

# Department of Health Public Consultation on the draft Patient Voice Partner Policy - PSI Response

*PSI responses to the survey are provided below in italics.*

*The PSI welcomes this opportunity to make a submission to the Department of Health's public consultation on the draft Patient Voice Partner Policy. As the independent statutory regulator of pharmacists and pharmacies in Ireland, the PSI welcomes the opportunity to input on initiatives that support access to safe, high quality and reliable healthcare for patients. We recognise that patients have a central role to play in the development of health policy and the reform of health services in a range of different ways by sharing their perspective and experiences.*

## Section 1- Your details

- 1. Are you completing this survey on behalf of an organisation or in a personal capacity?**
  - a. Organisation*

## Section 2- Guiding Principles

- 1. Do you agree with the Guiding principles as set out in chapter 2 of the policy**
  - a. Strongly agree*
- 2. From your own perspective, please rank these principles in order of importance, with 1 being the most important and 5 being the least important**
  - 1. Maximising Patient/Service User Involvement*
  - 2. Promoting Equality of PVPs through Shared Decision Making*
  - 3. Supporting Effective Participation*
  - 4. Transparent Recruitment and Selection for Strategic Committees*
  - 5. Good Governance and Accountability*

## Section 3- Model for engagement with PVPs

- 3. The PVP categories are easy to understand and applicable to PVP work across the health service**

*Disagree*
- 4. Do you think experience of the specific service or health condition that a committee relates to is necessary requirement for PVPs to work with that committee (e.g. the PVP has personal experience of maternity services in relation to committee considering the design or reform of maternity services)**

*Agree*
- 5. Are there areas of the health sector that do not require PVPs to have specific knowledge of services or a specific health condition: (550-character(s) maximum)**

*We would consider that for the majority of services across the health and social care sector it would be appropriate that a PVP would have some experience of using that particular service, and ideally, be a service user on a more regular basis.*

- 6. Do you agree that these are benefits of engaging with PVPs- Chapter 3 of the draft policy also outlines the following benefits of engaging with PVPs (see page 13)**

*Strongly agree*

- 7. Are there any other benefits of engaging with PVPs (550 characters max)**

*Active input and shared decision-making by PVPs on committees and groups will provide more direct patient perspective, contribute to more balanced decision-making, and assist in reducing confirmation bias and unconscious bias, in particular, where recruitment of PVPs achieves a diversity of voices.*

#### **Section 4- Guidance for Health and Social Care Organisations on the recruitment and selecting of PVPs**

- 8. Is there anything else that should be communicated to PVPs in the job specification? (550 characters max)**

*The job specification as worded could be off-putting and prevent some suitable candidates from applying, e.g. even 'terms of reference' may be unfamiliar. The policy's supportive tools are useful, however, consideration could be given to language used in the spec, advertisements, posters and social media posts to provide more encouragement and greater reassurance that support will be given. Perhaps a copywriter in partnership with NALA could create additional shared templates or there may be other useful examples internationally (part 1.3)?*

- 9. 9a Do you agree with the competencies for Category 3 PVPs as set out in Table 2?**

*Agree*

- 9b. Are there any additional competencies that PVPs may require? (550 characters max)**

*It should be considered whether the competencies as worded might be a barrier to some applicants applying and whether they could be more accessible. The competencies are not necessarily inappropriate; however, there is a potential tension between the principles of having a diversity of voices and choosing applicants with the competencies necessary to participate as equal decision-makers in category 2/3 groups. Parent organisations may also interpret the competencies as requiring particular qualifications or experience.*

- 10. Which of the following do you think is most important for Category 3 PVPs working on committees and working groups with a strategic focus?**

*a. Lived experience of using or working with health and social care services*

- 11. Are there any other steps that health and social care organisations could take to improve the transparency of this process? (550 characters max)**

*We consider the measures to create transparency are adequate, but that the process could be more accessible.*

#### **Section 5- Support for PVPs**

**12. Do you agree with the induction, training and supports to help PVPs integrate into the groups they work with?**

*Strongly agree*

**13. Are there any other supports that would be helpful for PVPs? (550 characters max)**

- *NHS resources- Examples of the different PPV partner roles/arrangements to facilitate participation-NHS/ flow charts which summarises the actions and support to involve PVP partners throughout the 'lifecycle' of their involvement- The Involvement hub contains case studies, toolkits, resources, e-learning and information about other support opportunities-accessible information needed -The Equality and Health Inequalities Analysis which has been completed in relation to the Patient and Public Participation Policy applies to this policy- A diversity of PVP roles*

**Section 6- Diversity and Remuneration**

**14. Are there any other ways to increase the diversity of the pool of PVPs? (550 characters max)**

- *As referred to above, patients who have lower levels of literacy or education may face additional barriers in applying for category 2 and 3 committees. They may find a written submission process (page 18) more challenging.*
- *Also suggest that people from lower socio-economic backgrounds and with lower levels of literacy be added to 7.11 as a seldom heard group along with a diversity of ages and geographical location. Having hybrid meetings may aid diversity as there would be choice of attending remotely or in-person depending on a person's circumstances.*
- *We support limiting the maximum term of PVPs and number of committees.*

**Section 7- Implementation Monitoring and Review**

**15. Do you think the mechanisms outlined for monitoring the implementation of the policy will help to embed the policy within the public health and social care sector?**

*Agree*

**16. What information needs to be included in the communication programme to create awareness of this policy? (550 characters max)**

- *We would suggest a webinar to support the implementation of the policy.*

**17. Are there any other ways to enhance the implementation of this policy? (550 characters max)**

- *While differences in level of input, expenses and time commitment between each category is clear, it would be helpful to have greater distinction between 'nature of activity' for category 2 and 3 committees (page 12 and section 4.1.2), particularly as acknowledged by the policy this new measure will be a 'cultural shift' for the listed parent organisations. We don't consider that these are easy to understand. Category 3 committees do require a more formal recruitment and induction process and must be approved by the PVP approval committee. There is potential for the unintended risk that parent organisations may perceive category 2 committees as preferable/more workable for this reason or for non-engagement with the policy.*

**18. The appendices and templates are helpful and will assist with the implementation of the policy.**

*Agree*

**19. Are there any other resources or templates that would assist organisations with the implementation of the policy? (550 characters max)**

- *More resources around recruitment, advertising. More information on giving enough lead-in time for recruiting PVPs and planning ahead.*
- *We would suggest including a summary of key points/executive summary at the start of the policy document.*
- *Having regard to Appendix 5 and the nature of the activity described, we questioned whether Examples A and B relate to a Category 1 role as opposed to a Category 2 role. Also, we would suggest, for completeness, to include an example for each category.*

**Section 8- Additional Information**

**Do you have any further comments on any aspect of the policy? (1500 characters max)**

- *PSI strongly supports the draft PVP policy and its guiding principles, their emphasis on co-production, on patients being involved at the outset and being equal participants on working groups, and on effective induction, support and empowerment. In addition to the recruitment process being robust and transparent, we would suggest the addition of 'accessible'. Careful focus on ensuring the recruitment process is non-intimidating will be required to encourage groups that are 'seldom heard' to apply.*
- *Further consideration could be given to address barriers around the sourcing and recruitment of patient representatives, in particular where the policy talks about attracting seldom heard groups (see response under Q14 above).*
- *We would suggest consideration be given to creating a national panel of Category 3 PVPs, that parent organisations could select PVPs from. Resources could be pooled e.g. advertising, recruitment resources. This would remove the greatest number of barriers, particularly for smaller organisations such as professional regulators and aligns to the vision of an integrated system under Sláintecare.*
- *Advertisement of roles is another critical factor in the success of the policy. The policy includes many helpful ideas for advertising roles. Perhaps those more likely to encourage a diversity of voices could be emphasised such as using appointment letters, placing notices in waiting areas and developing key stakeholder lists.*
- *Another potential suggestion could be if healthcare professionals were asked to encourage patients to get involved. Professional regulators regularly communicate with registered healthcare professionals.*
- *Has consideration been given to exclusions that may apply regarding who can do the role?*