



# Engagement Planning Form

1. Project Title: Anticoagulation Engagement

2. Project Lead: Tony Jamieson

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3. Complete [Equality Impact Assessment](#)

## 4. A description of the project

### a. Describe the consultation (what are we changing and why?)

Anticoagulant medicines reduce the ability of the blood to clot (coagulation means clotting). This is necessary because if the blood clots too much, then clots can block blood vessels and lead to conditions such as a stroke.

In Leeds there are approximately 10,000 people who take the anticoagulant drug, Warfarin. The average age of these patients is 72. The currently involves giving a blood sample around 18 times a year. These samples can be taken in the home or at clinics around the city.

New anti-coagulant drugs have recently become available and this has prompted a review of the service and it's patients. It has been agreed that a service redesign may help prioritise patients and improve the way care is delivered.

This engagement outlines a number of redesign options for the anti-coagulant service and seeks the views of service users and the wider public on the changes.

### b. What is the level of service change?

This service redesign directly affects almost 10,000 people in Leeds. The changes to the anticoagulant service could impact on other health services in the city because any additional spend would reduce budgets in other areas of the health service. The redesign could also lead to changes in where people access clinics and services. This project is a significant change has been assessed at level 3. The plan will need to go to the Scrutiny Board and the engagement will last for 12 weeks.

### c. Outline the key objectives

- To outline the redesign options with patients and the public
- To inform patients and the public of the costs and benefits of each option
- To gather feedback on the options from patients and the public
- To recruit two patients onto a project group
- To feedback the results of the engagement to the project group
- To use the feedback from patients and the public to inform the redesign

### d. Outline expected outcomes

- Patients and the public will be informed about the proposed changes
- We will have two patients on the project group
- We will be able to demonstrate how patients have influenced the redesign process

**e. To what extent will patient involvement affect the outcome?**

We will use feedback from patients and key stakeholders to understand patient priorities. These priorities will inform the service redesign. One or two patient representatives will be recruited to the service redesign group. Their role will to provide assurance that patient priorities are considered in the development of the service.

**f. How does the project link in with LWCCG organisational vision and priorities (delete as appropriate)**

- Ensure that local people are at the centre of our commissioning decisions
- Commission services based on what we would want for our own families and friends
- Commission services which are the best possible value for money
- Work in collaboration with our partners
- Better manage long term conditions
- Help people to stop smoking and lose weight
- Reduce the number of people who need to go to hospital
- Take people's views into account

**g. How does the project link in with the NHS Constitution? (delete as appropriate)**

- ensure that patient choice, waiting times and access are maintained and improved where possible;
- reduce unnecessary hospital outpatient follow-up appointments;
- develop more alternatives to hospital appointments.

**h. Which other internal departments do we need to work with?**

- Comms and engagement team
- Commissioning team
- Medicines Management

**5. Pre-consultation information**

**a. Have we done something similar before?**

**b. How can we avoid duplicating work?**

**c. What learning can we use from previous events?**

**6. What timescales are you working to?**

(include planning implementation, evaluation and feedback)

<b>Beg Oct</b>	Finalise engagement plan
<b>6 Nov</b>	Take plan to the PAG
<b>Mid Nov</b>	start stakeholder engagement
<b>?</b>	Take proposal to Health Service Development Group (a subgroup of the Scrutiny Committee)
<b>Mid Feb 2014</b>	Consultation closes
<b>End Feb 2014</b>	Finalise report

## 7. Engaging with our stakeholders

(consider using a stakeholder mapping tool)

### a. Who is the change going to effect and how?

The proposal incorporates a number of potential changes:

- Increasing the number of people accessing anticoagulant services
- Changing the drug people take
- Changing the way blood samples are taken
- Changing the way blood samples are processed
- Changing the speed the blood sample is analysed
- Changing where the blood samples are taken

It is expected that all patients will be affected in some way by the changes. Carers and families may also be affected.

### b. What methods will we use to recruit?

We will use the following methods to recruit:

- Patient reference groups in GP practices
- GP practices
- Anticoagulation clinics (LTHT)
- Anticoagulation nurses (LTHT)
- CCG patient, carer and public networks
- CCG Voluntary, Community and Faith (VCF) sector
- Leeds Community Healthcare

### c. What will we do to engage under represented groups?

Risk factors include age and lifestyle. The engagement will include several older peoples groups across the city. We will also work with the local voluntary, community and faith sector organisations to gain feedback with deprived communities.

### d. What methods will we use to engage how will this change for different groups?

We will use a patient survey to gather feedback from patients and the public. The surveys will be used in three different ways to maximise feedback:

- Paper copies
- Electronic copies
- One-to-one engagement in clinics.

### e. What local knowledge can support recruitment and engagement?

We will use our partners and networks to support engagement. This will include:

- Local older people's organisations
- Clinicians working with existing service users
- VCF organisations working in deprived areas.

## 8. What resources do you need?

### a. Who is on your project team?

Steve Laville – Commissioning Lead

Tony Jamieson – Medicines Governance Lead

Chris Bridle – Engagement Lead

2 x patients

Voluntary sector organisation rep

**b. What other staffing do you need?**

Design and printing?

**c. What other resources do you need (equipment, venues etc)?**

May require a designed and printed survey

**9. What are your consultation/engagement questions?**

**a. What questions do you plan to ask?**

We will outline the options for each section of the engagement. We will then outline our preferred option. People will be asked if they agree with our option and share their thoughts.

**b. How will you pilot the questions to ensure they are suitable?**

A draft copy of the survey will be shared with the LWCCG PAG.

**c. How will you demonstrate that you have consulted with a representative sample?**

The survey will include an equality monitoring section and the finding will be included in the final report.

**d. How will you ensure anonymity with your results**

Patients will not be required to fill in their name on the survey. Patient identifiable information will not be included in the report or shared with services.

**e. How will participants evaluate the event?**

No events have been planned.

**10. Results**

**a. Who will collate the results?**

The Engagement Team

**b. Who will analyse the results?**

The Engagement Team

**c. Who will write the engagement report?**

The Engagement Team

**d. How will you use the feedback – what will you do differently?**

The report will be submitted to the working group. We will recruit two patient representatives to the working group who will provide assurance that feedback is used in the development of the project.

**11. Feedback and Evaluation**

**a. How and when will you feedback to your participants?**

The final engagement report will be shared with all the people who have contributed to the engagement.

**b. What will you feedback?**

We will summarise the findings of the engagement and share our recommendations to the working group.

**c. How will you use the evaluation to improve future events?**

No events have been planned.

**d. Will there be ongoing feedback or a follow-up event?**

A briefing will be produced at the end of the project and shared with participants.

**e. Have you filled in the PPI events Record log**

This is the responsibility of the engagement lead.