

# Engagement Plan Template

Version 2

This document provides guidance to CCG staff, GP practices and patient groups (PAG or PPG) about how to engage members of the public and patients when making service changes. These changes might include;

- Starting a new service
- Closing a service
- Changing the way a service is provided
- Changing opening hours at a GP practice
- Merging with another practice

## Overarching principles

When engaging with patients or the public you should consider the following principles:

|   |  |
|---|--|
| <p><b>Involve your Engagement team and/or PPG (Patient Participation Group)</b></p> | <ul style="list-style-type: none"> <li>• If you are a commissioner or practice manager, speak to the engagement team at the earliest opportunity so that you can assess the scale and impact of the change.</li> <li>• For changes at a GP practice, the PPG should be involved at the earliest stage and before the proposal is shared with the CCG. The PPG should be kept informed throughout the process.</li> </ul> |
| <p><b>Leave enough time</b></p>   | <p>The length of time you need for plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> <li>• the scale of the change</li> <li>• the impact on members of the public/patients (especially those from 'seldom heard' groups)</li> <li>• other factors such as political interest.</li> </ul>  |
| <p><b>Consider levels of influence</b></p>  | <p>Be clear about what is changing and what people can actually influence.</p>   |
| <p><b>Make the engagement accessible</b></p>  | <ul style="list-style-type: none"> <li>• You will need to demonstrate that you have made your engagement accessible to people from different communities.</li> <li>• Provide information in alternative formats when requested such as easyread.</li> <li>• Use different methods to engage such as drop-ins, paper surveys, online surveys.</li> </ul>  |
| <p><b>Feedback 'you said, we did'</b></p>   | <p>Feeding back the findings of the engagement and demonstrating what difference people's feedback has made is an essential part of the engagement process. You should write a brief report and outline '<i>you said, we did</i>'.</p>   |

You should also consider the **gunning principles** when planning your engagement:

<http://www.nhsinvolvement.co.uk/connect-and-create/consultations/the-gunning-principles>

Guidance for commissioners and practice managers – **Appendix A**

Guidance for patient groups providing assurance – **Appendix B**

# Engagement Plan

Outline your plans for engaging with the public about your service change

|  |  |
|--|--|
| <b>Project Title:</b>  | <b>British Sign Language Interpreting services in Primary Care</b>                         |
| <b>Date:</b>   | June 2019  |
| <b>Project lead:</b><br>Name and contact details of person leading the project (commissioner or practice manager)                        | Victoria Annakin<br><a href="mailto:victoria.annakin@nhs.net">victoria.annakin@nhs.net</a> |
| <b>Engagement Lead:</b><br>Name and contact details of person from the engagement team overseeing the engagement                         | Helen Butters<br><a href="mailto:hbutters@nhs.net">hbutters@nhs.net</a>                    |
| <b>Communications Lead:</b><br>Name and contact details of person from the communications team overseeing the engagement (if applicable) | Suote Nyananyo<br><a href="mailto:suote.nyananyo@nhs.net">suote.nyananyo@nhs.net</a>       |

## 1. Background

*Provide a background to your project. Keep this brief and to the point. Consider including:*

- *An outline of the service (who is it for, what does it provide?)*
- *How does this project meet the local strategy*
- *An outline of what is changing (what will be different after the change?)*
- *Why are you making the change?*
- *What impact will it have on patient safety, patient experience or clinical effectiveness*
- *What is the engagement aiming to do?*

Interpreters provide a service for patients, carers and clinicians to help them understand each other when they do not speak the same language. Not being able to communicate well with health professionals can impact on health outcomes, increase the frequency of missed appointments, the effectiveness of consultations and patient experience.

The NHS is committed to providing high quality, equitable, effective healthcare services that are responsive to all patients' needs.

The NHS Leeds CCG is currently reviewing our contract to provide British Sign Language Interpreting Services (BSL) and Deafblind Communicator Guide services to GP practices in Leeds. The existing contract ends in March 2020. The service offers:

- British Sign Language - a visual means of communicating using gestures, facial expression, and body language
- Alphabet-based communication systems use touch to give and receive information (for people who are deaf-blind)

This engagement will:

1. Support the development of a new BSL contact for primary care
2. Explore opportunities to work better with our partners when providing citywide BSL services

It will do this by:

- **reviewing existing information** we have about the needs and preferences of deaf, hard

of hearing and deafblind people accessing interpreting services in Leeds

- **checking our understanding** with the deaf and deafblind community
- **Examining existing contracts** for interpreting services in Leeds and explore opportunities to work in partnership
- **Enabling the local deaf community to inform a new primary care interpreting service in Leeds.** This might include things staff training and opening hours.

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline the background and reasons for the change?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

## 2. Level of change and potential influence

Outline the level of change (see appendix C). Explain why you have chosen this level, for example;

- What can people actually influence?
- How many people will it affect?
- Is it potentially controversial? (political, public)

|  |                   |  |  |
|--|-------------------|--|--|
|  |                   |  | Other (please outline)<br><b>Contract review</b> |
|  | <b>Category 2</b> |  |  |

- This is a review of an existing service contract.
- Service users will be able to influence some aspects of the new service. This will depend on what people tell us and the budget we have available for the service.
- In 2018-19 the existing service was used by
  - 500 deaf people used primary care BSL services in Leeds
  - 59 deaf-blind people used primary care alphabet-based communication systems
- The change aims to enhance existing services for deaf and deaf-blind people in Leeds. The service will not be reduced or closed.
- The change is not controversial but in the past the deaf community have raised concerns about their access to BSL interpreting services in primary care.

**Patient assurance** (to be filled out by the patient group)

Does the engagement reflect the size and topic of the change?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

## 3. Timescales

Outline the timescales for your project. Ensure these are realistic.

|   |                                  |
|---|----------------------------------|
| Recruit CCG volunteer/s   | May 2019                         |
| Initial draft of engagement plan                                  | May 2019                         |
| Develop QEIA  | N/A – level 2 engagement         |
| Draft survey and questions  | Planning event content June 2019 |
| Proforma and draft plan/survey to VAL (if involved)               | June 2019                        |
| Set up steering group to plan the activities                      | June 2019                        |
| Complete all documents  | June 2019                        |
| Add to website (consider video)                                   | May 2019                         |
| Develop communications and distribution plan                      | June 2019                        |
| Attend group to share your plan with patients (patient assurance) | May 2019                         |
| Briefing scrutiny board (if level 3 or 4)                         | N/A – level 2 engagement         |
| Design and print survey   | N/A – engagement event           |

|   |                                |
|---|--------------------------------|
| Carry out engagement (include number of weeks)  | Summer 2019                    |
| Complete engagement report and add to website   | Sept 2019                      |
| Date to be included in 'Statement of involvement'                                       | May 2020                       |
| Update website with 'you said, we did'  | Sept 2019                      |
| <b>Patient assurance</b> (to be filled out by the patient group)                        |                                |
| Does the plan clearly outline the timescales for the engagement and they are realistic? |                                |
| Yes (fully assured)   | Partially (reasonably assured) |
|   | No (not assured)               |
| Add feedback here. What changes need to be made?  |                                |

#### 4. Who is affected by the change?

Clearly outline who is affected by the change and how it will affect them.

- What do you already know about peoples' access, experience, health inequalities and health outcomes? (where has this information come from – use local/national data)
- How well do people from protected groups (Appendix D) fare in relation to the general population? (what groups do you not have information about)
- Consider positive or negative impact on:
  - **Patient reported experience** (National surveys, complaint themes and trends, PALS data, FFT data, incident themes and trends)
  - **Patient Choice** (Informed choice, choice of provider, choice of location)
  - **Patient Access** (Physical access, systems or communication, travel and accessibility, threshold criteria, hours of service including out of hours)
  - **Compassionate and personalised care** (Patient dignity and respect, empathy, control of care, patient/carer involvement, care that is tailored to the patient's needs and preferences)
  - **Responsiveness** (Communication, waiting times, support to patients)
  - **Promotion of self-care and support for people to stay well** (People with long term conditions, social prescribing initiatives, social isolation, help and advice elements)

This service contract review will impact on the deaf, hard of hearing and deaf blind community, their family, NHS providers and local organisations that support this community.

The following information outlines what we already know about deaf people's access, experience and health outcomes regarding primary care services and the impact on people within the deaf community with specific protected characteristics:

- There are approximately **70,000 BSL users in the UK**, but no statistics specifically for Leeds (Leeds University)
- Feedback from the current service provider about the experience of their patients is **very positive**
- Deaf people at a 2014 event in Leeds told us that they sometimes **struggle to access** primary care services in Leeds  
[https://www.leedsccg.nhs.uk/content/uploads/2019/03/2014-BSL\\_Healthy\\_Day-Healthwatch.pdf](https://www.leedsccg.nhs.uk/content/uploads/2019/03/2014-BSL_Healthy_Day-Healthwatch.pdf)) They told us that sometimes:
  - It is difficult to make an appointment
  - There is a lack of awareness amongst staff
  - There is a lack of awareness about the responsibility of booking an interpreter.
  - availability of interpreters
  - family members and friends have to interpret for deaf people at GP appointments
  - They have difficulties complaining
  - Onward referral to is sometimes difficult (such as accessing mental health services)
- At a recent **event to develop Urgent Treatment Centres** in Leeds the deaf community told us that they sometimes struggle to access urgent care services in Leeds  
[https://www.leedsccg.nhs.uk/content/uploads/2019/03/LSDBP\\_Event\\_Report\\_2019.02.08.pdf](https://www.leedsccg.nhs.uk/content/uploads/2019/03/LSDBP_Event_Report_2019.02.08.pdf))

- **Deaf children have a prevalence of mental health problems** of 40% compared with 25% in their hearing counterparts (Hindley 1993, 2000, Department of Health, 2005)
- **Deaf people are twice as likely to experience mental health issues** such as depression and anxiety compared to hearing people (Sign Health)
- 65% of working age deaf people are in **employment**, compared to 79% of the general population (Gov.uk)

We will build on this information and use people's feedback to shape a new BSL contract for primary care.

Information that will support this work includes:

- Draft guidance from NHS England [https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it\\_principles.pdf](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf)

**Patient assurance** (to be filled out by the patient group)

Does he plan clearly outline the groups affected by the proposal, especially the impact on people with protected characteristics?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

## 5. Methodology and mechanisms

*Outline what methods you will use to engage with people, consider*

- *Using methods appropriate to your audience: surveys, interviews, social media, focus groups etc*
- *Explain why you have used these methods*
- *How many people do you intent to engage with?*
- *How will you target groups identified as specifically affected by the change*

BSL services in Leeds were requested 559 times in the last year. We do not know how many *different* people used the service. We are planning to engage around 100 people at a one off event in Leeds. We have chosen this method because numbers are relatively low and we want to have conversations about BSL services in the city. We will use BSL interpreters at the event and have been advised by Healthwatch Leeds that limited access to interpreters will make it difficult to engage over 100 people.

We aim to recruit a range of people from different communities by working with the VCFS to promote this engagement. We have outlined in section 6 the stakeholders who we will work with to promote the event.

We will consider commissioning an illustrator to support the event.

We know that people who are deaf are more likely to have mental health problems and less likely to be employed.

- We will ask local mental health services to support our recruitment to this event
- At the event we will ask people to tell us about how access to BSL services in primary care impacts on their employment

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline the methods that will be used to engage with people, especially seldom heard groups?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

## 6. Partnership working

*Outline which partners you need to involve in your engagement project and why. Consider:*

- *Provider partners*
- *Voluntary sector*
- *Local counsellors*

In addition to service users we need people at the event who can champion the voice of the deaf community and influence the development of local BSL services. We will invite key partners to attend the event, including:

- Existing BSL service providers
- VCFS service working with deaf people such as Sign health and Leeds Society for Deaf and Blind
- NHS providers such as LTHT, LYPFT and LCH
- Deaf and Hearing Impairment Team (DAHIT)
- Primary care representatives (including GPs)
- Patient advocates such as Healthwatch Leeds
- Other Voluntary sector services such as Voluntary Action Leeds and Forum Central
- Mental health services (because we know that people who are deaf are more likely to use these services)
- Services that work with deaf children in Leeds
- Carers Leeds

### **Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline which partner and community, voluntary and faith sector organisations we need to work with and how we will do this?

Yes (fully assured)

Partially (reasonably assured)

No (not assured)

**Add feedback here. What changes need to be made?**

## 7. Survey Questions

*Outline what questions you will ask people in the engagement. Consider*

- *Providing a draft copy of the survey*
- *Demonstrating how you have tested these question to make sure they are easy to understand*

The engagement will be in the form of an event.

The event will:

- Give a context to the engagement:
  - Develop a BSL service for primary care in Leeds
  - Explore opportunities for partnership working
- Present the information we already have about deaf people's experience
- Outline how we have responded to peoples' feedback over the last few years.
- Use focus groups to understand any gaps in information/services. This might include:
  - Mental health
  - Employment
  - Making appointments
  - Booking an interpreter
  - Staff awareness
  - Making complaints
  - Onward referral

Feedback will be used to develop a service specification for BSL services in primary care. We will also use feedback to understand how we might work better with our partners to improve the experience of deaf people when they use health and care services in Leeds.

Specific plans for the event will be developed at the steering group which will be attended by patient representatives.

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline what questions people will be asked?  
 Are questions are clear and easy to understand and have they been tested with groups that represent patients?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

**8. Ongoing patient assurance**

Outline how you will involve people throughout the project. Consider

- involving patient representatives in aspect of the engagement
- adding the engagement report to your website
- outlining how you have responded to people’s feedback

We will:

- **Recruit CCG volunteer** to the steering group to provide ongoing patient assurance
- **Recruit a patient representative** to the steering group to provide lived experience
- **Write up the event** in a report and clearly outline the recommendations:
  - For CCG commissioning team
  - For citywide partnership working
- **Add the report to our website** and share it with patients and key partners
- Explore opportunities for involving patient representatives in the **procurement**
- Explore opportunities for involving patient representatives in **ongoing monitoring** of the service
- **Outline the ‘you said we did’s’** on our website and in our annual report on engagement 2019- 2020

**Patient assurance** (to be filled out by the patient group)

Does the plan clearly outline how patient representatives will be involved throughout the project?

|                     |                                |                  |
|---------------------|--------------------------------|------------------|
| Yes (fully assured) | Partially (reasonably assured) | No (not assured) |
|---------------------|--------------------------------|------------------|

Add feedback here. What changes need to be made?

**Other things to consider**

You might like to consider the following:

- do you need additional staffing to carry out the engagement? (carrying out the survey, inputting data onto a computer, analysing the data, writing a report)
- Do you need a budget for the engagement (to pay for things like survey design, printing, easyread etc)

We will need support from the engagement and equality team to develop and deliver the event.

We will need the involvement of key partners to explore how we can improve the experience of deaf people across the health and care system in Leeds.

We will need a budget to:

- Book a venue for the event
- Provide catering
- Provide BSL interpreters

## Appendix A – Q&A for commissioners and practice managers

### Why do we need to write an Engagement Plan?

Engaging with patients and the public is a **statutory duty** (<https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>). To help us get it right first time we have developed this planning template.

### Do I need to complete a separate Quality, Equality Impact Assessment (QEIA)?

Maybe. Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**.

### Who should fill in this plan?

This plan should be written by the person leading the change (commissioner/practice manager). You can get support from the CCG engagement, equality and communications leads. It is a joint plan for the project. Because the plan will be reviewed by patients it is really important that you use plain English, avoid jargon and explain any terms or acronyms that you use.

### Where does the plan go?

This plan will be used to get patient assurance for engagement activity. Patient assurance is a process whereby members of the public review your engagement plan to make sure it is meaningful and engages the right people in the right ways. Patient assurance will usually come from the CCG Patient Assurance Group (PAG) or Patient Participation Group (PPG). Their role is to help you to develop a robust plan and they should be seen as a 'critical friend'.

### When does the plan need to be finished?

The plan should be shared with patients at the earliest opportunity. You will need a completed plan **two weeks before you attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it. If you are developing a survey you should present this with your plan.

### What will we be asked when we present our plan to patients?

When you present your plan to patients you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the group to support your presentation. You should be prepared to talk about:

1. **Background** – briefly give a background to the service change
2. **The level of change** – Does the engagement reflect the size and scale of the change
3. **Timescales** – what are key dates for your engagement?
4. **Who is affected by the change** – who will the change will impact on? (especially groups with protected characteristics)
5. **Methodology and mechanisms** – how will you engage?
6. **Partnership working** – who do you need to work with on the engagement?
7. **Survey questions** – what questions have you asked and why have you asked them?
8. **Ongoing patient assurance** – how will you involve people throughout the project?

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

If you have any questions please speak to the engagement team

## Appendix B – Guidance for patient groups providing assurance

Engaging with patients and the public is a **statutory duty**. We also know that we commission safer and more efficient services when we involve patients in the design.

The role of patient groups like the PAG and PPG is to make sure that **when we change services we are engaging patients, carers and the public in a meaningful way**. When we make a change to a service or develop a new service we have to write an engagement plan to outline how we will involve patients. We ask our patient groups to review this plan and work with us to ensure that our engagement gives all communities an opportunity to share their needs and preferences.

### What can you expect from us?

- You will be given a draft engagement plan two weeks before any meeting to discuss the plan.
- The project will be at an early stage and there will be an opportunity for you to influence the plan.
- At the meeting the project lead will give you a short presentation about the project and outline their plans for engagement
- You will be given some time to ask questions about the project.
- Time will be limited for questions but you will be able to contact the project lead outside of the meeting to ask further assurance questions

### What do we expect from you?

- Your role as a patient representative is to champion the needs and preferences of the wider public.
- We ask you to take a step back from your personal views about the project and consider the needs and preferences of all the different people that live in Leeds.
- We ask you to act as a critical friend to our commissioners and practice managers and support them to develop a strong and meaningful engagement.
- We will ask you to limit your questions and keep questions focussed on the engagement.
- Based on the information provided you will be asked if you are:
  - Fully assured – you are very confident that the engagement plan will engage the right people in the right ways
  - Reasonably assured – you may ask for some changes to the plan but with those changes you are fully assured that the engagement plan will engage the right people in the right ways
  - Not assured – you have serious concerns that the engagement plan is not robust or meaningful

## Appendix C – Levels of change

This is a **guide** and decisions about the level of change should be done with the support of the CCG engagement and equality teams.

### Level 1 – Ongoing development

- A small scale change
- Affecting small numbers and/or having low impact
- There is good evidence that the change will improve or enhance service provision
- A new service
- Often requires an information-giving exercise (2-4 weeks)

### Level 2 – Minor Change

- A medium scale change
- Affecting low numbers of people and/or having low impact
- A new service
- Often requires a small engagement (4-6 weeks)

### Level 3 – Significant change

- A significant service change
- Affecting large numbers of people and/or having a significant impact on patient experience
- A significant change from the way services are currently provided
- Potentially controversial with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months)

### Level 4 – Major change

- A significant service change
- Affects majority of the local population and or having a significant impact on patient experience
- A significant change from the way services are currently provided
- High risk of controversy with local people or key stakeholders
- A service closure
- Limited information about the impact of the change
- Requires a significant engagement (3 months+)

## **Appendix D – Protected characteristics (*Equality and Human Rights Commission 2016*)**

### **1. Age**

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

### **2. Disability**

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

### **3. Gender (Sex)**

A man or a woman.

### **4. Gender reassignment**

The process of transitioning from one gender to another.

### **5. Marriage and civil partnership**

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

### **6. Pregnancy and maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

### **7. Race**

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

### **8. Religion or belief**

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

### **9. Sexual orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.