Patient Involvement and Care Equity Day – Q&A's

Tues 23 June, morning and afternoon webinar

Question	Answer
With ongoing NHS restructuring, staffing cuts and the loss of Healthwatch's independent role, how will patient and public voice remain a priority, and how can we be confident that marginalised communities continue to be heard and represented effectively?	Despite the significant pressures facing the NHS, it is important that patient and public voice remains a priority. This does not always require creating new structures; there is already a wealth of expertise and insight within existing patient groups, PPI forums, charities and voluntary, community and social enterprise (VCSE) organisations. Making better use of these established networks and working collaboratively with them can help ensure that a broad range of patient perspectives, including those from underserved communities, continue to inform service design and delivery. Engaging meaningfully with patients is highly valuable. Services that are designed and delivered around patients' needs and priorities are more likely to achieve better outcomes, improve experiences and make more effective use of resources. While meaningful engagement requires investment of time and effort, the long-term benefits for both patients and the health system make it worthwhile. From an HQIP perspective, there is also an expectation that NHS England and other system leaders demonstrate how patient voice has been embedded in the development of new programmes and frameworks. For example, with the new Modern Service Frameworks, we would hope to see clear evidence of who has been involved in its development, including patients, carers,

	charities and other relevant stakeholder groups. Transparent documentation of collaboration and engagement is essential to provide assurance that patient voice is genuinely informing decision-making.
On a more local level (a question for the service users), what do you find to be the more effective ways to feedback the results of projects that you may/may not have originally been part in? Posters, social media, invitation to events?	A combination of approaches is usually the most effective. Posters, social media, events, newsletters and emails can all play an important role in feeding back the results of projects, as different people prefer to receive information in different ways. Using a range of methods helps ensure that feedback reaches the widest possible audience. It is also important to maintain ongoing engagement with those who have contributed. Rather than viewing involvement as a one-off activity, organisations should ask service users how they would like to stay informed and involved in future work, and tailor communications accordingly. However, the most meaningful form of feedback is demonstrating the impact that service users have had. People want to know that their views have been listened to and have led to real change. Clearly showing what was heard, what actions were taken, and what improvements were made as a result of their input helps build trust and encourages continued participation. Celebrating these successes and recognising the contribution of service users is often the most powerful way of sustaining engagement.
I wonder if someone could share the best strategies to recruit individuals for patient and public involvement opportunities, and also what to avoid during recruitment?	There is no single best way to recruit people for patient and public involvement opportunities. The most effective approach is usually to use a range of different methods to reach as many people as possible. This might include working with existing patient groups, community organisations and voluntary sector

	partners, as well as promoting opportunities through newsletters, social media, websites and local networks. It is also worth going out into communities rather than expecting people to come to you. Community spaces such as GP practices, libraries, community centres, churches, mosques, synagogues and other local venues can be valuable places to advertise opportunities and connect with people who may not normally engage with the NHS. Where resources allow, targeted outreach can be particularly effective in reaching underserved groups. Building relationships with trusted community organisations can help ensure recruitment is inclusive and representative. One thing to be mindful of is recruitment through social media platforms such as Facebook and Instagram. While these can be useful for widening reach, they can also attract individuals who are not genuinely interested in contributing, particularly where incentives or payments are offered. It is therefore important to be clear about the purpose of the opportunity, the expectations of participants, and any eligibility criteria. Having a simple application or expression-of-interest process can help ensure that those recruited are genuinely interested and able to make a meaningful contribution. Ultimately, successful recruitment is about being visible, using multiple channels, and making it as easy as possible for people from different backgrounds and communities to get involved.

It's really great to hear what being done nationally. As a clinical effectiveness team we are starting to get questions from clinical teams about governance requirements for engaging patients in local clinical audits, it would be great to understand what support is available for audit teams to support colleagues with patient engagement in audit, and what the governance requirements are with this?	There are a number of resources available to support both the practicalities of engagement and the broader governance considerations. NHS England has published guidance on patient and public involvement (PPI), which sets out key principles for meaningful involvement, including working with people with lived experience, promoting inclusion, supporting patient contributors, and demonstrating how patient input has influenced decisions and service improvement. These principles are highly relevant to clinical audit and quality improvement activity. For audit teams, patient involvement can happen at every stage of the audit cycle—from helping to identify priorities and audit topics, to shaping project design, interpreting findings, and informing improvement actions. Involving patients in this way can help ensure that audits focus on issues that matter most to those using services and that any resulting improvements are meaningful and sustainable. In terms of governance, local organisational policies will usually determine the specific requirements, but good practice includes being clear about the purpose of involvement, ensuring participants are appropriately supported, considering reimbursement where appropriate, and documenting how patient voices have contributed to the work. NHS England's resources provide a useful framework for these discussions. As well as the NHS England guidance, HQIP has produced practical guidance specifically focused on patient engagement in audit. Although some of the material is not brand new, the principles remain highly relevant and provide useful advice, examples and tools to help teams involve patients effectively throughout the audit process.

	https://www.england.nhs.uk/aac/what-we-do/patient-and-public-involvement/ https://www.hqip.org.uk/further-resources/how-to-engage-patients/