



Patient and Public Participation Policy

OFFICIAL

NHS England INFORMATION READER BOX

Directorate		
Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 04414

Document Purpose	Policy
Document Name	Patient and Public Participation Policy
Author	NHS England/Public Participation Team
Publication Date	30 November 2015
Target Audience	NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees, Communications Leads
Additional Circulation List	Patient and Public Representatives, Voluntary and Community Sector, partner organisations
Description	Policy to strengthen Patient and Public Participation in NHS England Commissioning
Cross Reference	Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning and Transforming Participation in Health and Care
Superseded Docs (if applicable)	N/A
Action Required	For implementation
Timing / Deadlines (if applicable)	N/A
Contact Details for further information	Public Participation Team NHS England Quarry House, Leeds LS2 7UE 0113 8250861 england.nhs.participation@nhs.net

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

NHS England Patient and Public Participation Policy

Version number: 1

First published: November 2015

Prepared by: Head of Programme Delivery, Public Participation Team

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Document number: 04414	Issue/approval date: 30/11/2015	Version number: 1
Status: Approved	Next review date: 31/03/2017	Page 3

OFFICIAL

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet/internet is the controlled copy. Any printed copies of this document are not controlled.

Document number: 04414	Issue/approval date: 30/11/2015	Version number: 1
Status: Approved	Next review date: 31/03/2017	Page 4

1 Contents

1	Policy statement.....	6
2	Introduction	7
3	Scope.....	8
4	Roles and responsibilities	8
5	Our approach	9
6	Distribution and implementation.....	11
7	Monitoring	11
8	Equality and Health Inequalities.....	11
9	Associated documentation	12
10	References.....	13
	Appendix 1: Ladder of Engagement and Participation.....	14
	Appendix 2: The Engagement Cycle	15

1 Policy statement

- 1.1 This policy is for patients and the public, and for NHS England staff. It sets out our ambition of strengthening participation in all of our work, and how we intend to achieve this.
- 1.2 Patients and the public are at the heart of everything we do, in line with the [NHS Constitution](#). We believe that by listening to people who use and care about our services, we can understand their diverse health needs better, focus on and respond to what matters to them. We will work in partnership with patients and the public, to improve patient safety, patient experience and health outcomes; supporting people to live healthier lives. By prioritising the needs of those who experience the poorest health outcomes, we have more power to improve access to services, reduce health inequalities in our communities and make better use of our resources.
- 1.3 The [Five Year Forward View](#) sets out a vision for a shift in power to patients and the public.

‘One of the great 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.’

Source: The Five Year Forward View, 2014.

- 1.4 We will support our staff with training and resources to enable them to develop a proactive and effective dialogue with patients and the public. We will also support other people to be involved, as appropriate, for example by providing information and other resources. To facilitate participation, expenses will be paid to non-staff in accordance with our policy: [‘Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.’](#)
- 1.5 Participation (sometimes referred to as engagement or involvement) can take place in a variety of ways, for example through social media, voluntary organisations, elected representatives, consultations and meetings. We will support staff to promote the patient voice and embed it across our business, from commissioning (the process of specifying, securing and monitoring services to meet people’s needs) to programme management and policy making. We recognise the links between staff engagement and public engagement, and value the contribution that staff members can make, not only as employees, but also as users of NHS services themselves.
- 1.6 A significant element of our work involves commissioning, and in this regard there are specific legal requirements. NHS England has a legal duty under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) to properly involve patients and the public in our commissioning processes and decisions. The ways in which we do this are set out in the *Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning*. Detailed guidance, best practice and

Document number: 04414	Issue/approval date: 30/11/2015	Version number: 1
Status: Approved	Next review date: 31/03/2017	Page 6

resources to support participation, including the [Transforming Participation in Health and Care](#)¹ guidance, underpin both this policy and the arrangements for public involvement in commissioning.

- 1.7 For the latest information and details of how to access support and advice, visit the Patient and Public Participation page on the [NHS England website](#). Staff may also wish to visit the relevant page on the [NHS England intranet](#).

2 Introduction

- 2.1 Our approach to patient and public participation is constantly evolving. We aim to continuously learn from and share our experience of participation, to maximise its impact.
- 2.2 There are different forms and degrees of patient and public involvement, as illustrated by the ‘*Ladder of Engagement and Participation*’ based on the work of Sherry Arnstein. This is shown at [Appendix 1](#). Different levels of involvement will be appropriate in different circumstances. We recognise the importance of taking an appropriate and proportionate approach and that there may be costs (direct and indirect) in undertaking participation activities. We also recognise the benefits in fostering good relations and maintaining on-going dialogue with patients, the public and other stakeholders. In addition, participation activities should take place at the time when they can have maximum influence. The ‘*Engagement Cycle*’ developed by InHealth Associates ([Appendix 2](#)) should be used where appropriate to help identify these opportunities.
- 2.3 Involving patients and the public isn’t always easy and can take time but, done well, has been shown to be highly effective in developing services that better meet patient needs and lead to better health outcomes. Conversely, as starkly illustrated by the [Francis Inquiry](#) into events at Mid-Staffordshire Hospitals, when NHS staff do not take account of the views of those whom they are serving, the consequences can be very serious.
- 2.4 We recognise the need to provide clear and accessible information to patients and the public in a variety of ways to suit their different needs, and to make arrangements as necessary to facilitate their involvement in our work. It is important that relevant sources of evidence are cited and that resource

¹ * FOOTNOTE: *Transforming Participation in Health and Care (2013)* is intended to be used by all commissioners of NHS services, both within NHS England and clinical commissioning groups (CCGs). This formal guidance, which both NHS England and CCGs must have regard to, relates to two key duties which fall on both NHS England and CCGs under the Act:

- The **patient involvement duty** (section 13H for NHS England, section 14U for CCGs) which is aimed at enabling patients to participate in planning, managing and making decisions about their care and treatment.
- The **public involvement duty** (section 13Q for NHS England, section 14Z2 for CCGs) which is aimed at enabling the effective participation of the public in the commissioning process itself, so that services reflect the needs of local people.

limitations and other relevant constraints are made explicit. This supports open and honest conversations to take place which may be difficult but can generate workable and effective solutions.

- 2.5 Where appropriate, people should be asked about how they want to be involved, for example seeking feedback on participation plans and considering where co-production may be appropriate.

3 Scope

- 3.1 This policy applies throughout NHS England i.e. to all national and regional teams and across all of our business functions, including hosted organisations such as the clinical senates and strategic clinical networks.

4 Roles and responsibilities

- 4.1 We all have a role to play in strengthening patient and public participation in our work, both individually and collectively. **All staff** are responsible for considering the need for patient and public participation in their work and undertaking this as appropriate.
- 4.2 The following paragraphs set out specific responsibilities within NHS England. Hosted organisations are expected to have these responsibilities reflected within their own organisational structures.
- 4.3 **The Board of NHS England** is responsible for NHS England's performance in relation to all legal duties including the duty to make arrangements to involve the public in commissioning. The **Chief Executive** is accountable to the Board and all **National Directors** are responsible for patient and public participation within the work of their own directorates.
- 4.4 **The Chairman and other Non-Executive Directors** are themselves largely lay members who are non-NHS employees, and have responsibility for ensuring that the views of patients and other members of the public are appropriately considered by the Board.
- 4.5 **The National Director for Patients and Information** has responsibility for sponsoring the development and implementation of this policy and the associated [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#). S/he also oversees the team which supports the organisation in its duties and ambitions to strengthen patient and public participation.
- 4.6 **Regional Directors** are responsible for ensuring appropriate patient and public participation within the work of their own regions. Specialist advice and support (internal or external) may be required. This includes working with local partners, such as Clinical Commissioning Groups, Local Authorities and voluntary sector organisations.

4.7 **All Managers** have responsibility for:

- ensuring that the need for patient and public participation is considered and appropriate action is taken, for the work for which they are accountable. Those responsible for commissioning should be aware of the organisation’s statutory duty to involve the public in this area of work, and take action as appropriate.
- contributing to the implementation of this policy and promoting an organisational culture in which patient and public participation is ‘everyone’s business’. This includes supporting formal and peer to peer learning, and celebrating success.
- contributing to the monitoring, evaluation and reporting of implementation of this policy and the effectiveness of action to strengthen patient and public participation.

5 Our approach

5.1 We believe in and will seek to uphold the following principles of participation, which are based on a review of research and best practice, and the views of patients and the public:

Working with each other	Working well together
<ol style="list-style-type: none"> 1. Our relationships will be conducted with equality and respect. 2. We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes. 3. We will use all the strengths and talents that people bring to the table. 4. We will respect and encourage different beliefs and opinions. 5. We will recognise, record and reward people’s contributions. 6. We will use plain language and will openly share information. 	<ol style="list-style-type: none"> 1. We will understand what’s worked in the past, and consider how to apply it to the present and the future. 2. We will have a shared goal and take responsibility for our work. 3. We will take time to plan well. 4. We will start involving people as early as possible. 5. We will give feedback on the results of involvement. 6. We will provide support, training and the right kind of leadership so that we can work, learn and improve together.

5.2 We will build on existing resources and good practice to:

- try to ensure that patients and the public have a voice throughout the organisation by developing our governance arrangements to embed participation (including decision making and business planning processes). We will offer meaningful roles on relevant working groups to those who are experts by experience or lay members.

OFFICIAL

- put in place clear and rigorous safeguards to identify and manage actual or potential conflicts of interest in respect of Patient and Public Voice (PPV) activity, in line with broader work around 'Sunshine' disclosures. This will ensure that information about the outside interests of patients and the public who work with us (for example, connections with industry) will be transparently declared.
- reach out to - and work with - a wide range of people, reflecting the diversity of our communities, to have conversations about health, wellbeing, and services. We will aim to go to people rather than expecting them to come to us. We will strengthen our partnerships (and maximise shared engagement opportunities where appropriate) with organisations which can bring different perspectives. These include (but are not limited to) Healthwatch, Health and Wellbeing Boards, Clinical Commissioning Groups, Local Authorities, Health and Care Voluntary Sector Strategic Partner organisations, and the wider voluntary and community sector, in addition to our direct engagement with patient and community groups, and advocacy organisations.
- use available information (such as complaints, surveys and the outcomes of any previous engagement exercise) prior to considering new engagement.
- identify and try different ways of having conversations and working with patients and the public, for example using [NHS Citizen](#) and social media.
- develop a more open, transparent and responsive culture and more inclusive and participative ways of working by providing appropriate incentives, support, tools and resources (including training).
- 'close the loop' whenever we seek the views of patients and the public. We will do this by feeding back the results of any consultation or engagement exercise to participants and explaining how views have been considered and impacted on our work, and the rationale for decisions taken.
- celebrate success and learn from experience (positive and negative) by measuring the effectiveness of our patient and public participation activity (including outcome indicators). We will develop new and improved measures to help us assess progress and make improvements. Part of the way we will do this is by asking for the views of different people (particularly those who are 'seldom heard', for example, homeless people and those receiving healthcare in prison) about their experiences of being involved and supported to work in partnership with us. We want people to tell us that they have had a positive experience and that what they have done has made a difference.
- champion patient and public participation not only throughout NHS England, but across the whole NHS by demonstrating its power and impact.

Document number: 04414	Issue/approval date: 30/11/2015	Version number: 1
Status: Approved	Next review date: 31/03/2017	Page 10

6 Distribution and implementation

- 6.1 This policy will be publicised and made available, together with supporting guidance and other resources (notably the [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#), and the [Transforming Health and Care Guidance](#)), via:
- The [NHS England website](#);
 - The [NHS England intranet](#). Please note this is a NHS staff resource
- 6.2 There will be training for different groups of staff to help familiarise them with the policy, and other supporting documents, as appropriate to their job role. All new starters to NHS England will be made aware of the policy as part of the corporate induction process.
- 6.3 Implementation of the policy will be supported by an action plan, which includes practical measures, such as the [NHS Citizen](#) programme, to facilitate our engagement with patients and the public, including those from seldom-heard groups.

7 Monitoring

- 7.1 Implementation of this policy and the associated action plan will be closely monitored.
- 7.2 There will be on-going engagement with staff and external stakeholders, including patients and the public, about how the policy is working in practice. Consultation will close one year after publication, and a formal review of the policy undertaken. The policy will be revised if necessary by March 2017.

8 Equality and Health Inequalities

- 8.1 This policy forms part of NHS England's commitment to create a positive culture of dignity and respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice with regard to the characteristics given protection by the Equality Act 2010 as well as to promote positive practice and value the diversity of all individuals and communities.
- 8.2 An assessment has been completed for this policy in relation to equalities and health inequalities impacts, and evidence is being analysed for a full impact analysis. Patient and public participation will support NHS England in meeting the public sector equality duty and the duty to reduce health inequalities, provided full consideration is given to reaching a diverse range of patients and supporting participation from groups that experience inequalities in health outcomes. Further advice can be obtained from the [Equality and Health Inequalities Unit](#).

Document number: 04414	Issue/approval date: 30/11/2015	Version number: 1
Status: Approved	Next review date: 31/03/2017	Page 11

9 Associated documentation

Key related documents include:

- Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning.
- [Transforming Participation in Health and Care](#).
- [The Accessible Information Standard](#).
- Other resources on the [Patient and Public Participation section of the NHS England website](#) and [intranet](#).
- [Planning, assuring and delivering service change for patients](#).
- [NHS England Health Inequalities Legal Duties](#).

10 References

- [National Health Service Act 2006](#) London: Stationery Office.
- [Health and Social Care Act 2012](#): London: Stationery Office.
- [AA1000 Stakeholder Engagement Standard](#). Revision for comment (June 2015).
- [Transforming Participation in Health and Care](#).
- Arnstein, Sherry R. "A Ladder of Citizen Participation," *Journal of the American Planning Association*, Vol. 35, No 4, July 1969, pp. 216-224.
- InHealth [The Engagement Cycle](#)

Appendix 1: Ladder of Engagement and Participation

The ladder of engagement outlines a variety of forms of engagement and participation. It is to be used as a best practice tool by NHS England staff in a flexible way to ensure appropriate and proportional participation.

The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein⁷). Patient and public voice activity 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.	Devolving
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.	Collaborating
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.	Involving
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.	Consulting
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.	Informing

Appendix 2: The Engagement Cycle

The Engagement Cycle



InHealth
ASSOCIATES

By kind permission.