Patient and Public Engagement Toolkit

The best possible health outcomes for Southwark people
Introduction
Purpose of patient and public engagement toolkit

This toolkit is for commissioners and CCG members of staff planning engagement activities

The purpose of this toolkit is to:
• Promote best practice of different methods of patient and public engagement
• Support commissioners to develop engagement throughout the commissioning cycle
• Help commissioners fill in the engagement plan template for submission to the Engagement Advisory Group for further advice and comments
• Provide ideas, examples and case studies of previous NHS Southwark Clinical Commissioning Group engagement
• Provide resources to develop your knowledge on engagement methodologies

You can find the ‘engagement plan’ template here.
Levels of engagement

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**Giving information**
- Information is given to patients and the public

**Involving**
- Information is gathered from patients and the public to inform decision making

**Influence**
- Patients and the public are involved in a regular and meaningful dialogue with decision makers

**Co-design / co-production**
- Best practice. Patients and the public work alongside staff to co-design and develop proposals as partners

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**Commissioning**
- Plans, newsletters, social media, AGMs, stalls

**Providing Services**
- Factsheets, directories, care navigators

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**Empowering Process**
- Development of resourceful communities and patients in control of their own health

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**Experience Based Co Design (EBCD)**
- Design workshops to develop outcomes
The commissioning cycle

Strategic planning

Assessing needs
Reviewing service provisions
Deciding priorities
Designing services
Shaping structures
Planning capacity and managing demand
Supporting patient choice
www.nhs.uk

Monitoring and evaluation

Procuring services

Patients/Public
The commissioning cycle and engagement

Patients and the public could be involved throughout the commissioning cycle in the following ways:

- Gather quality intelligence including patient experience, PALs and complaints, patient stories
- Identify outcomes that are meaningful on a population and individual level. Input in prioritising budget
- Co-design services with patients and wider stakeholders
- Use quality data including patient experience to monitor and manage outcomes. Have users as champions
- Using insight information; patient stories, JSNA, research
- Lay people to work with commissioners to develop providers e.g. Local Care Networks
- At least two lay people to sit on planning steering group and procurement panel
- Understanding patient experience of different providers
- Train patients to peer review/monitor services. Healthwatch enter and views
Writing your engagement plan
Section one: purpose of engagement

What is your project about? Include aim of project/programme and aim and objective of engagement

What do you already know? What else have you found out from your insight work? e.g. Joint Strategic Needs Assessment, patient experience data (PALS and complaints, FFT, NHS Choices, Healthwatch, patient stories from Engagement Team, other insight from the CCG’s Quality Team), previous engagement undertaken in this area.

What is it you need to understand in more detail?

Where in the commissioning cycle are you?

How will this piece of engagement contribute towards commissioning/decision making?

What can be influenced?
Section two: planning your engagement

You will need a minimum of two months to plan and execute your engagement depending on the level of engagement you require. An information giving/feedback event such as a health fair would take around two months. Finding out what people’s lives are like (ethnographic work) to develop outcomes would take much longer.

You will need to have a budget for your engagement this could range from £500 to £20,000 depending on what level of engagement you require.

You will need a project team including Clinical Leads to get the most from your engagement. Members of the engagement team and the Engagement Programme Board can support you.

How will you be engaging people throughout the commissioning cycle?

You will need to seek advice from the Engagement Advisory Group & provide updates on your engagement as part of your quarterly business reporting to the Joint Commissioning Strategy Committee.

You will need to seek assurance from the Engagement and Patient Experience Committee on your engagement.
Section three a) identifying and reaching stakeholders

Six questions for stakeholder mapping:

1. Who is directly impacted by this initiative?
2. Who is indirectly impacted by this initiative?
3. Who is potentially impacted by this initiative?
4. Whose help is needed to make the initiative work?
5. Who knows about the subject?
6. Who believes they have an interest in the subject?

To reach your stakeholders and generate interest in your project you could use a range of methods including:

- The CCG engagement database
- Online forums
- Attend meetings that are already happening e.g. patient forums, church/ mosque services, community councils, tenants and residents associations
- CCG meetings – north and south Locality Patient Participation Groups
- Via GPs and secondary care health professionals to access patients and public with lived experience
- Community and voluntary organisations

The CCG user incentive (£20) and providing refreshments will encourage people to be involved.
When identifying stakeholders for engagement you will need to think about ‘seldom heard’ voices – this includes looking at the **nine protected characteristics** plus carers and people who are socio-economically deprived.

Alongside your engagement plan you will need to undertake an **equalities analysis** to ensure that any changes in provision does not negatively affect anyone in regards to the nine protected characteristics. You should do this at the beginning of your engagement and it should form part of your business case.

To ‘reach out’ to these seldom heard groups you will need to ask for the support of voluntary and community organisations who work with people including the Forum for Equalities and Human Rights in Southwark, Southwark Disablement Association, faith groups, Dragon Cafe, MIND, Southwark Carers, Advising London, Men’s Health Forum, Speaking Up Southwark and Southwark Deaf Forum.

The CCG Engagement database can help you identify which groups you will need to work with.
Section four: engagement tools and methodology

Social Media – a good way to get information out to the public. The CCG has over 5,000 followers on Twitter.

Engagement Newsletter – we have a quarterly engagement newsletter that goes out to over 600 stakeholders.

‘Pop up’ stalls – A good way to give out information. Piggybacking onto existing events means less resources needed. You can also get people’s email addresses for further involvement! Examples include International Youth Day in Peckham Square, a programme of engagement for the Extended Primary Care Service.

Website – we have a public website that you can add information about upcoming plans.
Section four: engagement tools and methodology

**Ethnographic research** – This could include but not limited to:
- open ended interviews
- photos boards
- Films
- Vignettes
- shadowing service users and families
- story telling

The use of these methodologies provide a rich source and understanding of what is important in peoples lives to inform the commissioning and development of services

**Surveys** – can be both electronic and paper. The CCG has a Survey Monkey account and is a good way to collect quantitative and some qualitative information
Section four: engagement tools and methodology

Health and community champions:
- Train local people to collect resident stories
- Train local people to take back health and wellbeing messages to their communities

Crowdsourcing – A way of getting a large number of people’s opinions and ideas, usually online.

The aim of crowdsourcing is to highlight a challenge and ask patients and public to propose solutions. The solutions are then put to a public vote and the top solutions are implemented.

The CCG and Council are in the process of looking at developing this platform.

An example of crowdsourcing is the new Health Works initiative

Steering groups – have at least two service users on a steering group to continue to develop plans with providers and be involved in procurement and contracting and managing performance.
Section four: engagement tools and methodology

Influence

The use of art:
- forum theatre – an interactive play where the audience can make decisions for the actors
- spoken word - a combination of poetry and rap to tell a story about experiences
- graffiti walls or ‘idea trees’ – so participants can leave feedback and ideas creatively

Outreach: This can be done in many different ways but essentially outreach means to go where people are. This could be by regularly attending external meetings such as:
- Youth Council
- Community Councils
- Tenants and Residents Associations
- Patient Forums

The aim is to build up a relationship to enable you to have a continued dialogue with people.
Section four: engagement tools and methodology

**Design Workshops** – This could include but not limited to:
- Personas
- Pathway mapping and design
- Personas Appreciative Inquiry (AI)

A great way to co-design and co-produce services and pathways
Section four: engagement tools and methodology

Design Workshops – Personas

Personas are fictional characters that could be real and are developed in conjunction with professionals who work a target group and the target group themselves e.g. when developing a persona for a dementia workshop you could work with a Dementia Specialist Nurse and a carer. Personas could also be based on a real story or example.

Personas should include the persons likes and dislikes, their networks, their hobbies and their thoughts and feelings. Personas should also include a photograph.

The aim of using personas is to help your group to empathize with another person, put themselves in their shoes and begin to think about what life is like from their perspective.

You can then begin to design what support and services your persona needs.

(see resources section for examples)
Section four: engagement tools and methodology

Design Workshops – Pathway mapping and design

Once you have developed your personas you can then begin to map and design your new pathway or service. You will need to ask your group questions such as:

1) How does your persona access the service?
2) What motivates your persona to access the service?
3) What does the service look like? Including what professionals and elements make up the service
4) What changes/improves once your persona has used the service? This is to look at outcomes
Section four: engagement tools and methodology

Design Workshops – Appreciative Inquiry (AI)

AI is a style of workshop that looks at assets instead of deficits and solutions instead of problems using creative methodology such as story telling and art!

The five elements of AI are highlighted in the diagram below.

1. Choose the positive as the focus of inquiry
2. Inquire into exceptionally positive moments
3. Share the stories and identify life-giving forces
4. Create shared images of a preferred future
5. Innovate and improvise ways to create that future
Section five: analysing your engagement

Qualitative engagement often takes a lot of time and resources to analyse.

You will need to code and theme your results like you would with any social research to get the most from the information you collect.

The CCG is investing in software to enable you to code and theme your qualitative data.

Ensure you check-back with your participants that what you have taken from the results is what they meant
Section six: reporting and feeding back on your engagement

You will need to write a report on the process of your engagement and the results. This can then be published on the CCG website. An example of a report can be found in the ‘Resources’ section in this toolkit.

It is important to not just report your findings, but also show how these findings will impact commissioning. Using ‘You said we did’ stories can help achieve this.

You could hold a feedback session for the patients and public you have involved to update them on the outcomes of your engagement work.

Make use of the stakeholder newsletter that is sent out quarterly to 600+ people in Southwark.
Resources
Jacinta & Janelle

Single, teenage mum with obesity & her toddler

**Background**

- We live in temporary accommodation and would like to find a more permanent solution
- I’m anxious about Janelle being ready to start school next year – I’m not sure Janelle is ready
- I get left out of activities with my friends – I think it’s because I have a child. This sometimes makes me resent having Janelle in my life
- I have little contact with my family outside of my brother and occasionally my mother
- I sometime feels isolated, lonely and unsupported
- I sometimes regret having Janelle and feel like I’m missing out on life and some of the opportunities that my friends are taking advantage of

**Ages:** 19 and 4  
**Ethnicity:** Black-British  
**Relationship:** I’m single, Janelle’s father is known but is not in our lives and doesn’t pay child maintenance  
**Occupation:** I’m a Tesco checkout operator (part-time), I also receive a combination of income support, child tax credits, housing benefits, and a council tax reduction to boost my income  
**Income:** A total weekly income of about £170  
**Housing:** We are living in temporary accommodation in a 1 bedroom flat  
**Education:** No GSCE’s, I left school at 15  
**Languages spoken:** English

**Day to day life**

- I like to head out drinking with my mates on the weekend - when they invite me, and I’ll generally leave my daughter with a friend or my brother, or occasionally with my mum – I struggle being a single parent fulltime and not having time to myself
- I communicate with the outside world via social media. I also watch a lot of television with my daughter. I use the internet on my smartphone but don’t have a laptop or computer
- Me and Janelle spend a lot of time together - 6.5 out of 7 days per week

**Well-being attitudes**

- I have always thought that because I am young I won’t have health problems
- Last week, my GP advised me that I am obese and need to lose weight, and that my daughter is overweight as well. My GP quizzed me about our diets and said it is not healthy
- I don’t think there is a problem with eating sweets and takeaways regularly

**Well-being**

- I have borderline obesity
- My daughter is in the upper weight limits for a child of her age
- Other than that we do not have any current health issues
- We will attend the GP or A&E when we get ill
- I am a smoker but I try to walk most places to save on the bus fare
Alice
Young Carer

**Background**

- Alice is a carer for her mum who has Multiple Sclerosis. Her mother has been sick for as long as she can remember, but in the past two years gotten a lot worse and is now stuck in a wheelchair and needs help with normally everyday things like showering and getting dressed.
- Alice has been missing school more and more to help her mum and is normally behind on her homework. Her teachers are getting concerned and the deputy headmistress came and visited Alice and her mum about a couple of weeks ago to talk about it.
- Alice’s mum refuses to get full home care as she doesn’t think it is necessary, and says that they can’t afford it. She thinks the part-time help they currently have for 4 hours per day is enough.
- Alice has noticed her mother’s behaviour is increasingly erratic and thinks that she has issues like depression or anxiety, however her mum hasn’t told her GP about how she feels, and Alice doesn’t want to bring it up with her mum.
- Alice doesn’t have any family members or friends that can help her with her mother. She struggles to relate to a lot of girls her age and thinks that they are pretty immature.

**Age:** 14  
**Ethnicity:** White British  
**Occupation:** Student  
**Income:** None  
**Housing:** Lives in a two bedroom flat in Denmark Hill  
**Education:** She is registered at her local academy, but has been missing a bit of school because she needs to help her mum and is falling behind  
**Languages spoken:** English

**Example of persona**

'I’m worried all the time, mum is really sick, I’m missing school and getting behind, I’m only 14'

**Day to day life**

- Alice wakes early and helps her mum get out of bed and get dressed.
- She will make them both breakfast and will normally head off to school around 8-8:30am, her mother’s carer arrives at 10am normally.
- Even when she is at school she finds it difficult to concentrate because she is worrying about her mum and thinking about what she needs to do when she gets home.
- She has some friends at school but feels like she isn’t really part of the group because she can’t go out with them at weekends, and she has to rush home after school to make dinner for her mum.
- She enjoys reading books as it helps her relax and not think about her troubles.

**Well-being attitudes**

- Alice thinks that the staff she sees at the hospital with her mum are really helpful and nice.
- Alice would like to do more exercise and activities that make her happy but doesn’t see how she will be able to find the time to do that.
- She tries to cook healthy meals but often it is easier and cheaper to just put a pizza or some chicken nuggets in the oven.
- Alice’s health is important to her but she feels that her mum is her priority at the moment.

**Well-being**

- Alice has a lot of stress in her life, most of which is caused by her mum’s illness.
- She often gets upset when she’s alone and she finds that she doesn’t have people she can talk to who can help her.
- She has asthma and has been getting breathless more often, she hasn’t been to GP about it as yet.
“I would like to commend the ambulance staff and paramedics for their endless patience when Mrs S, my neighbour was going through her ‘ring 999' period.

Although I have no doubt that at some stage they had her flagged up as a 'serial 999er' they never took chances (after all, there was always the possibility that on one occasion, her fears would be justified) and always turned up, checked her out with kindness and good humour (usually in the middle of the night) and gave her reassurance.”

Example of vignette
Other resources

A ‘Co-production Model’ by NHS England and the Coalition for Collaborative Care

Please see ‘Social Design Methods Menu’ tools for further details on the purpose of personas, pathway mapping and much more!