Joint UK Health and Social Care Regulators' Public Patient Involvement Group
Developing work plan: updated following meeting of 12 January 2006

Note: Individual projects listed below may require agreement of individual Councils/Executive before proceeding beyond research stages

Summary of projects

	Project (and current status)	Purpose
1.	**A standard page on web-sites** (? Completed: take-up to be audited)	To explain the context of UK healthcare regulation and additional 'sign-post'. Incl web-links to other regulators. A PDF of the joint information leaflet (+ translations) to be included when available.
2.	**A shared simple web-site** (researching utility, options and costs)	To explain the context of UK healthcare regulation and additional 'sign-posting' for the public to find their way to regulators' web-sites and other relevant information.
3.	**A joint UK and social care regulators' patient information leaflet** (piloting)	To direct people to relevant regulators should more information be required; to contribute to raising public awareness of regulators by explaining what they are and what they do.
4.	**Making the register more usable; referred by Chief Executives of health regulators** (commenced Jan 06)	PPI contribution needed to establish public/patient experiences and expectations of the health regulators' registers. One aspect of an ongoing health regulators' project led by Chief Executives.
5.	**Joint Health Regulators' Good PPI Practice Handbook** (completed – one year pilot to commence Jan 06)	To identify good practice in PPI and then develop, and share, practical methods for implementing and auditing it. To be kept up to date and its effectiveness under review.
6.	**Evaluate impact of PPI within each PPI Group member organisation** (to be completed by 1 Jan 2007)	To facilitate the implementation of effective PPI.
7.	**Seminars on PPI aspects of regulation** (researching utility and possible format)	To learn from the good PPI practice of other PPI Group members and to enable input from public and patients.
8.	**Identifying areas of future PPI Work**	Anticipating/identifying areas of joint work that may require PPI input and offering assistance/or providing a service upon request to project leads.

Further details of each project's progress are on the pages below.

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N.B. High priority: to be commenced/implemented/achieved between January 2005 – January 2007; Medium: January 2007-January 2008: Low: January 2008-January 2009

Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
1. Standard information on web-pages **Purpose:** to sign-post the appropriate regulator for the public/patient to contact when necessary				
a) Page on each regulator's web-site with an explanation of the context of UK health and social care regulation. i.e. who we are, what we do, why, and how we do it. And including: b) Links to the web-sites of UK health and social care regulators; and c) A downloadable version of the regulators' joint information leaflet (when available) To consider referral to Communications Managers/CEs to propose development April 2006.	Project lead: **HPC** Project support: **GDC** **Confirmed participants: ALL**	**Commenced** • Agreed in principle by PPI Group on 11/4/05 • Standard wording considered on 2/9/05 (GCC paper deferred from July 2005 meeting) and agreed deadline of 31 Dec 2005 for implementation. **Take-up to be reported on 5 April 2006** • To be kept under review (use current joint leaflet text) and developed further if/when appropriate.	**High** When project completed fitness for purpose to be reviewed regularly (and no less than every 12 months)	**NIL cost to PPI Group.** Individual staff time necessary. Possible costs associated with web-site design incurred by individual regulators?

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
2. A shared simple web-site (to be hosted by an established regulator but with its own domain name e.g. www.aure.org.uk is hosted by GMC) **Purpose:** to explain the context of UK healthcare regulation and additional 'sign-posting' for the public to find their way to regulators' web-sites and other relevant information				
Phase one: research viability of simple web-site – what can be achieved? What are its limitations? Costs? Who to own and maintain? Who to populate it? **Phase two**: once info gathered, consider next steps – piloting/development suggestions and approval of CEs re implementation/Comms Managers.	Project lead: GDC (Tara Phillips) Project support: X Confirmed participants:	Commenced: initial research undertaken on utility, options and costs. To be reported to PPI Group on 5 April 2006 for next steps. Refer on with recommendations? (Comms/CEs)	Medium	To be established

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
3. The production of a joint UK and social care regulators' patient information leaflet **Purpose:** to direct people to relevant regulators should more information be needed; the contribute to raising public awareness of regulators by explaining what they are and what they do				
a) Relevant to all target groups but written with patients in mind to 'sign post' clearly which regulator a patient should approach as/when necessary. b) Agree leaflet purpose and target audience ✓ c) Agree initial text ✓ d) Pilot and review text ✓ e) Agree design and layout ✓ f) Phased printing 1 (limited distribution: 2000 copies to 90 outlets) ✓ g) Review distribution with a view to wider roll out – projected print-run? h) Agree lead for supervising stocks and distribution – projected annual printing and distribution costs? i) Agree lead for obsolescence policy, reviewing text, and fitness for purpose	Project lead: **GMC (Sophia Bhatti)** Project support: **Working Group: HPC, GDC, CHRE, NMC, GOsC** **Confirmed participants:** GMC, GOsC, GOC, GCC, GDC, NMC, GSCC (Eng), CHRE, HPC	**Commenced** Agreed in principle by PPI Group: January 2005 **Phase one: drafting and piloting by Working Group/CPPIH complete. Outcomes reported 12 January 2006.** **Phase two: Working Group to report on outcome at Apr 06 meeting. To include worked-up specification for wider distribution.**	**High** Quantities distributed, to whom, and user feedback to be reported at each meeting Text to be reviewed regularly (and no less than 12 months of date of publication)	**Phase One: start up costs £5K + VAT** Design Initial pilot print run & postage Redesign and amends Plain English Campaign Translations **Phase Two: implementation** Launch, distribution and reprints Postage **Costs: to be reported**

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
4. Making the register more usable: referred by Chief Executives of Health Regulators (NEW PROJECT) **Purpose:** PPI contribution needed to establish public/patient experiences/expectations and accessibility of Registers				
This is one aspect of an ongoing health regulators' project led by Chief Executives. PPI input needed. Phase one: Research and develop a project plan that sets out recommended methodology and objectives, the likely costs. (Contract out? Tendering process?) Phase two: Implement Phase three: Report outcomes to CEs Phase four: Include in PPI impact audit	**Project lead** GCC Rebecca Stone **Project support:** Working Group: Sophia Bhatti (GMC) Victoria Nash (HPC) Caroline Abel-Smith (GDC) Angeline Burke (NMC)	**Commenced Jan 06** **Fully worked up project specification to be reported to PPI Group at April 2006 meeting. Core item.**	**High** Estimated completion by Autumn 06.	Budget to be established and agreed.

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Project components	Lead responsibility/participating organisations	Project status	Priority/length of project life	Estimated cost
5. Joint Health Regulators' PPI Good Practice Handbook **Purpose**: to help identify good practice in PPI and to share practical methods for implementing and auditing it. To be kept up to date and its effectiveness under review.				
For use by regulators' staff and members to help implement and audit PPI strategies. To address common issues facing all regulators and sign-post the methods to be used to achieve specified outcomes. References to be included for those wishing to undertake detailed research. The Handbook will need to be kept updated and under review Phase one: contract-out research of current published PPI guidance and drafting of handbook. Lindsay Mitchell – Prime R&D ✓ Phase two: distribute to health regulators, oversee pilot year; review audit of feedback forms; propose updates/amends and/or other relevant issues at the end of pilot yr. Provide interim reports to PPI Group. Phase three: wider roll out/distribution once it's as good as it can be. Phase four: if Handbook is useful - will need to be kept under constant review and updated.	Project lead: **GCC** Project support: X **Confirmed participants**: GCC, GMC, GDC, HPC, GOsC , NMC, CHRE, GOC (note GSCC confirmed not – Handbook is health focused. To include Social Services would be an additional mammoth task.) **Phase two: oversee pilot year** **Working Group: PBH (GCC), Sophia Bhatti (GMC), Paul Sommerfeld (GOsC), John Leece-Jones (NMC)**	Phase one: **completed**. Pilot copy signed off 12 Jan 06 with minor amends. For one year pilot.	**High** 1. To be kept updated and reviewed no less than every 12 months (Working Group)	**Phase one: £4.6K (incl VAT)** **Phases 2-4 : staff time**

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Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
6. Evaluate impact of the Joint Regulators' PPI Group **Purpose:** to facilitate implementation of PPI; to establish what's worked and what hasn't; to contribute to better PPI				
Phase one: draft PPI impact evaluation template for PPI Group's agreement	**Project lead:** Sophia Bhatti (GMC) **Project support:** Michael Lovibond (GDC)	To discuss first draft at September 06 meeting. To agree amends. To be completed by Jan 07.	High	
Phase two: disseminate and PPI Group member organisations to complete	Confirmed participants: ALL			
Phase three: analysis and report progress back to CEs				

Project components	Lead responsibility/participating organisations	Project status	Priority/length of project life	Estimated cost
7. Seminars on PPI aspects of regulation **Purpose:** to learn from the good PPI practice of other PPI Group members and to enable input from public and patients.				
Phase one: research utility, potential subject areas, timetable and likely format for proposal to be considered by PPI Group in April 2006. Costs? Suggested at 12/01/06 meeting: start with a seminar on PPI and Registers. Invite relevant staff and public/patients/users. Ref: Usability of Registers Project.	**Project lead:** Eileen Nielsen (RPSGB) **Working Group:** Anna Van der Gaag (HPC), Elisa Provuost/David Smith (CHRE)	**Research started Jan 06.** **To be considered by PPI Group in April 06.**	High	To be established.

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8. IDENTIFYING ISSUES THAT MAY BENEFIT FROM PPI INPUT.

The PPI Group identified four main areas of work, currently ongoing within regulation, which may benefit from PPI input. Some of these 'themes' overlap with projects listed in the Work Plan (see 8a below). Briefly, these common themes are:

1. Reviews of core publications e.g. codes of practice, conduct, ethics and patient information leaflets. Specifically, guidance on professional boundaries/chaperones.
2. Identifying and embedding 'user friendly' complaints procedures – throughout the process (within statutory remits).
3. Access to registration information. To what information do the public need access and in what format? Now under PPI Group consideration (Pg 5).
4. Europe: issues related to the freedom of movement of health and social care professionals – sharing FTP information with other countries – what do patients expect? (Ref implementation of Qualifications Directive and implications of draft Services Directive).

At its meeting of 12 January 2006, the PPI Group agreed that the Chairman would write to the Chief Executives to offer assistance.

Project components	Lead responsibility	Project status	Priority/length of project life	Estimated cost
8a) Provide feedback mechanisms for patient complaints **Purpose: to provide PPI input into relevant aspects of the review and development of fitness to practise procedures**				
Measurement mechanisms for complainant experiences during complaints process/PPC hearings to inform processes and support/advice where possible. **This could be linked to ongoing project by Chief Execs. So we'll need to await outcome of that (CEs reporting to CHRE re performance review Jan 06)**	Project lead: X Project support: X	**Not commenced** **Considered on 12 Jan 2006.**	Medium priority. Potentially a long term project.	Potential to contract out research and implementation and initial audit to ensure processes are embedded. Costs currently unknown.
Chairman of PPI Group to write to CEs to offer PPI Group's help in joint projects requiring PPI input.				

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<u>PROJECTS COMPLETED OR EVOLVED AND/OR ON 'BACK BURNER' /OR REJECTED (original numbering retained for time being for our easy reference to past versions of the Work Plan)</u>

A) Projects listed in earlier versions of the Work Plan and completed.

5.1. PPI Group member strategies – common PPI themes identified: Lindsay Mitchell, Prime Research & Development *Contributed to Work Plan and Terms of Reference*	Project lead: **GCC**	30/3/05 document **completed**	**Completed** To be kept under review. Basis for audit tool.	**£1.2K** GCC funded
5.2. Developing a Public and Patient Involvement Strategy and Work Plan: Peaches Golding Marketing & Communications: facilitated PPI Group discussion and Report *Contributed to Work Plan and Terms of Reference*	Project lead: **GCC**	11/4/04 facilitated PPI G discussion 17/6/05 document **completed**	**Completed** Document to be kept under review. Basis for audit tool	**£1K** GCC funded
7.4. Linking national regulators and PPI member organisations with local activity			Principle for all projects	
a) A proposal for regulators to have a **single exhibition stand** at conferences to share costs and disseminate core messages about regulation – attend conference fringe events	a) Project lead: **GDC** Project support: X	a) **Research completed**. *Likely to be referred to Comms Managers.* **Deferred from 12 Jan 06 to next meeting.**	Medium	a) ? production and design costs for a joint 'pop-up' stand: **£3-4K** conference £6K each (space/living expenses) How many to attend per year? 4? **£24K**
b) **Joint diary of conference attendance** to be drawn up to identify current activity and how it can be utilised for PPI purposes	b) Project lead: **GDC** Project support: X	b) **GDC** have prepared a table of conferences regulators plan to attend during 2006.	Medium	b) staff cost and time commitment Costs: **£K unknown**
7.6. Identification of patient needs **Top five issues and projects collated and forwarded to PBH. Circulated to PPI G members on 11 October 2005**	a) Project Lead: X Project support: X	**Single action completed**	Principle for all projects	Staff-time

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B) Tasks that have been integrated into Good PPI Practice Handbook project and/or integrated as policy approaches for each project rather than projects in themselves/or that have otherwise evolved.

5.4. Develop guidelines on good practice in consultation exercises (see pg 15 Peaches Golding's Report of 17/6/05 for details)	Project lead: X Project support: X	?This may be covered in the PPI Handbook	**£K unknown**
5.5. Develop a joint consultation list and a process (a diary) to ensure a co-ordinated approach to undertaking consultations	Project lead: X Project support: X	?This may be covered in the PPI Handbook ?Access to joint web-site diary	**£K unknown**
5.6. To facilitate the implementation of the PPI Group work plan and strategy and keep it under regular review **EVOLVED to mean an impact evaluation. To be done by end of 2006.**	PPI Group members' role and responsibility (see Terms of Reference) Supported by **GCC** administration (commenced January 2005, formally agreed 4 July 2005 for 12 months)	**Commenced** PPI Group Meetings: 7 January 2005 11 April 2005 4 July 2005 2 September 2005 (special) 3 October 2005 12 January 2006	1. Staff costs and members' expenses incurred by individual organisations. 2. Facilities costs to host organisation 3. ?Fair fees/expenses to public/patients who contribute to consultations/focus groups **£K unknown** **Staff time**
5.7. *Further* development of 'benchmarking' projects	Project lead: **GMC** Project support: **GCC**	**No specific project commenced**	**£K unknown** **Staff time**
7.2. Training for regulators and PPI member organisations ? First establish what regulators are doing now re PPI training for staff, Council members and others associated with procedures and standard setting. Then decide where the PPI	Project lead: X Project support: X	**Not commenced.**	? contract out the research and development. Training programme development

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Good Practice Handbook can fit in (joint conference/workshops could be utilised for training purposes?)				and delivery. Audit and review. Costs: **£not established**
7.3. Educational provision ?Establish what regulators and course providers are doing now and if this work would be within the remit of the PPI Group and how it could fit in with work already in progress – would PPI Group contribution be helpful? If appropriate, then establish the emphasis on PPI and patient centred care/communication within each regulator's criteria for accreditation of degrees – comparative analysis needed. Then disseminate best practice. Measure success of implementation?	Project lead: HPC Project support: X	**Not commenced**	Low priority. Long term project.	Potential to contract out Costs: **£not established**
7.5. Establishment of the need for public and patient involvement joint workshop/conference could be utilised for this? Also linked to **5.6.** below	Project lead: X Project support: X	To be clarified. No action yet.	Medium	Costs: **£K unknown**
7.7. Consultation on public and patient involvement plans a) consult on PPI Group's strategy and work plan and obtain feedback on priorities, activities, opportunities b) hold focus groups on specific issues relevant to PPI at the developmental stage of ideas considered for implementation • **identification of focus group members** • **draft consultation document, collate and analyse responses** • **pay focus group members (where appropriate)**	Project lead: X Project support: X	No action yet.	High/medium?	If conducted in-house resource heavy in terms of time and commitment. Elements could be contracted out. **Costs: £K unknown as yet**

C) Proposed projects considered and rejected by the PPI Group

6.	**Joint conference/workshop proposal rejected by PPI Group at meeting of 2 September 2005**

Further information: Philippa Barton-Hanson communications@gcc-uk.org and Martin Caple Capleh@aol.com

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