

Policy and Education Committee**7 October 2021****Patient engagement**

Classification	Public
Purpose	For discussion
Issue	A progress report on our patient engagement activity and an outline of future plans.
Recommendation	To consider and provide feedback on our progress since June 2020 and future plans to further embed the patient voice in our work.
Financial and resourcing implications	We have a budget of £15K for patient and public involvement work across 2021-22.
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	Annex: Patient involvement activity: communication and engagement metrics (mid-May-August 2021).
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Key messages from this paper

- Our revitalised patient engagement strategy has led to a significant increase in our pool of patient representatives, from 3 in 2018 to 27 in 2021.
- In the last year patients have contributed to policy and strategy development, as well as shaped our overarching approach to patient engagement.
- Since January 2021, 25 patients have fed into seven projects.
- Our current focus is seeking patient feedback on the interim Infection Control guidance and exploring the impact of boundary transgressions on patients.
- In the process of formalising patient engagement further we have streamlined our payment and expenses policy and process and identified the need for a safeguarding policy and safeguarding training.

Background

1. In June 2021, the Committee reflected on the evolution of our thinking on patient engagement, as well as our plans for establishing a framework to support patient engagement. The Committee noted our patient engagement activities and were supportive of our plans.
2. This paper provides a reflective overview of our progress on Patient and Public Involvement (PPI) since 2018 and an update on our activities in the time period since the last meeting
3. The Committee is invited to note the progress of the patient involvement activity to date and to provide feedback on our approach and future plans.

Discussion

Evolution of patient involvement 2018-2021

4. When reviewing an organisation's Patient and Public Involvement (PPI) strategy it is common to use the metaphor of a ladder to understand where an organisation sits in term of their engagement with patients. In the diagram below each rung represents a greater level of involvement, partnership and influence. In our patient engagement work we aspire to reach the top rung of the ladder, a 'Co-Production' model of PPI.

GOsC position on the 'Ladder of Participation' 2018-2021

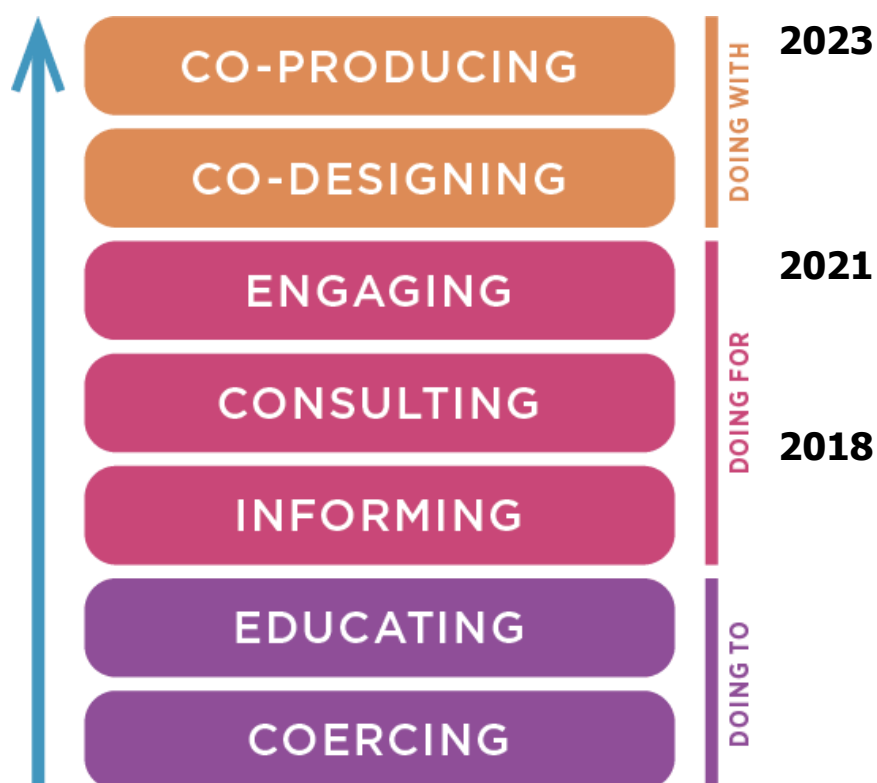


Fig 1. The New Economics Foundation's 'Ladder of Participation'¹

5. When we began examining our approach to PPI in 2020, we used our 2018 activity as the baseline to identify what rung of the ladder we occupied. In 2018 patient engagement centred on 'Educating' and 'Informing' while 'Consulting' focused on online surveys. In 2019 we moved towards 'Informing' and 'Consulting', hosting Touch and manual therapy workshops in London and Huddersfield seeking feedback on specific topics. However, our pool of patient representatives was small, with three patients regularly attending our events.
6. Initial plans for 2020 were to host more face-to-face events but the COVID-19 pandemic prevented us from pursuing this plan. However, it did provide an opportunity to reflect on our approach to PPI and reaffirmed the need to put patients at the heart of what we do. Following extensive engagement with PPI experts we drafted a strategy based on best practice in the health sector,

¹ Ref. McMillan, 2019

aspiring to implement the gold standard for PPI by developing a co-production and co-design model of engagement across all our work.

7. Our initial aims in June 2020 were to:
 - Increase the number and diversity of our patient representatives (see paragraph 15 for information on the diversity of patient representatives in 2021).
 - Increase the number of projects patients are involved in to help inform policy development.
 - Increase our direct engagement (contact touch points)² with patient representatives to help foster relationship building.
 - i. Fig 2. (below) indicates the progress we have made to date with these aims.

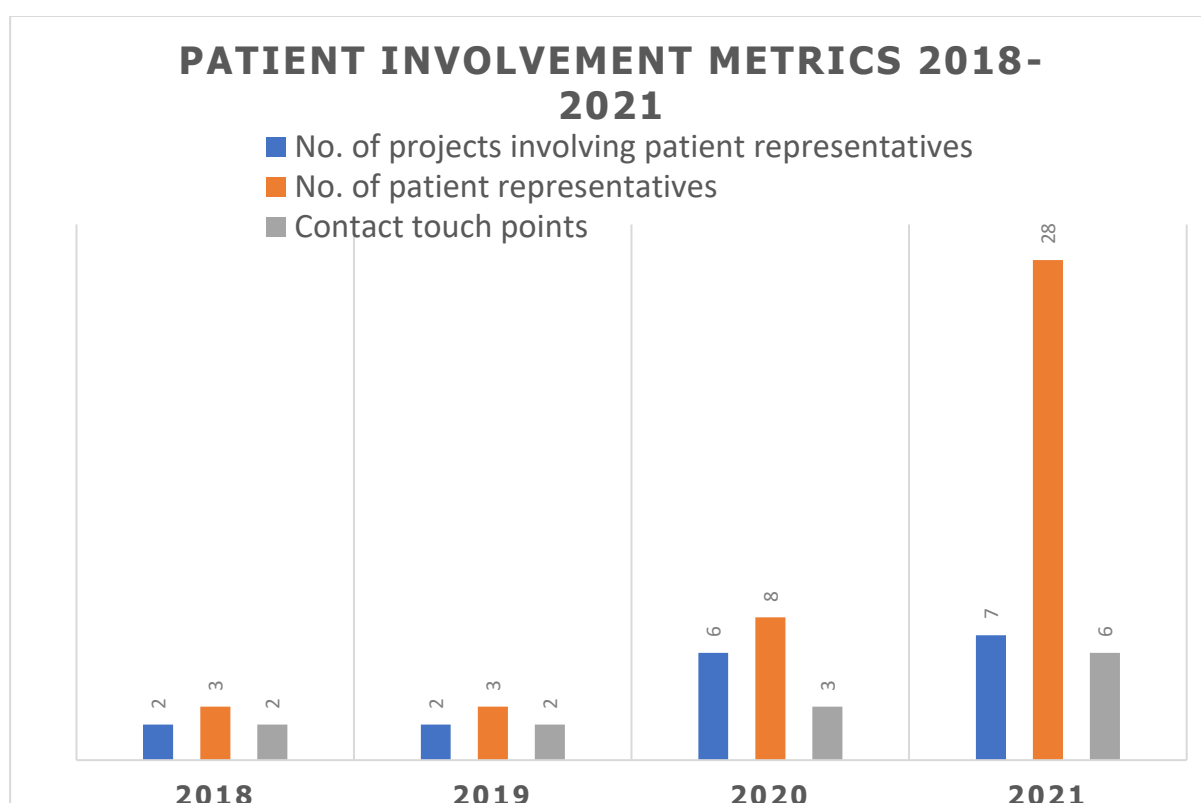


Fig 2. Patient involvement metrics January 2018- September 2021.

Key actions June 2020-present

8. Achievement of our initial aims is linked predominantly to adopting a psychologically informed approach to engagement, understanding patient needs and creating safe spaces in which they can communicate on a one-to-one basis.

² This refers to the no. of formal touch points per patient representative per activity. Patients now receive bespoke emails inviting them to participate in an activity, an introductory/explanatory phone call, a briefing email, participation in the activity itself, a post-activity debrief, a thank you email with claim form and feedback on the impact of their feedback. Please note, this doesn't include the informal touch points with patients such as check-in or ad hoc emails and phone calls.

Both patients and PPI experts emphasised that it was essential to have a dedicated contact for patients and the provision of ongoing support so that patients could build relationships with individuals rather than a 'faceless' organisation. Listening to our patients has provided the opportunity for extensive learning on how they want to be engaged with and what's important to them.

9. Using our learning we identified clear actions that we felt confident would help us achieve our initial aims. Over the course of the last year, we have:
 - Created a structured induction process to create a safe environment for patients in which we articulate clearly how we support patients to participate fully in any work with us.
 - Developed clear principles for engagement so that the expectations of patients and GOsC are explicit ensuring that we can give patients the knowledge and skills that they need to undertake the various roles.
 - Produced and implemented a range of dedicated patient engagement policies based on feedback from patients and PPI experts.
 - Increased touch points for patients: pre-briefing phone calls, briefing documents which have been informed by patient feedback, post-event debriefing, regular catch-up calls and emails and an 'open-door' communications approach.
 - Launched the Patient Involvement Forum with a dedicated webpage and a comprehensive recruitment and stakeholder engagement strategy (see Annex for metrics). To support this work, we used our bespoke patient engagement branding across all of our communication channels to ensure visual consistency.

10. As a result of these actions, we have been able to:
 - Identify and address expectations of patients in relation to:
 - Draft Communication and engagement strategy 2021-2024
 - Draft Equality, diversity and inclusion framework 2021-2024
 - Osteopathic care in light of the pandemic
 - Increase patient involvement in projects and policy development at a much earlier stage which has included the development of:
 - Communication of touch and manual therapy project
 - Patient values and tools to support patients in consultations
 - Adjunctive therapy guidance
 - Interim witness practice note and remote hearing guidance
 - Patient feedback templates for osteopaths undertaking the objective activity requirement of the CPD scheme
 - Inform education training including for example:
 - Review of Guidance for Osteopathic Pre-registration Education Standards for Education
 - Joint project with the General Chiropractic Council on PPI best practice in osteopathic education settings

Richer insights from patients

11. One of the most useful aspects of engaging more meaningfully with patients is that their insights are now not just limited to the project they have been recruited to participate in as was the case in 2018 and 2019. Patients have felt empowered to take a much more holistic approach to sharing their views. Patients have discussed with us the usability of our communications channels, the diversity of our organisational structure, suggestions for potential organisations we could engage with and how we could streamline our approach to patient engagement process.
12. Taking the pre-activity briefing part of the patient engagement process as an example, patients highlighted that some of the terminology we used in our project briefing documents was too bureaucratic and assumed more detailed knowledge than patients often possess about the GOsC. A simple solution we adopted was to change the naming convention that we use for the documentation we send to patient representatives pre-project, from briefing sheets to information sheets. We also now provide more background info on the GOsC using plainer English. The information sheets form a standardised template that can be used for all future projects.
13. As a result of detailed feedback on our communication channels from patients including a patient representative who is partially sighted, we are embarking on a project to improve the usability and patient-focused content on our website. In addition, a patient representative who works for Healthwatch shared examples of user-friendly resources that they use on their website including infographic versions of reports.
14. A new patient representative who has a background in equality, diversity and inclusion and has been a long-time osteopathic patient has expressed an interest in governance roles within GOsC. We are taking this as a positive sign that the co-production model of patient engagement is progressing as we had hoped.

Update on patient involvement mid-May-August 2021

Patient Involvement Forum

15. On 17 May 2021 we launched the [Patient Involvement Forum](#) supported by an extensive communications strategy which included engagement with patient organisations, LGBTQIA+ and minority ethnic charities as well as osteopathic stakeholders (regional groups, Osteopathic Communications Network).
16. Since mid-May twenty patients have signed up to the Forum. This brings our total number of patient representatives to 27. The profile of patients we engage with is much more diverse than in previous years. For example, the majority of patients who have joined the Forum have a diverse range of protected

characteristics including age, disability, race, religion, sexual orientation. Patients who engaged with us in 2019 were all based in London. Current patient representatives are based throughout England and Scotland.

17. Since the launch of the Patient Involvement Forum, the dedicated webpage for the Forum has had 583 page views (mid-May to August 2021). Social media posts promoting the Patient Involvement Forum as well as patient engagement projects resulted in 8,807 impressions³ and 278 engagements⁴.
18. The most effective external recruitment channels have been the Patients Association and Healthwatch Southwark's eBulletins directing patients to the Patient Involvement Forum webpage. Stacey Towle, Senior Engagement and Insight Officer has worked closely with these stakeholders and is fostering a strong and positive relationship with both organisations that continues to yield positive results.

Equality, Diversity and Inclusion Framework for 2021-24

19. As part of the process for reviewing the draft Equality, Diversity and Inclusion (EDI) Framework for 2021-24, we conducted telephone interviews and hosted focus groups over the course of 3 weeks (20 May -10 June) with both osteopathic and non-osteopathic patients, the majority of whom were previously unknown to us. The majority of patients had diverse protected characteristics including those such as age, disability, race, religion, sexual orientation.
20. While promoting the focus groups an osteopath told us that her patients were interested in sharing their views but would prefer to do so either anonymously or on a one-to-one basis. In response we offered to conduct telephone interviews and 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.
21. To give a 'human' face to GOsC we produced a [video featuring Matthew Redford](#), Chief Executive and Registrar explaining our EDI approach which we used across our channels to support patient recruitment. We haven't used video to engage directly with patients before, see Annex for metrics on engagement with the video.
22. We asked participants if they thought there were any gaps in the framework, if there were any other EDI issues they wanted us to consider and what role they think GOsC has in terms of promoting EDI for patients, the public, osteopaths and others.

³ Number of times people saw this Tweet on Twitter

⁴ Number of times people interacted with this Tweet

23. All patients felt that the framework was a well written document, coherent with good broad principles and that it demonstrated a genuine commitment to EDI. Patients made specific comments on the language used in the framework the majority of these comments were adopted. For example, an amendment which was accepted, resulted from a patient suggestion that we should change the first aim of the framework to 'Promote equity' rather than 'Promote equality'. The rationale she outlined was that:

*'**Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an **equal** outcome.'*

24. The universal feedback from patients was the need for metrics in the framework to get a better understanding of GOSC's current EDI baseline and then details of how we will measure impact on an ongoing basis (eg monthly/quarterly). Quite a few suggested the need for a supplementary implementation plan. Both of these suggestions will form part of the efforts to embed the EDI framework in GOSC.
25. An overarching recommendation from patient representatives was that in the short term GOSC should not be too ambitious, but rather ensure that there are practical small wins which we can publicly demonstrate have been achieved. However, longer term, patients wanted us to aim high and be innovative.

Guidance for Osteopathic Pre-registration Education consultation

26. On 15 July as part of the consultation on Guidance for Osteopathic Pre-registration Education (GOPRE) and the Standards for Osteopathic Education and Training (SET) we hosted a focus group with four patients, three of whom were partaking in an activity with us for the first time.
27. Feedback focused on the text of the draft GOPRE and SET documents highlighting elements that patients felt lacked continuity. Patients also provided suggestions on how to clarify the language used so that it would be suitable for a wide range of audiences. Participants welcomed the opportunity to learn more about osteopathic education and found the GOSC approach to quality assuring education very positive.
28. Specific patient feedback included the following:
- The documents were user friendly, easy to digest and the inclusion of URLs for further reading and reference documents was welcome.
 - The text referring to Peer Network should be expanded to include reference to 'diversity of backgrounds *and a range of level of experience*' so that recent graduates would seek out osteopaths who had been in the profession for a significant period of time to learn from their knowledge and experience.
 - A patient said that what patients really want to know is if their osteopath has been trained to a high level and is able to provide effective care. They are

not as concerned about the philosophy of osteopathy and asked us to keep that top of mind during the consultation.

- Another patient wanted GOsC to ensure the document future proofed for osteopaths who want careers in the NHS. Patients said they wanted choice for their osteopathic care including accessing osteopathic treatment via the NHS. The patient said she felt that GOPRE at present is aimed at graduates entering private practice but not necessarily those wanting careers in NHS.

Health professionals working together for the benefit of patients

29. We continue our attempts to recruit patients who have received better treatment because their osteopath worked collaboratively with other health professionals. Our aim is to interview patients and produce positive case studies to help raise awareness of the importance of collaboration and the benefits that it can deliver – for both osteopaths and patients. We plan to promote the stories we receive on our website and social media channels to encourage greater collaborative working between osteopaths and other health professionals. At present interest has been limited with one potential patient recruited. We are considering alternative recruitment approaches to seek out more patient stories.

Current priorities

30. **Interim COVID-19 Infection Control guidance review:** Consideration is currently being given to developing more permanent - as opposed to interim - infection control guidance. The interim guidance will be used as a framework to think about what more top-level, generic guidance might look like. In order to inform this process, we intend to seek feedback from patients on the most recent version of the guidance not only in relation to the COVID-19 pandemic but also what their overarching expectations are regards osteopathic practice and infection control are for the future.
31. **Boundaries project:** Our goal is to hear the voice of patients in the discussion with osteopaths about standards and norms in relation to boundaries with patients. As part of this we have we have contacted Victim Support to scope out the possibility of collating examples of impacts of boundaries breaches on patients. Other options might be to explore hypothetical cases with patients to explore the patient perspective. Before progressing further with the project, we are exploring wider work in this area and seeking advice on ethical issues that may arise.

Embedding a formal framework for patient engagement

Patient engagement policies

32. Since June 2021, our focus has been on the practical implementation of the dedicated patient engagement policies we have drafted. The policies have been tested and gaps were identified, as a result we have:

- Updated our current privacy policy to incorporate the Patient Involvement Forum.
 - Amended the payment and expenses policy and Professional Standards and Finance worked together to streamline the process for patients and GOsC.
33. While embarking on the Boundaries project we identified the need for a safeguarding policy and safeguarding training. Rachel Heatley, Senior Research and Policy Officer will undertake online training on 22 September with the Samaritans focusing on communicating with vulnerable people to support ongoing skills to provide appropriate support to patients.

Next steps

34. Ongoing patient engagement across our work remains a live priority. In the coming months more focus will be given to Fitness to Practise projects as well embedding a culture of patient engagement among GOsC staff.
35. Engagement in project work and consultations will include:
- Implementation of and testing of resources from the Values Project
 - Fitness to Practise and standards related work around boundaries
 - Consultations on Adjunctive Therapy Guidance, Witness Practice Note and interim Remote Hearings Protocol
 - Development of our educators' guide for PPI in education
 - Ongoing website development and accessibility.

Goals for 2022-23

36. We will continue to pursue an ambitious agenda for our PPI work underpinned by a desire for partnership working and co-production based on common the principles of equality and reciprocity between the GOsC and patients. To help us deliver this ambitious agenda we have begun to further define our outcomes for 2022-23. These include:
- **Exercise of our functions:**
 - Build co-production into our work programmes until it becomes 'how we work' rather than 'how we aspire to work'. This will include early consideration of PPI requirements and obligations mandated at the very beginning of a project.
 - Training and development for GOsC staff to enhance understanding of what co-production is and how to make it happen.
 - **Strategic co-production:**
 - Establish a Council Associate role for a patient representative. This will entail more specific induction and training for patients who express a wish to become more involved in governance
 - Train and empower patient leaders to inform annual business planning.

Conclusion

37. 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 approach for implementing a co-production model?
- Are there are any barriers and enablers to our current approach that we should consider?
- Are there any gaps in our aims?
- Are there other individuals, groups or sectors we should be engaging with to support our approach to patient engagement?

Recommendation: To consider and provide feedback on our progress since June 2020 and future plans to further embed the patient voice in our work.

Annex to 4

Patient involvement activity: communication and engagement metrics (mid-May-August 2021)

Channel	Activity	Reach
Website	Patient Involvement Forum webpage	583 page views
Twitter	7 tweets: <ul style="list-style-type: none"> • promotion of Patient Involvement Forum, • promotion of engagement activities • Chief Executive and Registrar's video promoting Equality, Diversity and Inclusion (EDI) Framework for 2021-24 	Impressions (Number of times people saw this Tweet on Twitter): 5,812 Total engagements (Number of times people interacted with this Tweet): 182
Facebook	6 posts: <ul style="list-style-type: none"> • promotion of Patient Involvement Forum, • promotion of engagement activities • Chief Executive and Registrar's video promoting Equality, Diversity and Inclusion (EDI) Framework for 2021-24 	Impressions: 2,999 Total engagements: 96
YouTube	Chief Executive and Registrar video promoting Equality, Diversity and Inclusion (EDI) Framework for 2021-24	84 views