



Policy and Education Committee

4 October 2023

Patient engagement update

Classification	Public
Purpose	For noting
Issue	A progress report on our patient engagement activity and an outline of current patient engagement priorities.
Recommendation	1. To note our patient engagement activity since June 2023 and our current priorities and future plans.
Financial and resourcing implications	We have a budget of £13K for patient and public involvement work across 2022-23.
Equality and diversity implications	<p>Audit of forum membership survey will include questions about members' protected characteristics, such as age, ethnicity and gender. The reason we are asking for this information is to identify if there are underrepresented groups, as we would like to be able to promote participation to those groups.</p> <p>Dawn Carnes' evaluation provide feedback from patients and osteopaths about the accessibility of shared decision making resources.</p>
Communications implications	Depending on the feedback we get from members from the audit and experience surveys we may need to adapt our approach to communicating with patients. If the evaluation of the shared decision making resources identifies any communication implications we will review and make a plan of action to edit as necessary.
Annex	None
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Key messages from this paper

- Patient engagement activities since June 2023 have include continued work on the evaluation of the impact and effectiveness of the shared decision making resources project to support the implementation of the Osteopathic Practice Standards (see Private Item 3) and consulting with patients on the guidance for Interim Suspension Orders and Undertakings.
- On 28 September we are hosting a joint deliberative workshop with the General Chiropractic Council (GCC) which will be facilitated by Community Research to explore patient views on the duty of candour and in particular, exploring nuanced areas which may require further guidance, support and resources to support decision making for osteopaths and patients.
- Our current priorities include:
 - the completion of the evaluation of the shared decision-making resources project in October 2023 to enable an evidence informed approach to the promotion of these resources to support the implementation of the Osteopathic Practice Standards and good communication between patients and osteopaths
 - an audit of forum membership to ensure continued promotion of the diversity of the forum and views
 - experience survey seeking member’s feedback on what we are doing well and what we could improve and whether our policies (e.g., expenses policy) are still fit for purpose.
- Upcoming activities will include:
 - consultative work with patients on the draft council strategy
 - seeking feedback on the Equality, Diversity and Inclusion Framework 2021-24 action plan
 - Professional Standards Authority Research Symposium – a joint presentation with GCC, Community Research on the duty of candour research and findings from the workshop.

Background

1. In June 2023, the committee reflected on a reading room paper detailing the patient engagement activity we undertook from October 2022-June 2023. That paper is available here: [June 2023 PEC paper](#).
2. This paper provides an overview of the activities we have undertaken since June 2023. PEC is invited to note the progress of the patient involvement activity to date as well as our current priorities and future plans.

Discussion

Update on patient engagement activity

PSA Symposium 6 June 2023: How can we successfully collaborate towards safer care for all?

3. We delivered a well-attended session at the Professional Standards Authority's symposium on the topic of 'Promoting and facilitating shared decision making between practitioners and patients'.
4. We co-presented with Professor Ashok Handa, Co-Director of the Collaborating Centre for Values Based Practice and Sarah Tilsed, Head of Patient Partnership at the Patients Association.
5. Each speaker in the session addressed the following questions from the perspective of their respective organisation:
 - Has the collaboration been successful?
 - What were the barriers and difficulties that were encountered and how were they overcome?
 - Has the impact of the collaboration been formally or informally evaluated and what were the findings?
6. Collaboration with others to support patient safety and public protection is a key part of our planned strategy.

Evaluation of shared decision making resources

7. Professor Dawn Carnes has almost completed the independent evaluation of the effectiveness of the [shared decision making resources](#). The evaluation is due to conclude in October 2023 and findings will be presented to Council in November. (Professor Carnes' will be presenting early findings as part of Private Item 3 on the Agenda.)

Guidance for Interim Suspension Orders and Undertakings consultation

8. In August 2023, we invited members of the forum to respond to the Guidance for Interim Suspension Orders and Undertakings consultation. There was a lot of interest in the topic and as a result there were high levels of participation by both types of forum members – osteopath patients and members of the public.

Duty of Candour workshop with General Chiropractic Council (28 September)

9. In partnership with the General Chiropractic Council, we have commissioned Community Research to conduct a deliberative workshop with both chiropractic and osteopathic patients to explore patient expectations in relation to the Duty of Candour. This work builds on workshops conducted with osteopaths, patients and key stakeholders in 2016.

10. The aim of the workshop is to:

- Explore the principles and key components of candour within musculoskeletal (MSK) treatments for patients.
- Understand patients' understanding of risks within MSK treatment, their understanding and expectations of when they would be informed of something going wrong with their treatment.
- Inform what additional resources may be required for patients and information regarding Duty of Candour for registrants.
- Community Research will use hypothetical scenarios to illustrate different perspectives, circumstances and settings. For example, breach of confidentiality, safety incident, treatment reaction, delayed diagnosis, near misses etc. Specific issues, will also be explored, which include apology and redress, concerns about another patient and handling of situations where a patient doesn't want to know the details.

Current priorities

Audit of Patient Involvement Forum membership

11. Since the forum was set up, members have provided invaluable insights which have had a major impact on our work. We want to make sure that patients find engaging with us as easy and interesting as possible. We will host a membership audit survey in September to:
- a. Better understand the impact of the forum.
 - b. Inform our work over the coming years.
 - c. Help us tailor future communications to patient interests and needs.
12. To ensure that our Patient Involvement Forum is as diverse as possible we will also ask a range of optional questions about member's protected characteristics, such as age, ethnicity and gender. We are keen to identify if there are underrepresented groups, as we would like to be able to promote participation to those groups.
13. We recognise that member's circumstances may have changed since they joined the forum and they may no longer wish to be a member. Therefore, we have included an option to unsubscribe from the forum and provided members with a chance to share why they no longer wish to be involved.

Experience survey Patient Involvement Forum membership

14. Following the completion of the membership audit, we want to do some further work to seek views from patients about their experience of being involved in the forum. We want to understand what we are doing well and what changes we might need to make to improve members' experience. This will be a separate survey to the audit questionnaire because we would like members to be able to

provide anonymised feedback. Also we do not want to make the survey completion process arduous.

15. In addition, we will ask questions about the forum policies as we want to check whether they are still fit for purpose.

Strategic patient engagement

16. In July 2023, we presented a paper on strategic patient engagement to Council which incorporated the feedback from PEC members on the paper presented to the committee in June 2023. Two models were proposed to Council:

- Patient Council Associate (two representatives)
- Patient Advisory Panel

17. **Patient Council Associate:** Council were supportive of the patient voice at a strategic level but did not consider the Patient Associate model would be viable as there is no clear progression or development pathway.

18. **Patient Advisory Panel:** The purpose of the panel was questioned; it was not considered that giving advice could be viewed as being the same as having being part of discussions and decision making. In clarifying the difference between the patient advisory panel and the patient forum we explained:

- Patient Information Forum are a group of volunteers and not recruited to specific positions or having experience of Council or Committee structures.
- Members were advised that although there would also be a diversification of views there would be some duplication between the Forum and a patient advisory panel when considering both functions. Issues of resourcing both groups were also highlighted and clarity on the next steps was required.

19. The Chair put forward a third option for members to consider suggesting that, considering timescales, a patient representative could be appointed as part of the current complement of five Council Lay Members.

20. There was support for the third option for a Council Lay Member as a Patient Representative. It was noted that that all lay members of Council are de facto patients and if this third option was to be considered recognition the role of patient advocate role should be stipulated in when recruiting for new lay members of Council.

21. It was concluded that Council was not in a position to make a definitive decision based on the recommendation to agree a model for strategic patient engagement. It was suggested that we reflect on Council's feedback including the option presented by the Chair as well as the approach to be taken to fully address what would be required for the roles to function.

22. We will bring a paper to the November Council meeting which provides more detail on the options for:
- Patient Advocate as a lay member of Council to fully participate in the decision-making process, and
 - Patient Associate, able to participate in discussions but not be part of the decision-making process.

Future plans

GOSc Strategic Plan, towards 2030 public consultation

23. As part of the public consultation, which will be launched in September, we will run a focus group with patients. To ensure this is meaningful we will initially carry out a patient survey to elicit views to inform agenda for the focus group.

PSA research conference on 14 November

24. An abstract has been accepted by the Professional Standards Authority for their upcoming academic conference on the topic of patient partnership in candour. The presentation will be jointly delivered by a representative from GOSc, Rebecca Addis and Kate Waller, Co-Directors at Community Research, and Penny Bance, Director of Development of the General Chiropractic Council.
25. This presentation will focus on joint regulatory research with patients from GCC's Patient Advisory Panel and GOSc's Patient Involvement Forum. In terms of impact, the findings from the Duty of Candour workshop will be showcased at the symposium. We believe that these key findings will also have relevance to others in the health regulation sector, particularly in a context of uncertainty where open communication in partnership with patients is key.

EDI Framework 2021-24: Review of action plan

26. Further work is planned with patients to support our progress and plans with our EDI Framework.

Recommendation: To note our patient engagement activity since June 2023 and our current priorities and future plans.