Diverse and Inclusive Participation

A BITE SIZE GUIDE TO:

Publications gateway reference: 05420
Introduction

The NHS must be more responsive to the needs and wishes of the public, all of whom will use its services at some point in their lives. These guides aim to support clinical commissioning groups and others to plan and deliver good patient and public participation. We should work jointly with communities to improve our NHS together.
NHS England is committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system needs to be informed by those who use and care about our services. We need to ensure we do more than listen to our citizens. Their views should inform service development. Public and patient voice will be embedded into our commissioning processes in a range of ways.

Today’s society is made up of diverse individuals of varying ages, sexes and sexual orientations, races and ethnic backgrounds, physical abilities, and faiths. Different people may have different needs and may disagree about priorities.

‘Diversity’ is about recognising that people are individuals. Effective and inclusive public participation allows us to tap into diverse perspectives and benefit from different ideas to improve the quality of decisions. It enables individuals and communities to work with us and it should build their capacity to participate in decision-making processes through the development of confidence, skills, knowledge and experience.
Core principles

**Inclusiveness:**
Connecting with those who we find hardest to reach, taking steps to overcome barriers to participation and encouraging everyone to have their say.

**Reaching out:**
Being proactive in working with diverse communities.

**Mutual respect:**
Listening, understanding and acting on experiences different from our own.
Core principles

**Integrity:**
Public participation as a means of promoting integrity in democratic and development processes.

**Supporting diversity:**
Changing processes to incorporate and reflect diverse values and interests.

**Adding value:**
Working productively together to bring different perspectives in programme development and service planning.
Case study

NHS England recognises the importance of public and patient voice in improving the NHS now and for future generations and in bringing the NHS England board to account.

The NHS Citizen programme allows anyone to participate in a range of conversations about healthcare and as a result will ensure services better meet the needs of patients, resources are more appropriately targeted and the NHS is able to deliver better value for money.

Since the programme began, we have successfully enabled many quality conversations; these conversations have simultaneously fused both digital participation with offline involvement which has enabled greater involvement in the design and development of the programme.
Case study

From October 2013 to May 2014, we have had over:

- **8 million** opportunities to view Twitter conversations
- **13,000** hits on the webcasting of our events/ workshops
- **1,000** face to face interactions with patients and the public
- **8,000** tweets with #NHSCitizen
- **Three** two day workshops, **six** one day regional events, attended several conferences – and involved the people at our workshops to speak on behalf of the project as ambassadors and will continue to do more!

The NHS Citizen programme has been openly designed and facilitated by NHS England and democracy experts from The Tavistock Institute, Involve, Public-i and The Democratic Society.

For further information: [www.nhscitizen.org.uk](http://www.nhscitizen.org.uk)
Practical steps

1. Connect with patient, service user and voluntary sector organisations to reach into and develop relationships with diverse communities, and especially with people whose voices can be harder to hear. Voluntary sector organisations will have a wealth of knowledge, networks, resources and practices that you may be able to draw on. Think national and local – where are the vulnerable communities with the greatest health inequalities. Local Healthwatch and the voluntary sector are vital to reach local communities.

2. Build on what already exists; don’t set up new mechanisms unless local stakeholders (including patients and the public) require you to do so. Existing health, social care and health improvement services may already have strong links with the communities you are trying to target and be important partners.

3. Support community development and participation and promote community relations and cohesion.
4. Consider the particular needs or characteristics of your target audience(s) when designing your public participation methods, including how to engage with people, and the development of mechanisms for feedback to participants, as to how their views have made a difference. This will encourage them to get involved again.

5. Build a shared understanding of what good patient and public involvement is with staff and stakeholders.

6. Explore a range of ways for people to get involved. If possible, ask people how they would like to have their say. Ensure alternatives to online opportunities.

7. Explore various opportunities for engagement before and after your event, consider social media, including Twitter Chats and Storify.
Practical steps

8. Plan your event to ensure equitable access to public participation opportunities and service planning, regardless of a person’s cultural, linguistic, religious background, communication and accessibility needs.

9. Ensure you have the budget and be prepared to arrange for communication support workers (e.g. note takers) and interpreters (e.g. British Sign Language), or community languages support, and ensure that you have appropriate communication aids available to support patient participation (e.g. Hearing loops).

10. Arrange for information to be provided in accessible formats (e.g. large print, easy read versions), mediums (e.g. email) and translated into community languages as appropriate to individual needs.

11. Work positively with carers, advocates, parents and key workers to engage with individuals who require support. Ensure you allow space for them when planning your events.
**Practical steps**

12. Consider diversity within different groups, e.g. engaging with older transgender people, Black and Minority Ethnic Groups or disabled patients.

13. When arranging events or meetings, plan around and take account of significant cultural events (e.g. religious observance) and relevant social events (e.g. school holidays).

14. Make appropriate information available to participants so that they are aware of your organisation’s expenses policies.

15. Identify if the participation would be more effectively facilitated by someone from the community or group(s) you are trying to reach, e.g. you may try to recruit a community member to act as a facilitator with appropriate support.
Practical steps

16. Ensure that all staff involved in facilitating or supporting participation initiatives have had sufficient equality and diversity training and support.

17. Look at what can be learned from past patient participation initiatives. Even if these are unrelated to your work they still can have an effect upon the quality of participation and community relations.

18. Consider monitoring and evaluating the results of your patient participation. This could be done by recording the diversity of your group by asking participants to fill out equality monitoring forms and using that data within decision-making (e.g. age, sex, ethnicity, disability and carers, pregnancy or maternity, religion or belief, sexual orientation and gender identity).
Want to learn more?

Transforming participation in health and care (NHS England, 2013) is the best practice guidance for commissioners on this subject. It includes a range of resources and case studies demonstrating good practice.

The government’s consultation principles and guidance can be found here.

NHS Networks’ Smart guides to engagement series provides straightforward advice on all aspects of patient and public engagement, in an easily digested format. Their Commissioning zone: working with patients and public offers links to resources and good practice.

The Equality and Human Rights Commission website includes a range of useful advice and guidance.

The Engagement cycle is an online resource to help commissioners undertake meaningful patient and public engagement, for maximum impact, hosted by InHealth and the Centre for Patient Leadership.
Want to learn more?

The Equality Delivery System for the NHS – EDS2, is a facilitative tool that helps NHS organisations to improve their equality performance, in full collaboration with their patients, communities and staff. More information about the Equality Delivery System can be found here.

Compact Voice offers a range of useful resources and voluntary sector information.

Voluntary sector health and care: strategic partners portal is a source of news, events and resources for and about the sector.
Other bite-size guides

Click on the links below to download each of our ‘bite-size guides’ to participation. Additional guides are in development.

Bite-size guide 1 – Principles for Participation in Commissioning

Bite-size guide 2 – Governance for Participation

Bite-size guide 3 – Planning for Participation

Bite-size guide 4 – Budgeting for Participation

Guides 5 -15 are also available via the following link:
https://www.england.nhs.uk/participation/resources/
NHS England’s series of ‘Bite-size guides’ aims to help colleagues plan and deliver the best possible patient and public participation, in line with Transforming Participation in Health and Care.

For further information, please contact england.nhs.participation@nhs.net

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