ARISE+

The Wessex Patient Safety Collaborative model for patient engagement

Aims
- What are the aims of this engagement process
- What are the roles for patients: Strategic, Operational, Project, Administrative, Consumer Advisers?

Recruit
- How to identify and recruit the patients
- How to identify and use local patient networks

Support
- To ensure patient representatives receive appropriate support
- To ensure patient representatives can access appropriate development opportunities

Evaluate
- To evaluate progress
- To continually improve patient engagement practice

Integrate
- Patient representatives to be equal and effective partners with staff
- Staff to be equal and effective partners with patient representatives
When patients are ignored, they are most at risk

Robert Francis - February 2013

The NHS should be ‘engaging, empowering and hearing patients and their carers all the time’. The most important goal of a modern health service is to listen and act: this is the essence of care – and to do so transparently so that poor patient experience does not go undetected and excellence can be celebrated. (Don Berwick)

NHSE - December 2013
Why, the Government wondered, did every time they tried to solve a problem, the problem seemed to get worse?

The Parable of the Blobs and Squares shows that there is more to people than their problems, that the solution to problems lies in the problem itself, not an imposed solution, and that co-production matters!

https://vimeo.com/42332617
Some Initiatives


Kings Fund - Leadership

NHS England - Participation

Local Commissioning Engagement in Wessex
Patient Engagement in Patient Safety: A Framework for the NHS

May 2016

The Framework

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>INVOLVEMENT</th>
<th>PARTNERSHIP OR SHARED LEADERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power lies with Healthcare Professional/Service Provider/System</td>
<td>Patients have an active role and powers lie with Healthcare Professional/Service Provider/System</td>
<td>Patients share power with Healthcare Professional/Service Provider/System</td>
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### SAFETY OF OWN CARE
- Engagement is in the context of the patient's own care
- This is often in parallel to the patient's underlying care, but also occurs after the care is completed when it may further influence care at the service provider level

### SAFETY OF THE SERVICE PROVIDER
- Engagement is in the context of the safety of the service provider
- The patient will usually, but not always, have received care from the service provider
- This can be at the ward, GP practice, or organisational level

### SAFETY OF THE SYSTEM
- Engagement is in the context of safety of the system
- This can be at a national or international policy level as well as across multiple organisations
- The patient may have received care or have experienced harm or be a member of the public

- Patients receive patient safety information in the context of their own care
- Communication is one-way from the healthcare professional or service provider to the patient

- Patients are asked their views about patient safety in the context of their own care
- Communication is two-way between the healthcare professional/service provider and the patient
- It is led by the healthcare professional/service provider

- Patients work together with the healthcare professional/service provider to improve patient safety in the context of their own care
- Communication is two-way between the healthcare professional/service provider and the patient

- Patients receive patient safety information in the context of the service provider
- Communication is one-way from the service provider to the patient

- Patients are asked their views about patient safety in the context of the service provider
- Communication is two-way between the service provider and the patient
- It is led by the service provider

- Patients work together with the service provider to improve patient safety in the context of the service provider
- Communication is two-way between the service provider and the patient

- Patients receive patient safety information in the context of the system
- Communication is one-way from the system to the patient

- Patients are asked their views about patient safety in the context of the system
- Communication is two-way between the system and the patient
- It is led by the system

- Patients work together with the system to improve patient safety in the context of the system
- Communication is two-way between the system and the patient

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Sign up to SAFETY

Wessex Patient Safety Collaborative

Valid Research
Another Consideration!

We estimate that for the average trust, the return on investment is likely to be at least 11 times the actual cost of supporting volunteering. So for every £1 invested, volunteers contribute a value of at least £11.
The ‘Ladder of engagement’ is a framework for understanding different forms and degrees of patient and public participation.

The ‘Engagement Cycle’ is a strategic tool that helps commissioning teams understand how to engage communities, patients and the public at each stage of commissioning.
Co-production

Founding principles of the Patient Safety Collaboratives

• Local engagement through structured quality improvement initiatives leading towards transformational change
• Building system-wide capability for both staff and patients in quality and safety improvement
• Local systematic spread of quality improvement outcomes across health and social care
• Networking between AHSNs and their partner organisations / stakeholders to ensure the optimal spread of locally developed solutions & interventions
• Active contribution to national sharing and learning
• Ensuring patients and carers play a fundamental and active part in planning
• Demonstrating ongoing patient/carer voice and participation in all Patient Safety Collaboratives and with any other relevant stakeholders
This is a knowledge (or implementation) gap
The ARISE approach

The ARISE model has been developed by a working party of Wessex PSC organisations based on their experiences of attempting to develop patient engagement across a year long Breakthrough Series project.

The model supports the process of patient engagement from the “why do it”, through the “how to do it” to the “how well did we do it”.

Wessex Patient Safety Collaborative
Engagement and Empowerment
Aims

Co-production Core Principles
- Recognising people as assets
- Building on people’s existing capabilities
- Promoting mutuality and reciprocity

- Developing peer support networks
- Breaking down barriers between professionals and recipients
- Facilitating rather than delivering
Aims

ARISE model for patient engagement – Step 1: Aims

Using the ARISE model will help organisations and teams address questions such as:

• What do we want our patient representatives to do?
• How can we assess our culture, identify good practice and address coercive behaviours?
• Are Patient Engagement difficulties due to a knowledge gap or an implementation gap?
• Do we know where the patient representatives are in our organisation and what do we do if we don’t?
Patient Safety Collaboratives (PSCs) are part of NHS England's approach to put people at the centre of the NHS by making sure that patients' voices are heard and used to deliver better services. All of our work is guided by the principles of co-design and co-production – in other words we place the patient/carer at the heart of what we do so that it is the users' own experiences that shape our work.

Patient representatives work alongside healthcare professionals as part of a team developing safer healthcare practices in NHS organisations across Wessex.

If you believe in the importance of listening to the patient’s story, and involving patients in all aspects of healthcare from design to delivery, then you could help us with this important work.

**Rationale for Post:**

- Patient representatives work alongside healthcare professionals as part of a team developing safer healthcare practices in NHS organisations across Wessex.
- If you believe in the importance of listening to the patient’s story, and involving patients in all aspects of healthcare from design to delivery, then you could help us with this important work.

**Key activities:**

- to sit on the Breakthrough Series (BTS) Faculty with another patient representative to ensure the patient's voice is present when designing and evaluating the workstream (approx. 6 meetings in total which can be face to face, by telephone or on-line webex);
- to attend four Learning Events over a 12 month period (5 days in total) to work with the patient representatives on the NHS organisations teams (these are all day events with an overnight stay the night before);
- to take part in occasional meetings, teleconferences and on line webinars to support the BTS Project Managers throughout the year (approx. 6 in total);
- to act as a sounding board to help the Patient Safety Collaborative team and BTS Faculty consider issues and develop the way forward;
- optionally to continue to support the BTS teams after the first year by taking part in half day conferences at approximately 6 monthly intervals.

**Level of commitment:**

We are seeking people who can commit to the majority of the activities listed above, particularly the four Learning Events which will be at varying times during the year, approximately 3 months apart in term time. The Breakthrough Series will last a year.

**We are looking for people who:**

- Have experience of being in receipt of NHS services;
- Support and demonstrate NHS values; working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives, everyone counts;
- Believe in the principles of co-design and co-production;
- Works well as a member of a team able to listen to others and contribute effectively;
- Can engage and communicate effectively with healthcare professionals, individually and in group settings;

**Training and support provided:**

All volunteers will receive an induction programme to introduce them to the role. Some of this will be delivered at the commencement of the role and some will be provided by “on the job” support from PSC Faculty, staff and other patient / carer representatives during the year.

Volunteers will be provided with ongoing support as identified during their work.

Volunteers will ideally have their own transport and will receive out of pocket expenses including for travel and accommodation. A Volunteer Workers Contract will be issued to all volunteers to explain the Terms & Conditions of the role. This volunteering role requires an enhanced criminal record check.
Recruit

Who would be the representative?
ARISE model for patient engagement – Step 2: Recruit

Using the ARISE model will help organisations and teams address questions such as:

• What is the best selection / appointment process for patient reps?
• Why do our patient reps want to get involved (values)
• Can one patient represent any other / all patients?
• Should our patient reps be remunerated?
Values based interviewing (NSPCC)

One of the **NSPCC values** is *Never Settling for Second Best*, which means we must always look at bettering ourselves; learn from experiences; be brave to do new things; improve our knowledge and share it.

**Behaviour: We are open minded and inclusive**

**Question:** Tell us about how you have challenged your own perception, attitude in the past. What motivated you to do it? How did you share your knowledge with others?

<table>
<thead>
<tr>
<th>Positive indicators</th>
<th>Negative Indicators</th>
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<tbody>
<tr>
<td>Open to ideas; listens to and encourages open discussions, exchanges, opinions</td>
<td>Belittles others’ contributions; dismissive of others’ opinions; tells but doesn’t listen</td>
</tr>
<tr>
<td>Proactively shares their knowledge and recognises knowledge and expertise in others</td>
<td>Protects own knowledge; takes glory for everything; does not give others credit</td>
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<tr>
<td>Recognises and celebrates difference</td>
<td>Doesn’t see the value of others</td>
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<tr>
<td>Creates a sense of inclusivity – makes you feel like you matter; treats people equally</td>
<td>Forms cliques and exclusive groups; shows favouritism; doesn’t join the team</td>
</tr>
<tr>
<td>Proactively seeks self-development and challenges; keen to learn and open to support;</td>
<td>Stuck and fixed in their ways; blinkered</td>
</tr>
<tr>
<td>Embraces change</td>
<td>Dismissive or resistant of change and development</td>
</tr>
<tr>
<td>Creates safe environment for learning</td>
<td>Creates environment closed to learning; or doing things differently</td>
</tr>
</tbody>
</table>
Integrate – 4Pi

Partners:
- NSUN: the National Survivor User Network
- Afiya Trust
- Social Perspectives Network
- Mental Health Foundation

National Institute for Health Research CLAHRC
Integrate

ARISE model for patient engagement – Step 3: Integrate

Using the ARISE model will help organisations and teams address questions such as:

• How can we help our teams to work together, improve multidisciplinary communications in meetings and consider whether there is a need to establish role boundaries?
• How do we allow for differences in staff attitudes and patient rep background?
Support

TNA is a tool to identify the gap

Existing
- Skills
- Knowledge
- Attitudes

Required
- Skills
- Knowledge
- Attitudes
ARISE model for patient engagement – Step 4: Support

Using the ARISE model will help organisations and teams address questions such as:

• What are the development and support needs of our patient reps?
• How can we train / coach / educate our patient reps?
• What resources are available to help us develop patient reps?
TIME TO EVALUATE
ARISE model for patient engagement – Step 5: Evaluate

Using the ARISE model will help organisations and teams address questions such as:

• Have we met our aims and objectives for our project?
• Have we achieved meaningful engagement between professionals, people using services, their families and their neighbours?
• Have our patient representatives been empowered to work as equal and effective partners in the project?
Acknowledgements

Wessex Patient Safety Collaborative would like to acknowledge the contribution of the following organisations in helping to develop this model:

- Wessex Community Voices (WCV)
- Patient and Public Involvement Solutions (WCV)
- Healthwatch Organisations from Dorset, Hampshire, Isle of Wight, Portsmouth & Southampton
- Professional Partnerships & Consultancy Services (NSPCC)
- RAISE Health and Social Care, a project delivered through South West Forum
- The Kings Fund
- National Institute for Health Research - Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) – Northwest London