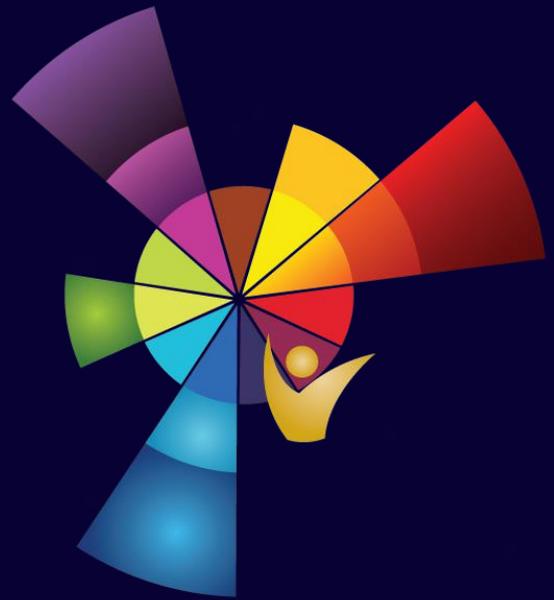


Patient and public involvement strategy 2015-2016



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Purpose of strategy

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 the attainment of HQIP's values and strategic objectives.

Delivery of the strategy will be facilitated through our patient and public involvement (PPI) policy and operational plans.

Introduction



With regard to patient and public involvement in services, the NHS Constitution states:

'You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'. (Section 3a, p.9)

As an independent organisation, HQIP works in partnership with patients and healthcare professionals to improve practice. 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 those that receive healthcare and sets out how we will increase and improve patient involvement in national and local clinical audit activities.

Our six key priority areas are:

- Ensuring that we embed our partnership working ethos throughout HQIP
- Ensuring that we support and enable national clinical audit, registry and CORP providers to incorporate patient involvement in all their governance structures and processes

- Providing support and advice to commissioners and providers of NHS healthcare to implement systems that enable effective patient involvement in data driven quality improvement activities within and between organisations
- Facilitating support and advice to clinicians on implementing audit recommendations on improving patient experience and outcomes
- Engaging with a larger cohort of patients through consultation on our publications
- Providing support and advice directly to patients in easily accessible and user friendly formats to enable their involvement in the improvement of their own care and healthcare services

Definition of PPI

What do we mean by PPI?

‘PPI’ is written as an acronym for Patient and Public involvement, this term refers to patients, service users, carers, children and young people and the general public. Patients is also used as a general term to include all the above.

What do we mean by involvement?

The word *involvement* does not simply mean informing, but increasingly 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.

Patients and the public will be involved in the structures and processes of HQIP’s work ‘i.e. through mechanisms such as governance, priority setting, training and education, identification of the need for innovation, assessment of technologies.’¹

What do we mean by patient engagement?

We will engage patients by consulting with them on prioritising future projects and our publications, particularly those designed for use by patients. We will do this in two ways:

When specialist knowledge and experience is required, (e.g. for a specific diagnosis or treatment) we will seek out those with relevant experience and consult with them.

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 and Healthwatch.

¹ Oxford Academic Health Science Network, 2014

What do we mean by patient information?

We will work with our partner organisations (e.g. national audit suppliers, NHS Choices) to provide information in practical and user friendly formats on easily accessible platforms and attendance at patient conferences and regionally held events. All information will have gone through a consultation process through our patient engagement activities.

'The goal is not for patients and carers to be the passive recipients of increased engagement, but rather to achieve a pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety.'

**The National Review into Patient Safety in England,
August 2013.**



Approach

The National Involvement Partnership (hosted by the National Survivor User Network) has developed the 4PI framework for involvement.² This framework enables organisations to build standards for good practice. HQIP has adapted the five headings to explain our approach to PPI.

1. Principles

HQIP adheres to the following seven principles:

- **Representation:** Participating patients will be broadly representative of the relevant, affected population. Consultations will be carried out through organisations such as National Voices to ensure broader representation on generic issues
- **Inclusivity:** HQIP will provide sufficient resources to overcome barriers such as issues of access or communication
- **Root and branch:** Patients will be involved as early as possible in a process / activity and continue to be involved throughout. Patients will be involved in all areas of HQIP

² [The NIP 4PI National Involvement Standards](#)

- **Transparency:** Those involved will be able to see and understand how decisions are made and Information on audit data and consultant outcomes will be published in clear and understandable formats
- **Clarity of purpose:** The nature and scope of involvement will be clearly defined prior to involvement. It will be clear how publications can be used to inform patients about the quality of services available
- **Cost Effectiveness:** Involvement must add value and be cost effective
- **Feedback:** The outcomes of PPI activities will be fed back to participants. Feedback on our products will be used to review and improve our publications

2. Purpose

HQIP aim to further improve the way we involve, engage and inform patients. 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 utilised to improve patient outcomes. We also aim to enable others to increase and improve their PPI in quality improvement initiatives and to empower patients themselves to become involved in national and local clinical audit activities. We will engage with specific patient groups and experts by experience on specialised projects and more broadly for generalist areas.

3. Presence

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

We will work with National Voices on strategic and operational levels to reach a larger audience of patients.

We will ensure published information designed to help patients become more engaged in decisions about their own treatment and care is available, accessible and clearly presented.

We will continue to involve a diversity of service users at different levels and stages of our activities throughout HQIP and encourage and enable our delivery partners to do the same.

We will provide information and training to commissioners, healthcare provider organisations, clinicians and patients on methods of involvement and engagement in quality improvement initiatives.

When involving patients on specific projects we will carry out analysis of the population under consideration to ensure that the involvement activity reflects that population – and to ensure that people particularly affected by the service or issues under consideration are actively approached for inclusion.

We will put monitoring procedures in place to measure the number and diversity of patients at all levels of involvement / engagement

Different methods of patient involvement will be utilised to enable patients to be involved in ways that provide the best outcome for them and HQIP.

4. Process

Information will be made available through a number of channels to ensure people are made aware of opportunities for involvement and the different ways in which they can be involved. The PPI lead will disseminate information but opportunities will also be highlighted using the e-bulletin, National Voices e-bulletin and CHAIN.

Where appropriate, recruitment processes will be fair and transparent and job descriptions clearly laid out whether the roles are paid or unpaid.

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.

Information, guidance and training for commissioners, healthcare providers, clinicians and patients will be designed and consulted upon in line with The Information Standard³ criteria.

Training needs assessment will be carried out and training made available where required for patients involved in particular activities.

Staff development will be given to raise awareness of the value of PPI and practical training will be provided to key members of staff such as the communications team and the PPI lead as identified in their personal development plans.

5. Impact

Patient involvement must be used to add value to a decision or activity. Indicators will be developed to measure the impact of increased PPI throughout HQIP. KPIs will be developed that demonstrate:

- Has the level of patient involvement/ engagement increased (flow)
- Were the intended outcomes achieved (quality)
- What actual difference did involving patients make and was the outcome improved (impact)

Legislation and national policy

³ <http://www.england.nhs.uk/tis/>

This strategy follows policy initiatives to involve patients, service users, carers and the public across the NHS and social care. These initiatives include:

- [Putting patients first: The NHS England Business Plan for 2013/14 – 2015/15](#)
- [Health and Social Care Act \(Department of Health, 2012\)](#)
- [NHS Constitution \(Department of Health, 2012\)](#)
- [‘Essential Standards of Quality and Safety’ \(Care Quality Commission, 2010\)](#)
- [‘Putting people at the heart of care’ \(Department of Health, 2009\)](#)

Further reading

- [Local Healthwatch: a strong voice for people – the policy explained \(2012\)](#)
- [National Voices: How the Health and Social Care Act should help patient involvement in care \(PDF 185KB\).](#)
- [Heart of the matter: patient and public engagement in today’s NHS \(2010\)](#)

Contact information

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