

Your Voice Counts

How patients and the public can influence education and training to improve health and health care



better **skills**

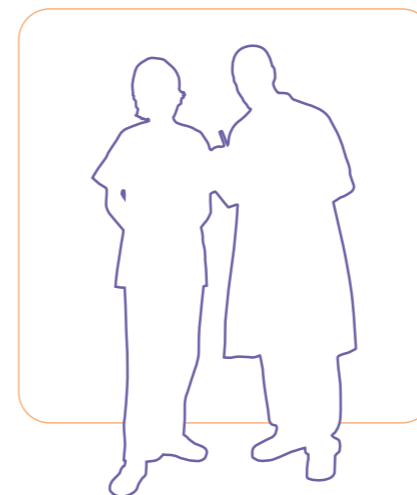
better **jobs**

better **health**



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Introduction

Patient-centred care is a core part of health policy. It's about listening and collaboration. This means changing the emphasis from doing things for patients to doing things with them.

Skills for Health is ensuring that patients, carers and the public are involved in the development of healthcare education programmes with the aim of improving both the quality of healthcare education and patient care and experience.

An Involvement Advisory Group was set up by Skills for Health in December 2005 to work on this agenda in partnership with learners and people who use health services. A priority for the group has been to develop jargon-free information to help put this policy into action. This DVD and guidance is part of that process.

The quality of care that patients and service users receive is a direct result of what healthcare professionals learn, how they learn and where that learning takes place.

Most people at some time in their life need health treatment. When you use services, or someone you care for does, you want to make sure they are of the best possible quality.

Around 75,000 people each year learn in healthcare workplace settings. For most learners at least half of their training is spent actually working with people who use services and those who care for them.

There are many ways for individuals and groups to become involved in the commissioning, planning, delivery and evaluation of both healthcare services and education. To show how any of us can contribute to healthcare education we have created a model called the 'Circle of Influence'. You can find out more about this on page 6 of this booklet.

This booklet and DVD together form a resource which will help you address how patients and the public can be involved in the development of healthcare education programmes resulting in improvements in quality patient care and experience.



"It's like a clock. You open up the back of the clock and all the cogs are working together."

Wayne Drakes Service User and Member of Skills for Health, Public and Learner Advisory Group



The Circle of Influence

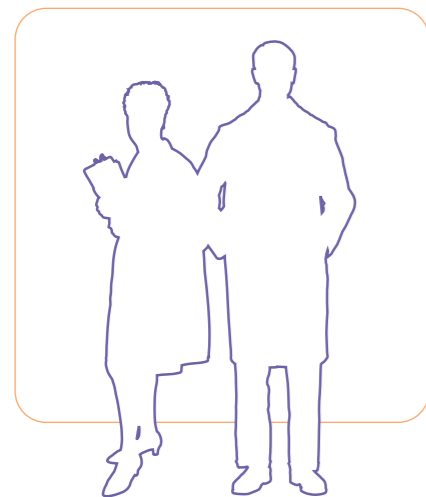
Getting Involved

Skills for Health staff, learners and members of the public have worked together to create 'The Circle of Influence'. The circle shows the stages involved in healthcare education, starting with commissioning and moving through design and approval, development and delivery, ongoing evaluation, periodic review and back to commissioning. Each part of the circle is designed to inform, influence and interact with all the other parts.

The model explains what's involved at each stage in the process. At the heart of the circle is the engine – the 'Hub of Involvement'. This describes how for involvement to happen fully it must happen everywhere; in shaping policy, services and through workforce planning and development to influence future healthcare education and training. For details of the Hub of Involvement you can download further information from www.skillsforhealth.org.uk

The Circle of Influence shows all the points at which you can participate in health care education. You can get involved at any point to share your experiences.

In this guide the primary focus of the Circle of Influence is on the formal provision of healthcare education and training. However it can also be used to help build individual, team and organisational capability, capacity and confidence for involvement. For example, through action learning sets, organisational development activities, practice based learning, mentoring and coaching.



The Circle of Influence





The Circle of Influence in Action

Commissioning

Commissioning is the starting point of the healthcare education process. It's about looking at local healthcare needs and finding ways to meet these needs within an agreed budget. The key issues to address in commissioning healthcare education include making sure that:

- the workforce has the right skills, knowledge and behaviour (competences)
- the right staff, giving the right care, in the right place at the right time
- education is provided within budget
- the development and delivery of education is focussed on patients and carers, reflecting their needs and expectations
- learning programmes are of the right standard, offering a good learning experience and are enjoyable and stimulating
- education really prepares learners for practice
- everyone who needs to be involved in the process is included and works together.

Examples of ways to encourage more participation:

- actively go out and work with existing local service user networks and forums. This may mean developing new ways of working
- make information more accessible e.g. in GP surgeries and community councils
- look at local, regional and national trends and reports relating to the quality of healthcare and education delivery, and experiences of service users and learners
- create a register of service users and carers to support links between organisations, including people who have particular areas of interest and experience.

Design, Approval and Planning

The next stage is where agreement has to be reached on how courses are designed, delivered and assessed.

It is important that this is undertaken in partnership with all key stakeholders. This ensures that appropriate and responsive services are developed in line with quality assurance standards and regulatory requirements.

We should always aim to build on previous experience and lessons learnt. We need to match the needs of the workforce against the intended learning outcomes and competences. In addition, we need to ensure that learning is properly structured and supported, and that students are tested appropriately at key points. And finally, we have to make sure that the right level of resource is in place.

Examples of ways to encourage more participation:

- involve service users in setting competences to be achieved by the practitioner
- include service users in the design of the assessment
- invite current and previous learners to be part of the group that designs and develops the course
- formally consider student evaluations
- reflect and draw on people's experiences
- involve service users in the development of learning materials e.g. case studies, videos or drama scenarios.

Development and Delivery

The third stage of the Circle of Influence is the development and delivery of learning in health and social care settings. This may be about courses taught in the classroom environment, or it may relate to training that takes place in a workplace setting.

In the past, certain groups and key stakeholders were often excluded from this part of the process. For example, users of health services were seldom invited into the classroom or into workshops. It is now very important that these people are actively and purposefully engaged in the development and delivery of programmes.

It is also crucial to actively seek out learner's views about their learning experience and use the findings to improve the provision. They often have insights that teaching staff do not have, and their input can improve courses for future learners.

Examples of ways to encourage more participation:

- involve service users and learners (as peers) in the assessment of work and in learners' performance in both practice and academic settings
- get learners to 'shadow' or follow service users, carers and their families in order to observe and learn directly about their lives, issues and needs
- give learners the opportunity to review and develop staff job description and short listing criteria before advertisement.



"We worked with one of the local universities and a whole range of service users from voluntary and community groups, and we went out and asked people what would keep them healthy"

Lynne Selman,
Director of Citizen Engagement and Communications for Eastern and Coastal Kent PCT.

Ongoing Evaluation

Throughout all stages of the Circle of influence it is important to have a process of evaluation and use evidence and experience to see how well partnerships are working. This feeds back into the commissioning, design, development and delivery process.

Monitoring and evaluation ensure that minimum standards are always met. But the aim is to strive to continually improve the quality of learning. Ongoing monitoring, evaluation and feedback makes sure that healthcare education is relevant, addresses concerns and continues to meet needs. When we learn what works well it is important to share this with others.

Examples of ways to encourage more participation:

- require education committees and forum to have learners and service users as members
- ensure learner evaluations are considered and the outcomes reported back to learners
- make sure that evaluation methods and results are presented in a range of formats to make these more accessible to a wider audience.

Periodic Review

From time to time it is important to take a more in-depth look at the whole range of healthcare learning to inform future commissioning and provision.

This periodic review should be seen as a natural part of ongoing evaluation rather than something separate. It takes evaluation a step further. It will usually involve taking a broader view, looking at issues in greater depth, and/or testing a greater range of evidence about the quality of provision. Time periods vary, but these reviews usually take place every 3 – 5 years.

Balancing the perspectives of commissioners, learners, staff and the public is vital in this review process to ensure a total view of quality is obtained. Each group is of equal value and importance.

Examples of ways to encourage more participation:

- review and develop the existing strategy for the involvement of service users and learners
- ensure clarity about who is involved with what activity, the expected outcomes and the main areas of development
- involve service users in the team/group undertaking the review
- agree that learner evaluation is treated as essential evidence which must be looked at when making judgements about the quality of provision
- make the outcomes of the review publicly available e.g. as a report on the website.

The Quality Assurance Process

Quality assurance is about setting, maintaining and improving the quality of healthcare education so that it matches the expectations of the public, the employers and the professions.

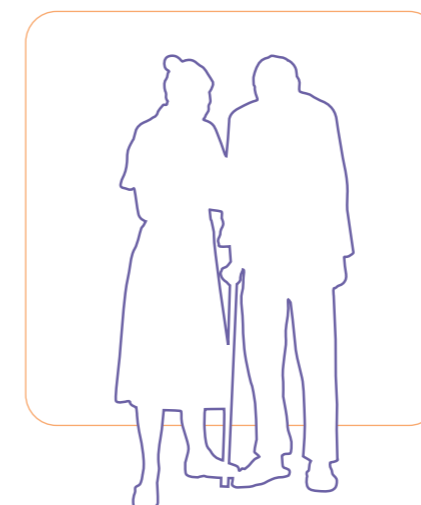
The various stages to the quality assurance process have been illustrated through the Circle of Influence. It's important to have many types of input into ongoing evaluation. You might have an experience which could enhance healthcare education too. Where lots of people provide feedback, especially if they highlight a similar issue, that input can lead to effective change.

A fundamental thing is around attitude and aptitude and actually being open to thinking about things in a different way.

Having the empathy and the understanding and being able to work with people at all levels, whether that's rolling up your sleeves and sitting on the floor in a Sure Start centre in Margate, or talking in a very formal setting in a scrutiny committee with counsellors.

Both involve quite a different set of skills and we need to be able to field a whole range of people who can operate at different levels and flex between those.

Lynne Selman, Director of Engagement and Communications for Eastern and Coastal Kent





Case Study 'Your Voice Counts'

When Maria Von Hildebrand's daughter was taken into hospital with a heart condition, she was dismayed to find that as her mother, she wasn't always consulted about the best method of care for her. Furthermore, she wasn't always kept properly informed about her progress.

Maria had always believed that Doctors worked with parents to establish the best method of care, however it seemed to her that the way of thinking was, the 'Doctor knows best'.

The hospital's success rate for infant heart surgery was vastly lower than the national average, with the explanation that the Doctor was less experienced, in other words it was part of their 'learning curve'. Internally, Doctors were not always accountable for failures, however, attributing the problem to being merely a learning curve wasn't helping to find a solution.

Maria became concerned about the welfare of other children and was convinced that if relations between Doctors and parents could be improved, the overall success rate for these operations would increase accordingly.

She started asking questions and requesting to see reports. She began to meet with various people within the NHS who had expressed concern about the situation, and eventually she began to form a real picture of what was going on. Ultimately, the probing she did exposed the truth and spawned a public enquiry.

Nowadays, things are quite different. New standards of care have been established and safe standards of care in surgery have been defined. By encouraging a more open attitude of communication between parents and doctors, patient care has almost undoubtedly been improved.



Turning the policy and principles into action

Practical tips for effective involvement in healthcare education

- Involve service users and learners in all aspects of healthcare education from the onset through to review and evaluation
- Use a range of flexible approaches that suit individual and local needs
- Provide opportunities for involvement at all levels within healthcare education organisations. This means it will happen at organisation-wide strategic planning and decision making levels as well as more operational levels
- Communicate clearly, without jargon, and in a range of formats appropriate for your audience
- Communicate openly and honestly. Listen actively, so as to promote and support wider participation in healthcare education commissioning planning and delivery
- Give feedback on the impact and changes which result from involvement – by public, learners and staff
- Offer practical advice about the approaches for involvement at each and every level of the organisation – without exception
- Plan creatively to accommodate a variety of cultures, learning and working styles in order to realise the benefits and potential of diversity, whilst working within given regulations/requirements
- Help staff become committed to a principle of life-long learning. This creates opportunities for involvement at different points and in different ways.

Public Involvement Tips

- Ensure that approaches for involvement take place in a variety of settings including communities, service and education
- Review and plan for involvement to engage people who reflect the diverse communities we serve
- Support a continued commitment to engage with communities
- Ensure that the contribution of all citizens (patients, service users, carers), is used to make patient experience central to healthcare education
- Minimise barriers to involvement. Meet individual needs by creative and flexible approaches and rewards in line with the Disability Discrimination Act Public Service Duties
- Provide dedicated induction and support mechanisms for individuals and groups
- Openly structure meetings and discussions to ensure that all views and priorities are explored, valued and that opportunities are given to individuals and groups to lead the debate.

For further information visit www.skillsforhealth.org.uk



Your voice counts DVD

The DVD showcases a collection of short stories highlighting patient and public experiences of the health sector and the delivery of education and services. It is intended to be used as a learning resource to explore involvement in health care and how this translates into education, learning and development. Through these stories we seek to create a better understanding of involvement in healthcare delivery and learning.

The DVD addresses a number of themes including:

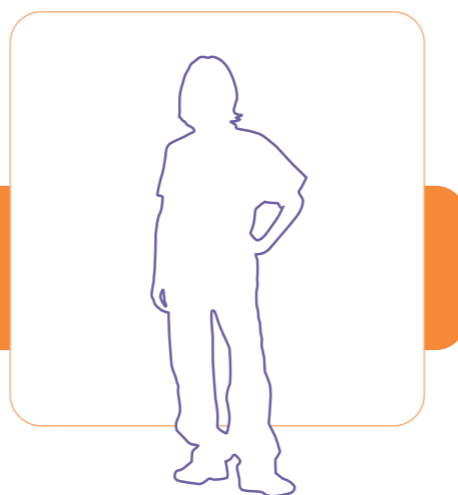
- Challenges of involvement – as faced by healthcare staff
- The value of involvement – as experienced by a service user
- People at the heart of commissioning – a commissioner's story
- Involvement in shaping learning – experience informing teaching
- Finding your voice – a service user's story.

You can use the resource to stimulate questions and reflections including:

- How can we involve people more effectively in our organisations?
- How can we build the capacity, capability and confidence of staff for involvement?
- How can service users (patients, carers and the public) be supported to be involved?
- How do we ensure that staff, learner and public perceptions have equal emphasis when we consider and review quality?

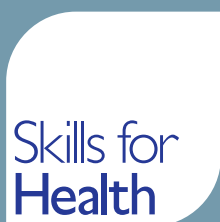
The accompanying booklet will provide you with a model for involvement together with practical tips and links to further resources.

Quality learning leads to quality care



Our sincere thanks are expressed to everyone who has contributed to the development of this resource in so many ways; sharing experiences and expertise, for enthusiasm, commitment and support.

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