

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.	Proposed closure of branch surgery at Adel.
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Date: The date you will share this with the PAG or PPG.	19/02/2020
Project lead: Name and contact details of person leading the project (commissioner or practice manager).	Jayne Tait Alwoodleymedicalcentre@nhs.net

Engagement Lead: Name and contact details of person from the CCG engagement team overseeing the engagement (if applicable).	n/a as CCG not leading engagement
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Communications Lead: Name and contact details of person from the CCG communications team overseeing the engagement (if applicable).	n/a as CCG not leading engagement
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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?*

The practice currently serves a patient list of 15,055 patients operating from both sites. Adel surgery currently serves approx. 2500 of these patients; there has been no growth in the practice population over the last few years, despite new housing developments in the area.

The NHS Long Term Plan sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services. Alwoodley Medical Centre has submitted a proposal to NHS Leeds CCG to close the branch site at 141 Long Causeway. We believe that this change is necessary to ensure that our GP services are sustainable in the future and that consolidating all our services under one roof will enable us to better meet increasing demand and provide a wider range of services to people registered at our practice.

We have outlined some of the reasons below:

- To allow us to consolidate our services and resources under one roof and enable us to continue to improve the excellent standard of care we offer our patients. We are rated as 'Good' by the Care Quality Commission (CQC).
- To enable us to utilise our staff more efficiently.
- To enable us to increase the number of appointments offered at Alwoodley to help accommodate demand.
- Adel Surgery is not fit for the purpose of delivering modern, high quality healthcare and is in need of substantial investment. In particular the site would require investment to bring it in line

with an environment suited to delivery modern healthcare, especially, but not limited to, for patients with a disability.

- Figures show that Alwoodley patients used Adel Surgery 4676 times and the Alwoodley Surgery 56990 times during the last 12 months and Adel patients have been seen at Alwoodley 5574 times and at the Adel surgery only 4145 times.

This engagement aims to share our plans with patients registered at our practices. It will allow local people to ask any questions they have about the proposed closure. The engagement is also an opportunity for us to understand what is important to our patients.

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)

Stopping an existing service
(a disinvestment)

Category 2

This is mainly an information giving engagement to raise awareness of our proposed closure plans. There will be opportunities for people to share their thoughts and concerns about the closure.

The closure will affect people registered at Adel Surgery – approximately 2500 patients.

We have classed this change as a level 2.

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	n/a
Initial draft of engagement plan	6/02/2020
Develop Quality and Equality Impact Assessment	06/02/2020
Draft survey and questions	19/02/2020
Proforma and draft plan/survey to VAL (if involved)	n/a
Set up steering group to plan the activities	n/a
Complete all documents	21/02/2020
Add to website	24/02/2020
Develop communications and distribution plan	
Attend group to share your plan with patients (patient assurance)	19/02/2020
Briefing scrutiny board (if appropriate)	n/a – update to be provided to ward councillors and MP
Design and print survey	Small supply to be made available at both practice sites – suggested 250 at Adel and 500 at Alwoodley which can also be used at the public

	events
Carry out engagement (include number of weeks)	24/02/2020 to 05/04/2020
Complete engagement report and add to website	06/04/2020 to 30/04/2020
Update website with 'you said, we did'	Approx 29 May
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 affect all patients registered at both sites, regardless of any protected characteristics. However, by engaging with patients registered at our practice sites (Alwoodley and Adel) this should enable us to identify if the proposed closure of the branch surgery in Adel will have a disproportionate negative impact on any specific protected groups.

We routinely collect patient experience from people who use our practices. We use a range of different ways to do this including complaints and compliments, local surveys and the national GP survey. We also know that some communities generally have more difficulty in accessing healthcare services.

General feedback from local people and seldom heard groups about primary care includes:

- They support a partnership approach to providing health services in Leeds and support using technology to improve access to services (<https://www.leedscg.nhs.uk/get-involved/your-views/lcp-event-2018/>)
- They want it to be easier to access GP appointments, to be communicated to in ways that are accessible to them as individuals and they want services to work more efficiently (https://www.wyhpартnership.co.uk/application/files/9515/6208/4733/LTP_Summary.pdf)
- They want good quality information about health services and shorter waiting times for appointments (https://www.leedscg.nhs.uk/content/uploads/2019/06/Involving_you_2018-19.pdf)

Locally we know that:

1000 patients who are registered with an Adel postcode came from the Moorcroft practice and were not able to access premises in Adel prior to the merger in 2016. Of the remaining 1500 patients most of them are mobile and able to access Alwoodley surgery as our appointment figures have shown above.

Patients who are unable to get out of their own homes (sometimes referred to as

housebound patients) will not be affected as our practice boundary is not being altered and they will continue to receive services suited to their health needs.

There will be a very small number of patients that cannot access the Alwoodley surgery easily as the public transport availability to Alwoodley is limited.

We know that some local communities will find it hard to share their views due to access issues such as language barriers. We will make the engagement accessible to all communities by involving local community groups, providing a range of ways that people can get involved and providing documents in alternative formats on request. For the Adel site, our demographic data shows we have a relatively small number of people who would say English is not their first language and generally census data shows that education attainment levels are higher in the area we cover.

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?*

This change will affect everyone registered at our practices. We will provide a range of ways for people to share their views.

- We will develop an online survey where people can share their views on the change.
- We will share the link through a text message, sent by service called mjog, to patients where we have their mobile number.
- Paper copies of the survey will be available from our practices.
- We will write to every household that has at least one registered patient to outline the change and provide a link to an online survey.
- We will provide the survey and letter in alternative formats on request. This might include different languages and Easy read if requested to do so.
- We will hold 2 public meetings where local people can speak directly to staff about the change. We will outline our proposals and give people an opportunity to ask questions. All questions and answers will be noted and included as part of our collation of feedback.
- Groups from both Alwoodley and Adel surgery will be affected by the closure so we intend to hold the events at a site that is accessible for all patients that also has sufficient capacity to cover at least 50 people seated.

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)*

We will involve a range of key stakeholders in this engagement. This will include:

- Involving the PPG in assuring our engagement plan and developing our survey
- Informing other local GP practices so they are aware of the change
- Informing local councillors and the local MP
- Talking to staff about the change at internal staff meetings
- Inviting key stakeholders to attend our public meetings.

Please note we have already spoken to local practices to make them aware of our proposal and assess their capacity to take on additional patients.

We've also had a meeting with ward councillors. In addition we've informed our PPG of our proposals and will be seeking their assurance on our engagement plan on 19 February 2020.

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.*

This engagement will use two methods to capture people's views:

- a survey – can be completed online or in paper format
- two engagement events including an opportunity to ask questions, we'll take notes of questions asked and answers provided

We will test the draft survey with our PPG to ensure that it is informative and accessible. The survey will be made available for people attending our events to take away and complete if they decide not to use the online version.

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)*

We have shared our plans with our Patient Participation Group (PPG). The group will provide assurance that our plan to engage is proportionate and accessible. The group will also help us develop a patient survey

At the end of the engagement we will write a short report which people told us during the engagement. The report will also outline how we have responded to people's feedback (you said, we did). This report will be added to our public website. We will share this report with NHS Leeds Clinical Commissioning Group (CCG) who may use the findings to consider future commissioning

arrangements to best meet local needs.

We will update our website to outline our progress towards the merger and we will write to all patients once the merger has been completed.

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)*

- We will need a budget to cover the cost of printing and postage
- We will need a budget to cover the cost of venue hire for our engagement events
- We may need additional staff to cover for existing practice staff who are supporting the engagement events

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.