Policy and Education Committee
10 June 2020
Patient engagement

Classification	Public
Purpose	For discussion
Issue	Our approach to patient and public engagement
Recommendation	To consider and provide feedback on our approach to patient engagement in the current context.
Financial and resourcing implications	The majority of this work is being undertaken in-house but we have a budget of £3000 for co-production work.
Equality and diversity implications	As we further develop our co-production work, we will continue to explore equality and diversity implications and develop further an equality impact assessment.
Communications implications	None
Annexes	A - Seven Benefits of Patients and Carers as Partners for Change (David Gilbert) B - Examples of the patient engagement creative and recruitment
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Background

1. Section 1 of the Osteopaths Act 1993 provides that: 'There shall be a body corporate to be known as the General Osteopathic Council (referred to in this Act as "the General Council").

   (3A) The over-arching objective of the General Council in exercising its functions is the protection of the public.

   (3B) The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives —

   (a) to protect, promote and maintain the health, safety and well-being of the public;
   (b) to promote and maintain public confidence in the profession of osteopathy; and
   (c) to promote and maintain proper professional standards and conduct for members of that profession.

2. It is hoped that this paper will provide important context for the work of Council in undertaking its statutory duty to protect, promote and maintain the health, safety and well-being of the public.

3. This paper seeks to:

   - inform the Policy Education Committee (the Committee) about the progress we have made in engaging patients and the public in our work.

   - 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.

   - consider the inadvertent (but perhaps inevitable) erasure of the patient voice in health policy decision-making in the context of the coronavirus more generally and the osteopathic sector in particular. As well as considering the importance of re-including the patient voice in policy and decision-making as osteopathic practice evolves during the coronavirus situation and how best to do this.

   - elicit feedback from the Committee on our proposed patient engagement strategy.

Discussion

4. A major priority for the GOsC is to ensure that patient and public opinion is at the heart of policy development and that their needs and preferences are well understood by all who provide patient care. Our engagement strategy has historically been one which involved informing patients and the public about our work and seeking their feedback on relevant topics, for example on guidance we have drafted. However, we are in the process of developing a co-production and co-design model of engagement focused on face-to-face engagement, investing in patient leaders, ultimately working in partnership with patients, doing with and not for, or to, patients.

Patient engagement 2016-2018

5. The approach to patient engagement involved listening to patient needs and concerns as well as consulting and informing patients and the public about our work. Some of the activities undertaken include:

   - Employing a range of online 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 public and patient 'polling panel' – comprising members of public and osteopathic patients to gather input to inform GOsC policy development and communications. The Patient and Public 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, we had to recheck consent to contact and at this point, there was a considerable drop off in membership. In addition, recruitment for the group proved an ongoing challenge.

   - Promoting Patient Reported Outcome Measures (PROMs) – a method developed by the National Council of Osteopathic Research which enables osteopaths to collect feedback from patients about the care they have received. Osteopaths who take part in PROMs and who reflect on the patient feedback they receive can use this to meet the 'objective activity' requirement of the CPD scheme.

Patient engagement 2019-2020

6. Policy development workshops: We increased and promoted a greater range of face-to-face events in 2019 ensuring patients had more opportunities to share their views. 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. All participants appreciated the opportunity to hear how patients experienced touch, demonstrating the importance of not losing the therapeutic benefits of

touch.

7. Patient values: During 2019, 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 have presented this to the Scottish Government Regulatory conference (2018), the European Society of Person Centred Care (2019) and the Professional Standards Authority Research Conference (2019). 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).

8. Osteopathic Education and Patient Involvement: The GOsC and the osteopathic education providers began the process of exploring the extent to which patients could contribute to and were involved in pre-registration education of osteopaths in the UK. To help understand the current situation, Dr Stacey Clift, GOsC Senior Research and Policy Officer, initiated a survey, which ran from 14 May 2019 to 2 September 2019, that all 9 osteopathic educational providers took part in. At the same time, we also undertook a survey with the four chiropractic educational institutions, to enrich our learning about the benefits and challenges that patient involvement can present for both these professions. The purpose of the survey was to look across the osteopathic sector and find out more about:

   - patient involvement in teaching clinics
   - patient involvement in curricular and governance structures
   - patient feedback mechanisms used in education
   - enhancements and challenges in involving patients in education.

9. The findings are due to be published following a dissemination event with the osteopathic and chiropractic institutions later in the year, but emerging headlines include the following:

   - Patients contribute to clinical education in a variety of ways across both the osteopathic and chiropractic professions.
   - Most institutions have a functioning patient panel.
   - More involvement of patients in assessment or assessment design.
   - A range of mechanisms used to seek patient feedback about the care received.
   - Limited involvement of patients in curriculum development.
   - Limited involvement of patients in governance structures.
   - Limited involvement of patients in recruitment of applicants.
   - Patients were not involved in contributing to the development of resources used in clinical education.
   - For more information on these findings see: The Osteopath March/April 2020 issue pp17-19.

Current thinking: 2020 and beyond

10. Moving forward we want to work in partnership with patients to make sure that we put patients at the heart of what we do, and to do everything we can to maximise the opportunities they have to share their views. Taking this approach will help ensure that we meet our core objectives of protecting, promoting and maintaining the health safety and well-being of the public as well as improve our guidance for patients and the public, ensuring we are providing all the information they need.

11. We are in the early stages of developing a co-production and co-design model of engagement across all our work and that of the sector as a whole. We want to ensure that the voices of people with lived experience are included in 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.

12. We believe this approach will enable patients to:
    - use their unique insights and experience to help others learn and to enhance patient safety and patient care.
    - gain enhance additional knowledge and enhance skills in relation to communicating with health professionals, participating in working groups, and in influencing and communicating.
    - receive feedback on how their participation has informed change or the development of a particular initiative.

13. This approach is underpinned by our desire to:
    - 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.

14. Our thinking has been shaped by discussions with David Gilbert, Patient Director for Sussex MSK Partnership, who is a pioneer in the concept of patient leaders and the author of 'The Patient Revolution – How can we heal the healthcare system'. In his work he highlights the following as some of the many benefits of involving patient leaders in healthcare:

    - Richer insight
    - Potential solutions
    - Changing relationships
    - Individual benefits (patients and health professionals)
    - Better quality decisions

- Changing practice

For more information on the Seven Benefits of Patients and Carers as Partners for Change see: Annex A.

15. We currently have a small number of engaged and informed patients, and we need more so that we are patient focused and not just thinking that we are patient focused. Our plan is to recruit and invest in patient leaders, offering training and support to build a pool of engaged patients. We intend do to this by:
    - Empowering patients and the public to be able to participate confidently in our work for example, through participation in consultations, focus groups and Committee or Board meetings by offering training in knowledge and skills, for example:
        - 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.
        - 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.

Patient recruitment: direct and indirect

16. We have already begun to take steps to increase the diversity of our patient pool, trialling direct and indirect methods of patient recruitment, promoting among registrants, education providers and other osteopathic stakeholder organisations the value of patient involvement and asking them to support our recruitment.

17. We are working to recruit patients via referrals from osteopaths utilising influential/highly engaged osteopaths such as regional leads in osteopathic CPD groups. We commissioned Immediate Media to produce a creative that we could use for The Osteopath magazine, marketing materials such as flyers and posters for osteopaths to promote in their practice, as well as use in our digital channels. For examples of the marketing materials see: Annex B. We also published a patient engagement edition of The Osteopath magazine 'Understanding the patient perspective' exploring the benefits of patient engagement with regulation to support this recruitment and to enhance understanding of the benefits of a wider approach to patient engagement (see: The Osteopath January/February 2020 issue).

18. We have worked with other experts to ensure that our patient involvement is informed by a broader experience of patient involvement in healthcare and to use their channels for recruitment. For example, we engaged with Healthwatch

Southwark to explain the role of the GOsC, highlight that we were based in the borough, and that osteopathic educational institution's clinics were heavily represented and used by patients from the area.

19. We adapted our branded recruitment materials and designed posters that explained the role of the GOsC and why we wanted to engage with osteopathic patients locally, which we then circulated among businesses, restaurants and cafes in the Southwark area.

20. However, it is fair to say that it has been difficult for us to recruit new osteopathic patients despite these differing approaches that we have not tried before.

21. Nevertheless, we are continuing to attempt to recruit patients through osteopaths and osteopathic educational institutions.

Planned events 2020

22. The following events had been planned for this year:

    - A follow up workshop to the adjunctive therapies workshop which was held in March 2019. It will include discussions about safety, management of risk and patient autonomy.
    - Patient and public involvement in osteopathy workshop, which will focus on providing space to explore in a broad sense the implications of the coronavirus as well as specific feedback, for example,
    - A joint workshop with General Chiropractic Council and education providers to share the findings of the 2019 report into public and patient involvement in osteopathic and chiropractic educational institutions. The workshop will explore the results of the 2019 survey and enable the education providers to share their experiences and to learn from each other and facilitate good practice in public and patient involvement in a variety of areas.
    - Ongoing consultations for example, consultations on Professional Indemnity Insurance, Guidance for Osteopathic Pre-registration Education and Standards for Education (and involvement in Quality Assurance) are planned for late 2020/early 2021.

Patient engagement in the context of COVID 19

23. As a result of the COVID-19 outbreak all of our planned face-to-face involvement activity has been put on hold until later in the year as we develop our plans for keeping patients and others safe in the context of the coronavirus. Despite the current rapidly changing context for health, we are strongly committed to patient and public involvement. We have also noted that the need for the patient voice in the wider health context is stronger than ever. Rapid changes have been made to services and the delivery of care without patient voices. It is time to reset. Without the patient voice, we can't be clear that we are not making

assumptions about what patients want or need and how we can deliver care efficiently and effectively.

24. At present we are identifying and reviewing ways of working, for example using video conferencing software to host patient focus groups, so that we can continue ensure meaningful engagement in the meantime.

25. In our sector, issues that we may need to consider could include:
    - The importance of including patient voice in the development of our policy as the coronavirus pandemic continues.
    - Patient-centredness and involving patients in changes to the system and the way that care is accessed and delivered.
    - The impact on the power dynamic in patient-professional relationships.
    - The impact on patients as we come out of lock down and in particular, patient expectations and confidence in re-engaging with services.
    - The implications of moving from the critical phase to rehabilitative care phase and what impact will the care backlog have on patients with chronic conditions who may have been unable to access care for a significant period of time?
    - The use of personal, protective equipment (PPE) – how will this impact trust and relationship building in areas like communication and consent? We need to consider how we take account of particular needs. For example, those who are deaf or who may be particularly impacted in other ways from the use of PPE which is not adapted for their needs.
    - The implications for accessibility and inclusion. For example, technology, postcode lottery, BAME patients.
    - What sort of patients will clinics in OEIs see moving forward and will that population be the same, or different?
    - Public perception and perceived impact or otherwise of regulation. For example, the e-petition 'No to proposed increase in fees for Nurses and Midwives' which reached 100,000 signatures.
    - The implications for the nature and structure and delivery of regulation, for example, remote hearings.

Next steps

26. As a first step to rethinking our patient engagement in the current context, we are facilitating a patient focus group on 4 June 2020 to explore some of these wider questions. The aim of the focus group is to understand the patient perspective on osteopathic care as a result of the coronavirus pandemic, and how best we can include the patient voice in policy and decision-making going forward. We are seeking specific feedback from patients on the barriers and enablers to osteopathic treatment as a result of the current situation; potential gaps in our infection control guidance; what more GOsC needs to do during the pandemic from a patient perspective; and their views of draft remote hearings guidance. Although these are the topics we would like to seek feedback on, we don’t intend to be overly prescriptive, we want to provide a forum for discussion so that patients can share their views and experiences.

Conclusion

27. The Committee is invited to consider and feedback on our approach in general and in particular on the following questions:

- What are the strengths and weaknesses of our planned approaches?
- Are there any gaps in our approaches?
- Are there other individuals, groups or sectors we should be engaging with to support our approach to patient engagement?
- Are there are any barriers and enablers to our current recruitment approach that we should consider?
- What other approaches should we apply to patient recruitment?
    - Are there organisations that you are aware of who have channels (ebulletins, events) we could utilise to disseminate our engagement opportunities?
    - Are there recruitment methods that you have knowledge of that have been successful in other sectors or organisations?
    - Are there any amendments we should make to our marketing materials to enhance recruitment?

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

Seven Benefits of Patients and Carers as Partners for Change (David Gilbert)

Originally appeared in Gilbert, David, thefuturepatientblog, 22 March, 2015

1. Richer insight

Patients and carers shine a deeper and broader light on problems. This helps to reframe issues so as to be more amenable to solutions that will tackle what matters. A service improvement project might initially be aimed at tackling what happens in an out-patient clinic. With patients or carers in the room, the goal posts shift – people might talk about access (transport, parking), inclusion, diversity and/or different aspects of customer care (staff smiling or looking up at people when they come in at the reception desk).

Limitations of narrow thinking and pet assumptions may be challenged or revealed. The improvement work to be done will be on a better track and people involved more confident in the benefits.

2. Potential solutions

Patients and carers often have the guts, insight, imagination and freedom from institutionally limited thinking to ask 'what if…'? They widen the array of options for improvement and change. They help empower other staff – who may also feel powerless to influence change – to challenge what is 'feasible'.

They will often focus on issues such as co-ordination, consistency and connection across the system that often fall between teams, departments and institutions, or those that stretch the professional thinking. Patients may not bring 'the' answer. No one party holds the whole truth. However, they help to generate a wider set of solutions that can be explored and tested against what matters.

3. Changing relationships

Healing is about relationships. With patients in the room asking questions, challenging assumptions, being vulnerable and human – using narratives grounded in a shared humanity, they give permission for others to explore and go beyond defensiveness. The nature of patient-professional relationship alters as people come to respect each other and work together on problems and solutions.

Without blame, particularly if the conversations are well-facilitated, people help each other move from 'us and them' conversations to a different and more 'productive relationship' – one that supports conversation that produce outcomes. Power shifts and relationships become more equal. In this sense *the process is the outcome* – the nature of the conversations and relationships are important in and of themselves.

4. Individual benefits

Patients benefit from being involved. They can feel more confident, develop their skills and expertise and actually feel better. This means people not being narrowed to 'telling their story', but being able to call on 'frozen assets' – those qualities and traits that may have been buried for years while ill. Of course, some talents develop anew as a result of having experiences and insights into what could happen in healthcare (or what should have happened).

Staff will gain too. Professionals come to re-connect with their own humanity. Morale can be lifted when they see that patients do not ask for the impossible and when they witness support directly from those who receive services. As conversations become deeper about what can be done, they can feel that we are truly 'all in this together'. True involvement in service improvement could benefit everyone, particularly if patients can be seen as 'supplying help' rather than as the 'demand problem' to be solved.

5. Better quality decisions

If people are meaningfully involved as equal partners in decision-making, then trust and confidence can be enhanced or restored. If people know why decisions have been made and have been part of that process - have had the chance to explore assumptions and being in a space where honesty about difficulties is apparent - then consensus is easier.

Having difficult conversations and remaining at the table is critical for transparency, governance and accountability. Just as shared-decision making is key to supportive relationships, and just as honesty in the consulting room about 'breaking bad news' is hard but worthwhile, so this is the way to re-build trust and confidence in healthcare decision-making.

6. Changing practice

I have seen and heard about dozens of changes in policy and practice as a result of patients being partners in improvement work: making guidelines more flexible, better ways to tackle access and equalities, tackling attitudes and behaviours, different ways of meeting unmet need.

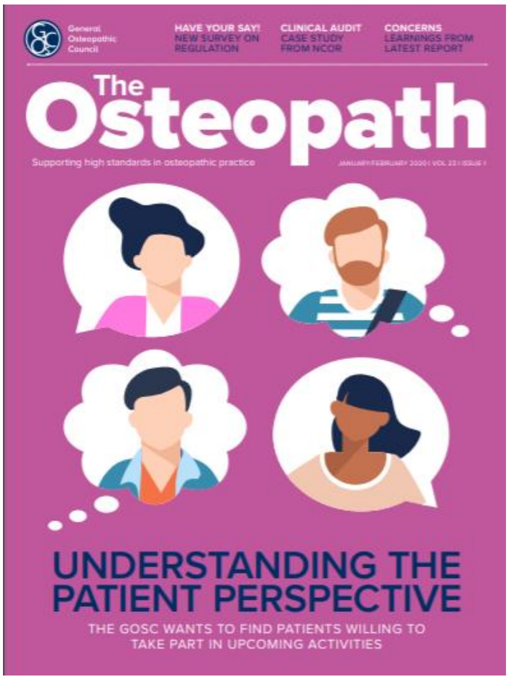
If only the staff on my psychiatric ward had involved us in making the ward safer, we would not have restricted our thinking to removing ligature points and locking doors at night. Instead, I would have recommended more activities, better food (so I didn’t have sleepless hungry nights), and more staff to talk to. Instead, the nights were longer and three of my friends died away from the ward anyway.

Many academics would like to measure the impact of involvement on ‘downstream’ markers of success. These include patient experience, quality, outcomes, utilisation and cost. However, this search is hindered by the problem of causality and attribution – was it only involvement that caused the change? It is more reasonable to look at changes in policy and practice. Seeking to attribute better health outcomes through involvement diverts attention from getting on and doing it.

7. Benefits beyond the project

If it is done well in diabetes, it can be done well in neurology. When people see the benefits of patients as partners for improvement and change in one area, they will help spread it to others. It is a virtuous cycle with implications for scaling up improvement processes, spreading good practice and for sustainability. People will be confident in the methodology if it has the benefits above, and organisations will find ways to develop the cultures and systems that support involvement in improvement.

Examples of the patient engagement creative and recruitment materials



The Osteopath magazine: patient engagement edition (Jan/Feb 2020)

What is your experience of osteopathy? Use your unique experience to help make a difference to future osteopathic care. We would love to hear your views!

The General Osteopathic Council is inviting – and offering training to – patients to take part in focus groups, surveys, magazine articles and workshops.

Find out more by emailing Rachel Heatley at:
goscmail@osteopathy.org.uk

Recruitment flyers and posters available to osteopaths to use in their clinics