Communications Committee 24 October 2007

Report of the Health Professions Council's Patient and Public Involvement (PPI) activities

Executive summary and recommendations

Introduction

In April 2007, the HPC commissioned Shepherd Taylor Partnership to undertake a scoping exercise of the organisation's patient and public involvement activities. The aim of the research was to audit the effectiveness of the HPC's current methods, detail the findings and make recommendations for future activities and projects.

Decision

The Committee is asked to note this document. No decision is required.

Background information

Shepherd Taylor undertook the work during April 2007 which included researching other organisational models of PPI and carrying out interviews with key personnel from the Council and some external bodies. They have prepared a report which outlines their understanding of the role of a regulator with reference to involvement and language, their assessment of HPC's stakeholder engagement, current activity, other models and strategic findings. The report also details four recommendations, all of which the HPC has noted and is addressing in some way through existing or forthcoming workplan activities.

Further information about who they interviewed, their thinking process for mapping activity and the research into other models of PPI is outlined in the appendices attached to the report.

Resource implications
None

Financial implications
None

Appendices
Report of the Health Professions Council's patient and public involvement activities, Shepherd Taylor Partnership

Date of paper
1 October 2007

Report of the Health Professions Council's (HPC) patient and public involvement (PPI) activities.

This report is in response to the brief provided by the Health Professional Council requiring the consultants to:

- Undertake an audit of the effectiveness of HPC's current methods of involving patients and the public in its work.
- Detail the findings and make recommendations for future activity and projects to the Executive Management Team and Communications Committee for consideration and inclusion in the 2007/08 communications work plan

The purpose of this work has been to ensure that any future investment in Patient and Public Involvement is focused and will add value to the core purpose of the Health Professionals Council. As a relatively new organisation HPC recognised that PPI required review and that much could be learnt from other regulatory organisations.

To prepare this report we have undertaken three approaches:

- Research into other relevant organisational models for public involvement.
- Interviews with key personnel from the council and some external bodies
- Preparation of a report outlining the benefit of PPI to the organisation, including some recommended PPI projects

See **Appendix A** for detail of interviewees and interview format.

The role of a regulator, involvement and language

In any process of involvement, one of the key issues is the use of language. Organisations and professions sometimes use language which excludes anyone outside their immediate circle, including service users and the public at large. Such behaviour is mostly inadvertent but can sometimes be deliberate.

We recognise that the use of a largely NHS concept (Patient and Public Involvement) is not necessarily appropriate when applied to a different environment – in this instance professional regulators. We therefore propose to use different language in this report because:

- There needs to be clarity of purpose regarding any involvement with the public as a stakeholder.
- An NHS model is not appropriate for a regulator covering professions operating both inside and outside the NHS.
- Associations with the model of Patient and Public Involvement may not be helpful in implementing stakeholder engagement plans.

We have tested out the use of language both internally and externally and propose a closer definition of the concept of patient and public involvement. We are essentially discussing one aspect of **stakeholder engagement**. The classic definition of stakeholders is:

- People affected by the impact of your activity
- People who can influence the activity

The focus of this report is the first of these groups – patients and the public. However for any organisation subject to government direction and in any way connected to the public, there is a direct connection between the public and those who can ultimately influence the organisation through democratic processes.

We use the word engagement to mean: **Appropriate contact and effective communication with groups or samples of groups affected by the impact of your activity**. Appropriateness will be governed by:

1. The role, function and purpose of the organisation
2. The resources of the organisation
3. The environment in which the organisation is operating.

These three headings form a framework for assessing the appropriateness of Health Professions Council's stakeholder engagement.

Assessment of HPC stakeholder engagement

1. Role, function and purpose of the organisation – the purpose of HPC (and all health regulators) was clearly stated and understood by all interviewees as 'To protect the public'. The public is therefore explicitly a stakeholder of the organisation. The question is how, not whether the organisation engages with the public. HPC undertakes its purpose through regulation – its role and function. This will have an impact on the process of engagement.

2. Resources of the organisation – HPC is an efficient organisation. Stakeholder engagement is a core element of its resource planning as demonstrated by the activity already taking place across the organisation. Resources will influence how engagement is carried out but not whether it is carried out. HPC is a core part of the UK Health and Social Care Regulators Public and Patient Involvement Group, which is already operating as an effective resource sharing group.

3. Environment in which HPC is operating – this is a complex and fast-changing landscape. Key influences to consider are:
   Society – consumers are less deferential, more demanding and some are increasingly aware of standards and quality.

<u>Healthcare</u> – there are a growing number of providers both public and independent and therefore a multiplicity of employers; new commissioning structures will lead to different forms of provision.

<u>Government</u> – there is a clear imperative in government policy and political activity to engage stakeholders including patients and the public. This is tied to the democratic process. All statutory or government bodies need to recognise this environment, though how they respond is to an extent discretionary.

<u>The White Paper:</u> 'Trust Assurance and Safety – the Regulation of Health Professionals in the 21st Century'. All interviewees identified the White Paper as a top priority for HPC. The White Paper lays out the four core functions for professional regulators and recognises the importance of a view independent of the professions. This independence requires the recognition and valuing of patient and user perspectives, not the assumption that the professions can always speak for patients. This underpins all the recommendations in the White Paper. Evidence of effective implementation will require a degree of genuine engagement with all stakeholders. This includes service users.

Current activity

HPC currently carries out a broad range of activities in relation to the public and service users as stakeholders. These activities include

- Lay input into decision making at Council, Committees and panels
- Consultation exercises
- Engagement with patient and patient representative groups
- Listening events
- Professional Liaison Groups
- Collaborative working
- Research with members of the public

A great deal of good work has already been done and has been reported previously (Patient and Public Involvement – a discussion paper produced by Rachel Tripp, Director of Policy and Standards, 12 May 2006). We have discussed this stakeholder engagement work with internal and external interviewees and are confident that the previous report gave an accurate account. Since that report was presented to Council work has continued in several ways.

The current work plan includes the mapping of stakeholders and the development of tools and mechanisms for stakeholder engagement as part of the broader HPC communication strategy. A new role of Public Affairs and Stakeholder Manager has been created to carry out this work.

In response to the recommendations in The White Paper an external public affairs and communications consultant has been contracted to contribute to appropriate parliamentary and public affairs activity.

There is continuing engagement with the UK Regulators PPI Group who are considering possibilities for joint working across regulators. Both feedback from interviewees and our observation suggest that HPC have a fresh view to bring and contribute to the leadership of this group. Examples of recent effective joint work are

- Joint UK health and social care registration information leaflet
- Joint PPI good practice handbook for staff and members of regulatory bodies
- Standard page on all websites with links to other regulators
- Seminars are planned to explore activity of public relevance and concern

The complexity of devolved administrations is an additional factor to consider in determining appropriate stakeholder engagement. It is not a reason to avoid engagement, given the fundamental case for public engagement. Again the Joint Regulators PPI Group provides opportunity for development of a strong UK wide regulatory framework.

We have begun a more thorough audit of the work currently undertaken based on the framework above, using information readily available, validated through the interviews we conducted. Given time limitations, this is not complete, but HPC may wish to use this as part of the stakeholder strategy development.

This table appears as **Appendix B.**

Other models

We have considered two types of organisations for this report:
- Other health regulators
- Other organisations with regulator status including Ofcom, Ofwat and the Financial Services Authority

Other Health regulators – there is clear evidence from web research and conversations that other health regulators accept the force of the arguments above with clear recognition that public engagement is a matter for regulators to consider. They are following the direction of the White Paper and seeking to engage with all stakeholders including patients and the general public. Criticism could be levied at other regulators that they have produced "motherhood and apple pie" documents. The appropriate test would be how these are applied in practice and how each organisation appropriately engages with stakeholders using a strategic framework, producing clearly identifiable outcomes.

The approach taken by health regulators depends particularly on resources – so the GMC has a more comprehensive approach than the smaller regulators. There are elements of good practice in many regulators, who also regard HPC as a positive force in joint activities. The common interest with health regulators provides an excellent basis for sharing activities.

Other regulators: Many of these organisations were set up by the government in response to public outcry following serious failings in their respective sectors. These regulators (e.g. Ofcom, Ofwat, Financial Services Authority) are clearly considering engagement with the public, customers and users as a key part of a strategy for stakeholder engagement. Their resources and their purpose are key factors in determining their strategy and neither are entirely comparable to HPC.

They are set up to manage the relationship between a set of different service providers and the public and to regulate that environment. HPC is set up to regulate health professionals – many providers – who service the public. There are different drivers. HPC is about professions, while the other regulators are about a market. Organisations such as FSA and Ofcom engage with the public directly in a variety of different ways but chiefly as consumers/customers. This is different from HPC where the public are PATIENTS. Because of this different focus and environment we believe there is little for HPC to learn from these models immediately but it would be sensible to look at what they are doing from time to time.

An example which demonstrates this difference is the appearance in the media of these regulators highlighting a problem in the sector or even directly and publicly criticizing a particular practice or behaviour within the regulated area. This is a difference in practice between health professional and non health regulators.

Appendix C gives more detail of individual models.

Impact for HPC: HPC is clearly at the forefront of responding to the White Paper which itself is a response to public concern about failings in health care which it is perceived regulation can address. The public are the ultimate stakeholder for those regulating critical services, the question as raised previously is how HPC and health regulators in general engage appropriately with the public.

Strategic Findings

Our view, established from the interviews we conducted, is that in the past the HPC's approach to stakeholder engagement with the public and service users has been fragmented and not strategically driven, however this has begun to be addressed. There are very good individual pieces of work, but the connections between these pieces of work and the core purpose of the organisation is not always transparent. We discussed this extensively with interviewees and they provided strong anecdotal evidence of activity and output but at no time was anyone able to produce a comprehensive and

reviewable strategic plan. It is this that we believe needs rectifying and work has begun on this.

We were quoted a model of the further development of the communications strategy in the last few months which has enabled HPC to be clear about the message, the tools for communicating and the stakeholders. Our strongest recommendation is that a similar approach is followed on stakeholder engagement. We know this is a part of the job description of the new post of Public Affairs and Stakeholder Manager. It is essential that this post considers the public as a stakeholder to ensure that the public clearly have the best possible access to referral processes, registrants, and information on registrant's fitness to practice and what to do when problems arise.

We see clear evidence of good tools being used in engagement with some stakeholders e.g. communications campaign for the public registrants and referrers with the intent of improving accessibility for the public. However, the strategic analysis of all stakeholders is not visible, nor is stakeholder engagement activity linked to business plans or matched to the resources of the organisation. We recommend the development of the work to date into a strategy, action plan and performance monitoring framework to demonstrate how the HPC has engaged with stakeholders and the actions that have been taken as a result. We include in the list of stakeholders:

- the general public who have not so far engaged with registrants
- the general public engaged with professionals not registered with HPC
- users of HPC registrants
- complainants

There is already some activity with these groups of stakeholders; the stakeholder strategy should determine what else needs to be done and how to do it most efficiently.

We saw limited evidence of the perspective that the general public bring to the HPC services that they use. Lay members of council bring an excellent perspective to decision making but they lose the freshness of view quickly. Lay members are an inadequate representation of user views in relation to the detailed work of a regulator because they quite appropriately become part of the organisation. A regulator aspiring to be the best must ask how those who know nothing about them view relevant aspects of their work. For example, in considering what "good character" means, user and public views may be different but even more relevant than those of professionals and others engaged in regulation. Equally this is a situation in which it would be effective to work jointly across regulators as both the question and response will be relevant to all regulators.

Many interviewees picked up the importance of HPC informing the public of their presence, purpose and processes. HPC has conducted advertising and public information campaigns and will need to continue these. Assessment of the public's response and testing the public's understanding of these campaigns is essential to ensure they are hitting the mark.

Individual complainants to HPC are a specific stakeholder group identified as requiring particular engagement. This is a unique group who can comment post complaint resolution on the process used by HPC, a process already being planned. This is a valuable contribution but not sufficient to demonstrate HPC engagement with the public.

We suggest that in looking at public consultation HPC always considers doing this jointly with other UK regulators for the reasons described above. We would particularly suggest this in relation to The White Paper. The group already has proposals and comments for individual regulators to receive.

Recommendations

Recommendation 1: Development of a comprehensive stakeholder strategy including patients and the public; agreed and monitored by the Council.

There is work ongoing regarding stakeholder analysis and a strategy for engagement. We recommend that this work is strengthened as part of a communications strategy developed by the executive in consultation and agreement with the Council on who the stakeholders are and the purpose of their involvement. Consideration should be given to starting with the widest possible definition of a stakeholder and removing categories from the list only if it can be demonstrated they have no value to add to any part of the business cycle/plan or purpose of HPC. This will necessitate the Council taking full ownership of the list and how it may be used in the form of an action plan linked to the organisational strategy. This approach will ensure that a culture of effective engagement with stakeholders is embedded throughout the organisation. This will provide clear evidence that stakeholder engagement has had an impact on the work of the organisation.

An immediate start to this would be to capture centrally the impact that existing patient and public involvement has had on the organisation e.g. where patients or patient representative groups have been consulted on leaflets or the website record how this has changed the document or website.

Recommendation 2

Recommendation: Build on current work taking place with all the relevant parties to ensure robust engagement and consultation processes in relation to The White Paper.

The White Paper is a clear priority acknowledged by all contributors to this report. In order to maintain HPCs lead as a fresh and outward looking regulator it will be necessary to continue to actively engage with the Department, other regulators and independent consultation processes. This approach is already demonstrated through

the contribution made to the UK Joint Regulators PPI Group and should be built on to make certain the voice of its registrants and the users of their services are widely heard and reflected in the legislation that follows.

Recommendation 3:

Recommendation: Develop resource of individuals unconnected to health organisations to provide fresh perspectives on and to ensure proper access for the public to the relevant aspects of the work of HPC, perhaps in association with other regulators.

The White Paper identifies the need and requirement for the widest possible outside perspective unencumbered by professional introspection. There is an opportunity for HPC either singly or preferably in partnership with others to look for entirely fresh perspectives on their primary role - to protect the public. Using the model adopted by National Institute for Clinical Excellence it is recommended that a group of entirely new individuals unconnected to health organisations are identified to consider in some detail and with expert support issues such as advertising, access to professional information about registrants, information on specialist interest areas or geographical location, web site design and information, complaints and perhaps on issues such as the definition of 'good character'. In our view this is not about membership of committees but involving and consulting members of the public on particular and specific aspects of the work of HPC e.g. the website (as already used), the effectiveness of literature for relevant groups, and the perceived needs and expectations of the public when accessing particular professionals.

Appendix D gives more detail on the NICE citizen involvement model.

An immediate start to this would be to gather together a small group, representative of patients and the public, (these could be identified through existing bodies e.g. Patients Association) who would be drawn on to provide specific input to issues that are already being considered by HPC e.g. revamping the website, information about complaints procedures, leaflets on the role of HPC. In order to do this effectively HPC needs to demonstrate that it has listened to and considered the views of these people. This does not always mean incorporating everything they say but showing evidence of active consideration of their views.

Recommendation 4

Recommendation: Continuing active involvement in the UK Regulators PPI Group to develop efficient, effective consultation processes with the general public on issues of common interest.

The UK Joint Regulators PPI Group is potentially important and influential, more so than HPC alone. Clarity about the role of the regulators group and individual regulators needs continuing clarification. However government will respond most positively to a

regulators group on general issues for regulators because of the need for demonstrable fairness, independence and consistency for one of their key stakeholder groups. This is also a resource efficient way of considering effective communication with the public and service users. HPC is an influential member of this group and has a great deal to offer and to gain.

We strongly recommend continued participation in this group and use of the leadership opportunity to influence joint work that reduces cost and increases the validity and effectiveness of public consultation processes. Each regulator including HPC will decide how the outcome of these consultations impacts on what they do through their own strategies and decision making processes. A clear strategy as recommended above will support this process within HPC.

Kath Taylor
Sarah Shepherd
SHEPHERD TAYLOR PARTNERSHIP
12 June 2007

Appendix A

Organisational models

Ofcom - Office of Communications
Ofwat - Water Services Regulation Authority
FSA - Financial Services Authority
Royal Pharmaceutical Society of Great Britain (RPSGB)
Nursing and Midwifery Council (NMC)
General Medical Council (GMC)
Council for Healthcare Regulatory Excellence (CHRE)
General Optical Council (GoC)
General Chiropractic Council (GCC)
National Institute for Clinical Excellence (NICE)

Interviewees   HPC

Mr Marc Seale, Chief Executive
Ms Jacqueline Ladds, Director of Communications
Ms Rachel Tripp, Director of Policy and Standards
Dr Anna van der Gaag, President
Professor Tony Hazell, Lay Council Member
Mr Robert Clegg, Lay Council Member
Professor Jeff Lucas, Lay Council Member
Ms Christine Farrell, Lay Council Member

Interviewees   External

Ms Philippa Barton-Hanson, Executive Officer, Communications, General Chiropractic
Council
Ms Elisa Pruvost, Policy Manager, Council for Healthcare Regulatory Excellence
Mr David Smith, Lay Council Member, Council for Healthcare Regulatory Excellence

UK Regulators PPI Group meeting

Attended by;
Martin Caple   Chair
Philippa Barton-Hanson   GCC
Rebecca Stone   GCC
Sophia Bhatti   GMC
Caroline Abel Smith   GDC
Kristina Ireland   GDC
Andreas Hasman   RPS

General Chiropractic Council	GCC
General Medical Council	GMC
General Dental Council	GDC
Royal Pharmaceutical Society of Great Britain	RPS
Council for Healthcare Regulatory Excellence	CHRE
General Optical Council	GOC
General Osteopathic Council	GOsC
General Social Care Council	GSCC
Nursing and Midwifery Council	NMC

Interview questions

What is the purpose of HPC?

What are its priorities?

What is your role?

What are your priorities?

Where does PPI fit in these organisationally and personally?

How much resource should be invested in PPI ?

What contribution could PPI make, if any?

Are there any examples you are aware of elsewhere of involvement in PPI beneficially or otherwise?

What contribution PPI is currently making?

Can you give us examples?
(eg participation in Joint UK Health Regulators Group, public facing research, consultation exercises).

Appendix B

This table represents a thinking process for Shepherd Taylor Partnership on how the public and patients fit into a stakeholder strategy. We are aware it is neither completed or necessarily accurate due to short time scales on this work which limited the research we could do. However we include it as a suggested way of demonstrating an effective stakeholder strategy.

Engagement	Stakeholders	Fit with purpose	Efficiency/effectiveness	Outcome
Lay members of Council	Selected lay members	Lay input to decision making Improved governance	Essential governance. Effectiveness depends on lay members and organizational processes.	Experienced involved non-professionals. May become 'native'. Not genuinely members of the public.
Consultation list	Range of organizations and individuals added to by request.	Enables formal and informal consultation.	Enables necessary statutory consultation. Large list potentially leads to unfocussed process. May be less efficient than it could be.	Used how often? What changes have been made? List needs developing, and strategy for use developed.
Professional body Annual Meetings and ah hoc	Professional bodies	Critical partners – stakeholder manager	Efficiency is high. Effectiveness uncertain.	
Ad hoc meetings with professional bodies	Professional bodies			
Listening events	Professionals Health professionals and registrants	Core business and communication with key stakeholders	Significant input.	
Disability professional liaison group	Disability groups and organisations			

Opinion Leader Research	Small sample of public Registrants	Perspective on core purpose	Significant cost	Use not clear and to be valuable needs repeating regularly

APPENDIX C: Other Regulators

STP has considered how other regulators operate outside healthcare as part of the background to this work. In particular we have looked at Ofwat, Ofcom and the Financial Services Authority.

Reasons to consider these models:
- They each regulate professional or commercial entities.
- Their aim is to protect the public.
- The entities regulated deal with the general public.
- They are funded by levies from those they regulate.

Ways in which they differ from HPC and health regulators:
- They are set up in statute to regulate a market, rather than to regulate professionals – the latter is a necessary requirement not the purpose.
- Within their market regulation framework they act against members of their organisations and whole sections of providers on occasion and therefore have to demonstrate independence from their registered organisations.
- They work within a wide network of well established consumer organisations. (Consumer Association, Viewers and Listeners Organisation, Citizens Advice Bureau)

Ofwat
Consumer involvement in Ofwat is handled by the Consumer Council for Water with a central committee and nine regional committees. This handles significant consultation and research with the public, the tracking of consumer experiences, perceptions and expectations, publication of comparisons in service provision and consumer input to campaigns to use water more wisely. Complaints against the water industry are handled by the Consumer Council, though Ofwat acts on them and publishes summaries of complaints including comparisons between water companies. More information: www.ccwater.org.uk

Ofcom
Ofcom has a Consumer panel 'to understand consumer issues and concerns related to the communications sector' and 'to help inform Ofcom's decision making' (www.ofcomcosumerpanel.org.uk). There is a memorandum of Understanding between the Consumer Panel and Ofcom which governs their relations and dealings with each other. The panel commissions its own research into consumers' views.

Financial Services Authority
The FSA actively seeks consumer input in a variety of ways – consultation, consumer comment on current issues, complaints and queries. It has a particularly strong mission to educate the public in financial matters – to create knowledgeable and assertive consumers. It has no single route to access public involvement but uses existing consumer organisations alongside direct involvement. The organisation clearly divides between those who face the providers of financial services and those who face consumers.

Issues for HPC

As a healthcare regulator, HPC is regulating professionals rather than a market. The models described above are therefore less relevant than other health regulators. It is debatable as to whether the public see themselves as consumers or patients when accessing HPC and its registrants. In either case they have no formal structures to represent them currently except the democratic process. For health professional regulators, effective public involvement may be a more attractive process than the possible alternative – formal public involvement structures for which the professions would pay.

APPENDIX D

National Institute for Health and Clinical Excellence – Citizen's Council

The Citizens Council is an innovation to reflect public opinion in the guidance that NICE publishes on the promotion of good health and the prevention and treatment of ill health. Drawn from all walks of life that reflect the make up of the population in England and Wales, their ages range from 18 to 76.

The following information is drawn from the NICE website.

What does the Citizens Council do?

The Citizens Council helps NICE find out what members of the public think about key issues informing the development of the guidance NICE issues.

Although the guidance that NICE issues is based on clinical and cost effectiveness evidence, there are key values and judgments on which decisions are made. NICE already has experts to provide the technical input. The Citizens Council is an opportunity for a 30-strong group of people, drawn from all groups in the population, to have their say about social values.

How were members of the Citizens Council chosen?

The recruitment of Council members was carried out at arm's length from NICE by independent facilitators, Vision 21. Council members were chosen from around 4,400 individuals who responded to widespread publicity.

Because groups such as NHS employees, suppliers to the NHS, and patient groups already have a strong voice in making their opinions known in the decisions NICE makes, applications from anyone in these groups were declined. In addition, applications were declined from those who work in lobbying organisations. NICE is keen to give a voice to members of the general public who normally find it difficult to have their opinions heard.

How are meetings of the Citizens Council organised?

The Council meets twice a year in public and each meeting lasts up to three days. Councillors are paid £150 per day when on Council business, and their travelling and accommodation expenses are taken care of. Where special facilities need to be provided, such as a crèche or a signer, NICE pays.

NICE decides on the topic it wants the council to discuss. Vision 21 facilitates the meetings and produces reports summarising the Council's views that are sent to NICE. The meetings are deliberative in nature and draw on a range of expert witnesses who give evidence on the issues under consideration. Council members help to choose these witnesses and are able to ask them questions. Case studies and role play help Council members to debate the issues raised and voice their opinions.

What issues has the Council discussed to date?

So far the Council has been asked by the NICE Board to consider and report on issues such as clinical need, whether there are circumstances in which age should be taken into account when making decisions and whether the NHS should pay for drugs to treat very rare diseases.

How is the Council's advice taken into account by NICE?

NICE uses reports from the Council in two ways. First, NICE is developing a document on the scientific and social value judgements that will inform the work of the independent groups and experts who develop NICE guidance for the NHS. Second, NICE has been reviewing the methodology used to develop its guidance and the work of the Council has informed these reviews.

How is the Citizens Council evaluated?
The Open University have been appointed to independently evaluate the work of the Citizens Council for the first two years following its inauguration. Their research will provide information for NICE on how to maximise value from the Citizens Council. Their findings can be found at http://www.nice.org.uk/page.aspx?o=249283

Issues for HPC

This system is designed to ensure that NICE considers views from a wide range of perspectives. NICE urged on by government seeks challenges to its own way of thinking to ensure that it is not using judgements about critical issues that are not in tune with the general public.

HPC would need to consider a scaled down version of the NICE Citizen's Panel, but it could incorporate similar principles. The benefit for patients, public and HPC is that it could point clearly to the use of citizens with an external perspective in decisions that affect the public.