Council meeting 5 & 6 December 2006   PUBLIC BUSINESS

Developing a patient and public involvement strategy for the Royal Pharmaceutical Society of GB: results of consultation on a draft strategy and proposals for a way forward

Purpose
To report to the Council on the results of consultation on a draft patient and public involvement (PPI) strategy for the RPSGB, and to submit a revised PPI strategy, amended in the light of responses to the consultation.

Strategic objective domain

- The public recognise and use pharmacists as the professionals with expertise in medicines

- An organisation that consistently performs as a regulator, professional representative leader and publisher

Recommendations
The Council is asked to

i.   note the results of consultation on the draft PPI strategy;

ii.   consider and agree a revised PPI strategy.

1.   Background
At its meeting in June 2005, the Council decided that work should be undertaken to develop a PPI strategy for the Society. Following this, a tendering process was used to appoint consultants (Ros Levenson, Mercy Jeyasingham and Nikki Joule) with appropriate experience to carry out the work. Three Council sponsors for the project were also appointed (Ray Jobling, Lorna Jacobs and Shiv Bagga[1]). Initial scoping work and information gathering began in October 2005 and Stage 1 was completed in December 2005.

In January 2006 work began on Stage 2, which involved drawing up a draft PPI strategy, taking into account all the material gathered in Stage 1 and the advice of internal and external stakeholder groups which had been appointed to guide the strategy development. Council considered a draft PPI strategy in June 2006 and approved it (with some minor amendments) to go out for consultation. The consultation period ended on 8 September 2006.

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[1] Shiv Bagga's involvement ceased when he left the Council in April 2006.

2.   The process of consultation

The draft strategy was circulated to individuals and organisations on the standard circulation list for RPSGB consultations. It was publicised in the pharmacy press and on the Society's website. An awareness-raising meeting was held in July 2006 for senior staff from all the RPSGB's public-facing directorates. The consultants visited Cardiff and Edinburgh to discuss the draft strategy with the Society's Welsh and Scottish Executives.

An external stakeholder event held on 11 July 2006 was attended by 22 representatives of regulators, professional bodies, patient/voluntary organisations, education providers and medical Royal Colleges. Several RPSGB Council members also attended. The full list of participants and the write-up of the meeting are appended to the full report on the results of the consultation, which is available on request.[2]

3.   Results of the consultation

- 35 written responses were received, 11 from NHS, regulatory and professional organisations; four from within RPSGB (including the Scottish and Welsh Executives); seven from other pharmacy organisations; two from education providers; six from voluntary organisations; four from individual pharmacists and one respondent's category was unknown.

- The responses showed considerable support for the strategy as a whole and the approach guiding the strategy:

    - 88% of respondents agreed that the strategy was based on appropriate values and operating principles, 12% were not sure, and no respondents disagreed

    - 91% agreed that a three-year period would be appropriate for the initial strategy. 9% felt that the period was inappropriate (but disagreed on whether it should be longer or shorter)

    - 69% agreed that the proposed methods for integrating PPI into the core business of the society were appropriate, 9% found them inappropriate, and 22% did not know

    - 87% agreed that the proposed three-tier model for developing PPI in the Society was useful, 13% were not sure, and no respondents disagreed

    - 71% agreed with the proposals for resourcing and support for PPI within the Society. 19% disagreed and 10% were not sure

    - 61% agreed with the proposals for support and payment to patients and the public involved in the Society's work, 13% disagreed and 26% were not sure

    - All respondents (100%) agreed with proposals for the Society to work with other organisations on some PPI activities

    - 80% agreed with the proposals for monitoring and evaluating the PPI strategy. 20% were not sure, and no respondents (0%) disagreed.

- The strategy was particularly well-received by external stakeholders, including patient and voluntary-sector groups, NHS organisations, and education providers.

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[2] Please contact Karen Turnham (0207 572 2218 or email: Karen.turnham@rpsgb.org)

- Organisations representing pharmacists were less convinced of the need for the Society to commit resources to PPI.

- Many of the organisations attending the consultation event signalled a willingness to engage with the Society and expressed a desire to contribute to the basis on which decisions are made, without being involved in the decision-making process itself.[3]

- Responses from within the Society were also generally supportive of the draft strategy, though some individuals were concerned about the impact of a focus on PPI (which might detract from developing better engagement with members of the Society) and particularly the cost implications.

- Some points from respondents were more relevant to implementation than to the content of the strategy itself and will be used to inform subsequent stages of the project.

3.1.   Changes made to the draft PPI strategy as a result of consultation

In the light of the results of the consultation, the draft strategy was amended and certain aspects clarified. A number of detailed issues were discussed with the internal stakeholder group (which included the Council sponsors). This resulted in some proposed changes to the draft PPI strategy, as summarised below:

Proposals for revised strategy	Resource implications and comments
The proposals for a dedicated post for a 3-year period (i.e. the proposed duration of the PPI strategy) remain unchanged. See Appendix 1 to this paper for key responsibilities of the proposed PPI lead.	About a quarter of respondents had some doubts about a post, relating to cost, duration or where funding would come from, although by no means all of these were opposed to a post as such. There was approval of the proposed support mechanisms for PPI.
In the revised strategy it is proposed that the PPI steering group (8.1.2 in original draft strategy) and the Public Involvement Network (8.2.1) are merged into a single Public Liaison Group, comprising approximately 25 people, a minority of whom would be Council champions/ sponsors and staff.	This would reduce costs and lead to more streamlined functions, with less scope for overlap or duplication. The proposed new group would have two key functions: 1. Providing advice to Council on PPI strategy (including setting priorities for PPI) and monitoring. 2. Advising on consultation and involvement methods and acting as a conduit for broader involvement. This group would also enable Council champions/sponsors to play a more defined role in supporting PPI (again in response to comments made) The group would need the support of the dedicated PPI postholder.
The revised strategy now omits proposals for a biennial conference at this stage (10.1.5 in the original strategy)	Suggestion withdrawn due to concerns about costs.

The revised PPI strategy follows on from this paper.

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[3] Expressed by one participant as involvement in "making, not taking, decisions".

4.   Risk Implications

PPI is now identified as a key requirement of public bodies and other bodies with public duties, but professional associations such as the BMA have also set up Patient Liaison Groups, and they clearly feel they obtain value from involving their Council members in such activities.[4] PPI is increasingly seen as an essential foundation for greater openness and transparency, greater mutual trust and understanding between professional and regulatory bodies and patients and the public, and as a way of increasing the effectiveness of public bodies. CHRE regularly monitors PPI in the bodies that it oversees.

The preparatory work and the consultation on a draft PPI strategy have raised external expectations that the Council will agree a PPI strategy.[5] While the decision on a PPI strategy is for Council alone to take, Council members need to bear in mind that a significant delay in doing so would undermine confidence in the Society's commitment to becoming an increasingly open and public-facing organisation, and would leave it out of line with PPI developments in other regulatory and professional bodies.

5.   Resource Implications

Funding for the development of the strategy is being provided from within the resources of the Corporate & Strategic Development Directorate. The recommendation for a dedicated post in the Society to take this forward has been discussed in the context of the overall budget setting for 2007. It was included in the budget papers presented to the Resource Management Committee (RMC) on 20 November at a 50% rate, representing either a part time post for the whole year, or a full time post from July 2007, and is therefore in the budget recommendations from RMC.

6.   Recommendations

The Council is asked to

i.   note the results of consultation on the draft PPI strategy;

ii.   consider and agree a revised PPI strategy.

Eileen Neilson
Head of Policy Development

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[4] The BMA Council's Patient Liaison Group (PLG) was proposed by its Chairman, Dr James Johnson. The BMA has found the PLG very valuable because it provides a patient perspective on policy issues, though the PLG has no power of veto over BMA decisions. The BMA Councils in Scotland and Northern Ireland are likely to appoint PLGs. The BMA's consultant and GP committees are also considering setting up PLGs. (Dr Ian Banks, member of BMA Council and the BMA Council's PLG: personal communication, 22 November 2006).

[5] This is clear from comments made at the UK Health & Social Care Regulators' PPI Forum.

DEVELOPING A PATIENT AND PUBLIC INVOLVEMENT STRATEGY FOR THE RPSGB: PROPOSALS FOR A WAY FORWARD FOLLOWING CONSULTATION ON A DRAFT STRATEGY

1.0   INTRODUCTION

There has been growing consensus among public bodies and professional organisations about achieving a greater level of public involvement. Governments across Great Britain have encouraged this development in a series of policy initiatives:

- The NHS Plans[6] set out a vision of an NHS organised around the needs and concerns of patients rather than the convenience of providers, so that PPI becomes an essential component of a patient-centred NHS based on choice, responsiveness and equity

- Section 11 of the Health and Social Care Act in England and Wales placed a statutory duty on health authorities, primary care organisations and NHS Trusts to ensure that patients and the public are involved in all service planning and decision making. In Scotland the 2004 NHS Reform Bill Section 2B placed a duty on health bodies to encourage public involvement[7].

- The Westminster Government has introduced a new commissioning mechanism to make the concept of patient choice a reality[8] and published a White Paper[9] one of whose aims is to give patients a stronger voice so they become the drivers of service improvement. Documents from both Wales and Scotland also offer guidance on effectively involving patients and the public[10].

- The Kennedy Report[11] made a number of statements urging "public involvement through empowerment". Specifically, it stated:

    > *Organisations which are not part of the NHS but have an impact on it, such as Royal Colleges, the GMC, the Nursing and Midwifery Council and the body responsible for regulating the professions allied to medicine, must involve the public in their decision-making processes, as they affect the provision of healthcare by the NHS.*

- In the late 1990s and the early 2000s, the General Medical Council (GMC) introduced a series of reforms of its structure and functions, including an increase in the proportion of lay members on its governing council. However, in the *The Shipman*

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[6] The NHS Plan – a plan for investment, a plan for reform. Department of Health 2000 Cm 4818-I; Our National Health – a plan for action, a plan for change. NHS Scotland and the Scottish Executive, 2000; Improving Health in Wales. National Assembly for Wales, 2001.
[7] National Health Service Reform (Scotland) Bill, 2004.
[8] Choose & Book – Patient's Choice of Hospital and Booked Appointment, Department of Health, 23 August 2004, http://www.dh.gov.uk/assetRoot/04/08/83/52/04088352.pdf (Accessed 19 November 2006)
[9] Our health, our care, our say – a new direction for community services. Department of Health, 2006. Cm 6737.
[10] See Signposts Two - Putting Public and Patient Involvement into Practice. OPM and the Welsh Assembly, 2003; Patient Focus and Public Involvement. Scottish Executive, 2001.
[11] The Inquiry into the management of care of children receiving complex heart surgery at the Bristol Royal Infirmary. Final report: *Learning from Bristol: the Report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995.* Command Paper CM 5207

Inquiry: fifth report,[12] Dame Janet Smith criticised the GMC for having insufficient lay involvement in its fitness to practise procedures, particularly in the initial screening stage.

- The GMC subsequently highlighted the involvement of patients and the public as a priority and approved a patient and public involvement strategy in March 2005. The strategy, which involves engagement, implementation, review and evaluation, aims to make patient and public involvement a major part of policy and decision-making processes.

- The British Medical Association (BMA) established its Patient Liaison Group (PLG) in 2004. The group, which comprises 11 lay members and five doctors, works alongside other BMA Committees to ensure that the patient voice is represented and considered in policies, policy development processes and other activities, and to highlight areas of concern to patients and members of the public.[13]

- The Council for Healthcare Regulatory Excellence (CHRE) approved a PPI strategy in 2005. Assessment of the extent to which healthcare regulators engage with patients and the public and measure their satisfaction now form part of the CHRE's annual performance review.

- The RPSGB now has 10 lay members on its 30-member Council. While some lay and professional Council members have specific expertise in PPI and may be well placed to support PPI within the Society, they are not an alternative to the involvement of patients and the public who are independent of the Society and who do not have formal responsibilities for its governance. The contribution of lay Council members will be complemented by the involvement of patients and the public.

1.1   The decision to develop a Patient and Public Involvement (PPI) Strategy

The development of PPI in the Society is not wholly new. The Society has recognised for some years that involving patients and the public has the potential to increase public understanding of its business and ensure that patient and public perspectives inform its work.

Examples of PPI within the Society over the past few years were documented in the Stage 1 report. [14] However, in the absence of a strategic approach, PPI has been limited in its scope, has not been systematically integrated into the Society's work, and consequently has not been adequately resourced or supported. More could be done to continue to develop and roll out the Society's experience to date, but this would not constitute a strategic approach to PPI or be cost-effective or sustainable in the medium to long-term.

In recognition of this, the Council agreed in June 2005 to develop a PPI strategy covering the Society's full range of responsibilities as an integrated regulatory and professional leadership body. In the context of recent changes to the Society's governance structures, the application

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[12] The Shipman Inquiry: fifth Report, *Safeguarding Patients: Lessons from the Past – Proposals for the Future*, 9 December 2004, Command Paper CM 6394.
[13] BMA Patient Liaison Group: Briefing update 2006, British Medical Association, http://www.bma.org.uk/ap.nsf/Content/Hubpatientliaisongroup [Accessed 19 November 2006]
[14] Developing a patient and public involvement strategy for the Royal Pharmaceutical Society of Great Britain: Report of Stage One, Ros Levenson, Mercy Jeyasingham and Nikki Joule, 16th January 2006

of the PPI strategy to the National Boards will require consideration. The Strategy may also have relevance to RPSGB branches.

This draft strategy has been developed with the help of a range of internal and external stakeholders, including patient groups and other organisations with an interest in PPI.

The report of Stage 1 (a scoping study conducted by external consultants) was received by Council in February 2006. Council agreed to consider a draft strategy in June 2006, to be followed by a period of consultation from the beginning of July until the end of the first week of September 2006, after which it would expect to agree a PPI strategy in December 2006.

The PPI strategy is intended to guide and support the Society in involving patients and the public in its work: it is not aimed at PPI at the level of individual pharmacists or pharmacies, although there may be lessons to be learned by the Society as a whole from individual pharmacists, and vice versa.

2.0   A FRAMEWORK FOR PPI
For the RPSGB, PPI would include discussions with patients and the public about their experiences of pharmacy services, what they expect from the pharmacy profession, and how to take their views and preferences into account in decision-making.

The Society's PPI strategy will be implemented over a period of time, and the methods of PPI continually refined in the light of evidence on their impact. However, the underlying values and principles on which the strategy is based are likely to be more durable. They form the foundation on which all the Society's PPI activity will be based.

2.1   Objective of the PPI strategy
The objective of the PPI strategy is for the Society to become an organisation where patients and the public:
- have ready access to information about its remit and activities;

- are actively enabled to work in partnership with it, and

- can be confident that their interests and preferences are appropriately reflected in its main activities and functions.

2.2   Summary of values and operating principles
The RPSGB is committed to integrating the involvement of patients and the public into its work wherever PPI is relevant to the Society's business. The Society will:[15]

- be **open and transparent** about its processes for policy development and decision-making, and honest about the extent to which opportunities for PPI exist

- make **information** and **support** available to patients, members of the public and RPSGB Council and staff, to enable PPI to take place

- give **feedback** to patients and the public on how their input has been taken into account

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[15] See full explanation of values and operating principles for PPI in Appendix 4

- keep the PPI strategy and its implementation under **review**, learning from experience and from systematic evaluation of the impact and effectiveness of involving patients and the public, and sharing experience of PPI with other regulators, professional bodies and other organisations, as appropriate.

3.0   THE CONTRIBUTION OF PATIENTS AND THE WIDER PUBLIC

The Society is committed to establishing a broad base for PPI by developing links with a wide range of individuals and organisations. Stakeholders may include:

- **Individual patients and members of the public** who, as recipients of services and members of the community, have experience of accessing pharmacy and can bring lessons from their individual experiences and preferences to the Society

- **Health-related voluntary organisations** run by/for service users and carers can bring their knowledge and experience to the Society's activities

- **Other stakeholder organisations** which have knowledge and interests in broader issues beyond those relating specifically to pharmacy, may wish to become involved with the Society on a regular basis or on specific issues.[16]

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4.0   WAYS OF INTEGRATING PPI INTO THE SOCIETY'S WORK

PPI should be seen as essential to the Society's business. The Society is aware of the high priority that other organisations have given to integrating PPI into their work[17] and could develop a project plan for achieving this integration during the early part of 2007. The following aspects could be explored:

- *Championing:* experience from other organisations illustrates the importance of leadership in ensuring that the value of PPI is understood throughout the organisation. For example, the President and Secretary & Registrar should be designated as the Society's PPI Champions, giving a clear message within and beyond the Society about the importance that the Society accords to PPI. PPI could also be included in the role/job descriptions of the Officers and the Directors.

- *Active involvement of Council members:* all Council members have a crucial role to play in supporting PPI in the Society. Council members could receive reports and have discussions at Strategy Days about the progress and impact of PPI within each of the Society's directorates and key public-facing divisions. Council sponsors could play an important role in events to which patients and the public are invited. The role of Council members in supporting and promoting PPI could be included in the Governance Handbook.

- *Including PPI in the Society's strategic priorities:* PPI could be promoted, with details of objectives and milestones, as one of the Society's key priorities throughout the next three years. The Society's annual Business Plan should set out how the PPI strategy is to be implemented.

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[16] For example: consumer organisations, religious organisations, older people's organisations, minority ethnic organisations, advice-giving organisations, women's organisations, men's health groups, young people's organisations, parents' organisations and those representing the interests of children, carers' organisations, advocacy organisations, campaigning and lobbying organisations.

[17] For example, the Nursing and Midwifery Council (NMC) includes PPI in its strategic plan; the Royal College of Physicians (RCP) includes PPI in its President's job description.

- *Directorates to review opportunities for PPI:* each of the Society's Directorates could consider the implications of the PPI strategy for its areas of work and feed the results of this into the business-planning process. The Society recognises that the PPI strategy will be more relevant to some areas of its business than to others. However, it is necessary to look at PPI systematically across the whole organisation for it to become established as a sustainable part of the Society's culture.

- *Include PPI in the objectives of senior staff:* PPI could be included in the objectives of directors and senior managers, and PPI-related objectives included in their appraisals. In addition to providing senior-level support for PPI, this would also encourage senior managers to look at how they can best involve their directorates and departments in rolling out PPI throughout the organisation.

- *Risk Register:* the Society's risk register could be reviewed to include areas where the PPI strategy would have an impact on risks faced by the Society. This would include both risks associated with developing PPI and with failure to do so.

- *Impact assessment:* papers prepared for Council, National Boards and committees could record opportunities for PPI, with a brief outline of how it could be operationalised. The remit of working groups could also include consideration of PPI.

- *Annual review:* the annual review could report on the PPI strategy and progress with implementation.

5.0   A PLAN FOR DEVELOPING PPI WITHIN THE SOCIETY

Whilst patient and public involvement should be integrated into all the Society's public-facing activities, different functions and occasions will require different responses and levels of engagement. For some purposes, patients and the public may simply wish to obtain information – for example to enable them to check if a pharmacist is registered, or to make a complaint. In other circumstances patients and the public may wish to make their views known when policy and practice are under review. The Society will actively involve patients and the public in advising, influencing and monitoring issues which, directly or indirectly, affect or are of interest to the them.

The nature of the Society's role and functions, its membership base and its governance rules and structures do not readily lend themselves to the highest levels of participation by patients and the public. But effective PPI, with honesty about its scope and limits, is nevertheless a desirable and achievable aim. We propose three tiers of involvement for the Society and an incremental approach to developing PPI (see below).

In order to implement this strategy, it will be essential to resource and support those involved - both staff in the Society, and the patient and public stakeholders.

5.1   A three-tier model for PPI

The three-tier model proposed is an incremental one, with progress to the next tier dependent on careful evaluation of the benefits to the Society, deriving learning from the experience.

- *First tier: communication and information*
  All departments within the Society communicate their activities in language and formats that are accessible to the public, and provide information targeted to the public on key issues of public interest. This requires the establishment and maintenance of a

database of individual and organisational stakeholders. All departments review their activities and consider opportunities for PPI. The assumption is that the public has an interest in all areas of the Society's work unless there are good reasons to the contrary.

- *Second tier: engagement and consultation*
  Departments work to establish the engagement of patient groups and public stakeholders routinely within their activities, and establish relationships with a range of groups representing patients and the public. They plan and conduct consultation exercises on key issues with public stakeholders. The more public-facing departments are better placed than others to take on PPI activities and they are encouraged to volunteer their help and assistance, in order that learning and experience can be shared across the Society.

- *Third tier: involvement in decision-making and agenda setting*
  Patients and the public are involved in the functions of committees and other groups making decisions about the Society's work. They inform and influence decision-making.

Initially, volunteers could be sought to pilot the approach in some committees and groups and the learning from this would be shared across the Society.

6.0   RESOURCING AND SUPPORTING PPI

6.1   Resourcing and supporting PPI – Council members and staff
The success of the PPI strategy depends on the availability of sufficient levels of support to Council members and staff. This section outlines how this support can be provided to deliver an effective and sustainable programme of PPI.

6.1.1   A dedicated post
Building on the experience of bodies such as the GMC, the Royal College of Physicians and the BMA, a dedicated post will be established within the organisation to support PPI amongst Council members and staff. The reasons for this include:
- The launch of the new Strategy will result in a significant increase in the PPI activity undertaken by the Society. There will be a need for extra capacity to manage and coordinate this.

- The specialist expertise and experience required to implement PPI are not currently available in the Society.

- A dedicated member of staff, employed specifically to take forward the strategy, will be able to pull together the diffuse experience across the Society, enabling divisions to share learning and reduce duplication of effort. This will ensure efficient use of the resources applied to PPI activity and the implementation of a properly monitored and evaluated strategy.

The post would be at a level where it can effectively influence the work of the organisation, supported by one or more Director champions, and be part of the corporate and strategic development function. This arrangement would support cross-organisational working that the post would need to facilitate, including working with the National Boards, and reflect the level of responsibility it would carry.

A dedicated post should be established for a three-year period, and be subject to a full review towards the end of that time.

The purpose of the post would be to support PPI and a PPI-related change management programme throughout the organisation. Specifically it would:
- Provide support to a Public Liaison Group

- Advise on methods of PPI

- Ensure consistency across the organisation

- Monitor and evaluate PPI.

6.1.2   Public Liaison Group
A group would be established to provide advice to Council on the PPI strategy. This group would comprise approximately 25 people, a minority of whom would be Council champions/sponsors and staff. Its initial task would be to identify internal pilot sites for PPI and help set priorities. The group would also monitor implementation of the Strategy to ensure that it was on track.

In addition, this group would act as a learning resource, advising on consultation and involvement methods. It could also act as a conduit to a broader group of stakeholders when the Society wished to consult on particular issues. The Group would be supported by the dedicated post-holder.

6.1.3   Support on implementation
PPI would be integrated into departmental and individual work programmes. It would be included within staff objectives, personal development plans and appraisals. Council, National Board and staff induction programmes would also include PPI. A training programme for members of Council, National Boards and staff at all levels in the organisation, addressing knowledge, skills, attitudes and the delivery of PPI objectives, would be developed and implemented.

6.2   Resourcing and supporting PPI - patients and the public
In order to engage individuals and people from voluntary groups, and to sustain their involvement, it will be necessary to provide support and recognition for the contribution they bring. The key issues to be addressed would include:

- Clear and timely information: consultation documents, meeting papers and other reports should be written in plain English, avoiding jargon and explaining technical or specialist terms. Documents should be made available to people who are being involved as early as possible, to enable people to have time to prepare or respond.[18]

- Clarity on scope of involvement: it should be made clear what proposals are up for discussion or consultation and what cannot be changed and the reasons for any constraints.

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[18] This was emphasised in a seminar on consulting with hard-to-reach people organised by the regulators' PPI forum, held on 22 September 2006

- Expenses and allowances policy: in line with the practice of similar organisations, a policy on payment to those who are involved would be developed**.**

- Regular feedback on impact: in order to sustain the involvement of stakeholders over time, it is important to keep those involved informed about how their contribution is making a difference. This should be done via briefings to the Public Liaison Group, the Society's Annual Review, regular reports on PPI activity and impact on the Society's website,[19] and by feeding back to individuals involved in particular pieces of work on how their input has been used.

- Agree codes of good practice: the Society should set out agreements on good practice for PPI, including the issues outlined above and issues of confidentiality and dealing with conflicts of interest.

7.0   COLLABORATION WITH OTHER ORGANISATIONS

The Society might have areas of specialism where PPI will need to be very specific to its work. However, there will be areas where partnership work on PPI can be undertaken with other organisations. The benefits of working in partnership include:

- making the most efficient use of resources

- sharing information, experience and good practice

- minimising demands on the same patient and consumer organisations

- maintaining and promoting public confidence in health and social care regulation as a whole.

7.1   UK Health and Social Care Regulators' PPI Forum

The health and social care regulators have recognised the benefits of working together and have formed the UK Health and Social Care Regulators' PPI Forum, comprising the regulators of health professionals, the regulators of social care practitioners and services across the UK, and CHRE. The group meets quarterly and has developed a programme of jointly-funded projects on issues of common concern. Projects completed so far include:

- A handbook on good PPI practice

- Standard information for the public on member organisations' web wages

- A joint information leaflet for the public on the health and social care regulators

- Recently-published research on the usability of registers.

RPSGB is leading on the development of a seminar series for regulators and patient groups on sharing experience and good practice in PPI. The first seminar, on consulting with hard-to-reach people, was held on 22 September 2006. The second seminar, on PPI in the accreditation of education courses and providers, is being planned.

The Society will continue to work with the UK Health and Social Care regulators' PPI Forum to ensure the most effective use of resources. The Society will support the development of a common approach to PPI across the regulatory bodies where appropriate. In time this may lead to joint working on such areas as:

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[19] The website already has a section on PPI

- Public Involvement Networks

- A common policy on expenses and payment to those involved

- Training in PPI.

7.2   Other organisations
The Society will also explore opportunities and mechanisms for joint work with other organisations including other professional bodies and Royal Colleges, Pharmacy Healthlink, Medicines Partnership and Ask About Medicines Week where joint working could also be beneficial.

8.0   A THREE YEAR STRATEGY
The PPI strategy will initially cover a three-year period, with a review towards the end of this time to assess progress and plan subsequent strategies.

9.0   MONITORING AND EVALUATION
The Society will keep the implementation of the PPI strategy under review so that it can learn from experience, and modify its approach to PPI in the light of this experience. It will also share its learning with other organisations and be open to learning from them.

9.1   Ways of monitoring and evaluating PPI in the Society
The methods for monitoring and evaluating PPI in the Society will be worked out in more detail in the first year of the strategy, and this will form part of the proposed role of the PPI lead member of staff (see 6.1.1). It is likely that these activities may include some of the following.

- The identification of medium-term and long-term milestones, with timescales for delivery, would enable the Society to track progress on implementation of the strategy.

- An annual audit of PPI activities would keep track of what had been done and would facilitate cross-directorate learning. It would also provide reassurance to internal and external stakeholders and could serve as an exemplar for other organisations.

- Informed by the audit of PPI activities, an annual review of the strategy would give Council assurances that the strategy was on course. It would also afford an opportunity for fine-tuning in the light of experience, and reflecting the context in which the Society operates and in which PPI is developing in the wider context.

  - An annual report on PPI in the Society would be a tangible outcome of the annual review of the PPI strategy. The report should summarise PPI activities and outcomes, and a summary of this report should form part of the Society's overall annual review.

<u>**Appendix 1**</u>

BACKGROUND INFORMATION

Patient and Public Involvement Lead – Key Responsibilities

1. To advise the Society on PPI methodology and to support the delivery of the Strategy across the organisation, ensuring consistency and facilitating learning across departments.

2. To provide support to the Public Liaison Group, which will be established to operate at the strategic level and assist with the implementation and monitoring of the PPI strategy.

3. To monitor and evaluate the implementation of the PPI Strategy.

4. To develop and maintain a database of public stakeholders to support departments within the Society in their communication and involvement activities.

5. To keep abreast of developments and emerging practice in PPI in all three countries in which the Society has a remit.

6. To develop initiatives and to work collaboratively with other organisations on joint PPI activities.

METHODS OF PATIENT AND PUBLIC INVOLVEMENT

When planning activities to involve patients and the public, the selection of methods should follow on from the definition of the purpose for which involvement is sought. For example, gauging broad public opinion on a broad ethical issue will require a different approach to seeking the views of a smaller group on a specific aspect of practice.

The questions to be asked should be:

__What__ are the key issues on which we seek to involve people?
__Who are the main__ groups affected by/interested in these issues?
__Who else__ may be interested in/affected by these issues?
__How__ can we reach hard to reach groups and avoid just involving the usual people?
__When__ do we need to involve people on these issues? (By a certain date? Ongoing?)

Only then is it possible to answer the next question:

__Which methods__ are most appropriate to address the above questions?

This appendix sets outs very brief information about some possible methods. For further references see the resource list in appendix 3.

The methods listed below are examples of possible methods and should **not** be seen as an exhaustive list.

Method	Possible uses	Comments
Provision of information e.g. leaflets, web-based information	To provide material to inform patients and the public about the Society's work and opportunities for involvement.	An essential foundation for all other aspects of PPI. Patients and the public can play an important role in shaping information and ensuring that it is fit for purpose. Ideally, information should be available in a variety of media, e.g. print, large print, audio, web-based etc. Access to information in Braille and languages other than English/Welsh may be required. Clear information should be given on whom to contact for information by telephone, with provision for text phones for people with hearing impairments.
Surveys, questionnaires and opinion polls – sent by post or electronically, or administered person-to-person	To seek the views of large numbers of people.	Mostly applicable where the priority is to seek answers to fairly simple questions. Useful for yes/no answers and for ranking priorities. Not appropriate for more discursive issues. Useful for getting a broad picture of public opinion on defined questions. Can be hard to get a good response rate. Written questionnaires tend to exclude people with low levels of literacy in the language used.
Citizens' juries – an intensive method of seeking the views of a group of people who share the characteristics of a particular population. The group hears and questions a range of experts and then comes to a decision.	To obtain the views of a cross section of people in detail, based on a detailed examination of evidence.	Can bring about a considered and detailed response, but from a limited number of people. Sometimes criticised if used as an alternative to seeking the views of users with particular knowledge and experience e.g. Black and minority ethnic communities, user groups. Expensive to run due to costs of a trained facilitator and reimbursement for jurors' time and expenses, and cost of experts.
Patient panels/citizens' panels - a large group of people intended to reflect the characteristics of the wider population	To obtain the views of a large number of people.	A resource to be drawn on for a variety of methods. Can participate in a variety of methods e.g. surveys, questionnaires, being invited to events. Can be divided into smaller sub groups where a sub-set of the population is required (e.g. women, a particular age group, people affected by a specific health condition etc)
Deliberative opinion polls – Large number of participants are provided carefully moderated information, and are then polled for their opinions.	To blend the benefits of large scale opinion polling with the provision of evidence as the basis for decision-making.	Can enable participants to consider their positions and move beyond rhetoric. Provides a snapshot of opinion rather than being part of an iterative process. Can be expensive to run. May exclude hard to reach groups.

Focus groups – a small group of people who meet to discuss a set of questions/topics, in-depth.	To explore issues in depth, with the benefit of participants sharing ideas and generating comments by discussing questions together, with a facilitator keeping discussion on track.	Participants are selected/pre-screened to ensure that they are part of the target group whose opinions are sought. Relatively inexpensive, due to small numbers of participants, but costs of participants and facilitator need to be met.
Patient (service user) /liaison groups – a reasonably large standing group of patients/service users for periodic discussion and consultation.	To provide a pool of people who are able to sustain a working relationship with the organisation over a period of time.	Can provide some continuity and a developing dialogue with a group whose understanding of the organisation's business develops over time. Some danger of becoming "insiders" and therefore cannot be relied on to the exclusion of other ways of involving people.
Patient/public involvement on committees – ongoing involvement in a formal committee, indefinitely or for a defined period	To ensure that patient/public opinion is integral to the committee's deliberations	Good practice requires more than a single patient/member of the public to be involved and *at least* two should be involved. Selection of people will usually seek to involve individuals with specific lay expertise or who have effective links with larger groups/organisations of patients or the public. Useful to keep committee focused on lay perspectives. Has implications for conduct of the committee, e.g. avoiding jargon, support for patients/public involved.
Task groups/working groups – convened for a particular purpose e.g. to oversee a project, develop a new approach.	To involve patients and the public in shaping ongoing or developing work.	Significant patient/public involvement can bring in a range of perspectives otherwise unavailable to the Society. Defined time commitment enables people to commit more easily than open-ended timescales. Important to be clear about the scope and remit of group and whether it has decision-making and/or advisory powers, and how different perspectives and differences of opinion will be handled.
Formal consultations – may take place using a variety of methods, including formal invitations to respond to consultation documents	To collate a systematic response to significant proposed changes where the Society needs to take decisions or make changes that have significant consequences and/or change existing practice.	A core list of those to be included in consultation may be set out in legislation and may include professional and lay interests. Formal consultation documents, articles in the Pharmaceutical Journal etc may be augmented by targeted consultation to specific stakeholders, including patients and the public. Formal consultations should come towards the end of a process of involving key stakeholders and should not be seen as an alternative to early involvement before decisions are required.

Appendix 3

USEFUL RESOURCES

Developing a PPI strategy

Kristina Staley and Bec Hanley, 2004, *User and Carer Involvement - How to Develop a Strategy*, LMCA

Rethink, 1997, *How to involve service users and carers – in planning, running and monitoring care services and curriculum development.*

Joint Health and Social Care Regulators Patient and Public Involvement (PPI) Group, 2006, *A PPI Good Practice Handbook for the UK Health Care Regulators*

PPI methods

See the PPI section of the National Electronic Library for Health http://libraries.nelh.nhs.uk/ppi

Office for Public Management and NHS Wales, 2001, *Signposts – A Practical Guide to Public and Patient Involvement in Wales*

Joint Health and Social Care Regulators Patient and Public Involvement (PPI) Group, 2006, *A PPI Good Practice Handbook for the UK Health Care Regulators*

The NHS Resource Centre for Patient and Public Involvement
http://www2.warwick.ac.uk/ppicentre/

Guidance on providing information to patients and the public

The Patient Information Forum   http://www.pifonline.org.uk/

Guidance on expenses and payment to those involved in PPI activity

Department of Health and Care Services Improvement Partnership, August 2006, *Reward and Recognition – the principles and practice of service user payment and reimbursement in health and social care. (Second edition). A guide for service providers, service users and carers.*

Macmillan Cancer Relief, March 2004, *User Involvement – expenses and payments policy.*

Joint Health and Social Care Regulators Patient and Public Involvement (PPI) Group, 2006, *A PPI Good Practice Handbook for the UK Health Care Regulators*

Social Care Institute for Excellence (SCIE) *Contributing on equal terms: service user involvement and the benefits system* October 2005 www.scie.org.uk

Kristina Staley and Bec Hanley, 2004, *User and Carer Involvement - How to Develop a Strategy*, LMCA

VALUES AND OPERATING PRINCIPLES

1. Patient and public involvement is central to the work of the Society and the Society is committed to integrating the involvement of patients and the public into its work.

2. The Society is committed to making information available to patients and the public to enable them to become as involved as they would like to be, in so far as that is consistent with the Society's duties and responsibilities.

3. The Society sees PPI as adding value by enabling the organisation to benefit from the wider perspectives that patients and the public bring to the consideration of issues relevant to the Society's functions. It is also an important way of increasing the knowledge and understanding of patients and the public about its role and activities, thereby building trust based on partnerships with patients and the public.

4. The Society is committed to a broad base for PPI; seeking to hear the views of a wide range of individuals and organisations, ensuring that no individual or organisation limits opportunities for others to be heard. It will avoid tokenism and will work positively to involve those groups that our seldom heard.

5. The Society recognises the importance of involving patients and the public at the earliest possible stages of the process of its consideration of issues

6. The Society will be open and transparent about its PPI strategy and its implementation, being clear and honest about where, and to what extent, opportunities for PPI exist, and where they do not. It will also make the public aware of any justifiable limits to the scope of involvement. It will assume that involving patients and the public will normally be an integral part of its work, unless there is an explicit reason for not doing so.

7. The Society recognises that different individuals and organisations may wish to be involved in a variety of ways and to different extents; it will aim to give a range of opportunities for involvement that reflect those preferences, mindful of the differing resources (time, human resources and financial resources) that are available from patients and their organisations and the wider public.

8. The Society is committed to ensuring that PPI in the Society develops in accordance with the promotion of equal opportunities and a positive attitude to diversity, seeking to include patients and the public who are as diverse as the population served by the pharmacy profession. Diversity should be considered in terms of age, gender, sexuality, ethnicity, health, disability and other life experiences.

9. The Society is committed to providing support, information and training to its Council, National Boards, committee members, staff, and patients and the public to enable them to work together in support of the PPI strategy.

10. The Society is committed to giving feedback to patients and the public on the ways in which their input has been taken into account.

11. The Society is committed to keeping the PPI strategy and its implementation under review, learning from experience and from systematic evaluation of the impact and effectiveness of involving patients and the public, and to sharing knowledge with other regulators, professional bodies and other organisations, as appropriate.

12. The Society is committed to implementing the PPI strategy in England, Scotland and Wales and recognises that the policy context and mechanisms for implementation may vary in the different countries.