



# Falls and Fragility Fracture Audit Programme (FFFAP)

## A quick guide for hospitals and services on what to consider when inviting patients and carers to participate in your quality improvement projects

### Why involving patients and carers is important

Patient-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health.

Many studies have shown that supporting people to be actively involved in their own care and treatment can improve outcomes and experience for patients. Involvement in their own care can also improve efficiency for the system through more personalised commissioning and supporting people to stay well and manage their own conditions better.

To involve patients, carers and their families information must be accessible and so a consideration of the technology used, the communication style, the technical language and understanding of what is truly valued by patients and/or their carers is vital. Having the help of a person who has experienced the service to guide you through from their perspective can be invaluable and transform the way your service engages with those you care for.

### Involving patients and carers in quality improvement projects

Patients and carers play an important role in the team, this can include:

- Identifying issues requiring further clarity and identify key aims
- Broadening understanding of healthcare processes contributing to the issues relating to patient care and healthcare provision
- Being part of actioning the plans
- Measurement of experience and outcomes
- Sustainability and spread of change.

We have produced this guide outlining areas to consider when inviting patients and carers to participate in your quality improvement projects.

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**Purpose:**

The purpose of involvement needs to be clear and clearly communicated to everyone involved in the activity. At the start of an involvement activity, discuss and agree both the purpose and the outcomes you will measure. These should be documented to ensure the success of the involvement exercise can be evaluated.

**Representation:**

The people who are involved need to reflect the nature and purpose of the involvement. Start by looking at the population relevant to the involvement activity and use this as a guide to who needs to be involved. FFFAP's own patient and carer panel has produced [a document](#) for the 2021/22 participants of the QI workshops to help shape their invite to patients and carers to join a FFFAP QI project.

**Barriers and challenges to consider:**

Being aware of potential challenges or barriers of involvement is important. Take time to reflect on whether your service has previous experience of patient and carer involvement, what went well and what could be improved?

Addressing challenges and seeking solutions together will enable you to move forward. Whether this is via a workshop, anonymous survey or email, communicating openly on what the challenges have been or could be. Thinking of how to minimise challenges or deal with them ahead of time and together will ensure a shared understanding and clear structure to follow of what to do when a challenge occurs.

Some examples to get you started:

***Potential challenges for healthcare professionals***

- *Difficulty in changing their relationship with patients*
- *Often the only experience of patient feedback is through complaints/claims*
- *Identifying and engaging patients/carers is perceived as difficult and time consuming*
- *Acknowledging the contribution of the patient or carer so that they feel that their views are valued and considered*

***Potential challenges for patients and carers***

- *Patients (especially in acute care) may be very unwell*
- *Potential power imbalance can be off putting; healthcare professionals may be regarded as intimidating*
- *Health care discussions can seem like another language, especially if abbreviations are used and not clearly defined. Professionals can do this without realising they are using terminology that the public may not understand*
- *Patient representatives are often 'over used'*
- *Often does not represent all patient groups*

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## Process:

The process of involvement needs to be carefully planned to make sure that patients and carers can make the best possible contribution. The process needs to consider:

- Whether your organisation already involves patients - linking in with teams/leads, to ensure processes are followed i.e. does your organisation have a patient and public involvement and engagement lead?
- Recruitment – recruiting members who reflect the community served. Considering how you will be communicating the opportunity to participate; will it be promoted on an individual basis, or could it be included in patient letters?
- The time commitment involved – plan your key activities and what would be expected of volunteers within these and how long tasks and activities will take
- Communication – which methods and channels will you develop and implement to ensure they are relevant, accessible to patients and carers and person-centred
- Support – what support will you offer to patients and carers, including staff awareness of volunteer time and how to work with volunteers, we have provided further information under useful resources for you to consider
- Training - There are several resources available\* to support people gain an understanding of what quality improvement is, as well as tools and methods to use. You could offer these to help strengthen meaningful involvement.

## Evaluation and measuring impact:

For involvement to be meaningful the involvement needs to lead to a more patient-centred delivery of healthcare. Plan what you will measure before you start, during and after your projects. For example, did you meet your original objectives? Did the involvement of service users and carers make a difference to the end result of the activity/project? How did they feel about the process of involvement? How will this information be fed back to your volunteers? This is also an opportunity to think about how you will keep the volunteers updated of progress and impact after the project is complete.

## \*Useful resources

1. Patient involvement in quality improvement by Health Quality Improvement Partnership (HQIP): <https://www.hqip.org.uk/resource/a-guide-to-patient-and-public-involvement-in-quality-improvement/>
2. Point of Care Foundation - Experience-based co-design toolkit: <https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>
3. Point of Care Foundation introduction to patient and family centred care (video): <https://www.youtube.com/watch?v=YBA9bQLhdZ8>
4. Quality improvement made simple by Health Foundation: <https://www.health.org.uk/publications/quality-improvement-made-simple>
5. FFFAP good practice examples of patient and public involvement: <https://www.rcplondon.ac.uk/projects/outputs/patient-and-public-involvement-and-engagement-good-practice-examples>

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6. National Council for Voluntary Organisations (NCVO) Involving volunteers:  
<https://beta.ncvo.org.uk/help-and-guidance/involving-volunteers/>
7. Academy of Medical Royal Colleges – although a rather formal resource, there is a good example of a formal committee role description, which may be useful if considering a lay panel/committee members: [https://www.aomrc.org.uk/wp-content/uploads/2020/10/Patient\\_public\\_lay\\_involvement\\_guide\\_1020.pdf](https://www.aomrc.org.uk/wp-content/uploads/2020/10/Patient_public_lay_involvement_guide_1020.pdf)

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