

# 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: Decommissioning the non-medical circumcision service

2. Project Lead: Sue Robins

Contact details: [susanrobins@nhs.net](mailto:susanrobins@nhs.net)

## 3. Start your Equality Impact Assessment

(for support with this contact Sharon Moore [Sharon.Moore9@nhs.net](mailto:Sharon.Moore9@nhs.net))

4. This project is: Citywide

## 5. Describe your project

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

Male circumcision is the surgical removal of the foreskin from the penis. Circumcision is performed for medical and religious reasons. Neonatal circumcision is usually elected by the parents for non-medical reasons, such as religious beliefs or personal preferences, possibly driven by societal norms.

The Leeds CCG's hold an NHS contract with Dr Wong at Ashton View medical centre to deliver an NHS funded non-medical circumcision service. There is no clinical indication for this NHS funded service but there is an element of clinical risk. This service has been commissioned by the NHS in Leeds for around 15 years. The service undertakes around 380 non-medical circumcisions a year at a cost to the NHS of £50,000.

From research we understand that Leeds is now the only area in England in which CCGs commission an NHS service for non-medical circumcisions. The CCGs in Leeds have decided to cease funding this service.

**This project will inform local people that the NHS funding of this local service will end. The service is expected to continue but on a fee pay basis by parents. There are several other providers of non-medical circumcisions that can be accessed locally in Leeds and the surrounding areas.**

It is important that we align any potential service changes only after careful consideration of what is being said by our patients, and the clinical needs of our population (as understood following input from clinicians and interpretation of available data such as the city's JSNA and NHS Business Intelligence).

It is important to note that clinics and private individuals who offer this service may do so hygienically and safely but they are not subject to the same controls and regulations as NHS facilities – see this guidance from the BMA: <http://jme.bmj.com/content/30/3/259.full.pdf+html>

### b. Outline the aim of the project

To ensure local people are aware of the end to NHS funding of this service and are able to make informed decisions about alternatives

### c. Outline the objectives of the project

- To engage with local voluntary, community and faith sector organisations to support the engagement and understand the impact on local people
- To develop a patient leaflet
  - explaining the end to NHS funding of this service

- providing contact details for further support
- Share the leaflet with:
  - Families who have recently used Dr Wong's service
  - People currently using Dr Wong's service
  - Local religious leaders
  - Local services that work with families likely to use this service
  - GP practices

**d. Outline expected outcomes from the project**

- Local people and voluntary organisations are aware of the end to NHS funding of this service
- Local people are able to make informed choices

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

We will have a good understanding of the impact on communities due to similar work nationally. This engagement is an 'information-giving' exercise.

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

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
- People will live in healthy and sustainable communities

**g. How does the project support the NHS Constitution?**

- Ensures NHS money is directed towards appropriate NHS commissioned services

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

Level 1

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?**

- No recent similar changes in Leeds

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

The CCGs in Leeds are the last CCGs in the country to fund a non-medical male circumcision service.

A similar decision was made in 2013 at NHS Sheffield CCG:

<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Board%20Papers/May%202013%20Board%20papers/PAPER%20I%20Commissioning%20of%20non%20therapeutic%20male%20circumcisions.pdf>

**Key learning:**

- Involve local voluntary, community and faith organisations in the development of patient literature and information
- Offer the information in alternative formats
- The advice that will be provided should cover all of the key issues in order to support Parents regardless of religion or culture.

We will use these findings to develop our patient leaflet.

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

Complete communications and engagement plan	15.4.16
Circulate plan to PAGs	End April
Brief scrutiny board (if level 3 or 4)	n/a
Develop leaflet with VCF sector	May
Share leaflet with patients	June

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

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

Decision to cease NHS funding for this service will affect a small number of people from certain religious groups in Leeds. The most frequent users of this service are African (33%) and Pakistani (22%). The Jewish community do not use this service however as potential users it is recommended that they are involved in the engagement.

**b. Who will you need to engage with?**

**To engage with the following...**

<b>group</b> (patient/carers/public?)	<b>who</b> (Which specific groups of people?)	<b>how</b> (how will you engage with them? – surveys, focus groups etc)	<b>By who</b> (who will carry out this work? Commissioners, engagement team, third sector)
parents	Parents of children who have recently used non-medical NHS circumcision services  Parents of children who could potentially use non-medical NHS circumcision services	Inform using a leaflet. The leaflet will be shared with	CCG commissioners

**The above will be supported by:**

- 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...**

<b>group</b>	<b>who</b>	<b>how</b>	<b>By who</b>
<b>People with protected characteristics as defined by Equality Act</b>	Black and minority ethnic (BME) communities	Share leaflet with relevant VCF sector services on our database by email/post	Leeds West CCG Comms/Engagement team
	Carers		
	Children and young people		
	Older people	Use Engaging voices	Engaging voices team at

<b>2010</b>	People with disabilities	scheme to share the leaflet with relevant easily ignored groups  Inform VCF sector services who work with people likely to use a non-medical circumcision service. This will include organisations who work with BME groups.	Voluntary Action Leeds  Leeds West CCG Comms/Engagement team
	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"> <li>All the above will have access to material and suggested text developed by CCG communications and engagement team</li> <li>The bulk of the above activity will be done by email and on social media</li> <li>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</li> </ul>		
<b>Partners</b>	Other CCGs in Leeds, Healthwatch Leeds, GP practices,	Inform of the change in service. A limited number of leaflets will be shared with GP practices.	Leeds West CCG Comms/Engagement team
<b>Political</b>	n/a	n/a	N/a
<b>Providers</b>	Leeds Community Healthcare, Leeds Teaching Hospitals Trust and Leeds York Partnership Foundation trust	Inform of the change in service	Leeds West CCG Comms/Engagement team
<b>Media</b>	n/a	n/a	n/a
<p><b>c. What methods will you use to engage with your stakeholders?</b> Outline in the action plan at the end of this document We will work with the local faith sector to develop an information leaflet to explain the change. We will offer the leaflet in alternative formats.</p>			

## 9. What resources do you need for the engagement?

### a. What additional staffing do you need?

- Engaging Voices staff to liaise with VCF sector organisations who work with seldom heard groups likely to use this service
- Design and print services
- Administration to post out the leaflet to community groups

### b. If the information is complicated or is targeted at people with learning disabilities have you considered 'easy read' literature?

- Information not complicated or targeted at people with learning disabilities. Surveys are available in alternative formats on request

### c. Outline your budget

Resource	Est Cost
Survey design	£150
Print x 2000	£400
Postage	£100
<b>TOTAL</b>	<b>£550</b>

## 10. What are your consultation/engagement questions?

### a. What do you want to find out?

This engagement is an information giving exercise.

### b. What questions will you ask?

We will provide information on the following:

- Details of the end to NHS funding for this service including:
  - Reasons why
- Support and advice
- Contact details

**c. How will you test the questions to ensure they are suitable?**

The VCF sector will be consulted regarding the leaflet format.

**d. How many people do you need to speak to?**

No replies necessary

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

Leaflets will be sent out widely in accordance with our distribution lists and networks

## 11. Results

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

n/a

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

n/a

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

n/a

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

n/a

## 12. Feedback and Evaluation

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

n/a

**b. What will you feedback?**

n/a

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

n/a

**d. Have you filled in the PPI events record log?**

Yes

# Action Plan April 2016

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week	Engage team		
2.	Agree level of change (confirm with Comms engagement manager)	1 week	all		Level 1
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide - <a href="mailto:irene.stockwell@nhs.net">irene.stockwell@nhs.net</a> (North) <a href="mailto:debra.backhouse@nhs.net">debra.backhouse@nhs.net</a> (South))	1 week	all		April
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week	Engage team		
5.	Meet with patient leaders	2 weeks	all		
6.	Write communications and engagement plan	2 weeks	Project lead		draft
7.	Share draft comms/eng plan and survey with patient leader/project lead	2-3 weeks	Project lead		
8.	Send comms/eng plan to the LWCCG PAG	Depends on PAG date	Project lead		
<b>PAG supports the engagement plan</b>					
		<b>Approx. timescale</b> (from date of PAG)			
9.	Contact relevant VCF sector organisations	1 week	Project lead		
10.	Develop leaflet	3 weeks	Comms		
11.	Write engagement covering letter	1 week	Project lead		
12.	Add engagement onto website	1 week	Comms		
13.	Social media plan	1 week	Comms		
<b>Start engagement</b>					
		<b>Approx. timescales</b> (from start of engagement)			
14.	Email out link PDF of leaflet (patients, public and VCF sector)	1 day	Engage		
15.	Mail-out covering letter and leaflet	2 days	admin		
16.	Drop off leaflets to health centres and GP surgeries	1 week	Engage		
17.	Share paper copies of leaflet with Engaging voices	1 week	Engage		
18.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks	Comms		
<b>Engagement ends</b>					

	<b>Approx. timescales</b> (from end of engagement)	
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## 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
<b>Major variation or development</b> 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			<b>Category 4</b> Formal consultation required (minimum 12 weeks)
<b>Significant variation or development</b> 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		<b>Category 3</b> 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
<b>Minor change</b> Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	<b>Category 2</b> 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	
<b>Ongoing development</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	<b>Category 1</b> Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	