

Background

Across the health system there is an expectation that patients and the public are actively engaged in shaping services. Reports such as [The King's Fund's *Patients as Partners*](#) (July 2016) make the case for why this is so important and how to do it. Other reports, such as [Incisive Health's early study](#) of Sustainability and Transformation Plans (November 2016) continue to find that engagement and coproduction are often limited in reality. At the level of primary care, all CCGs have a statutory obligation to involve patients and public in shaping their plans, but it can be a constant challenge to make sure it is satisfying for those involved, meaningful for the CCG and impactful for the wider population. Meanwhile, there is always a risk that engagement becomes a case of 'going through the motions' – of convening meetings and giving presentations, but failing to make the most of the time and energy that both officers and participants are investing.

In 2016, Birmingham CrossCity CCG recognised that they needed a change of approach, and commissioned OPM to review their public and patient engagement structures and to propose ways they could be strengthened. We began by talking to the engagement team and their colleagues within the CCG, along with the current patient councillors and a range of other people involved in wider engagement activity – including chairs and members of patient participation groups (PPGs) attached to local GP practices.

As the CCG was aware, the existing public and patient engagement structures were not working as well as they should. Patient councillors, for instance, didn't feel they were able to make the active contribution that they had envisaged when taking on the role, and that too often, meetings didn't achieve anything tangible. Within the CCG, staff felt that the engagement structures took up a lot of time and energy without generating real impact. There was frustration on all sides and a strong desire to make things work more effectively.

What happened to tackle the challenges the CCG and local stakeholders identified?

After talking to a range of people involved, OPM fed back to public and patient representatives at a workshop. People in the room were asked to help shape new approaches to engagement that could overcome the tensions and frustrations that everyone acknowledged were getting in the way. OPM and the CCG then used those reflections and suggestions to inform the design of a new model, which stakeholders came together again to discuss and refine further. The new structure which resulted from this work has been put into effect since the summer. Key features include the following:

- **Strategic Patient Partners (SPPs):** The previous patient councillor role was seen to lack clarity in terms of its remit, and meetings seemed to lack purpose. This has been replaced by the new SPP role, which has been clearly framed from the start. Those SPPs who were previously patient councillors have been part of the review process so understand the change, having helped to define it themselves, and new people arriving in this role get a clear explanation of what they're signing up to – and what they're not. Instead of regular meetings with presentations and discussion but few useful outputs, the SPPs are frequently contacted by the engagement team with opportunities to get involved in CCG reviews, projects and initiatives. Individuals then come forward to contribute to topics or issues where their experience or interest means they have most to offer.
- **The People's Health Panel:** the panel had already been set up before the review, and was established to give the CCG access to a larger pool of local people (circa 3,000) with a range of backgrounds and health experiences. Members of the panel are invited to take part in consultation and engagement work reflecting what the CCG needs at different times – for instance, to inform plans for specific service areas or conditions. This can involve something as quick as filling in an online survey, or taking part in a focus group. For those who develop an interest, the panel may provide a route into more in-depth, ongoing involvement – joining a local PPG, for instance, or becoming an SPP or 'expert by experience'.
- **The Primary Care Engagement Forum:** this will be a bi-monthly meeting where PPG members and Chairs come together to hear about what's happening across primary care in the city. More than a series of presentations, however, these events are designed to help people make connections with the CCG and with each other, building that network of individuals and groups who are interested in supporting and shaping primary care in the city so that it becomes more than a sounding board for the CCG.

How is this new structure working and what does it feel like?

Three months on from the last design workshop, the CCG is very happy with the way things are now working. Relationships between the CCG and its most involved community stakeholders – the newly recruited SPPs – are much healthier and much more collaborative. The engagement team and the SPPs are in regular contact, in most cases at least once a week, with SPPs often spending time in the CCG offices working alongside staff on the topics they've come forward to support. CCG staff who admit that they previously felt patient representatives were making work for them now see them as a support to their work – a genuinely valuable resource which is generating new ideas, new perspectives and even 'eyes and ears' on the ground in a way which is almost impossible for CCG staff.

“When I started at the CCG, I could see that relationships had become very difficult – to the extent that CCG staff would dread getting a phone call from the patient reps. We don't feel like that at all anymore; we look forward to them calling us – we call and update each other. Sometimes, the SPPs will offer to go to events that we as staff can't

get to, and they'll report back to us. Some of them who were previously quite disappointed and frustrated are now pleased with what they're seeing happening."

The Primary Care Engagement Forum, meanwhile, has reinvigorated the CCG's interaction with the area's PPGs – not only the chairs of PPGs, but other members who want to take an interest in the bigger picture of primary health in the city. This can be helpful for PPGs where the chair is less engaged and less interested in connecting-up with the wider local system, as fellow members can now take part directly. At present, the Forum is chaired by one of the CCG's lay advisors – giving it a direct link to the governing body, which was missing from the previous model.

"Members in some PPGs tell us they're frustrated by their chair if they're not very proactive or a bit 'insular' in terms of their interests. Those members can now come to the Forum, take part in discussions with the CCG and with their peers, and take those discussions back to their groups – so it's helping to build better networks and more plugged-in PPGs."

As a result of the changes the engagement team feels that they can work much more efficiently and effectively. It has one less team member since the review took place, yet thanks to the changes they have made they feel they are able to achieve more than they were previously. And across the organisation as a whole there is renewed confidence in the CCG's ability to involve the public in helping to shape services. Where some once saw engagement as absorbing a lot of energy without adding much real value to the work of the CCG, they can now see a different, much more positive picture.

'We're in a totally different place – I think we're able to have much more impact than we were before. We can more efficiently resource our engagement work now, and with fewer staff.'

What can others take from this experience?

- **Start with a simple structure** where those involved can see where their contribution fits and how it can help to make a difference. For instance, make it clear how discussions held in one forum can inform planning and decision-making somewhere else in the system.
- **Invest time in relationships with stakeholders, which in turn create networks.** Whatever someone's formal role within a structure, it's the nurturing of 'informal bonds' that builds trust, good will and knowledge about each other's interests and preferences.
- **Design meeting formats which model a commitment to participation and collaboration and are clear about their focus and objectives** – so avoid traditional 'presentation plus Q&A' agendas, and instead encourage discussion, reflection and sharing ideas between participants.
- **Make it clear what's possible and what isn't** and ensure sufficient feedback so that contributors know what has happened to their input and why.
- **Be clear what different aspects of your engagement activity are trying to achieve** – collecting feedback about service experience from a representative sample will demand a

different approach to testing ideas and plans with a specific cohort, and will be different again to marshalling the skills and energy of a small number of people to support strategic-level change. As such, create a structure which allows different people to have different sorts of inputs – some one-off, some ongoing – but also create opportunities for movement between these groups and levels so that you're always growing and learning from a pool of active and involved citizens.