

**Council**  
**2 February 2023**  
**Patient engagement evaluation**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	A progress report on our patient engagement activity, considerations from PEC on a Patient Council Associate Programme and an outline of current patient engagement priorities.
<b>Recommendation</b>	<ol style="list-style-type: none"> <li>1. To consider and provide feedback on discussions had thus far regarding how we can ensure the patient voice is embedded at governance level.</li> <li>2. To note the progress that has been made in developing our patient engagement strategy.</li> <li>3. To note our patient engagement activity from February 2022-23.</li> </ol>
<b>Financial and resourcing implications</b>	We have a budget of £13K for patient and public involvement work across 2022-23.
<b>Equality and diversity implications</b>	To ensure as many patients and members of the public can participate in our activities we always ask for their preferred method of engagement and to let us know any adjustments they might require (additional breaks, resources in alternative formats). Support is provided before, during and after every activity. As part of the ongoing implementation and evaluation will continue to review and seek feedback about the accessibility of resources as part of our Equality Impact Assessment.
<b>Communications implications</b>	Communications aspects, particularly in relation to public and patient perceptions surveys are set out in the paper.
<b>Annex</b>	None



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## Key messages from this paper

- Our patient engagement strategy has become further embedded in the work of the GOsC and is evolving into business as usual with the patient voice shaping policy, guidance, resources, communications approaches and future work plans.
- Our Patient Involvement Forum continues to grow with 33 members as of January 2023. We have made inroads with Welsh patients thanks to support from the Institute of Osteopathy and anticipate greater engagement from patients in Wales in 2023.
- In October 2022, the Policy and Education Committee considered proposals regarding the creation of a Patient Council Associate programme. We are continuing to scope out how we can embed the patient voice at governance level. We will go back to PEC for further consideration.
- Patients were heavily involved in the ongoing values project, helping to co-design implementation and dissemination plans for the shared decision-making resources.
- In November 2022, a member of the Patient Involvement Forum sat on an interview panel alongside GOsC staff to select a researcher to evaluate the shared decision making resources.
- We are also exploring a future collaborative project with the Health and Care Professions Council to raise awareness of the shared decision making resources among patients and other health professionals.
- Our next Patient and Public Perceptions Survey is due to be completed by March 2023, findings will be shared with PEC and then with Council in May 2023. The majority of questions remain the same for comparability with the 2018 survey and we have added three additional questions on: impact of NHS waiting lists; impact COVID-19 has had on the public's expectations of infection control measures; and motivators for the public to seek osteopathic treatment instead of treatment from other health/medical professionals.
- We continue to raise the profile of our patient engagement work among other health regulators, with patient organisations, and across the health sector as a whole.
- Future projects include a GOsC website accessibility review, evaluation of the shared decision making resources, consultations on Fitness to Practise Publication Policy and Quality Assurance policies, and a patient engagement in education workshop with Council of Osteopathic Educational Institutions.

## Background

### *A. Patient engagement strategy evaluation: February 2022-January 2023*

1. In February 2022, Council reflected on the progress which had been made in implementing our revitalised patient engagement strategy. Council noted our progress and were supportive of our future plans. The paper is available here: [February 2022 Council paper](#).
2. This paper provides an overview of our progress on embedding the patient voice in the work of the organisation since February 2022. Council is invited to note the progress of the patient involvement activity to date.

### *B. Patient Council Associate Programme*

3. In October 2022, the Policy and Education Committee considered proposals regarding the creation of a Patient Council Associate programme. This paper contains helpful background and can be found at: [October 2022 PEC paper](#).
4. In summary the Chair noted that the Committee is supportive of the proposal and wants a strong patient voice that will contribute to the GOsC discourse. The question is what the proposal will look like, and which points are more persuasive and why.
5. We intend to reflect on the points raised by PEC and will continue to scope out options which we will bring back to PEC for further consideration. To inform considerations we are keen to seek Council's views around ensuring the patient voice is embedded at governance level.

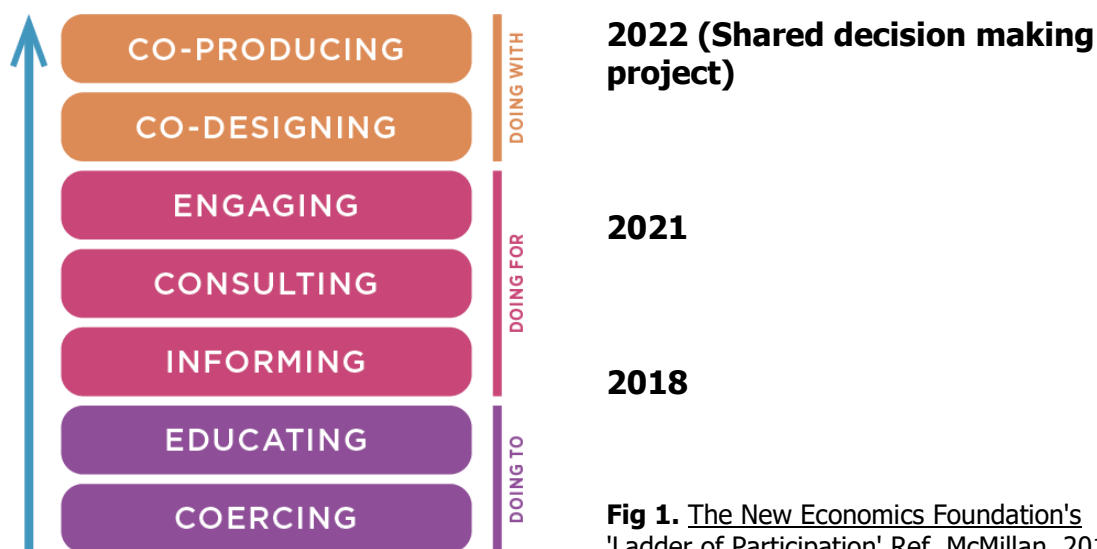
### *C. Update on patient engagement activity: February 2022-January 2023*

6. In February 2022, Council received an update paper about our patient engagement activities. This paper provides an update about activities and impact since then as well as an overview of current priorities.

## Discussion

### *Patient engagement strategy evaluation: February 2022-January 2023*

7. Following on from the February 2022 Council paper we thought it would be useful to continue to reference the New Economics Foundation's 'Ladder of Participation' (Fig 1.) to evaluate how our patient engagement activity has evolved in 2022.



8. In 2022 for the first time, we reached the gold standard of co-designing and co-producing with representatives from our Patient Involvement Forum, a year ahead of schedule. From the outset of the current phase of the shared decision making project, patients helped us co-design and co-produce the overall approach to implementation and dissemination. Rather than consult with patients on a fully formed implementation plan we conducted several focus groups with patients at the outset. They drove the creation of the plan sharing ideas on how they thought we should disseminate the resources, what improvements we needed to make to the resources, the stakeholders we should engage with, the channels we should use and the equality, diversity and inclusion issues we should consider.
9. The patient voice was also embedded from the outset in the evaluation strand of the shared decision making project. A member of the Patient Involvement Forum sat on an interview panel alongside members of the Professional Standards team which selected a researcher to evaluate the effectiveness of the resources.
10. What has become clear this year, however, is that patient engagement is a continuum. We aspire to the gold standard of co-production and will continue to do so. It's important to note however that offering patients a variety of ways to engage with us is also essential. Patients have told us they want to be involved at different levels on the ladder depending on their capacity at the time and their knowledge of the topic.
11. We will therefore continue to present patients with a range of mechanisms to share their perspectives, from short online surveys to working in partnership with them on larger scale projects aiming at co-production. What is essential is that regardless of the engagement approach, we will seek their input at the earliest

possible opportunity and ensure we take a psychologically informed approach dedicated to understanding patient needs and creating safe spaces.

*Patient Involvement Forum update*

12. The Patient Involvement Forum now has 33 members. Membership of the forum has increased with word of mouth proving the most successful avenue for recruitment. Patients who have had positive experiences engaging with us have shared those experiences with friends and colleagues who have then reached out to us asking to join the forum.
13. Patient referrals from osteopaths have also been highly effective. When we engage directly with osteopaths we take the opportunity to talk about the Patient Involvement Forum and the impact patients have had on our work. In turn those osteopaths who've heard us speak about patient engagement have encouraged their patients to join the forum. In addition, members of the forum have shared their positive experience of participating in GOsC activities with their osteopaths which has encouraged osteopaths to highlight the forum to additional patients.
14. The membership of the forum has become increasingly diverse with patients having a range of protected characteristics including age, disability, race, religion and sexual orientation. Expertise on the forum has also diversified with patients and members of the public from a range of backgrounds now involved including members who have knowledge about fitness to practise processes, others who are retired health professionals, some who are carers for elderly parents or disabled children, as well as members who are neurodiverse. This in turn has encouraged us to think about resources, policies and guidance we produce from a greater EDI perspective. For example, embedding captions in videos we produce has become a standardised procedure thanks to patient feedback.
15. As the forum continues to grow, we will reflect on the resource required to balance our personalised engagement with patients against the need to communicate effectively with larger numbers of people. An option we will explore is how to use the GOsC Patient Involvement Forum webpage to showcase the work of the forum, help current members learn more about what we do and let them know about upcoming opportunities. We will also explore mechanisms for fostering a sense of community among the forum for example, an ebuletin for members.
16. The Patient Involvement Forum policies will also be reviewed as they were created in early 2021 and our work has evolved significantly since these policies were originally drafted. Patients will be consulted on the policies and their input sought on whether the policies are fit for purpose as is or require amendment.

### *Patient Council Associate proposal*

17. 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 and need.
18. As referenced in the section above, we have steadily increased our levels of patient engagement through our Patient Involvement Forum. However, there is more work to do to enhance the patient voice as part of our strategic development and decision making which is a necessary part of our aspiration of co-production and partnership. Ultimately valuing patient experience and the patient voice as part of our Council would enable GOsC to fulfil our ambition and our duty to put patients at the heart of what we do.
19. Taking a first step with a Patient Council Associate programme - an approach that would encapsulate similar elements of the Council Associate programme - could support us to understand how best to do this. A Patient Council Associate could help us to reflect further about how we put patients first, in the same way that we expect osteopaths to do in a partnership model rather than a paternalistic model.

### **Policy and Education Committee consideration of proposal**

20. In October 2022, the Policy and Education Committee considered the proposals regarding a Patient Council Associate programme. As referred to in the [October PEC paper](#), the potential benefits to GOsC and patients of creating a patient council associate role were outlined and discussed. These include a Patient Council Associate could help:
  - a. identify and address knowledge gaps and concerns/expectations of patients and the public.
  - b. assess policy development and processes at the outset to ascertain patient priorities and involvement requirements.
  - c. promote among the profession an enhanced appreciation of patient-centred care and the patient journey through care in partnership with a range of health professionals.
  - d. demonstrate that we are committed to valuing the patient voice/perspective as an equal partner modelling this approach for all our stakeholders.
  - e. consider how we better reflect the patient voice (as we do the osteopath voice) in our governance structure and recruitment in the future.
  - f. contribute to us becoming a more inclusive and transparent organisation.
  - g. proactively increase the diversity of Council.

21. Points of discussion at the October PEC meeting included:

- a. the type of patient that might be considered for an associate position with GOsC and that reliability needed to be considered.
- b. the idea of Patient Associates was only in an exploratory phase and the idea put forward for the Committee's consideration.
- c. whether an Associate model was the correct approach, and whether perhaps a patient panel might be a way forward.
- d. how partnerships with community, faith and cultural groups might also be considered as the proposals develop.

22. In summary the Chair noted the Committee is supportive of the proposal and wants a strong patient voice that will contribute to the GOsC discourse. The question is what the proposal will look like, and which points are more persuasive and why. It was agreed that the Committee's feedback would be considered in the further development of the Patient Associate role/s and approach to be taken in the development of a process for selection, recruitment, and appointment. We intend to reflect on the points raised by PEC we will continue to scope out options which we will bring back to PEC for further consideration.

### **Consideration and feedback**

23. In order to inform our considerations which will go back to PEC for further review, we are keen to seek Council's views around ensuring the patient voice is embedded at governance level, which may take the form of a Patient Associate, a patient panel or another mechanism.

*Update on patient engagement activity (February 2022-January 2023)*

### **Standards for Education and Training and Outcomes for Graduates consultation**

24. In February 2022, patient members of the GOPRE Stakeholder Reference Group helped us to consider the outcomes of the consultation on the Guidance for Pre-registration Education and Standards for Education and Training. Patient feedback was overwhelmingly positive not just on the updated content but on the way the consultation was conducted, ensuring all voices were heard equally.

### **Consultations on adjunctive therapy guidance and questioning witnesses practice note**

25. Members of the Patient Involvement Forum helped us to gain meaningful patient insight by providing detailed responses to consultations on the adjunctive therapy guidance and the questioning witnesses practice note.



### **Shared decision making project: Focus groups with patients**

26. In July 2022, we hosted a series of focus groups with patients to discuss how we should implement and evaluate the values resources. There was universal support for the resources. The majority of patients, they hadn't seen resources like those we have created, and all participants said they would recommend them to their family and friends.
27. The lively and positive discussions heavily shaped our thinking particularly regards implementing the resources and in particular our communications campaign. In addition, some of the feedback we received enabled us to improve the resources before we began promoting them. For example, we changed the name of the Patient CV to Patient History as patients didn't think CV was the right terminology in a health context. We edited the animation so that it includes subtitles, and we are offering the patient leaflet in a larger font and Welsh version as requested by patients. The revised resources are available to download in editable format via a [dedicated webpage](#) on our website and we promote their use via all of our communications channels.
28. Patients also received a copy of our draft specification to recruit a researcher to evaluate the resources. Their feedback centred on how the researcher(s) could recruit patients for the evaluation and engage with them effectively. For example, making sure appropriate budget is set aside to incentivise feedback, having a single point of contact, setting patients a task before and after any discussions with researchers as well as suggestions on how GOsC can use sections of the website to encourage patients to pilot the resources.

### **Council Strategy Day**

29. In September 2022, Hameed Khan, a member of the Patient Involvement Forum, spoke at the meeting sharing his experience of patient engagement, his insights as a carer, and why it's essential for patients' voices to be heard at all levels in healthcare.

### **Annual Scottish Regulation Conference**

30. On 24 October, the Chief Executive and Registrar chaired a session on 'Patient impact and engagement' at the Annual Regulatory Event for Health and Social Care Professions in Edinburgh. He was joined by Nick Jones - Chief Executive and Registrar, General Chiropractic Council and Dr Joanne Rewcastle - Associate Director for Communications and Engagement, General Dental Council.
31. He had the opportunity to talk about our patient engagement activities and how our learning has shaped osteopathic regulation and advanced our strategic objectives. Attendees were very engaged and particularly interested in recruitment, EDI issues and involving patients at a strategic level.

### **Shared decision making project: Values workshop**

32. On Wednesday 2 November 2022 we co-hosted a shared decision making workshop at St Catherine's College, Oxford University with Professor Bill Fulford and Professor Ashok Handa who fully funded the workshop. A recording of the workshop will be shared among attendees and more widely with the profession via the GOSC ebulletin.
33. The aim of the event was to raise awareness of shared decision making and how the resources could foster communications between patients and practitioners enabling them to articulate what is important to them both in appointments.
34. The workshop was chaired by Richard Huxtable, Professor of Medical Ethics and Law, Bristol Medical School (PHS). Speakers included Debra Dulake, a patient who spoke passionately about her experience of shared decision making, Rachel Power, Chief Executive of the Patients Association, Simeon London, an osteopath member of Council, as well as Professor Ashok Handa and members of the Professional Standards team.
35. We trialled a hybrid model for the workshop, with the morning session face-to-face and online via MS Teams. The afternoon session was solely face-to-face. In person places were fully funded by the Collaborating Centre for Values Based Practice.
36. There were more than 20 in-person stakeholders at the workshop who included representatives from osteopathic education, osteopathic research, health regulation, a regional group lead, several patients and osteopaths. Online participants numbered 70 and included a diverse range of stakeholders with the majority coming from an osteopathic and patient background. Other stakeholders included representatives from patient organisations such as Healthwatch, and health regulation organisations including NICE and the PSA.

### **PEC Development Day**

37. In November 2022, we surveyed several members of the forum who have experience of osteopathic treatment in OEI clinics to help inform the agenda for the Development Day, which due to unforeseen events was unfortunately cancelled, but which will be rearranged for a later date.

### *Current priorities*

38. This year we will continue to embed the patient voice across all of our work and have a series of upcoming projects scheduled. Our current priorities are outlined below.

## Patient and Public Perceptions Survey

39. We commission a patient perceptions tracker survey every four to five years. The last patient perceptions tracker was undertaken in 2018. We have commissioned our next patient and public perceptions tracker to be completed by March 2023. We have used findings from our Patient Involvement Forum to inform our questions and to ensure we cover key current issues they have highlighted to us, such as the extent to which patient's feel their voice is heard by their practitioner and the impact of COVID-19 on patient's expectations of infection control measures. We will also continue to use the majority of existing questions in order to ensure comparability with the previous survey and to track our insight across the previous surveys.
40. Questions will therefore focus on the following issues:
  - a. Trust in osteopathy in comparison to other healthcare professions
  - b. Contributors to confidence in healthcare professions
  - c. Awareness of osteopathy regulation
  - d. Understanding of role of GOsC in osteopathy
  - e. Barriers to raising a concern about treatment/osteopath
  - f. Contributors to confidence in and decisions to try osteopathy
  - g. Information expected before an osteopathy appointment
  - h. Experience of osteopathy, especially in relation to:
    - i. Active listening
    - ii. Communication
    - iii. Meeting the patient's needs
    - iv. Shared decision-making
    - v. Feeling at ease
  - i. Contributors to positive experience of osteopathy
  - j. The impact of COVID-19 on patient expectations of infection control measures
  - k. Reasons for seeking treatment from osteopath instead of other health/medical professional
41. We will aim to recruit 1,000 members of the public and 500 patients to answer our survey. This mirrors the approach taken in 2018. We have recruited YouGov to carry out the survey for us as we did in 2018 with positive results. The survey will be designed to take ideally no more than 12 minutes to respond to encourage high response rates.

42. The expected timeline is (subject to agreement with the supplier/their advice):

<b>Date</b>	<b>Activity</b>
December 2022/January 2023	Commission activity
January/February 2023	Survey undertaken
End of February 2023	Analysis report received
March 2023	Consideration by Policy and Education Committee
May 2023	Publication by Council

### **Evaluation of shared decision making resources**

43. In 2023 a researcher will undertake an evaluation to explore whether the resources helped to facilitate a successful appointment between patients and osteopaths with 'successful' being defined by that patient. Once that project has been finalised and gets underway we will provide Council with an update in spring regards progress of this workstream.

### **Collaboration with other health regulators**

44. **HCPC:** Kim Tolley, Professional Liaison Consultant attended the workshop we hosted in Oxford on 2 Nov and subsequently reached out to GOsC to explore the possibility of a joint project on shared decision making. A joint GOsC/HCPC workshop has been scheduled for 22 February 2023 to discuss options for promoting the shared decision making resources more widely to patients and other health professionals.

45. **GMC:** Following on from the session at the Annual Scottish Regulation Conference in Edinburgh, Nicola Cotter, Head of GMC Scotland has reached out to the Chief Executive and Registrar. GMC Scotland would like to better understand the journey GOsC has been on with our patient engagement strategy and to identify any shared learning.

46. **Joint regulators public involvement and engagement group:** This group which encompasses all health regulators continues to meet bimonthly to share best practice and discuss common challenges.

### **GOsC website: review of patient-facing content**

47. We are embarking on a project to review the user journey for patients and participants visiting our public website regards how they raise a concern and what to expect during hearings.

48. We intend to involve patients from the outset to better understand their needs and to ensure we don't make assumptions about how easy or difficult information is to find or to understand.

### **Patient and public involvement in osteopathic education**

49. In 2023 a workshop is scheduled with COEI to share findings of a thematic review of PPI activity in Osteopathic education to help educators identify enablers are to embedding the patient further in their work.
50. We intend to work with providers to share good practice and elicit what support they might need for example, resources or guidance. Ultimately, we intend that this project will help inform the GOPRE and SET in relation to PPI in osteopathic education

### **Upcoming consultations**

51. There are two consultations on Fitness to Practise Publication Policy and Quality Assurance policies confirmed for 2023. We will work with parties leading on the consultations to ensure patient engagement in the consultations at the earliest stage.

### **Recommendation:**

1. To consider and provide feedback on discussions had thus far regarding how we can ensure the patient voice is embedded at governance level.
2. To note the progress that has been made in developing our patient engagement strategy.
3. To note our patient engagement activity from February 2022-23.