



## Evaluation report of 'PPE Made Easy' Event 18<sup>th</sup> May 2011



**A free one day event showcasing Patient and Public Engagement in sexual health in London and launching the PPE made easy toolkit:**

[www.londonsexualhealth.org/patient-public-engagement](http://www.londonsexualhealth.org/patient-public-engagement)

## The event:

Based on scoping of best practice, the launch of the toolkit on 18<sup>th</sup> May 2011 was attended by 173 healthcare managers, clinicians, commissioners and VCOs. The majority (52%) represented sexual health services. The majority of delegates were from NHS Providers (115), followed by governance and commissioning<sup>1</sup> (18), VCOs<sup>2</sup> (15), companies<sup>3</sup> (9) and local authorities/education providers<sup>4</sup> (8). The majority had managerial roles (47%) or based in clinical services (35%), with the remainder in PPE services, voluntary sector, academia or policy. The specific jobs varied, with 23% having an unspecified clinical role, 13% health promotion, 12% nursing, 8% consultancy, 7% an organisational role and the remaining 37% a wide variety of roles including outreach, social work, communications, psychology, student, public servant or activist.

Morning keynote presentations were given by Hong Tan (background and context); Dr Ava Lorenc & Prof Nicky Robinson (the toolkit); Chris Sandford (importance of PPE and examples from Mortimer Market) and Brook peer educators (their experience of PPE). This was followed by a marketplace event which consisted of 17 'stalls' showcasing examples of PPE in SRHH. In the afternoon a Q&A discussion session was held. The toolkit was officially launched by Baroness Gould. Baroness Gould and Andrea Duncan, DH Policy Lead both praised the toolkit as vital for QIPP delivery.

## The toolkit:



The toolkit is now live at [www.londonsexualhealth.org/ppe-toolbox](http://www.londonsexualhealth.org/ppe-toolbox)<sup>5</sup>. It is the first of its kind in the UK. Feedback from the event was very positive (see below).

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<sup>1</sup> Department of Health, Health Protection Agency, London SCG, LSHP, FSRH of RCOG, MedFASH, All Party Parliamentary Group on HIV and AIDS, BPAS, BASSH

<sup>2</sup> Brook, Haven Whitechapel, THT, Positive East, Leonard Cheshire Disability, Positively UK, TogoRun

<sup>3</sup> Elephant Kiosks, Healthfocus, Snap Surveys, Picker Institute Europe, Gilead, Public Views Improvement Partnership - PVIP

<sup>4</sup> City and Islington College, City University, University College London, Imperial College London, Haringey council, London South Bank University

<sup>5</sup> We would like to acknowledge the input of our working group: Alyson Elliman; Amatullah Hashi; Bernard Forbes; Bernard Kelly; Catherine Murphy; Christopher Sandford; Elizabeth Shaw; Gary Alessio; Heather McMullen; Hong Tan; Johnny Coleman; Karen Beechey; Kevin Miles; Magnus Nelson; Nicky Davies; Paul Clift; Peter Twist; Rachel Challenor, Vikki Pearce and Bryan Teixeira.

The presentations have been uploaded onto [www.londonsexualhealth.org/patient-public-engagement](http://www.londonsexualhealth.org/patient-public-engagement)

### **The future:**

Andrea Duncan will include the toolkit in the forthcoming DH Sexual Health policy document that will be part of the DH papers supporting the government's response to the Public Health White paper.

The work will be presented as a poster at the 20th World Congress for Sexual Health scheduled to take place in Glasgow, UK, June 12-16, 2011.

Almost all delegates were interested in future events, including service-specific events, workshops on implementing and auditing PPE and training for professionals. The event provided ideas for the next stage of the project, to be discussed at a meeting on 24<sup>th</sup> June.

### **FEEDBACK**

A total of 81 delegates (47% of those attending) completed short feedback questionnaires on the day and 67 delegates responded to a more in-depth online survey 1 week later.

#### **Demographics of respondents to online survey**

<b>Occupation</b>	<b>Responded to survey</b>
Manager	19 (28.4%)
Doctor	10 (14.9%)
Nurse	7 (10.4%)
Other clinician	4 (6.0%)
Commissioner	3 (4.5%)
PPI lead	4 (6.0%)
Patient rep	3 (4.5%)
Other <sup>6</sup>	17 (25.4%)
<b>Area of work</b>	
Primary care	22 (32.8%)
Secondary care	17 (25.4%)
VCO (voluntary/community organisation)	14 (20.9%)
Schools or colleges	7 (10.4%)
Other <sup>7</sup>	21 (31.3%)

<sup>6</sup> Project development officer/ management; Voluntary sector (HIV charity; education and policy); Student/Peer Educator (Brook); Health & Wellbeing Coordinator - Community Sexual health; Healthcare research; Midwifery Lecturer/Family planning nurse; Public health improvement; Sexual Health; Teenage Pregnancy prevention; Social Marketing; Young People's Sexual health Outreach; Health Advisor; Healthcare consultant

Sexual health/STIs	35 (52.2%)
HIV	10 (14.9%)
Family planning	6 (9%)
All areas	6 (9%)
Reproductive	2 (3%)
Public Health	2 (3%)
Community services	1
Sexual violence	1
Other	4 (6%)

### Overall feedback

From the feedback questionnaires on the day, 20 people reported feeling 'much more' confident in engaging patients, 40 'slightly more' confident and 14 the same (7 missing).

In the online survey, overall organisation was highly rated (93%<sup>8</sup> very good or good) as was quality of food (95% very good or good). The discussion forum was rated as good or very good by 79%, the marketplace was rated as good or very good regarding usefulness by 83% and regarding format and organisation by 66%.

Feedback on the day regarding content of the event			
What do you think we did well today?		What would you suggest we change next time?	
The marketplace (concept/idea, innovative, chance for one to one sharing of ideas, 'excellent way to engage')	33	More space at the marketplace	19
		Less time at marketplace	15
YP presentation	15	More structure at the marketplace (eg all to hear each presentation, stallholders couldn't hear talks, some people didn't speak much)	9
The speakers/presentations	11		
The question and answer/discussion forum	11	Changes to timetable (lunch too late; marketplace after lunch; politics first; more questions)	4
Morning presentations	5	Afternoon needed more structure/facilitation/was dry	3
Baroness Gould's talk	4	More small group discussion	3
DH talk	1	More time for discussion	2
Chris Sandford's talk	1	Chris Sandford's talk not relevant/useful (as they have funds) ("All focused on HIV which is very different from patient involvement in sexual and reproductive health" and "as a model of PPE with funding for full time patient)	2

<sup>7</sup> NHS Trust/SHA (5); University(3); Commissioning ;Community Health; HPA; Local Authority; Private sector/self-employed; Public Health; Department of Health; self employed

<sup>8</sup> Percentages are from the number of respondents answering that question

		representatives it's not relevant or applicable")	
		Baroness Gould's talk ("boring, went on too long, political rhetoric with little practical value")	1
		Brook talk ("No evidence/results of the effectiveness from such initiatives nice idea but what impact for ppl")	1

Comments: "Should have had more than one microphone and participation was over-dominated by HIV patient representative"

Feedback from the online survey suggested that of the keynote lectures the highest rated (quality and relevance) were Christopher Sandford (53% very good) and Brook YP (53% very good), with Baroness Gould rated 56% good and Toolkit launch 46% good.

### Positive comments from feedback on the day:

"everyone was very upbeat and positive – felt this is very important, especially in the current financial climate, as I felt even with limited funds it would be possible to engage with patients effectively"

"Overall a great day"

"excellent event – so good to hear about the inspiring work going on"

"timely, good event"

"above all, I feel today has given me permission to get involved"

"I learnt a lot today"

"a really good use of time – and enjoyable"

"what a truly excellent day – inspiring"

"excellent day for a clinic only just starting out with PPE as a project"

"absolutely excellent"

### People

Feedback on the day about the presenters and delegates			
What do you think we did well today?		What would you suggest we change next time?	
Range of delegates from different groups and professions	8	More speakers ('mature', not the usual faces)	5
The chairs (Bernard/Peter)	4	More commissioners/managers	1
		More patients	1
		More clinicians	1

### Logistics

Feedback on the day about logistics	
What do you think we did well today?	What would you suggest we change next time?

Food	20	Uncomfortable seats	12
Venue	12	Stick to schedule	5
Organisation/structure	11	Morning too long/ could be half day	4
Timing – flexible	4	Venue (pillars, flow of people, evacuation, acoustics)	4
Location	4	Too much food	3
Free	4	Food - Lack of gluten free food, biscuits	3
		Projection of slides	1

### Content/learning from the event

From a list given in the online survey, the delegates' order of importance for outcomes was:

1. Learning new ideas (very important for 69% and important for 31%)
2. Networking with other delegates (very important for 55% and important for 45%)
3. Understanding the importance of PPE (very important for 54% and important for 37%).
4. Getting questions answered (very important for 39% and important for 53%)
5. Gaining confidence in doing PPE (very important for 49% and important for 36%)

Feedback on the day about the content			
What do you think we did well today?		What would you suggest we change next time?	
Networking/sharing best practice/collaboration	25	Range of examples of PPE: suggestions: female GUM; contraception; SH (rather than HIV/Mortimer market); public, older people, patient training, holistic/psychosocial; brain impairment; BME; quick wins; research participants; outside London; non users e.g. young men;	21
The range of speakers/methods/PPE	14		
The toolkit - raising awareness of it, usefulness	12	More hands-on/less didactic	8
New ideas, practical	9	Handouts (slides/email addresses)	5
The atmosphere (energising, uplifting, inspiring, upbeat, welcoming)	7	More examples (good and bad)	4
Policy context	3	Need for follow up events/ network	3
Engaging delegates	2	Outcomes	1
Humour	1	Training	1

76 % (51) felt better equipped to engage patients as a result of the event, with 21% (14) the same and 2 not sure ("I am not sure how it will address the needs of our client group" and "I think the examples of work showcased by Mortimer Market was too ambitious. no mention you're welcome criteria")

47.8% (32) found the event very useful and 50.7% (34) useful. Only one found it not very useful (“no new insight into getting sexual health patients on board - only HIV patients which has been in place for years!”)

### The toolkit

89.6% (60) said they plan to use the toolkit. 10.4% (7) said maybe, due to:

- “I felt some of the tactics were a bit biased”
- “I need more time to understand it all”
- “Most of the things we already know about. More useful tools for others”
- “My organisation is not directly working with patients/public. However, it is useful to inform us about patient views for education”

### Future activities

Great interest in future activities was expressed by 98.5% (66) in the online survey, particularly in sexual health (90%), but also reproductive (60%) and HIV (61.7%). Clinicians were generally more interested than managers and PPE leads. Four respondents were interested in broader PPE (not just SRHH), one in public health, one in research, and one in other specific issues (cancer, obesity, drugs and alcohol, young people's health, immunisations, hard to reach groups).

Some of the open-ended feedback on the day also indicated future events are important:

“This event should definitely be repeated”

“should be held on at least a quarterly basis”

“hope this will be the first of many meetings”

“thanks for hosting an excellent event that hopefully will be repeated!”

Regarding specific future activities, all the ideas listed were fairly similar regarding potential participation, with between 50 and 62 people rating all (except PPE training for patient reps) as likely or quite likely. One other idea was using PPE for measuring outcomes.

Feedback from online survey on future event participation	Very likely	Quite likely	Unlikely	Very unlikely	Don't know
Workshop on developing and using audit tools to assess PPE	17	45	3	1	0
PPE events specific to your service e.g. reproductive/young people/HIV)	24	37	3	1	0
Workshop on developing an implementation plan/policy for PPE	18	39	8	0	0
Workshop to evaluate your progress in engaging patients	18	37	7	0	3
PPE training for healthcare professionals	14	38	8	2	1
An online network for sharing of ideas in this field	11	40	9	2	1

PPE training for patient reps	8	26	20	5	3
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The responses to this question were somewhat influenced by respondents' job and discipline – for example PPE training for patient reps was low due to only 3 patient reps responding. In particular:

- Networks were most popular with clinicians, especially doctors
- 100% of doctors and other clinicians (public health etc) were keen on training for healthcare professionals
- Commissioners were particularly keen on audit and implementation plans and monitoring PPE progress, with doctors and nurses less so
- All groups were interested in activities specific to their service

Other issues relating more broadly to PPE were:

“more direct connection between act of including patients and consequences for them”

“action learning sets”

“I think we all believe in holistic care and PPE but pressure of ££ will, inevitably see conflict between existing healthcare and the perceived ‘bells and whistles’ of putting resources into PPE. This is not a good time”

“preventative measures and relationships and respect; negative aspects of multiple partnership without something judgemental”

“more input from researchers in the area of user involvement in areas of healthcare”

“think about use of economical space and people’s beliefs. Can certainly be an issue in PPE”

“how do we incorporate PPE when someone’s diet and choice is undermined [need to accept understanding difference, inclusion and meeting need]”