Healthcare Quality Improvement Partnership Patient and Public Involvement (PPI) Strategy

2025-2028

Table of Contents

HQIP Patient and Public Involvement (PPI) Strategy

Background

This strategy is co-produced with members of the HQIP Service User Network, and outlines how patients and the public are central to HQIP's work. It demonstrates a commitment to active, inclusive, and meaningful engagement with people who use healthcare services and are directly affected by national programme recommendations. The strategy also outlines our roadmap for PPI to guide all those involved in quality improvement.

The importance of this strategy to HQIP

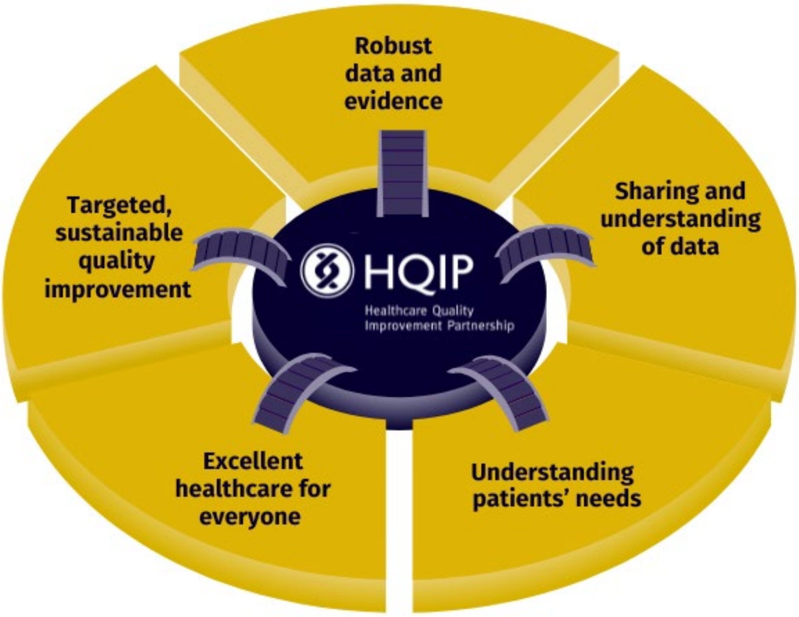
HQIP has a clear vision, core aims, and strategies. Our principles of public involvement are intended to strengthen our ambition towards achieving these. Yet, very importantly, they also show our methods of involvement in order to:

- Achieve quality improvement in all we do
- Engage with patient advocates in a meaningful way
- Support those we commission and work with on their approach to PPI.

HQIP's vision is to improve health outcomes for everyone through evidence-driven healthcare. We have three main aims: to raise standards; reduce care variation; and ensure that every patient receives the best possible treatment.

We do this by:

1. Robust data and evidence – to drive meaningful improvements in quality care and safety
2. Sharing and understanding of data – progress driven from deep insight
3. Understanding patient need – healthcare outcomes measured against clear clinical standards illuminated by this understanding
4. Excellent healthcare for everyone – partnership working with all who commission, deliver and receive healthcare
5. Targeted sustainable quality improvement



HQIP has an Organisational Values and Ways of Working framework, which is underpinned by core pillars that include *Making a Difference to People's Health*. A key value under this pillar is:

> "**Patient Focus:** We keep patients and the public at the centre of our work. Decisions and priorities are guided by what will most improve patient care, safety, and health outcomes. *Behaviours:* Team members consistently ask how our work benefits patients, engage with patient representatives for feedback, and strive to address the needs of all populations we serve."

This reflects HQIP's commitment to integrity, collaboration, and continuous improvement and aligns with this strategy's vision, ensuring that patient voices remain central to decision-making, quality improvement, and impact.

What is a strategy?

A strategy is a structured, long-term plan that sets out clear priorities and actions to improve outcomes, quality, and value.

What is the purpose of this strategy?

This strategy sets out HQIP's vision, commitment, and approach to embedding lived experience at the heart of our work. It outlines how we will ensure patients play a central role in shaping the way HQIP commissions all programmes, including the National Clinical Audit and Patient Outcomes Programme (NCAPOP), while supporting and encouraging our partners to do the same. The strategy reinforces our dedication to meaningful and inclusive involvement at every stage, from project design through to evaluation and impact.

Who is this strategy for?

This strategy is for HQIP staff and Service User Network members. It is also a helpful reference for programmes commissioned by HQIP, and for organisations and patient and carer advocates who work with us.

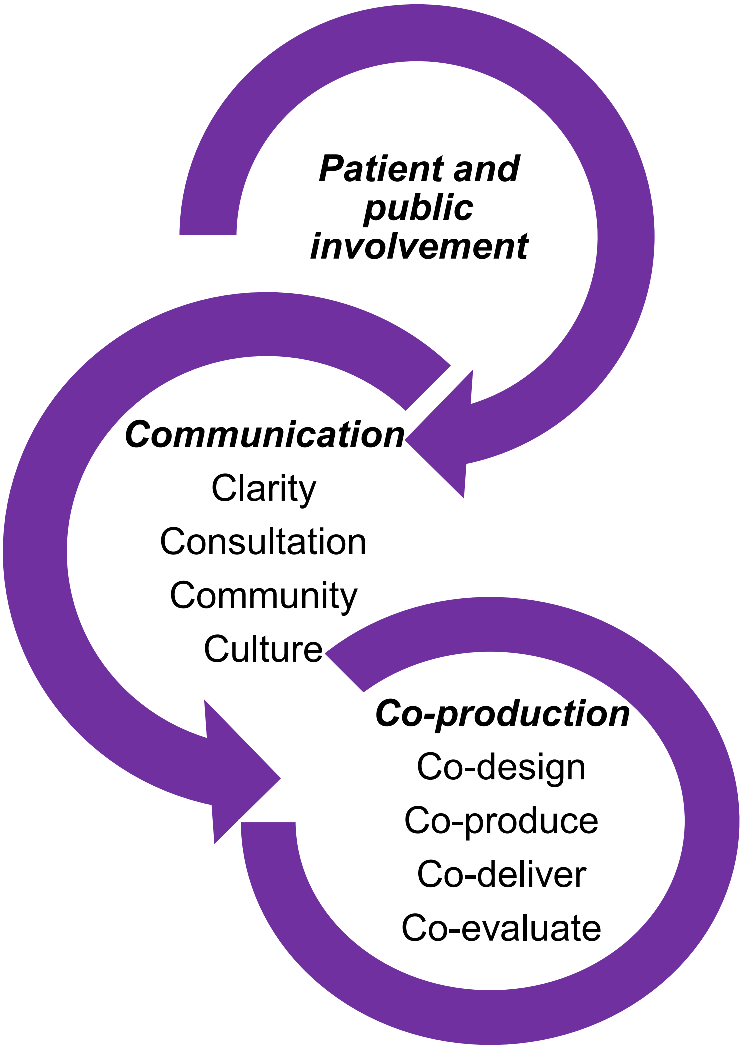
Why is it important?

Improving healthcare services starts with understanding the experiences of the people who use them. Patients and carers bring unique insights from their lived experience about what works, what doesn't, and what matters most. This strategy helps ensure those voices are not just heard but actively involved as equal partners our commissioning process, committee groups, resource development, and participation in project teams.

When we involve patients and carers in a meaningful way, the work we do is more relevant, impactful, and valid. By involving people from diverse backgrounds with different experiences, we can ensure that our work reflects the needs of a broad range of communities. This strategy commits HQIP and its partners to ensuring patient advocates are at the heart of our work to improve health outcomes across the UK.

Co-production model

HQIP's co-production model captures the collaborative nature of our work, recognises and values lived experience, and provides a framework for practice.



Definition of terms

Co-design: Working with patient advocates from the outset to plan and design a project and/or engagement.

Co-produce: Patient advocates involved in project team/working groups and decision making, as equal participants.

Co-deliver: Supporting the delivery of outputs and sharing of information.

Co-evaluate: Working collaboratively to review and measure impact of change.

Clarity: Plain English and attention to delivering information in inclusive and user-friendly formats. Consider those who might be digitally excluded.

Consultation: Valuing diverse lived experience, inclusivity, representation, and engagement.

Community: A commitment to sharing information, power, and decisions with the public.

Culture: A culture of openness, honesty, transparency, value, respect, safety, and

What we've achieved so far

Here are some examples of how HQIP has embedded patient advocate involvement across its work:

Service User Network

Established in 2009, the Service User Network (SUN) has played a key role in shaping and co-authoring HQIP's involvement policy and this strategy document. SUN members have actively contributed to HQIP campaigns such as Clinical Audit Awareness Week (CAAW), including participation on judging panels for Clinical Audit Heroes Awards and the Richard Driscoll Memorial Award, to ensure patient perspectives are represented. They also contribute to commissioning activities, providing valuable insights to inform the scope and relevance of our audit programmes, and co-developed our e-learning module 'Introduction to HQIP for patients and carers'.

Data Access Request Group

Three SUN members sit on the HQIP Data Access Request Group (DARG), ensuring that patient voices are integral to discussions around the use of audit data. The onboarding process for DARG was co-produced with SUN members, promoting a culture of equal partnership. Inclusivity and equity are maintained at all times ensuring value is given to each DARG member, right through to the point of decision making. This is critical to HQIP's approach and underpins the organisation's commitment to true co-production. Their involvement, including at the point of decision making, helps ensure that patient perspectives are embedded at all stages of the data governance process.

Patient and Public Involvement in Commissioning

Patient advocates contribute to the development of audit specifications, and all tenders are required to describe organisational policies on patient engagement and demonstrate meaningful involvement plans. SUN members participate in moderation panels, assessing bids from a patient perspective. They also co-produced a standardised process for embedding involvement across all our commissioned work. Projects can include advisory patient panels, focus groups, and questionnaires shared widely through charities to gather broader patient and carer views.

Obesity Programme

A dedicated User Panel of 30 members from diverse backgrounds, with lived or living experience of overweight and obesity, was established in 2022 to guide our national obesity work. Their input has influenced the audit's development and direction, and the panel also leads on how key messages are produced and shared, including national resources around injections, ensuring materials are accessible and relevant to service users and the wider public.

Further Information

For the most up-to-date information about these projects, please follow the links provided above.

Details of our approach to working with patients and the public are outlined in our **Policy for Working in Partnership with Patient Advocates**, which set out our co-production principles, involvement standards, and expectations for engaging service users across all areas of our activity.

UK Standards for Public Involvement

We aim to meet the UK Standards for Public Involvement through our own principles. The standards state the following, which we seek to align with:

'Public involvement refers to all the ways in which relevant organisations work together with people including, patients, carers, advocates, service users, and members of the community.

Excellent public involvement is inclusive, values all contributions, ensures people have a meaningful say in what happens and influences outcomes, as set out in the UK Standards.'

HQIP's Principles for Patient and Public Involvement (PPI)

HQIP's engagement approach is underpinned by the following themes.

HQIP's Service User Network (SUN)

We first established our Service User Network, involving people with a wide range of lived experience, in 2009. Since then, it has grown and evolved to meet the ever-changing healthcare landscape and the increasing need and desire for patient and public involvement across all aspects of healthcare. We welcome all people with lived or living experience – service users, patients, carers, and others. Everyone has something to offer, and each person contributes to our work in an advisory capacity.

There are ever-growing and varied opportunities for involvement and co-production. This strategy is one such example: it has been co-produced by members of our SUN and staff at HQIP, demonstrating our commitment to PPI.

Our culture

Patient involvement and co-production are at the heart of HQIP's work and embedded in our organisational culture. We uphold clear principles for meaningful involvement and expect our partners to work within this framework, while recognising that each organisation's approach will vary.

We continue to learn and improve alongside our Service User Network and stakeholders, recognising that patient and public involvement is an ongoing journey. HQIP also seeks to work in partnership with organisations that can support the inclusion of seldom-heard people and communities, ensuring engagement is inclusive, respectful, and trauma-informed. By collaborating with those who have trusted relationships and the right expertise, we can make sure involvement is carried out in the most appropriate and supportive way for everyone we engage with.

Evolution

We recognise that, as an organisation, we must evolve continuously. This strategy and our new principles have grown from our previous principles. What came before has been absorbed into what we are now working towards. We monitor our activity and hold ourselves to account to deliver both this strategy and our principles. We review and report, involving service users at all stages to act as critical friends. Our principles outline how this is acheived.

Reducing health inequalities

This is of paramount importance to HQIP, both within our own organisation and as an expectation of all that we work with. It remains a significant challenge within the NHS, so is an area that needs constant consideration and strategy. We strive to reach all communities and encourage others to do the same, to involve and engage all so that those most affected by disparities are heard. Health equity is a goal we will continue to champion, together with our SUN and partner organisations.

Principles

Our principles are adapted from the UK Standards for Public Involvement to provide a flexible framework that gives us the ability to reflect and learn, measure and improve. They are applicable to any situation and can be upheld constantly.

We have six main principles

- **Inclusivity** – we strive for equity, diversity, accessibility, inclusion, intersectionality, and embracing of all.
- **Working Together** – productive, sustainable, purposeful, collaborative, and trustworthy ways of working
- **Support and Learning** – training, resources, barrier removal, development, and building of confidence and partnerships
- **Governance** – safeguarding, duty of care and legalities, accountability, and meaningful involvement
- **Communication** – clear, transparent, engaging, adaptable, and timely
- **Influence and Impact** – monitoring, learning, reporting, acting and improving.

Inclusivity

Equity, Diversity and Inclusion is Paramount		Accessibility is Key
Promote a culture of inclusion and value difference		Provide safe, welcoming spaces for all to share their insights
Strive for diversity of voices and lived experiences		Ensure clear, motivating and respectful communication and define acronyms in full
Recognise and address barriers through support and resources		Offer flexible and accessible ways to be involved, consider those who may be digitally excluded
Acknowledge intersectionality, understanding how overlapping identities shape experience and opportunity		Consider accessibility in every form: information, physical spaces, communication, and reach
Embrace neurodiversity, recognising all neurotypes and individual needs		Involve people early in processes to shape decisions meaningfully
Embed choice, fairness, and equity in all involvement		Empower everyone to contribute, recognising the assets of staff and service users alike

Working Together

CO-PRODUCTION AT THE HEART OF OUR WORK

Valuing lived experience and perspectives	**Enable people to be valued and respected; embrace different perspectives**
Building sustainable and trusting relationships	Establish productive partnerships that strengthen over time and across services
Clarity of purpose and roles	Ensure everyone understands their roles and how their input shapes outcomes
Collaborating with trusted organisations	Work with charities and community groups who already have established relationships with their communities
Continuous engagement and learning	Address practicalities of involvement, check progress, and adapt through ongoing engagement
Knowledge sharing and dissemination	Share NCAPOP reporting, learning, and insights across all partners
Realistic and purposeful co-production	Work proactively together while maintaining realistic expectations of impact

Governance

Safeguarding	Duty of Care and Accountability
Safe and trauma-informed practice	All involvement and engagement activities are delivered safely, in line with organisational policy
Duty of care	Responsibility to ensure fairness, respect, and inclusivity in consultation and communication, with recognition of diversity across cultures and communities
Legal duties	Upholding the statutory duty to consult on relevant areas of work, ensuring that public involvement and lived experience inform policies, commissioning, and practice
Accountability and transparency	Clear structures are in place for patient and public involvement, with regular review of plans and timescales to ensure openness and accountability
Meaningful involvement	Engagement must be genuine, not tokenistic, and embedded at every stage of our work
Listening and acting	Voices must be heard, valued, and used effectively to inform decisions and drive improvement
Reciprocity and recognition	Involvement should be equitable, with mutual respect and value for all contributions
Quality and improvement	All involvement should add value, support shared decision-making, and contribute to ongoing quality improvement

Support and Learning

Building Confidence and Skills		Access and Shared Learning
Remove barriers wherever possible to enable full participation		Ensure all materials are accessible and available at the right time
Build skills and confidence for staff, participants, and partners		Provide access to evidence, resources, and peer support
Offer training and preparation to help people engage effectively		Share learning and good practice across all partnerships
Support ongoing personal and professional development		Develop guidance and resources through shared experience (support learning by doing)
Encourage reflection and continuous improvement		Strengthen collaboration through open communication and feedback

Influence and Impact

Driving Improvement and Change		**Measuring and Sharing Impact**
Involve people early and through all stages to ensure genuine co-production		Monitor and evaluate how involvement influences outcomes and improvements
Ensure ownership and inclusivity so no one is left on the sidelines		Track and report feedback, accessibility, and engagement data annually
Focus on tangible, timely change, aligned with NHS England priorities and best practice		Share accessible updates and resources showing how PPI has made a difference
Use learning from involvement to shape continuous improvement		Publish outcome information in inclusive formats to support transparency
Collaborate with the Service User Network and partners to evolve guidance and strategy		Maintain accountability through open reporting and reflection
Ensure tailored and person-centred care are at the forefront of work, leading to quality improvement for all		Actively review and reflect on all work and engagement, ensuring fairness and efficacy for everyone involved

Communications

Clear and Accessible		Engaging and Inclusive
Use plain, accessible language and communicate with honesty and transparency		Ensure communication is timely, well-managed, and engaging
Provide clear information on outcomes and how decisions are made		Use varied formats and platforms to meet different communication needs
Offer feedback to participants, showing how their input has influenced change		Disseminate outcomes in ways that enable understanding across all audiences
Promote two-way communication and fair feedback		Make opportunities appealing, inclusive, and easy to get involved in

Strategy Review

November 2025.
This strategy will be reviewed in 2028.

Authors
Service User Network (SUN) members
Mala
Melissa Ganendran
Amy Wizard Ponter
Dr. Sandie Woods

HQIP
Kim Rezel – Head of patient and carer engagement – kim.rezel@hqip.org.uk

Appendices

Key Definitions and Glossary

Accessibility: Ensuring everyone can participate fully by removing physical, digital, communication, and attitudinal barriers. Accessibility includes use of plain language, captioning, compatible formats, and flexibility in how people engage.

Accessibility standards: Recognised frameworks (e.g. WCAG, NHS Accessible Information Standard) that ensure communications and digital content are usable by everyone, including disabled and neurodivergent people.

Clinical Audit Awareness Week (CAAW): HQIP's national campaign to underline the value of clinical audit.

Consultation: Seeking people's views, ideas or feedback on specific aspects of a project, for example through surveys or focus groups.

Co-production: An approach where professionals and people with lived experience work together as equal partners to design, implement and review projects, recognising and valuing the expertise that each brings.

Critical friend: Those with lived experience are often referred to in this way, as they can be seen to be a trusted person who provides transparent feedback to help improve something and achieve better outcomes and impact.

Data Access Request Group (DARG): A committee including patient representatives that reviews applications for access to NCAPOP data.

Digital inclusion: Ensuring all people can access, use, and benefit from digital platforms and resources regardless of location, income, or ability.

Dissemination: The act of sharing and reporting information widely, adjusting the mode and format to reach all different audiences in a way that can be meaningful and understood.

Engagement: Broad collaboration with patient advocates and the public to shape, design, and improve projects. Engagement can include sharing information, consulting on ideas, or building relationships to support involvement and co-production.

Equity: Providing fair opportunities and resources by recognising that people start from different places and may need different kinds of support to achieve equal outcomes.

Health inequalities: Systemic differences in health outcomes between different population groups.

HQIP: Healthcare Quality Improvement Partnership

Inclusion: Creating environments and cultures where everyone feels respected, valued, and able to contribute meaningfully, regardless of background or identity.

Intersectionality: How different aspects of a person's identity (e.g. gender, race, disability, class, sexuality) overlap and shape experiences of inclusion or discrimination.

Involvement: Active partnership with patient advocates and the public at every stage of a project, from planning through to evaluation, where their experiences influence decisions, outcomes, and direction.

Lived/Living Experience: Firsthand insight from using healthcare services or caring for someone who does.

National Clinical Audit and Patient Outcomes Programme (NCAPOP): The portfolio of national clinical audits and outcome reviews commissioned by HQIP.

Neurodiversity: Acknowledging and valuing natural differences in human thinking, learning, and processing. Includes experiences such as autism, ADHD, dyslexia, and dyspraxia.

Neurotype: A category of cognitive processing style. The majority population is termed 'neurotypical'; those who process differently are 'neurodivergent'.

Patient Advocates: People with lived or living experience who use that experience to shape healthcare programmes, services, and policy, either directly or through advisory networks.

Public Engagement in Data Research Initiative (PEDRI): A partnership of organisations working with health and care data to ensure research is transparent, inclusive, and accountable.

PPI: Patient and public involvement

Seldom-heard groups: People or communities often underrepresented in research, service design, or decision-making, including those facing social, cultural, or digital barriers.

Service User Network (SUN): A group of patient advocates who work with HQIP to shape national audits and quality improvement work.

Transparency: Open sharing of information, decisions, and outcomes so that processes are visible, accountable, and trustworthy.

Trauma-informed: Recognising and responding to the impact of trauma to create emotional and psychological safety for all involved.

PEDRI Standards

We seek to align ourselves with the PEDRI standards of patient involvement. The Public Engagement in Data Research Initiative (PEDRI) is a partnership of a range of organisations working with data seeking to improve working with the public.

All our work and partnerships are in the public interest, to improve the quality of healthcare and lead to real change for the public. We therefore align with PEDRI, and also achieve this through our DARG (Data Access Request Group). To learn more, visit: https://www.hqip.org.uk/national-programmes/accessing-ncapop-data/

This table outlines the alignment between our principles and PEDRI standards:

PEDRI STANDARDS	**HQIP PRINCIPLES**
Equity diversity and inclusion	Inclusivity principle, governance principle
Data literacy and training	Working together principle, support and learning principle
Two-way communication	Inclusivity principle, communication principle
Transparency	Governance principle, communication principle
Mutual benefit	Impact principle, governance principle, working together principle
Effective engagement and involvement	Working together principle, impact principle
Creating a culture of involvement and engagement	Impact principle, culture statement

For further detail regarding PEDRI's standards, please visit: https://www.pedri.org.uk/about-us/our-standards/