Skills for Health

Public and Patient Engagement: From policy to practice in workforce development

Workshop Report

May 2010

1. Introduction

Skills for Health is the Sector Skills Council (SSC) for the health sector across the United Kingdom (UK). Our role covers all healthcare employers – including those in the National Health Service (NHS), independent and voluntary sectors. We are part of a UK network of Sector Skills Councils covering 85% of the UK economy. Our strategic aim is to develop a skilled, flexible and productive workforce for the whole health sector in all UK nations, to raise the quality of health and healthcare for the public, patients and service users.

In 2009 Skills for Health produced a publication 'Your Voice Counts'[1] the aim of which is to support education commissioners and providers identify ways in which patients and the public can become involved in the development of healthcare education programmes. The work outlined in this report builds on this earlier work.

2. Background to Public and Patient Engagement

The way in which health and social care services are designed and delivered is changing. Now we are as likely to have people who use services (patients, carers, public and active citizens) involved in managing their health conditions, developing services and helping to shape learning and development as clinicians, managers and commissioners. At the same time there is increasing emphasis on the involvement of citizens in policy making at all levels of government as a means of improving democracy and legitimacy. The policy environment driving public and patient engagement (PPE) across health and social care is summarised in Appendix A.

Such developments mean there is a greater need to skill the workforce to respond to the different ways in which health and social care services and education will be delivered in the future; and to the ways in which the public and communities require support and development opportunities in order to effectively participate

3. Methodology

This report has been produced following 2 day long events, undertaken in partnership with Skills for Care, which brought together a range of people from across health and social care including service users and carers.

Using an appreciative inquiry methodology the aim of these workshops was to:

- Identify the issues and challenges facing the health and social care workforce in implementing effective public and patient engagement
- identify what is already working in the health, social and third sector systems and to build on it.
- Identify the implications for workforce development across health and social care

The outputs and discussions from these events are captured in this report and are intended to provide insight into the challenges facing workforce development for public and patient engagement, turning policy into practice.

An outline of the appreciative inquiry methodology can be found in Appendix B

4. The workshops

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[1] Your Voice Counts: How patients and the public can influence education and training to improve health and healthcare, Skills for Health 2009

The workshops utilised a storey telling approach with a number of people sharing their experiences of involvement and engagement in small groups. Participants valued the opportunity to share and reflect on their experiences. Building on this further, small group work and discussion in plenary sessions identified a range of challenges.

4.1 What are the challenges?

Education and training programmes are not designed to equip people with the skills and competences to support engagement and involvement

Many participants felt that the way in which health and social care staff are currently trained does not equip them with the skills required for effective public and patient involvement and engagement. It was strongly felt that new ways of learning need to be developed and that this learning and education itself needs to be co-designed with patients and service users. Moving from a narrow focus of 'communication' skills to an approach that takes a wider view of the kills and competences required was thought to be necessary for effective engagement.

Culture change and the capacity of systems to learn

Participants felt strongly that the culture which currently exists across health and social care does not support staff. Simply equipping staff with the skills and competences is not sufficient in itself. There needs to be an organisational commitment reflected in values and attitudes. Reference was made to the need for organisations to become self critical and for learning to be embedded in systems.

The sharing of good practice

Good practice is often not shared and not 'shouted about enough' and participants welcomed the opportunity afforded by the workshops to share some of the good things that are happening. Sharing good practice should focus on what it was that made a difference and what that difference was for both service users and staff. However it was noted that it is also possible to learn from what hasn't gone well and people need to be provided with a 'safe environment' to reflect on this and the lessons that can be learnt from it.

The barriers to engagement and involvement

It was acknowledged that working together in partnership takes time and resources. Participants recognised that there are barriers to engagement for both staff and service users and carers. For service users and carers these include:

- recognition and reward
- timing of opportunities for engagement
- the capacity of both individuals and community groups to engage

The barriers for staff include:

- lack of resources
- other priorities competing for their time
- lack of confidence and capability
- unsure of the practicalities and mechanisms for providing people with the opportunity to participate

4.2 Meeting the challenges

The second workshop built on the first but attempted to unpick further what it is that people expect from the health and social care workforce in terms of their attitudes, skills and behaviours around engagement. Participants considered what is needed from the perspectives of; service users; carers (paid and unpaid) and staff

What are the necessary attitudes, skills and behaviours of staff?

People want staff to be confident, competent and professional and this means some-one who:

- is approachable
- has a positive attitude
- listens carefully and acts on what they hear
- takes a flexible approach with engagement moulded around the client’s needs
- Is accountable and takes responsibility
- engages with service users as full and equal partners
- gets the words right! Uses plain English
- respects individuality
- involves and engages with people at all stages
- a willingness to hear other views and perspectives particularly the negatives
- being open to other experiences
- is able to ‘walk in someone else’s shoes’

All of this needs to be underpinned by a set of values that reflect; respect; openness; honesty; humanity; generosity and dignity.

The participants also identified some of the specific knowledge and skills required by the workforce, which include:

- Running and managing groups
- Facilitation skills particularly in the context of ensuring everyone’s voice is heard
- Presenting information in a way which is clear and understandable
- Asking the right questions at the right time
- How to probe effectively and know when to stop!
- An understanding of why people will get involved and what stops them – able to ‘sell’ the benefits
- Knowing how to talk to people and explore with them what matters
- An understanding of how people want to be involved and the different ways this can be achieved
- A knowledge of equality and diversity issues

Above all, staff need to understand public and patient engagement in the context and environment in which they work. They need to be able to apply this skill and knowledge in that particular context for a particular outcome. In 2007 The Picker Institute reviewed the effectiveness of strategies to involve patients in improving the quality of health care. In reviewing public involvement the review concluded that *‘without adequate resources – including funding, staff time and training – public involvement initiatives are likely to fail or will have limited impact on service development’.*

5. Workforce development

A reoccurring theme which emerged from the workshops is that public and patient engagement is the responsibility of a wide range of staff across health and social care and not just those with specific responsibilities for engaging with service users and the public. This echoes the findings of a 2009 Healthcare Commission report[2] which found that staff who work in health services are the most important drivers of change but that many clinicians are still not engaging directly with patients and carers to explore ways of improving the quality of care.

Every one involved in health and social care has a role in ‘involvement and participation’.

Who do we mean by every one?

- Paid workforce at every level – from entry points to Board level roles
- Volunteers
- Service users and active citizens, community groups

Where do we expect to involvement and participation to happen?

- Statutory NHS and Social Care organisations

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[2] Listening, learning, working together? A national study of how well healthcare organisations engage local people in planning and improving their services, Healthcare Commission 2009

- Third Sector Voluntary
- Social Enterprises
- Independent Sector
- Providers of health and social care education and training

What type of processes will involvement and participation happen through?

- Commissioning (service and education)
- Research and development
- Service provision
- Education delivery

In considering the implications for workforce development it is important to focus on the needs of:

- The future workforce
- The current workforce
- Service users and carers

The Future Workforce: ensuring that all commissioned health care education and training programmes are 'patient focussed' involving service users at every level; in the commissioning, design, delivery and review
The Current Workforce; ensuring that all staff has access to training and development opportunities as part of Continuous Professional Development and Performance Reviews supported by the Knowledge and Skills Framework (for health) . This includes both the Registered Workforce as well as Support Staff in Bands 1-4
Service Users and Carers: as the level of public involvement grows so does the need for personal training and development opportunities for patients, carers, community groups and the wider public

This means reflecting new approaches to learning in:

- Undergraduate and pre-registration training
- Vocational and work placed learning e.g. apprenticeships
- Continuing professional development

Appendix A

The Policy Context

1. Public and Patient Involvement in health care

There is a statutory duty on health care organisations in England, Scotland, Wales and Northern Ireland to consult with and involve the public and patients. However the mechanisms and policy drivers for achieving this differ across the four countries and these are summarised briefly below.

1.1 England

A statutory duty on NHS organisations (NHS Trusts, Primary Care Trusts and Strategic Health Authorities) to consult with the public and patients on major service changes was legally enshrined in Section 11 of the *Health and Social Care Act 2001(* now Section 242 of the consolidated *NHS Act 2006*). More recently Section 234 of the *Local Government and Public Involvement in Health Act 2007* places a new duty on PCTs to report on consultations related to commissioning decisions and how the consultation results have influenced those decisions. The bill also abolishes Patient and Public Involvement Forums replacing them with Local Involvement Networks (LINKs) and places duties on Local Authorities.

The NHS Operating Framework 2008/09 is explicit in the need for the NHS to get better at listening and responding to the patients who use services, the staff who provide them and the citizens who fund them. This is reflected in the *NHS Next Stage Review: our vision for primary and community care* which identifies the need for primary and community care services that listen to patients and local communities and develop services on the basis of this.

The NHS Constitution includes a number of pledges aimed at setting out rights for patients to be:

- Involved in discussions and decisions about their health care
- Involved in the planning of health care services either directly or through representatives

1.2 Scotland

The responsibility for NHS Boards to involve patients, carers and the public in designing, developing and delivering health care services was initially set out in *Patient Focus and Patient Involvement (2001)*. This was underpinned by a statutory duty placed on NHS Boards in the *NHS Reform (Scotland) Act 2004*. The Act also required Boards to establish Community Health Partnerships (CHPs) and each CHP was required to develop a local Public Partnership Forum as a means of establishing and maintaining effective and formal dialogue with their local communities. In addition the Act abolished local Health Councils replacing them with the Scottish Health Council which is responsible for ensuring that NHS Boards deliver their *Patient Focus and Patient Involvement* responsibilities.

More recently the *Better Health, Better Care Action Plan (2007)* published by the current Scottish Government introduces the concept of a ‘mutual’ NHS aimed at shifting ownership and accountability to the people of Scotland. The Action Plan includes a number of commitments aimed at realising the concept of mutuality including the development of a Participation Standard for NHS Boards which reflects the needs of Scotland’s diverse population and the introduction of a Local Health Care Bill to enable direct elections to Health Boards. A centrally co-ordinated Patient Experience Programme was launched last year to systematically assess patient’s experience across NHS Scotland and to support Boards to act on this information to make year-on-year improvements in patient experience.

1.3 Wales

Eighteen Community Health Councils provide a statutory voice for the public and patients in Wales. They are supported by a national body ‘The Board of Community Health Councils in Wales’ which represents the collective views and interests of NHS patients. In April 2004, through the *Health (Wales) Act*, the Welsh Assembly Government strengthened the powers and responsibilities of CHCs including providing them with the right to visit GP surgeries, dental surgeries, opticians and pharmacists and the right to visit private nursing homes where NHS patients are treated. More recently the *NHS (Wales) Act 2006* confirmed the continued existence of CHCs in Wales. The Act also placed a duty on Local Health Boards to involve the public and patients in the planning and provision of services and in the development and consideration of proposals for changes in the way services are provided.

Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century (2005) sets out a vision for health and social care in Wales. This includes a commitment to promote the active participation of citizens and communities in service development building on the strategic context set out in '*Making the Connections*' by finding out what services people need and making sure that people's views on existing services are heard. Where changes are planned service users and staff are to have the strongest voice in identifying what is required.

1.4 Northern Ireland

The consumer voice in Northern Ireland is currently represented through four Health and Social Services Councils. Following the restoration of devolution in May 2007 a consultation was undertaken on health and social care reform, which included proposals to change the existing mechanism for public and patient involvement through the Health and Social Services Councils. The subsequent draft *Health and Social Care Reform Bill* makes provision for the establishment of a single Patient and Client Council to replace the current Health and Social Services Councils with five local offices operating in the same geographical areas as the existing integrated Health and Social Care Trusts. The Patient and Client Council will be responsible for providing a strong voice for patients, clients and carers. The draft bill also places a statutory obligation on other health service bodies to engage with the Patient and Client Council and includes a range of measures through which health service bodies are required to consult and involve the public.

Appendix B

What is Appreciative Inquiry?

Appreciative Inquiry works from a set of assumptions, which are:

- In every society, organisation or group, something works
- What we focus n becomes our reality
- Reality is created in the moment and there are multiple realities
- The act of asking questions of an organisation, or group influences the group in some way
- People have more confidence to journey to the future (the unknown) when they carry forward parts of the past (the known)
- If we carry forward parts of the past, they should be what is best about the past
- It is important to value differences
- The language we use creates our reality

The emphasis in appreciative inquiry is to take an approach to change which emphasises what is already working in a system to build on it. In this way it is a strength based approach rather than an approach which starts from what is wrong and determining a solution. A distinctive method of appreciative inquiry is to gather stories and use these as a basis for reflection. In these workshops we will be using appreciative inquiry as a way of drawing out what is already working well in public and patient involvement and the skills and competences brought by staff that have made a difference.