

Personal and Public Involvement (PPI) and its impact - Monitoring, measuring and evaluating the impact of PPI in Health and Social Care in Northern Ireland

This short summary outlines the recommendations arising from the research which was commissioned by the Public Health Agency (PHA) and the Patient and Client Council (PCC). *‘Personal and Public Involvement (PPI) and its impact – monitoring, measuring and evaluating the impact of PPI in Health and Social Care in Northern Ireland’* developed ten recommendations to continue to progress PPI. These are:

1. For the development of effective PPI, adequate and dedicated resources are essential.
2. There should be an ongoing process of raising awareness of what PPI is and what it means for staff, service users and carers.
3. PPI needs to be defined in a way that is explicit and meaningful to service users, carers, providers and the wider public.
4. Each Trust should develop a PPI Champion staff role with a small team whose jobs will be entirely and specifically related to PPI at Trust level.
5. Social Media and Technology should be effectively utilised to promote PPI across HSC. This should include a one-stop website for information, guidance, support, resources, templates and good practice examples.
6. Structured evaluation must be built into PPI as a way to measure its effectiveness.
7. Feedback on the impact of involvement should be standard practice.
8. Appropriate and dedicated PPI training should be made available for HSC staff.
9. PPI should be a core feature of all Trust recruitment and performance/appraisal processes.
10. PPI needs to be built into accountability structures and decision making processes at senior manager/director level.

Background

We are pleased to share the key recommendations developed as part of the research, which was undertaken to look at the impact of PPI in Northern Ireland. The recommendations are the result of in-depth discussions with service users, carers, voluntary groups and Health and Social Care (HSC) staff throughout Northern Ireland. We also looked at other research which has been written on involvement locally, nationally and internationally. We are indebted to everyone who participated in and supported this research.

Not only do people have to be listened to but, their voices must be heard. Action is needed for the outcomes to become a reality and ten recommendations have been developed to help guide PPI in Northern Ireland.

The following quotes are from people who participated in the research:

“The best feedback that people can get in terms of PPI is that action is taken as a result of what they are saying....If you are just doing PPI for the sake of PPI, you may as well forget about it. So there has to be some sort of outcome.” (Focus Group – staff representative)

“..... as people who are using the service and part of PPI, could feel, well it is not worth it, I am not going to bother anymore because my voice isn't heard. So it is really important that you feel, because communication is about, if you don't feel you are communicated with it hasn't worked.” (Focus Group – service user/carer representative)

It is the intention that these recommendations, which have been developed to reflect the feedback from those involved in this research, will be formulated into an action plan to progress PPI in Northern Ireland.

The research reports may all be sourced at

<http://www.knowledge.hscni.net/Resources/ContentDetail/1028>

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