Personal and Public Involvement (PPI)

What does it mean practically and how can we measure its impact?

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5W's

What .....is it?

Why ..... Should we do it?

Who ..... Should do it?

When ..... Should we do it?

Where ..... Should we do it?

And 2H's

How ..... Should we do it?

How ..... Will we know if it has made a difference?

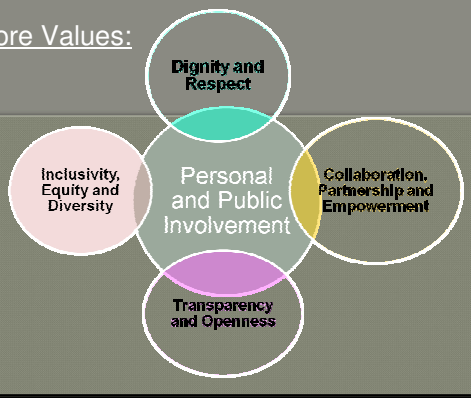
What is PPI?

PPI is about people and communities influencing the planning, commissioning and delivery of health and social care services. It means actively engaging with those who use our services and the public to discuss:

- their ideas, our plans;
- their experiences, our experiences;
- why services need to change;
- what people want from services;
- how to make the best use of resources
- how to improve the quality and safety of services

What?

Core Values:



Principles

Principle 1: Leadership and accountability	• The commitment to PPI will be reflected in the leadership and accountability arrangements in HSC organisations
Principle 2: Part of the job	• PPI is the responsibility of everyone in HSC organisations
Principle 3: Supporting involvement	• Appropriate assistance is required to support and sustain effective PPI
Principle 4: Everyone's an expert	• Everyone is an expert in their own right, whether by experience, by profession or through training

Principles

Principle 5: Creating opportunity	• opportunities should be created to enable people to be involved at the level at which they choose
Principle 6: Clarity of Purpose	• The purpose and expectations of PPI are clearly understood
Principle 7: Doing it the right way	• Different forms of PPI need to be used to achieve the required outcomes and to meet the needs of the people involved
Principle 8: Information and Communication	• Timely, accurate, user friendly information and effective two-way communication are key to the success of PPI activities

Principles

Principle 9: Accessible and responsive	• The organisation's committment to PPI will be demonstrated through its recognition of the right of people to initiate engagement with it.
Principle 10: Developing understanding and accountability	• People's understanding of HSC services and the reasons for decisions are improved through PPI activity
Principle 11: Building capacity	• People's capacity to get involved is increased and the PPI processes are improved through learning from experience
Principle 12: Improving safety and quality	• Learning from PPI should lead to improvements in the safety, quality and effectiveness of service provision in HSC organisations

Why?

- Ensures appropriate care /treatment (tailored Service)
- Improves the patient /user experience
- Encourages self help/care
- Improves safety and quality of care eg. better compliance
- Facilitates ownership

Why?

- Increases staff morale
- Reduces complaints
- Reduces Serious Adverse Incidents
- Efficiency – decreases DNAs and unnecessary hospital admissions
- Better compliance with agreed approaches

Who?

Who from within the HSC family?

- DHSSPS
- PHA
- HSCB
- PCC
- Trusts
- Special Agencies – NIMDTA, NIGALA, NIBTS

Who?

- Strategy development and policy formulation
- Investment decisions
- Operational issues
- Direct patient care

When?

- Dependent upon level of engagement you are looking for
- Arnstein's ladder of Participation:

Citizen Control	Degrees of Citizen Power	↑ Early
Delegated Power		
Partnership		
Placation	Degree of Tokenism	
Consultation		
Informing		
Therapy	Non Participation	↓ Late
Manipulation		

Where?

- Call public meetings, focus groups etc
- Go to the people
- Tapping into community infrastructure is a powerful lever

Getting to the bottom of things

Storyteller: Jean Bailey-Dering

Jean has rheumatoid arthritis. Here is her story

http://www.patientvoices.org.uk/flv/0110pv384.htm

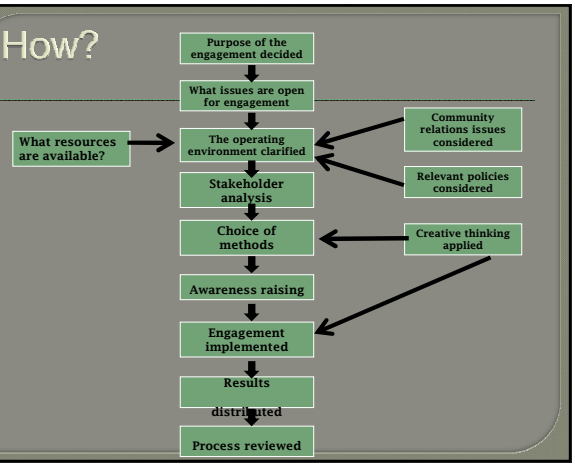
How?

- Transform relationships and behaviours
- Change in practice
- Enablers
- Move from passive recipients of health & social care to activated partners

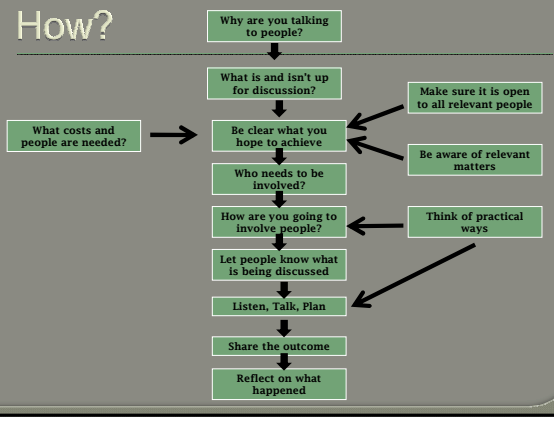
How?

- 2 way street
- Aware of barriers – Fear! apathy, time pressures, lack of resources, lack of training, skills, lack of trust, power imbalance, social exclusion
- Different methodology for different situations
- Framework, but with scope for innovation

How?



How?



Impact

1. Performance Management
2. Evaluation Framework
3. Patient Reported Outcomes Measures
4. Feedback Loops

Impact

- **Limited Research (micro level)**
  - experience of being involved
  - evaluation of involvement exercise
- **Piloting PPI Evaluation Framework**
  - infrastructure
  - organisational processes
  - organisational decisions
  - impact on stakeholders

Findings

Lack of :

- consistency
- co-ordination
- clinical engagement
- appropriate training
- senior management involvement
- positive media coverage

Lessons Learned

- It's valuable
- It's not resource free
- Needs to be planned / co-ordinated
- Feedback is essential
- Beware cynicism
- More on-going, less one-off

Progress

- Legislative Context
- Policy Imperative
- PfA Targets
- PPI Consultation Scheme
- PPI Training Programme
- PHA PPI Manager
- PCC Membership Scheme

Challenges

- New environment, new organisations
- Increasing levels of patient and public expectations
- Training and education
- Gap between policy and practice
- Ensuring consistency of approach and standards
- Fostering fully engaged partnership based approach

If you follow your own footsteps, you end up on the road to nowhere!

Eeyore