



Engagement Planning Form

1. Project Title: Structured Education Programmes for West practice patients with type 2 diabetes.

2. Project Lead: Sinead Stanley

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3. Complete Equality Impact Assessment (to complete)

4. A description of the project

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

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, approximately 2.9 million people are affected by diabetes. There are also thought to be around 850,000 people with undiagnosed diabetes. There are rising costs due to people accessing health services such as hospital services that could be avoided if better self-managed by the individual. Leeds West CCG would like patients to feel in control of their diabetes and to have excellent experiences as a result of being able to self manage their diabetes. It is also a requirement of NHS England standards that currently there should be an increase in uptake of self-management referrals.

In some cases of type 2 diabetes, it may be possible to control your symptoms by altering your lifestyle, such as eating a healthy diet. The NHS in Leeds provide structured education programmes for people with diabetes type 2. These programmes support people to manage their diabetes. Previously, people have told us that uptake to current programmes could be improved by making our programmes more accessible and flexible and by offering more choice to patients.

This engagement will look at how we can increase uptake to other ways of delivering structured education programmes.

b. What is the level of service change?

Level two. Engagement with patients, carers and key stakeholders. No planned public involvement. This is dependent on feedback from patient, carers and key stakeholders.

c. Outline the key objectives

- We will hold a series of events to gather experience from patients and other key stakeholders about their involvement in structured educational programmes for diabetes type 2. (Chris just to be aware that these experiences were gained last year, not sure which patients this was aimed at but the feed-back was that programmes were not flexible, with not enough capacity and choice. I think we could maybe further understand this from the groups that were not reached-I can find out from Karen who was part of the city wide consultation).
- We will identify barriers and opportunities in accessing current structured educational programmes. (As the point above).
- In conjunction with all stakeholders and using feedback from patients, we will develop a menu of structured educational programmes for people at risk of or experiencing diabetes type 2
- We will work with key stakeholders to develop the educational programmes and where appropriate put this out to Any Qualified Provider (AQP) or develop the work with existing services.

d. Outline expected outcomes

- Increased awareness of the programme amongst patients, carers, professionals and other key stakeholders
- Increased rates of referral to the programme
- An increase in the number of people completing the programme
- Increased knowledge about diabetes amongst patients completing the programme (this will require 'before and after' evaluation)
- Increased empowerment amongst patients completing the programme such as understanding what changes people have made to their lifestyle and impact on other goals (being able to go out independently, being able to adapt at work or drive etc.) (this will require 'before and after' evaluation)
- A reduction in cost to the overall health economy through reduced hospital admissions/reduced complications

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

We will use feedback from patients and key stakeholders to develop a menu of options. Patients will be involved in reviewing and amending this menu. Patient representatives will also be involved in the development of additional services. For example the development of the contract if AQP is the desired option.

f. How does the project link in with LWCCG organisational plans/strategies/aims

- Ensure that local people are at the centre of our commissioning decisions
- Commission services which are the best possible value for money
- Work in collaboration with our partners
- Ensure that patient choice and access are maintained and improved where possible
- Helping people manage their ongoing physical and mental health conditions
- Better manage long term conditions
- Less patients going to hospital

g. Which other departments do we need to work with?

- Comms and engagement team
- Commissioning team
- GP Practices and their Patient Reference Groups
- Commissioning Support Unit
- Providers (including Leeds Community Healthcare (LCH), Leeds Teaching Hospitals Trust (LTHT), social care, voluntary sector)

5. Pre-consultation information

a. Have we done something similar before?

General city wide long term conditions self-management support service workshop (2012).

b. How can we avoid duplicating work?

We will draw on existing patient feedback and work closely with our partners.

c. What learning can we use from previous events?

We will use feedback from the self-management support service workshop in July 2012

6. What timescales are you working to?

(include planning implementation, evaluation and feedback)

See attached draft timescale:

7. Engaging with our stakeholders

(consider using a stakeholder mapping tool)

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

The change will affect patients, carers and GP practices in NHS Leeds West CCG areas. It will also affect some other stakeholders in Leeds including social care services, voluntary organisations and neighbourhood networks.

b. What methods will we use to recruit?

We will use GP practices and existing educational programmes to contact patients.

We will also contact services who signpost patients to the programmes such as LCH and LTHT

We will use postal and face-to-face questionnaires to gather the views of patients, carers and professionals.

We will invite patients and stakeholders to attend an event to finalise a menu of educational programmes.

We will invite patient representatives and stakeholders to focus groups to support the development of new services contract such as an AQP process.

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

We know that diabetes is common in several groups who are often underrepresented in engagement and consultations. We will work with local voluntary sector organisations to gather the experiences of the following population groups

- People of South Asian, African-Caribbean and black African descent
- People from lower socioeconomic groups
- People with learning disabilities

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

We will work with our partners in the voluntary and statutory sector. We will record demographic details to highlight gaps in experience.

e. What local knowledge can support recruitment and engagement?

We will use the following organisations to support our engagement activities:

- GP practices and their patient reference groups.
- Local voluntary sector organisations who work with at risk groups
- Colleagues in public health
- Colleagues in NHS Leeds Community Healthcare

8. What resources do you need?

a. Who is on your project team?

Karen Newbould (Public Health Improvement Specialist for Long Term conditions)

Dr Keith Miller (Leeds West CCG Clinical lead)

Andy Callaghan (LWCCG informatics)

Paula Lancaster (Contracting, LWCCG)

Matthew Turner (LWCCG Commissioning and Finance)

Chris Bridle (CSU Engagement)

b. What other staffing do you need?

- Engagement support
- Facilitation support at events
- Data management support (links with current informatics provision).
- Support for promotion

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

- Engagement plan
- Engagement tools/resources
- Venue for events and focus groups

9. What are your consultation/engagement questions?

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

We will use a multi-disciplinary approach to develop the questions.
We will share our questions with the NHS Leeds West Patient Assurance Group (PAG) and/or the network.

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

We will outline our engagement plan the NHS Leeds West PAG.
We will seek demographic data from the people who take part in the engagement.
We will produce an engagement report at the end of the project which we will share with the NHS Leeds West PAG and our stakeholders.

c. How will you ensure anonymity with your results

We will omit patient identifiable data from all reports in line with our data protection guidance.

d. How will participants evaluation the event?

Stakeholders will be given the opportunity to evaluate events and focus groups. We will also share an engagement report with all stakeholders at the end of the project.

10. Results

a. Who will collate the results?

The team will work together to collate the data.

b. Who will analyse the results?

The team will work together to analyse the data

c. Who will write the report?

The engagement team will write the engagement report

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

The patient feedback will be used to develop the menu of programme options.
Patient experience will also be used to develop services such as for the Any Qualified Provider (AQP) process.

11. Feedback and Evaluation

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

All patients and stakeholders involved in the engagement will receive a copy of the engagement report. The report will also be shared with the NHS Leeds West CCG Netowkr, The PAG and will be added to our website.

b. What will you feedback?

We will feedback the results of the engagement and demonstrate how this has impacted on the decision making process. We will also share the outputs of the project.

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

This will be shared with patients/ other stakeholders locally and across the city.

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

Patients will receive an update report at the end of the project.

Patients will be given the opportunity to join the NHS Leeds West CCG Network so that they can get involved in future engagement and consultations.

e. Have you filled in the PPI events Record log

This is the responsibility of the engagement lead.