



Royal College
of Physicians

Working with lay representatives and patient involvement in RCP committees, boards and projects



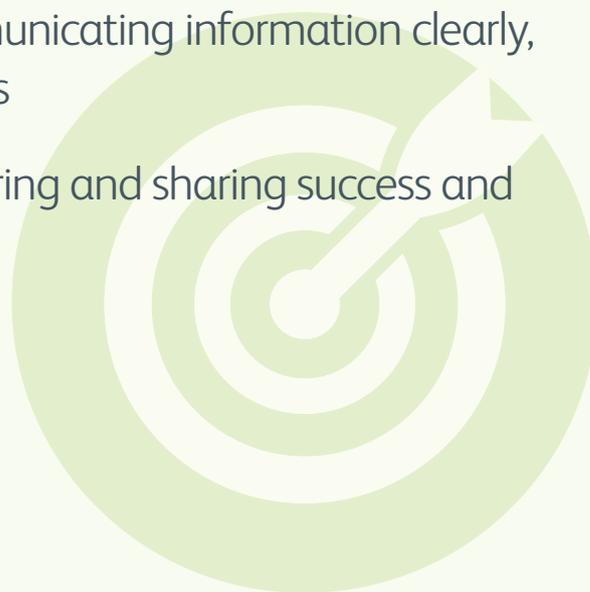
Guidance and recommendations for chairs, committee members and staff

Purpose

This guidance is designed to help strengthen patient involvement across the Royal College of Physicians (RCP); and give all RCP committees, boards and projects working with, or considering working with lay representatives/patients and carers, a shared understanding and agreement for best practice.

We want to embed the following overarching principles for lay representation and patient involvement across the RCP:

- **Meaningful involvement:** having real impact in order to improve health and healthcare for all
- **Support and collaboration:** building understanding that working together leads to better outcomes
- **Accessible information:** communicating information clearly, openly and in accessible formats
- **Impact and feedback:** measuring and sharing success and good practice.





Background

Many RCP committees, boards and projects include and benefit from the involvement of lay representatives. The voices of patients, carers and the public play a key role in influencing RCP work and help us to support high standards and quality in patient care.

Most often the purpose of lay involvement is to bring the patient/public perspective directly from users of health and healthcare services. Their insight ensuring that the patient experience remains in focus and at the forefront in order to influence and improve patient care. Lay representatives are recruited in different ways across the RCP – the Patient Involvement Unit (PIU) and Patient and Carer Network (PCN) would like to support and streamline this approach so that all volunteers coming to the RCP receive the same introductory information and ultimately feel supported in their role while they are working with us. We believe this will help us deliver a more strategic approach to lay and patient involvement across the RCP.





The Patient and Carer Network (PCN)

The RCP set up the PCN in 2004. The network is a group of over 80 patients, carers and members of the public from across England and Wales. Members of the PCN volunteer their time to help make sure the RCP's work is based on what patients need. PCN members work with the RCP to:

- provide a patient, carer and/or public perspective to support the work and strategy of the RCP
- identify and bring the views, interests and concerns of patients and carers to the RCP with a view to informing and influencing RCP activity, policy and strategy
- support the RCP to find solutions and strategies to improve the care of patients and the health of the population
- share the responsibility of embedding the RCP values – 'taking care, valuing learning and being collaborative'.

The PCN is supported by the RCP's Patient Involvement Unit and is steered in its work by a liaison group made up of the chair and three PCN members. They are supported by the RCP patient involvement officer and RCP patient involvement adviser, who help to plan, steer and review the work of the PCN.

Representatives from the wider PCN network are made up of members who are involved in different committees, projects and workshops; as well as other remote and face-to-face involvement opportunities across the RCP. We communicate regularly with members via quarterly workshops, email and social media. Their personal experiences are varied, which can be of benefit when committees or working groups are seeking the involvement of patients with first-hand experience of a particular condition.

Not all PCN members have a detailed understanding of the RCP's work – joining a project or committee may be the first time a PCN member has engaged with the RCP in a more formal way. To ensure PCN members have a basic understanding of the RCP, the PIU offers an induction to all PCN members when they first sign up to the network.



A positive start

Joining a new group can be a challenging experience for our lay representatives, even if they already have experience of committee working or providing a patient/public perspective. They are most likely to be in the minority as a non-clinical member and often unfamiliar with the jargon and intricacies of the subject matter that others around the table will probably know. Following the guidance below and completing the checklist will help to ensure a more positive and meaningful experience for the lay representative and maximise the chance of their involvement succeeding. Operating within this best practice is the responsibility of all involved; the committee chair, committee members, and associated staff. The PIU is also here to support you.





Recruitment

To support lay representatives across the RCP and to ensure they have a positive experience we recommend the PIU, committees, boards and working groups, work together on recruitment.

We should feel confident about recruiting lay representatives from the PCN as well as patient-specific groups, charities and external stakeholder organisations, knowing that they will have a clear role and remit and a consistent induction to the RCP and PCN.

The PIU and PCN believe it is good practice to have at least two lay representatives attached to a committee. This encourages support and networking between lay members and is more likely to ensure lay input at every meeting.

If an existing lay representative is coming to the end of their tenure on a committee, board or working group it is important to have the conversation about moving on and recruitment of a new representative before the end of their term. A suitable handover and opportunity to ask questions is recommended between outgoing and incoming lay representatives as well as the chance to shadow the current member at a meeting.

There are some key questions to consider before recruiting a lay representative to a committee, or involving patients and carers in a piece of work:

- > Why do we need a lay representative?
- > What difference will it make?
- > How will we ensure their involvement is meaningful?
- > Is recruiting a lay representative the most appropriate option? (see 'A different approach' below)

Discuss your plans to recruit a new lay representative with the PIU who will be able to advise and assist with recruitment.

Please see our useful checklist on page 7 to support you in planning recruitment.



Lay representative tenure

To ensure there is a consistent but evolving lay representative voice on committees, boards or working groups it is recommended that a tenure of 3 years with a view to extending for 1 year (total 4 years) is agreed from the outset. We envisage that a 3 to 4 year lay representative tenure will support the development and progress of committees, boards and working groups as well as supporting the RCP's commitment to equality and diversity. A tenure policy ensures that there are new contributors bringing new and different perspectives to the work of committees.



General principles for involving lay representatives

> Plan

The role and purpose of the lay representative's involvement should be clearly defined before recruitment, including the time commitment and skills that will be needed to undertake the role effectively.

All members of the committee should fully understand the purpose of the lay representative and be committed to supporting them.

Practical needs for the lay representative should be considered to ensure their involvement in the committee is made as smooth as possible. This should include basic considerations such as accessibility and location of meeting rooms in London and Liverpool as well as the need for refreshments on arrival.

> Support and value

Particular support should be offered before and after a lay representative's first meeting so they feel well prepared and able to raise any queries or concerns that they have.

The lay representative should be made to feel welcome and encouraged to contribute both before, during and in between meetings.

> Always meaningful

Honest, regular dialogue with lay representatives should take place with the chair and supporting staff to evaluate how their involvement is working, whether it is meeting expectations from both sides; and if and how involvement could be more effective.

If suggested improvements are identified, these should be trialled and further evaluated regularly.



Monitoring and improvement

We recommend mutual feedback takes place between lay representatives and committee chairs within the first 6 months of tenure and then at least once a year. This will help to ensure chairs and lay representatives continue to have a shared understanding of the committee's aims and objectives and communicate any issues or matters arising that may need addressing. The PIU is happy to facilitate this conversation if required, offer suggestions for change, and support them to be implemented.

The PIU encourages feedback as a way of sharing what's working and what needs to improve. Whatever approach a committee takes to patient involvement it is important to gather feedback from those involved and share good practice in order to inform future development and innovation. The PIU has a general feedback form that can be used and adapted to meet the needs of committees. We recommend that committees incorporate opportunities for members to feed back at least once a year. The PIU will also gain annual feedback which can be shared and used to monitor and improve ways of working.



A different approach

The PIU and PCN are happy to support committees that want to look at an alternative approach to single lay representation. Focus groups, workshops, commenting on documents, surveys and consultations can be organised in partnership with the PIU and PCN. If this way of working fits better with the committee's aims and objectives for specific pieces of work we recommend it is explored in further detail with the PIU and PCN.

There are several areas of the RCP where these alternatives have already been trialled – Quality Improvement and Patient Safety, Audit and Accreditation, Health Informatics Unit, Medical Workforce Unit and Communication, Policy and Research.



Communication

Lay representatives will bring with them varying amounts of experience of committee working and patient and public involvement. For experienced lay representatives, a more laid back approach may suit them best. They may feel comfortable and confident joining the group and want minimal support. For others, the support in our checklist should make them feel well prepared and equipped to take on the task to the best of their ability. It is important to offer everyone the same level of support from the beginning of their involvement so effective use of their time and experience is guaranteed.

If you need advice about involving lay representatives or patients and carers in your work, please contact the Patient Involvement Unit. We are happy to chat through your area of work and help you with public and patient involvement plans.

Contact: PIU@rcplondon.ac.uk



Checklist

Completing the following areas will help to ensure successful patient involvement in your committee or project.

Recruitment

- Discuss plans to recruit a lay representative with the PIU
- Complete a role description – outlining the skills, experience and knowledge that would be beneficial (a template is available from the PIU)
- Produce a one-page overview of committee aims, objectives and work plan, including time commitment and why a lay representative is required
- Work with the PIU to recruit lay representatives who meet the necessary role requirements

Before the first meeting

- Arrange a meeting (face-to-face or via telephone) for the lay representative and chair/appropriate contact to discuss priorities, work plan and any special requirements the lay representative may need in place before the meeting
- Organise any special arrangements for someone with a disability – remember this could be physical, sensory, emotional or hidden (pay particular attention to RCP building layout)
- Provide a general introduction to the RCP and our work (with PIU support)
- Share a jargon buster sheet with key terms or acronyms for your area of work
- Create and share an information pack, including a who's who, an outline of the group's role and purpose, how to get to the meeting/dial in via teleconference, book travel/claim expenses
- Explain how the committee/board/working group runs, its style, how to raise your point during a meeting
- Identify a single point of contact for the lay representative for any questions, advice or catch up and share this contact with them
- Consider the best place for the lay representative to sit (based on need and within eyeline of the chair)
- Have a clear process for introductions including teleconference participants
- Explore potential to pair the lay representative with another member

- Add the following as standard practice to the end of the meeting – 'Is there anything you would like to add [representative's name] from a patient/public perspective or anything that has come out of this meeting that you feel would benefit from engaging more widely with patients and carers?'

First meeting

- Have you arranged a meet and greet at reception (or where appropriate) for the lay representative?
- Have you formally introduced the lay representative to the committee? Highlighting their equal status will ensure they feel their voice has value
- Schedule a catch up before and after the first meeting
- Provide printed papers with any plain accessible summaries
- Check their point of contact is present and have a backup in place if necessary
- Clarify dates of next meetings

Post-meeting debrief

- Ask how the first meeting went
- Do they have any questions?
- Is any clarification required?



Further info

To find out more about the PCN, visit the RCP website or contact the Patient Involvement Unit.

www.rcplondon.ac.uk/pcn
PIU@rcplondon.ac.uk



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