

# Patient power could be the driving force behind a revolution in the NHS

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By Democratic Audit UK

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*Public service user engagement is all the rage across the UK's three main political parties, with agreement from all ends of the political spectrum that the more we hear from people who use services, the better. Here, writing about a new report from OPM, **Michael Bonnet** and **Ingrid Prikken** argue that patient power could be the driving force behind a renewed and reformed NHS.*



If, in the 12 months leading up to the General Election you observe a politician of any political persuasion saying anything that contradicts the assertion that the public should be more greatly involved in the design and delivery of public services, you should consider it something of a personal achievement.

The political consensus seems more settled than ever before on the idea that the more contributions the public make to services themselves, the better. Semantically at least there is very little to distinguish Ed Miliband's [commitment](#) to "people powered public services", from [David Cameron's](#) "giving people the power to shape and design the public services they use" or Nick Clegg's [desire](#) for "a more plural, diverse and personalised way of running our public services."

In our recent policy paper, [Revolutionising the NHS with patient power](#), we looked specifically at the health service to consider how the insights and experiences of patients and the public can be put to use now to improve standards at all levels of the system. Including a number of real life and current examples of good practice, this paper offers those in the field a clear and coherent vision of what some of the political rhetoric on the future of public services could and should translate to practice.

Central to our argument in the paper is the idea that if public involvement is to genuinely transform services for the better, then the process of involvement itself must be transformative – not tokenistic.

Achieving this goal will require changes in a number of areas, which although perhaps not suitable to making

political sound bites, are integral when it comes to delivering better policy.

- **Culture:** Culture change and strong leadership will be essential ingredients in bringing about a situation where the public can influence how services are commissioned and delivered. Senior leaders will have to be convinced by the relevance of public involvement in regards to the public service reform agenda. They will also have to create a shared understanding of this vision; show commitment and provide support in its implementation; and support managers, practitioners and other front-line staff to make patient involvement an integral part of their job.
- **Method:** If we accept that public potential is currently a largely untapped resource, then it follows that the approaches best suited to accessing and harnessing it will have to be more innovative and radical than those currently being used. While it is right that a great deal of emphasis is placed on methods of public engagement, embedding this way of working is about choosing a fit for purpose method or mix of methods – one size doesn't fit all. It is crucial therefore that public sector managers design numerous innovative ways of increasing the chances of collaborative practice between professionals and the public.
- **Evidence:** The uptake and effectiveness of attempts to increase and improve public participation in public services are likely to increase as a robust evidence base grows around them. This of course relies on the creation of mechanisms to measure impact. Evaluating and measuring impact will not only be useful for ongoing learning, it will also provide accountability mechanisms, which can the public to hold those who govern and implement public services to account.

Of course as with any transformative process, the practical task of involving the public in public services will be championed by a minority of innovators and resisted by a minority of laggards. Most people – whether public sector professionals and the public in general – will be convinced to work and interact together in new ways if a compelling case can be made for doing so. At the same time, the harsh reality for the sector is that significant reductions in public expenditure remain likely, while a rising demand for services is inevitable. This, in a nutshell, is the challenge which those of us committed to engagement now face: to move beyond the slogans and the lip service and make cost effective and person-centred improvements possible.

As our paper hopefully shows, there are plenty of reasons to be optimistic the idea that health and social care shouldn't be done to people, but with people, is catching on. NHS England in particular has made great progress in creating a new environment for patient and public involvement (through initiatives like [NHS Citizen](#)); but perhaps more significantly, they have also helped to raise patient and public involvement towards the top of the sector's agenda.

There also real potential to link patient and public involvement with the other transformative change currently taking place within the health service – the integration of health and social care. As we wrote in our previous policy briefing on this topic the success of health and social care integration is “predicated upon a change in mind-set from all those working in the field”, with “organisations and individuals required to collaborate better”. This striking similarity between the integration and the engagement agendas offers those working in the patient and public involvement field the opportunity to collaborate with integration colleagues and use the reforms currently taking place as a catalyst to enable patients to improve the NHS further.

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**You can download *Revolutionising the NHS with Patient Power* for free from the OPM website [here](#).**

*Note: This post represents the views of the authors and not those of Democratic Audit. Please read our [comments policy](#) before posting.*

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