

Engagement Plan Template

V4.1 2019 06

This document provides guidance to Clinical Commissioning Group (CCG) staff, GP practices and patient groups (The Patient Assurance Group at the CCG or Patient Participation Groups at GP practices) about how to engage members of the public, patients and wider stakeholders 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>Involve your Engagement team and/or PPG (Patient Participation Group)</p>	<ul style="list-style-type: none"> • 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. • 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 and involved throughout the process.
<p>Leave enough time</p>	<p>The length of time you need to plan, deliver and report on your engagement will depend on;</p> <ul style="list-style-type: none"> • the scale of the change • the impact on members of the public/patients (especially those from 'seldom heard' groups) • other factors such as political interest.
<p>Consider levels of influence</p>	<p>Be clear about what is changing and what people can actually influence.</p>
<p>Make the engagement accessible</p>	<ul style="list-style-type: none"> • You will need to demonstrate that you have made your engagement accessible to people from different communities. • Provide information in alternative formats when requested such as easyread. • Use different methods to engage such as drop-ins, paper surveys, online surveys.
<p>Feedback 'you said, we did'</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 patients, the public and wider stakeholders about your service change.

Project Title: The name of your project. Make this really clear and concise.	Non-Obstetric Ultrasound (NOUS) patient survey
--	--

Date: The date you will share this with the PAG or PPG.	19th Aug 2019 - 23rd Aug 2019
---	-------------------------------

Project lead: Name and contact details of person leading the project (commissioner or practice manager).	Liz Micklethwaite / Steve Laville
--	-----------------------------------

Engagement Lead: Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable).	Caroline Mackay
---	-----------------

Communications Lead: Name and contact details of person from the CCG communications team overseeing the engagement (if applicable).	N/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 change meet the requirements of local/national strategy (The NHS Long Term Plan or Leeds Health and Wellbeing Strategy etc)*
- 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?*
- What do we already know? Including contacting Patient experience (they need 2 weeks to prepare a report on the topic)*

Provide detail here:

Non-Obstetric Ultrasound (NOUS) clinics have been established to provide easy access to a wide range of diagnostic procedures (identifying a medical condition or disease by its signs and symptoms) for patients referred for a range of health issues, including general abdominal issues, musculoskeletal and vascular concerns.

NOUS clinics provide people with expert outpatient clinics located within community settings enabling people to be seen closer to home, in line with the NHS Five Year Forward View strategy, which aims to: *“deliver more healthcare out of acute hospitals and closer to home, with the aim of providing better care for patients, cutting the number of unplanned bed days in hospitals and reducing net costs.”*

This avoids the need for unnecessary referral to specialist care, often in a hospital, and supports the shift of activity in to a primary care or GP practice setting whilst at all times improving access.

Patients will be offered their choice of location, time and day of appointment across a network of

community-based clinics.

Existing Any Qualified Provider (AQP) contracts for Direct Access Non-Obstetric Ultrasound (NOUS) and are due to expire on the 30th June 2020. Service commissioners need to consider the options available. Procurement advice is that a final decision should be made following public and market engagement.

Initial discussions centre around What do we already know?

- What do we know about other similar multi-provider contracts being brought under one lead provider model, and the impact on patients?
- What do we know about other areas that have implemented similar service change?
- What are the gaps in our awareness?
- Any equality and diversity issues – would this change affect any community disproportionately so that we would need to give extra consideration? Communications/access?

The engagement aims to find out what matters most to patients when choosing where to have their ultrasound appointment, in readiness for the existing contracts expiring at end of June 2020.

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 to the engagement plan?

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)

Delete as appropriate Starting a new service (an investment)	Delete as appropriate Stopping an existing service (a disinvestment)	Delete as appropriate Changing an existing service (a service redesign)	Delete as appropriate Other (please outline)
	Delete as appropriate Category 2		

Provide detail here:

People will have an opportunity to ask questions, clarify uncertainties and give feedback as part of the engagement process.

Around 22,200 Non-Obstetric Ultrasound procedures undertaken per annum.

The adoption of a single service provider model is proposed following full consideration of what provides the most effective way of securing efficient high quality services for Leeds patients. Procurement will be fully open and transparent, and will not in any way prevent, restrict or distort competition against the interests of the patients.

The proposed planning and buying process will ensure, through the design of the agreed service, that the needs of patients in all areas across the city are met in full. This is not possible under current AQP arrangements, where the CCG has no contractual ability to determine the locations in which services are sited.

What is being proposed is not controversial – the proposal is understood to offer patients an improvement to the existing service.

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 to the engagement plan?		

3. Timescales	
<i>Outline the timescales for your project. Ensure these are realistic.</i>	
Recruit CCG volunteer/s	N/A
Initial draft of engagement plan	date
Develop Quality and Equality Impact Assessment	N/A
Draft survey and questions	By week commencing 12 August
Proforma and draft plan/survey to VAL (if involved)	N/A
Set up steering group to plan the activities	N/A
Complete all documents	By week commencing 12 August
Add to website	
Develop communications and distribution plan	N/A
Attend group to share your plan with patients (patient assurance)	N/A
Briefing scrutiny board (if appropriate)	N/A
Design and print survey	By week commencing 5 August
Carry out engagement (include number of weeks)	Monday – Friday 19th Aug 2019 - 23rd Aug 2019
Complete engagement report and add to website	date
Update website with 'you said, we did'	January 2020
Patient assurance (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 to the engagement plan?	

4. Who is affected by the change?
<i>Clearly outline who is affected by the change and how it will affect them.</i>
<ul style="list-style-type: none"> • <i>What do you already know about peoples' access, experience, health inequalities and health outcomes when they use this service? (where has this information come from? – local/national engagements, best practice, patient experience reports etc)</i> • <i>How well do people from protected groups (Appendix D) fare in relation to the general population? (what groups do you not have information about?)</i> • <i>Consider positive or negative impact on:</i> <ul style="list-style-type: none"> ○ Patient reported experience (National surveys, complaint themes and trends, Patient Advice and Liaison Service (PALs) data, Friends and Family 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)
Provide detail here:
Around 22,200 Non-Obstetric Ultrasound procedures undertaken per annum in Leeds. Patients tend to access the service as a one off visit.
Patient assurance (to be filled out by the patient group)

Does the 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 to the engagement plan?

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 and why?
- How will you target groups identified as specifically affected by the change?

Provide detail here:

Providers to send out questionnaires, or link to questionnaires, to patients to see what matters to them when attending their appointments.

This engagement will seek to understand the views and experiences of people in Leeds who are accessing, or who have accessed the current service.

We would propose using a survey, to gather the thoughts and experiences of service users, carers and family members and existing staff members.

The feedback will inform the development of the future service to ensure that it meet the needs of people in Leeds.

Identify service users/patients with the help of the current providers and target carers and other family members via existing providers, through social media, etc.

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 to the engagement plan?

6. Partnership working

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

- Staff
- Provider partners
- Voluntary sector
- Local counsellors.
- How will they be involved? (attending events, promoting the activities, informing etc)

Provide detail here:

Staff at the centres where the NOUS clinics take place will need to be involved in relation to knowing about the survey, and being able to provide patients attending the clinics with paper copies of the survey.

Providers of the NOUS services need to be contacted and invited to be involved in the process – alerting their staff to the fact the survey is taking place, and supporting distribution of the surveys.

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

Does the plan clearly outline which partners 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 to the engagement plan?

7. Engagement Questions

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

- What questions you will ask in the survey and other methods you are using (focus groups etc)
- Providing the patient group with a worked up draft of the survey – including an introduction and equality monitoring questions.
- Demonstrating how you have tested these questions to make sure they are easy to understand.

Provide detail here:

The survey will ask 5 questions about what matters most to patients when arranging their NOUS appointments.

They will be asked to score the following 5 statements as Very Important, Quite Important or Not Very Important:

- The service was close to home, or to work
- I could get to the appointment easily using public transport
- It was easy to park nearby
- I was able to get my appointment quickly
- The quality and reputation of this particular provider

Patients will also be asked about the contact they have had with the service and its staff –

- Were you given all the information you needed before your appointment?
- Were you treated with dignity and respect by the staff?
-

An Equality Monitoring questionnaire will be included at the end of the survey.

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

Does the plan clearly outline what questions people will be asked?

Are the questions and introduction 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 to the engagement plan?

8. Ongoing patient assurance

Outline how you will involve people throughout the project. Consider:

- How have people been involved so far?
- involving patient representatives (PPG members or CCG volunteers) in aspects of the engagement (such as filling in the survey with patients, analysing data etc)
- adding the engagement report to your website
- outlining how you have responded to people's feedback (you said, we did)

Provide detail here:

This will be a one off questionnaire for patients who only attend the service once. There is no opportunity to involve patients over the longer term.

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 to the engagement plan?

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)

Provide detail here:

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)?

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**. Filling in a QEIA is good practice and should be done for Level 3 engagements and level 4 consultations.

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 it is concise and 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 the GP practice 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 a patient group?

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 with people?
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?

Having the answers to all these questions when you seek patient assurance will help you manage the meeting.

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 when we change services 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, the public and wider stakeholders 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 local people. We ask our patient groups to review this plan and work with us to ensure that our engagement gives all communities and stakeholders 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.
- We will keep you updated on the project and demonstrate **how people's feedback has been used** to shape the work.

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

Example (please note these examples would be assessed individually and be subject to local circumstances)

- The merger of GP practices where there is either an improvement or no change to the services being offered to patients
- Extending the hours of a service

Level 2 – Minor Change

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

Example (please note these examples would be assessed individually and be subject to local circumstances)

- The closure of a branch practice at a GP surgery
- Changing or reducing the hours of a service

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)

Example (please note these examples would be assessed individually and be subject to local circumstances)

- A significant change to the way a service operates (such as a referral criteria or location)

Level 4 – Major change

- A major change that requires formal consultation and follows NHS England guidance
- Affects majority of the local population and/or having a significant impact on patient experience
- A substantial 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+)

Example (please note these examples would be assessed individually and be subject to local circumstances)

- A major transformation of a large service
- The proposed closure of a large service following a national directive

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.