

Making Patient and Public Involvement Better Together

A toolkit for professionals



June 2021

healthwatch
Sheffield

Sheffield
Accountable Care
Partnership **ACP**

Executive summary

Background: Patient and public involvement is a legal duty that improves services and makes them more relevant for people's needs.

Purpose: The purpose of this document is to support the improvement of Patient and Public Involvement (PPI) across the Accountable Care Partnership (ACP).

Good PPI is underpinned by 6 key **values**: **commitment, good research, sincerity/honesty, competence, inclusivity/co-production, and having a rights-based approach.** These values are related to specific behaviours.

Challenges to good PPI include: **fear** (e.g. of being authentic, etc.), **capacity/resources, power imbalances, bureaucracy, communication, and accessibility.** We have included suggestions for ways to overcome these.

Good practice is suggested including **good frameworks and resources, useful techniques for PPI, and ways to make an impact.**

Recommendations are made for improvements at the city-wide, organisational and interpersonal/Individual level.

Next steps: We hope this toolkit is useful for professionals. We would like to continue updating this document based on feedback and ideas from the public and professionals. If you have any suggestions please get in touch:

Email: info@healthwatchsheffield.co.uk

Tel: (0114) 253 6688

Text: 0741 524 9657

Background



In 2017, the NHS outlined important aspects relating to Public Involvement in a document titled [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#):

- In terms of a **definition**, the document states that “Public involvement in commissioning is about enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. Our use of the term ‘patients and the public’ includes everyone who uses services or may do so in the future, including carers and families”.
- The document also emphasises the **importance of public involvement** not only as a legal duty but also as a strategy for improving services and making them more relevant for people’s needs.

Healthwatch Sheffield has developed an [Involvement Assurance Framework](#) to support other organisations with their public involvement. It reflects good practice around public involvement, including co-production, which is one of the most effective methods of involvement.



Healthwatch Sheffield and the Sheffield Accountable Care Partnership (ACP) worked together to explore people’s views about how Patient and Public Involvement (PPI)¹ can be done well.



We organised a workshop which took place on 2nd October 2019. The workshop was attended by 75 people, which included members of the public and professionals from different health, social care organisations, as well as representatives from voluntary and community sector organisations. We have used some of the insights gained from the event to shape this document.

Purpose

The purpose of this toolkit is to support the improvement of Patient and Public Involvement (PPI) across the Accountable Care Partnership (ACP).




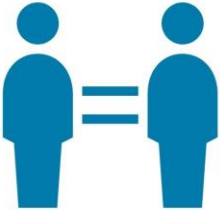

¹ In this document we predominantly use the term (patient and public) involvement. Similar concepts include engagement, consultation, voice, participation, etc.

Values and behaviours

Good PPI is underpinned by some key values outlined in table 1 below. Each of these values is related to particular behaviours. Beyond the positive behaviours outlined in table 1, there are also some behaviours that could be seen as problematic such as “being corporate” and asking the public after a decision has already been made.

Table 1: Values and behaviours that are important for PPI




Values	Behaviours
Commitment 	<ul style="list-style-type: none"> • Investment in time • Being pro-active in going out to people • Reaching out to seldom heard groups • Trusting people • Being sensitive towards power dynamics • Being ready to take a risk • Being ready to learn from mistakes
Good research 	<ul style="list-style-type: none"> • Exploring how things were before issues began • Explaining what you want to know • Involving people with both positive and negative experiences • Active listening • Collecting feedback on an ongoing basis • Taking a holistic perspective by considering wider social issues • Recognising your unconscious biases
Sincerity/honesty 	<ul style="list-style-type: none"> • Sharing information at an early stage • Professionals being themselves (being human) • Good interpersonal and organisational communication • Being honest • Identifying and managing conflicting expectations • Explaining clearly why something needs to be done • Responding to feedback • Willingness to make a change • Discussing issues arising with other staff members • If something can't be done, explaining why
Competence	<ul style="list-style-type: none"> • Knowing how services are organised and how they are linked • Knowing local communities and the local area


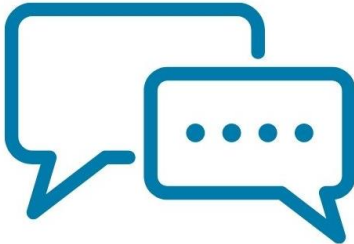

Values	Behaviours
	<ul style="list-style-type: none"> • Being ready to signpost and offer help
<p data-bbox="188 501 440 577">Inclusivity/co-production</p> 	<ul style="list-style-type: none"> • Involving people throughout the process • Being flexible • Meeting people’s preferences for support • Seeing situations from “the other side” • Involving representatives from local communities • Being non-judgmental • Accommodating for different ways of communication (e.g. non-verbal communicators) • Using accessible language • Being patient • Involving staff
<p data-bbox="188 1072 466 1149">Having a rights-based approach</p> 	<p data-bbox="560 1072 1382 1211">Ensuring services are designed, delivered and monitored in compliance with relevant frameworks such as the Equality Act 2010 and the UN Convention on the Rights of Persons with Disabilities 2006, etc.</p>

Challenges and ways to overcome them

PPI can involve a number of challenges which are outlined in table 2 below. The table also includes suggestions about how to overcome these

Table 2: Challenges to PPI and how to overcome them

Challenge	Proposed solution
<p>Fear: Everyone involved in PPI may have fear, including fear of consequences, being vulnerable, fear of being authentic etc.</p> 	<ul style="list-style-type: none"> • Having everyone working together under a common framework of values • Involving people throughout the process so they can suggest a PPI process that works for them • Training staff in key public involvement skills (e.g. communication)
<p>Capacity/resources such as time, money and staff capacity may be scarce.</p> 	<p>Better sharing of information across the system may help with the issue of scarce resources as the feedback is used more efficiently.</p>
<p>Power imbalance is a barrier when powerful people in the organisation are resisting change. The authority of professionals may be seen as more valuable than the lived experience of patients/service users.</p> 	<ul style="list-style-type: none"> • Achieving a culture of learning and shared power • Recognising the importance of experts by experience (e.g. patients, carers, volunteers, etc.) • Involving a diverse mix of people with lived experience in decision-making roles • Involving everyone down the organisational hierarchy in the change process
<p>Bureaucracy is an issue when people's feedback does not lead to</p>	<ul style="list-style-type: none"> • Ensuring feedback given by different groups/events is shared with relevant

Challenge	Proposed solution
<p>impact: it may indicate an organisational culture that does not value PPI.</p> 	<p>people in the organisation and across organisations</p> <ul style="list-style-type: none"> • Having a nominated person in the organisation who is responsible for involvement • Organising opportunities for different organisations to work together (e.g. Leading Sheffield)
<p>Communication may be too formal and may hinder people to offer feedback. People may not be given enough information about the organisation to be able to give feedback.</p> 	<ul style="list-style-type: none"> • Maintaining regular contact with people • Thinking about different ways to seek feedback (e.g. meetings, drop-in sessions, internet, phone, etc.) • Making it possible for people to share feedback informally (e.g. in a conversation) • Giving people enough information
<p>Accessibility may include a range of issues like digital exclusion, language needs, alternative formats etc. Services may use jargon which is not clear to people.</p> 	<ul style="list-style-type: none"> • Using plain language that everyone understands • Asking people about their access requirements and making the necessary arrangements to meet these requirements

Good practice

Below we have suggested some good practices and useful resources that professionals may wish to try out.

Good frameworks and resources:

- [4Pi National Involvement Standards](#) (Principles, Purpose, Presence, Process, Impact, etc.)
- [The Gunning Principles](#)
- Drawing on relevant research on the specific topic of involvement



Creative involvement ideas:



- Have a postcard for people to write one thing they would change about a service
- Service user road shows
- Service users asking other service users what they think
- Use electronic road signs to advertise involvement opportunities
- Have advertisements on buses
- Advertise on social media
- Share information at events
 - “Tops and pants” method for gathering feedback. See pages 10-11 in [this Chilypep document](#) for an example

Involving the public throughout the process:

- Involve people with lived experience to help design PPI
- Create the opportunity for service user groups to present ideas



Accessibility:

- Involve community workers who speak community languages
- Implement autism-friendly activities
- Create materials in alternative formats (e.g. easy read)



When organising meetings/focus groups (e.g. to gather people’s input on designing services and information materials such as leaflets):

- Think about an accessible venue, using community venues
- Use accessible language
- Support people before and after the meeting
- Have staff ready to offer support
- Professionals to have personal contact with people with lived experience



Making an impact:



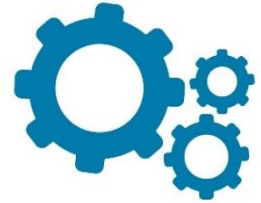
- Willingness to implement simple solutions
- Specialist staff delivering training for colleagues in the same organisation or across organisations



Recommendations

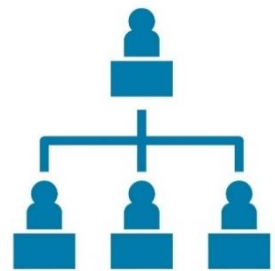
At a city-wide level (across Sheffield), there needs to be a more coordinated approach to:

- Improve the experiences of people sharing their views and/or experiences
- Foster more efficient ways of working and using resources
- Extend the reach for a greater diversity and breadth of experiences



At an organisational level, health and care organisations could seek to:

- Allocate organisational resources (e.g. money, staff capacity, time) to PPI
- Foster an organisational culture that values PPI by ensuring commitment from top management and down the organisational hierarchy
- Address power imbalances between professionals and experts by experience by involving patients/service users in decision-making



At an individual/interpersonal level, professionals should seek to:

- Proactively engage seldom-heard groups
- Ask about people's accessibility requirements and make arrangements to ensure these are met
- Be confident in managing conflict and delivering difficult/unwanted information
- Be prepared to signpost people
- Share feedback with relevant people in the organisation/across organisations
- Update the public on what has happened after they have given feedback



Next steps

We hope this document is helpful to professionals who carry out patient and public involvement



We would like this document to be the start of an ongoing conversation. We know that the thinking and practice of Patient and Public Involvement is always evolving. So, we will continue to ask members of the public and professionals for feedback and ideas about how we can make PPI better together. We will then update this document on an ongoing basis.

For the next edition of this document we are particularly interested in adding information to **table 1** (Values and Behaviours) to include examples of behaviours that might be seen as problematic.

If you have any ideas for the next edition of this document, please get in touch.

Acknowledgements

We would like to thank all members of the public and all representatives from different organisations who took part in the workshop.

Healthwatch Sheffield

Healthwatch Sheffield helps adults, children and young people influence and improve how services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council. If you have an experience of health or care services that you would like to share with us, or would like to get involved in our work, please get in touch:

The Circle
33 Rockingham Lane
Sheffield S1 4FW

Email: info@healthwatchsheffield.co.uk
Website: healthwatchsheffield.co.uk

Tel: (0114) 253 6688
Text: 0741 524 9657

 Follow us [@HWSheffield](https://twitter.com/HWSheffield)
 Like [HealthwatchSheffield](https://www.facebook.com/HealthwatchSheffield)



Sheffield Accountable Care Partnership (ACP)

The Sheffield Accountable Care Partnership (ACP) is an alliance of health and social care organisations that work together to deliver care. We want to transform our population's health, care and well-being, improving the health and wellbeing for everyone living in Sheffield.

Sheffield Accountable Care Partnership,
722 Prince of Wales Road,
Sheffield S9 4EU

Email: acp.sheffield@nhs.net
Website: sheffieldacp.org.uk

Telephone: 0114 305183

