Hampshire **NHS**
Primary Care Trust

Patient and Public Involvement (PPI) Policy

Version:	1.0
Ratified by:	Governance and Health Assurance Committee
Date ratified:	
Name of originator/author:	Deborah Upham Head of communications and engagement
Name of responsible committee/individual:	Governance and Health Assurance Committee
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Review date:	
Target audience:	Hampshire PCT staff, partners and stakeholders

Contents

Appendices

1 Introduction

Patient and public involvement (PPI) is an integral part of PCT business and crucial to every part of the commissioning cycle. To be successful PPI must be:

- **_continuous_**, building ongoing relationships
- **_varied_**, using targeted communications channels; and
- **_legitimate_**, being open about what impact stakeholders can have and the processes used to involve them.

Hampshire Primary Care Trust (PCT) is committed to continual improvement and the adoption of best practice in relation to PPI. The PCT has a duty (under Section 242 of the NHS Act 2006, strengthened by the Local Government and Public Involvement in Health Bill 2007, see Section 3) to Hampshire citizens, stakeholders and partners to ensure decisions for future development are evidence-based and take into account the views of all current and potential stakeholders.

1.1 The context

The **operating framework for the NHS in England 2009/10** states that:

> "In working towards becoming 'world class commissioners' PCTs will want to fully engage and involve the public as citizens in a dialogue about health needs, service design and decision making and communicate with them to increase their understanding and confidence in using local services."

Our NHS, Our Future: Leading Local Change sets out how the NHS can change through the leadership of clinicians and the support of patients and the communities in which they live. It makes five pledges that PCTs should have regard to, one of which is:

> "You will be involved. The local NHS will involve patients, carers, the public and other key partners. Those affected by proposed changes will have a chance to have their say and offer their contribution. NHS organisations will work openly and collaboratively."

World class commissioning, published in 2007, recognises that the commissioning landscape is changing, and that a shift from traditional models of commissioning is required. This shift may require new and innovative partnerships to be forged between NHS organisations commissioning services, users, local authorities, clinicians and providers. World class commissioning sets out the vision for meeting these challenges with 11 competencies, one of which is:

> "Engage with public and patients... In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, world class commissioners will engage with the public, and actively seek the views of patients, carers and the wider community."

The draft **NHS Constitution** underlines the fact that public and user involvement should be part of the fabric of the NHS by setting out a right for people to be involved it says:

> "You have the right to be involved, directly or through representatives, in the planning of healthcare services, in 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."

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The PCT is currently working to the communications and engagement strategy, approved by the Board in October 2008. Further information about the activities included in this strategy is included in section five of this policy.

2 Purpose

The purpose of the patient and public involvement policy is to provide direction and guidance for best practice within PPI for Hampshire PCT.

3 Duties

3.1 The case for PPI

The case for engaging with patients and the public is strong:

- Engagement with the public is an underlying principle for the NHS
- The public are taxpayers and can therefore expect to be involved in the future of local services
- Users of services have an important role to play in commenting on the quality of services and have a right to expect issues raised to be addressed
- Services developed with the active engagement of the public/ patients have an increased chance of success as they have a 'customer focus'. They are therefore likely to achieve better value for money
- Everyone can make decisions that affect their own health but PCTs need to equip patients to be better users of health services and to take better care of their own health
- Patients have the right to be involved in their own care and treatment
- Patients and the public need to be clear about their rights, responsibilities and expectations

In addition to the moral and business imperative, the PCT has a legal obligation to consult with the public, as outlined in Section 242 of the National Health Service Act 2006. The Act, strengthened by the Local Government and Public Involvement in Health Bill 2007, relates to the 'duty to involve users of health services' and places upon PCTs the obligation to involve and consult with service users and potential users (patients and the public) on:

(a) the planning of the provision of those services,

(b) the development and consideration of proposals for changes in the way those services are provided, and

(c) decisions to be made by that body affecting the operation of those services.

This applies to proposals or developments if there is an impact on the:

- manner in which the services are delivered to users of those services, or
- the range of health services available to those users.

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The PCT also has an obligation to produce a report on any public consultation and 'on the influence that the results of consultation have on its commissioning decisions'.

The Local Government and Public Involvement in Health Bill 2007, which strengthened this duty, introduces a number of measures relating to the involvement of local communities. One of these measures is the establishment of Local Involvement Networks (LINks), which replaced Patients' Forums, and the Commission for Patient and Public Involvement in Health in 2008.

The role of a LINk is to:
- encourage and support more people to get involved in shaping local health and social care services; from helping to decide what services should be commissioned, to influencing the way they are run;
- actively canvas every section of the community for their views and experiences of local care services;
- provide the community with a mechanism for monitoring and reviewing local care services and the ability to hold them to account; and
- tell those who commission, run and scrutinise local care services, what local people have recommended to help improve services.

Information about the Hampshire Link can be found at www.communityvoicesonline.org

3.2   Our approach to PPI

Hampshire PCT signs up to the key principles of PPI developed by the NHS Centre for Involvement, in conjunction with the Healthcare Commission, to demonstrate how NHS organisations can better engage with patients and the public:

Be clear about what involvement means

- People in all parts of the organisation need to have a shared understanding of what is meant by involvement and its purpose. Be clear about the difference between working for and working with patients and the public
- Be clear about the different possible purposes of collective involvement
- Make sure there are adequate resources including money, time and people – skilled staff, engaged and informed patients and the public

Focus on improvement

- Involvement is a means of improving services, not a problem to be solved
- Organisations need not only to engage with patients and the public but also to demonstrate change as a result of that engagement
- Embed a systematic approach to involvement that links corporate decision-making to the community
- Ensure commitment and leadership from the Board, the Chair, the Chief Executive, Directors and Clinical Leaders
- Support staff and equip them with the necessary skills

Be clear about why you are involving patients and the public

- Be clear about the objectives of the work, its rationale, relevance and connection to organisational priorities
- Be honest about what can change, what is not negotiable – and the reasons why
- Find out and use what is already known about people's views and experiences

Identify and understand your stakeholders

- Define who needs to be involved, who needs to be informed and who is likely to be affected by the issue under consideration
- Make sure all stakeholders are appropriately involved and ensure that your involvement activity is relevant to your stakeholders' interests
- Consider who is likely to be affected by the implications of the matter in hand

Hampshire PCT will also adhere to the NHS involvement principles, as outlined in the Department of Health's *Real Involvement* guidance, published in October 2008:

- Clear, accessible and transparent

- Open

- Inclusive

- Responsive

- Sustainable

- Proactive

- Focused on improvement

4 Responsibilities

All Hampshire PCT staff have an obligation to follow the above approach and involvement principles and to make arrangements to adhere to the statutory duty to involve patients and the public.

The communications and engagement team has a responsibility to provide help and guidance and to develop mechanisms for best practice in PPI, as detailed in the communications and engagement strategy (see Section 5). In addition, the communications and engagement team will provide training, detailed in Section 6, and has produced a PPI toolkit available on Hampshire PCT's intranet, which includes:

- Engagement steps

- Rules of engagement checklist (see Appendix E)

- PPI Do's and Don'ts

- Useful templates

- Useful links (to further guidance)

5 Communications and engagement strategy

The strategy, approved by the Board in October 2008, includes the following activities focused on improving PPI:

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Communications and engagement activity	Measurement/control	Timeline
Telephone survey and focus groups by Ipsos MORI on alternate years	Increase Hampshire residents' satisfaction with the running of local NHS by 10% (from Sep 07)	September 2009
6-monthly ICM face-to-face surveys commissioning by NHS South Central	Increase Hampshire residents' satisfaction with the running of local NHS by 5% in March 09 ICM survey (from March 08) Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 10, ICM survey	Oct 08, March 09, Oct 09
Health questions in Hampshire County Councils bi-annual residents survey	Increase Hampshire residents' satisfaction with the running of local NHS by 10% (from Sep 07)	Dec 09
Analysis of Healthcare Commission in-patient and PCT surveys	No local Trusts in lowest 20% for performance in May 09 Inpatient survey	May 09, July 09
Analysis of practice based commissioning (PbC) surveys	Quarter on quarter improvement on PCT self assessment score. Improvement quarter on quarter of Ipsos MORI survey. Increase in the number of PbC schemes in place and monitored.	September 09
Pilot a membership scheme in areas of deprivation across Hampshire, in conjunction with the vascular inequalities project, asking people to sign up to receive targeted information, engagement opportunities and offers	Monitored through Project CP12. 1% of Hampshire population to be signed up to NHS Hampshire by March 31, 09 (12,500) people	Pilot complete by March 09
Consumer journey mapping for diabetes and CVD in partnership with Humana	Videos and diaries in use by March 09	Complete by March 09
Re-brand commissioning and provider arms of the PCT aiming for local recognition and ownership.	Work complete by January 2009. Measures to be included in stakeholder	Complete by March 09

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	perceptions audit Sep 09	
Develop a sophisticated CRM system, which records how people want to communicate and engage and measures the representation of the Hampshire profile by March 2009	Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 10, ICM survey	March 2010
Undertake Stakeholder perceptions audit	To track progress against 2008 baseline.	Sep 09
Roll out the tested membership scheme across Hampshire from April 2009	Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 10, ICM survey. 2% of Hampshire population to be signed up to NHS Hampshire by March 31, 10 (25,000) people	Complete by April 10
Thorough and appropriate engagement for changes to local service provision	Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 10, ICM survey. Positive feedback from partners and HOSC. 20% increase in positive coverage from September 08 to Dec 09.	March 2010
Thorough and appropriate engagement for any patient pathway redesign work	Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 09 ICM survey. Positive feedback from partners and HOSC. 20% increase in positive coverage from September 08 to Dec 09.	March 2010
Thorough and appropriate engagement for any PbC developments	Quarter on quarter improvement on PCT PbC self assessment score. Improvement quarter on quarter of Ipsos MORI PbC survey. Increase in the number of PbC schemes in place and monitored.	March 2010
Engage local people in the development of a framework which focuses on improving patient	No local Trusts in lowest 20% for performance in May 09 Inpatient survey	May 09

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experience, safety and quality outcomes		
Thorough and appropriate engagement on projects to improve public health outcomes	Increase Hampshire residents' satisfaction with opportunities to be involved in decision making to at least 40% in March 10 ICM survey. Positive feedback from partners and HOSC. 20% increase in positive coverage from September 08 to Dec 09.	March 2010
Development of PPI information on the intranet, documents/toolkits and training sessions for staff	20% increase in hits by Dec 09 Training in place by April 09	Dec 09 April 09
Development of PPI information on the website to outline our approach for all stakeholders	20% increase in hits by Dec 09	Dec 09
Contribute to the staff experience programme in the APO by improving internal communication and engagement mechanisms	20% increase in staff responses to questions on feedback/opportunities to participate in 2008 Staff Attitude Survey	April 09
Contribute to the staff development programme in the ACO by improving internal communication and engagement mechanisms	20% increase in staff responses to questions on feedback/opportunities to participate in 2008 Staff Attitude Survey 20% increase in responses to questions about involvement in the WCC values survey, November 09.	April 09
Implement a programme to improve clinical engagement across the PCT	Quarter on quarter improvement on PCT self assessment score and Ipsos MORI survey. Increase in the number of PbC schemes in place and monitored. Positive feedback from GPs in stakeholder audit.	Sep 09
Thorough and appropriate engagement of current Healthy Horizons strategy and 2008 refresh, focusing on goals and measurable outcomes	Local views/feedback included in refreshed strategy.	May 09

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Development and promotion of formal and user-friendly corporate documents (Annual Report, DPH Annual report, refreshed Healthy Horizons, Operating Plan, Joint Strategic Needs Assessment, HCAI Annual Report)	Feedback from readers On-line survey	Dec 09
Development and promotion of user-friendly guide to local health services (patient prospectus)	On-line survey	Dec 09
Increasing the percentage of positive media coverage and broadcast coverage.	20% increase in positive coverage from September 08 to Dec 09. Increase broadcast coverage to at least 40% by Dec 09.	Dec 09
Development, testing and promotion of current and new (April 09) website and intranet	20% increase in current site hits from Sep 08 to March 09. New site launched by April 09.	April 09
Development of public Board meetings to become more interactive and meaningful to the public with wider promotion and involvement opportunities	New style board meetings launched by November 09	Nov 09
Attendance at community events across Hampshire in conjunction with key DH messages and the sign up to NHS Hampshire scheme to promote the PCT and engagement opportunities	10 events by April 09	April 09
Work with McKinseys (as part of SHA Build Share procure process) to undertake consumer behaviour mapping for urgent care and develop map of key drivers/decision making points for consumers and recommendations for	Increase Hampshire residents' satisfaction with the running of local NHS by 5% in March 09 ICM survey.	March 09

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commissioning.		
Implement a programme to review patient information across community hospitals	Three community hospitals reviewed by March 09. Six by Sep 09.	Sep 09
Effective provision and promotion of effective health information for public health practitioners across Hampshire from a single on-line library	Increase client base by 10% (200) by Dec 09	Dec 09
Work with Hampshire County Council to develop health information points in local libraries and information centres.	Information points in place by Dec 09	Dec 09
Develop and implement three effective health and well being campaigns with supporting information on cleanliness, cardio vascular disease and obesity to promote healthy lifestyles and tackle health inequalities	Effectiveness measures for campaigns to be undertaken by Dec 09	Dec 09

6   Training

Training of PCT staff is essential to ensure understanding, buy-in and best practice in relation to this policy. Training will be offered to all staff as of April 2009 and will cover:

- statutory and supplementary guidance

- best practice

- useful templates

- case studies for practical learning

7   Control mechanisms

Mechanisms are in place for developing best practice in PPI, these include:

- Information for staff on the intranet, including simple steps
- Dedicated budget for engagement
- Communications and engagement strategy and activity plans, including measurable outcomes and reporting to the PCT Commissioning Board

- Engagement plan outlining communications routes for stakeholder groups
- Project groups for specific work involving key people from the organisation
- Named non executive director with responsibility for PPI
- Attendance at and reporting to bi-monthly Hampshire Health Overview and Scrutiny Committee meetings
- Involvement in South Central PCT Alliance (Build, Share, Procure) PPI steering group and network
- Development of PPI champions, with PPI as part of their job description, as part of training programme.

8   Our partners

The PCT cannot achieve excellent world class involvement without working closely with partners.

The most important partners are the public and patients themselves. Other key partners are local authorities, the voluntary and community sector, providers, political partners and other statutory organisations that work on a local basis such as the police. Partnership with other agencies is likely to engage a wider range of people by joining up the approach to things such as community events, research and sharing the expertise and resources of other organisations.

There are a number of joint planning processes that present opportunities for joint involvement activity, including:

- Comprehensive Area Assessments

- Joint Strategic Needs Assessments

- Local Strategic Partnerships

- Sustainable Community Strategies

- Local Area Agreements

9   Representation

Hampshire PCT is committed to improving the representation of different groups of society in its PPI activities through added resource, where necessary. This includes seldom heard and BME groups, areas of deprivation and those that are traditionally hard to reach through their working status or lack of interest in the NHS.

10   Process for Monitoring Compliance with, and the Effectiveness of this Policy

The communications and engagement team contributes to reports to the following organisations as part of Hampshire PCT's duty to involve:

- Healthcare Commission: Standards for Better Health

- Audit Commission

- Internal auditors

- Hampshire Health Overview and Scrutiny Committee

- Hampshire Local Involvement Network (LINk)

11   Process for reviewing, approving and archiving this document

This document will be reviewed annually or whenever national policy or guideline changes are required to be considered (whichever occurs first), primarily by the communications and engagement team, with involvement from stakeholders, to be ratified by the Governance and Health Assurance Committee. Archiving of this document will be conducted in accordance with the organisation's electronic archiving procedure.

12   Dissemination, Implementation and Access to this Document

This policy will be implemented and disseminated throughout the organisation immediately following ratification and will be published on the organisation's website and intranet. Access to this document is open to all.

13   References

The Operating Framework for 2009/10 for the NHS in England, DH/NHS Finance, Performance & Operations, December 2008

Real involvement: Working with people to improve health services, DH Commissioning and System Management – PPE, October 2008

Reconfiguration Guidance, NHS South Central, September 2008

Patient and Public Engagement Toolkit for World Class Commissioning, South Central WCC Collaborative PPI Programme, September 2008

The National Health Service Constitution: A draft for consultation, DH, July 2008

Our NHS, our future: NHS Next Stage Review interim report, DH, October 2007

Key Principles for Effective Patient and Public Involvement (PPI), National Centre for Involvement

14   Associated Documentation

Communications and engagement strategy

Communications and engagement activity plan

Disability Equality Scheme

Race Equality Scheme

Gender Equality Scheme

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Appendix A - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Rationale**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Is the method described in brief?		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
4.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
6.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		

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	Title of document being reviewed:	Yes/No/ Unsure	Comments
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8.	**Document Control**		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
10.	**Review Date**		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

Appendix B - Version Control Sheet

Version	Date	Author	Status	Comment
1.0	15/01/09	Deborah Upham	Draft	Draft for GHAC Consultation with stakeholders to follow

Appendix C - Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust.

Title of document:	Patient and Public Involvement Policy		
Date finalised:		**Dissemination lead:** **Print name and contact details**	Deborah Upham
Previous document already being used?	No		Head of communications and engagement deborah.upham@hampshirepct.nhs.uk Tel: 023 8062 7431
If yes, in what format and where?			
Proposed action to retrieve out-of-date copies of the document:			

To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
Stakeholders for consultation	Link to document on website via email to specific contacts list, through stakeholder newsletter, through staff update	Electronic	Hard copies offered and available where requested
All staff	Link to approved policy on website and intranet through staff update and core brief	Electronic	Hard copies offered and available where requested
Public, partners, stakeholders	Link to approved policy on website through stakeholder newsletter and on home page for one month following approval	Electronic	Hard copies offered and available where requested

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Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		Date due to be reviewed	

Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Appendix D - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	Yes	The communications and engagement team has specific activities in its strategy to ensure seldom heard groups are involved
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

Appendix E - Hampshire PCT rules of engagement

✅ **Engage early and plan ahead:** find out who is likely to be affected by putting together a stakeholder map

✅ **Know what you can change** and be sure you can take account of what people say

✅ **Embed engagement in the work process** so that service users and the public are informed and involved at key stages

✅ **Include all the right people** and make special efforts to reach out to those whose voices are seldom heard

✅ **Choose your methods to suit your purpose** by being clear what it is you are trying to achieve

✅ **Provide clear information** so that people have all they need to participate in a discussion

✅ **Make sure you have adequate resources and time** and work out where your resources will come from

✅ **Keep things in proportion** so that the scale of the project fits your timescale and budget

✅ **Act on what you learn** so that what matters most to service users and the public informs and shapes your work

✅ **Always give feedback** by telling participants what you have learned from them and what action you intend to take in response

Taken from Healthcare Commission guidelines

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Appendix F – Involving users in commissioning – checklist

	What you need to know – the strategic approach	**Operational approaches for consideration**
Assess needs – fact finding	Baseline – population Public health – demographics Finance Partner information National guidance PCT strategic plan Healthcare Commission reports	Get information from: - local communities - users and local groups - relevant health professionals - voluntary organisations - Hampshire LINk - desk research
Review current service provision – where are the gaps and what are the local issues?	Benchmarks National standards Who are the providers? What do people think? Work with: GPs, practice-based commissioners, local authority, finance	Feed in needs assessment results Stakeholder analysis List of people to engage Develop clear outline of project Use a variety of means to get information/feedback
Decide priorities	Statutory guidance National priorities Local priorities Value for money	Forums for debate Develop criteria and agree local priorities Consider setting up a reference group
Re/design service	Identify what needs to change – use outcomes Think about standards, quality, value for money, capacity, skill mix, demand, innovation Be clear who the service is for and what it will look like	Keep people involved along the way Involve specialist teams Think about wider engagement Consult on options and/or pathways

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Shape of structure of supply	Report back Draft tender specification (where necessary) and identify providers to invite to tender	Use reference group Consider setting up a tender panel
Manage demand and ensure appropriate access to care	Ongoing monitoring	Get information on patients' experiences, including those who are 'easy to overlook'
Managing performance (quality, performance, outcomes)	Outcome measures – SLAs, set standards and targets Need to be measurable and realistic	Involve users in setting standards Patient experience metrics Use feedback from complaints, PALS, LINks Obtain feedback from stakeholders
	• Start process again • Continuous, ongoing review	

Taken from *Real involvement: Working with people to improve health services*, DH Commissioning and System Management – PPE, pages 104-108, October 2008

Appendix G - Hampshire PCT essence and values <u>DRAFT</u>

ESSENCE – leading you to better health

VALUES:

- Open
- Inclusive
- Responsive
- Good partner
- Focused