

Chapter 6

Involving older people

6.1 Key audiences

- chief executives and boards of primary care trusts, NHS trusts and NHS foundation trusts
- primary care trust directors of commissioning
- governors of NHS foundation trusts
- GP commissioners
- patient and public engagement leads
- all healthcare professionals
- LINKs hosts and third sector organisations.

6.2 Key issues and concerns

General

- Patient and public engagement is now a mainstream activity, underpinned by statutory responsibilities for both commissioners and providers.
- Involving/engaging older people is beneficial for NHS organisations.
- In spite of well established and published good practice in engaging with older people, the picture remains patchy.
- Tackling ageism is part of involving/engaging older people.
- Non-executive directors in primary care trusts, NHS trusts and governors in foundation trusts can provide leadership in engaging older people.
- Some older people may tend to be excluded from engagement activities, particularly when age is compounded by other factors such as disability or ethnicity. Primary care trusts and hospital providers need to ensure that they are proactive in listening and responding to black and minority ethnic communities and 'seldom heard' groups.

About involving older patients and their carers in their own treatment and care

- Involving individuals in their own care is an integral part of patient-centred care and is an aspect of a personalised approach to healthcare.
- Information for older people may need to be geared to their particular needs and provided in appropriate formats.
- Help may be needed to support older people in making choices.

- Advocacy can be helpful in supporting older people to make their voices heard.
- Self-management needs to be fine-tuned to meet the needs of older people.

About working in partnership with patients and the public

- Local Involvement Networks (LINKs) and Overview and Scrutiny Committees (OSCs) are important means of engagement and local scrutiny. See Recommendation 19 of *Achieving age equality in health and social care*.⁹⁰
- The third sector continues to engage older people in ways that are both appropriate and acceptable to their needs.
- It is important to engage older people, both as individual patients and carers, and as members of the public/members of communities.
- No single method or approach is adequate to engage with patients and the public.
- Co-production, co-design and a rights-based approach are important principles underlying the involvement of older people.
- Involvement is a process, not an event. A range of methods will be appropriate for different purposes; ample material is available to inform the choice of approach.

General issues and concerns

Patient and public engagement is now a mainstream activity, underpinned by statutory responsibilities

The growth of patient and public involvement in healthcare has a long history, but it is only relatively recently that it has moved into the mainstream, with a strong commitment from Government and with statutory obligations to engage with patients and the public. See [‘Drivers and policy imperatives’ in this section](#).

However, there is evidence that, in spite of a range of established good practice in engaging with older people across the public services, the picture remains patchy.
⁹¹ ⁹² ⁹³

⁹⁰ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

⁹¹ *Review of Older People’s Engagement with Government, Report to Government*, Sir John Elbourne, Department of Work and Pensions, 2008

⁹² *Living well in later life: a review of progress against the National Service Framework for Older People*, HCC, CSCI and Audit Commission, 2006

⁹³ *A stronger local voice, Concluding the review of patient and public involvement Recommendations to ministers from Expert Panel*, Department of Health, 12 May 2006
www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137042.pdf

Involvement and engagement with older people is not only desired by many older people and their organisations. It is also extremely useful for NHS organisations, who would otherwise lack a major source of intelligence about local needs and how services are perceived and experienced by local people. This is recognised within Competency 3 of *World Class Commissioning*.⁹⁴

As older people are major users of health services, their participation is vital. However, user consultation and involvement structures for older people's services tend to be less well targeted than those for younger age groups.

Tackling ageism is part of involving/engaging older people

Tackling ageism and promoting age equality are essential foundations for the successful engagement of older people. If older people feel that they are being disrespected or not taken seriously, they will find it difficult or impossible to engage successfully with NHS organisations at either an individual or community level. A 2006 report found that there was still evidence of ageism across all services. This ranged from patronising and thoughtless treatment from staff, to the failure of some mainstream public services to take the needs and aspirations of older people seriously. The report noted that there is a need to improve information and community engagement and to have detailed information about the needs of the population when planning services.⁹⁵

Leadership for patient and public engagement

Good leadership is essential to the effective engagement of older people. Non-executive directors in primary care trusts and NHS trusts, and governors in foundation trusts, can take a leadership role in promoting effective engagement.

Also see [Chapter 3 Leadership and motivation](#).

Dual discrimination

In the context of patient and public involvement it is important to note that some older people may tend to be excluded from engagement activities, particularly when age issues are compounded by other factors such as disability or ethnicity. For example, frail older people and residents of care homes and older people with dementia have tended to be less involved than other groups of older people. Similarly, older people whose first language is not English may experience indirect discrimination in relation to engagement with the NHS if their particular needs are not recognised.

⁹⁴ *World Class Commissioning*, Department of Health, 2007

⁹⁵ *Living well in later life: a review of progress against the National Service Framework for Older People*, HCC, CSCI and Audit Commission, 2006

Involving older patients and their carers in their own treatment and care

Involvement of individuals is part of personalisation

Involving individuals in their own care is an integral part of patient-centred care and is an aspect of a personalised approach to healthcare. People of all ages need to be enabled and empowered to be as involved as they wish in their own healthcare by a number of means, as outlined below. There is evidence that this leads to better outcomes and in many situations is a cost effective intervention. However there is little data on whether the benefits of involvement are different for older people.

The provision of appropriate information in accessible formats

There may be particular issues for some older people who may be more likely than younger people to need larger print or other media. Care should be taken to ensure that information is appropriate and accessible for all ages, bearing in mind that in spite of increasing computer use amongst all ages, older people may be less likely to have access to online information. In the context of seeking information about hospitals, internet information was much more commonly mentioned by those aged under 60 (51 per cent) than by those in the older age group (19 per cent).⁹⁶

It is important to consider the specific information needs of older people in terms of form and content, particularly the needs of older people with additional needs. Not doing so may be regarded as a failure to promote equality under the new public sector equality duty in the Equality Act.

Types of information

A recent report states that different groups of people value different types of information but the literature suggests that the majority of patients will be interested in both technical and interpersonal aspects of care and they will want 'stories' and 'data' as well as contextual information about their local health service, including the staff.⁹⁷

→ www.hsmc.bham.ac.uk/publications/policy-papers/Supporting_patients-PP4-4.pdf

Choice of provider, with assistance and advice in making choices

While choice can be beneficial for all age groups, people may need help and support in making choices. The choices available to older people may also be constrained by mobility problems that may be more common among older age groups. It is also important to ensure that systems such as Choose and Book are accessible to older people, some of whom may have difficulties in using telephone keypads to select from a menu of options.

⁹⁶ *Patients' experience of choosing where to undergo surgical treatment - Evaluation Of London Patient Choice Scheme*, Coulter A, Le Maistre N and Henderson L, Picker Institute Europe, July 2005

⁹⁷ *Supporting patients to make informed choices in primary care: what works?* Ellins J and McIver S, in association with NHS West Midlands, University of Birmingham Health Services Management Centre, Policy paper number 4, May 2009

A recent King's Fund report states that even though choice of hospital has been on offer since January 2006, there is very little evidence available about whether patients have been actively choosing where to have their treatment. The King's Fund reports that data from the Department of Health's National Patient Choice Survey shows an upward trend in patients recalling being offered choice from their GP: 45 per cent of patients referred for treatment recalled being offered a choice by their GP in September 2007 compared to 30 per cent in May 2006. The conclusion is that awareness of choice has been growing, but is still low.⁹⁸

One study found that younger people (under 60) were slightly more likely to be willing to travel for faster treatment (61 per cent) than those in the older age group (56 per cent). Younger people were more willing than older people to consider going to an alternative hospital to their 'home' hospital (88 per cent of those aged under 60, compared to 76 per cent of those over 60).⁹⁹

Help in making decisions

Many people – including older people – can benefit from help in making decisions about the benefits and burdens of treatment, and the relative merits of different treatment options. There are a number of decision aids available to assist patients. Decision aids are structured tools for helping people to make healthcare decisions. Some consist of evidence-based information about different options and their outcomes. It is important to offer age-appropriate decision aids.

A report asserts that evidence-based patient decision aids facilitate the process of making informed decisions about disease management and treatment. Decision aids can improve a patient's knowledge and level of involvement in treatment decisions. They also give patients a more accurate perception of risk and encourage appropriate use of elective procedures.¹⁰⁰

Advocacy

Independent advocacy may be of benefit to older people in empowering them to be involved in their own healthcare and in shaping future services. The Department of Health website states:

Advocacy services assist people in getting heard and getting the services they need. Advocacy also assists services in becoming more responsive and meeting the needs of people more effectively.

→ www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Advocacy/index.htm

⁹⁸ *Free choice at the point of referral*, King's Fund Briefing, 2008

⁹⁹ *Patients' experience of choosing where to undergo surgical treatment - Evaluation Of London Patient Choice Scheme*, Coulter C, Le Maistre N and Henderson L, Picker Institute Europe, July 2005

¹⁰⁰ *Where are the patients in decision-making about their own care?* Coulter A, Parsons S and Askham J, World Health Organization 2008 and World Health Organization, on behalf of the European Observatory on Health Systems and Policies, 2008

Also, independent advocates from a wide range of backgrounds can help people to understand their rights to be treated fairly and to challenge decisions where they are not treated fairly. This can play an important part in ending age discrimination.

Carers and others close to older people can also play a part as informal advocates.

Self-management and expert patients

Educating patients about self-management can improve their knowledge and understanding of their condition, coping behaviour, adherence to treatment recommendations, sense of self-efficacy and symptom levels.¹⁰¹ A report from the Health Foundation as part of their Quest for Quality and Improved Performance Programme (QQIP) stated that self-management education programmes have been largely successful in improving knowledge and coping skills.¹⁰²

The Expert Patients Programme (EPP) is a lay-led self-management programme that has been specifically developed for people living with long-term conditions. See:

→ www.expertpatients.co.uk

Self-management programmes - whether as part of the EPP or any other programme - should be offered at times and places that are attractive to older people, and should be fine-tuned to meet their needs. Simplistic assumptions that older people cannot self-manage would be ill-founded and could be regarded as discriminatory. For example, a review of the literature on self-management of diabetes care concluded that the cognitive impairment associated with relatively uncomplicated type 2 diabetes in older adults is unlikely to adversely affect self-management of the illness.¹⁰³

Work is currently underway by the Picker Institute Europe to look at self-management support among older adults. See:

→ www.pickereurope.org/selfcare

Involving individuals at all stages of life

It is important to ensure that the involvement of individuals in their own care continues throughout old age, including at the end of life. A publication by Help the Aged¹⁰⁴ found that some people felt unprepared for their relative's death, due to a lack of transparency in discussing prognosis, decision-making, treatment and care. One of the report's recommendations was that listening to older adults, expressing compassion and concern, and enabling continuity and familiarity of care should be

¹⁰¹ *Where are the patients in decision-making about their own care?* Coulter A, Parsons S and Askham J, World Health Organization 2008 and World Health Organization, on behalf of the European Observatory on Health Systems and Policies, 2008

¹⁰² *Patient-focused Interventions: A review of the Evidence*, Coulter A and Ellins J, The Health Foundation, 2006

¹⁰³ *Cognitive Functioning and Self-Management in Older People With Diabetes*, Asimakopoulou K, and Hampson S E, *Diabetes Spectrum*, April 2002, vol. 15 no 2 116-12

¹⁰⁴ *Listening to older people - Opening the door for older people to explore end-of-life issues*, Help the Aged, 2006

seen as priorities. Clearly, these are activities that require the involvement of older people.

Working in partnership with patients and the public

At the level of the local community there are two specific legal entities that put forward the public's voice in shaping health and social care locally – Local Involvement Networks (LINKs) and Overview and Scrutiny Committees (OSCs). Recommendation 19 of *Achieving age equality in health and social care*¹⁰⁵ refers to the use of local scrutiny processes and bodies such as Health Overview and Scrutiny Committees to provide transparency and build public confidence. It also refers to the involvement of members of the public in the work through LINKs, forums and other networks. The work of the review of age discrimination has shown that many LINKs are interested in how they can engage to help end age discrimination and equality.

Local Involvement Networks (LINKs)

Local Involvement Networks (LINKs) aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported, the role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account.

LINKs are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services for each upper tier local authority (usually co-terminous with a primary care trust).¹⁰⁶

Overview and scrutiny committees

The powers of Overview and Scrutiny Committees (OSCs) were extended in 2001 beyond local authority services to cover the scrutiny of local health services. Upper tier councils with social service responsibilities are required to establish local arrangements to scrutinise health services provided or commissioned by local NHS bodies. They have the authority to refer specific issues to the Secretary of State, who may seek the advice of the Independent Reconfiguration Panel (IRP).¹⁰⁷ See:

→ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4066238.pdf

Although OSCs have no formal role in relation to ensuring equality, many local OSCs will seek reassurance that changes in health services do not have age discriminatory consequences and will be especially interested in reviewing the Equality Impact Assessment for any proposal. Additionally, OSCs also gather community views and information from a range of third sector organisations working with older people.

¹⁰⁵ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

¹⁰⁶ *Listening and responding to communities – a brief guide to Local Involvement Networks*, Department of Health, 2008

¹⁰⁷ *Overview and scrutiny of health – Guidance*, Department of Health, 2003

No single method or approach is adequate to engage with patients and the public

A range of methods are used to engage patients and the public including:

- the provision of information to support people to become involved
- surveys, questionnaires and opinion polls, including deliberative polls
- citizens' juries
- patients' and citizens' panels (meeting and/or by electronic means)
- public meetings
- going out to local groups and community events to engage in dialogue
- focus groups
- formal consultations.

There is no single method that is appropriate for engaging patients and the public and, indeed, it is unhelpful to begin by thinking about methods. Rather, when planning activities to involve patients and the public, you should first think about the purposes of doing so and what you and they can hope to get out of it.

It is usually important to seek patient feedback as part of involvement and engagement, making use of both quantitative survey data and qualitative patient stories. Older people may have specific issues on which they wish to engage and may require particular methods to enable them to do so, particularly those who have additional needs. Failure to properly address these concerns would be a failure to promote age equality and could be seen as age discrimination.

NHS organisations that are seeking to engage older people should ensure that they are aware of issues that are important to older people from sources such as the annual patient survey and other surveys that many be carried out within their organisation. [Also see Chapter 5 High quality care for all.](#)

Engaging older people about age discrimination and equality requires careful thought about what tools and methods to use. Age discrimination may not be well understood, not least because what some people may regard as discrimination is simply poor quality service for people of all ages. From the engagement workshops undertaken by the age discrimination review team, it is clear that effective engagement about age discrimination requires an interactive process combining listening and responding to people's views and sharing information about the nature and evidence for age discrimination.

NHS Evidence's specialist collection on patient and public involvement is a good place to find further information on the wealth of material on how to engage with communities and methods for doing so. See:

→ www.library.nhs.uk/PPI

Social marketing

Social marketing is a systematic process that utilises a range of marketing techniques and approaches to achieve a particular social good (rather than commercial benefit), with specific behavioural goals clearly identified and targeted. Drawing on commercial marketing techniques, social marketing has been around for many years but has relatively recently become more prominent in relation to the NHS.

It can be argued that the concept of social marketing is at one end of the spectrum of patient and public engagement, since it is about understanding values, beliefs and behaviours in order to market key health messages, rather than to engage on what the priorities for health messages should be. However, in another sense, social marketing can be seen as a means of engaging with the local community in order to better understand their concerns. It would, however, be important to ensure that social marketing approaches did not exclude or discriminate against older people.

The Department of Health published *Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour*. It sets out how the Department of Health plans to work together with key leaders in the public health community to embed social marketing principles into health improvement programmes.¹⁰⁸

Co-design and co-production

Increasingly, NHS organisations are engaging with local people as equal partners, and the terms co-design and co-production are gaining currency. The thinking behind both terms is an equal and reciprocal relationship between professionals and service users and/or the wider community. It has been said that where activities are co-produced, both services and neighbourhoods become far more effective agents of change.¹⁰⁹

It is important to consider how to ensure that older people are enabled to be fully involved in co-design and co-production and how to overcome any barriers that minimise their opportunities to do so.

6.3 Drivers and policy imperatives

Cross-government policy on engaging with older people

Building a Society for All Ages¹¹⁰

Issued as a consultation document in July 2009, *Building a Society for All Ages* is the Government's strategy for making improvements to older people's lives.

¹⁰⁸ *Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour*, Department of Health, 2008

¹⁰⁹ *The Challenge of Co-Production, How equal partnerships between professionals and the public are crucial to improving public services*, Boyle D and Harris M, NESTA, 2009

¹¹⁰ *Building a Society for All Ages*, HM Government, 2009

It is broad in its scope and implicitly promotes the active involvement of older people in all aspects of economic and social life and makes reference to the importance of ending age discrimination in improving public services for older people.

Review of Older People's Engagement with Government - John Elbourne – Report to Government¹¹¹ and Empowering Engagement: a stronger voice for older people¹¹²

A review of older people's engagement with government¹¹³ was followed in 2009 by the Government's response.¹¹⁴ Although largely concerned with establishing a UK Advisory Forum on Ageing at a national level, it also referred to setting up regional (and local) structures for feeding into this forum. It also referred to encouraging the appointment of local authority champions and setting up local forums where they do not already exist. Mention was made of plans to put in place regional coordinators to strengthen the network of local authority forums and to champion older people. The Government also said that it would provide guidelines for the strategic engagement of older people for the benefit of local authorities and other organisations.

General policies about engagement and involvement in the NHS

NHS duty to involve^{115 116 117}

Legislation which came into force in 2003, placed a duty on certain NHS organisations to involve and consult people when it comes to making changes to services.

Section 242 of the consolidated NHS Act 2006 placed a duty on NHS trusts, NHS foundation trusts, primary care trusts and strategic health authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes.

Although these duties strengthened the voice of communities, NHS managers have not always been clear when they have to involve people and how best to do this. The changes to the law introduced by the Local Government and Public Involvement in Health Act 2007 aim to make this clearer.

¹¹¹ *Review of Older People's Engagement with Government – Sir John Elbourne – Report to Government*, Department of Work and Pensions, 2008

¹¹² *Empowering Engagement: a stronger voice for older people*, Department of Work and Pensions, 2009

¹¹³ *Review of Older People's Engagement with Government, Report to Government*, Sir John Elbourne, Department of Work and Pensions, 2008

¹¹⁴ *Empowering Engagement: a stronger voice for older people*, Department of Work and Pensions, 2009

¹¹⁵ Section 242, NHS Act 2006

¹¹⁶ Local Government and Public Involvement in Health Act, 2007

¹¹⁷ *Department of Health Guidance – Real Involvement*, 2008 and *Real Accountability*, 2009

A strengthened 'duty to involve' came into force on 3 November 2008. The duty requires certain NHS organisations to involve users of services in the planning and provision of services.

In addition a new duty on primary care trusts and those strategic health authorities (SHAs) who commission services (currently this is London SHA commissioning highly specialised services), to report on how consultations they have undertaken have shaped commissioning decisions locally, came into effect in October 2009.

Real involvement: working with people to improve services

Provides statutory guidance for NHS organisations on the updated duty of involvement and advice about the new duty of reporting on consultation and best practice on embedding involvement in organisations.

When developing and considering proposals for changes in the way services are provided, or when making decisions affecting the operation of services, the organisations to which the duty applies are under a duty to involve. The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.

In applying all of the legislation and guidance NHS organisations will wish to ensure that they are not excluding or discriminating against older people.

NHS Constitution¹¹⁸

The NHS Constitution was published on 21 January 2009. It was one of a number of recommendations in Lord Darzi's report *High Quality Care for All*. The core purpose and values of the NHS are reinforced by placing a duty on providers and commissioners of NHS services to have regard to the new NHS Constitution. From 19 January 2010, following the successful passage of the Health Act through Parliament, all providers and commissioners of NHS care are under a new legal obligation to have regard to the NHS Constitution in all their decisions and actions. The Constitution brings together a number of rights, pledges and responsibilities for staff and patients.

The **first principle** on which the NHS Constitution is based states that:

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.

This resonates with the duties to end age discrimination and promote equality in the Equality Act. The NHS Constitution is also particularly pertinent to patient and public engagement in several places e.g.:

Principle 4: NHS services must reflect the needs and preferences of patients, their families and their carers.

¹¹⁸ *NHS Constitution*, Department of Health, 2009

Principle 7: *The NHS is accountable to the public, communities and patients that it serves.*

Also, one of the pledges in the NHS Constitution states:

You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary.

The NHS Constitution also has a section entitled *Your Involvement in your healthcare and in the NHS*, which states:

You have the right *to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.*

You have the right *to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.*

There is also a commitment to provide patients with the information that is needed to influence and scrutinise the planning and delivery of NHS services and to work in partnership with patients, families and carers, carers and representatives.

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own¹¹⁹

The Government's Carers' Strategy encourages partnership working between the health, social care and third sectors.¹²⁰ It is important to ensure that the views of carers are sought as well as those of patients and the general public.

World Class Commissioning¹²¹

World Class Commissioning is a vision for commissioning for better outcomes, backed up by a set of defined organisational competencies. Several of these are particularly pertinent to the need to engage with patients and the public, notably Competency 3: (Engage with public and patients), although other competencies are relevant too. *Achieving age equality in health and social care* specifically makes a recommendation about WCC:

*"The Department of Health should ensure there are clear and emphatic references to ending discrimination in relation to the eight protected characteristics (including age) and advancing equality in the 2010/11 World Class Commissioning assurance process."*¹²²

¹¹⁹ *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own* HM Government, 2008

¹²⁰ *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*, HM Government, 2008

¹²¹ *World Class Commissioning*, Department of Health, 2007

¹²² *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

6.4 What good age-equal practice might look like

Engagement with older people as an ongoing process

At a local level, NHS organisations will engage with older people as a regular and routine part of their work. Older people at local events across England to discuss age equality during 2009 as part of the consultation on *Achieving age equality in health and social care*¹²³ emphasised that they wished to be involved at the earliest possible opportunity, and not just at the stage of a formal consultation, as they wished to maximise their influence when options were genuinely at a developmental stage.

Involving older people in commissioning

Older people should be involved, as would other age groups, at all stages of the commissioning cycle, although different approaches to engagement may be necessary for each of the main stages. A document that has been developed to assist commissioners to engage with patients and the public sets out three stages of the commissioning process, and identifies two purposes for patient and public engagement in each, as follows;

- Strategic planning:
 - Engaging communities to identify health needs and aspirations
 - Engaging public in decisions about priorities
- Specifying outcomes and procuring services:
 - Engaging patients in service design and improvement
 - Patient-centred procurement and contracting
- Managing demand and performance management:
 - Capture and use of patient experience data
 - Patient-centred monitoring and performance management.

The e-cycle¹²⁴ has been developed by David Gilbert, Director of InHealth Associates, on behalf of the Department of Health. It is based on work carried out with Croydon Primary Care Trust.

Contact with third sector organisations

Voluntary and third sector organisations can add value to the commissioning process and to designing service delivery in a number of ways, including their ability to work across public sector boundaries, and so help with partnership

¹²³ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

¹²⁴ *The e-cycle - Developing patient and public engagement to support commissioning*, October 2008

working, and by capturing the experience of users and providing feedback on the services commissioned. They can also provide innovative services that support older people. There is little general evidence, however, of widespread involvement of the voluntary sector in the Joint Strategic Needs Assessment (JSNA) process and there is a need for primary care trusts and local authorities to support capacity building in the third sector so that the contribution of voluntary sector partners can be realised¹²⁵

Good age-equal practice will, therefore, include engagement with third sector organisations who can contribute in some way to improving services for older people, either by involvement in commissioning or as providers.

Contact with older people's organisations

In 2006 a major review also found there was evidence of some engagement with older people but they were not involved systematically in the design of services, nor were services tailored to their needs and aspirations. Health organisations and local authorities were not always effective in engaging with black and minority ethnic groups and with other older people whose voices are seldom heard.¹²⁶

Good age-equal practice would include regular contact with local organisations of older people such as older people's forums (which might have a variety of names at a local level). These can add an extra dimension to contact with organisations that represent the interests of older people at a national and regional level.

6.5 Case studies of illustrative / good practice

A number of helpful case studies on using patient feedback can be found in *Using patient feedback: a practical toolkit*.¹²⁷ See:

→ www.pickereurope.org/usingpatientfeedback

¹²⁵ *Third Sector Involvement In Health And Social Care Commissioning - Report Of A Scoping Study*, Levenson R, Jeyasingham M, Joule N, unpublished LTCA, 2009

¹²⁶ *Living well in later life: a review of progress against the National Service Framework for Older People*, HCC, CSCI and Audit Commission, 2006

¹²⁷ *Using patient feedback: a practical toolkit*, Picker Institute Europe, 2009

Other case studies:

Getting feedback to improve care

West Cheshire Primary Care Trust (PCT)

The PCT wanted to know what people thought of their services. As part of the work to find out about the experiences of the community, they held a number of focus groups and ran a deliberative event.

By taking a simple approach, the PCT got detailed information about people's experiences that they could then use to make services more responsive. For example, the trust found out that people on low incomes didn't know that if they took a taxi to an out-of-hours service they would have their fare reimbursed.

(Source: Involving people and communities: a brief guide to the NHS duties to involve and report on consultation. Department of Health 2008)

Selecting a new healthcare provider

NHS South Birmingham

When NHS South Birmingham needed to appoint a new GP provider, they wanted to get the perspective of patients to ensure they made the best choice. Patients were invited to establish a panel to advise on setting up the new practice. Two representatives of the patients' panel also joined the primary care trust (PCT) project team for the appointment of the new provider. The Patient and Public Involvement (PPI) manager provided them with support throughout the process, from agreeing the service specification to interviewing potential providers and making a recommendation to the PCT board.

The panel received feedback on the tendering process and agreed how it would work with the new provider. Patients were also involved in choosing a suitable new site for the practice.

(Source: Involving people and communities: a brief guide to the NHS duties to involve and report on consultation. Department of Health 2008)

Further information

Stephanie Belgeonne

info@sbpct.nhs.uk | 0121 465 7671

Involving Indian women in Derby

Older Indian women from two women's social groups in Derby have taken part in a successful session to help them design services in the NHS. Through story-telling and role play, the women identified the issues they wanted changed. The session also encouraged participation in existing health forums such as the Derby City Health Panel and the Derby City Local Involvement Network (LINks). The engagement team from Derby City Primary Care Trust played a key role within the session and are committed to running further sessions with the women's groups to explore what practical improvements can be made to health services in the city.

(Source: Newsletter from Age Concern East Midlands Black and Minority Ethnic Elders' Project. Accessed October 2009)

Nottingham Chinese Welfare Association and Nottingham Primary Care Trust (PCT)

The Nottingham Chinese Welfare Association has engaged with the Nottingham Primary Care Trust initiative Change Makers, a new programme to raise awareness of cancer symptoms, so that people benefit from early diagnosis and treatment. Two sessions were held, one on breast cancer, and one on bowel and lung cancer. The newly formed LINks also attended the sessions.

6.6 Suggestions for quick wins / what you can do now

- Involve older people in a review of information on local services to ensure that all information is in formats that are accessible for older people.
- Analyse annual patient survey and any other available material to better understand the issues and concerns of older people. Ensure that third sector organisations with an interest in older people are involved in the Joint Strategic Needs Assessment process.
- Consider how your organisation can help to build the capacity of third sector organisations to be engaged on health and social care issues at a local level.
- Review the level and nature of your organisation's contact with older people's organisations, and engage in discussion with them about how they would like to be involved with your organisation's ongoing work.