

# Patient and public involvement strategy 2019-2021



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## HQIP PPI Strategy 2019-2021

### Purpose

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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 PPI lead, Service User Network (SUN), HQIP staff and Board and delivered through our operational plans. This version details our activity for 2019/20.

### Introduction

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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 public involvement in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and other quality improvement activities

The HQIP PPI strategy has five key priority areas:

- Ensuring that we embed 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 public 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 and public involvement in data driven quality improvement activities within and between organisations
- Engaging our HQIP Service User Network in focused project work and working with members to promote the HQIP programme, specifically our PPI resources and acting as advocates for the organisation
- Facilitating a co-production culture and working with patients to become champions of change
- Exploring new ways to reach a wider audience and expand PPI at HQIP on our website and via social media.

## Definition

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### 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 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.

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.’<sup>1</sup>

### What do we mean by patient engagement?

We will engage patients 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. 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 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, CHAIN and through our links through the NHS England ALB (Arms Length Bodies) People and Communities forum.

### What do we mean by patient information?

We will work with our partner organisations (e.g. national audit providers and NQICAN<sup>2</sup>), 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 PPI that we produce will have gone through a consultation process through our patient engagement activities including co-production with our Service User Network.

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<sup>1</sup> Oxford Academic Health Science Network, 2014

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

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

## Approach

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HQIP continue to work towards the [4Pi National Involvement Standards](#)<sup>3</sup> in our approach to PPI. Figure 1 describes how we involve patients 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 by those who may be unable to physically attend meetings.
- **Inclusivity:** HQIP will aim to provide sufficient resources to overcome barriers such as issues of access or communication
- **Early and continuous** Patients will be involved as early as possible in a process / activity and continue to be involved throughout. Patients will be involved 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 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 enhance 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

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

rounded perspective of how our outputs can be developed and 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. We have a designated lead for PPI who works across the organisation and an active service user network (SUN).

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

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 PPI, we will co-design proposals with SUN members. Patient representation will be invited when developing any new proposal.

HQIP are represented on the NHS England Arms Length Bodies People and Communities Forum which aims to bring organisational PPI leads together to share and discuss our work 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 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 HQIP e-bulletin, National Voices e-bulletin, CHAIN and social media.

Recruitment processes will be fair and transparent and job descriptions will clearly lay 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.

We will review our digital communications including the website to ensure we achieve public sector accessibility standards including those specified by Web Content Accessibility Guidelines<sup>4</sup> and the NHS Accessible Information Standard<sup>5</sup>.

Staff development opportunities will 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.

We will commit to improving how we facilitate co-production in line with the recommendations produced by SCIE. <https://www.scie.org.uk/publications/guides/guide51/>

## **5. Impact**

- PPI must be used to add value to a decision or activity. HQIP review whether the level of patient involvement/ engagement within the NCAPOP has increased or decreased annually (flow)
- HQIP will seek to understand whether the intended outcomes of the involvement were achieved (quality)
- HQIP will seek to understand the difference involving patients made and whether the outcome improved (impact)

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

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

Figure 1: HQIP in the PPI Commissioning Process

