



Helping the NHS put patients at the heart of care

The patient and public engagement support programme 2009–10

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About the patient and public engagement support programme

In December 2008, we reviewed the way the Department of Health supports the NHS as it engages patients and the public in shaping local health and social care services.

After discussions with patients, the third sector and health and social care staff, the review resulted in a new vision for patient and public engagement (PPE), as well as a focused support programme to help realise this vision.

This document tells you more about our support programme. To find out more about the vision for patient and public engagement, read *Putting patients at the heart of care: The vision for patient and public engagement in health and social care*.

Vision and objectives in brief

“Our vision is for patients and the public to drive the design and delivery of high-quality services. To achieve this, every day, everyone working in the NHS needs to engage patients and the public in making decisions.”

The objectives for PPE are:

- to offer world-class, patient-centred health and social care for everyone;
- to use patient experience to improve service quality;
- to positively engage and empower everyone through shared knowledge, activities, outcomes and best practice.

Listening to what people are telling us

The vision for PPE is derived from what the public have told the Government they want from NHS and social care services. They want services to get the basics right, fit services around their lives, treat them as individuals and not as a set of symptoms, and work with them as equal partners.

Although there are some examples of excellent practice across the health and social care system, assessments of the state of PPE across the NHS show that there is a need for further work:

- World Class Commissioning encourages commissioners to engage communities and use the feedback they get to shape their decisions. Each year commissioners are assessed on how well care is commissioned and given scores ranging from 1 (just starting) to 4 (world class). In the most recent assessment, the average score across England for PPE within commissioning competency 3 was 1.6, with only nine primary care trusts being given a score of 3.
- The Healthcare Commission published a report on public and patient engagement,¹ which concluded that *“our overall findings ... provide further evidence of the need for improvement. People involved in this study generally do not feel they have enough say in the health services that are provided in their area or the way they are delivered.”*
- The Department of Health report into Mid Staffordshire NHS Foundation Trust highlighted a poor appreciation of patient experience and views.
- According to work by the Picker Institute and the Commonwealth Fund, the UK is poor at engaging patients in their own health relative to other Western economies. A recent survey of primary care trusts by the Picker Institute found that the public have yet to have a strong influence on the content of most PPE strategies.²

With government facing a future of financial constraint, the NHS faces the challenge of making significant savings by finding innovative ways to boost the efficiency, quality and productivity of services. PPE can play a significant role in helping the NHS to meet this challenge.

1 *Listening, learning, working together?* (Healthcare Commission, 2009):

www.cqc.org.uk/_db/_documents/Engaging_patients_&_public_national_report.pdf

2 *Patient and public engagement – the early impact of World Class Commissioning* (Picker Europe, 2009)

Acting on what people are telling us

Meeting these expectations requires a real change in the relationship between people who use services, health and social care staff and the Department of Health. PPE is playing a key role in helping to bring this about. Services are striving to be better at seeking feedback, understanding what really matters to people and acting on this to improve services.

Some services are already leading the way when it comes to systematically listening, understanding and responding to patients. Our challenge is to make this the norm for every service.

The PPE division at the Department of Health exists to help with this. During 2009/10 we are focusing our efforts in a number of ways to help the system respond to these challenges:

Empowering people: Patients and the public want to be able to influence both their own healthcare and the services that provide this care. If this is to happen, then services need to become effective at engaging people and truly responsive to what they say. The PPE division aims to give people and communities greater power by:

- building the capacity of local involvement networks (LINKs) and other engagement systems to enable patients and the public, particularly black and minority ethnic and seldom-heard groups, to influence health and social care services effectively;
- supporting the NHS in delivering patient information that is fit for purpose, and that supports people to make choices through initiatives such as the Information Standard and information prescriptions;
- enabling the public to use the NHS Constitution to help influence their own care and local services, as well as supporting the local NHS in making the Constitution real for their communities.

Putting patient experience centre stage: Organisations should not only routinely and systematically collect and analyse feedback from people who use services, but also use this information to inform decisions about the way services are commissioned and delivered. We are working to help realise these goals by:

- supporting the NHS to develop and improve local patient feedback strategies and systems, including meeting the commitment for all hospitals to use real-time patient feedback to improve care;

- ensuring that patient experience is an equal partner in the Quality Framework alongside effectiveness and safety. This is being achieved by ensuring that experience is woven into national guidance and that strong measurements form part of the relevant frameworks (Indicators for Quality Improvement (IQI), Measuring for Quality Improvement (MQI), Quality Accounts and local Commissioning for Quality and Innovation (CQUIN) schemes), and by working with organisations to embed the patient experience agenda across the NHS;
- embedding the use of surveys by the NHS to inform decision-making, meet the Public Service Agreement target on patient experience and support the Care Quality Commission assessment process;
- supporting the development of a performance management regime to ensure that patient experience drives service improvement across the NHS;
- supporting the NHS in using the new complaints system to deliver a responsive, customer-centred complaints system and working with the NHS Litigation Authority to ensure fair redress.

Helping services to become more accountable: We aim to make NHS and social care organisations more accountable to their communities and the individuals they care for by:

- embedding the statutory duties to involve and report on consultation within the NHS so that they are an integral part of the planning, commissioning and delivery of services;
- extending the responsiveness and accountability of commissioners and providers to local people and communities through the development and implementation of the Statement of Involvement;
- improving the local scrutiny of health services by updating guidance and strengthening the support available to the NHS and overview and scrutiny committees;
- developing the accountability mechanisms within primary care trusts;
- providing policy leadership on financial redress, including development of arrangements for coverage of NHS-funded work in the independent sector.

Supporting PPE through innovation: The division is also focusing on encouraging innovation in PPE and projects to support the delivery of the PPE vision by:

- working across the Department of Health to ensure that PPE is core to everyone's business;
- supporting development of national PPE digital services, as well as providing support to the NHS on meeting the World Class Commissioning competency on engaging patients and the public in decisions;
- developing primary care trust exemplars on world-class engagement, including the innovative use of digital technologies and alignment with traditional engagement processes.

PPE and the change principles

Relevance of PPE to the four Department of Health change principles

PPE is a core element within each of the principles of co-production, subsidiarity, clinical leadership and system alignment, which were set out in 2008 by the NHS Chief Executive, David Nicholson, to guide the implementation of the Next Stage Review.

Co-production: Patients and the public, as the main customers of health services, are also a major partner in decision-making about healthcare. This has been underlined by the NHS Constitution, which sets out the right of the public *“to be involved ... in the planning of healthcare services”* as well as making a new commitment to provide *“the information needed to influence and scrutinise the planning and delivery of NHS services”*.³

Subsidiarity: According to the current NHS Operating Framework, subsidiarity has meant devolving *“greater power and autonomy to the local level”*, wherever possible, with *“an enabling role for the centre”* and *“more power and responsibility residing with patients and clinicians”*.⁴ Successful achievement of subsidiarity therefore depends on engaging and empowering stakeholders at each level, including patients and the public with an interest in the way services are delivered on the ground. PPE mechanisms, which start at local level where they are most effective, are therefore critical to achieving subsidiarity in devolving decision-making away from the centre of the NHS. This in turn meets the vision of *Building Britain’s Future*, which states that *“by devolving power to users and creating greater autonomy for professionals, we can ensure that services look outwards”*.⁵

3 *The NHS Constitution for England* (Department of Health, 2009): www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419

4 *The operating framework for the NHS in England 2009/10* (Department of Health, 2008): www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_091446.pdf

5 *Building Britain’s Future* (The Stationery Office, 2009): www.hmg.gov.uk/media/27749/full_document.pdf

Clinical leadership: Better engagement with patients – that is, listening to and being informed by patient experience – is now seen as an integral part of effective clinical governance. All NHS trusts are also required to “maintain a focus on continuous, demonstrable improvement in the quality of the patient experience and improvement in healthcare outcomes”,⁶ and are measured against this as part of World Class Commissioning competencies 8 and 4, as well as against the pledge within the NHS Constitution to seek “continuous improvement in the quality of services”.

System alignment: Patient experience is a vital component necessary in order to align various parts of the healthcare system around the same goals. Verifying progress towards such alignment involves measuring progress towards those goals across diverse parts of the healthcare system, including the primary, acute and other sectors. One of the highest-level goals is patient care, and the quality of patient care is now measured by patient experience as well as patient safety and clinical effectiveness. Therefore patient experience is vital to system alignment.

6 *Clinical governance reporting processes* (Department of Health, 2002): www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006229



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