

# Patient Voice Partner Policy

## Executive Summary

### Introduction

It is widely recognised in the health sector that patients have a central role to play in the development of health policy and the reform of health services. Throughout the health service, patient representatives make a significant contribution on an ongoing basis to the work of the Department of Health, the HSE and health agencies.

This policy emphasises the value of patient representatives, known in this policy as ‘Patient Voice Partners’ (PVP), in all aspects of health service development, reform and implementation. It outlines the different categories of PVPs with a focus on frequency, regularity and level of contribution. A core aspect of this policy will focus on the selection of those PVPs who are involved in substantive, active and decision-making roles at a strategic level in the health service. It is intended that this specific cohort will be selected and remunerated, where appropriate, for certain defined committees, working groups, and similar formations across the health service.

### Chapter 1- Introduction and Policy Context

This Chapter sets out the purpose of the policy which is fourfold:

1. Ensure that patient participation is embedded in health policy and service development
2. Ensure that Patient Voice Partners are recognised and valued for their contribution and,
3. Support the Sláintecare Implementation Strategy 2018 commitment to involving patients and service users in the design and delivery of the full range of actions identified in the Implementation Strategy
4. Support Department of Health Strategic Priority 3 *“Make access to healthcare fairer and faster by promoting National Patient Safety Office (NPSO) initiatives for patient engagement”*.

The Chapter also sets out the relevant agencies across the public health sector to which it will apply as well as describing the relevant Irish and International Policies which have informed the development of the PVP policy.

### Chapter 2- PVP Policy Guiding Principles

This Chapter describes the Guiding Principles established by the National Patient Safety Office in the development of the policy. They are based on information collected from stakeholders during consultation and current practice in Ireland and other international best practice and include:

Principle 1: Maximising Patient/Service User Involvement

Principle 2: Promoting Equality of PVPs through Shared Decision Making

Principle 3: Supporting Effective Participation

Principle 4: Transparent Recruitment and Selection for Strategic Committees

Principle 5: Good Governance and Accountability

### **Chapter 3- Model for Engaging with Patient Voice Partners**

Chapter 3 sets out the model for engaging with Patient Voice Partners. Patient Voice Partners are stratified into 3 categories based on the nature of the activity and their level of input.

Category 3 PVPs, those undertaking a substantive and active (participatory, not solely advisory) role with accountability and strategic decision-making capacity, or those making strategic recommendations around health service delivery or reform will be eligible for remuneration under this policy over and above travel and subsistence rates.

The Chapter outlines the process for engaging with each Category of PVP, general principles for engaging with PVPs as well as the governance requirements for Committees with Category 3 PVPs.

### **Chapter 4- Guidance for Parent Organisations on the Recruitment and Selection of Patient Voice Partners**

This Chapter sets high level guidance for the recruitment and selection of the different Categories of PVPs depending on the needs of each parent organisation. It includes guidance on the initial planning, advertising the role, the assessment process, design of the job specification including criteria and competencies of PVPs, selecting the right candidate including the formation of assessment panels and information on complaints, appeals mechanisms and feedback on the process.

The Chapter also introduces the responsibilities of the Lead Contact. The lead contact is the first line contact for the PVP to ask questions or raise any concerns in respect of their role. The lead contact has the responsibility for the end-to-end management of a PVP's involvement with the parent organisation.

### **Chapter 5- Approval Process for Category 3 Committees**

This Chapter outlines the role of the PVP Approval Committee. A PVP Approval Committee will be established by the Minister for Health for the implementation and monitoring of the PVP policy and will have the following functions:

1. To initially receive applications from already constituted committees, working groups and other such bodies, and consider their suitability as Category 3 Committees.
2. To consider applications from new formations for Category 3 status.
3. As part of the application process, to review the Terms of Reference of committees applying for Category 3 status to ensure compliance with guidelines of PVP policy.
4. To periodically review approved Category 3 committees to ensure they continue to be operating at the level of a Category 3 committee.
5. To receive reports annually from approved Category 3 committees on their implementation of the PVP policy.
6. To seek feedback from Category 3 PVPs annually regarding the lived experience of the implementation of the policy.
7. To review the Patient Voice Partner Policy periodically, with the first review taking place no longer than 3 years from the commencement of the policy.

The Committee will comprise of a key stakeholder group from across the public health sector and will be supported by a Secretariat from the NPSO.

## **Chapter 6- Induction, Training and Supports**

This Chapter details the practical supports that should be in place to support PVPs in their roles. During consultation on the development of this policy, almost all stakeholders agreed that induction and training should be provided for PVPs when appointed to the group and that they require ongoing supports to facilitate participation at meetings.

This Chapter highlights some of the beneficial supports that were highlighted at the consultation including, training, mentorship, strategies for managing concerns and practical supports as well as other best practice for supporting and maximising involvement of PVPs.

## **Chapter 7- Payment**

This Chapter sets out principles and guidelines around reimbursing expenses and for making payments to PVPs. This Policy applies to approved PVPs, that is, patient representatives recruited through the selection and recruitment process managed by individual organisations to assist the HSE, the DOH and its constituent partners with their work.

The Chapter sets out the rates of payment for Category 3 PVPs and other considerations including, eligibility for payment, responsibilities of PVPs and organisations, income tax and state benefit considerations, among other relevant considerations.

Importantly, payments and tax liability do not establish any employer-employee rights. If in any doubt about their income tax arrangements, PVPs are advised to contact their local tax office for guidance.

## **Chapter 8- Implementation, Monitoring and Review**

This Chapter details the method for publication and distribution of the policy once finalised, as well as the method for monitoring and reviewing the policy. The PVP Approval Committee will monitor the implementation of the policy through feedback from PVPs and Parent Organisations and will formally review the operation of the policy after 3 years.

**NPSO**

**January 2023**