Response to BOB ICS Draft Engagement Strategy

South Reading Patient Voice - 17th May 2022

Thank you for this chance to respond to a draft of the engagement strategy. This note responds to the presentation and draft strategy on the BOB engagement website `bobics.uk.engagementhq.com`.

The last 2 years have given us some very good examples of the benefits of patient engagement, with the most able Patient Participation Groups giving very effective support to vaccination programmes, voluntary groups active in support of vulnerable people and patient groups actively researching how new ways of working were making old telephone systems unworkable.

You propose a framework around listening, understanding, engaging, informing, enabling and co-producing, embracing diversity, equality and inclusion. These comments are based around that framework.

1 Listening

- Listening implies opportunties to speak. Speakers need to know where to talk.
- Listening needs to extend to dialogue if it is not to result in misunderstanding.
- Listening needs to be active to pick out all the voices and not let some drown out the others.
- beware of silence - when the talking stops communication has broken down.

2 Understanding

- Understanding implies a common language and some knowledge in common. This requires an educated public - some at different levels of engagement. Without supportive structures on the public side there will be nothing coherent to understand.
- Understanding requires empathy and interest. Too often the NHS is characterised by defensiveness rather than empathy or interest. We have for years promoted a rational analysis of the annual GP patient survey using ranking and comparisons, but defensiveness at the local level and lack of leadership at the top have led to its important messages being ignored.
- Understanding results from dialogue not one-way communication.

3 Engaging

- Engaging has to come from both sides.
- Engaging requires an able counter-party.
- Engaging requires confidence, common knowledge and mutual respect. Without supportive structures on the public side engagement cannot be effective. Members of the public have to have supportive groups and networks to enable them to engage effectively with the wider NHS. Without leadership on the NHS side engagement will not be effective.
- Engaging needs to be sustained over time. If meetings are too infrequent engagement returns to the start every time. Supportive structures on the public side can keep issues alive over time.
- Engaging is not free. It requires commitment of time and facilities, somtimes money. How many token Patient Participation Groups have we seen?
- Effort is needed to engage with carers, young people, people with learning difficulties and other particular groups.
- Engagement can be measured and a more objective approach to this than we have seen hitherto would help to establish trust. At the simplest level you can survey the population to find out if they know where to go in an emergency, where to complain if they need to, whether they know how to find out what is planned for their services (primary or secondary), whether they know about the quality ratings of their providers. These are basic measures of engagement.

4 Informing

- Informing starts with a generous publication strategy. From Berkshire West CCG we had nothing but cryptic reports on the activities of the Urgent Care and Planned Care sub-committees. Engagement and defensiveness don't mix. We did get solid Quality and Performance data for secondary care.
- Different modes are needed for diferent audiences and different levels of engagement.

5 Enabling and co-producing

- People are enabled by the support and encouragement of their peers as much as anything.
- Sincere engagement also elicits enablement.
- Enabling is not free. Supportive structures or effective communication take effort, time and money.

- Co-producing is an art - the results of a process of learning and enabling on all sides. So far we haven't much experience of it.
- The NHS constitution[1] mandates co-production directly or with representatives at all stages of commissioning and planning of services. Who can be a genuine representative? Someone who is known or can be discovered and who has the resources and commitment to answer questions and elicit public views.

6 Embracing Diversity, Equality and Inclusion

- Opening up to all requires commitment, empathy, tolerance, willingness to changer, leadership, attention to detail.
- Equality, Diversity and Inclusion start at the top with leadership and exemplary behaviour.

7 Recommendations

- The draft strategy proposes providing a range of public-facing engagement facilities and delivering forums. This is a mistaken approach. Genuine engagement can only be found by nurturing patient and public groups at each level and service. Some providers do a great job of understanding and assessing patient experience. Some GP practices have active, patient-led participation groups. If you merely provide facilities, engagement will be hollow.
- You should bear in mind that, at least in Reading, Primary Care Networks do not correspond to neighbourhoods. They are only partly geographical and often seem to be perversely composed.
- Engagement starts at the local level. If there are only token or perfunctory Patient Participation Groups it will be hard to get good participation in wider forms of engagement. These low level groups need support, encouragement and leadership from the top. A start would be a survey to find out how many are actually patient-led, how many have published up-to-date minutes or news, how many have met regularly in the last 6 months.
- Engagement is not free - resources should be set aside for it at all levels.
- Engagement needs to include dialogue and that means that patient groups have to have an independent existence with the resources to meet regularly and to maintain their existence.
- A strong and open publication strategy is important for engagement.

[1] You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

- Engagement needs to deliver the co-commissioning rights of the NHS Constitution and if through representatives, those representatives need to be resourced to be accessible and well-informed on public views.
- Engagement can and should be measured.
- Special efforts are needed with particular groups - the young, carers, people with learning difficulties and so on.

8 Contact

Please contact Information Officer, Tom Lake at `tom.lake@glossa.co.uk` for any correspondence in connection with this response.