



# PATIENT PARTICIPATION GROUP: LATEST KEY DOCUMENTS

MARCH 2017

## [PATIENT AND PUBLIC PARTICIPATION IN COMMISSIONING](#)

*NHS England* | February 2017

NHS England has [a set of new documents](#) to strengthen patient and public participation in the services that it is responsible for commissioning.

The documents cover the commissioning of public health, armed forces, health and justice and specialised services. They provide practical guidance on the best ways to involve patients and the public and include good practice examples and links to resources.

- [Framework for patient and public participation in public health commissioning](#)
- [Framework for patient and public participation in armed forces commissioning](#)
- [Framework for patient and public participation in health and justice commissioning](#)
- [Framework for patient and public participation in specialised commissioning](#)
- The [Patient Experience Library](#) contains a range of reports and insight on patient experience.

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## [PATIENT INSIGHT GUIDES](#)

NHS England has published two further bite-size guides to [patient insight](#) to help CCGs and providers make better use of national surveys and feedback data:

- **How and when to commission new insight and feedback** – explains the role of insight, the different kinds that can be used to build a reliable picture and how to commission new insight work through suppliers
- **Insight – what is already available** – provides an overview of the different types of information available and brief explanations of how they can be used.



## EARLY BENEFITS OF DELEGATED COMMISSIONING

NHS England has produced a series of [Delegated commissioning case studies](#) to show how CCGs are using delegated commissioning to improve care for local people.

CCGs have reported that delegated commissioning is leading to:

- The development of clearer, more joined up visions for primary care, aligned to wider CCG and STP plans for improving health services;
- Improved access to primary care;
- Improved quality of care being delivered to patients;
- Improved CCG relationships with member practices, including greater local ownership of the development of primary care services;
- Increased clinical leadership in primary care commissioning, enabling more local decision making;
- Greater involvement of patients in shaping services;
- A more sustainable primary care system for the future.

NHS England has produced a series of case studies to show how CCGs are using delegated commissioning to improve care for local people:

- [NHS Barking and Havering, Dagenham and Redbridge CCGs](#)
- [NHS Bolton CCG](#)
- [NHS Gloucestershire CCG](#)
- [NHS Oldham CCG](#)
- [NHS Rotherham CCG](#)

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## CHOOSING WISELY: IMPROVING CONVERSATIONS BETWEEN PATIENTS AND THEIR DOCTORS AND NURSES

*Across the UK, there is a growing culture of overuse of medical intervention, with variation in the use of certain treatments across the country | Choosing Wisely UK*

Choosing Wisely UK is part of a global initiative aimed at improving conversations between patients and their doctors and nurses.



By having discussions that are informed by the doctor, but take into account what's important to the patient too, both sides can be supported to make better decisions about care. Often, this will help to avoid tests, treatments or procedures that are unlikely to be of benefit.

Common examples of overused medicines are antibiotics for common colds or other non-bacterial infections or prescriptions given for mild depression when alternative options such as exercise could be explored first.

The problem for patients is that *all* tests, procedures and interventions have side-effects and some may even cause harm. A CT scan is 200,000 more powerful than an airport scanner; a blood test for one patient may have very few side effects but for an elderly patient it may be distressing and painful.

The full overview and resources are available [here](#)

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### [PRESENTING PATIENT-REPORTED OUTCOMES DATA TO PATIENTS AND CLINICIANS TO IMPROVE INTERPRETABILITY](#)

*Snyder, C.F. et al. Cancer | Published online: 13 January 2017*

**Background:** Patient-reported outcomes (PROs) (eg, symptoms, functioning) can inform patient management. However, patients and clinicians often have difficulty interpreting score meaning. The authors tested approaches for presenting PRO data to improve interpretability.

**Conclusions:** The current results support presenting PRO data with higher = better directionality and threshold lines indicating normal versus concerning scores.

Read the full abstract [here](#)

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### [BITE-SIZE GUIDES ON PATIENT INSIGHT](#)

*NHS England has launched two further bite-size guides to patient insight to help CCGs and providers make better use of national surveys and feedback data and to plan their own local insight work to inform service reviews and redesigns | NHS England*

We want to help providers and commissioners to understand the use of patient insight better and to use it effectively in delivering local services. Publications on this page are designed to help build understanding and skills in this area and we will add new topics over time.

View the guide to 'how and when to commission new insight and feedback' [here](#)

View guide to 'what's already available' [here](#)

View the guide to 'Patient Reported Outcome Measures (PROMS)' [here](#)

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## [PATIENT EXPERIENCE HEADLINES TOOL](#)

*A tool to enable NHS staff to access a range of patient experience measures so they can benchmark their organisation's performance | NHS Improvement*

The tool was developed in partnership with trusts to enable staff to access key sources of published patient experience measures all in one place.

You can get a sense of how your organisation is doing compared to others with similar characteristics. You can move the data around and generate simple graphs which show your progress.

Read the full overview [here](#)

Find the tool [here](#)

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## [HOW EMPOWERING IS HOSPITAL CARE FOR OLDER PEOPLE WITH ADVANCED DISEASE?](#)

*Selman, L.E. et al. (2017) Age Ageing. 46(2) pp. 300-309.*

**Background:** patient empowerment, through which patients become self-determining agents with some control over their health and healthcare, is a common theme across health policies globally. Most care for older people is in the acute setting, but there is little evidence to inform the delivery of empowering hospital care.

**Conclusions:** empowering older people in the acute setting requires changes throughout the health system. Facilitators of empowerment include excellent staff–patient communication, patient-centred, relational care, an organisational focus on patient experience rather than throughput, and appropriate access to SPC. Findings have relevance for many high- and middle-income countries with a growing population of older patients with advanced disease.

Read the full abstract [here](#)

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## [PUBLIC INVOLVEMENT IN HEALTH RESEARCH](#)

*The National Institute for Health Research has launched a [campaign](#) urging patients and the public to get involved in health and social care research.*

The [#twosides](#) campaign highlights ways for people who aren't medical or academic professionals to play a part in shaping research, for example through suggesting research questions, reviewing research applications, joining a study team or being a study participant.

Additional link: [NIHR press release](#)



## FIVE THINGS COMMUNITIES SHOULD EXPECT FROM GETTING INVOLVED

*We believe that when it comes to STPs, or any other health reform, the NHS should follow five key steps to ensure that communities have a say in decisions that will affect them | HealthWatch*

### **Five key steps to ensure communities have their say:**

1. The case for change needs to be clearly set out so that people can understand both the current situation and the reasons things might need to be done differently.
2. From the start, patients and the wider public should be involved in designing and discussing possible solutions to the challenges communities face.
3. The impact on every section of the community needs to be assessed and specific work undertaken, especially with underrepresented groups, to find out what people think.
4. The public ought to be given adequate time to consider the proposals on the table and provide feedback.
5. Once the final plans are agreed, they should be published and those in charge of the changes need to show how they have considered the feedback they have received, the difference this has made to their plans and how the impact of the changes will be tracked and reviewed.

Read the full overview [here](#)

Read the [Five principles of good engagement](#)

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## PUTTING PEOPLE AT THE HEART OF SERVICE CHANGE

*In November 2016, and March 2017, we brought together local Healthwatch and NHS leaders at two conferences to review the extent to which local communities have been involved in shaping STPs to date and the opportunities that exist for making sure this happens in the future | HealthWatch*

### **What needs to happen next?**

Several clear themes emerged from debate and discussion at the conferences on what should happen next. These included:

- The need for the NHS to clearly explain STP proposals to their communities in clear, accessible language.
- STP proposals taking into account the needs of, and ensure equality of access for, disadvantaged groups. Local Healthwatch can play a specific role in helping the NHS talk to seldom heard communities.



- The importance of involving the wider voluntary, charitable and social enterprise sectors in local conversations about STPs.
- The need for NHS England and Healthwatch England to promote good practice and successful examples of when the public have been involved in health reforms.
- The need for both the NHS and local Healthwatch to make clear to people how their views have been used.

**Resources:**

- [March 2017 NHS public involvement: legislation, regulations and expectations \(PDF 227.19KB\)](#)
- [March 2017 Designing and discussing solutions with local people \(PDF 564.41KB\)](#)
- [March 2017 Engaging the public in health system change \(PDF 838.21KB\)](#)
- [March 2017 Engaging seldom heard groups \(PDF 2.72MB\)](#)
- [March 2017 Using feedback from patients and local people to influence change \(PDF 1.57MB\)](#)

Read the full overview [here](#)

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## [MANY AREAS STILL NEED EFFECTIVE PUBLIC ENGAGEMENT](#)

*A new report by the King's Fund highlights some of the challenges and opportunities that exist with future changes to health and care services | HealthWatch*

The report, [Delivering Sustainability and Transformation Plans](#), which looks at the 44 Sustainability and Transformation Plans (STPs) that were submitted in October 2016, calls for meaningful engagement with staff, patients and the public when discussing proposals for future service change.

**Responding to the report, Jane Mordue, Chair of Healthwatch England, said:**

“The King’s Fund’s report is a useful marker of the progress being made with STPs, but it also highlights that in many areas there’s still a missing ingredient for success - effective public engagement.

“While many of the aims of the 44 STPs reflect what people have told us they would like to see, especially a greater emphasis on preventative and community care, health and care leaders need to seize this huge opportunity to involve people in shaping the changes made in their areas, rather than revealing what’s planned at the end of the process and bracing against expected opposition.

Read the full commentary [here](#)

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## [HAVE YOUR SAY ON THE ACCESSIBLE INFORMATION STANDARD REVIEW](#)

*As the Accessible Information Standard review is launched, NHS England's Head of Public Participation, calls on people to share their experiences | Published January 2017*

Last summer, we reached a real milestone in our efforts to improve access to health and care information and communication support for people with a disability, impairment or sensory loss.

Since 1 August 2016, all organisations that provide NHS care and / or publicly-funded adult social care must follow the [Accessible Information Standard](#) in full.

This means that patients, service users and carers should receive information in a format they can access and understand, for example in braille, easy read, audio or via email, and communication support if they need it – for example, a British Sign Language interpreter at appointments.

Now that the deadline for compliance with the Standard has passed, we're undertaking a review of it, to assess the impact and to ensure that it is 'fit for purpose'.

Read the full news story [here](#)

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