

Ms Rosin Kelly
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Dear Roisin

Public Participation Strategy – Consultation

Thank you for the opportunity to respond to this consultation. This response is made on behalf of the four Health and Social Services Councils on Northern Ireland. The format this submission will follow is a specific response to each question contained within your consultation document.

2(a) Do you agree with RQIA’s definition of Public Participation?

We agree with the broad definition of Public Participation contained within the document – as we would read it – in the first sentence of paragraph 2.2.

Patient and Personal Involvement (PPI) is a relatively new concept within Health and Social Care and one on which the Department of Health and Social Care - as you note in your document – recently issued guidance which the four Health and Social Services Councils felt able wholeheartedly to support. Given the existence of this guidance, and the need to raise awareness and understanding of PPI, we would prefer to see HSC organisations use similar – or the same - definitions as are contained within the guidance unless there is a compelling reason not to do so. If it were possible to amend this document by quoting directly the departmental guidance, this would be our preference.

2(b) Are there any groups that have not been identified as a “public” by RQIA?

We would suggest that government and elected representatives are a group that should be included in your diagram. We would suggest also that the Independent Sector (as opposed to Voluntary and Community Sector) organisations should be included. We are not sure of the difference between “Community and Voluntary Organisations” and “Charity Organisations” in this diagram. We would suggest also that the General Public should be shown as a group in addition to patients, clients, carers and family members.

2(c) Is “public participation” the correct term to describe this area of work?

As with our answer to **2(a)** above, we would prefer it if the term “Personal and Public Involvement (PPI)” were used as the use of common terminology across HSC organisations will, in our view, help to raise public awareness and understanding of PPI and its purposes.

2(d) Are there any other comments you would like to make on this section?

It would be helpful to have a diagram of RQIA Functions showing where and how PPI impacts on the work of the organisation (e.g. lay members of inspection panels under registration and inspection; focus group participation in project based work and so on)

3(a) Are there any other ways you would like RQIA to communicate with you?

The paragraphs here, in our view, amount to a high level statement of intent encompassing – potentially – all methods for engagement. With this in mind, there are no specific additional ways in which we would like RQIA to communicate but we would hope that RQIA will keep the strategy under review as it moves into practice.

3(b) Would you like RQIA to use any other methods of establishing and developing relationships with the public?

Please see response to question **3(a)**. The same principles apply – we would like to see RQIA communicate that it will be a learning organisation – developing and responding to what works in the actual implementation of the strategy.

3(c) How would you like RQIA to provide you with feedback?

Please see response to question **3(a)** but also to our answer to **2(d)** – that there should be feedback is an important commitment but the method of feedback will depend on the type, level and function of the involvement – and should vary accordingly as should the methods of engagement themselves.

3(d) Are there any other comments you would like to make on this section?

We have no further comments to make at this time but will watch with interest the development and implementation of the strategy.

4(a) Are there any issues around accessibility you would like us to consider?

The statements on accessibility are very high level and we will look forward to hearing from RQIA further as these matters are clarified. Even within that, however, we would like this document to indicate a broader understanding of accessibility than information and physical access with reference to its relevance in openness and transparency of operations, in addressing language and cultural difference and so on.

4(b) Are there any other comments you would like us to consider?

We have no further comments to make at this time but will watch with interest the development and implementation of the strategy.

5(a) Do you understand the role of lay reviewers in RQIA?

The document is too short for an understanding of the role of lay reviewers to be established by it. While the Councils will have some understanding of the term and the context this will not be the case for people with little or no current understanding of RQIA and its functions.

5(b) Do you have any suggestions to further develop the role of lay reviewers in RQIA?

Please note our response to Question **5(a)**. The commitment to use and training of lay reviewers is welcome. We would welcome concerted action by RQIA to recruit lay reviewers from a broad cross section of the public and to target specific groups for specific tasks – for example older people and carers for residential and nursing home visits. The principle of experts by experience might be a useful guide.

5(c) Are there any other comments you would like to make on this section?

We have no further comments to make but – as with the remainder of the document there are substantial areas for further development and we would ask that RQIA engage stakeholders fully in this.

6(a) Are there any other issues in relation to training and awareness that you would like to consider as part of the Public Participation Strategy?

The statement of intent with regard to training and awareness raising is very welcome. Clearly there are issues for further development and we would wish, in particular, to see innovative and action centred training that brings staff immediately into direct contact with patients and the public rather than any arguably more remote and theoretical approach. An approach to training based on the delivery of PPI within current projects – “on the job” training will we feel do more to establish active PPI in any organisation by building confidence through practice with training support.

6(b) Are there any other comments you would like to make on this section?

The resource implications of training and of supporting the developing PPI function need to be taken fully on Board.

7(a) Are there any other issues in relation to working in partnership that you would like RQIA to consider as part of its Public Participation Strategy?

These paragraphs are too narrow in that they focus on the formal corporate partnership arrangements of the organisation and we would not regard these – important as they are – as delivering partnership as such. The paragraphs do not reflect the range of “publics” identified earlier in the document and in our view

require substantial further development. RQIA partnership must be with service users as the regulator of services and must seek active ongoing engagement with representative organisations, advocacy organisations and community organisations in order to ensure that its recommendations are, wherever this is necessary and appropriate to its functions, based at least in part on insight into user experiences of the services under scrutiny.

7(b) Are there any other organisations that RQIA should develop partnerships with?

Please see the response to 7(a).

7(c) Are there any other comments you would like to make on this section?

Please see the response to 7(a)

8(a) Do you agree with the approach for monitoring and evaluation of RQIAs Public Participation Strategy outlined above?

While we welcome the commitment to the production of an action plan and the monitoring of progress at high level within the organisation it would be helpful also to have reference to RQIA's own accountability to a higher authority and the part that the PPI Strategy will play in this.

8(b) Are there any other issues in relation to monitoring and evaluation that you would like RQIA to consider as part of the Public Participation Strategy?

We would like to see a commitment to some form of external evaluation of user attitudes and experience of the strategy.

8(c) Are there any other comments you would like to make on this section?

Please see the responses to 8(a) and 8(b).

9(a) Do you agree with the approach structure for the development of the Action Plan outlined above?

We do agree with the structure set out which looks to be an effective way to manage the implementation of policy and strategy.

9(b) Are there any other comments you would like to make on this section?

We have no further comments to make on this section.

11(a) Are there any issues in relation to complaints that you would like RQIA to consider as part of the Public Participation Strategy?

We commend the fact that RQIA has made explicit the link between complaints management and patient and public involvement. For us, any organisation that is serious in its culture about PPI will reflect this in the priority and approach to

complaints management. The Health and Social Services Councils continue to experience difficulties in the management of complaints by residents of nursing, residential and care homes which have to do with a lack of clarity of responsibility for these complaints between Trusts and RQIA. We note the impending introduction of a new complaints process and would like to see – as part of this – an end to this lack of clarity – at least as far as RQIA responsibilities go.

11(b) Are there any other comments you would like to make on this section?

We have no further comments to make on this section.

12(a) Do you have any further suggestions or comments on any aspect of this strategy?

We commend RQIA for moving quickly to the production of a strategy and we commend RQIA's involvement of external bodies in its production. Our specific comments appear in the preceding paragraphs; however, in general we feel that the document is too short and too broad to do anything other than express general principles. We think further development of the strategy is necessary as well as the development and delivery of a robust action plan. We have indicated in the preceding paragraphs where we think such work might focus.

We hope that these comments will be helpful. We are happy to discuss further any aspect of this response and we look forward to working with RQIA on the further development of the strategy and the accompanying action plan.

Yours sincerely,

Richard Dixon

On behalf of the Health and Social Services Councils of Northern Ireland