

Public Engagement Vs Private Engagement

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1. How does the public sector engage with the citizens/consumers?

The NHS defines patient and public engagement as “the involvement of individual patients in their own care; involvement of users and carers in service design and evaluation; and engaging communities and the public in prioritisation and *planning*.” (1)

It is thought that effective PPE can lead to more patient-centred care, a greater sense of ownership among patients and moderated demand for healthcare resources.

The NHS confederation released a publication detailing the standards of engagement expected within the services, stating that “*Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012).*”

Some fundamental aspects of Public engagement into healthcare are:

- The public is the most important stakeholder in the health care system.
- Members of the public can provide a crucial perspective about the values and priorities of the community, which should lead to higher-quality decisions in priority setting.
- Engagement of the public should improve the public’s trust and confidence in the health care system. (4)

Table 1 gives an idea of the types of public engagement initiatives employed within the public sector and their advantages and disadvantages. These include implementing patients’ experience into the design of the services, for example the Patient participation group and patient advocacy group. Patients are actively being encouraged to take a commanding role in the quality of the care they expect to receive.

NHS England has several tangible aims to improve public participation in health care, these are:

1. Establish a national Citizens Assembly that will put a citizen voice at the heart of decision-making and hold the board of NHS England to account. We will also work with the British Youth Council and other children and young people’s groups to establish a Children and Young People’s Forum for NHS England.

2. Launch a national ‘Excellence in Participation Awards’ scheme that gives status and profile to patient and public participation, promoting best practice. NHS England is working with patients and carers to develop this.
3. Set up a Participation Academy, a programme of learning and development for people who want to explore roles as patient and community leaders in health and care. Working with partners, including local Health watch and health and wellbeing boards, we will work with local communities to identify routes to reach a diverse range of people who can champion the health needs and interests of local communities and citizens.
4. Create a ‘People Bank’ where citizens and organisations can register their interest in participation opportunities across NHS England’s activities and/or commissioners can identify interested people to engage with.

2. Success or failure of the Public Sector in Patient Engagement

Although the initiatives included in Table 1 have proven advantageous to patients, developing new initiatives or add-on projects is easier to achieve than changing mainstream practice. To date, much effort has been focused on securing direct involvement of patients, carers and the public in commissioning and service reviews, so there have been numerous consultations and outreach efforts, some of them quite sophisticated and large-scale. But there has been much less emphasis on tackling the quality of everyday interactions between individual patients and the clinicians who form the front line of the service.

However, a 2011 Commonwealth Fund study of eleven leading health services reported that 88% of patients in the UK described the quality of care they had received in the last year as excellent or very good. Despite this, the data also show that the UK has improvements to make in the coordination of care and patient-centred care.

Furthermore, a review carried out by the King’s Fund in 2012 observed that “*Patient and public engagement has been on the NHS agenda for many years, but the impact has been disappointing. There have been a great many public consultations, surveys, and one-off initiatives, but the service is still not sufficiently patient-centred. In particular, there has been a lack of focus on engaging patients in their own clinical care, despite strong evidence that this could make a real difference to health outcomes.*” (3) The shift to a person-centred health care represents a major departure from paternalistic nature of the NHS;

achieving the change will be a significant leadership challenge for managers, clinicians and patient representatives. (5).

In terms of the impact clinicians are having on the shift towards a patient-centred health service, the King's Fund review of 2012 observed that "*Fostering a more patient-centred clinical culture requires clinicians to develop a set of attitudes and skills that hardly feature in current training programmes. Despite shared decision-making and self-management being high on the policy agendas, the skills for informing and engaging patients are not taught to most trainees, so progress has been frustratingly slow in this area (Elwyn et al 2010). Transforming entrenched clinical practice styles is difficult – the resistance comes mainly from health professionals, not patients.*" (6) A review into leadership for patient engagement by the King's Fund notes that the biggest transformational change was seen when clinical leaders initiated the change, learning from patients' experience and using this knowledge to make health care delivery more patient-centred. An emphasis on seeing the health service through patients' eyes was beneficial to moving forward the change. This was demonstrated by the Northumbria health board who created a directorate role specifically for investigating best-practice into patient satisfaction which proved very beneficial in facilitating the changes required.

To summarise, the NHS want to promote a patient-centred health service with improved patient engagement and involvement being instrumental in this change. However, the implementation of "add-on" services will not give long-term solutions-thorough organisational change from the inside out is required. Also, a change in the way that clinicians are trained in order to achieve these changes must be implemented to reduce the resistance to change we are currently challenged with. By giving an emphasis to thorough investigation of patient satisfaction, evidence-based change can be better implemented.

3. How does the Private Sector engage with the citizens/consumers?

Private healthcare is healthcare and medicine provided by entities other than the government. More and more people are choosing to pay for their healthcare as a result of negative experiences they received in the NHS system. In 2011, it was reported that approximately 4 million people were paying for private medical insurance in the UK. These negative experiences include long waiting times, poor quality of care, lack of resources and poor organisation. Examples of private healthcare firms are BUPA and AXA.

4. Successes/Failures of the Private Sector in Patient Engagement

Despite this movement of people to private establishments, it has proven challenging to find information detailing the measurement of patient satisfaction and involvement in private healthcare, although one example is from Bupa Cromwell Hospital in England. A survey was released to patients and the results demonstrated good patient satisfaction. With over 200 patients responding, the hospital achieved a 95% Quality of Care rating, (the 12th consecutive month that this has been over 90%), and a 96% rating for nursing care. Moreover, the hospital achieved a 100% satisfaction score from those who have previously visited, and 96% of all respondents said that they were either Definitely or Likely to recommend the hospital. (7)

Perhaps the reason for this high patient-satisfaction is that private healthcare offers a service more tailored to the needs of the individual patient. For example, in private care patients are usually seen within a week or so of their GP requesting a referral and tests are arranged within a few days. Additionally, in private hospitals the treatment is usually in a private room which has hotel type services such as TV, menu choices and so on, at a time which best suits the patient.

Even though there is private healthcare and there is state healthcare, the differentiation between the two is becoming more and more unclear. This is because some NHS hospitals will provide private wards for patients, and provide beds and equipment and so on. A report by Harvard school of public health states that *“Public-private partnerships are increasingly seen as playing a critical role in improving the performance of health systems worldwide, by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems.”* (8)

5. Conclusion

The public sector uses a plethora of means to engage patients in their own care. This has become an integral part of the ethos driving forward the health service to ensure its survival. Some methods of engaging patients are less effective than others and there are still a range of issues associated with the overall delivery of the national health service. However, it is clear that the changes need to be more than superficial ‘add-ons’, they must revolutionise the way care is viewed from the standpoint of both the patients and the providers. Training both groups to take on a person-centred health service is required. In contrast, the private sector already engages its patients through a person-centred approach, boasting

high levels of patient satisfaction and increasing numbers of people using the services. This can of course be attributed to the far lower number of users compared to the NHS and so resources and time can be spent better with less people to care for. However, now the two entities are starting to merge into another so that efficiencies in healthcare and choices for patients may be maximised.

Approach	Description	Advantages	Disadvantages	Example uses
Patient participation group (PPG)	Panel of patients that provides ongoing engagement in practice decision-making	<ul style="list-style-type: none"> Provides a reservoir of actively engaged patients Provides opportunities for continuous patient input into activity 	<ul style="list-style-type: none"> Participants self-select In primary care, usually based on practice population rather than resident population, so excludes those not registered with a GP 	<ul style="list-style-type: none"> Ongoing practice-level input Specific consultation exercises
Membership model (foundation trust membership approach)	Panel drawn from the population served by host organisation, which provides ongoing engagement in decision-making	As above, but designed to cover a larger population	<ul style="list-style-type: none"> Can be expensive to run Participants self-select as above 	<ul style="list-style-type: none"> Ongoing strategic input from membership Specific consultation exercises
Patient advocacy group ¹²	Organisation – usually not-for-profit – that focuses on representing the interests of specific groups of patients	<ul style="list-style-type: none"> Can have significant expertise in relevant area Can help provide access to relevant patients 	Generally condition-specific, which can pose a challenge when setting priorities across multiple disease areas	Strategic or consultation input from the perspective of a specific sub-group of the patient population
Citizen's jury ²³	Small panel of non-specialists modelled on the structure of a jury, which examines an issue and delivers a "verdict"	<ul style="list-style-type: none"> A high-profile demonstration of public engagement Can provide an informed public view and generate wider public debate 	<ul style="list-style-type: none"> Expensive and time-consuming to run Only involves a small group – those not taking part can still feel disengaged in the process Rejecting the jury's verdict can be problematic 	One-off consultation exercises, particularly where a contentious issue is being discussed
Focus group ¹⁴	Group interview that uses communication between participants in order to generate data	<ul style="list-style-type: none"> Useful for exploring people's knowledge, experiences and thought processes Can encourage contributions from "unresponsive patients" 	<ul style="list-style-type: none"> Articulation of group norms may silence individual voices of dissent Can be expensive to run 	For detailed exploration of a particular issue or issues and to examine patients' experiences of disease and health services
Complaints analysis	Scrutiny of complaints received to identify common themes	Provides high-quality data about existing services	<ul style="list-style-type: none"> Generally only covers negative feedback Groups who tend not to complain will be under-represented 	Monitoring service quality
Experience-based design ¹⁵	Focuses on capturing service users' and carers' experiences through their stories and involving them alongside clinicians in redesigning experiences rather than just systems and processes	Incorporates patient experience into the heart of service design	Can pose challenges in terms of defining the scope of the process and not being able to influence factors outside the control of the participants	Service design/redesign
Public meeting	A meeting to explore public and patient opinion about a specific proposal	Brings people together to discuss the issue under consideration	<ul style="list-style-type: none"> Turn-out can be low Risk that the meeting becomes confrontational if the issue is communicated badly 	<ul style="list-style-type: none"> Service design/redesign Reconfiguration

Table 1: Types of Public Engagement in Healthcare

References

(1) NHS Confederation Discussion Paper 2011

(2) <http://www.nhsconfed.org/~media/confederation/files/publications/documents/patient-public-engagement.pdf>

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(4) <https://tspace.library.utoronto.ca/bitstream/1807/17938/1/Public%20engagement%20in%20setting%20priorities%20in%20health%20care.pdf>

(5) <http://www.kingsfund.org.uk/sites/files/kf/leadership-patient-engagement-angela-coulter-leadership-review2012-paper.pdf>

(6) <http://www.kingsfund.org.uk/sites/files/kf/leadership-patient-engagement-angela-coulter-leadership-review2012-paper.pdf> page 7

(7) <http://www.bupacromwellhospital.com/about-our-hospital/archive-news/patient-satisfaction/>

(8) <https://www.hsph.harvard.edu/ihsrg/publications/pdf/PPP-final-MDM.pdf>