Joint UK Health and Social Care Regulators' Public Patient Involvement Group
Developing work plan: updated 4 January 2007 prior to meeting of 15 January 2007

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Summary of projects

Project (and current status)	Purpose
1. **A shared PPI consultation list** (under development)	A flexible resource for staff. Will contain up to date contact details of a full range of PPI organisations and Govt bodies. (Publicly available information not under the ambit of the Data Protection Act).
2. **A shared simple web-site** (utility, options, costs to be established. Reactivated following outcome of usability of registers project.)	To explain the context of UK healthcare regulation and additional 'sign-posting' for the public to find their way to regulators' web-sites and other relevant information.
3. **A joint UK and social care regulators' patient information leaflet** (PDF on all web-sites. Printed version available. Distribution and budget to be considered further)	To direct people to relevant regulators should more information be required; to contribute to raising public awareness of regulators by explaining what they are and what they do.
4. **Making the register more usable; referred by Chief Executives of health regulators** (project completed time and budget. PPI issues arising from research outcomes to be explored further e.g. 2. above)	Established public/patient experiences and expectations of the health regulators' registers. One aspect of an ongoing health regulators' project led by Chief Executives.
5. **Joint Health Regulators' Good PPI Practice Handbook** (pilot year ends 31 Jan 07. Undertake review and improve)	To identify good practice in PPI and then develop, and share, practical methods for implementing and auditing it. To be kept up to date and its effectiveness under review.
6. **Evaluate impact of PPI within each PPI Group member organisation** (methodology under development)	To facilitate the implementation of effective PPI.
7. **Seminars on PPI aspects of regulation** (pilot seminar had useful outcomes – 2nd seminar under development)	To learn from the good PPI practice of other PPI Group members and to enable input from public and patients.
8. **Identifying areas of future PPI Work** (AURE briefed; letter to CEs despatched)	Anticipating/identifying areas of joint work that may require PPI input and offering assistance/or providing a service upon request to project leads.

Further details of each project's progress are on the pages below.

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N.B. High priority: to be commenced/implemented/achieved between January 2005 – January 2007; Medium: January 2007-January 2008: Low: January 2008-January 2009

Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
1. A shared PPI consultation list. Purpose: a flexible resource for staff. Will contain up to date contact details, in electronic format, of a full range of PPI organisations and Govt bodies. Publicly available information that does not fall under the ambit of the Data Protection Act.				
Phase 1: regulators to send current PPI consultation lists to project lead for sorting into categories and integrating into one document.

Phase 2: review and updating process to be agreed.

Phase 3: to be circulated to PPI Group members for distribution to relevant staff on a regular (twice a year?) basis

Phase 4: frequency and ease of use to be audited? | **Project lead:** GDC (Kristina Kidmose-Ireland)
Project support: GCC (Philippa Barton-Hanson)
Confirmed participants: ALL | **Agreed 12 Oct 06. List being compiled for PPI G's meeting on 15 Jan 07.** | Medium. Long term ongoing project if utility of consultation list is to be maintained. | Postage costs when requesting updates of contact information.

Staff time. |

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
2. A shared simple web-site (to be hosted by an established regulator but with its own domain name e.g. www.aure.org.uk is hosted by GMC) **Purpose:** to explain the context of UK healthcare regulation and additional 'sign-posting' for the public to find their way to regulators' web-sites and other relevant information				
Phase one: research viability of simple web-site – what can be achieved? What are its limitations? Costs? Who to own and maintain? Who to populate it? Phase two: once info gathered, consider next steps – piloting/development suggestions and approval of CEs re implementation/Comms Managers. **Note: consistency of language and layout of web-sites to be included (agreed July 06 that this be put on Jan 07 agenda).** **THIS WILL BE CONSIDERED AS PART OF THE UPDATE OF THE ACCESS TO REGISTERS PROJECT**	Project lead: GDC (Tara Phillips) Project support: X Confirmed participants:	Commenced: initial research undertaken on utility, options and costs. **5 April 2006:** decided to put on hold awaiting outcome of usability of registers project. To consider further in Autumn 06/Jan 07. **Note: Oct 06 usability of Registers research recommends a single hub to facilitate direct access to each regulator's register. To be considered Jan 07**	Medium	To be established

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3. The production of a joint UK and social care regulators' patient information leaflet
Purpose: to direct people to relevant regulators should more information be needed; the contribute to raising public awareness of regulators by explaining what they are and what they do

Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
a) Relevant to all target groups but written with patients in mind to 'sign post' clearly which regulator a patient should approach as/when necessary.	Project lead: **GMC (Sophia Bhatti)** Project support: **Working Group: HPC, GDC, CHRE, NMC, GOsC**	**Commenced** Agreed in principle by PPI Group: January 2005 Phase one: drafting and piloting by Working Group/CPPIH complete. Outcomes reported 12 January 2006.	**High** Quantities distributed, to whom, and user feedback to be reported at each meeting	<u>Phase One</u>: start up costs £5K + VAT Design Initial pilot print run & postage Redesign and amends Plain English Campaign Translations
b) Agree leaflet purpose and target audience ✓ c) Agree initial text ✓ d) Pilot and review text ✓ e) Agree design and layout ✓ f) Phased printing 1 (limited distribution: 2000 copies to 90 outlets) ✓ g) Review distribution with a view to wider roll out – projected print-run?	**Confirmed participants:** GMC, GOsC, GOC, GCC, GDC, NMC, GSCC (Eng), CHRE, HPC	<u>Phase two</u>: Working Group reported outcome at Apr 06 meeting. Citizens' Advice prefer electronic format. PDF to be circulated to all PPI Group members.	Text to be reviewed regularly (and no less than 12 months of date of publication)	<u>Phase Two</u>: implementation Launch, distribution and reprints Postage Costs: to be reported
h) Agree lead for supervising stocks and distribution – projected annual printing and distribution costs? i) Agree lead for obsolescence policy, reviewing text, and fitness for purpose				<u>**Jan 07: budget and distribution to be agreed**</u>

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
4. Making the register more usable: referred by Chief Executives of Health Regulators **Purpose:** PPI contribution needed to establish public/patient experiences/expectations and accessibility of Registers				
This is one aspect of an ongoing health regulators' project led by Chief Executives. PPI input needed.	**Project lead** GCC Rebecca Stone	Commenced Jan 06	**High** Completed outcome reported at Oct 06 meeting	Budget agreed £60K plus VAT
Phase one: Research and develop a project plan that sets out recommended methodology and objectives, the likely costs.	**Project support:** Working Group: Sophia Bhatti (GMC)	Fully worked up project specification reported to PPI Group at April 2006 meeting. Core item.		
	Victoria Nash (HPC)			
Phase two: Report outcomes and recommendations to CEs' Registers Working Group (to cascade to CEs and implement as appropriate)	Caroline Abel-Smith (GDC) Angeline Burke (NMC)	Contractors (OLR) and project plan agreed. Update on progress from PPI Group's usability of registers working group: 3 July 06 meeting		
Phase three: Include in PPI impact audit				
Phase four: analyse recommendations for potential PPI projects (i.e. quick hits that can be implemented unilaterally and strategic/joint projects needing agreement of CEs)		**Oct 06: Outcome and Working Group's recommendations to be considered by the PPI Group. Recommendations referred to CEs Working Group.**		
Phase five: implementation to be reported back to consultees to demonstrate the outcomes of their participation in the project		Jan 07: PPI Group to consider next steps		

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Project components	Lead responsibility/participating organisations	Project status	Priority/length of project life	Estimated cost
5. Joint Health Regulators' PPI Good Practice Handbook **Purpose:** to help identify good practice in PPI and to share practical methods for implementing and auditing it. To be kept up to date and its effectiveness under review.				
For use by regulators' staff and members to help implement and audit PPI strategies. Addresses common issues facing all regulators and sign-post the methods to be used to achieve specified outcomes. References included for those needing contacts and more detailed information. The Handbook will need to be kept updated and under review Phase one: contract-out research of current published PPI guidance and drafting of handbook. Lindsay Mitchell – Prime R&D ✓ Phase two: distribute to health regulators, oversee pilot year; review audit of feedback forms; propose updates/amends and/or other relevant issues at the end of pilot yr. Provide interim reports to PPI Group Phase three: wider roll out/distribution once it's as good as it can be. Phase four: if Handbook is useful - will need to be kept under constant review and updated.	Project lead: **GCC** Project support: X **Confirmed participants:** GCC, GMC, GDC, HPC, GOsC , NMC, CHRE, GOC (note GSCC confirmed not – Handbook is health focused. To include Social Services would be an additional mammoth task.) Phase two: oversee pilot year Working Group: PBH (GCC), Sophia Bhatti (GMC), Paul Sommerfeld/Brigid Tucker (GOsC), Marie Saldhana (NMC)	Phase one: **completed**. Pilot copy signed off 12 Jan 06 with minor amends. For one year pilot. Phase two Underway. Circulated by GCC to all organisations mentioned within Handbook. Oct 06 Agreed Lindsay Mitchell to quote for review and update at end of pilot period. **Jan 07 next steps**	**High** 1. To be kept updated and reviewed no less than every 12 months (Working Group)	Phase one: £4.6K (incl VAT) Phases 2-4 : staff time

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
6. Evaluate impact of the Joint Regulators' PPI Group **Purpose:** to facilitate implementation of PPI; to establish what's worked and what hasn't; to contribute to better PPI				
Phase one: draft PPI impact evaluation template for PPI Group's agreement	**Project lead:** Sophia Bhatti (GMC) **Project support:** (GDC)	Development commenced Oct 06. **Final scope and methodology to be agreed Jan 07.**	High	Staff time
Phase two: disseminate and PPI Group member organisations to complete	Confirmed participants: ALL			
Phase three: analysis and report progress back to CEs				

Project components	Lead responsibility/participating organisations	Project status	Priority/length of project	Estimated cost
7. Seminars on PPI aspects of regulation **Purpose:** to learn from the good PPI practice of other PPI Group members and to enable input from public and patients.				
Phase one: research utility, potential subject areas, timetable and likely format for proposal to be considered by PPI Group in April 2006. ✓ Phase two: pilot seminar assessed and outcome useful Phase three: 2nd seminar under development: PPI engagement in accreditation processes – interest of key staff being gauged.	**Project lead:** Eileen Nielsen (RPSGB) **Working Group:** Anna Van der Gaag (HPC), Elisa Provuost/David Smith (CHRE)	Pilot seminar: 22 Sept 06 re hard to reach groups. Oct 06: feedback & next steps. 2nd Seminar agreed. Graham Ixer (GSCC) hosting. **Jan 07: progress update**	High	£1.8 K (incl VAT)

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8. IDENTIFYING ISSUES THAT MAY BENEFIT FROM PPI INPUT.

The PPI Group identified four main areas of work, currently ongoing within regulation, which may benefit from PPI input. Some of these 'themes' overlap with projects listed in the Work Plan (see 8a below). Briefly, these common themes are:

1. Reviews of core publications e.g. codes of practice, conduct, ethics and patient information leaflets. Specifically, guidance on professional boundaries/chaperones.
2. Identifying and embedding 'user friendly' complaints procedures – throughout the process (within statutory remits).
3. Access to registration information. To what information do the public need access and in what format? Now under PPI Group consideration (Pg 5).
4. Europe: issues related to the freedom of movement of health and social care professionals – sharing FTP information with other countries – what do patients expect? (Ref implementation of Qualifications Directive and implications of draft Services Directive). **NOTE: AURE briefed October 2006.**

At its meeting of 12 January 2006, the PPI Group agreed that the Chairman would write to the Chief Executives to offer assistance.
Further letter circulated to Chief Executives prior to meeting of 15 January 2007.

Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
8a) Provide feedback mechanisms for patient complaints **Purpose: to provide PPI input into relevant aspects of the review and development of fitness to practise procedures**				
Measurement mechanisms for complainant experiences during complaints process/PPC hearings to inform processes and support/advice where possible. **This could be linked to ongoing project by Chief Execs. So we'll need to await outcome of that (CEs reporting to CHRE re performance review Jan 06)** Chairman of PPI Group to write to CEs to offer PPI Group's help in joint projects requiring PPI input.	Project lead: X Project support: X	**Not commenced** **Considered on 12 Jan 2006.**	Medium priority. Potentially a long term project.	Potential to contract out research and implementation and initial audit to ensure processes are embedded. Costs currently unknown.

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PROJECTS COMPLETED OR EVOLVED AND/OR ON 'BACK BURNER' /OR REJECTED (original numbering retained for time being for our easy reference to past versions of the Work Plan)

A) Projects listed in earlier versions of the Work Plan and completed.

5.1. PPI Group member strategies – common PPI themes identified: Lindsay Mitchell, Prime Research & Development *Contributed to Work Plan and Terms of Reference*	Project lead: **GCC**	30/3/05 document **completed**	**Completed** To be kept under review. Basis for audit tool.	**£1.2K** GCC funded
5.2. Developing a Public and Patient Involvement Strategy and Work Plan: Peaches Golding Marketing & Communications: facilitated PPI Group discussion and Report *Contributed to Work Plan and Terms of Reference*	Project lead: **GCC**	11/4/04 facilitated PPI G discussion 17/6/05 document **completed**	**Completed** Document to be kept under review. Basis for audit tool	**£1K** GCC funded
7.4. Linking national regulators and PPI member organisations with local activity a) A proposal for regulators to have a **single exhibition stand** at conferences to share costs and disseminate core messages about regulation – attend conference fringe events	a) Project lead: **GDC** Project support: X	a) **Research completed**. *Likely to be referred to Comms Managers.* **Deferred from 12 Jan 06 to next meeting.**	Principle for all projects Medium	a) ? production and design costs for a joint 'pop-up' stand: **£3-4K** conference £6K each (space/living expenses) How many to attend per year? 4? **£24K**
b) **Joint diary of conference attendance** to be drawn up to identify current activity and how it can be utilised for PPI purposes	b) Project lead: **GDC** Project support: X	b) **GDC** have prepared a table of conferences regulators plan to attend during 2006.	Medium	b) staff cost and time commitment Costs: **£K unknown**
7.6. Identification of patient needs Top five issues and projects collated and forwarded to PBH. Circulated to PPI G members on 11 October 2005	a) Project Lead: X Project support: X	**Single action completed**	Principle for all projects	Staff-time
A standard page on web-sites: Wider access issues (Completed 12 October 2006: **to be kept under review**).	Purpose: To explain the context of UK healthcare regulation and additional 'sign-post'. Incl web-links to other regulators. A PDF of the joint information leaflet (+ translations) to be included when available.			

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B) Tasks that have been integrated into Good PPI Practice Handbook project and/or integrated as policy approaches for each project rather than projects in themselves/or that have otherwise evolved.

Task	Lead/Support	Status	Cost
5.4. Develop guidelines on good practice in consultation exercises (see pg 15 Peaches Golding's Report of 17/6/05 for details)	Project lead: X Project support: X	?This may be covered in the PPI Handbook	**£K unknown**
5.5. Develop a joint consultation list and a process (a diary) to ensure a co-ordinated approach to undertaking consultations **REACTIVATED (IN PART) October 2006: SEE PROJECT 1 OF WORK PLAN**	Project lead: X Project support: X	?This may be covered in the PPI Handbook ?Access to joint web-site diary	**£K unknown**
5.6. To facilitate the implementation of the PPI Group work plan and strategy and keep it under regular review **EVOLVED** to mean an impact evaluation. To be done by **end of 2006.**	PPI Group members' role and responsibility (see Terms of Reference) Supported by **GCC** administration (commenced January 2005, formally agreed 4 July 2005 for 12 months)	**Commenced** PPI Group Meetings: 7 January 2005 11 April 2005 4 July 2005 2 September 2005 (special) 3 October 2005 12 January 2006	1. Staff costs and members' expenses incurred by individual organisations. 2. Facilities costs to host organisation 3. ?Fair fees/expenses to public/patients who contribute to consultations/focus groups **£K unknown Staff time**
5.7. *Further* development of 'benchmarking' projects	Project lead: **GMC** Project support: **GCC**	**No specific project commenced**	**£K unknown Staff time**
7.2. Training for regulators and PPI member organisations ? First establish what regulators are doing now re PPI training for staff, Council members and others associated with	Project lead: X Project support: X	**Not commenced.**	? contract out the research and development. Training

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procedures and standard setting. Then decide where the PPI Good Practice Handbook can fit in (joint conference/workshops could be utilised for training purposes?)				programme development and delivery. Audit and review. **Costs: £not established**
7.3. Educational provision ?Establish what regulators and course providers are doing now and if this work would be within the remit of the PPI Group and how it could fit in with work already in progress – would PPI Group contribution be helpful? If appropriate, then establish the emphasis on PPI and patient centred care/communication within each regulator's criteria for accreditation of degrees – comparative analysis needed. Then disseminate best practice. Measure success of implementation?	Project lead: HPC Project support: X	**Not commenced**	Low priority. Long term project.	Potential to contract out **Costs: £not established**
7.5. Establishment of the need for public and patient involvement joint workshop/conference could be utilised for this? Also linked to **5.6.** below	Project lead: X Project support: X	To be clarified. No action yet.	Medium	**Costs: £K unknown**
7.7. Consultation on public and patient involvement plans a) consult on PPI Group's strategy and work plan and obtain feedback on priorities, activities, opportunities b) hold focus groups on specific issues relevant to PPI at the developmental stage of ideas considered for implementation • **identification of focus group members** • **draft consultation document, collate and analyse responses** • **pay focus group members (where appropriate)**	Project lead: X Project support: X	No action yet.	High/medium?	If conducted in-house resource heavy in terms of time and commitment. Elements could be contracted out. **Costs: £K unknown as yet**

C) Proposed projects considered and rejected by the PPI Group

6.	**Joint conference/workshop proposal rejected by PPI Group at meeting of 2 September 2005**