Patient Public Involvement – a discussion paper

Introduction

The Council highlighted in its workshop in February 2006 the increasing importance of patient public involvement, and expressed a clear desire to establish a way forward in this area.

This paper aims to provide a top-level summary of some other organisations' work, the work currently being undertaken at HPC that might fall into this category, and to identify a possible way forward.

Identifying audiences

There are a wide variety of different audiences whose involvement and engagement we could seek, who have differing needs and interests depending on their current level of engagement with us. The list below is not intended to be exhaustive, but instead to outline in a very brief way how different groups of people may interact with us in different ways and at different times.

Stakeholder groups

Different organisations may have an interest in our processes, depending on who or what interest they represent. For example, education providers have a direct interest in our approvals and monitoring process, and professional bodies may have a direct interest in several different areas of the business. (Many of these types of groups are summarised in the Council's strategic document, '*HPC – the next three years*')

Patient groups

Patient groups campaigning for patient safety may have a particular interest in our fitness to practise processes, and how these can be improved. Because HPC represents such a wide range of health professionals, who work in diverse environments with very different client groups, other patient groups, particularly those which represent a particular condition, may be more difficult for HPC to engage with. Another relevant factor is that some patient groups may have particular financial or resourcing issues which may effect their ability to be involved.

Patients, clients and users

'Patients, clients and users' is intended in this context to mean anyone who is benefits from or is affected by the practice of a registrant. There are two main processes where they may contact us directly:

- Some patients, clients or users will use our online register to check the registration of their health professional, either before, during or after treatment.
- Some patients, clients or users will complain about their health professional to us.
- Other patients, clients or users may contact us, but decide not to make a complaint to us formally.

Identifying people who have participated in these processes, and engaging them in further improvement and development of how we work could be an important future area for PPI activity.

Members of the public

Members of the public (as opposed to 'patients') are people who are not currently being treated by a registrant. However, these members of the public may have a direct or indirect interest in healthcare, for example they might take decisions about their future healthcare, or the healthcare of their family. They may include carers of patients, or relatives of patients.

Hard to reach groups

There are certain groups of people who have been identified as being particularly hard to engage. These groups may include, for instance, young people, older people, people from minority ethnic groups, people whose first language is not English, and many others.

It may be helpful for the Council to discuss these different groups, and how far we wish to target or prioritise any particular group of people.

Work by other organisations

There is a wealth of information available about patient public involvement, and the work that other organisations are engaged with in this area. Keeping abreast of this information, benefiting from others' work should be an important ongoing part of the Council's work.

In particular, the following are highlighted:

The Royal Pharmaceutical Society of Great Britain

The RPSGB has contracted consultants to work on producing a patient public involvement strategy. Stage one of this project, which included research into current PPI activity in the RPSGB, has been completed, and is available online:
http://www.rpsgb.org/pdfs/coun0602-C-02.pdf

Nursing and Midwifery Council

Strategy for public involvement:
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=13
This document was published by the UKCC, the NMC's predecessor body. The NMC is currently reviewing this document, and intends to publish an updated strategy.

NMC Business plan 2005 – 2006:
http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=759
This document, which sets out the NMC's business objectives for the year, has a section which gives information about some of the specific PPI work that they plan to carry out.

General Medical Council

'Towards a patient public involvement strategy' (appended)

This document explores the steps that the GMC planned, and the framework for how their patient public involvement work would take place.

These above responses to the need for patient public involvement are particularly highlighted since they have been produced by organisations which face some of the same challenges as the HPC.
Specifically, the HPC is an organisation with a UK-wide remit. This limits our ability to tap into local groups and networks, and establish a meaningful ‘grass roots’ presence. Likewise, the HPC is still, despite recent growth, a relatively small organisation, whose commitment to efficient regulation means that we have a proportionately smaller budget and fewer resources than other organisations. Similarly, some organisations who have built up expertise in PPI have done so with the benefit of a regular ‘audience’ of members of the public who use their services (for example the regular patients of a local department). Since we do not directly deliver healthcare, many successful models of PPI which are based around ideas of patient participation in health, patient / clinician dialogue, patient choice, and improved patient information, are not as directly relevant to us as they may first appear.

That said, there are ways in which involving patients and members of the public is already forming a useful part of how HPC works, and these various ways are outlined below.

Current activities

Lay input into decision making

The HPC is structured on the premise of ‘profession-led regulation’: independent regulation that is run by professionals in partnership with members of the public. This balance of professional and public input is required by the Order in many different aspects of the HPC’s decision-making powers, most notably on the Council and in panel decisions.

Consultation

Whenever we set standards or issue guidance, we are required to consult on these with ‘any group of persons it considers appropriate’. The HPC keeps a consultation list of people and organisations with an interest in what we do, and anyone who requests can be added to this list so that they are sent a hard copy of any consultation papers. In addition, for certain topics we have held meetings as part of the consultation process (the consultation of 2002, the Standards of Education and Training and approvals consultation in 2003, and the CPD consultation in 2004).

Engagement with groups

Ongoing stakeholder liaison is an important part of the HPC’s role. Professional bodies, for example, in addition to any other meetings which may come up during the year, have an annual meeting with the Chief Executive and the President in which they can raise any issues that are concerning them, give feedback, ask for information, and get any updates on the Council’s plans. The creation of the Stakeholder Manager role last year further added to this element of HPC’s role, embedding regular contact with stakeholder groups into the Executive, and providing a co-ordinating role of someone to oversee our interaction with groups and organisations.

Listening events and other events

Listening events are public meetings which are held by the HPC around the UK, in order to get feedback from anyone with an interest in our work. Currently, they are primarily targeted towards health professionals, and towards answering registrants' queries about regulation and our processes.

We also hold other events, which are more targeted towards other groups, for example the registration seminars in 2005 and 2004 which were aimed at programme leaders, to explain the registration process for their students.

Professional Liaison Groups

When the Council establishes a professional liaison group (PLG) this group will often include people who are not Council members. For example, the Health, Disability and Registration PLG included representatives from disability groups and organisations, representatives from education, and representatives from professional bodies (patient and consumer groups were approached to participate, but unfortunately could not do so).

Other collaborative working

Other projects have been undertaken which benefited from collaborative working with other organisations, particularly professional bodies. For example:

The Standards of Education and Training guidance

Each professional body nominated a representative, and was invited to attend a meeting. The discussion at this meeting led to a first draft, which was then circulated for comments to the professional bodies.

Continuing Professional Development (CPD)

Each professional body has been approached and invited to prepare example CPD profiles for their profession, working with the PLG to ensure that these profiles meet the standards for CPD.

Guidance on Periods of Adaptation

Based on comments made by the Chartered Society of Physiotherapy in a meeting, further information on periods of adaptation was drafted by the Executive. Professional bodies were then invited to a discussion meeting

Fitness for purpose / fitness to practise

The role of employers in determining fitness for purpose was raised by NHS employers in a meeting. The President of HPC then spoke at a discussion meeting that was run by NHS Employers, and publishing further information for employers is being considered by Communications and Policy.

Research with members of the public

The Council has commissioned a number of independent pieces of research with various groups, in order to get feedback on how it works, and improve. Some of these pieces of research are outlined below:

2002 Qualitative consultation amongst users

The principle objective of the qualitative research was to gauge the levels of satisfaction amongst users using the existing CPSM system and to chart the areas in which HPC could improve.

Survey users came from four groups:

- Registrants
- Employers (e.g. NHS Trusts, agencies)
- Professional Bodies
- Other registration system providers (e.g. GMC)

2002 Understanding the health professions

A comprehensive piece of national market research into the public's attitudes and knowledge about the HPC, protected titles and qualifications

This research formed the basis of the communications strategy, was used as part of the evidence base in determining which titles should be protected, and provided us with a broad understanding about the public's expectations of a regulator and their attitudes towards protected titles and regulation.

2003 Feedback on leaflets and brochures

The overall objective of this research was to explore responses to initial information leaflet designs. The research group consisted of students following HPC approved courses, general public and registrants.

2004 Football physiotherapists research

100 physiotherapists who work for football clubs in England and Scotland took part in research into the use of professional titles.

The research determined:

- What qualifications the physiotherapists held;
- What title they used to describe their role;
- Whether they are registered by the HPC;
- Whether they need to be registered; and
- If they will take steps to become registered.

2004 Public Involvement Forum

102 members of the public were invited to attend an engagement forum about HPC, regulation and ways in which we can raise our profile

The day was divided into four sessions:

- Expectations of healthcare / professionals

- Expectations of regulation
- Deliberation on HPC
- The future of HPC

The day highlighted the importance to members of the public of independent regulation, and of increased communication activity.

2004 Website evaluation research

We conducted independent market research to evaluate the views and opinions of the public and registrants about our previous website

The research sought to:

- Assess the acceptability and appropriateness of the existing site with the intended audiences
- To make detailed recommendations for the development of the HPC website

This research was a key part of the design and commissioning of the new HPC website, which was developed in 2004 and launched in 2005.

2005 Mori research

We conducted independent market research with both members of the public and registrants. Over 2,000 members of the public were surveyed in an omnibus survey and 50 registrants took part in focus groups. Research was conducted throughout the UK

The research sought to explore the following topics.
General Public:

- Public experience of health professionals;
- Public awareness and understanding of existing regulation;
- Awareness of HPC; and
- How the public feel HPC should communicate its services.

Registrants:

- Attitudes towards regulation of health professionals;
- Attitudes towards HPC;
- Interaction with HPC; and
- Views on HPC's communications strategy.
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2006 Publicity material market research

We conducted independent market research with 46 members of the public (from Solihull) about the HPC's publicity material.
The research sought to:

- Determine the clarity of the HPCheck message
- Determine the public's reaction to our posters
- Determine the ways in which the public would like to access the Register

In addition to the research outlined above, there are also several projects for which some kind of involvement or engagement is planned or ongoing:

The review of the Standards of Proficiency
The chair of the Lambeth PPI forum has joined this PLG.

A way forward

The Communications committee may wish to take the lead in recommending to the Council a way for taking forward PPI work in a coherent way. Currently, as can be seen from the list above, there are various initiatives in place which take place in a variety of different ways.

Discussion at the Council away day.

The agenda for the Council away day in October will be confirmed by the new President, who is not yet in post. However, the Communications Committee may wish to recommend to the new President that time is allotted during this period for the Council to discuss patient public involvement. It may be particularly useful for the Council to divide into groups to discuss:

- a Council working definition of PPI; and
- the aims and benefits of PPI to the Council.

This financial year

Patient organisations and groups
Making further contact with patient organisations and groups should be a priority for this year, particularly by the Stakeholder Manager, supported by other members of the Policy & Standards, and Communications team.

Joint regulators Patient Public Involvement Forum
The HPC has participated in a joint regulators' forum for patient public involvement over the last year, and will continue to do so. This forum is an important source of sharing information, and identifying joint projects, which include research into public use of online registers, and a joint leaflet.

This year's projects
As part of implementing the workplan for this year, each project undertaken by the HPC should be looked at individually to see how and where patient public involvement may be appropriate. For example, a discussion forum with patient groups is planned as part of the review of the Standards of conduct, performance and ethics, to take place in September. Also, as part of the process of reviewing their witness support, the Fitness to Practise department is planning to survey witnesses, in order to evaluate current provision, and assess areas for development or improvement.

Evaluation of current projects
At the next meeting of the Communications committee, the Executive will present an evaluation of the PPI work undertaken, the impact of this, the benefits and the resources involved. The Committee may then wish to make recommendations to the Council for the next financial year, based on this.

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