Patient and Public Involvement in Health and Social Care Commissioning: a toolkit

Glossary of terms

- HEAT – Health Equality Assessment Tool
- ICB – Integrated Care Board
- LA – Local Authority
- NHS – National Health Service
- NHSE – National Health Service England
- PHE – Public Health England
- PPI – Patient and Public Involvement
- SCIE – Social Care Institute for Excellence
- VCSE – Voluntary, Community, and Social Enterprise

Introduction

Health and social care commissioning arrangements have undergone recent changes to an integrated approach. This brings together National Health Service (NHS) organisations, local authorities (LAs), the voluntary, community, and social enterprise (VCSE) sector and other partners in the development and planning of services. Commissioning organisations are required to involve the public in their work, while also promoting equality and reducing health inequalities. NHS England (NHSE) statutory requirements state: "The legal duties on public involvement require organisations to make arrangements to secure that people are appropriately 'involved' in planning, proposals and decisions regarding NHS services" (NHSE and Department of Health & Social Care, 2022). The involvement of members of public in health and social care commissioning is widely considered a valuable resource in helping to address health inequalities that impact underrepresented groups.

About this toolkit

Patient and public involvement in health and social care commissioning

● Patient and public involvement in health and social care commissioning refers to enabling people who use health and/or social care services, or might use them in the future, to voice their views and needs and contribute to plans and decisions about services.

● A variety of terms are used to refer to the involvement of members of public in health and social care commissioning. These include patient and public involvement, patient and public engagement, patient and public participation, involvement of people and communities, public contributors.

● This toolkit uses 'patient and public involvement' (PPI) and 'public contributors' (members of public who are involved in PPI activities). The abbreviated term 'PPI in commissioning' is used throughout the toolkit to refer to PPI in health and social care commissioning.

Who is the PPI in commissioning toolkit for?

● The toolkit is for NHS and Local Authority (LA) staff whose work involves engaging with patients and the public about adult health and/or social care commissioning, for example, Integrated Care Board (ICB) commissioners and other staff whose role involves working with PPI that aims to influence commissioning decisions.

● The purpose of the toolkit is to help staff achieve the most effective PPI in commissioning in their organisation as possible.

Why is PPI in commissioning important?

● PPI in NHS health and social care service development is considered a useful resource that helps better meet the needs of local communities and leads to improved health outcomes.

● People who have experienced health and social care services through their own use, or others known to them, have valuable insight into how well those services work and how they might be improved. It is widely acknowledged that members of public should have a say in how public money is spent on health and social care services.

How was the content for the toolkit developed?

The content of the toolkit has been developed from interviews and a national survey that researchers from Kingston University carried out with a sample of:

● NHS and LA staff who are involved in PPI in commissioning

● Public contributors

● People representing voluntary and community services and groups
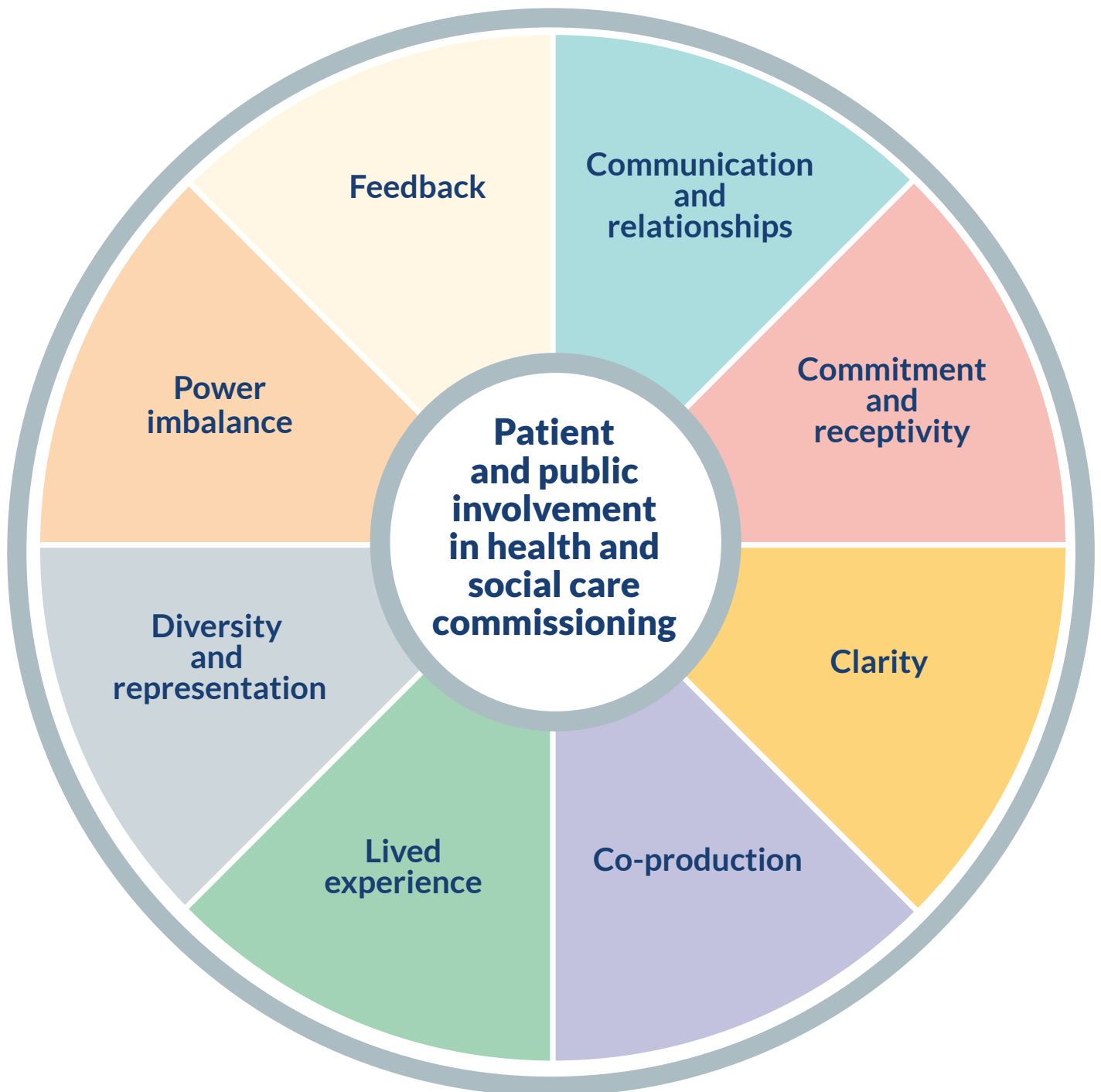
Scope and focus of the toolkit

● The toolkit highlights what is important to consider when working with public contributors and offers guidance on how to achieve effective PPI in commissioning.

● While the toolkit highlights facilitators to effective PPI, it is not all-encompassing. All content will not necessarily be appropriate across all ICBs.

● How the toolkit is used will depend on individual ICB priorities for health and social care services and local populations.
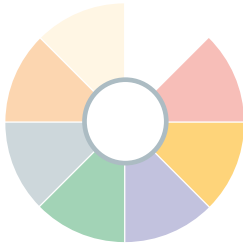
How the toolkit is set out

● The toolkit sets out eight main themes, each with supporting items that interview and survey participants considered important for PPI in commissioning. Quotes from participants are included.

● The toolkit contains links to examples of guidance and good practice, including the NHSE document 'Working in Partnership with People and Communities, July 2022' which sets out ten guiding principles to working with people and communities (NHS England » Working in partnership with people and communities: Statutory guidance).

● Items in this toolkit relate to these principles. Other links in the toolkit include examples of information and guidance referencing public health, communities and whole system working that can be used in a range of organisations and settings.

● None of the themes are 'stand alone' but are interconnected. A key message across all themes is the importance of communication and relationships.

The Toolkit

Please click on the segments below to go to the corresponding main theme

Feedback

Communication and relationships

Power imbalance

Commitment and receptivity

Patient and public involvement in health and social care commissioning

Diversity and representation

Clarity

Lived experience

Co-production

Communication and relationships

Effective communication

● Good communication is key to developing and maintaining positive relationships between staff and public contributors. Good relationships help build trust and make public contributors feel valued, which facilitates greater interest in taking part in PPI activities.

● PPI in commissioning should be part of everyone's job, notjust engagement or PPI staff, and that it's important for commissioners to listen to the public directly.

> *[…] When it's bigger issues or big set-piece meetings you really need senior decisionmakers there to listen to the public, otherwise everything they hear is second-hand.*
> Participant quote

● Commissioners' engagement with public contributors, for example, could take place 3-4 times a year during organised PPI events held in person or remotely.

● Communication with public contributors should be kept regular and ongoing, including in-between PPI activities/tasks and not only before and during them to help maintain good relationships and make it more appealing for public contributors to work with ICBs.

● For communication to be as effective as possible, public contributors should be asked how they would like to be communicated with.

> *It's having that effective communication from the start and then agreeing how people want to be communicated is a two-way dialogue […] Regular contact, being honest and open about their involvement, reliability, all the things that come into good relationship building.*
> Participant quote

● Consider that public contributors might need to contact a relevant staff member and be informed how to do so.

Commitment and receptivity

Statement of commitment

● Ensure active use of the ICB's commitment to PPI in commissioning as signed off at board level.

● Regularly review and update (a) the ICB's principles for PPI and (b) training for commissioners and other staff demonstrating the value of PPI and how to utilise public contributors' expertise.

Valuing PPI

● A reimbursement plan in place for PPI in commissioning to include payment, gift vouchers and/or appreciation gifts. For example, see the NHS link for guidance on reimbursing public contributors: B0869_Working-with-patient-and-public-voice-partners-reimbursing-expenses-and-paying-involvement-payments.pdf (england.nhs.uk)

● Public contributors should receive feedback on what happens to their input.

● Develop a PPI feedback plan that recognises different types of PPI, different ways of communicating feedback and includes evidence or examples of where PPI has had an impact.

Clarity
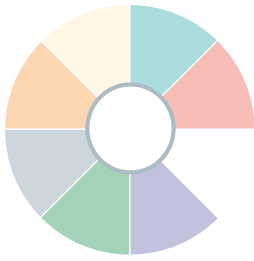
The role of PPI in commissioning

● When setting up PPI, make clear and agree with all people involved, what public contributors' and staffs' expectations of PPI are.

● Where PPI work involves regular meetings, use Terms of Reference that have been co-created and agreed by staff and public contributors.

● At the start of PPI work, be open about the role of PPI. Make clear what is realistic, what the limitations and restraints are and what the timeline is.

> *Yes, being just clear about the roles and responsibilities and also what you're asking of the public, what their role is and what [our] role is [...] and just being very clear about the parameters of that and if there's any timeline because [...] usually you're asking for something in a particular timescale.*
> Participant quote

Language

● Communicate in plain, accessible language that people can understand whether in meetings or in written emails, shared documents and promotional material.

● If written information is bureaucratic, public contributors are likely to be less inclined to contribute.

● Where terminology is specific to a service or to staff members, provide public contributors with a glossary of terms and acronyms for their reference.

Co-production

Clarify what is meant by co-production, for example:

● Co-production involves power sharing. Be mindful of the importance of equity, diversity and inclusion of involvement.

● Give consideration and time to developing a co-production framework that sets out the principles and aims of co-production relevant to the ICB.

● ICB strategies and principles need to ensure that PPI is not tokenistic.

● "Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation." (NHS England » Co-production)

● The ICB needs to address the importance of PPI budgeting in any planning decisions.

● If decision-making discussions have already begun prior to PPI, the ICB should question whether this is true co-production.

> *You involve people at an early stage and they help to not always just to find the answers, sometimes to define what the problem is.*
> Participant quote

● On completion of co-production work, the ICB could use a feedback sheet for staff and public contributors to complete asking what went well, the challenges, what could be improved and how.

● For definitions and a guide to co-production see:
Co-production: what it is and how to do it – SCIE
NHS England – Co-production (includes a co-production model)
NHS England – Co-production: an introduction (includes links to videos on co-production)

Lived experience

Clarity

● Representation of people with lived experience is an important part of PPI.

● Be clear in PPI strategies/principles about how lived experience can best be used in the commissioning of health and social care services.

> *For example, for the voices of lived experience on board your governance mechanisms and that they have a voice at those strategic decision-making stages. [...] There's also the evaluation of services once they're set up.*
> Participant quote

● Clarify to public contributors and commissioning staff what lived experience can and cannot achieve.

Training and support for commissioners and public contributors

● Consider providing training and support to staff and public contributors about the value and role of lived experience.

● The ways of communicating lived experience and how to capture its impact should form part of training.

Linking with public contributors to gain meaningful lived experience

● The ICB should take part in community group discussions to get connected to people who have experience of the service that is under development/redevelopment.

Diversity and representation

Reaching local communities

● Communities that are underrepresented or most affected by inequality do not typically attend NHS-type meetings, and/or follow online chats.

> *You don't [easily] reach the communities that are most impacted by inequality because they don't come to meetings. They don't read your leaflets. They're not following your Twitter account or whatever! So you [have to] go and talk to them.*
> Participant quote

● Connecting with local community services and groups will help build trust and increase the likelihood of their involvement.

● See for example:
Health Equity Assessment Tool (HEAT) – GOV.UK (www.gov.uk)

NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

● Become a familiar presence and take a genuine interest in people's health/care needs. Also be sure to provide feedback on what happens to their input.

● See for example:
Understanding integration: how to listen to and learn from people and communities (kingsfund.org.uk)

Understanding integration question bank (kingsfund.org.uk) is a supplement to the guide above. It offers a set of questions designed for use in surveys with people and communities about what matters in the delivery of integrated care.

Community-centred public health: Taking a whole system approach

Power imbalance

Acknowledging and addressing power imbalances

● Addressing power imbalances can be achieved by co-production, transparency, providing feedback and building good relationships based on trust.

● Under the section 'Elements of a whole system approach to community-centred public health', PHE's briefing identifies power, trust and relationships as core values: Community-centred public health: Taking a whole system approach

● Power imbalances are likely to exist in different systems and places. Public contributors may be best placed to tell you where they are.

> *I think maybe a simple technique is just to outright ask your PPI members, 'Where are the power imbalances here and what can we do about them?*
> Participant quote

Empowering PPI in commissioning

● There should be transparency about PPI opportunities and accessible information on how to get involved in PPI in commissioning.

● The ICB should have a network or hub for public contributors which enables them to come together to share and crosslink; expressing their views to senior decision makers at group level can be more powerful and empowering.

● The ICB's accountability to public contributors should include timely and meaningful feedback on the impact of PPI.

● Public contributors and voluntary organisations/groups could be publicly credited to acknowledge their input.

Feedback

Giving feedback to public contributors

● Feedback to public contributors about their input is seen as a crucial part of PPI in commissioning; communication is key.

● Providing feedback also reinforces the value of PPI, the ICB's commitment to PPI, helps build relationships and address power imbalances, and demonstrates staff accountability.

> *It's really important for people to know what has changed and why, where the feedback came from that made that impact. [...] I think people mostly just want to know that their part in the discussion was weighed into any decisions that were made.*
> Participant quote

● Public contributors should receive feedback in straightforward language and in different ways.

● Consider publishing an engagement feedback report on the ICB's website; use an online engagement platform; host a meeting or workshop; and send emails where appropriate.

Receiving feedback from public contributors

● Training and support are viewed as important in helping public contributors understand how their experience and input can best be heard and used.

● Consider also that extra support may be required for more vulnerable people to contribute.

● Throughout PPI, be honest and clear and tell public contributors if an idea will not work and why.

Key considerations for PPI in commissioning...

To aid clarity, these considerations have been grouped loosely under the headings of structure, process and outcomes. This way of structuring was outlined by Donabedian in the 1960s as a way of managing healthcare quality improvement.

Structure

- Is there a shared understanding of the PPI role in commissioning?

- What type of PPI is needed for the task

- What do we hope to learn from PPI in commissioning?

- Is there a shared understanding of the restrictions and timelines linked to the task?

- What do we hope to achieve through co-production?

- What resources are needed for PPI in commissioning?

Process

- Is there appropriate support and training in place for public contributors and staff about PPI in commissioning?

- How is the ICB's statement of commitment to PPI being used and evaluated across organisations and systems?

- Have we explored all possible opportunities for co-production?

- Have we explored all potential ways of helping public contributors feel more empowered in their PPI role?

- How effectively do we provide feedback to public contributors on their input?

Outcomes

● How representative of the local population is our PPI in commissioning?

● How can we improve on representative PPI?

● Have all potential connections with colleagues and other services/ groups to help broaden diversity in PPI in commissioning been explored?

● How effectively does partnership working with LAs, VCSEs and NHS health and care providers work?

Acknowledgements