Good practice for working with people and communities during the COVID-19 outbreak (Updated 4 May 2020)

# Overview

This short document has been produced by the NHS England and NHS Improvement Public Participation team. It offers practical advice and suggestions for Engagement Practitioners and others working with people and communities during the COVID-19 outbreak (also known as coronavirus). It is good practice advice and not formal or statutory guidance – existing statutory guidance still stands. It does not provide public health or clinical advice around COVID-19, which should be accessed via the [Public Health England](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance), [NHS England](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf) or [NHS.UK websites](https://www.nhs.uk/conditions/coronavirus-covid-19/).

# Principles

The COVID-19 outbreak poses fundamental challenges to public authorities in how they go about meeting their usual duties and it is necessary to adapt. Patient and public participation is no exception and we must prioritise the health, safety and welfare of patients, staff and wider society.

There are some specific suggestions about particular scenarios in the next section, but there are also some general principles to follow when thinking about public participation over the next few weeks and months.

Essentially, for all engagement activity which is underway or planned, there will be four options (not all mutually exclusive):

* Continue as planned;
* Postpone the activity;
* Move to online / virtual methods instead of face-to-face;
* Cancel.

There is no obligation for patient and public participation to be face-to-face and any such engagement activity should only be undertaken where not prohibited or discouraged by the latest government advice.

Some questions to think about when deciding on the best approach for your particular activity / proposal:

1. Are any of the participants known or likely to be in one of the ‘at risk’ groups, or particularly impacted by COVID-19? This includes older people, those with underlying health conditions, and people with caring responsibilities ([check the latest guidance](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance)).
2. Do participants / your target audience have access to online communication and engagement methods? If not, could they be supported to access online methods, or contacted by telephone?
3. Do relevant staff members, especially clinical staff, have the capacity to be involved in engagement activity at the moment?
4. What would be the impact of postponing the activity? Could any of the negative impacts be mitigated against?

Your responses to these questions can guide your decision making and risk assessments / mitigation around the different engagement activities you have underway / planned, including most appropriate next steps.

# Communication and community response

Whatever the outcome of your review of existing / planned engagement activity, it is important to maintain communication with your local partners, including local Healthwatch, patient groups and Voluntary, Community and Social Enterprise (VCSE) organisations, as well as Patient and Public Voice (PPV) Partners. Your communications team will already be implementing a response plan. Consider working with them to promote volunteering and community action to support people whilst self-isolating.

# Advice about common scenarios

* We are about to launch a consultation on a major service change / reconfiguration, what should we do?

*The coming weeks and months are likely to see very high demand on frontline services, so it makes sense to delay any significant activity to free up capacity. Members of the public are also likely to be limited in their ability to get involved due to illness, self-isolation, caring responsibilities and the current focus on COVID-19. Many groups and networks who would usually form a staple part of your consultation activity are unlikely to be meeting. On the basis of government advice at the current time, face-to-face events should not go ahead.*

*These factors may mean the consultation is not the best use of public resources, or make it more difficult for some consultees to be reached and/or to provide a meaningful response. We recommend that you consider these factors when making changes to your consultation plans.*

* What if we need to take an urgent decision during the outbreak?

*At the time of writing, the NHS duty to involve the public is unaffected by the outbreak or any emergency legislation. However, where there is a genuine and pressing need to make a decision about, or a change to, services to protect the health, safety of welfare of patients or staff, then the NHS duty to involve the public may be met by very limited public involvement – but at the very least changes to services should be announced to the public at the earliest reasonable opportunity.*

*In such circumstances, you are not required to consult your local overview and scrutiny committee prior to taking the decision (but you should still promptly notify the committee of the decision taken and why no consultation has taken place).*

*This approach should be used only when necessary and it is likely that regular engagement with patients, staff and other stakeholders will be essential for practical reasons in any event (for example so that patients understand how to access services). It remains important to liaise with your overview and scrutiny committee, local Healthwatch and other key stakeholders, ideally before taking the decision, where possible. It is important to keep a record of any such decisions including any involvement in the process. Remember too that you may need to carry out further engagement in future if it is intended that temporary changes will become permanent.*

* We are about to start engagement / consultation in response to a provider giving notice / a need to retender a service, what should we do?

*Many of the considerations relevant to major service change / reconfiguration apply – as outlined above. In addition, it would be appropriate to consider interim approaches which could help to ‘buy time’ and enable the engagement / consultation to be postponed to a later date – for example, extending the current contract or arrangement, or enacting a temporary change to service provision. If you must go ahead at this point, consider virtual / online engagement approaches, and working with local Healthwatch / a relevant patient group to ensure some meaningful patient / public participation, even if this is from a smaller group. Remember to keep a record of any engagement activity that takes place.*

* We are recruiting Patient and Public Voice (PPV) Partners, do we need to stop?

*As with all potentially ‘non-essential’ activity, consider the impact on staff capacity at this time of high demand. However, there is not necessarily any need to pause this recruitment, assuming your existing communications routes are still operating. It would be appropriate to consider interviewing shortlisted candidates virtually rather than face-to-face, for example using video conferencing or webinar technology. As many meetings are likely to be moved to online methods during the coming weeks, this is also a chance for potential PPV Partners to showcase or build their technical skills. The exception is likely to be if you are targeting recruitment at groups known to be digitally excluded, for example inclusion health groups, in which case postponement may be the most sensible approach.*

* We have a number of established forums / groups for hearing from members of the public, with meetings scheduled over the coming weeks and months, should we cancel them?

*Face-to-face meetings are unlikely to be possible for the foreseeable future. Consider changing these to teleconferences, video conferences or webinars. If this is unlikely to work for group members, then it may be necessary to cancel meetings for the time being.*

* Our public and service user partners are contacting us asking how they can help.

*Everyone can help by following the guidance on the* [Public Health England](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance), [NHS England](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf) or [NHS.UK websites](https://www.nhs.uk/conditions/coronavirus-covid-19/).

**NHS Volunteer Responders**

NHS Volunteer Responders is a new scheme. Health and social care professionals in England can refer any vulnerable patients who are self-isolating to NHS Volunteer Responders for help with tasks such as collecting shopping and prescribed medicines, driving patients to medical appointments or transporting supplies between sites.

The scheme is already helping thousands of people every day and hundreds of thousands of volunteers are available to help. You can make referrals through the [NHS Volunteer Responders referrers’ portal](https://www.goodsamapp.org/NHSreferral) or by calling 0808 196 3382.

The scheme is also open for self-referrals for people who have been advised to shield and those most at risk who are isolating at home from coronavirus. These people can ask volunteers for short-term help by calling 0808 196 3646 between 8am and 8pm. Please pass this number on to patients who could benefit from this support.

You can find more information about the programme at [www.nhsvolunteerresponders.org.uk](http://www.nhsvolunteerresponders.org.uk)

**Further information**

* For advice about COVID-19 visit the [Public Health England](https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance), [NHS England](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf) or [NHS.UK websites](https://www.nhs.uk/conditions/coronavirus-covid-19/).
* For resources and guidance about public participation visit our [Involvement Hub](http://www.england.nhs.uk/participation) or email [england.engagement@nhs.net](mailto:england.engagement@nhs.net).
* To discuss how COVID-19 is affecting your work with other Engagement Practitioners join the Engagement Practitioners Network by emailing [england.engagementpractitioner-network@nhs.net](mailto:england.engagementpractitioner-network@nhs.net).
* NHS England colleagues should also be aware of the [Guidance note for NHS England: reporting and assuring in relation to our legal duty to involve people and communities (13Q) during the COVID-19 outbreak (1 April 2020).](https://nhsengland.sharepoint.com/TeamCentre/Nursing/PPPI/Pages/13Q-.aspx)
* NHS England and NHS Improvement has published information about the 2019/20 CCG annual reporting process including key deadlines to note [here](https://nhsengland.sharepoint.com/TeamCentre/Finance/FinancialControl/Pages/GCh14.aspx#14.6). For all queries, including **if you have trouble accessing this link,** please email [england.yearendaccounts@nhs.net](mailto:england.yearendaccounts@nhs.net)