

Policy and Education Committee
15 June 2021
Patient engagement

Classification	Public
Purpose	For noting
Issue	An update on our patient engagement activity
Recommendation	To note the progress of the patient involvement activity and future plans to further embed the patient voice in policy development and decision making.
Financial and resourcing implications	We have secured an increased budget of £15K for patient and public involvement work across 2021-22 which reflects our enhanced focus on patients
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
Communications implications	None
Annex	None
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Key messages from this paper

- Engagement with patients is an ongoing priority and we use our learning from each activity to inform future work. For example, we are using feedback we received from educators during a successful joint workshop on Patient and Public Involvement (PPI) in education to inform a future project with the General Chiropractic Council (GCC) to support the embedding of PPI in education.
- Our current focus is seeking patient feedback on the draft Equality, Diversity and Inclusion Framework for 2021-24 and have offered patients a variety of methods to feedback.
- In mid-May 2021 we launched the Patient Involvement Forum which provides us with a formal vehicle for recruiting patients.
- The biggest challenge during this period has been the development of policies to underpin a formal framework for patient engagement.

Background

1. In March 2021, the Committee reflected on the evolution of our thinking on patient engagement, as well as our future plans for establishing a framework to support patient engagement. The Committee noted our thinking and were supportive of our plans.
2. This paper provides an update on our activities in the time period since the last meeting and the challenges we have faced in developing policies to support patient engagement.
3. The Committee is invited to note the progress of the patient involvement activity.

Discussion

Patient involvement activity March 2021 - Present

4. On 11 March 2021, we hosted a successful joint workshop with the GCC to promote good practice and encourage discussion between osteopathic and chiropractic institutions about enhancing the role of patients in education. External contributors included Jools Symons, Patients and Public Involvement (PPI) Manager, Leeds Institute of Medical Education and Anya De longh, former Patient Editor at the British Medical Journal.
5. Delegates welcomed the opportunity to interact with their peers, patients, and patient engagement experts and to consider how they could apply best practice in their respective institutions. Some of the thinking from educational institutions included: committing to and investing in one activity that they would start or do differently, in order for it to remain achievable. For example, the idea of having patient involvement at faculty level which could have a top down approach to help embed a culture shift more widely.

6. Osteopathic education providers did raise a number of challenges they envisaged when embedding PPI. Those included:
 - Concerns about resourcing the additional work required and providing enough time and training to embed this work properly.
 - High levels of nervousness about involving patients due to the potential for boundaries issues and what this could mean for the Osteopathic Practice Standards.
 - The lack of mechanisms to involve patients at a governance level and not sure how to create them.
7. In response to the feedback, GCC and GOsC are scoping out a joint project focused on the production of a practical guide for educators to highlight PPI activities that educators who are lacking time and resources could feasibly implement.

Patient Involvement Forum

8. In mid-May we launched [Patient Involvement Forum](#) supported by an extensive communications strategy which includes engagement with patient organisations, LGBTQIA+ and minority ethnic charities as well as osteopathic stakeholders (regional groups, Osteopathic Communications Network).
9. The Patients Association and Healthwatch Southwark have been particularly supportive and have promoted the forum via their channels. This has already yielded results, as patients previously unknown to us have signed up for our EDI focus groups (see paragraph 10).

Draft Equality, Diversity and Inclusion Framework for 2021-24

10. On 8 June 2021, we are hosting focus groups with patients to seek feedback on the draft Equality, Diversity and Inclusion (EDI) Framework for 2021-24 which will help to develop the framework before it is finalised by Council in July 2021. We are asking participants if they think there are any gaps in the framework, if there are other EDI issues they would like us to consider and what role they think GOsC has in terms of promoting EDI for patients, the public, osteopaths and others?
11. In line with the new communications and engagement strategy we are in listening mode. For example, while promoting the focus groups an osteopath told us that her patients are interested in sharing their views but would prefer to do so either anonymously or on a one-to-one basis. In response we have offered to conduct telephone interviews and have created an online survey. Additionally, in response to a recommendation from another osteopath we also reached out to Stonewall and Gendered Intelligence to promote the EDI framework feedback activities.

12. To give a 'human' face to GOsC we produced a [video featuring Matthew Redford](#), Chief Executive and Registrar explaining our EDI approach which we are using across our channels to support patient recruitment. We haven't used video to engage directly with patients before and will seek to measure the impact of this approach.

Embedding a formal framework for patient engagement

13. Since March 2021, our focus has been on the practical implementation of the wealth of learning we gleaned from patient leaders in healthcare. The challenge has been how to make this work in a GOsC context. What is clear is that there is no standard one-size-fits all approach to patient involvement.
14. Producing dedicated patient engagement policies has tested the boundaries of our work. It has required discussions with SMT and HR to ensure we produce living documents that are fit for purpose for patients, underpin good patient engagement principles and sit within a framework which GOsC can deliver. For example, questions such as "Is patient involvement employment?" and "What digital inclusion measures can we reasonably implement?" have arisen when drafting payment and expenses policy and a digital inclusion policy respectively, that have implications for both patients and the GOsC.
15. Our initial focus has been on drafting a patient engagement agreement outlining what patients can expect from us and what we can expect from patients as well as a payment and expenses policy, a digital inclusion policy and a best practice guide for staff on patient engagement.
16. Taking the payment and expenses policy as an example, payment to patients could have implications for a patient's benefits as there are strict limits on the amount of money that people receiving welfare benefits can earn. Therefore, the policy now includes the option for patients to decline the participation payment or ask for a lower amount and also directs patients to the HMRC website where they can find out further information.
17. As a result of the pandemic and a move to online engagement, digital exclusion has become a pervading issue in the healthcare sector. In considering inclusion, we took into account factors such as: the needs of individuals to participate in our work, the size and resources of our organisation, the steps taken by other organisations to see how we could anticipate and meet the needs of individuals, We have considered solutions such as inviting patients to the office to use IT equipment and offering expenses for internet usage when undertaking patient engagement activities.

18. These issues have necessitated a great deal of reflection and flexibility to ensure we have policies that are aligned with participation and best practice and our context. Consequently, actions to be taken include:

- updating our current privacy policy to incorporate the Patient Involvement Forum.
- creation of a patient charter rather than a patient agreement.
- a patient-focused EDI policy that incorporates digital inclusion and a commitment to reasonable adjustments, rather than a separate digital inclusion policy.
- producing an organisational guide on patient engagement that outlines how we will apply best practice at an institutional level rather than a best practice guide for staff.

Next steps

19. We are continuing to ensure live and continuous patient engagement across our work. Activities over the next few months will include:

- Engagement in project work and consultations including: fitness to practise and standards related work around boundaries; consultations on the Guidance for Osteopathic Pre-registration Education and Standards for Education and Training, Adjunctive Therapy Guidance consultation, interprofessional case studies; development of our educators guide for PPI in education; our EDI framework; ongoing website development
- Development of our sustainable patient engagement policies and processes including: development of induction, training and ongoing support for patients and ongoing briefing about our work to gain ongoing feedback into other areas, ongoing learning, insight and review.

Recommendation: To note the progress of the patient involvement activity and future plans to further embed the patient voice in policy development and decision making.