



Leadership Accountability  
Engagement Delivery

# Taking the lead

engaging people and communities

**DH INFORMATION READER BOX**

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
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# Empowering people through engagement and information

**“An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart.”**

## Lord Darzi, NHS Next Stage Review

**Over the last few years, the NHS has made great strides towards fully engaging people in the design and delivery of services. They are routinely asked for their views, about their experience of services, to contribute to staff training and to be members of NHS foundation trusts.**

**All major policy drivers, including the Draft NHS Constitution, make it clear that we must carry on embedding this good practice in all that we do. Through providing opportunities for the views and opinions of local people to be heard, decision making will be better informed.**

**Our challenge now is to make the engagement and empowerment of people and communities mainstream in the commissioning of services. To be world class commissioners we need to know the needs and preferences of our local communities, work with our partners on the health and well being agenda and work with local people to tackle health inequalities.**

## Listen, understand and respond to communities

Lord Darzi states that NHS organisations must

**“...go through a proper process to determine what will work best, involving patients, carers, the general public and staff, whilst communicating clearly throughout.”**

LINKs have been set up to provide communities with an opportunity at a variety of levels to be involved, and feel a greater sense of ownership. This ties in with the NHS duty to involve and report on consultation.

To ensure a more responsive and accessible customer feedback mechanism, a reform of the complaints procedure is under way. This will provide a single system for users of health and social care services in England. A review of customer experience information has been completed and results will assist local organisations develop more coherent approaches to the collection and use of feedback from patients and the wider community. These initiatives will enable commissioners and providers to gain a fundamental understanding of the needs and experiences of people and communities.

## Empowering people

The NHS Next Stage Review states that ‘we must continue to empower patients with greater choice, better information, and more control and influence’ and it is therefore essential that individuals engage with the care that they are receiving and are able to make informed decisions. The provision of reliable, quality information tailored to their specific needs allows people to take control. Information prescriptions and the information accreditation scheme contribute to this end, as well as questions to ask. Empowering people through more choice will be delivered through NHS Choices, the choice agenda and the patients’ prospectus.

# Listen, understand and respond to communities:

Local involvement networks (LINKs): Stronger voice, better care

## The issue

People have said they want more influence over how their money is spent. It is also easier for organisations to provide a better service when they are aware of their community's needs.

## Our response

Since April, LINKs are being introduced and supported by £84 million in funding over the next three years.

Each network will aim to find out what people want from their local services, as well as monitoring and reviewing the care that the services provide. The network is also an opportunity for the community to share their thoughts on care management in the area.

To enable LINKs to be effective, the legislation gives them certain powers including the ability to enter and view services. Each community is setting up its own LINK which will cover all the publicly funded health and care services in the area. Unlike the previous system, it will be easier for more local individuals, organisations and groups to get involved.

A network will only be successful if it is owned by and involves the whole community. Because of this, we have been careful not to put in place a bureaucratic structure for LINKs. Instead, the Government has given 150 local authorities funding for them.

## Next steps

Each authority has until September to employ an organisation to set up and support their local network. By the time LINKs are fully established, it is unlikely that any single network will be exactly the same as it is up to each community to decide how they want their LINK to operate and its priorities.

Once set up, LINKs will enable managers to know if their community's needs are being met, and allow Overview and Scrutiny Committees to base reviews on actual feedback. Providers will receive ongoing feedback and community views will be built into the Local Area Agreement process.

## Find out more:

[www.dh.gov.uk/links](http://www.dh.gov.uk/links)

[www.nhscentreforinvolvement.nhs.uk](http://www.nhscentreforinvolvement.nhs.uk)

**You have the right to be involved, directly or through representatives, in the planning of healthcare services, 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.**

**What the public can expect from the NHS, Draft NHS Constitution**

# Listen, understand and respond to communities:

## NHS duties to involve and report

### The issue

NHS organisations need clearer advice and guidance on how and when they must involve people.

### Our response

#### The revised duty to involve

This duty (section 242) strengthens and clarifies the existing duty to involve and consult people. Under the duty, all NHS organisations are required to make arrangements to involve and consult patients and the public in

- the planning of the provision of services
- the development and consideration of proposals for changes in the way those services are provided
- decisions to be made by NHS organisations affecting the operation of services.

The duty is not only on those who commission health services, but also on those that provide the services. It is important that all providers make sure that the care they supply fully reflects the needs of local people and takes into account how they would prefer the services to be provided.

#### The new duty to report

Helping to ensure that PCTs and SHAs respond

to feedback received from people, the new duty to report on consultation requires PCTs (and SHAs that commission services) to report annually on how people's views have shaped their commissioning decisions.

### Next steps

Alongside the new legislative duties, significant new guidance updating and replacing 'Strengthening Accountability' will be published later this summer. This will provide statutory guidance to which NHS organisations must have regard and best practice advice and tips on involvement. In an easy to use format complete with a range of case studies and checklists, the guidance will include extensive reference material and practical help targeting a wide NHS audience.

#### Find out more:

[www.dh.gov.uk/patientpublicinvolvement](http://www.dh.gov.uk/patientpublicinvolvement)

## The case for engagement

To complement the strengthened duty to involve and the new duty to report, we are developing an evidence-based business case for investing in patient and public empowerment locally. This will show which types of intervention or approach work, what the critical success factors are, and what level of return on investment can be expected. The main output will be a practical toolkit for use by commissioners and providers.

For more information please contact [peter.cross@pickereurope.ac.uk](mailto:peter.cross@pickereurope.ac.uk).

# Listen, understand and respond to communities:

Making experiences count: responding to complaints: better services

## The issue

Last year the NHS received complaints from 0.3% of its total number of users (46 million people). Whilst this sounds positive, a Healthcare Commission survey also undertaken last year showed that 7% of all users wanted to complain but did not. What stopped them? Patients and users have said that they have found the system bureaucratic and even impenetrable.

Research has also shown that the overall standard of responding to complaints is variable and there is little evidence that services consistently apply the lessons learnt.

## Our response

A reform of the complaints procedure is taking place to make it easier and more accessible for people to come forward with any feedback – whether it may be a comment, a compliment, a concern or a formal complaint.

Called 'making experiences count', the programme will enable patients and users to share their experiences of health and social care with providers and commissioners. Our vision is that people will receive a full and proportionate response leading to service improvement and fewer repeat complaints. It will also unify and reform the current separate systems.

We are moving away from the current rigid set of processes to a more accessible, flexible and sensitive approach to responding to complaints, which is focused on the individual and their needs.

## Next steps

The new approach is being piloted in 12 sites (known as early adopters) across the

country prior to full national roll out in April 2009. An early adopter site consists of several organisations in an area including the local social services authority, the PCT, and some of the main services such as GP practices, hospitals and ambulance trusts.

Those involved in early adopter sites are working together locally to develop co-ordinated approaches in keeping with the new principles. Their feedback will feature on a web resource and guidance is being developed for the national roll out.

The early adopter sites are Norfolk, Oldham, East Kent, Liverpool, Birmingham, Cornwall, Newcastle, Portsmouth, Derby, Hull/East Riding/North Lincolnshire, Westminster and Barking.

## Find out more:

[www.dh.gov.uk/mec](http://www.dh.gov.uk/mec)

**The NHS will strive to ensure that if you make a complaint, you will receive a timely and appropriate response, that any harm you suffered is corrected where possible, and that the organisation learns lessons and puts in place necessary improvements.**

**Complaint and redress, Draft NHS Constitution**

  
**choices**  
your health, your choices  
[www.nhs.uk](http://www.nhs.uk)

**In line with making experiences count, commenting on hospitals is also becoming popular on NHS Choices with more than 4,000 comments from patients and visitors available for the public to add to and read.**

# Listen, understand and respond to communities:

## National patient survey programme

### The issue

In order for the NHS to meet people's needs, we need to know what people think about the quality of the care and treatment they have received.

### Our response

Undertaken by all NHS trusts and coordinated by the Healthcare Commission, the survey programme is now an established feature of healthcare regulation in England. Since the programme was first announced in 2000 we have heard the views of over 1 million patients. Insight has been gathered into patients' actual experiences of treatment and care covering staff behaviour, communication, levels of involvement, and information provision. In this way, the programme provides robust data on service issues that are important to patients – many of which would otherwise be unmeasured.

In addition, a review of customer experience information has recently been completed and it identifies a number of ways in which the national patient survey can be improved. The review also sets out a number of actions that will ensure that organisations make more effective use of feedback from patients and

local communities, with a particular focus on using feedback to inform service design and commissioning.

### Next steps

The surveys are on a rolling programme covering different service settings each year. Further details on the results can be found on the Healthcare Commission website.

The reports accompanying the customer experience information review are available on the Department of Health website.

### Find out more:

[www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

As well as the national patient survey programme, the Department of Health delivers a range of surveys including:

- GP patient survey
- National patient choice survey
- Patient related outcome measures

Visit [www.dh.gov.uk](http://www.dh.gov.uk) to find out more.

Theme	National average	Survey
Overall quality of care	77% rate their care as "excellent" or "very good"	Adult inpatients (2007/08)
Cleanliness	97% rated the labour/delivery rooms as "very clean" or fairly clean"	Maternity (2007/08)
Given inconsistent information	11% say that different members of staff gave them different information	Outpatients (2004/05)
Professional attitude	97% felt that their psychiatrist treated them with dignity and respect	Community mental health services (2006/07)
Informed about medication side effects	46% said they were not told about what medication side effect to look for	Adult inpatients (2007/08)

# Empowering people:

Information accreditation scheme: Making information reliable and easy to use

## The issue

There is currently substantial variation in the quality of health and social care information available to support people in making decisions. There is also no nationally recognised way to reassure people that the information they access is from a dependable source. In a recent Healthcare Commission survey, around a third of all healthcare professionals felt that the information with which they provided people was inconsistent.

## Our response

An information accreditation scheme will be a way for people to know that the information they are using is reliable. It will also support information producers in raising the general standard of information. The scheme will be focused at the organisation level – accrediting the source of information rather than the information itself – and people would be reassured through a recognisable quality mark. The scheme will have a broad impact as the quality mark will feature on a range of information sources – from websites to pamphlets.

## Next steps

Throughout 2008 the scheme and its proposed structure is being tested with 35 information

producers spanning the public, commercial and voluntary sectors. We will also be tendering for a scheme owner. The scheme will be launched in Spring 2009 and, subject to achieving certification, the information producers involved in the testing phase will be the first scheme members.

## Find out more:

[www.dh.gov.uk/accreditation](http://www.dh.gov.uk/accreditation)

**You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.**

**People's involvement in their healthcare and in the NHS, Draft NHS Constitution**

## Patients' prospectus

Our information initiatives dovetail with the patients' prospectus. The prospectus is the first national offer to people living with long term conditions extending choice to support self care. It is generic rather than condition-specific and

focuses on four key areas: information, skills and training, tools and equipment, support networks, as well as highlighting healthy lifestyle choices. Visit [www.dh.gov.uk/longtermconditions](http://www.dh.gov.uk/longtermconditions) for further information.

# Empowering people:

Information prescriptions: the right information at the right time

## The issue

There is currently no mechanism to ensure that a person will have access to or receive the right information when they need it most – at diagnosis or as their needs continue.

## Our response

The development of information prescriptions is fundamental in filling this gap to ensure that people get the right information at the right time. Information prescriptions will allow everyone to have access to the information they need to manage their health and care.

They point people to sources of information about their health and care – for example about conditions and treatments, care services, benefits, and support groups. They include contact details and website addresses that people may find helpful and where they can go to find out more. The information prescription will be given to people and their carers by health and social care professionals (for example GPs, social workers and district nurses).

Information prescriptions also aim to improve equitable access to the quality information people want and need by standardising the process of giving people information, making the delivery of information systemised and routine.

## Next steps

Pilots were conducted throughout 2007 and have informed the design and delivery of information prescriptions, and provide evidence of their effectiveness and their impact on the public, professionals and organisations. During 2008, NHS and social care organisations are considering how to implement information prescriptions using the learnings from the piloting programme.

An online resource pack has been developed to support implementation, and the NHS Choices website provides national support. Ultimately, all sources of information on information prescriptions will be quality assured through the information accreditation scheme.

## Find out more:

[www.informationprescription.info/resource](http://www.informationprescription.info/resource)  
[www.nhs.uk](http://www.nhs.uk)

**NHS**

**choices**  
your health, your choices  
[www.nhs.uk](http://www.nhs.uk)

**Dr Bhupinder Mangat, a GP in Hounslow for 30 years, demonstrates how information can empower people:**

**“People come to my surgery with sheets of paper they’ve printed from the internet, and they say, “I want what it says here”.**

**I’d much prefer them to come in with sound information from NHS Choices. I may have to explain the advice isn’t appropriate for them but at least the discussion will be on a sound footing. That’s really positive.**

**Helping patients understand their conditions is the first step to treating it.**

**Internet sites are neither a replacement nor an alternative to a doctor. But nothing is more valuable than a good education.”**

**Working together for patients.** We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

**NHS values, Draft NHS Constitution**





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