



## **Personal and public involvement and its impact: Monitoring, measuring and evaluating the impact of personal and public involvement in health and social care in Northern Ireland**

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## Monitoring, measuring and evaluating the impact of Personal and Public Involvement in Health and Social Care in NI

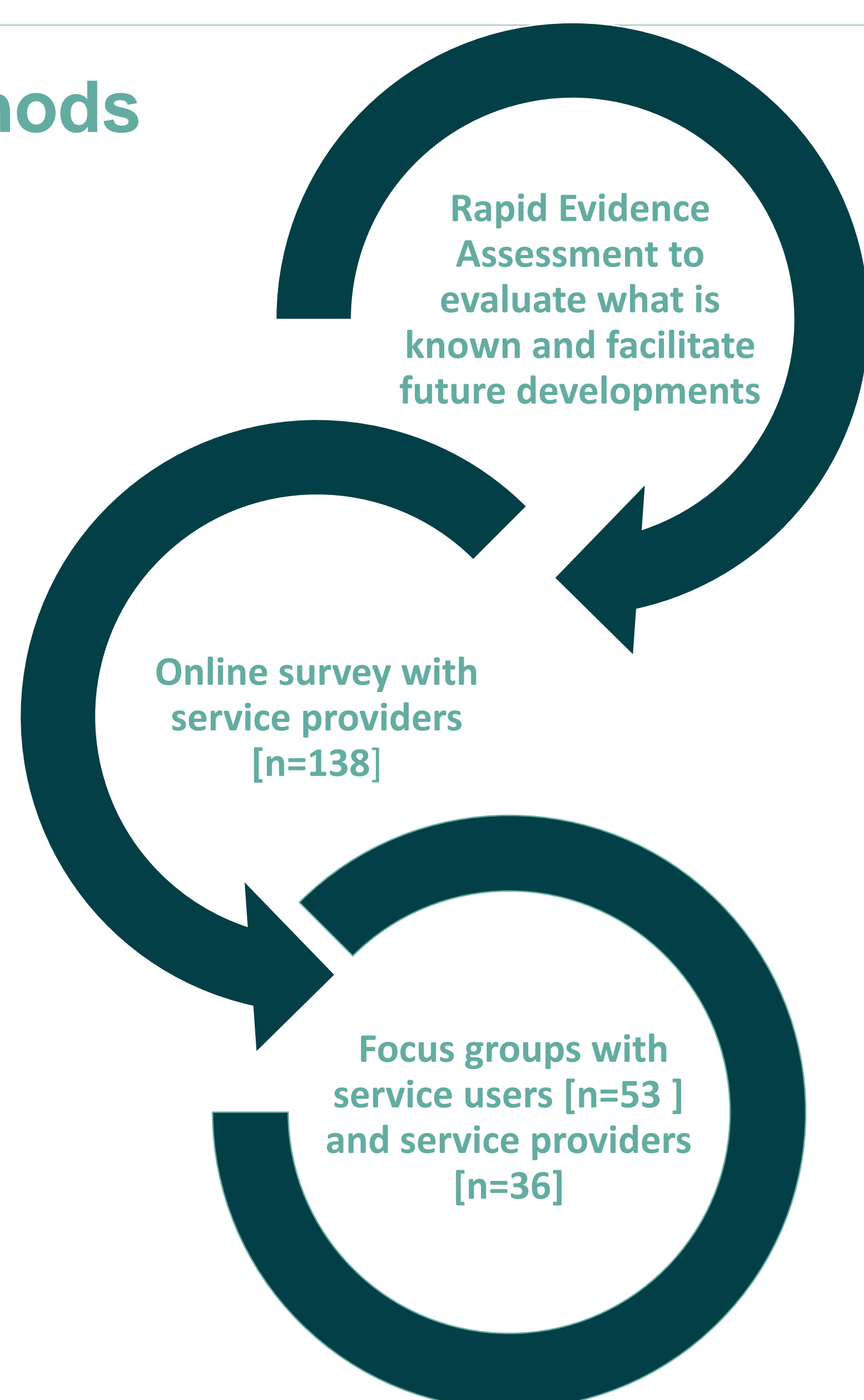
Casson, K., Gillen, P., Duffy, J., McKeever, B., Davidson, G., Agnew, C., McGlone, A.

**Context :** The guidance circular HSC (SQSD) 29/07 issued in September 2007 officially introduced the concept of Personal and Public Involvement [PPI] as the agreed regional terminology for all aspects of user involvement and engagement within health and social care. Prior to official guidance and legislation [Health and Social Care (Reform) Act (Northern Ireland) 2009] the application of Personal and Public Involvement [PPI] in Northern Ireland was adhoc and dependent on the values and commitment of individual service provider staff/teams. Within Northern Ireland, the Department of Health (through its Safety, Quality and Standards Directorate) has responsibility for reviewing, developing and refining policy on PPI.

### Objectives

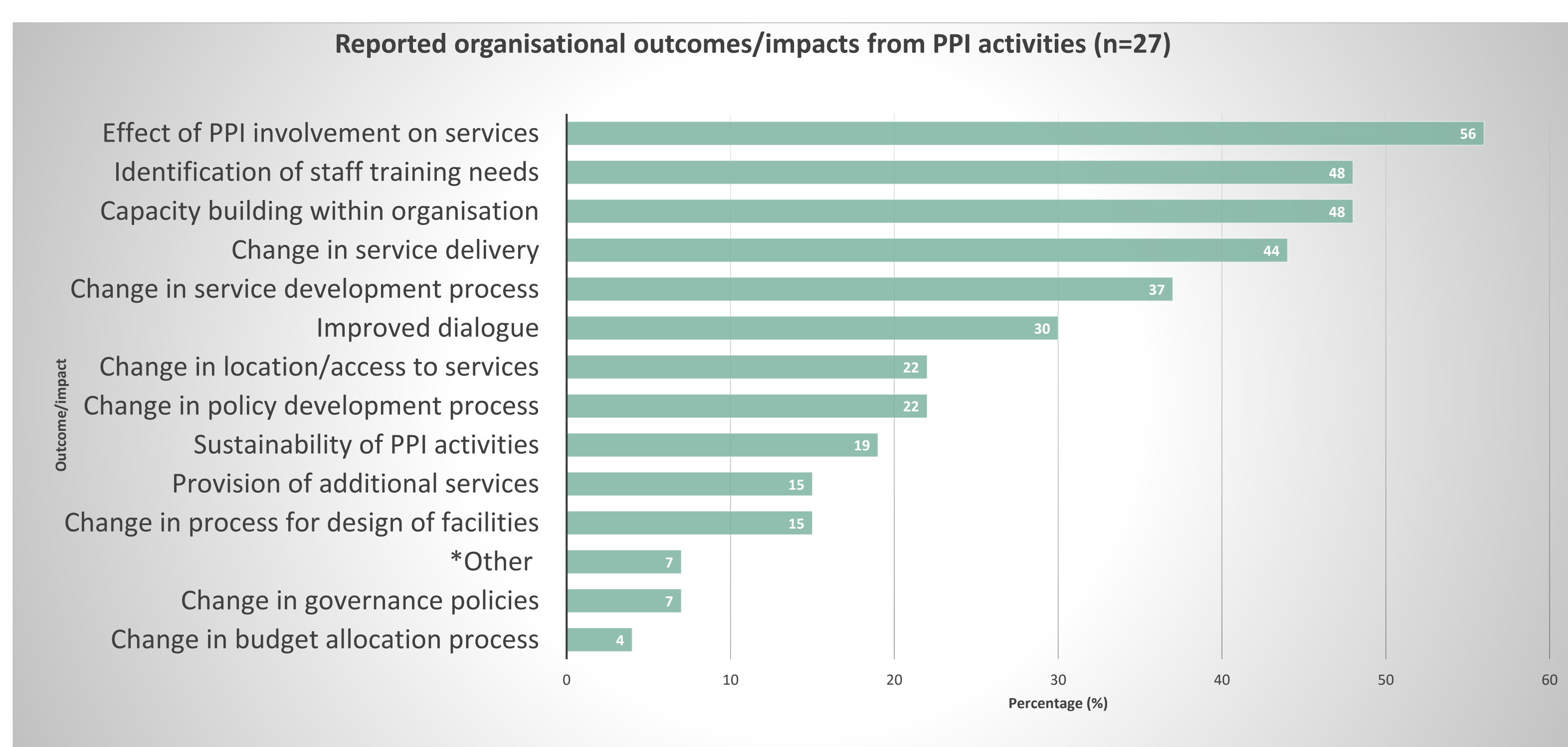
1. To identify best practice in PPI
2. To identify any barriers to effective involvement
3. To identify possible ways to overcome these barriers within the context of an integrated health and social care system
4. To identify valid and reliable ways of measuring and evaluating the impact of PPI activity.
5. To ensure that service users and carers are at the heart of this project in a significant and meaningful way.

### Methods



### Results

#### Service providers



\*what changed for the Trust; lessons learnt

**Table 1 Facilitators and barriers to implementing PPI**

Factor	Facilitator (%)	Barrier (%)	No. of responses
Staffing levels	18	82	38
Staff knowledge	30	70	40
<b>Staff skills</b>	<b>57</b>	43	35
Staff training	47	53	36
<b>Funding</b>	<b>8</b>	<b>92</b>	37
Administrative support	18	82	33
Professional attitudes	43	57	35
<b>Organisational values</b>	<b>74</b>	26	34
Managing expectations	47	53	32
Power relationships	45	55	29
<b>Lack of staff time</b>	<b>3</b>	<b>97</b>	39
Organisational change	26	74	27
Continuity of participants	44	56	32
Health literacy levels	40	60	25

#### Quotes from Service User/Carer

*It just changed his life and even his quality of health and everything increased and he just feels people are listening. I suppose it is kind of ironic because he actually feels he has a voice in every sense now*  
[Carer]

*At the moment PPI seems to be top secret. There are only a few know where it is and understand it. It needs to be rolled out in a way that everybody knows it is there and understands it*  
[Service User]

### Developing PPI in Northern Ireland

This research has evidenced a marked improvement in PPI over the years. To continue embedding PPI and making it a reality will require strong leadership, co-ordination, partnership working, evaluation of activities and, allied to this, a fundamental rebalancing of the power differentials between those providing services and service users. A regional plan is being developed to adopt a strategic approach to PPI to ensure it becomes integral within the work of health and social care. The ultimate outcome will be improved services which are acceptable to service users. Research reports available at <http://www.publichealth.hscni.net/publications/personal-and-public-involvement-ppi-and-its-impact>