



Council
2 February 2021
Patient engagement

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| Classification | Public |
| Purpose | For discussion |
| Issue | Our patient engagement strategy and our future plans to embed the patient voice across all work. |
| Recommendation | To consider and provide feedback on our planned approach to patient engagement in the current context. |
| Financial and resourcing implications | We have proposed an increased budget for patient and public involvement work across 2021-22 which is being funded through cost savings in other areas (see Item 11). This reflects the enhanced focus on patients and our specific objective from our strategic plan 'We will build closer relationships with the public and the profession based on trust and transparency' and the resources required to help deliver this objective. |
| Equality and diversity implications | As we further develop our patient engagement work, we will continue to explore equality and diversity implications and develop further an equality impact assessment. We need to ensure that we retain a fully UK focus and that our thinking is informed by issues specific to all four countries of the UK. |
| Communications implications | None |
| Annex | None |
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Key messages from the paper:

- We are proposing a partnership approach to patient engagement so that the patient voice is embedded across our functions and in the future development of our strategy and governance.
- A partnership model built on the concept of psychologically informed engagement will involve upskilling and supporting patients, understanding their needs and providing feedback on how they have informed change.
- The proposed approach has been informed by feedback from the Policy and Education Committee and consultation with experts in patient engagement.
- For the approach to succeed a range of practical actions will need to be implemented including a formalised induction process and clear principles for engagement.

Background

1. As a statutory regulator it is essential that we put patients at the heart of what we do, and do everything we can to maximise the opportunities patients and the public have to share their views. Without the patient voice, we cannot be clear that we are not making assumptions about what patients want or need.
2. Enhancing our engagement with patients will help to ensure that we meet our core objectives of protecting, promoting and maintaining the health safety and well-being of the public. It also ties into our Strategic Goals for 2019-24, aligns with our updated Communications and Engagement Strategy and will ultimately help us become a more inclusive and transparent organisation.
3. The need for meaningful patient input has been exacerbated by the current healthcare context. As a result of the coronavirus pandemic rapid changes have been made to policy making in health and social care without patient involvement. We must re-include the patient voice in policy and decision-making as osteopathic practice evolves during the coronavirus situation and beyond.
4. In June 2020, the Policy and Education Committee considered our approach to patient engagement. This paper contains helpful background and can be found at: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-june-2020-item-4-patient-engagement-final/?preview=true>.
5. The Committee welcomed the paper, the underpinning principles and our approach and also suggested that diversity was key both in terms of our patient group being representative of society, but also experience of the diversity of osteopathic practice. Also, monitoring and evaluation was an important component of our approach to effective patient engagement.

6. In October 2020, the Policy and Education Committee also considered a wealth of research, inquiry reports and reports from patient organisations published during 2020. This paper can be found at:
<https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/pec-october-2020-item-10-external-inquiries-and-reviews/?preview=true>.
7. The key themes from the paper's summary of the research, inquiries and reports are:
 - a. Key pre-coronavirus messages about the need to listen to patients, the regulatory system as a whole to work together for the benefit of patients, the need to focus on changes to culture to support dialogue, trust empathy and care.
 - b. A pandemic which immediately erased the patient voice as evidenced by patient organisations.
 - c. Changing patient experiences of healthcare more broadly, and implications for osteopathic care, knowledge, skills, education, standards and CPD and how osteopaths engage with other health professionals for the benefit of patients.
 - d. Changing expectations and understanding of touch in the context of the coronavirus pandemic and the changing delivery of osteopathic care, personal, protective equipment etc.
 - e. Taking the patient voice seriously, and that our role as a regulator seriously requires a different and more thoughtful approach.
8. This paper seeks to:
 - Inform the Council about the progress we have made in engaging patients in our work to date as we transition from a traditional, to a more meaningful, co-production and partnership approach.
 - Outline the development of our current thinking, seeing patient involvement as a journey, not an event and supporting consideration about how we can better integrate and develop the patient voice in our work.
 - Elicit feedback from the Council on our thinking and proposed approach.

Discussion

Patient engagement 2016-2018

9. Patient engagement during this period involved listening to patient needs and concerns as well as consulting and informing patients and the public about our work. The majority of the activities were online and included:
 - Employing a range of survey and feedback mechanisms to gather public and patient opinion to identify potential improvements to GOsC policy, services and information and then implementing improvements as required.
 - Establishing a UK-wide Patient Partnership Group which was mainly a virtual group in which we communicated with members via email or post. As a result of the introduction of GDPR in May 2018, we had to recheck consent to contact and at this point, there was a considerable drop off in membership.
 - Promoting [Patient Reported Outcome Measures](#) (PROMs) - a system developed by the National Council for Osteopathic Research which enables osteopaths to collect feedback from patients about the care they have received.

Patient engagement 2019-2020

10. We increased and promoted a greater range of face-to-face events in 2019 and 2020 and sought patient input in key projects ensuring patients had more opportunities to share their views. Some of the activities included:
 - **Policy development workshops:** We held workshops in London and Huddersfield examining how touch is communicated in the context of manual therapy jointly with the General Chiropractic Council and Dr Michael Concannon of the University of Huddersfield.
 - **Patient values:** We completed some initial work developing a suite of tools to support patients and practitioners to make more explicit what is important to them in a consultation. We undertook this work jointly with patients, the General Dental Council and the Collaborating Centre for Values Based Practice. We also subsequently published our work in the Journal of Evaluation in Clinical Practice to disseminate it more widely. (See: <https://onlinelibrary.wiley.com/doi/10.1111/jep.13297>). On this, we have also recently had a case study about patient values chapter published in International Perspectives in Values-Based Mental Health Practice (Stoyanov D, Fulford KWM et al (2021) at: https://link.springer.com/chapter/10.1007/978-3-030-47852-0_45

- **Consultations:** We ensured that both the GOPRE Stakeholder Reference Group and Expert Witness Working Group included fully briefed patient representatives.
- **Planned events for 2020:** We had a series of workshops and consultative events scheduled for 2020. As a result of the COVID-19 outbreak all of our planned face-to-face involvement activity was put on hold or moved online. Informed by feedback from the Policy and Education Committee in June 2020, we have actively sought to enhance the diversity of our patients.

Osteopathic education and patient involvement:

11. In summer/autumn 2019, Dr Stacey Clift, Senior Research and Policy Officer, surveyed all the osteopathic and chiropractic educational institutions and has completed a report summarising the findings and fed this back to the institutions. In summary, whilst there was some evidence of patient and public involvement, across the sectors, there were pockets of good practice to further disseminate for example, in curriculum development. For more information on these findings see: [The Osteopath March/April 2020 issue pp17-19.](#)

COVID-19 focus groups:

12. During summer 2020 we held two online focus groups to explore the impact of the coronavirus pandemic on patient perspectives about osteopathic practice. To increase the diversity of our patient pool, we trialled a range of direct and indirect methods of patient recruitment and in particular, we invested in spending time listening to our patients to help them to understand more about us and our work, and to help them to understand how they can help to meaningfully inform our work.
13. This approach yielded positive results with seven new patient representatives joining our Patient Partnership Group. A further four patients contacted us after the focus groups had taken place to express an interest in participating in future engagement activities.
14. The first focus group took place in early June as lockdown restrictions began to ease. The second was held in late August to gauge how patient views had evolved as the UK moved to a state of 'new normal'. In addition, we conducted one-to-one telephone interviews with patients who did not feel comfortable using video conferencing. A mix of patients from Scotland, London, and the south east of England took part in the online focus groups and calls, ranging in age from mid-thirties to early eighties. Four of the participants regularly attend osteopathic education provider clinics while the majority are either new or returning patients of sole practitioners in private practice.
15. Patient representatives who had not previously engaged with GOsC, received introductory phone calls as well as a trial run with our video conferencing software to ensure they felt informed and confident about participating. The

valuable learning from this experience has helped shape our future plans for best practice patient engagement, in particular the need for a structured onboarding process to create a safe and supportive environment for patients.

Stakeholder consultation:

16. Also, during 2020, we have undertaken extensive engagement with a range of stakeholders to ensure that our patient involvement is informed by a broader experience and expertise of patient involvement in healthcare, including:
- Current GOsC Patient Representatives
 - Patient leaders in healthcare:
 - Jools Symons Patient and Public Involvement Manager University of Leeds School of Medicine
 - Phil Sheridan, Patient Tutor, University of Leeds's School of Medicine,
 - Lived experience practitioners in a range of NHS trusts
 - Anya de Iongh, Patient Editor, British Medical Journal
 - David Gilbert Patient Director, Sussex MSK Partnership (Central) (see: [The Osteopath autumn issue P18-22](#))
 - Health regulators including the NMC, GMC, GOC, GCC, Social Work England, GPhC, and MHRA
 - NHS England and NHS Improvement
 - Patient organisations including Healthwatch, National Voices and the Patients Association
17. As a result of our outreach activity we are now participating in a range of external groups including:
- Joint regulators' Patient and Public Engagement and Involvement Group
 - NHS England Arm's Length Bodies People and Communities Forum
 - National Public Engagement Practitioners Network

Patient engagement 2021 onwards

18. Listening to our patients and discussions with stakeholders have been invaluable and have provided the opportunity for extensive learning. In particular: the consistent message from patient engagement experts and patient leaders is that it is imperative that **our work in this area must be person-centred and built on the concept of psychologically informed engagement**. In building relationships with patients, **we must recognise the vulnerability of patients and their need for safety and acknowledgement of their psychological and emotional needs**.
19. Translating this into practical actions includes:
- the need for clear principles for engagement so that expectations of patients and other parties are explicit
 - a formalised recruitment and induction process so that we articulate clearly how we support patients to participate fully and how we can

ensure that we give them the knowledge and skills that they need to undertake the various roles

- explicit remuneration and travel policies
- a dedicated contact for patients and provision of ongoing support so that they can build relationships with individuals rather than a 'faceless' organisation.

Proposed model of engagement:

20. We are developing a partnership model of engagement to include voices of people with lived experience in our decision-making at the earliest stages and that participation activities are embedded in our programmes of work, with sufficient time to plan and deliver robust participation approaches.
21. We believe that a co-production model in which patients are equal partners in design and delivery will allow for the most meaningful engagement. We are committed to upskilling patients and understanding their needs and motivations. For us it is not simply about seeking patient views and remunerating them for their contribution. For patient engagement to work successfully, we believe patients should gain additional knowledge and skills that they can use in other areas of their life, particularly when communicating with health professionals. Additionally, we want to ensure that patients receive feedback on how their participation has informed change or the development of a particular initiative.
22. Our aim is that by implementing a model of engagement in which the patient voice is at the heart of what we do, we can effectively:
 - Identify and address knowledge gaps and concerns/expectations of patients and the public.
 - Assess GOsC policy development and processes at the outset to ascertain patient involvement requirements.
 - Promote among practitioners and CPD providers, an enhanced appreciation of patient-centred care and the patient journey through care in partnership with a range of health professionals.
 - Inform education training about patient involvement within the osteopathic education settings.

Next steps

Desired outcomes:

23. It is important for us to specify our desired outcomes so that we can begin to explore mechanisms for evaluation to inform our progress in this important area. We have begun to define our outcomes both at operational and strategic levels for the purposes of informing our work over the next year.
 - a. **Exercise of our functions:** To work towards a visible and meaningful patient voice in our educational policies, standards, continuing professional

development, fitness to practise and registration functions and in our implementation and evaluation.

- b. **Strategic co-production:** To work towards a visible and meaningful patient voice in the future development of our strategy and governance.
24. This is an ambitious agenda and we do not underestimate the challenges in committing to and achieving these goals in a way that goes to the heart of how we work, how we think and our whole approach to our policy, operational, governance and strategic work. However, we are able to articulate practical, small steps and phases which help us to step along the path in what we hope will be a meaningful and evidence informed way.
 25. For ongoing work, we will continue a bespoke and personal approach for patients. This will involve ensuring that prior to asking our patients to complete a task, (for example, commenting on our communications and engagement strategy, commenting on our Guidance for Osteopathic Pre-registration work, commenting on our COVID-19 statements, our immediate consultations etc...) we will ensure that patients are clear about:
 - an overview of what we are doing and why we are doing it
 - a clear explanation of what we would like our patients to do
 - a discussion with patients to ensure that the objectives are agreed
 - agreed timelines
 - agreed remuneration (and any other relevant resources)
 - access to dedicated and named support during the process
 - space at the end of the engagement so that we can hear from patients both in terms of their feedback on the specific project but also so that patients can inform other relevant or related work and our services and support moving forward.
 26. However, we will also implement a more structured and professional approach during the year in the following phases:
 - a. **Pre-recruitment:** In early 2021, our focus will be on establishing a formal framework for patient engagement producing a range of guidance and policies to support patient engagement within the organisation. As a result of our consultation process, patient engagement experts have shared their tried and tested templates which we can adapt to suit our needs. This will include:
 - Rules of engagement agreement outlining what patients can expect and what organisations can expect from patients
 - Remuneration and travel policy
 - GDPR and privacy notices
 - Training and induction programme materials.

- b. **Recruitment:** As a result of our successful recruitment strategy for the COVID-19 focus groups, we plan to replicate that multi-pronged UK-wide approach. We will use the bespoke GOsC patient engagement branding that Immediate Media produced in late 2019, across all of our recruitment channels to ensure visual consistency. We will work with our current Patient Representatives to make sure that our communications are digitally inclusive, use accessible language, have been considered from an Equality, Diversity and Inclusion perspective, so that ultimately, we are using the right message and channel for patients.
- c. **Induction and training:** At present we are devising a plan for formal induction that will include:
- Training in the work of the GOsC – what we do, how we do it and why we do it
 - Training in the wider context of the allied health professional in the NHS
 - Training in broad areas including confidentiality, equality and diversity, and influencing others
 - And particularly for both face-to-face and online meetings and events, training about how to ask questions, probe assumptions, build on points, avoid bias, draw on evidence to enhance influencing skills and so that our patients build on broader skills that may be useful in other contexts.
- d. **Involving staff:** We have learned from our stakeholder consultation that in order for patient engagement to be successful, there must be shared understanding and principles across the whole organisation. Often this requires cultural change, to overcome any barriers experts have recommended that staff are involved in patient involvement at the earliest stage possible. This ensures that staff understand the rationale of our patient engagement strategy. When planning activities that need patient involvement staff have time to consider what role the patient might play, what the patient needs might be (training, accessibility requirements) and how engagement can be reciprocal.
- e. **Communication and engagement, feedback and evaluation:** Alongside these workstreams, will be the importance of ongoing communications to make sure that patients have the opportunity to be informed about the impact of their work on what we do, to listen to patients to get their feedback about what they have done and how it might impact on other aspects of what we do. This will help to inform an evaluation report at the end of the business year which will use this feedback to demonstrate what progress has been made towards our desired outcomes as outlined earlier in the paper. We expect the evaluation to be informed by qualitative feedback but hopefully also an anonymous survey to compare views at the start of the business year and at the end of the business year.

27. There are different ways to involve the patient voice in the development of our future strategy and approach to governance. We do this now through surveys and input to our policy development. But we do not have the patient voice integrated and embedded as part of our discourse or governance structures. An analogy might be a multi-disciplinary team meeting where expert clinicians discuss a patient's condition and treatment options with the patient voice being translated via a clinician rather than the patient being given a role at that meeting. Ways that we might meaningfully embed the patient voice in our governance structures could include some of the following:
- The HCPC apprentice Council member approach (<https://www.hcpc-uk.org/about-us/work-for-us/become-a-council-or-committee-member/council-apprentice-appointment>) but offer this as an opportunity to prospective patient leaders to both learn about how GOsC work, how Council members work and think, influencing and board member skills.
 - Including more specific induction and training for patients who express a wish to become more involved in governance

Conclusion

28. We recognise that patients will want to be involved at different levels of our work from completing a survey to becoming involved in governance structures at the GOsC. There is value to each of each mode of engagement however, our overarching aim is to create a clear pathway to engagement that will enable patients to progress and gain skills and knowledge.
29. Patient involvement is a journey, there is a need to build trust and safe spaces so that patients who engage with us feel confident, listened to and can see the impact their voice is having on osteopathic regulation. This will take time, but we believe that it is not just beneficial to take this approach, but essential, as we arguably cannot meet our charitable objectives without the patient voice.
30. Finally, we recognise that the importance of public and wider patient engagement is important and we will also ensure that we repeat our regular and ongoing omnibus type surveys so that keep the widest possible sources of data feeding into our work and ensure that our patient views inform our publicly accessible information and our website.

Recommendation: To consider and provide feedback on our approach to patient engagement in the current context.