

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: Care Homes Scheme

2. Project Lead: Sinead Stanley/Jayne Garnett

Contact details: 0113 8435400

3. Start your Equality Impact Assessment

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

4. This project is: NHS Leeds West CCG *delete as appropriate

5. Describe your project

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

The Care Home scheme is a new project offering better care and support to the 1500 care home residents who are registered in Leeds west care homes, although as yet, not all Leeds west GPs are signed up to the scheme. There are 37 practices in the Leeds west area with 22 practices already signed up supporting 1380 residents and we are working with the remaining 15 practices to encourage them to also sign up.

However, for practices not yet signed up to the scheme they will be part of the 'Avoiding Unplanned Admissions Enhanced Service: Proactive Case Finding Review For Vulnerable People, June 2014' <https://www.england.nhs.uk/wp-content/uploads/2014/08/avoid-unplanned-admissions.pdf>.

b. Outline the aim of the project

To increase quality of care for those care home residents registered with a practice participating in the scheme across LWCCG area and to enhance primary care provision for GP practices and reduce inequalities for care home residents.

- This will include leadership from a community Geriatrician.
- To continue to provide a care homes pharmacy service to provide medication reviews and prescribing support

Based on evidence from The British Geriatric Society the scheme aims to deliver regular proactive care to older people who live in residential and nursing homes through an integrated community multi-disciplinary (MDT) approach.

c. Outline the objectives of the project

- To recruit patient leaders to champion the voice of patients on the steering group
- To speak to residents to find out their views of the current service
- To speak to the families and carers to find out their view of their family members experience
- To speak to care home staff about their experience of the service
- Joined up packages of care
- Reduced need for emergency admissions

d. Outline expected outcomes from the project

- To improve the quality of care
- To reduce unplanned admissions to hospital

- To have greater continuity of care from GP practice
- To offer a therapeutic community service to provide specialist assessment and treatment for care home residents
- To continue to provide a care home pharmacy service to provide medication reviews and prescribing support

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

We will use resident, family and carer and staff feedback to continually provide a quality service. We will recruit two patient leaders to the steering group to champion the patient voice throughout the 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.

HWBB outcomes (delete as appropriate)

- People will live longer and have healthier lives
- People will live full, active and independent 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 that patient choice, waiting times and access are maintained and improved where possible;
- reviews referrals to reduce unnecessary procedures and cancelled operations;
- reduces unnecessary hospital outpatient follow-up appointments;
- reduces unnecessary diagnostic tests; and
- develops more alternatives to hospital appointments.

c. 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?

Yes see below

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

GP Surgeries & Residential Care Homes – Jan 2014 <http://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/gp-surgery-residential-care-homes/>

Medication reviews in Care Home – Feb 2014 <http://www.leedswestccg.nhs.uk/get-involved/we-need-your-views/medication-in-care-homes/>

Brainbox engagement work around Residential and nursing home research-August 2014



Adobe Acrobat Document

The reviews highlighted a number of things that could be done to improve the patient experience:

- Standardise the care received in care homes and address inequities between different care homes.
- Work in partnership with other health and social care professionals to ensure that residents receive appropriate care
- Review the system for organising home visits to care homes and support residents, families and staff to make informed decisions about calling out primary care staff
- Wherever possible ensure that residents see the same clinicians when they request a visit and avoid using locums at care homes.

7. What timescales are you working to?

(include planning implementation, evaluation and feedback)

Complete communications and engagement plan	14 Oct 2015
Circulate plan to PAG	Jan 2016
Brief scrutiny board (if level 3 or 4)	N/A
Carry out engagement	Feb/Mar 2016
Complete engagement report	Sept/Oct 2016
Take implementation plan to Senior Management Team (SMT)	?
Procurement process	N/A
Commencement	Feb/Mar 2016
Feedback to stakeholders and the PAG	Sep/Oct 2016

8. Engaging with your stakeholders

(consider using a mapping tool to identify stakeholders)

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

Residents, family and carers, care home staff and clinical 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	Care Home residents	Survey Face to Face interviews	LIP/Engagement team Project Lead

		Citywide Leaflet	
Carers	Friends, families of residents	Survey Face to face interviews Focus Groups Citywide leaflet	LIP Engagement team Project Lead
Staff	Staff of care homes	Survey Face to face interviews Citywide leaflet	LIP Engagement team Project Lead
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 • Opportunities to share learning with stakeholders such as at national events such as the RCGP event and other opportunities. 		
To inform the following...			
group	who	how	By who
People with protected characteristics as defined by Equality Act 2010	Black and minority ethnic (BME) communities	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Carers	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Children and young people	N/A	
	Older people	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	People with disabilities	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Users of mental health services	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Lesbian, gay, bisexual and transgendered people	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Gypsies and travellers	Survey on website Email to VCF for service users	LWCCG Engaging Voices
	Homeless people	Survey on website Email to VCF for service users	LWCCG Engaging Voices
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, Healthwatch Leeds, GP practices	Email and ask them to share with their patient networks	Leeds West CCG Comms/Engagement team
Political	N/a		
Providers	Leeds Community Healthcare, Leeds Teaching Hospitals Trust and Leeds York Partnership Foundation trust	Email and ask them to share with their patient networks	Leeds West CCG Comms/Engagement team
Media	Press release as appropriate	Communication Plan in place	
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:

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
- Patient leaders to attend steering groups
- Patient leaders to support the engagement in clinics
- LIP staff to support the engagement in clinics

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

XX

Resource	Cost
Survey design	150.00
Print x 1000	350.00
TOTAL	500.00

10. What are your consultation/engagement questions?

a. What do you want to find out?

What residents, families, carers and GP and care home staff think of the existing service

b. What questions will you ask?

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

Questions developed with patient leaders

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

We are aiming for 25-50 responses

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

We will collect equality monitoring information on the survey

11. Results

a. Who will collate the results?

Online survey responses will automatically be added to the spreadsheet.

Postal responses will be returned to Wira house by freepost and will be added to the online survey by the admin team

b. Who will analyse the results?

The engagement team

c. Who will write the report?

The engagement team

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

Feedback will be gathered on an ongoing basis to improve the service

12. Feedback and Evaluation

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

Within two weeks of the end of the engagement we will write the report and share it with people involved who have shared their contact details. We will add the report to our website and share with partners and providers by email and social media.

b. What will you feedback?

We will feedback details of the people involved. We will highlight the key themes and make recommendations based on the feedback.

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

Between 6-12 months after the engagement we will write a short follow-up report outlining how peoples feedback has influence the shape for the new service.

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

Yes

Action Plan dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ Progress
1.	Recruit patient rep	1 week	Engagement	Sept 2015	2 Patients Leaders recruited
2.	Agree level of change (confirm with Comms engagement manager)	1 week	Engagement		Level 2
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	Engagement	27/01/2015	Leeds West only
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week	Engagement	29/09/2015	Emailed 29/9/15
5.	Meet with patient leaders	2 weeks	Engagement	30/09/2015	
6.	Write communications and engagement plan	2 weeks	Project Lead/ Engagement	15/12/2015	Done
7.	Write patient leaflet – to be back from printers Write patient survey	2 weeks	Project Leads from CCG/ Engagement	15/10/15	Done
8.	Share draft comms/eng plan and survey with patient leader/project lead	2-3 weeks	Engagement		Done
9.	Send comms/eng plan to the LWCCG PAG	Depends on PAG date	Project Lead	December 2015/ Jan 2016	Done
		Approx. timescale (from date of PAG)			
10.	Make final amends to comms engagement plan	1 week	Comms/Engag ement	11/11/2015	Done
11.	Design and print survey	3 weeks	Comms/Engag ement	2/12/2015	Done
12.	Write engagement covering letter	1 week	Comms/Engag ement	9/12/2015	Done
13.	Add survey to snap survey	1 week	Comms/Engag ement	16/12/2015	Done
14.	Create video to introduce the project and add to	3 weeks	Comms/Engag	Jan 2016	Done

	website		ement		
15.	Add engagement onto website	1 week	Comms	Jan 2016	Done
16.	Press release	1 week	Comms	Jan 2016	
17.	Social media plan	1 week	Comms	Jan 2016	
		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			Done
19.	Mail-out covering letter and paper surveys	2 days			Done
20.	Drop off paper surveys to health centres and GP surgeries	1 week			Done
21.	Share paper copies of survey with Engaging voices	1 week			Done
22.	Organise and run drop-ins at clinics	2-12 weeks			N/A
23.	Organise and run focus groups	2-12 weeks			Done
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks			
		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	