

# Our Patient and Public Involvement and Engagement Strategy

2025-2028

# Contents

Our Mission	2
Our vision for PPIE	2
Our PPIE values	3
What does this actually look like?	4
Our strategy focus areas	5
Developing organisational enablers for PPIE	6
Deepening the role PPIE plays in our work	7
Build equitable PPIE across our communities	8
Capture and share the impact of our PPIE	9
From strategy to action	10
Glossary	11

#### About this strategy:

1

Building from our first PPIE strategy, this document outlines the next steps on our journey to create an environment that supports partnerships between patients, carers, communities and staff working at UCLPartners.

We are committed to this journey. We hope this document will help our communities, our staff, and current/future project partners understand more about how we are planning to continue growing the environment.

This strategy was co-produced by members of the UCLPartners Patient, Carer and Public Advisory Panel, UCLPartners staff, and the PPIE team. Together we created this document to reflect our collective ambitions and needs for the future. **Our immense gratitude goes to all of them for their contributions**.

If you have any questions about this strategy, or would like to know more, please email: ppie@uclpartners.com

### **Our Mission**

At UCLPartners, we work to solve <u>real world health challenges</u> facing <u>our local</u> <u>population</u> through innovation: testing, building, inventing and scaling solutions that will improve the future of health and care.

To do this well, we need to work together with people whose lives our work affects: patients, carers and <u>communities</u>.

This is why we see Patient and Public Involvement and Engagement (PPIE) as a core approach for our work.

#### We describe PPIE as:

The different ways patients, carers and communities can work with us across health and care projects and programmes: sharing experiences, views and knowledge, and working together to actively inform and shape outcomes.

Through this work, we see patients, carers and communities as Experts by Experience.

### **Our vision for PPIE**

Our vision that all health innovation happening at UCLPartners is strengthened by **embedding purpose-driven** involvement and engagement of patients, carers and communities into our work.

We will work **equitably** with **those impacted by the health challenges** we are tackling to **meaningfully inform and shape** what we're doing and how we do it.

# **Our PPIE values**

Four core PPIE values underpin our work:

Inclusive	<ul> <li>We are understanding of each other's background and value everyone's lived experience equally</li> <li>We will be flexible in working together to support the needs of our diverse communities</li> </ul>
Collaborative	<ul> <li>We work in partnership and are united by a shared purpose and shared goals</li> <li>We strive to create mutual benefit in our PPIE so that everyone feels it is 'time well spent'</li> </ul>
Transparent	<ul> <li>We will be open about our PPIE work so everyone remains informed on what we're doing and why</li> <li>We are willing to 'tell it how it is': we listen without being defensive and share honestly</li> </ul>
Creative	<ul> <li>We want to think differently about PPIE to help us try new ideas and work in different ways</li> <li>We are willing to be brave in our creativity: allowing for trial and error, changing and learning</li> </ul>

# What does this actually look like?

We use a 'pipeline' to visualise the process that drives health innovation forward. We believe that patients, carers and communities have a role in strengthening the work at every step.



The roles and activities that patients, carers and community members can have varies. Examples include:

- Being part of an advisory group for a project
- Contributing to focus groups to share insight about services
- Attending workshops to co-produce new health technologies
- Reading, commenting and making decisions on funding applications

#### Why a strategy?:

To achieve our vision, we need to create an environment that supports partnerships between staff, patients, carers and communities.

We carried out a series of insight gathering activities staff and members of our Patient, Carer and Public Advisory Panel to understand what we need to do to create that environment.

Together we co-produced this strategy as a way to plan our journey for the next three years.

Our internal PPIE staff will continue collaborating with staff and Advisory Panel members to deliver projects related to the strategy.

### Our strategy focus areas

The strategy focuses on building 'three C's for PPIE':

- **Capability**: building the knowledge, skills and confidence for PPIE
- **Capacity**: building the opportunities and structures to do PPIE
- Community: building and supporting the relationships that underpin PPIE

	Capability	Capacity	Community
	Developing organisational enablers for PPIE	Deepen the role PPIE plays in our work	Build equitable PPIE across our communities
	Improve ways of working to embed a PPIE culture at UCLPartners	Improve ability for PPIE to have an influence on UCLPartners work	Improve relationship with and representation of communities shaping the work of UCLPartners
Impact	Reframing of PPIE work from	ne impact of our PPIE m a "nice to have" activity to actful way of working	

# **Developing organisational enablers for PPIE**

**Challenge:** PPIE is not yet fully running through the fabric of every team at UCLPartners

**Our ambition:** To build PPIE capability: helping staff understand its value and have organisation processes in place to support the work

What we need to do	How we will do it
<b>Capability building:</b> Ensuring staff develop and share knowledge and skills to improve confidence	<ul> <li>Enhancing our formal training to include more opportunities to learn about core PPIE skills (i.e. facilitation)</li> <li>Expanding informal PPIE learning through peer-to-peer knowledge/skill sharing sessions</li> <li>Requiring all new staff attend an 'Introduction to PPIE' training session as part of their onboarding</li> </ul>
<b>Collective responsibility:</b> Building the value case for PPIE so all staff can play a leadership role	<ul> <li>Developing a PPIE Champions model with staff and community representatives</li> <li>Developing materials to show the PPIE work by different teams internally and externally</li> <li>Ensuring six monthly catch-ups with teams to do reflective exercises to understand the enablers/barriers to PPIE in current projects</li> </ul>
<b>Exploring methods:</b> Ensuring staff develop knowledge, skills and capabilities in the " <u>spectrum" of</u> <u>involvement</u>	<ul> <li>Expanding our formal training to include more opportunities to learn about different PPIE methods</li> <li>Building further capacity, and developing new methods, of PPIE support for projects when utilising more complex methods (i.e. co-production)</li> <li>Piloting a variety of new methods on how to involve community voice in our innovation process to prioritise which problems we tackle and what solutions we test</li> </ul>
<b>Leadership clarity:</b> Defining accountability for PPIE work	<ul> <li>Named member of the Executive Leadership Team to be appointed a PPIE advocacy role</li> <li>Two meetings per year between Executive Leadership Team and Patient, Carer and Public Advisory Panel to discuss PPIE progress</li> <li>Introduce a standing update to Executive Leadership Team and Board on PPIE work</li> </ul>

#### 7

# Deepening the role PPIE plays in our work

**Challenge:** PPIE is not yet fully integrated into our work (one off or ad-hoc) meaning its influence can be limited

**Our ambition:** We want to build PPIE capacity: supporting staff be more proactive, threading PPIE throughout and using the most impactful methods

What we need to do	How we will do it
<b>Capacity building:</b> Embedding PPIE into business as usual to allow more impactful approaches for projects	<ul> <li>Developing a PPIE 'checkpoint' within our project lifecycle process to ensure appropriate scoping in advance</li> <li>Co-creating a toolkit to support staff with planning and integrating PPIE throughout a project lifecycle</li> </ul>
<b>Resource efficiently:</b> Embedding PPIE into business as usual to ensure resource allocation	<ul> <li>Embedding PPIE planning and budgeting guidance and templates into the project lifecycle process</li> <li>Developing a route for PPIE review ahead of proposal submission to ensure resourcing and support is appropriate and achievable</li> </ul>
<b>Governance:</b> Establishing more opportunities for patients, carers and communities to influence decision-making at UCLPartners	<ul> <li>Creating visible patient, carer and community leadership routes within UCLPartners including exploration of the role within Board</li> <li>Developing a route of cross-working between the Patient, Carer and Public Advisory Panel and programme governance</li> <li>For longer-term projects that establish a governance structure, that includes at least two community representatives</li> </ul>
Integrating expertise: Ensuring our PPIE knowledge and skills are used in projects with partners, and commercial and clinical innovators	<ul> <li>Ensuring PPIE commitment and expectations are part of project contracts with partners</li> <li>Enabling partners and innovators to access the formal training offer to learn from UCLPartners</li> <li>Further develop the PPIE Team "offer" to support innovators with development and delivery of PPIE</li> </ul>
knowledge and skills are used in projects with partners, and commercial	<ul> <li>Enabling partners and innovators to access the formal training offer to learn from UCLPartners</li> <li>Further develop the PPIE Team "offer" to support</li> </ul>



### **Build equitable PPIE across our communities**



**Challenge:** The communities we involve in PPIE are not yet representative of people who face the biggest health challenges

**Our ambition:** We want to widen and strengthen community collaborations: supporting staff be inclusive within our PPIE, and building supportive relationships with our local area.

What we need to do	How we will do it
<b>Diversifying people:</b> Ensuring we prioritise working with communities based on project needs/outcomes	<ul> <li>Co-creating a diversity monitoring approach in our PPIE work to ensure we are increasing representation of prioritised communities</li> <li>Committing to participate in at least two community outreach activities to build supportive relationships locally</li> <li>Creating a feedback process on PPIE for communities to use to allow continuous identification of, and responding to, barriers for involvement</li> </ul>
<b>Skill building:</b> Ensure staff develop and share skills in inclusive involvement practice to improve confidence	<ul> <li>Enhancing our formal and informal learning offer to develop knowledge and skills in inclusive PPIE practice</li> <li>Develop an inclusive practice resource library with tools and guides</li> <li>Partnering with patient and community representatives on the delivery of some formal staff training</li> </ul>
<b>Collaboration enabling:</b> Developing processes to support our connection and collaboration with <u>VCSE's</u>	<ul> <li>Co-design and pilot a new VCSE contracting and/or partnership process for our PPIE work</li> <li>Create and maintain a stakeholder map to track current local connections and shape our future relationship building</li> <li>Partnering with VCSE leaders for our formal and informal learning for PPIE</li> </ul>
Integrating expertise, community mutual benefit: Developing ways to build knowledge and skills of our community contributors when they are working with us	<ul> <li>Providing a standard introduction training to who UCLPartners are and our ways of working for all community contributors</li> <li>Co-designing a 'strength and development model' for community contributors: allowing people to highlight their existing strengths, desired learning within UCLPartners projects so we can support this</li> <li>Annual PPIE 'Away Day' to unite all community contributors and staff to share their work and learning</li> </ul>

# **Capture and share the impact of our PPIE**



Challenge: We currently don't consistently highlight the impact that PPIE is having on our work shaping our work and demonstrate the at UCLPartners

**Our ambition:** We want to routinely capcute and communicate how PPIE is long-term impact it has for our communities

<ul> <li>Co-design a set of standard impact measures which define "what good looks like" for organisational reporting of PPIE</li> <li>Developing a PPIE reflection process to be used throughout projects and in closure activities to improve learning</li> </ul>
<ul> <li>Creation of a community contributor facing communication to highlight PPIE work and updates</li> <li>Co-create a "You said, we did" template for staff to use and share with community contributors</li> <li>Utilising our existing communications to explicitly highlight where PPIE input has supported or changed outcomes</li> </ul>
<ul> <li>Delivering a minimum of two pieces of content a year that focus on the impact of our PPIE work and the learning</li> <li>Involving community contributors in communications and reporting for our work</li> <li>Enhancing PPIE in Impact Report so that every case study showcases it</li> </ul>
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# From strategy to action

This strategy outlines the ambition and focus areas for our work for the next three years. It shows the practical actions we think would help us achieve this. Where possible, it has been aligned to our wider <u>UCLPartners organisational strategy (2027)</u>.

Some of these actions are things that can be achieved in the short-term and others may take three years.

The journey may bring changes in priority, or unpredicted barriers and challenges. We will create and regularly update the following practical, detailed documents to track our journey:

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- 1. An evaluation framework that we will use to measure our strategy effectiveness
- 2. **Yearly delivery plans** which will give more details about the activities we are focusing on, timelines, resourcing and accountability

We will also establish a committee made up of staff and members of our Patient, Carer and Public Advisory Panel to review the delivery of our strategy and provide further recommendations.

# Glossary

- **Communities:** We use this term to describe all the different groups of people who live, work, or access healthcare in North Central and North East London (the UCLPartners area). This includes past patients and future patients.
- **Health challenges:** We use this term to describe <u>the eight focus areas of health</u> <u>and the healthcare system</u> that UCLPartners work on. Data shows these are some of the challenges that particularly affect people in our local area. They also align with local and national NHS priorities.
- **Impact:** We use this term to describe the tangible changes that result from the work we do. We collect measures of this to understand the positive (and negative) changes that have occurred.
- **PPIE:** Patient and Public Involvement and Engagement. We use this term to describe the different ways patients, informal and formal carers, families and friends of patients, and communities can work with us on health and care projects and programmes.
- **Spectrum of involvement:** We use this term to describe all the different PPIE approaches. These broadly fall into four categories: listening/consulting, involving, collaborating and coproducing.
- **VCSE:** Voluntary, Community, Charity and Social Enterprise. We use this term to describe the variety of organisations who work with communities to keep people and places safe and well.