

Patient and public engagement toolkit for all staff

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1. Introduction

Welcome to NHS Richmond CCG's patient and public engagement (PPE) toolkit. This is a resource that aims to help you understand when and how to involve and engage Richmond patients, carers and the public. It is supported by [NHS England's statutory guidance for involving people in their own health and care](#).

Patient and public engagement (PPE) is a key principle that underpins the NHS. We want to demonstrate that local people are involved in how we commission or buy services that people need in the borough as well as how we improve local services.

The techniques set out in the toolkit can be used in any aspect of PPE work and are there to support your thinking, provide you with skills and improve your interaction with patients and the public. We hope that this toolkit is useful to help you develop your relationship with people who use our services. Please make sure you share examples of your successful work.

This toolkit will help us fulfil our statutory duties and involve patients and the public effectively and systematically.

1.1 What is patient and public involvement?

The CCG has a duty to inform, engage and consult with the public to ensure accountability and build the trust and confidence of our local communities.

The term 'patients and public' includes everyone who uses services or may do so in the future. Patient and 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.

There are many different terms to describe engaging patients or the public, whether it is 'involvement', 'participation', 'consultation' and 'patient or public voice'. The appropriate approach used depends on the nature of the commissioning activity and the needs of population groups.

1.2 Why involve patients and the public?

The [NHS Constitution](#) enshrines public ownership of the NHS as a fundamental value:

'The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives.'

The NHS is accountable to the public, communities and the patients that it serves, and is therefore subject to public scrutiny. Building on the constitution, the [NHS Five Year Forward View](#) sets out a vision for growing public involvement in the NHS:

‘One of the greatest strengths of this country is that we have an NHS that – at its best – is of the people, by the people and for the people... we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.’

The CCG has a duty to involve the public in commissioning. The wording of these duties is set out in appendix A – page 50 of the [NHS England's statutory guidance for involving people](#) in their own health and care.

1.3 Our vision for engagement

Successful patient and public engagement will mean that we will:

- Involve patients, carers and the public in all stages of our decision making and explain how decisions are made
- Use patient and carer experience to improve the quality of services and patient care
- Support patients to make informed and timely decisions about their own health
- Work together with partners to share and use patient insight to improve patient experience across the borough of Richmond. Patients, carers and the public will know how to be involved in our decision making processes
- People will understand how decisions are made
- Be seen as an organisation that listens, takes people's views into account and acts on them
- People will know where to get help and support in maintaining their own health and wellbeing.

We acknowledge that this is an ambitious vision and will continue to work towards achieving this with our partners, local communities and providers to achieve this.

1.4 Co-production

In order to achieve our vision for engagement the CCG is committed to co-production. 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. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. It is a cornerstone of self-care, of person-centered care and of health-coaching approaches. Done well, co-production helps to ground discussions in reality, and to maintain a person perspective.

For further information on the values and behaviours of co-production and how to do it please [click here](#).

2. The principles of participation

The CCG has adopted NHS England's 10 principles of participation based on a review of research, best practice reports and the views of stakeholders which are as follows:

1. **Reach out** to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
2. **Promote equality and diversity** and encourage and respect different beliefs and opinions.
3. Proactively **seek participation** from people who experience health inequalities and poor health outcomes.
4. **Value people's lived experience** and use all of the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
5. **Provide clear and easy** to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
6. Take time to **plan and budget** for participation and start involving people as early as possible.
7. **Be open, honest and transparent** in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
8. **Invest in partnerships**, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
9. **Review experiences** (positive and negative) and learn from it to continuously improve how people are involved.
10. **Recognise, record and celebrate** people's contribution and give feedback on the results of involvement, show people how they are valued.

3. Stages of patient and public engagement

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. To help you with planning your engagement activity you can use the '**ladder of engagement and participation**' (diagram 1). It can be useful to consider when planning the types of engagement required for different programmes of work.

Patient and public voice on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving

Placing decision-making in the hands of the community and individuals. For example, personal health budgets or a community development approach.

Collaborating

Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution.

Involving

Working directly with communities and patients to ensure that concerns and aspirations are understood. For example, partnership boards, reference groups, and service users participating in policy groups.

Consulting

Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.

Informing

Providing communities and individuals with balanced and objective information to assist them in understanding problems and help provide solutions. For example, websites, newsletters and press releases.

Diagram 1

Source: Bite size guides to patient and public participation: planning for participation

4. Assessing whether the legal duty to involve applies to your work

The CCG has adapted NHS England's 3 step process for accessing the benefits of participation and whether the legal duty to involve applies to your work.

Step 1: Does the activity relate to commissioning responsibilities?

Step 2: What type of activity is it?

Step 3: Would there be an impact on service delivery or the range of services?

You can use the [patient and public participation assessment and planning form](#) (pages 19–21) to find out if the legal duty applies. To view and follow the process, please view the **PPE assessment template**.

You should work through these steps to understand what PPE is needed for your project. This will inform your project plan. If you are unsure you can seek advice from the patient and public engagement team.

5. Advance equality and reduce health inequalities

The CCG should be able to demonstrate how we ensure that:

- Participation activity reaches diverse communities and groups with distinct health needs and those who experience difficulties accessing health services, including health groups.
- People who have characteristics that are protected under the Equality Act 2010 are involved. [Click here](#) to see protected characteristics.
- People who lack capacity are protected and empowered and that the provisions of the Mental Capacity Act 2015 are met.

Carrying out an equality and health inequality analysis can help identify people who experience the greatest health needs, those who face barriers to accessing services, and to participation, and those groups of people with protected characteristics under the Equality Act 2010.

To reach and develop relationships with diverse communities, especially with 'seldom heard' groups, staff should plan involvement proactively, identifying resources and sources of support.

Activities should be planned and adapted to ensure that they are fair and equitable regardless of a person's culture, linguistic, religious background, communication and accessibility needs.

The Programme Management Office (PMO) workbook equality analysis section should be completed and if necessary followed by a full Equalities Impact Needs Assessment (EINA). **Please view the CCG's guidance on conducting an equality impact needs analysis.**

6. Planning and taking action

If public involvement has been identified as a requirement under the legal duty, review existing arrangements for involving the public in this activity (if any) and, where you assess that further action is required, this should be planned and undertaken.

6.1 Review existing insight and previous involvement activities – what do we already know?

You should consider whether there are existing relevant sources of feedback and insight on the views and experiences of different groups of people. You should review any previous public involvement exercises that are relevant to the plans, proposals, or decisions and consider the following questions:

- Is the new proposal the same as the one previously considered?
- Was the proposal considered previously similar to what is being considered now or are there significant changes?
- How long ago was the public involvement? Does it remain relevant?
- Who was involved previously? Is there significant change to the people that are affected?
- Did previous involvement sufficiently address the diversity of patients and communities?
- Is there new information that the public needs to know before the decision is taken?
- Has there been any change, for example a population change that may affect the proposal or the impact it will have?

A review of existing information can save time and money and point you towards gaps in insight. This helps to ensure that public involvement is focused and meaningful, rather than being generic and imposing an unnecessary burden on people.

Examples of insight and feedback sources include surveys, social media, complaints, staff feedback including their own views and previous public involvement exercises.

6.2 Who needs to be involved?

You should involve patients and those who may use the services in the future. This includes carers and families, where relevant.

It may be helpful to identify the range of partners who may have an interest in involvement and a useful contribution to make. If necessary you can involve members of self help and support groups, Healthwatch, faith groups, and patient and carer groups and patient participation groups (PPGs).

The CCG should engage directly with the population affected by the commissioning activity, but in some circumstances, some aspects of public involvement can take place via representatives. For example, a policy or review group with appropriate expertise and representation from those affected may be sufficient.

Where involvement takes place via representative, you should seek assurance that the representatives offer a fair reflection of the views of others. Engagement through representatives should only be used where directly engaging with patient is not practicable or proportionate. It should complement - not substitute - opportunities for direct engagement. Patient and public representatives on working groups can help to ensure that engagement approaches are appropriate for the population in question.

The appointment of a patient/public rep or 'expert by experience' as the chair of a working group, where appropriate, can send an important message about how their contribution is valued.

6.3 Decide how to involve the public

Where public involvement is required, you will need to make your best judgement on what is a 'fair and proportionate' approach. This is not an area where definitive advice can be offered without knowledge of the specific circumstances. Where you need to make a complex or potentially contentious judgement, they may wish to consider seeking legal advice should be considered. You should discuss your plan with PPE colleagues.

Fair: Acting fairly is an important duty which applies to all public bodies. The courts have established guiding principles for what constitutes a fair consultation exercise, known as '*Gunning*' principles. These four principles relate to formal consultation and will not apply to every type of involvement activity. However, they will still be informative when making arrangements to involve the public, whatever form these arrangements take.

Gunning principles:

1. Consultation must take place when the proposal is still at a formative stage

Meaningful consultation cannot take place on a decision that has already been made. Decision makers can consult on a single proposal or 'preferred option' (of which those being consulted should be informed) so long as they are genuinely open to influence. There is no requirement, and it would be misleading, to consult on adopting options which are not genuinely under consideration, or are unrealistic or unviable – but it may be necessary to provide some information about arguable alternatives.

2. Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response

Those being consulted should be provided with sufficient information to enable them to understand what the proposal is, the reasons for it and why it is being considered. They should be made aware of the basis on which proposal for consultation has been considered and will be considered thereafter, including any criteria to be applied or factors to be considered. This may involve providing information about (or at least making reference to) arguable alternatives and the reasons why they are not also being considered. The level of detail provided will depend on the circumstances.

3. Adequate time must be given for consideration and response

People must have enough time to properly consider and respond to the consultation. There is no automatically required timeframe within which the consultation must take place.

4. The product of consultation must be conscientiously taken into account

Decision makers must properly consider what they have heard during the consultation when the ultimate decision is taken.

You should also consider the potential impact on other services which you may not commission, and issues for patients beyond the clinical services themselves, such as accessibility, transport links and ambulance availability.

People may need to be encouraged to give honest feedback and opinions, and sometimes reassurance that any negative views will not have any adverse consequences for them, e.g. in relation to future treatment, where people are critical of services they are using. Advocacy and support may be needed to help people express themselves.

You can access the 'Gunning' principles [here](#).

Proportionate: The CCG needs to consider its duty to involve the public alongside its duty to act effectively, efficiently and economically. You will need to consider the impact of the proposals on people who may be affected. As a general rule, the greater the extent of

changes and number of people affected, the greater the level of activity that is likely to be necessary. However, the nature and extent of public involvement required will always depend on the specific circumstances of an individual commissioning process.

6.4 When should public engagement take place?

You should decide on the best timing for public engagement, bearing in mind the need for fairness, as set out in the 'Gunning' principles. The public does not necessarily need to be involved at the earliest possible stage, especially if there is insufficient information for them to consider. It will sometimes be appropriate to first develop a proposal, a shortlist of options or a preferred option.

However, involvement should never be left to a time when the views obtained could not make a meaningful difference to the approach being taken.

Involvement should not typically be a standalone exercise such as a formal consultation. It will generally be part of an ongoing dialogue or take place in stages. A phased approach can often maximise involvement.

It is good practice to develop a **communications and engagement plan** to set out objectives and methods, and to provide regular communications to stakeholders throughout the commissioning activity.

Publishing the timeline for engagement is an effective way of demonstrating that patient and public views have been adequately factored into a commissioning process.

The public may be involved throughout the project, for example in:

- Designing the approach to engagement
- Developing options
- Refining options
- Formal consultation on a limited range of options
- Being informed about the outcome of the consultation and the decision taken.

7. Methods and approaches

There are a variety of ways of finding out what patients and the public think and what they want. Some methods are simple and cost relatively little: others cost more and can take months to plan. Match your activity to what you want to achieve and who you want to engage with.

The table below outlines different methods which can be used for engagement and when to use them.

For more information, please view the methods and approaches document.

Method/Approach	When to use them
One to one interviews	Used to obtain qualitative data, allowing for detailed information on feelings, perceptions and opinions.
Focus groups	Can be used to gather a broad range of qualitative data and provide an opportunity to seek clarification on a particular topic.
Café Consultations	Used for informal discussions - creating a relaxed environment.
Mystery shoppers	Used to assess the customer care aspect of services.
Patient diaries	Can be used to gather qualitative information about a patient or carers' experience.
Patient stories	Used for gathering qualitative patient and public feedback through the sharing of experience.
Surveys and questionnaires	Used to generate data from a large number of people in a short period of time.
Health panels	Can be used to explore the views of the local population on policy issues and the allocation of NHS resources.
Public meetings	Used for reaching a wide range of people.
Meetings with existing patient, carer or voluntary sector groups	Used for exploring an issue with groups that have particular experiences, concerns or expertise.
Exhibitions	Used to display information in a primarily visual form and provide an opportunity for discussions.
Citizens panel	Can be used to develop a bigger picture of the community's priorities.
Citizens juries	Used to involve the wider public in decision-making based on setting priorities and strategic planning choices.
Seminars	Used to discuss issues with the aim to exchange information and views.
Working with lay representatives	Used to bring experience and expertise to a particular issue.

8. Engaging with communities

As commissioners you should consider how you can help to build stronger communities and have a positive impact on people's lives in everything they do. This includes developing partnerships and having a continuous dialogue with local people, promoting their ownership of their own health and wellbeing and their capacity to manage this themselves.

8.1 Working with Healthwatch

[Healthwatch](#) is about local voices being able to influence the delivery and design of local services; whether it's improving them today or helping them shape them for tomorrow. They listen to what people like about services, or what could be improved, and share this insight with a range of commissioners, providers and regulators. The CCG works with [Healthwatch Richmond](#). Healthwatch has representation as a non-voting member on the Governing Body, is represented on our Community Involvement Group (CIG), Primary Care Commissioning Committee (PCCC) and a number of working groups.

8.2 Working with the voluntary and community sector

Locally, the best way to link with the voluntary and community sector is through [Richmond Council for Voluntary Sector \(RCVS\)](#). They can help you to reach large numbers of voluntary and community groups in Richmond. They typically know how best to engage with their communities and often support a network of organisations working in health and social care, which can be useful for you and policy makers to work with and is a good starting point in developing a suitable approach to local engagement.

The CCG also works with Richmond Council's [Community Links](#) team. The team helps support the community by sharing information between local people, the Council and other community organisations.

8.3 Engaging with seldom heard groups

The CCG engages with seldom heard groups through the Grassroots Engagement programme. This includes engaging with those with protected characteristics who would not normally have the opportunity to express their views about local services. communities with protected characteristics. The initial funding came from NHS England and enabled the programme to extend its reach to communities you wouldn't normally hear from by setting up a grassroots led project. In partnership with local Healthwatch organisations, local groups have been encouraged to apply for funding to run activities that were enjoyable to their community.

More information on the Grassroots Engagement Funding Programme can be found [here](#).

9. Writing in plain English

For guidance on writing in accessible language for patients and the public there is the [Plain English campaign](#) and you can access the [Government guidelines](#) content for writing.

All CCG communications need to follow Richmond CCG's branding guidelines. This will ensure a consistent style and branding to create a reliable corporate identity and make sure that the quality of CCG communications is maintained.

10. Feedback and evaluation

10.1 Feedback

Feeding back on the results of engagement is a critical step in the process. It can help people feel valued and encourage them to be involved. Feedback should explain how views have been considered and how they have impacted (or not) on commissioning decisions. If engagement has indicated support for a proposal which is not taken, the reason should be explained.

It is recognised that commissioning decisions are highly complex, and the views of patients and the public are one of a number of factors for CCGs to take into consideration. When providing feedback it should:

- Generally be themed, and individuals' identifiable information should not be released.
- Be shared with other partners where appropriate, to maximise joint intelligence and avoid the risk of people being asked the same/ similar questions more than once.
- Be given in an appropriate way, taking into account the needs and wishes of the population group.

Possible ways of feedback include;

- Letters/emails with direct feedback on particular questions/issues.
- Inviting all those that have been involved in developing a service specification and procurement, to meet the new service provider and hear about their plans.
- Producing a regular 'You said, we did' feature, which may be online or in newsletter form.
- Attending a meeting of the group that provided their views to tell them how those views were considered.
- Through social media, for example Twitter, Facebook.
- Publishing a formal report.

Seek advice from the PPE colleagues lead on which method of feedback is most appropriate for your project.

10.2 Evaluation

Evaluation of the whole process of patient and public engagement is necessary in order to learn the lessons for the future and continuously improve performance. Evaluation should cover every aspect, from planning to delivery and feedback.

This should be undertaken as part of the wider commissioning project evaluation that you will undertake at the end of your project.

11. Acknowledgements

- [NHS England's statutory guidance for involving people in their own health and care](#)
- [Scottish Health Council – the participation toolkit](#)
- [National Voices: Six principles for engaging people and communities.](#)
- [Bite size guides to patient and public participation: Planning for participation](#)
- [Coalition for collaborative care: action for long term conditions](#)
- [Healthwatch: Richmond Upon Thames](#)
- [Richmond Council Voluntary Service](#)
- [Richmond Community Links](#)