**Patient and Public Engagement in Health and Care across Wales**

# Contents

# Executive Summary

This paper provides an insight into the current practices around Patient and Public Engagement (PPE) in Wales. The process PPE has been recognised as a priority by all parties and stakeholder but needs appropriate resources to enable the vision of health and care systems that are responsive to the needs of the Wales to be realised.

As we saw during the Covid-19 pandemic engaging people in their own health and care has never been more important. The underlying concept of PPE encourages patients and the public to better understand their role as active participants in their own health and care, which has been reinforced recently by the Minister for Health and Social Services. After the pandemic we face the twin challenges of longer waiting lists and ever-increasing demand for services alongside austerity. We need to make use of the insights of good PPE to support service improvement and redesign activities, as well as helping people to manage their own health and well-being.

There are some good examples of engagement, but we do not see these consistently applied across Wales. The challenge of delivering true co-production and high-quality engagement across health and care to maximise the opportunities to improve patient experience, requires urgent attention.

The paper draws upon wider evidence and information it gathered to help identify some key opportunities to build a more cohesive and coordinated patient and public engagement landscape across Wales in the future.

The system and professionals alike need to fully understand the considerable value and assets that PPE can bring have yet to be fully realised and organisations and their staff will need to be much better equipped to utilise this within their everyday work.

# 1. Introduction

The Bevan Commission, the leading independent health and care think tank in Wales, undertook a review of Patient and Public Engagement in health and care in Wales in response to discussions held with the Minister for Health and Social Services, along with the Director General for NHS Wales. The Commission set out to consider the current PPE environments and how we might best co-create more efficient approaches in the future.

To address this, the Commission has undertaken a review of PPE in Wales, highlighting examples of good practice, both nationally and internationally. This review sets out a snapshot of the current engagement arena and offers some guidance for future development drawing upon insights gained throughout the process.

The report provides evidence on the need for improvement in public and patient engagement related activities as well as recommendations on how this may be achieved.

## 1.1 Context and Background

The Bevan Commission recognises the importance of actively listening to, and working with, patients and the public. This is clearly reflected by the Bevan Advocates programme and within its publications and prudent principles, which communicate a desire to *achieve health and wellbeing with the public, patients and professionals as equal partners through co-production* [1].

The argument that engaging and involving patients and the public in the co-production of their own health and care has many benefits is well established. Good PPE can help us understand the patient experience and whether services are meeting patient needs and can also provide ideas for improvement that can inform the development of better patient-centred services. Alongside this patients and the public can also learn new skills thus improving their health literacy and allowing them the confidence to take greater control over their own health and well-being. As The New Economics Foundation [2] says, *co-production recognises people as assets. People are seen as equal partners in designing and providing services, rather than as passive beneficiaries or burdens on the system.*

As health and care looks to recover and reset from the Covid-19 pandemic, it is vital that meaningful engagement with patients and the public is at the forefront of the agenda and is more clear, coordinated and effective than ever before. The Minister for Health and Social Services in Wales has raised the question of what health and care can be expected to deliver and what the public can do to support their own health and care [3]. In effect, patients and the public are being urged to take a more active role, rather than being passive recipients of health and care services. Meaningful and effective

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[1] Bevan Commission Prudent Principles
[2] The New Economics Foundation Co-production | New Economics Foundation
[3] NHS in Wales could do less in future - health minister - BBC News

PPE will be crucial in supporting this shift in the publics' understanding of how their relationship with services is changing.

The Bevan Commission acknowledged this in its 2016 publication titled *Redrawing the Relationship Between Citizen and State*. The impact of Covid-19 exacerbated pressures resulting in increased waiting lists and delays in access to treatment and screening, all of which will continue to dramatically affect the quality of life for many people across Wales.

Research conducted by The Health Foundation[4] (via Ipsos Knowledge Panel) reports worrying public perceptions about the state of the NHS and social care. Findings demonstrate that 57% of respondents thought the general standard of care provided by NHS organisations has deteriorated in the past 12 months, while 69% think the standard of social care has also worsened. It will be vital to have open conversations with the public around ways to tackle these issues, as is discussed at length in our paper *Doing Things Differently: [Tackling the Backlog in the Aftermath of Covid-19](#)* [5].

Although there are many existing examples of good PPE practice the challenge of delivering true coproduction and high-quality engagement consistently across health and care is widely acknowledged. As Aneurin Bevan said, *"The NHS didn't spring from the mind of one person or conjured up in an office by a team of experts, the model was rooted in the realities of a local community"* [6]*.* Harnessing and understanding the views of citizens in our communities and working together to co-produce creative solutions will be key to ensuring a health and care service that is fit for the future.

The following sections will explore what PPE is, why it is important, the benefits of it, methods to conduct PPE and what the known barriers are. Additionally, the Welsh policy landscape will be explored, alongside examples of best practice and ongoing activities.

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[4] [Public Perceptions of the NHS and Social Care: performance, policy and expectations](#), The Health Foundation, February 2022

[5] [Doing Things Differently: Tackling the Backlog in the Aftermath of Covid 19](#)

[6] In Place of Fear, Aneurin Bevan published 1952

# 2. What the Literature Tells Us

## 2.1 What is PPE?

A number of different terms are used to describe similar concepts related to PPE activity across health and care[7]. Examples of such terms include co-production, involvement and engagement. These terms are often used interchangeably and at times with different interpretations, which, as The King's Fund states, might in itself act as a barrier to development in this area,

> "People use many different terms to describe this area of work and don't always agree about the exact meaning of them and how they are different to each other. Many terms particularly are used interchangeably. This can be confusing, and it could be argued has slowed progress at times."[8]

Although each term has a different meaning, they all describe different ways of engaging with people and therefore all demonstrate value. To provide clarity it is important to develop a common set of definitions at the early stages of this work. For the purpose of this paper we will be using definitions provided by the Co-Production Network for Wales and are accepted in health and care settings across Wales.

- "Co-production is a specific kind of community engagement which represents a transition from doing things to and for people to doing things with people."[9]
- "Involvement requires organisations to be open to influence from citizens and stakeholders, moving to a culture of working with rather than doing to."[10]
- "Engagement refers to a range of interactions between a public service organisation and the people who access, benefit from, or have an interest in its activities, services and/or policies."[11]

## 2.2 Why is effective PPE in health and care important, and what are the benefits?

The importance of engaging with patients and the public in the co-design and delivery of effective care has long been recognised as beneficial by leading organisations and decision-makers from across the UK and further afield. For example, The World Health Organisation (WHO) describe patient engagement as, "*an integral part of healthcare and a critical component of safe people centred services*".[12]

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[7] An annotated and critical glossary of the terminology of inclusion in healthcare and health research | Research Involvement and Engagement | Full Text (biomedcentral.com)

[8] 'How does the healthcare system hear from people and communities' The King's Fund

[9] Definition Co-Production Network for Wales

[10] Definition Co-Production Network for Wales

[11] Glossary of engagement terminology (Co-production Network for Wales) - V1.5 (A4) (copronet.wales)

[12] 9789241511629-eng.pdf (who.int)

Additionally:

- The Institute for Healthcare Improvement (IHI) identifies that, *"engagement of patients and families resides at the core of the framework for safe, reliable, and effective care"*.[13]

- In 2014, Simon Stevens (former chief executive of NHS England) described patient's engagement in their own health and care as a "*coming revolution*".[1415]

- The King's Fund suggests that patient and public engagement is a *'must have'* not a *'nice to have'* stating, *"engagement is still seen by some in the NHS as something that has to be done rather than providing key insight and understanding into local populations and their needs."* [14]

- Effective patient activation and engagement activity has been described as possessing potential to become the "*blockbuster drug of the century*"[16].

The existing evidence identifies a number of benefits related to both health and care providers and patients. This positive impact is supported by Conway (2011) who suggests "a *growing [body of] research reveals the impact patient engagement can have on health outcomes, patient adherence, process-of-care measures, clinical outcomes, business outcomes, patient loyalty, reduced malpractice risk, employee satisfaction, and financial performance.*"[17]

## 2.3 How do we engage with patients and the public?

Good PPE relies on a range of different methods to capture opinions, perspectives and insights. Health and care services users like the rest of the population are diverse and health and care providers should use a variety of approaches and methods to ensure they communicate in a way that best meets the needs of an individual.

Quantitative methods, through means such as patient surveys (although not always wholly quantitative) enable the collection of numerical data. They can be used to understand how people use services and whether they are satisfied with their care. Surveys can also be used to compare changes in perception and quality over longer time periods.

Qualitative methods, such as consultations, interviews, focus groups or patient stories can provide more detailed insights into people's care, for example what went well and what could be improved. Qualitative work allows more in-depth understanding of what matters to people on a personal level. When used alongside quantitative data, qualitative methods can provide meaning behind the numbers and offer powerful insight.

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[13] Tools to Support Patient Engagement, Institute for Healthcare Improvement
[14] Speech by Simon Stevens to the NHS Confederation
[15] 'Joined up listening; integrated care and patient insights' The Kings Fund
[16] Dentzer, S. (2013). Rx for the 'blockbuster drug' of patient engagement. Health Affairs, 32(2), 202-202. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.0037
[17] Patients Charting the Course: Citizen Engagement and the Learning Health ... - Institute of Medicine, Roundtable on Value and Science-Driven Health Care - Google Books

Some methods will be more or less suitable for different groups in society, and the focus should be on choosing methods that are appropriate both to the question and people being asked. As the King's Fund states, *"Effective organisations will be using insight and feedback from users as part of their daily business, using a range of sources both quantitative and qualitative"* (*Kings Fund, 2017*).

## 3. Mapping the PPE landscape in Wales

To gain a better insight into the PPE activities across Wales, we first need to understand the operational landscape. In Wales, Health and care providers have a legal duty to engage with patients and the public when designing and delivering services as set out in:

- Social Services and Well-being (Wales) Act 2014[18]
- Well-being of Future Generations (Wales) Act 2015[19]
- The National Principles for Public Engagement in Wales (2011)[20]
- Health and Social Care (Quality and Engagement) (Wales) Act 2020[21]
- A Healthier Wales[22]
- Prudent Healthcare Principles[23]

The following section outlines some of the major organisations and groups that exist within this space across Wales at local, regional and national levels. This is not an exhaustive list. Further work should be done to map all activities to ensure a more collaborative approach across Wales and to maximise engagement opportunities and impact.

### 3.1 PPE Infrastructure in Wales

### 3.1.1 National organisations and groups

| Organisation/Body: | Description of Organisation/Body: |
|---|---|
| Co-production Network for Wales | A national independent not-for-profit organisation that supports a community of practice related to co-production, influences policy and provides training. |
| Bevan Advocates (Bevan Commission) | A national patient and public group co-produced with the Bevan Commission, meeting monthly to discuss issues related to health and care alongside championing the Prudent Healthcare agenda. |
| Welsh Government Patient Experience Leads Group | A quarterly meeting of NHS Wales patient experience leads to discuss activity and key issues pertinent to the patient experience agenda across Wales. |
| Welsh Government Listening and Learning Feedback Group | Held quarterly and attended by patient experience leads from health boards across Wales to share best practice. |

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[18] Social Services and Wellbeing (Wales) Act 2014
[19] Wellbeing of Future Generations (Wales) Act 2015
[20] National Principles for Public Engagement in Wales (2011)
[21] Health and Social Care (Quality and Engagement) (Wales) Act 2020
[22] A Healthier Wales
[23] Prudent Healthcare Principles 2015

| Digital Health and Care Wales Patient and Public Assurance Group | Ensures the voice of patients and the public is included in the development, co-design, co-production and assurance of public/patient facing digital projects. |
|---|---|
| Welsh Ambulance Service NHS Trust People and Community Network | A national network supporting a whole-system approach to meeting the needs of patients. |
| Participation Cymru | A public and third sector partnership that works with organisations to achieve better public engagement in the design, development and delivery of citizen-centred services. |
| Health and Care Research Wales National Involvement Community | Participation in research, as well as sharing personal experiences to help inform priorities, design, delivery and implementation of research so it is more relevant to the public needs. |
| Caring Communities of Change | Partners with carer-led networks and other organisations to coproduce, pilot and scale up innovative solutions to meet the needs of the learning disability carers and their families. |
| Resourceful Communities Partnership | A Wales-wide partners' ship involving 55 organisations including Welsh Local Government Association, Social Care Wales, third sector and academia to work together with the public to develop resourceful communities. |
| Community Health Councils | Engage with communities in the 7 health board areas, representing the interests of patients and the public. To be replaced with a new Citizen Voice Body in April 2023 that will represent the interests of patients and the public across both health and social care. |
| Citizen Voice Body for Health and Social Care (CVB) | From April 2023 CVB will represent the voices and opinions of the people of Wales in respect of health and social care services with an overarching aim to support the continuous improvement of person-centred services. |

As seen from the above table a great deal of effort and money is expended on promoting the concept of PPE in the health and care sectors in Wales but how this is turned into practice and influence in these sectors is less clear. The new CVB will it is hoped helped to ensure a more joined up approach to PPE in health and care in Wales.

### 3.1.2 Regional and local infrastructure

On a regional basis, Regional Partnership Boards (RPBs) were established as part of the Social Services and Wellbeing Act[24] to enhance the wellbeing of the population and improve how health

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[24] Social Services and Wellbeing (Wales) Act

and care services are delivered. As a part of this remit, all RPBs are required to demonstrate citizen engagement and co-production.

On a local basis, Local Resilience Forums are multi-agency partnerships made up of representatives from local public services including emergency services, local authorities, NHS, the Environment Agency and others. These agencies work together to engage with communities. The geographical area the forums cover is based on police areas. In Wales this is: Dyfed Powys, Gwent, North and South Wales. Local forums such as the Patient Advice and Liaison Service (PALS) offer routes for people to give feedback on their experiences. PALS offer advice and support on health-related matters, alongside helping to improve health services by listening to concerns and suggestions. Additionally, Patient Participation Groups and GP Reference Groups are groups of volunteers that work in partnership with GP practices to facilitate discussions with the patient population to help the practice provide proactive services that reflect the needs of its local population.

Voluntary, community and social enterprise groups offer a wealth of knowledge on experiences of care from different community groups. Housing associations across Wales, including Community Housing Cymru, engage regularly and effectively with tenants. Together for Change Pembrokeshire brings together health and care organisations, third sector and the public to develop community-led actions to improve the health and wellbeing of local people. There are many similar organisations operating across Wales.

## 4. Discussion

### 4.1 The need for a more coordinated approach

The current landscape appears to be highly fragmented and could be strengthened through greater integration between partners to make the most of and build upon current knowledge, resources and structures. Patient experience and public engagement teams across health and care are often not connected at a local level, let alone regional or national levels. Additionally, they are often separate functions within health boards. For example, gathering information about patient experience is commonly the responsibility of the nursing directorate, whereas public engagement is often part of the wider communications function. Both are gathering similar insight from patients and the wider public, but in many areas of Wales the teams do not work together, resulting in learning not being shared and opportunities being missed.

Where there are widespread and impactful engagement activities taking place across Wales, they are not always communicated as effectively as they could be. This could lead to duplication of effort and missed opportunities to share feedback and adopt and spread best practice. Staff in engagement roles also have different titles and status, which suggests engagement activities do not carrying the same weight across health boards.

Complaints is another area in which PPE can be useful, but it is set up as a separate function. It is argued that greater engagement earlier on in the patient experience could potentially lead to a reduction in complaints[25]. Remaining complaints could aid in the improvement of care quality and services. Furthermore, the complaints department is often separate from those who can make best use of the information. Clearer links need to be made between staff who could be utilising learnings from complaints, whether that be management or clinical staff.

### 4.2 The role of Regional Partnership Boards (RPBs)

One of the key aims of RPBs is to demonstrate citizen engagement and co-production[26], yet in our engagement with stakeholders it was clearly articulated that much more could be done by RPBs to deliver this more effectively. RPBs could work more collaboratively with healthcare providers and local authorities to support community resilience and resourcefulness and do so in a more streamlined and integrated way. This provides an excellent opportunity to utilise the knowledge, networks and strengths of all bodies to ensure effective co-production and engagement takes place. The Welsh Government is currently refining the role of RPBs. Consequently, there is an opportunity to strengthen the engagement and co-production remit alongside defining the relationship RPBs will have with the new CVBs.

[25] Bombard, Y., Baker, G.R., Orlando, E. *et al.* Engaging patients to improve quality of care: a systematic review. *Implementation Sci* **13**, 98 (2018). https://doi.org/10.1186/s13012-018-0784-z

[26] Regional Partnership Boards (RPBs) | GOV.WALES

> *Opportunity 1 – Established a coordinated, joined-up approach to interacting and working with patients and the public should be established at local, regional and national levels:*
>
> Local - within organisations, using integrated approaches to ensure staff across departments are working closely together.
> Regional – departments collaborating across organisational boundaries (e.g. health boards, local authorities, third sector).
> National – departments need to be linked to share learning and good practice across Wales. A national group made up equally of patients, the public, engagement leads and professionals from across health and care should be established. This could reap many benefits, including.

## 4.3 A need to maximise digital methods of engagement

As part of a more co-ordinated approach to engagement across Wales it will be vital to make the most of digital opportunities to ensure we have effective mechanisms that support patient and public engagement. Digital inclusion is key. The level of digital exclusion in Wales is higher than in the rest of the UK, with 7% of the population not using the internet. Digitally excluded people are some of the most frequent users of health and social care services[27], so it will be vital to ensure everyone has the skills and resources to engage. Digital innovations should be used to enhance care and engagement, not replace face-to-face support. It is important to ensure digital tools are offered as 'part of a set of options based on an individual's needs and preferences'[28]. This in turn will help patients and the public to communicate their views, co-design their own care and support shared decision-making. This will also ensure that engagement professionals are properly equipped to analyse and act upon any feedback and trends.

An example of using digital methods of engagement is the Digital Services for Patients and the Public (DSPP) programme[29], established by Welsh Government in March 2021 to help co-ordinate the rapid delivery of digital solutions and health and care applications across Wales. Integral to this programme is the development of the NHS Wales app[30], which will ensure people are empowered to be responsible for their own health and wellbeing from cradle to grave. This is being actively codesigned and co-produced to ensure it meets the needs of the Welsh population through the Patient and Public Assurance Group (led by Digital Health and Care Wales). New platforms that help organisations to engage with patients and the public being piloted in Wales include Civica (see appendix 5 for a case study).

> *Opportunity – harness digital technology to engage the public.*
>
> We should build on progress made throughout the pandemic at pace. Key to this is ensuring there are simple mechanisms in place to enable patients and the public to easily engage, share their views and feed back to providers. This data can then be collated and shared more systematically both inter and intra-organisationally.

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[27] Digital inclusion in Wales (gov.wales)
[28] 'Support patient engagement with digital healthcare innovations' Nuffield Trust
[29] Digital Services for Patients and the Public
[30] NHS Wales App

Work is being led by Digital Health and Care Wales (DHCW) to develop open architecture. National Data Standards across health and care will also support this. Successful development and implementation of the digital agenda will require a co-ordinated approach across Wales from the main organisations working in this space, such as DHCW, Health Technology Wales and TEC Cymru, alongside NHS and third sector.

## 4.4 The need for wider culture changes

### 4.4.1 Increased emphasis on 'what matters'

> "*Effective public engagement is not just about asking people what they want, but exploring what matters to them, what they think would work best and, perhaps most importantly, why*" (**Kings Fund, 2017**).

Asking *'what matters to you?'* rather than *'what's the matter with you?'* is a simple and effective way for health and care professionals to engage with people and understand the person in the context of their own life and what is most important to them. The underlying principle is intended to shift the power to the person who is best placed to identify the help or support they need. Engaging people in co-producing their own health care plans and decisions can also lead to improved outcomes and quality of care[31][32]. We need to ensure this simple question becomes the approach all health and care professionals use to engage with patients.

### 4.4.2 Embedding PPE in day-to-day practice

> "*Wales must be a listening nation through actively seeking out diverse views and experiences to co-design services with the public if we are to accelerate change and improve quality*". Parliamentary Review of Health and Social Care (January 2018)

Engagement needs to be embedded in workstreams and positioned at the heart of decision-making, system development and transformation. It must not be tokenistic, an add-on or an after-thought. At a basic level it can be used to recognise input from patients and the public to inform service development, enable shared decision-making and facilitate good quality consultation that shapes health and care services.

### 4.4.3 Proactive rather than reactive engagement

Communication and engagement activities across health and care often take place when something has gone wrong or as a result of a complaint. However, it is clear to see that engaging effectively in a

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[31] Hendriks, M., Rademakers, J. Relationships between patient activation, disease-specific knowledge and health outcomes among people with diabetes; a survey study. *BMC Health Serv Res* **14**, 393 (2014). https://doi.org/10.1186/1472-6963-14-393

[32] Batalden M, Batalden P, Margolis P*, et al* Coproduction of healthcare service *BMJ Quality & Safety* 2016;**25:**509-517.

proactive and ongoing manner as part of routine work would be  more effective and avoid unnecessary complaints and disruption to care. This highlights the need to act early and communicate well, pre-empting challenges and establishing clear engagement pathways across health and care in Wales.

### 4.4.4   The need for greater leadership and accountability surrounding engagement and co-production

More could be done to strengthen organisations' accountability. As it stands, the National Delivery Framework requires health boards and trusts to report annually on *Evidence of how NHS organisations are responding to service user experience to improve services* [33]*.* Organisations must also report in their Annual Quality Statements and Integrated Medium Term Plan. However, further opportunities exist to strengthen accountability. This could be reinforced through systematic local and national patient/public information and feedback mechanisms and also linked into the CVB. Similarly, if action has been taken as a result of the engagement, this should be fed-back to the person, including details of any resulting impact. If no change has been made, this too should be fed back with an explanation of the decision.

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*Opportunity – develop a national tool to enable patients to share solutions and act upon what is learnt.*

We know the system has a robust mechanism for dealing with complaints, but we need to transform this into a system that can also capture people's suggestions and ideas. A change in culture from reactionary to a solution focused approach (such as an appreciative enquiry[34]) could deliver real benefits. This could look at capturing the top three themes emerging from organisations each quarter, aggregating this information to have a top three for Wales, with all organisations having responsibility (and accountability) to implement a solution in response. This should be explored in more depth, including:

-        Considering whether there is an opportunity to embed this approach as part of the development of the NHS Wales App.
-        Including this as part of the PREMS (Patient Reported Experience Measures) and PROMS (Patient Reported Outcomes Measures) work[34].

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### 4.4.5   The challenge of language, terminology and health literacy

[33] https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/2021-22-nhs-walesdelivery-framework-amp-guidance-pdf/

[34] Appreciative Enquiry is a model developed at Case Western Reserve University's department of organisational behavior and particularly seeks to engage stakeholders in self-determined change starting with a 1987 article by David Cooperrider and Suresh Srivastva. They felt that the overuse of "problem solving" hampered any kind of social improvement, and what was needed were new methods of inquiry that would help generate new ideas and models for how to organize. [34] Patient Experience - NHS Wales Shared Services Partnership

> *"Where the NHS most needs to improve is in speaking a common language. Too often, it communicates change in a different language to the one spoken by its users." ([Kings Fund, 2017](#)).*

We need to ensure the language used when engaging with patients and the public is appropriate and understood by all. We must also be aware of the barriers to engagement, such as access to digital, poverty, isolation, literacy needs and mental health issues. We need to build on existing engagement strategies to improve population health and ensure there is a two-way dialogue around how these barriers can be overcome. For this to be effective, there will need to be a cross sector approach to ensure health boards, the third sector and local authorities are working together with the public and communities to co-design solutions.

Co-designing services can help address inequalities by hearing from those with poorer health outcomes; learning and understanding the context of people's lives (including the wider social determinants of health) and what the barriers to better health might be. User experience is a key component of quality improvement and informing wider system transformation. There is a strong link between people having positive experiences of care and other aspects of quality, including clinical effectiveness and patient safety (Doyle *et al* 2013). In Pembrokeshire there are many examples of work done during the pandemic to improve the health and wellbeing of citizens through developing community partnerships, such as Together for Change, Solva Care, Planed and the Communities Resourceful Partnership.[35]

Bevan Advocate Barbara Chidgey told us,

> *"Building co-created trusted relationships between the patient and healthcare professionals sets the environment for open and respectful conversations, when information is exchanged, questions asked, listened to and responded to with empathy and jargon-free clarity.*
>
> *This contributes to genuine co-production and shared decision-making and contributes to the patient [me] building the 'skills, knowledge and confidence' needed to actively self-manage their health and condition. Patient engagement leads to self-management, improved quality of daily life and reduced need of NHS resources. It is time to understand that patients are part of the solution and not the problem."*

## 4.5 Staff training

In order to improve the status quo more and better training is needed to support professionals and people to have the understanding, skills and confidence to engage effectively. A comprehensive programme of education and training in engagement and co-production could be developed for the current health and care workforce alongside those in training (including undergraduates). Patient involvement should be included as a core part of the curriculum. It should also be an integral part of CPD and induction.

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[35] [Communities - Together for Change (tfcpembrokeshire.org)](#)

> *Opportunity – increase education, training, tools and support for engagement.*
>
> A comprehensive programme of education and training for the current health and care workforce and those in training (including undergraduates) as an integral part of CPD and induction, not as an add on.
>
> Additionally, a specific training and engagement programme should be developed for primary care.

# 5. Recommendations

As this report has outlined, there are a number of opportunities that could be embraced to support the delivery of more effective patient and public engagement across Wales. This paper identifies *six core recommendations* as a starting point:

1. Develop a co-ordinated approach to engagement by ensuring engagement, patient experience, communication and involvement leads work together.
2. Establish a national group that brings together engagement teams with patients, the public, and clinicians to share experiences, learning, best practice, and work collaboratively to develop more effective engagement across Wales.
3. Maximise the potential of the CVB to lead and hold to account better public and patient engagement .
4. Capture and use the feedback and innovative ideas and solutions from patients and the public through an easy to use mechanism or tool.
5. Improve knowledge of and understanding of existing training resources, tools and support for staff and the public. Build upon existing assets and developments to date such as Coproduction Wales.
6. Undertake research with key stakeholders including patients and public to inform would be helpful in taking this issue forward.

## 6. Conclusion

Taking a prudent and co-production approach to working with patients and the public as equal partners should be everyone's responsibility and inherent in day-to-day practice. We need to ensure that staff are equipped to recognise and utilize the value and assets held by patients and the public.

Leaders from across public service will need to more actively engage with the public on the future of health and care services as demand increases and people's needs become more complex.  Politicians and health and care leaders have highlighted the growing need for individuals to do their part in in managing their own health and well-being as part of understanding what the NHS can be expected to deliver in the future. In January 2023 the Minister for Health and Social Care in Wales restated the fact that "a really honest conversation" needed to be had with the public about how they can help relieve some of the pressure on the NHS in Wales. This conversation will require robust and inclusive PPE structures and channels that are committed to investing in meaningful, open and honest dialogue with the public about the increasing challenges and demands facing health and care.