

Engagement Plan

A template for staff v3.3

Engaging with patients and the public is a **statutory duty**. To help you get it right first time we have developed this planning template. This will help you plan your engagement and present your plan at the Patient Assurance Group (PAG). Our engagement team can help you fill it in.

The PAG is a group of patients who meet monthly to assure the board that we are engaging in the right ways and with the right people. Members are from patient reference groups across west Leeds and are asked to represent the wider public at the meeting. They can help you to develop a robust engagement plan and should be seen as a 'critical friend'

There are two reasons you might come to the PAG:

1. To give advance notice of a **significant** service change (a level 3 or 4 change)
2. To present an engagement plan

We will need your completed engagement plan **two weeks before you attend the PAG** so that members can read through. This will help them understand your plan and save you time when you present. Our aim is to keep questions to you relevant.

When you present your engagement plan at the PAG you will have a few minutes to outline your proposal. You should be prepared to talk about:

1. **The extent to which the engagement reflects the size and topic of the change.**
2. **Who the change affects and how you know this.**
3. **How you will find out what people think about the change**
4. **How you work with the voluntary sector when you engage**
5. **Which vulnerable or protected groups this proposal will affect and how you will engage with them (the equality impact assessment will help with this)**
6. **How you have developed your engagement questions**
7. **The timescale for your project**
8. **Involving patients throughout the commissioning cycle**

Please have the answers to all these questions when you attend the PAG so that we can manage the meeting with the appropriate questions and answers.

If you have any questions please speak to the engagement team.

1. Project Title: Shaping Endoscopy Services

2. Project Lead: Mandy Philbin/ Chris
Bridle

Contact details: 0113 20 68156

3. Start your Equality Impact Assessment

(for support with this contact Sharon Moore Sharon.Moore9@nhs.net)

4. This project is: Citywide

5. Describe your project

a. Describe the engagement (what are you changing and why?)

There is a growing demand for endoscopy intervention as a result of the National drive around the earlier diagnosis and intervention for Cancer and the growing need for diagnostic endoscopy procedures for patients with short and long term digestive problems.

Currently Leeds Teaching Hospitals Trusts carries out around 18,000 endoscopy tests each year. Between 6,000 to 8,000 of these are regular tests performed on chronic patients. In addition to the 18,000 tests performed by the NHS, a further 20,000 test are performed by independent organisations.

The service currently proactively gains user feedback following a procedure. Feedback shows a high level of patient satisfaction and during a recent JAG visit this was highly commended as good practice. (getting patient feedback or the service?)

This project will explore the patient's and carer's ideas on how the endoscopy service might look in the future. In particular it will look at care closer to home, involving patients more in their care and providing a more accessible service

It is important that we align any potential service changes not on assumptions of need but on a reality of what is being said by our patients. It is imperative that we ensure we hear the thoughts of the hard to reach client groups which can be seen throughout the population of Leeds.

b. Outline the aim of the project

To understand the needs and preferences of endoscopy service users and staff and use these to shape endoscopy services

c. Outline the objectives of the project

- To recruit patient leaders to champion the voice of patients on the steering group
- To speak to patients about their experience of using endoscopy services
- To find out how people want to access endoscopy services in the future
- To find out how people want to be involved in their care
- To speak to primary care staff about their experience of referring into the endoscopy service

d. Outline expected outcomes from the project

- Recruit two patient leaders to attend the steering group

- Understand the needs and preferences of patients and carers
- Understand the need and preferences of primary care staff
- Improved information and knowledge around why endoscopy intervention required
- An endoscopy service based on the needs and preferences of patients and staff
- Acute trust feedback from Wayfinder

e. How will you use patient involvement to affect the outcome?

We will use patient, carer and staff feedback to shape the future endoscopy service. We will recruit two patient leaders to the steering group to champion the patient voice throughout the re-design process.

f. How does the project support NHS Leeds West CCG strategic objectives or the Leeds Health and Wellbeing Board outcomes?

CCG strategic objectives

- Strategic Objective 1: Priority Health Goals - To tackle the biggest health challenges in West Leeds, reducing health inequalities.
- Strategic Objective 2: Quality and Safety - To transform care and drive continuous improvement in quality and safety
- Strategic Objective 3: Best use of resources – To use commissioning resources effectively and responsibly

HWBB outcomes

- People will live longer and have healthier lives
- People's quality of life will be improved by access to quality services
- People will be involved in decisions made about them

g. How does the project support the NHS Constitution?

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

h. What is the level of service change? (see appendix A)

Level 2

If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) you should use the following DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) ['Planning and delivering service changes for patients'](#) DH 2013

6. Pre-consultation information

a. Have we done something similar before?

b. What learning can you use from previous events/projects/experience?

In 2012 NHS Improvement carried out a rapid review of endoscopy service - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215123/dh_133058.pdf . The review highlighted a number of things that could be done to improve the patient experience:

- Direct booking
- Pre-assessment

- Comprehensive patient information
- Designated areas for private discussion
- Maintenance of privacy and dignity
- Ability to feedback patient experience

7. What timescales are you working to? (include planning implementation, evaluation and feedback)

Complete communications and engagement plan	2.10.15
Circulate plan to PAG	?
Brief scrutiny board (if level 3 or 4)	n/a
Carry out engagement	November 2015
Complete engagement report	December 2015
Take business plan to CCC	n/a
Procurement process	?
Commencement	?
Feedback to stakeholders and the PAG	January 2015

8. Engaging with your stakeholders (consider using a mapping tool to identify stakeholders)

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

Any changes will affect endoscopy patients and they carers, and primary care staff.

b. Who will you need to engage with?

To engage with the following...

group (patient/carers/public?)	who (Which specific groups of people?)	how (how will you engage with them? – surveys, focus groups etc)	By who (who will carry out this work? Commissioners, engagement team, third sector)
patients	Endoscopy service users	Carry out a survey in clinics	Patient leaders, Leeds west CCG staff, Leeds involving people
		Share the survey with patient who have used the service	Endoscopy service to share the survey with patients
Carers	Carers of endoscopy service users	Carry out a survey in clinics	Patient leaders, Leeds west CCG staff, Leeds involving people
Primary care staff	GPs, and other clinicians	Attend Locality development session to present and ask for feedback on referrals into the service	Endoscopy staff
The above will be supported by:	<ul style="list-style-type: none"> • Continuous promotion on CCG's social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media • Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners 		

To inform the following...

group	who	how	By who
People with protected characteristics as defined by Equality Act	Black and minority ethnic (BME) communities	Share surveys by email/post	Leeds West CCG Comms/Engagement team
	Carers	Use Engaging voices scheme to gather the views of seldom heard groups	Engaging voices team at Voluntary Action Leeds
	Children and young people		
	Older people		

2010	People with disabilities		
	Users of mental health services		
	Lesbian, gay, bisexual and transgendered people		
	Gypsies and travellers		
	Homeless people		
Underpinning principles for contacting people with protected characteristics	<ul style="list-style-type: none"> All the above will have access to material and suggested text developed by CCG communications and engagement team The bulk of the above activity will be done by email and on social media If we are requested to provide documentation in alternative formats we will do so, because of the complex and diverse nature of our communities we will not proactively produce materials in a range of formats from the outset 		
Partners	Other CCGs in Leeds	email	Leeds West CCG Comms/Engagement team
Political	n/a	n/a	n/a
Providers	Leeds Community Healthcare, Leeds Teaching Hospitals Trust and Leeds York Partnership Foundation trust	email	Leeds West CCG Comms/Engagement team
Media	n/a	n/a	n/a
<p>c. What methods will you use to engage with your stakeholders? Outline in the action plan at the end of this document We will use a variety of ways to engage with our stakeholders. This will help us to communicate in ways which are appropriate for our different communities. We will use the following methods to engage:</p> <ul style="list-style-type: none"> A patient/carer survey posted to service users(available in alternative formats on request) Survey shared with our patient network Survey filled in with service users in endoscopy clinics Paper copies of the survey available in clinics Online survey available on our website An email to our voluntary, community and faith sector (VCF) organisations Engaging voices will pay £5 per complete survey to VCF sector organisations who work with vulnerable groups and are part of the engaging voices scheme 			

9. What resources do you need for the engagement?	
a. What additional staffing do you need?	
<ul style="list-style-type: none"> Engaging Voices staff to liaise with VCF sector organisations who work with seldom heard groups Patient leaders to attend steering groups Patient leaders to support the engagement in clinics LIP staff to support the engagement in clinics Administration to input the data onto a spreadsheet 	
b. If the information is complicated or is targeted at people with learning disabilities have you considered 'easy read' literature?	
<ul style="list-style-type: none"> Information not complicated or targeted at people with learning disabilities. Surevy available in alternative formats on request 	
c. Outline your budget	
Resource	Cost

TOTAL	

10. What are your consultation/engagement questions?
<p>a. What do you want to find out?</p> <ul style="list-style-type: none"> • What people think of the existing service • Peoples needs and preferences when using endoscopy services
<p>b. What questions will you ask?</p>
<p>c. How will you test the questions to ensure they are suitable?</p> <ul style="list-style-type: none"> • Share with patient assurance group and/or patient reader group
<p>d. How many people do you need to speak to?</p> <ul style="list-style-type: none"> • 50-100
<p>e. How will you demonstrate that you have consulted with a representative sample?</p> <ul style="list-style-type: none"> •

11. Results
<p>a. Who will collate the results?</p>
<p>b. Who will analyse the results?</p>
<p>c. Who will write the report?</p>
<p>d. How will you use the feedback – what will you do differently?</p>

12. Feedback and Evaluation
<p>a. How and when will you feedback to your participants?</p>
<p>b. What will you feedback?</p>
<p>c. Will there be ongoing feedback or a follow-up event?</p>
<p>d. Have you filled in the PPI events record log?</p>

Action Plan dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week			
2.	Agree level of change (confirm with Comms engagement manager)	1 week			
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide - irene.stockwell@nhs.net (North) debra.backhouse@nhs.net (South))	1 week			
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week			
5.	Meet with patient leaders	2 weeks			
6.	Write communications and engagement plan	2 weeks			
7.	Write patient survey	2 weeks			
8.	Share draft comms/eng plan and survey with patient leader/project lead	2-3 weeks			
9.	Send comms/eng plan to the LWCCG PAG	Depends on PAG date			
PAG supports the engagement plan					
		Approx. timescale (from date of PAG)			
10.	Make final amends to comms engagement plan	1 week			
11.	Design and print survey	3 weeks			
12.	Write engagement covering letter	1 week			
13.	Add survey to snap survey	1 week			
14.	Create video to introduce the project and add to website	3 weeks			
15.	Add engagement onto website	1 week			
16.	Press release	1 week			
17.	Social media plan	1 week			
Start engagement					
		Approx. timescales (from start of engagement)			
18.	Email out link PDF of survey and link to online survey (patients, public and VCF sector)	1 day			
19.	Mail-out covering letter and paper surveys	2 days			

20.	Drop off paper surveys to health centres and GP surgeries	1 week			
21.	Share paper copies of survey with Engaging voices	1 week			
22.	Organise and run drop-ins at clinics	2-12 weeks			
23.	Organise and run focus groups	2-12 weeks			
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks			
Engagement ends					
		Approx. timescales (from end of engagement)			
25.	Time for final surveys to be recorded	1 week			
26.	Add relevant patients to network/patient leader programme etc				
27.	Write engagement report	2-4 weeks			
28.	Share engagement report with patient leader and project team	2-4 weeks			
29.	Share engagement report with PAG/s by email	2-4 weeks			
30.	Send engagement report to stakeholders	3-5 weeks			
31.	Share findings with patient experience team	3-5 weeks			
32.	Write follow-up report and send to patients	6 months			

Appendix A – Stages of engagement

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			Category 4 Formal consultation required (minimum 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	