

Overview of Patient Engagement Undertaken: Musculoskeletal Service (MSK) Structured Collaboration

Newham CCG began the redevelopment of the MSK pathway by engaging with GPs and Providers, and then by involving patients at ad hoc meetings while designing the new pathway. Two Patient Representatives, Angus and Sandra, were then recruited to be more deeply involved in the development. A wider consultation with the public was held, including service users, carers, and voluntary sector groups, where people were asked “What else do we need to think about?” Sandra and Angus attended these meetings.

At this point it was agreed that, rather than going through a procurement, the CCG would carry out a ‘structured collaboration’ with the aim of getting current providers to work together to deliver the tender.

An engagement event with the providers was held with Angus and Sandra in attendance to introduce them to the process and to determine if they wanted to take part.

Since then Angus and Sandra have been involved in planning, particularly initially, in assessing the Providers plans, and in looking and scoring Providers presentations against the ‘Gateways’ they have to meet. Angus and Sandra are also both members of the steering group.

Patient engagement has been built into the model and providers have been told they need to engage patients in their planning and delivery.

Commissioners hope that as the new service is implemented Angus and Sandra will help the CCG evaluate reported patient outcomes and take part in performance monitoring.

“I feel that the CCG has upped its game in terms of engagement. I had the impression that CCG Patient Engagement involved setting up an event, talking to patients, giving them lunch, and then going off to write the policy. This was a hundred miles from that.

Seeing the process from this end has been so different from being a patient. Seeing what has happened, realising some of the problems the CCG is dealing with, and the challenge of reaching middle ground. I have better understanding of why there has been delays but from other end I am getting patients asking ‘What’s been happening?’ I can keep them up to date.” - Angus, MSK Patient Representative

How Patient Representatives Have Shaped the MSK Service so Far

The patient representatives acted as advocates for public health options, preventative care, self-care and managements, and patient education. They reinforced the voices of staff who also shared that perspective, bringing the wider context of MSK back into discussions ensuring that they did not become purely clinical. They challenged when these elements disappeared. They came up with ideas, such as highlighting the importance of self-care, arguing for the importance of psychosocial assessments, not just physical assessments, and the need to look at how patients can be supported to build social networks and join groups.

Parts of the final pathway model contain social elements. The patient representatives ensured these were not lost along the way.

Holistically, having patients in the meetings helped keep discussions on track. Patients challenged the use of acronyms and jargon which helped to demystify the process as a whole. It helped participants to stop thinking as clinicians and made people be clear about what they were saying. This led to a shift in thinking and kept participants aware of the fact that the outcome of its discussions would result in patients' experiences, not just in a clinical model. Patient representatives weren't afraid to keep challenging.

Having patients in the room helped to remind participants why they were there, that there is a patient at the end of discussions, which kept them honest.

- **Acronyms and jargon can be a barrier to patients engaging in discussion, but having patients there to question and challenge the use of jargon can raise the quality of discussions.**
- **Involve patients from the start in all decision making so that all involved accept their presence as normal. It is important that staff support, back up, and reinforce the patient reps and their voices.**
- **If meetings need to be cancelled make sure to give Patient Reps plenty of notice, and an explanation for the cancellation.**
- **During a long engagement project make sure to keep patient reps informed about what is going on during quiet periods when meetings are not happening.**
- **Ensure that the venues for the meetings are easy to get to and accessible for the patient reps.**
- **Being able to engage effectively in commissioning discussions takes a good level of knowledge and confidence. In order to engage new patient representatives fully there needs to be a quality induction process.**