

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.

Developing cardiac and pulmonary rehabilitation programmes in Leeds.

Date:

The date you will share this with the PAG or PPG.

Wednesday 5 February 2020

Project lead:

Name and contact details of person leading the project (commissioner or practice manager).

Freya Redrup
Clinical Pathways Development Manager
Planned Care and Long-Term Conditions

Engagement Lead:

Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable).

Huma Malik
Engagement Officer

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)*

Cardiac and pulmonary rehabilitation programmes are provided by two separate services within Leeds Community Healthcare NHS Trust (LCH) – the Cardiac Service and the Respiratory Service.

Both cardiac and pulmonary rehabilitation programmes include group exercise classes (twice per week) and an education session (once per week). The group exercise classes for the cardiac rehabilitation programme are delivered by Active Leeds, which work in partnership with LCH. The group exercise classes for the pulmonary rehabilitation programme are delivered by physiotherapist at LCH. The cardiac rehabilitation programme runs for 6 weeks and the pulmonary rehabilitation programme runs for 8 weeks.

Active Leeds is a Leeds City Council organisation that runs leisure centres and provides exercise classes across Leeds. Here is a link to the Active Leeds website:

<https://active.leeds.gov.uk/>

People may be referred to cardiac or pulmonary rehabilitation programmes if they have recently been diagnosed with a heart or lung condition, or have recently experienced a worsening of their condition, and a health professional thinks that they would benefit from attending the programme.

People are referred onto cardiac or pulmonary rehabilitation programmes by their GP or another healthcare professional, for example a community cardiac or respiratory nurse, or clinicians within the hospital. Both programmes are open to adults who are registered with a Leeds GP practice. Adults who are not registered with a GP practice, but are usually residents in the City of Leeds can also attend.

Cardiac rehabilitation programmes are delivered in the following venues:

- John Smeaton Leisure Centre – Monday (pm), Thursday (pm)
- Armley Leisure Centre – Monday (pm – early evening), Wednesday (pm – early evening)
- Kirkstall Leisure Centre – Tuesday (pm), Thursday (pm)
- Holt Park Leisure Centre – Monday (am), Wednesday (pm)
- Middleton Leisure Centre – Tuesday (am), Friday (am)

Pulmonary rehabilitation programmes are delivered in the following venues:

- Woodhouse Health Centre – Monday (am), Monday (pm), Thursday (pm)
- Middleton Elderly Aid Community Centre – Tuesday (am), Tuesday (pm), Friday (pm)
- Gipton Old Fire Station – Tuesday (pm), Friday (pm)
- Armley Leisure Centre – Monday (pm), Thursday (pm)

We are looking to develop cardiac and pulmonary rehabilitation in Leeds, due to recent local and national strategies:

- Leeds Health and Wellbeing Strategy –
Priority 6 ‘Get people more physically active more often’,
Priority 8 ‘A stronger focus on prevention’
Priority 9 ‘supports self-care with more people managing their own conditions’
- The NHS Long Term Plan – the national target for uptake of cardiac rehabilitation is 85% by 2028. Nationally in England, uptake is at 52%. We need to work towards achieving the 85% target in Leeds by 2028. Within the NHS Long-Term plan there is no specific offer and uptake target as yet for pulmonary rehabilitation. The need to increase access and uptake in Leeds is recognised.

Given these strategies, we want to develop cardiac and pulmonary rehabilitation programmes in Leeds.

We do not yet know what will change as a result of this engagement. This engagement will help us to find out what service users (including their families and carers), staff members and the general public think about current cardiac and pulmonary rehabilitation programmes, and to hear their suggestions for how we could develop the programmes.

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)

Changing an existing service (a service redesign)
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Category 2

This engagement plan is for a change to an existing service. It will influence the development of cardiac and pulmonary rehabilitation programmes in Leeds.

The change has been classed as a category 2 change because:

- This is an enhancement / improvement to an existing service (we want to increase the access to and uptake of cardiac and pulmonary rehabilitation)
- The service is used by relatively low numbers of people, 700 people per year using the cardiac rehabilitation and 900 people per year using the pulmonary rehabilitation service.
- The change is supported by local and national strategies
- The change is not seen as controversial.

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

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

Recruit CCG volunteer/s	06.12.2019
Initial draft of engagement plan	20.12.2019
Develop Quality and Equality Impact Assessment	This is ongoing
Draft survey and questions	15.01.2020
Proforma and draft plan/survey to VAL (if involved)	06.01.2020
Set up working group to plan the activities	February 2020
Complete all documents	14.01.2019
Add to website	17.02.2020
Develop communications and distribution plan	Not Applicable
Attend group to share your plan with patients (patient assurance)	5.02.2020
Briefing scrutiny board (if appropriate)	Not Applicable
Design and print survey	13.02.2020
Carry out engagement (include number of weeks)	02.03.2020 – 27.03.2020 – 4 weeks
Complete engagement report and add to website	30.04.2020
Update website with 'you said, we did'	Summer 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?

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 when they use this service? (where has this information come from? – local/national engagements, best practice, patient experience reports etc)
- 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, 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)

This change will impact people attending cardiac or pulmonary rehabilitation programmes, their families and carers, and staff delivering the service. This change will also impact people who would benefit from cardiac or pulmonary rehabilitation, but are not currently attending programmes.

We have limited local information about peoples' thoughts and opinions of cardiac and pulmonary rehabilitation in Leeds. We have some national information about cardiac and pulmonary rehabilitation across England, Wales and Northern Ireland.

Cardiac Rehabilitation

The National Audit of Cardiac Rehabilitation (NACR) is a national audit review carried about by the British Heart Foundation each year.

2019: <https://www.bhf.org.uk/informationsupport/publications/statistics/national-audit-of-cardiac-rehabilitation-quality-and-outcomes-report-2019>

2018: <https://www.bhf.org.uk/informationsupport/publications/statistics/national-audit-of-cardiac-rehabilitation-quality-and-outcomes-report-2018>

2017: <https://www.bhf.org.uk/informationsupport/publications/statistics/national-audit-of-cardiac-rehabilitation-annual-statistical-report-2017>

The NHS Long Term Plan (2019) refers to the 2017 NACR which tells us that nationally, in England, for 2017, 52% of all people who meet the referral criteria for cardiac rehabilitation take-up the offer to attend.

Both the 2018 and 2019 NACRs indicate that nationally, in England, for 2018 and 2019, 50% of all people who meet the referral criteria for cardiac rehabilitation take-up the offer to attend.

The 2018 NACR tells us that:

- 29% of people who attend cardiac rehabilitation programmes are women, compared with 71% who are men.
- 55.4% of people who attend cardiac rehabilitation programmes are retired, 16.9% are employed full-time and 3.3% are permanently sick or disabled.
- 40% of people from high deprivation areas start cardiac rehabilitation programmes, compared with 54% from low deprivation areas.
- 53% of males and 56% of females who start cardiac rehabilitation programmes have two or more co-morbid health conditions.

The 2019 NACR tells us that:

- More than 30% of people who are registered with NACR after more than 75 years old.
- 79% of all people who attend cardiac rehabilitation programmes are White British.
- The percentages of people who attend cardiac rehabilitation from any other each ethnic background, other than White British, are all less than 5%.
- Less than 0.1% of people from each of the following ethnic backgrounds attend cardiac rehabilitation programmes - White and Black Caribbean, White and Black African, White and Asian, and Chinese.

Pulmonary Rehabilitation

National COPD Audit Programme (NACAP) 2017, this is a national audit review carried about by the royal college of physicians.

<https://www.rcplondon.ac.uk/projects/outputs/pulmonary-rehabilitation-exercise-improvement-combined-clinical-and-organisational>

The 2017 NACAP tells us that:

- The average age of people who attend pulmonary rehabilitation programmes, recorded at their initial appointment, is 69 years old.
- 53% of all people who enrol of pulmonary rehabilitation programmes are men, compared with 47% female.
- Of those people who enrolled on a pulmonary rehabilitation programme and stated their ethnic background as 'known', 94% were White British.

This engagement plan will help us to learn about the experiences of people who attend cardiac and pulmonary rehabilitation programme in Leeds, including their families and carers. The engagement will help us to understand barriers that might prevent people from attending the programmes. This will influence the development of cardiac and pulmonary rehabilitation programmes in Leeds.

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 intend to engage with and why?*
- *How will you target groups identified as specifically affected by the change?*

We will use a variety of methods to engage with service users (including their families and carers), staff members, and the general public.

Workshop

- We held a workshop on 16th December 2019. The purpose of the workshop was to start sharing ideas for developing cardiac and pulmonary rehabilitation.
- The workshop was attended by staff members, a CCG volunteer, commissioners, Leeds City Council and third-sector organisations, such as the British Heart Foundation and British Lung Foundation.
- Two patients attended the workshop (one patient from cardiac rehabilitation and one from pulmonary rehabilitation programmes).
- We used a workshop to get everyone in the same room, so that everyone's voice was heard.
- Everyone who attended will be invited to attend working groups at the CCG to help progress the development.
- These working groups will be responsible for developing ideas from the initial workshop, and considering the responses from this engagement.

Surveys

We will use two separate surveys, one for cardiac and one for pulmonary rehabilitation programmes.

We are using surveys to engage with a large number of people. People can complete the survey at a time that is convenient for them.

We will have a paper copy of the survey and an online version available. The surveys will be available in different formats and languages on request.

Paper Copy

Paper copies of the survey will be distributed to:

- people who have attended cardiac or pulmonary rehabilitation programmes
- people who decided not to attend cardiac or pulmonary rehabilitation programmes
- families or carers of people in the above categories

Paper copies will be handed-out by Leeds Community Healthcare and Active Leeds.

We cannot contact people who have been discharged from the cardiac or respiratory services, due to General Data Protection Regulation.

Leeds Community Healthcare will hand-out paper copies to people who are still registered with the service, but decided not to attend cardiac or pulmonary rehabilitation programmes.

All our paper copies will be provided with a free post envelope

Paper copies will have a letter attached, which contains a link to the online survey and details of how to sign-up to the focus groups.

Online Survey

The online survey will be shared with:

- staff members at Leeds Community Healthcare (LCH), Active Leeds, Leeds, Leeds Teaching Hospital Trusts (LTHT) and GP Practices.
- members of the public

The online survey will be promoted on social media by:

- NHS Leeds CCG
- Leeds Community Healthcare (LCH)
- Active Leeds
- Leeds Teaching Hospital Trust (LTHT)
- Voluntary Action Leeds (VAL)

The online survey will also be promoted through the GP Bulletin, Patient Participation Groups (PPG), NHS Leeds CCG volunteers, and the NHS Leeds CCG network.

Focus Groups

Voluntary Action Leeds (VAL) will deliver two focus groups with a combination of people who may have a heart or lung condition, or are interested in health conditions.

We are using focus groups to:

- engage with people who may be hard to reach with surveys
- engage with people who may have language barriers, and so might struggle to complete the survey.

Based on the national evidence from NACR (National Audit of Cardiac Rehabilitation) and NACAP (National COPD Audit Programme), we are targeting people from the following groups to participate in focus groups:

- Men and Women
- White British and Black and Ethnic Minority (BAME) backgrounds
- Carers
- Physical difficulties
- Mental Health difficulties
- Learning difficulties

VAL will be carrying-out this section of engagement as they have good relationships with voluntary sector organisations in the community, including BAME organisations and Carers Leeds.

Target Numbers

We are going to target 80 people across this engagement from both the surveys and focus groups.

- 20 people who have attended cardiac or pulmonary rehabilitation programmes (including carers and family members)
- 20 people who decided not to attend cardiac or pulmonary rehabilitation programmes (including carers and family members)

- 20 staff members from Leeds Community Healthcare, Active Leeds, LTHT and GP practices.
- 20 members of the public, including men and women, from White British and BAME backgrounds with physical and mental health difficulties.

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? (E.g. attending events, promoting the activities, informing etc.)

We are going to involve a range of partners in this engagement project, including:

- Patients
- Staff Members at Leeds Community Healthcare (LCH), Active Leeds, Leeds Teaching Hospital Trust (LTHT) and GP's.
- Provider Partners; Leeds Community Healthcare and Active Leeds
- Voluntary Sector; Voluntary Action Leeds, British Heart Foundation, British Lung Foundation.

Patients are going to be involved by:

- attending the workshop
- attending the CCG working group.
- completing the surveys
- promoting the survey through their networks.
- sharing the surveys with Patient Participation Groups (PPG's)

Staff members are going to be involved by:

- attending the workshop on 16th December.
- attending the CCG working group.
- completing the online survey
- promoting the survey to service users.
- promoting the survey to service users (including, on social media)

Providers are going to be involved by:

- attending the workshop on 16th December.
- attending the CCG working group.
- handing-out paper copies of the survey to service users.
- promoting the survey to service users (including, on social media).
- promoting the survey to staff members.

Voluntary Action Leeds (VAL) are working in partnership to:

- coordinating and deliver focus groups.

- promote the survey and focus groups through their networks in the voluntary sector
- promote the survey and focus group to targeted groups, for example, Carers Leeds, Women's organisations/ charities and BAME organisations/ charities

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.*

The survey questions are available on the website to view.

The survey questions have been assured by the Patient Advisory Group (PAG) and our Clinical Commissioning Group (CCG) volunteer.

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)*

Patient representatives were invited to attend a workshop on 16th December. Patients were also invited to participate in working groups at the CCG, which will run from February 2020.

We will have a CCG volunteer who will provide assurance to this engagement process.

Their role will include:

- attending the workshop on 16th of December 2019
- providing assurance on the Quality and Equality Impact Analysis (QEIA)
- supporting the Patient Advisory Group (PAG) meeting
- attending bi-monthly working groups at the CCG
- reviewing the engagement report and you said, we did'

The engagement plan, the engagement report, and the 'you said, we did' report will be available on our website. We will update the 'you said, we did' in Summer 2020 and keep reviewing these on a 4 monthly bases.

The CCG volunteer will review the website to assure we have everything up to date.

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? (E.g. to pay for things like survey design, printing, easy read etc.)*

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.