and reaches new audiences through organisations such as National Voices, Healthwatch England, The Patients Association and through our links within the NHS England ALB (Arms Length Bodies) People and Communities forum.

¹ The King's Fund – [How does the health and care system hear from people and communities?](#)

What do we mean by patient and carer information for our stakeholders?

We will work with our partner organisations (e.g. national audit providers and NQICAN²), to encourage the provision of practical and user-friendly information in different formats and on easily accessible platforms and to work with the voluntary sector and through social media to disseminate this information as widely as possible.

Information with regards to involving patients and carers that we produce will have gone through a consultation process through our engagement activities including co-production with our Service User Network.

We will review and update our resources according to a defined schedule, which will be outlined in each resource.

Approach

HQIP continue to work towards the [4Pi National Involvement Standards](#)³ in our approach to our engagement work. Appendix 3 describes how we involve patients and carers in our commissioning process at HQIP, which is an example of how we aim to follow these standards.

1. Principles

HQIP adheres to the following seven principles:

- **Representation:** HQIP encourages involvement from the wider community and we will continue to accept requests to participate in involvement activity through our SUN. We will actively use social media and allow for involvement through alternative methods to encourage wider participation, for example virtual meetings, phone calls, emails, surveys.
- **Inclusivity:** HQIP will aim to provide sufficient resources to overcome barriers such as issues of access or communication.
- **Early and continuous** Patients and carers and/or SUN members will be involved as early as possible in a process / activity and will continue to be involved throughout. Patient and carer views will be considered in all relevant areas of HQIP business, ensuring that we feedback to participants after an involvement activity to close the loop.
- **Transparency:** Those involved in the development of national clinical audit will be able to see and understand how decisions are made. Information on audit data will be published in clear and understandable formats.
- **Clarity of purpose:** The nature and scope of engagement will be clearly defined prior to involvement. It will be clear how publications can be used to inform patients and carers about the quality of services available.

² National Quality Improvement (including Clinical Audit) Network - <http://www.nqican.org.uk/>

³ <https://www.nsun.org.uk/faqs/4pi-national-involvement-standards> - National Survivor User Network

- **Cost Effectiveness:** Consideration must be given to the resources required for engagement activities, including covering expenses, setting policies upfront. Involvement must add value and be cost effective.
- **Feedback:** The outcomes of engagement activities will be fed back to participants. Feedback on our products will be used to review and improve our publications.

2. Purpose

HQIP aims to further enhance the way we engage with patients and carers. We will involve patients in our activities and decision-making processes in order to gain a more rounded perspective of how our outputs can be better developed and utilised to improve patient outcomes. We also aim to support our commissioned programmes to involve patients and carers in quality improvement initiatives. We will engage with specific relevant voluntary sector organisations, patient groups and 'experts by experience' on specialised projects and more broadly for generalist areas.

3. Presence

HQIP is led by a consortium comprising National Voices, the Royal College of Nursing and the Academy of Medical Royal Colleges. We have a designated Head of Involvement who works across the organisation and an active service user network (SUN).

Different methods of patient and carer engagement will be utilised to enable patients to be involved in ways that provide the best outcome for them and HQIP, with specific focus in the engagement of people with lived experience in HQIP's main business of commissioning (Appendix 3).

Where appropriate, we will engage and work with National Voices involving our Board of Trustees and SUN members.

When exploring new business opportunities, specifically in the area of engagement work, we will co-design proposals with SUN members. The Head of Involvement will be consulted when developing any new proposal.

HQIP is represented on the NHS England Arms Length Bodies People and Communities Forum which aims to bring organisational involvement leads together to share and discuss each organisation's PCE activity with the aim of joining up and learning from each other.

4. Process

Information will be made available through a number of channels to ensure people are made aware of opportunities for engagement work and the different ways in which they can be involved. The Head of Involvement will disseminate information but opportunities will also be highlighted using HQIP's eBulletin, National Voices e-bulletin, Healthwatch England, The Patients Association, Engagement Practitioners Network and social media.

Volunteer recruitment processes will be fair and transparent and the purpose and description will clearly lay out whether the roles are paid or unpaid.

A review of the expenses policy and claim form will occur in 2022.

Throughout our activities and consultations, communication will be clear and regular; jargon and acronyms will be avoided or (where necessary) explained; written documents will be sent out well in advance of meetings; feedback about the results or outcome of an activity will be provided.

We will review our digital communications, including the website to ensure we achieve public sector accessibility standards including those specified by Web Content Accessibility Guidelines⁴ and the NHS Accessible Information Standard⁵.

Staff development opportunities will raise awareness of the value of engaging patients and carers and practical training will be provided to key members of staff such as the communications team and the Head of Involvement as identified in their personal development plans.

We will commit to improving how we facilitate co-production in line with the Co-Production Model produced by NHS England and NHS Improvement and Coalition for Personalised Care⁶.

A process to support the production and dissemination of patient focused outputs from HQIP commissioned programmes will be developed and implemented (see Appendix 1 & 2 for further information).

Impact

HQIP will continue to evaluate its internal processes and seek to understand the impact of involvement and engagement strategies in the following ways.

Outcomes we want achieve	Evidence areas to demonstrate outcomes
1. Improved internal processes that reflect best practice in working with patients and carers	<ul style="list-style-type: none"> • SUN review and report • Feedback from ALB group • Comparison with other similar organisations
2. Increased involvement from diverse communities	<ul style="list-style-type: none"> • Number of charities and community groups engaged • Equal opportunity form data
3. Improved patient/carer involvement in HQIP commissioned projects with meaningful engagement strategies	<ul style="list-style-type: none"> • Number of projects with patient/carer panels and/or engaged active group • Number of RDMA submissions

⁴ <https://www.w3.org/WAI/standards-guidelines/wcag/>

⁵ <https://www.england.nhs.uk/ourwork/accessibleinfo/>

⁶ <https://coalitionforpersonalisedcare.org.uk/resources/a-co-production-model/>

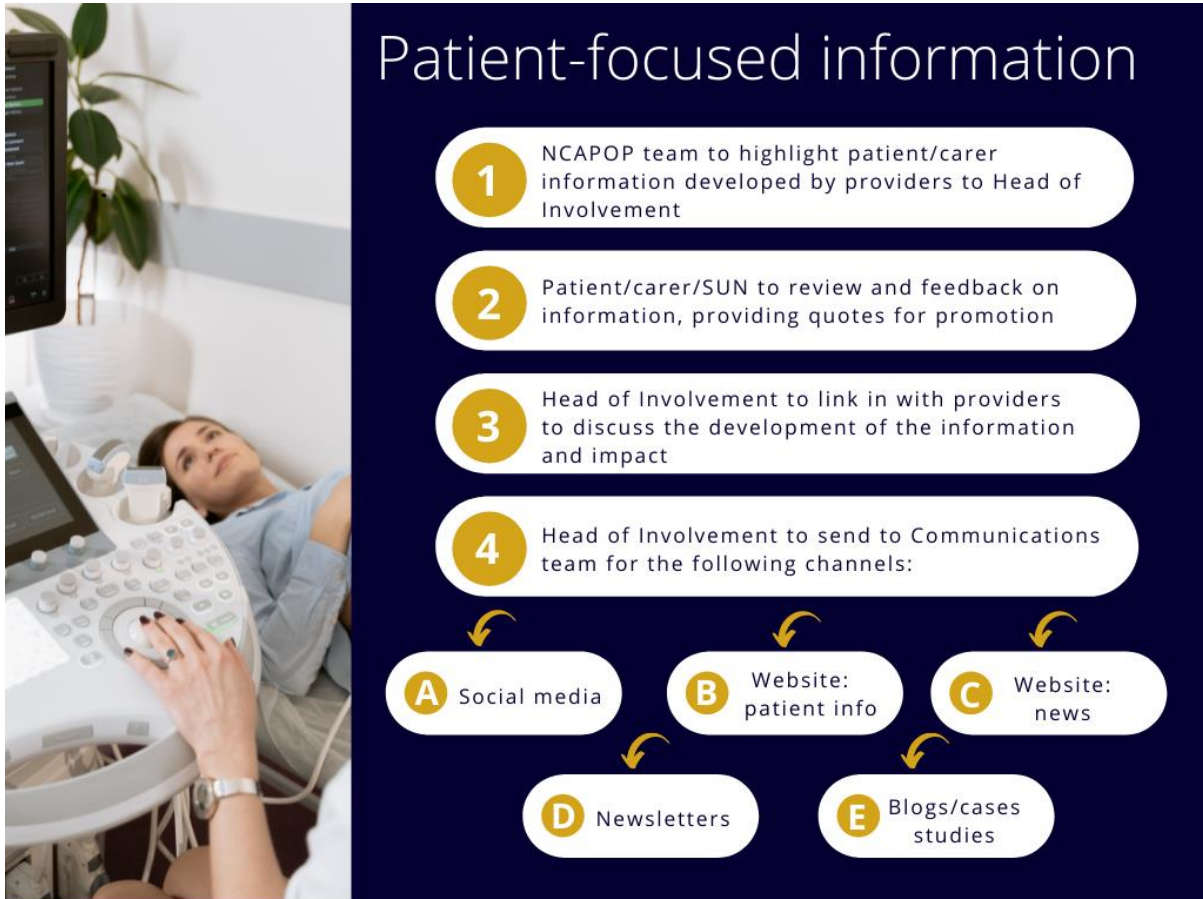
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Appendix 1: Reviewing and supporting engagement in HQIP commissioned programmes

1. How is engagement work considered at set up?
 - a. How are patients representing themselves and their peers in the governance of the programme?
 - b. Are charity partners involved?
2. How has the audit identified, considered and included patient/carer priorities?
 - a. Are the quality improvement goals linked to patient/carer priorities?
 - b. Is there a process in place to ensure engagement is being delivered in line with the contract?
3. Is the audit considering the patient/carer view, priorities and goals – if so how?
4. Is there a patient group involved in making the recommendations?
 - a. Is there a communications strategy in place?
5. How can people and communities feedback?
 - a. Is there space for improvement year on year?
6. Can impact be measured, if so how? If not, how can this be changed to enable impact to be captured?

Appendix 2: Communication plan





Reports and recommendations

1 NCAPOP team to highlight specific annual reports ahead of publication to Head of Involvement

2 Head of Involvement to engage with previously involved patients or SUN members

3 Patient to highlight specific and relevant recommendations from NCAPOP reports that are significant to their experience as a patient/carer

4 Communications team to utilise quote when publishing and promoting reports via:

A Social media

B Website

C Newsletters for local audit contacts

5 Providers to utilise quote and highlight to further engage local services and patients and carers

