**PATIENT INVOLVEMENT AND ENGAGEMENT POLICY**

**Introduction**

The involvement of patients, carers and the public in health decision-making is at the heart of the new White Paper; Liberating the NHS. This makes it clear that accountability to local populations will be central to the proposed changes. But patient and public involvement has many benefits if implemented effectively. Evidence shows that real involvement of patients, population groups and the public increases satisfaction, builds greater confidence, reduces anxiety, promotes a greater understanding of population health, improves trust in health professionals, builds better relationships with those professionals and can produce positive health effects.

Patient and public involvement should be central to the development of NHS policies, plans and services. It increases the confidence, understanding and skills of the people/public who participate in such activity.

**Working with others to deliver effective patient and public involvement**

We will work with CCGs and health and well being boards to deliver the national NHS England Strategy

More locally we will work with organisation such as healthwatch/ LINKS, Local authorities, Patient Participation Group and the Third sector (ie voluntary and charitable organisations)

**The importance of the PPG**

We understand the importance of engaging in consultation and proactive dialogue with the PPG. PPGs offer a well-known and effective way for practices to listen to their patients. The

National Association for Patient Participation (NAPP) offers detailed guidance.

The PPG can offer a patient perspective by:

• Conducting patient surveys or collecting feedback in waiting rooms

• Advising practices and patients of new systems and treatments

• Sharing good practice by networking with other PPGs

• Sitting on recruitment panels for new staff, including GPs

• Lobbying to improve a range of health services.

PPGs can promote health matters by:

• Organising presentations on important health needs

• Producing a directory of self-care support groups

• Running courses within surgeries on health topics

• Raising awareness of key public health messages

• Running volunteer support services.

**What do we listen to?**

**Literature**

Start with what is already known. For instance, we know that almost all patients value:

• Fast access to reliable health advice

• Effective treatment delivered by trusted professionals

• Involvement in decisions and respect for preferences

• Clear, comprehensible information and support for self-care

• Attention to physical and environmental needs

• Emotional support, empathy and respect

• Involvement of, and support for, families and carers

• Continuity of care and smooth transitions.

**Complaints**

We need to know what the common problems are and how they are changing over time. The simplest way of aggregating complaints is to ensure that patients are being made aware of the practice complaints procedure to voice their concerns. Also we will work closely with the Patient Advice and Liaison Services (PALS) to identify any problems.

**Serious and untoward Incidents**

These need to be brought to the attention of Dr Larh, so that any patterns or trends can be identified and dealt with.

HRS keeps a record of all significant events and follows the ‘Serious incidence policy’ when investigating any incidents.

**HealthWatch database**

A number of LINKs are developing a database into which all patient views from a wide range of sources can be deposited. The data can be searched and becomes an invaluable resource on which to base decisions to improve patient experience and quality of service.

**Electronic noticeboards**

NHS Choices and Patient Opinion both enable users to place their opinions of a service online. HRS will encourage patients to use these services which also allow practices and to

engage in online discussions to explain and debate. HRS can arrange to receive opinions automatically.

**Conversations**

Staff receive comments from patients about the service they have received. These

conversations can be captured by staff adding them to the HealthWatch database,

or somewhere else where they can be accumulated and searched.

**Who do we listen to?**

**Unheard voices**

In each area, there are populations that struggle to have a voice, for example, people whose first language is not English, migrants, travellers, refugees and prisoners. These populations generally have the greatest health and healthcare challenges, and HRS will have to work hard to understand their needs.

This is an ideal situation to be working with partners in the field. The local authority may well already have workers in touch with these groups and there may be a range of third sector groups who know a great deal about them. Other agencies such as the police or ambulance service may also have a lot of relevant information, experience and advice. Another effective approach would be to use outreach services such as community development to contact people where they are and begin the process of engagement.

**Relevant voices – key parts of our population**

Local Public Health departments may be able to identify key populations for whom care could be improved. They will also be able to identify those whose voices you are going to find most difficult to hear.

**Co-production and community development**

Co-production is about individuals, communities and organisations having the skills, knowledge and ability to work together, create opportunities and solve problems. The central idea in co-production is that people who use services are hidden resources, not drains on the system, and that no service that ignores this resource can be efficient.

Key ideas within the concept are:

* People as assets, not problems to be solved
* Neither the government nor the public have access to all the necessary resources to tackle problems on their own
* Individuals, organisations and statutory services working together to improve civil life
* Both local people and statutory services have skills that should be combined for maximum effectiveness.

Community Development

This approach involves outreach work, usually with trained community development workers, who listen to issues brought up by the community in which they work. By seeing the community as an opportunity, as an asset, as a collaborator, change can happen rapidly.

Community development has been shown to enable the NHS to:

* Enhance PPI
* Tackle health inequalities
* Offer significant health protection to individuals and communities
* Enhance behaviour change.

General information and evidence for effectiveness and cost-effectiveness can be found at http://www.healthempowermentgroup.org.uk.

**The Power of Social Networks**

There is evidence that strong social networks protect people against the impact of stressors

(mental or physical). The effect is significant, comparable to traditional medical

interventions.