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PCTs report culture change in engaging patients and the public

Primary care trusts have reported significant changes in the last two years to the way they organise patient and public engagement in commissioning, amounting to the beginnings of a cultural shift, the Picker Institute says today.

However, the change in culture may, at this point, be mainly within the PCTs' own management, rather than something that has impacted on the public or changed the nature of services. The public have yet to have a strong influence on the content of most patient and public engagement (PPE) strategies.

Sixty out of 152 PCTs (40%) responded to a Picker Institute survey in February 2009, which aimed to assess the impact of the Department of Health's World Class Commissioning framework (WCC) on PPE in commissioning. A previous survey had been carried out in 2007, before the advent of WCC.

The findings showed that:

- 82% of responding PCTs reported either 'significant' or 'sweeping' changes to their organisational culture and approach
- strategic and managerial responsibility for PPE had moved up the organisation to chief executives or executive directors since 2007
- engagement is now seen by many as a 'corporate' task, which is 'everyone's job'
- most PCTs are increasing their investment in PPE and communications, by taking on more staff and increasing expenditure budgets
- some PCTs are conscious of the need for patient and public engagement to happen earlier and more systematically in the commissioning cycle.

However, the Picker Institute's analysis is that this cultural change may still be limited to the PCTs' own management, based on the following findings:

- PCTs reported that it was the managers with relevant responsibilities who were by far the strongest influencers of their PPE strategies. Patients, the public and the Third Sector were seen as less often influential, and clinicians and front line PCT staff rarely had influence.
- more than half the PCTs said they still did not have the results of engagement early enough in their decision-making processes, and many, as in 2007, still reported that they did not have enough resources, capacity, knowledge and skills for PPE.
- as in 2007, the most commonly used engagement methods remain the more formal consultative ones, although a wider range of new approaches is beginning to be used.
- as in 2007, engaging beyond the 'easy to reach' is still cited as a barrier by some PCTs.

The respondents expressed a strong preference for actual (not virtual) networks and face to face meetings as the best way to share information and learning about PPE, with some suggesting that strategic health authorities should act as conveners.

Although some of the responding PCTs were enthusiasts for World Class Commissioning, most were reluctant to attribute their organisational changes to WCC alone, often stating that the framework coincided with or reinforced a shift that was already under way locally.

Don Redding, head of policy at the Picker Institute, said:

“World Class Commissioning requires that proactive, continuous and meaningful patient and public engagement should drive commissioning decisions. The ‘significant’ or ‘sweeping’ organisational changes that many PCTs say they are putting in place may bring this goal closer, but it is not yet a reality.

“PCTs are more aware of the need to get the public involved early in decisions, but also report they are far from achieving that. They are only beginning to use diverse methods to reach wider circles of the community. They face a key challenge in getting their own front line staff and clinicians to engage patients and feed into commissioning priorities.”

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Notes to editors

1. The full report of the survey – ‘Patient and public engagement: the early impact of World Class Commissioning’ -- will be available at www.pickereurope.org from Monday 9th June 2009
2. The report of the 2007 survey, ‘Patient and public involvement in PCT commissioning’, is available at www.pickereurope.org/Filestore/PIE_reports/project_reports/PCT_commissioning_survey_report_FINAL_for_web.pdf
3. The 2009 survey was sent to all 152 PCT chief executives in England, and achieved a 40% response (60 PCTs). Among these, in 38% of cases the response was completed by the chief executive; 38% by an executive director; and 17% by the PPE lead manager.

For further information

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Survey findings in more detail

Changes to organisational culture

- 18% of respondents said the PPE elements of WCC had created 'sweeping' changes to their organisational culture and approach; 65% said these were 'significant'; while 10% said their PPE strategy had changed, but not their culture; and the other 7% reported 'minor' or 'no' changes

Responsibility for PPE strategy

- in almost all cases *strategic* responsibility was held by the chief executive (23%) or another executive director (72%). In 48% of cases a director also held the *managerial* responsibility for implementing the PPE strategy. (In 2007, no PCTs said their chief executive held strategic responsibility.)

Budgets

- 88% of respondents said they had a specific budget for patient and public engagement, of whom 62% said it would increase in real terms in 2009-10 and the other 38% said it would stay the same. No respondent reported a decreasing budget for PPE.
- 85% said they had a specific budget for external communications, of whom 45% said it would increase in real terms in 2009-10, while the remainder said it would stay the same. No respondent reported a decreasing budget for external communications.

Staff numbers

- 75% of respondents said they had either increased, or made plans to increase, their whole-time equivalent staff in PPE
- Over 60% said they were increasing their staff in social marketing, internal communications, public health and external communications.

Corporate responsibility and earlier engagement

Responses on these subjects were given through 'free text' answers provided by the PCTs. Following the question on the extent of cultural change in response to WCC respondents were offered a chance to describe these changes. Several said that they now saw a need for earlier engagement: 'the first step in the process of any service changes'; 'engaging earlier in decision-making', etc. Several described 'embedding PPI within everyone's role'; 'getting to a place where this is everyone's job'; 'PPE is everyone's business', etc

These answers were reinforced by the question on barriers to PPE driving decision-making, where the highest response, registered by 53%, was 'difficulty ensuring that information from PPE work is available early enough'.

Who was 'highly influential' on the PPE strategy?

- the most cited actors were, in order, the PPE lead manager, PCT directors, the chief executive, and non-executive directors, all cited by over 50% of respondents
- the most cited non-PCT influence was the local patient forum or LINK, cited by 38% of respondents, then voluntary sector or service user organisations (28%), individual patients or service users (27%), and community leaders and representatives (23%) and the general public (10%).
- only 8% said clinicians had been highly influential; likewise PCT staff

Barriers to PPE driving decision-making

- 53% of respondents cited the difficult of getting PPE results early enough
- 42% cited lack of resources for PPE; 40% lack of communications capacity; 32% lack of PPE knowledge and skills
- 38% said there was difficulty reconciling patient and public views with stated NHS priorities, and 27% that there was difficulty reconciling the views and priorities of different groups of patients and the public

Methods

- the 'traditional' methods of engagement were the most commonly reported, including public meetings (used by 93% of respondents); formal consultation (88%); focus groups (87%); surveys (87%)
- patient panels were used by 45% of responding PCTs, but citizens' juries by only 17%
- 40% of respondents ticked 'other'. When asked to give more details a wide variety of approaches were mentioned. These included the use of panels (other than patient panels) such as for households, citizens, or young people; reference groups and other public fora; various kinds of special events, including some participatory approaches; and joint initiatives with other local partners such as the local authority, the Third Sector, or a neighbourhood link scheme

The 'hard to reach'

Several respondents used the opportunity to describe 'other' barriers to PPE driving decision-making to cite the problem of engaging beyond the 'easy to reach': 'usually the same few patients turn up'; 'engaging with groups that find it hard to reach us'; 'in our more deprived areas health comes down a list of their priorities'. In 2007, three quarters of respondents had agreed that 'our current engagement processes don't reach "seldom heard" groups'.