

Choosing and Buying Services Together:



A framework for good practice and a step-by-step guide to Patient and Public Engagement in Commissioning



local healthwatch
working together



Wessex Strategic Clinical
Networks and Clinical Senate

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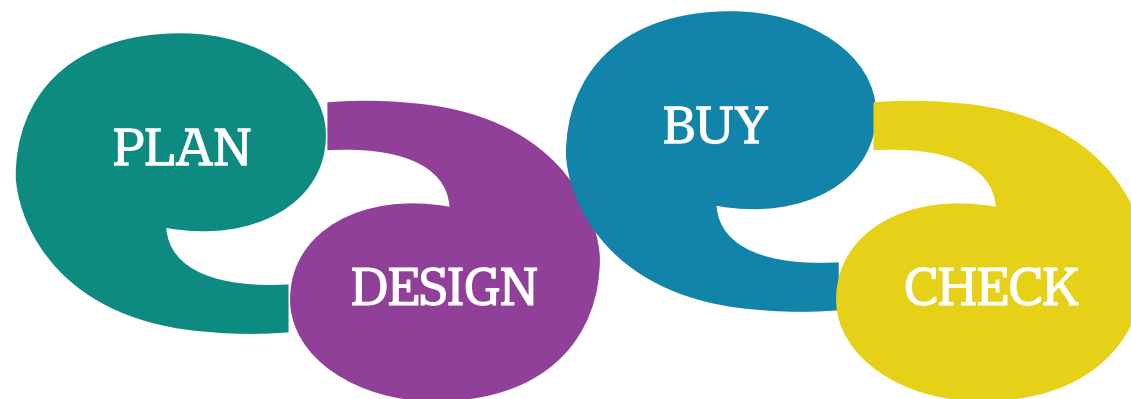
Foreword

This guide is brought to you by a partnership project called Wessex Community Voice. The partnership includes [NHS England Wessex sub regional team](#), the [Wessex Clinical Senate](#) and [Strategic Clinical Networks](#) and the five local Healthwatch that operate across the Wessex region; [Dorset](#), [Hampshire](#), [Isle of Wight](#), [Portsmouth](#) and [Southampton](#). These organisations are working together to support the sharing of good practice in patient and public engagement in commissioning.

The aim of this guide is to provide a helpful tool for those commissioning health and care services. Our aim is also to set out a framework for good practice in patient and public engagement so that all involved can be assured that local people are genuinely involved throughout the whole process of choosing and buying the right health and care services.

The guide is designed to reflect the cycle of commissioning using a step-by-step approach. There is a set of principles for engaging patients and the public that are the result of a polling exercise to find out what people thought were the most important things to consider when engaging people. There are specific sections on working with communities and groups, working effectively with the voluntary and community sector, how to choose the best methods and techniques to suit your engagement needs, how to support people to get involved, getting the right support to do a good job and a training plan.

Patient and public engagement is a legal requirement for the NHS but we believe it is also a better way to commission services. As commissioners you are choosing and buying services on behalf of local people and we hope this guide will help you to use the experience, knowledge and creativity of local people to enable you to make the best commissioning decisions possible.



Principles

Following research to create a long list of 26 principles for patient and public engagement developed by others locally and nationally we have consulted with 170 people across Wessex to come up with a 'Wessex-wide' top 10. Feedback was gathered on-line and at face to face community events including from patients, carers, service users, NHS commissioners and members of the public.

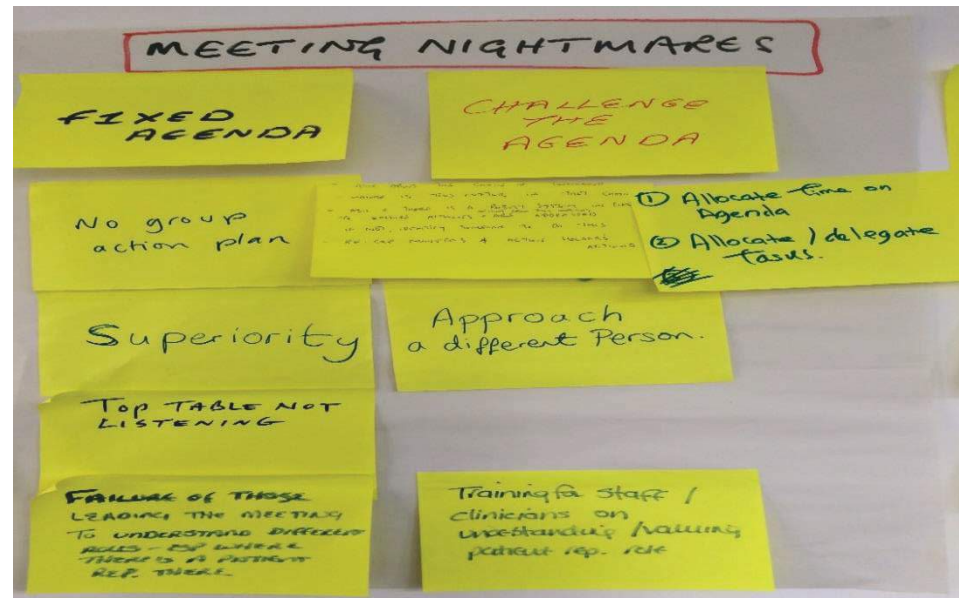
Use these principles as a rule of thumb wherever you work with patients, carers, service users and members of the public.

Patient and Public Engagement Principles

1. Be open and honest about what is possible and what is not possible
2. Communicate clearly in easy to understand plain English
3. Listen and act on patient and carer feedback at all stages of decision making
4. Be accessible - the way you engage people should be tailored to the needs of the people you are trying to engage - ask people what will work best for them
5. Involve people as early as possible
6. Base relationships on equality and respect: patients and the public have an equal voice to professionals
7. Work hard to seek the views of people and communities who experience the greatest health inequalities and the poorest health outcomes, make it easier for people to take part, identify barriers and remove them
8. Allow plenty of time for people to receive information, read it and respond to it
9. Review, evaluate and publish the impact of patient, carer and public engagement
10. Allocate appropriate resources and support so that engagement can be effective

So I want patients and the public to participate in commissioning a new or revised service - where do I start?

We know that planning for and undertaking patient and public participation can be complex. This step-by-step guide can assist you through the cycle of commissioning, with prompt questions, worksheets, information and where to get further support along the way. This guide supports the NHS England guidance which can be found at <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf> where you will find further detail about your legal requirements and further practical assistance.



Throughout this framework and guide are practical steps with links to people and organisations you can contact for support and advice.

On page 19 is a menu to help you to decide what type of engagement you might need to undertake and what methods and techniques will be best for what you want to find out. You can use the menu to work out the scope and scale of the engagement you need to undertake as well as working out who you need to talk to, what you need to talk to people about such as planning, designing, procuring or seeking feedback about a service and what methods might be best.

Using the menu will be a good starting point to identify your next steps.

Commissioning services together: Where am I now and what do I do next?

When explaining to patients, carers and the public what commissioning means a useful analogy is doing the weekly shop.

PLAN: By thinking about the foods you like and don't like then looking in the cupboard, to see what you have run out of. You also need to check how much money you have.

DESIGN: Thinking about what you like and dislike and what you have run out of you write a shopping list.

BUY: Depending on how much money you have and what is on your list you decide where to buy your goods, purchase them and get the receipt.

CHECK: By using your groceries, you decide what is good and what is not and use this to help plan for what to buy next week.

If the process of doing the weekly shop is a metaphor for 'commissioning', then you could describe a 'commissioner' as doing the weekly shop for a friend or neighbour, entrusted with their money to purchase what they need, with 'patient and public engagement' as the way the commissioner finds out what is, 'in the cupboard', what should 'be on the list', 'which shops to go to' and after the shopping has been done find out 'what was good' and should be bought again next time.

The following questions and a look at the menu on page 19 could aide you throughout the process.



Questions

Notes

What service am I commissioning or revising and why?

Is this a large-scale system-wide or strategic change such as Maternity and Early Years?

Or is this a specific service such as pre-gestational diabetes?

Who does it concern? Do I need to engage 'patients or carers' as individuals who may use this service?

Or do I need to engage the wider public as interested members of the community?

Or is it both?

Have patients, carers or members of the public been engaged at any stage so far - if so who are they and what do I know already?

What are my timescales?

What are my resources?

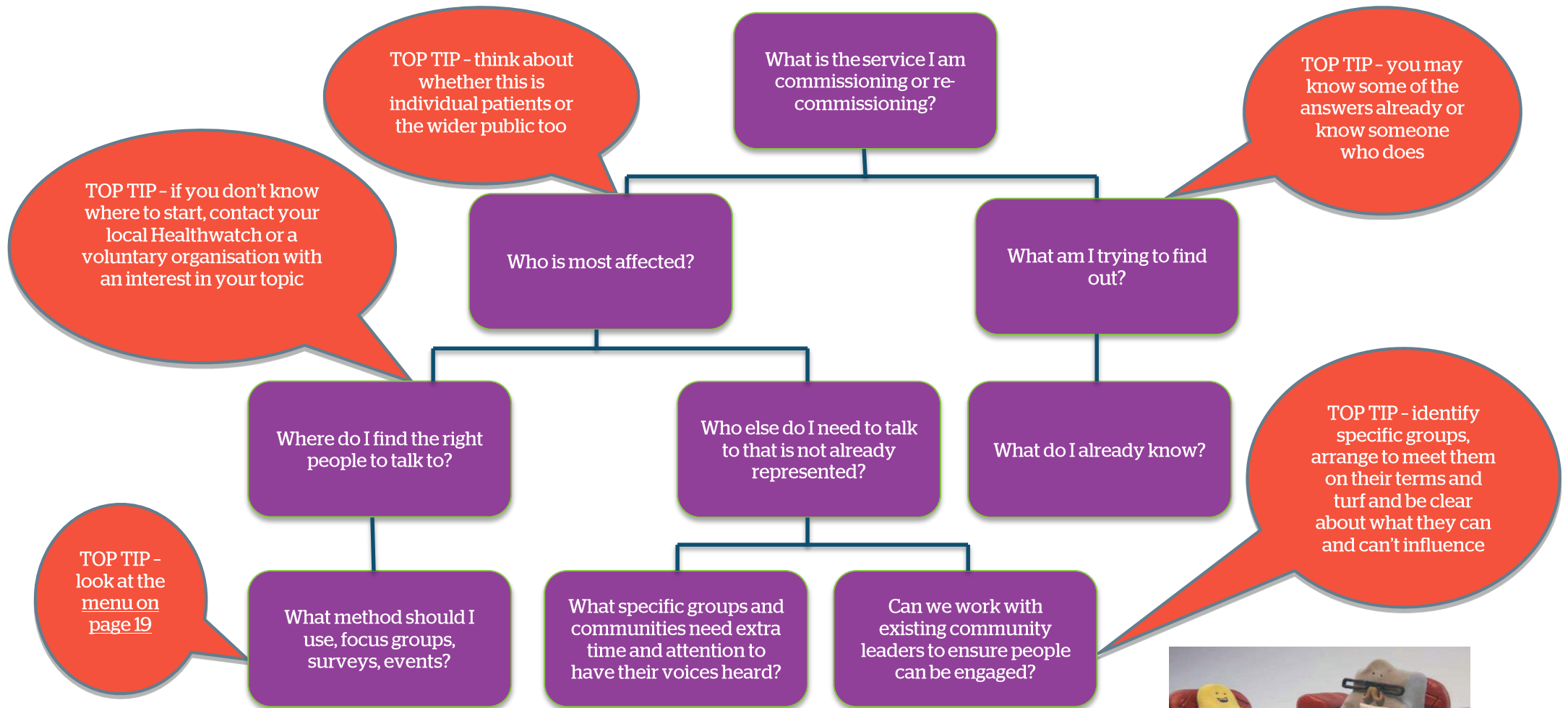
Planning services together - 'Checking the cupboard'

You are most likely already undertaking a range of research and investigations to understand the service you are re-designing or commissioning. Involving patients, carers and the public to understand their views, experiences and needs, should be seen as a core component of that research and investigation, not as an extension to it. *Try asking yourself the following questions.*



Designing services together - 'Writing the shopping list'

Use the decision tree below and [the menu on page 19](#) to help you think through who and how you need to engage to inform the service design and specification. *Design the service specification using the findings from these discussions.*



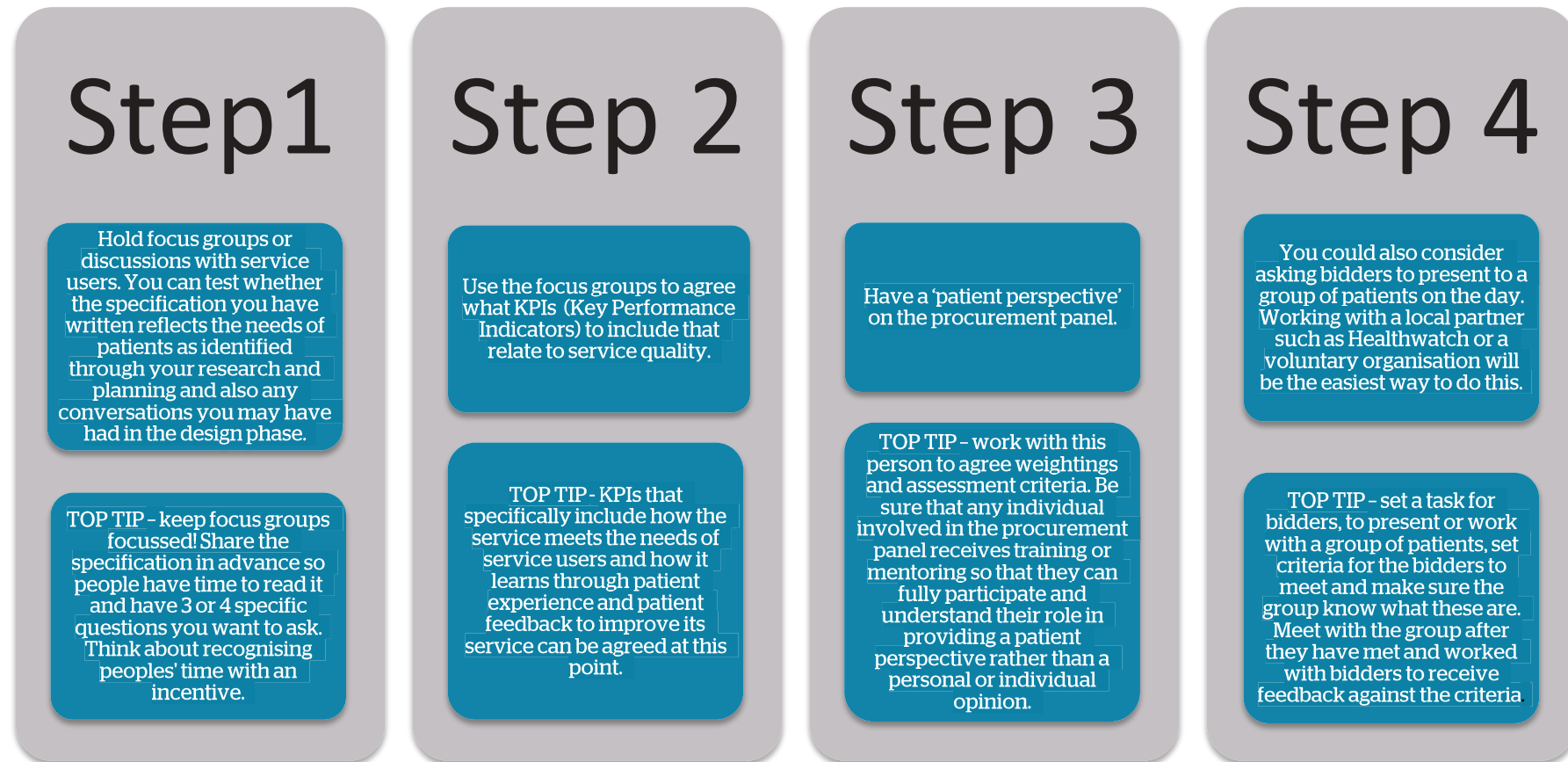
[Take 5 minutes to watch the Parable of the Blobs and the Squares it is enlightening and funny!](#)



Procuring services together - 'Going to the shops'

Working together with patients, carers, service users and the public can really enhance the procurement process leading to outcomes and commissioned services that put people at the heart of service delivery.

If you have been working with patients and service users to inform the design and specification of the service you should already have individuals and groups with whom you can work on the procurement side of things.



You might consider commissioning Healthwatch or a local voluntary sector organisation to support you in holding focus groups or identifying and supporting individuals to take part in a procurement panel. They can help you access the right service users, and in the case where they have particular needs, provide the necessary support, using their experience to get the best out of the focus group or individual.

Checking services together: measuring and monitoring services - 'Did I like what I bought at the shops?'

Once a service is up and running it is important to ensure it lives up to expectations. Feedback from patients and service users is the key to understanding this.

'Patients, carers and members of the public will increasingly feel like they are being treated as vital and equal partners in the design and assessment of their local NHS. They should also be confident that their feedback is being listened to and see how this is impacting on their own care and the care of others.' Sir Bruce Keogh 2013

Step	Action	Top Tip
1	Make a list of existing sources of patient and service user feedback about your service, include, Friends and Family Test, national patient surveys, complaints, social media, local surveys, local patient group feedback etc..	Contact your local Healthwatch who may be able to provide you with a patient experience report. Voluntary organisations whose beneficiaries frequently use the service are also likely to have insight to share.
2	Contact the existing services provider to receive patient experience feedback data directly.	Patient feedback requirements can be embedded into the contract.
3	Engage service users directly to check your facts and assumptions and to get a sample of current service users feedback.	Use the menu on page 19 to help you look at different methods and approaches.
4	Bring all the patient and service user feedback from the multiple sources together in one place so you can analyse it.	Go back to the planning stage and use what you found out there to test whether the service is indeed meeting the intended need.
5	Check to see if there are gaps in your feedback and think about how you could gather any missing information. Be clear about how the service needs to be different in the future to address any issues arising through your analysis of patient feedback data.	Communicate your findings and plans specifically to patients, service users and the public who have worked with you at any stage along the way of commissioning the service. Ideally you will build your communications plan into the process from the outset. Service users will want to know that their time wasn't wasted and that their views were, at the very least heard and well considered throughout the decision making process.

How can I work with local Healthwatch?

There are five local Healthwatch in the Wessex region. Healthwatch was established as part of the Health and Social Care Act 2012. Local Healthwatch organisations were established in April 2013. They are independent, non-statutory organisations but with statutory functions and powers. They are commissioned by the relevant local authority to be the local consumer champions for all of health and social care matters. They provide a front-line service to people seeking information, help and advice about their health and social care choices through telephone helplines, websites and social media as well as face-to-face. They also engage local people in health and social care matters, run projects, events and outreach with local communities and groups. Local Healthwatch gather the information they receive through their front-line service and their community outreach to create an evidence-based people's views on, and experiences of, local services. They have a number of legal powers that mean they play an important role in local health and social care decision-making. They have a seat on the Health and Wellbeing Board and use intelligence and evidence of what matters most to local people to influence how services are commissioned and provided and to hold commissioners and providers to account on behalf of local people.



They are ultimately accountable to local people and prioritise the work they do to reflect the intelligence and evidence they have gathered from local people. Their independence from the NHS and Local Authorities mean that they are not bound to adopt the priorities or messages of those bodies. Nor are they responsible for supporting commissioners to engage with local people. But if your commissioning priority is important to local people it is likely they will already be talking to their local Healthwatch about it. If it is not already a priority for your local Healthwatch you may be able to commission additional support from them to support your commissioning.

Talk to your local Healthwatch - they might be able to help!

Step	Action	Top Tip
1	Inform your local Healthwatch that you are planning to commission a new or revised service as soon as possible.	<p><i>If the service you are commissioning covers a wider area than a single local Healthwatch you can contact any one of the Healthwatch - contact details below.</i></p> <p><i>You may wish to talk to local Healthwatch about commissioning them to undertake specific community engagement tasks to provide you with evidence-based reports to inform your commissioning decisions.</i></p>
2	Each local Healthwatch will have its own method of prioritising its core work programme based on evidence gathered from local people's views and experiences. If the service you are commissioning is already on the local Healthwatch's core work programme, then it will be in their interest to engage with you on that piece of work.	
3	If the service you are commissioning is not on the local Healthwatch core work programme, they may still be able to help. It may be possible to commission local Healthwatch to undertake work outside of their current core work programme and that will help you to engage with local people and gather evidence to inform your commissioning decisions. They will, in any case, want to be assured that in making your commissioning decisions you have taken into account local people's views, experiences and needs.	

Isle of Wight - <http://www.healthwatchisleofwight.co.uk> 01983 608608 enquiries@healthwatchisleofwight.co.uk

Dorset - <http://www.healthwatchdorset.co.uk> 0300 111 0102 enquiries@healthwatchdorset.co.uk

Portsmouth - <http://www.healthwatchportsmouth.co.uk> 023 9397 7079 info@healthportsmouth.co.uk

Hampshire - <http://www.healthwatchhampshire.co.uk> 01962 440 262 enquiries@healthwatchhampshire.co.uk

Southampton - <http://www.healthwatchesouthampton.co.uk> 02380 216 018 healthwatch@southamptonvs.org.uk

How can I work with the voluntary and community sector and access wider communities

Thus far we have made references to the voluntary and community sector – for example in the design phase as a potential source of secondary research when considering ‘what do we know already?’ or to support you in identifying local groups with a specific interest in the service you are commissioning, in both the design and procurement phases.

You will be familiar with aspects of the voluntary and community sector – you may support a particular charity that has special meaning to you or your family, and you will probably have bought goods from a high street charity shop. However, understanding the potential of the sector in terms of local commissioning requires some further explanation. Here we provide an introduction to the sector, highlighting its potential role in health and care and how it can support you to achieve good patient and public participation in commissioning.

Ok, so what exactly *is* this voluntary and community sector?

The sector can be described in a number of ways: **by geography**, with organisations ranging from the very local (e.g. a walking club) to the national (e.g. Disability Rights UK) and international (e.g. Save the Children); **by type** – for example ‘provider’ organisations which offer a service (e.g. meals on wheels offered by local branches of Age UK), umbrella organisations which support or represent a range of organisations (e.g. the Neurological Alliance), or research focused organisations (e.g. Cancer Research UK); **according to whether they are generalist or specialist** (focusing on a particular health condition); **by beneficiary** – e.g. those focusing on young people, those which target the elderly; **or by size and income** – from local volunteer-led peer support groups, to a multi-million pound organisation on multiple sites with paid staff, a management team and a board of governors.

Interesting, but what have they got to do with health?

Many voluntary and community sector organisations contribute *in some way* to health, wellbeing and social care. Local branches of Diabetes UK, the MS Society or Parkinson’s UK are perhaps obvious examples of such organisations which provide peer support, advice or services around a specific health condition; many care home providers also have charitable status.

However there are many ‘under the radar’ activities carried out by the local voluntary and community sector that make a contribution to health and wellbeing, perhaps because they are preventative in nature. Sports clubs targeted at different age groups and people with different needs would fall into this category, as so would peer support groups for mental health related issues. There are other voluntary and community sector organisations that provide support, advice and guidance on issues that are not obviously health-related, but which can impact negatively on a person’s health, such as debt advice or support with housing. The voluntary and community sector makes a significant contribution to the wider determinants of health.

That's all very well, but I don't really see how all this fits with health commissioning

Voluntary and community sector organisations are sometimes considered important only at the 'buying' or procurement stage of the commissioning cycle. However, it is important to remember that because voluntary and community sector organisations work so closely with local people all the time and have good connections throughout the community, they have a whole wealth of ideas, experience, know-how to share. For example, advocacy organisations, providers and local community groups often hold a good deal of qualitative and quantitative data that can support the assessment of need and can help to map local trends and key issues. This is particularly useful in the planning stage of the commissioning cycle and when answering the question 'what do we already know?'



What is more, the voluntary and community sector can support patient involvement because it has access to so many diverse communities. This is really important in commissioning because so often we find that the voice of patients is reflected by a small handful of people who may not be representative of the diverse communities in a given area. Again, have a look at the planning phase where you were asked to consider how you would fill in the gaps in knowledge, or in the design phase where you are identifying exactly who you need to speak to. So the voluntary and community sector is about organisations (who may hold useful data to inform your work and may be able to represent the views of the people it works with) and also individuals - working through organisations to access patients.

Sounds good...so may I have a list of all voluntary and community sector organisations then please?

The voluntary and community sector is vast and complex. Maintaining any database of organisations can be very time consuming, potentially unwieldy and would not necessarily provide the answer to your engagement and involvement questions. There is also the danger of duplication however: all local authorities have a Council for Voluntary Service, (often referred to as CVS) set up to provide support to the local voluntary and community sector, for example through training, or advice on funding and most manage a database of local groups and organisations as well as information about forums, meetings and networks that exist in the local area. They can be a valuable resource for accessing local organisations and many collaborate with local Healthwatch organisations too, so between them there is a lot of knowledge and they are ideally placed to help you to access the most relevant individuals, for example for a focus group.

And I am guessing that their services are free, it being the 'voluntary sector' and all that?

This depends entirely upon how and why you want to involve the voluntary and community sector. Many local organisations are enthusiastic about sharing their experience and insights with commissioners because they want the very best for the communities with which they work. As such they are often willing to participate in meetings and discussions with no expectation of payment. Equally, there are many enthusiastic patients with experience to share and many will offer this voluntarily.

However to ensure you have captured information and insight from the full diverse range of voices in the community, you may need to take a more targeted approach. It might be appropriate for example to create a bespoke focus group of service users to inform your procurement decisions. You might consider looking to engage the expertise of a local and trusted voluntary sector organisation (either the CVS or a service-user led organisation) to support you by doing this on your behalf. They can use their connections, their understanding of local ways of working and communicating, their ability to translate 'NHS speak' into plain English and also their trusted status (a local, known organisation) to reach people so that they can be involved in the commissioning of services. Done well, this can be rewarding for commissioners and patients alike.



Even though a significant quantity of voluntary and community sector activity is run by volunteers, most voluntary and community sector organisations have overheads relating to the cost of managing volunteers - recruiting them, training them, supporting them. However, voluntary and community sector organisations are often very 'lean' and flexible in approach and can often represent real value for money, so talk to them to ascertain what might be a reasonable contribution.

The best way to approach this is often to simply ask - and also to arm yourself with information from your own organisation about procedures you are required to undertake to engage a local organisation. Most organisations have thresholds above which they have to go to tender.

Take a look at the separate section below entitled 'Funding Voluntary and Community Sector Organisations including local Healthwatch. You might also want to refer to the [RAISE Guide 'The unique role of the voluntary and community sector'](#) for further information of the benefits of working with local organisations:

Ok, so what next.... a stakeholder event for the voluntary and community sector?

Stakeholder events are sometimes useful for building initial connections with the sector and getting key messages across to a large number of people. However meaningful 'involvement' work is rarely achieved through large-scale events, even if they are hosted in local community halls.

It is really important to think carefully about who you want to involve and why. Consider this: if your task is to 'engage the local community about proposed changes to an out of hours service', whilst it would be very easy to hold a one-off consultation event in a community hall, or to commission a survey in a local shopping centre, the chances are you would reach a very limited range of people from the local community. Not everyone wants to - or is able to come to an event; not everyone shops in the local shopping centre!

Events and surveys do have their place, but to reach deep into communities it is important to use a variety of engagement methods and sometimes a targeted approach to ensure that a diverse range of voices are heard.



So, your top 5 tips to get me started on working with the voluntary sector - the menu on page 19 will also be helpful here

1. Make contact with your local Council for Voluntary Service and your local Healthwatch to develop an initial picture of the local voluntary and community sector. **TOP TIP** Type your postcode into the NAVCA¹ search facility [here](#)). Note you may find that there is more than one organisation covering your patch. You could contact the engagement officer from your local council who will also have lots of useful information.
2. Using the [menu on page 19](#) develop your overall understanding of the local picture through some key questions. This will help you to see the range of possibilities. Questions might include, but are not limited to:
 - a. What geographic area do you cover?
 - b. What are the headline characteristics of the local community? (Consider socio-economic factors, transport etc...)
 - c. What are the different communities of interest in the area - e.g. ethnic minority communities, communities with protected characteristics?
 - d. Are there any local voluntary and community networks or forums that meet regularly and how might you access them?
3. Use this initial picture to help you to consider who might need to be involved in your work. You might draw up a simple plan for each stage:

Commissioning stage	Who to involve
Planning together	<i>What does the broad picture of the local community tell me about who needs to be involved?</i>
Designing together	
Buy together	
Check together	

For example if you were commissioning services around diabetes, you might want to involve local voluntary and community sector organisations directly involved with people with diabetes. Your new Council for Voluntary Service contacts and local Healthwatch will be able to signpost you here. However, you may also want to consider the voices of those communities that are *at risk of* diabetes so that you can put into place preventative measures.

¹ NAVCA holds a membership director of all voluntary sector support organisations

4. Consider the best method through which to access people. Look at the [menu on page 19](#) for ideas and again, your local CVS or Healthwatch may be able to advise you about how best to access your chosen communities and how to engage with them. They might even be able to support you in doing this, using tried, tested and locally trusted methods. And if they can't they probably know someone who can help you, if appropriately resourced.

Commissioning stage	Who to involve	How to access those individual patients or organisations
Planning together		
Designing together		
Buy together		
Check together		

5. Finally use your table to consider how to involve people – [use the menu on page 19](#) to help you.

Commissioning stage	Who to involve - and why	How to access	How to involve - proposed method of engagement
Planning together			
Designing together			
Buy together			
Check together			

Now you have the basis you can start to plan your involvement on a practical level. You may even choose to discuss your outline plan with the CVS and local Healthwatch to see if they are able to support this.

Funding Voluntary and Community Sector Organisations including local Healthwatch

Grants can be used to provide financial support to a voluntary organisation or local Healthwatch. NHS England has published a Grant Agreement, Guidance on the use of the draft model Grant Funding Agreement and a Bitesize Guide. The model grant agreement is non-mandatory and is for local adaptation as required.

[You can access the resources by clicking here or following the link. http://www.england.nhs.uk/nhs-standard-contract/grant-agreement/](http://www.england.nhs.uk/nhs-standard-contract/grant-agreement/)

Methods and techniques for engagement

Engaging patients and the public is not a one-size-fits-all. The scale of the change, the communities affected and the phase you are at on the commissioning cycle mean a tailored approach works best. Use the menu below to work through the size and nature of the engagement you want to undertake, who you need to talk to and how this could be done. *Looking at each column circle those that you feel most closely align to your project. This will give you a simple plan to follow, we have done one as an example a short description of each method is available overleaf.*

Choosing methods and techniques					
Scale of change and point on the commissioning cycle	Example communities of place	Example communities of interest	Example demographic communities	Example techniques and methods	
<p>System change, effects large numbers of the community including current service users as well as interested members of the public. (E.g. a vision for the provision of pre-conception, pregnancy and early years services)</p> <p>Plan</p> <p>Design</p> <p>Buy</p>	Hampshire	Pregnancy and maternity	Children and young people	<p>Discussion group techniques – good for addressing specific questions in depth</p> <p>Public event techniques</p> <p>Survey techniques</p> <p>Regular involvement techniques</p> <p>Capacity building and support</p>	
	Southampton	Cancer	People with physical disabilities and/or sensory impairments		<ul style="list-style-type: none"> Focus group Appreciative enquiry Scenario planning Conflict resolution Story dialogue
	Portsmouth	Diabetes	People with a learning disability		<ul style="list-style-type: none"> Community conferences and seminars Open space event Interactive displays Public scrutiny Community auditing and profiling Planning for real
	Isle of Wight	Dementia	Working age adults		<ul style="list-style-type: none"> Qualitative Quantitative
	Dorset	Cardiovascular disease	Older people		<ul style="list-style-type: none"> Citizens jury Citizens panel Mystery shopper Enter and View Service user representatives
	Bournemouth	Musculoskeletal conditions	People who use mental health services		<ul style="list-style-type: none"> Community visioning Partnership working Community development Action research Participatory evaluation Participatory budgeting Experience based design
	Poole	COPD	People who are homeless		
		Neurological conditions	People who are LGBT		
		Sexual health	People from black or minority ethnic communities		
		Drug and alcohol	People who are gypsies or travellers		
	Obesity	People who identify with specific religious or world views			
	Mental health				
	General practice (Primary care)				
	Other disease or condition specific communities				

The short description on the following page along with links to further information may be helpful. You could also contact your local healthwatch to discuss your ideas at this stage.

Methods and techniques - more info about each one

Focus groups - small-group discussions good for testing ideas and views on a specific topic.

Appreciative Inquiry - a way of organising a group discussion to focus on the positive aspects of the issue being discussed.

Scenario planning - a technique that tests out a number of "future scenarios".

Conflict Resolution - this approach involves bringing together people with opposed views with the aim of educating and informing one another regarding their concerns, and beginning to reach agreement about how a contentious issue could be addressed.

Story Dialogue - this approach involves bringing together people with different experiences of an issue to raise awareness and create understanding.

Community conferences - bring together local people to receive information and give feedback on issues of shared interest.

Open space events - bring together a range of people, to discuss issues around a central theme.

Interactive displays - offer people the opportunity to make comments and give feedback on information or options presented to them through the display.

Public Scrutiny - This approach gives people the opportunity to find out more about how public services are run, and to ask questions of how they are delivered.

Community auditing - using a range of different techniques to build up a picture of the profile, needs and experiences of a group of people.

Planning for real - has been used since the late 1970s as a way to give local people a 'voice' and professionals a clear idea of local people's needs in order to bring about improvement to their community.

Citizens' Jury - a small group of people who meet over a short period of time (usually between three and five days) to be informed about a specific local issue or topic and to debate the issue in order to come to conclusions or identify solutions.

Citizens' Panel - involve a representative sample of the local population, who have agreed to take part in consultation activity. They can involve between 500 to 3,000 people.

Mystery Shopper - Mystery shoppers perform specific tasks such as purchasing a product, asking questions, registering complaints or behaving in a certain way, and then provide detailed reports or feedback about their experiences.

Enter & View - Healthwatch have statutory powers to enter and view a service as its being provided it is a way to gather feedback about a service and to talk to people who are using the service

Service User Representative - this is usually an individual who is involved with a group or committee for example a procurement panel. Their role is to provide a service user perspective.

Community Visioning - involves a group of people coming together to develop ideas about what they would like their community ideally to be like. After the vision is agreed the group will then work on looking at what needs to be done to bring about that vision and put this together in an action plan.

More information is available at: [Scottish Government Community Engagement Pages](#), [Participation Compass](#) and [Patient Voice South](#)

Supporting Patient and Carer Representatives Checklist	✓
Does the person fully understand the purpose of the meeting/conference they are being invited to attend?	<input type="checkbox"/>
Do they feel confident to undertake this role? Do they need any extra support?	<input type="checkbox"/>
Do they know which organisation/group is arranging this meeting?	<input type="checkbox"/>
Do you know who they are representing - themselves as individuals or a wider group?	<input type="checkbox"/>
Do they know how often the meeting takes place - can they commit to the schedule of meetings?	<input type="checkbox"/>
Do they know where the meeting is taking place and how to get there? Is parking available? Do they know where the room is? Will anyone be meeting them? Are the facilities appropriate/accessible?	<input type="checkbox"/>
Do they know how long the meeting will last?	<input type="checkbox"/>
If they can't make it is there an agreement for a deputy?	<input type="checkbox"/>
Is there a briefing sheet about the meeting that you can share?	<input type="checkbox"/>
Does the person know who the key contact is for arranging the meeting? Do they have relevant phone/email contacts?	<input type="checkbox"/>
Are you fully confident of the following: <ul style="list-style-type: none"> • The purpose of the patient representative role (be sure you really understand who they are representing for example the whole community or particular topic or interest) • That the person is a representative of the User Panel/Healthwatch/other group not there as an individual? • That the person cannot 'vote' on issues without the support of the group they represent 	<input type="checkbox"/>
Has the representative seen the Terms of Reference?	<input type="checkbox"/>
Do they know who else will be attending?	<input type="checkbox"/>
Will you be providing the agenda and information in advance?	<input type="checkbox"/>
How far in advance will the person have the papers - as a guide a minimum of 7 days to read papers should be provided?	<input type="checkbox"/>
Will the meeting have minutes that are made public? Do you know how the representative will be reporting the meeting back to their wider group?	<input type="checkbox"/>
Do you know how the wider community views are inputting into this work?	<input type="checkbox"/>
Has the representative been asked to supply any information in advance? If yes, who will co-ordinate this? How will they know this has been done?	<input type="checkbox"/>
Does the representative belong to any other networks or groups that present a conflict of interest in undertaking this role? If yes, would it be better for someone else to attend or are you and they confident that they can remain free from bias at all times?	<input type="checkbox"/>
Who is responsible for paying any expenses for attendance - <ul style="list-style-type: none"> • Does the person know how to claim? • Have you got a policy or procedure? 	<input type="checkbox"/>

Training Plan

The following training plan is provided as an example and can be offered to patients, carers, service users and members of the public. For further help and advice [contact your local Healthwatch](#) who will be able to discuss your requirements with you. The training approach set out reflects the steps set out within this framework and guide.



Session 1 - What's it all about: Introducing the new health and social care landscape

What's it about? This session should provide an introduction to the health and social care landscape and explore the local models of how this is being delivered.

What topics can be covered? Explore the national drivers for change including: government policies, the rising demand for health and social care, specifically explore: Clinical Commissioning Groups and NHS England, The role of the Local Authority and the Health and Wellbeing Board, Public Health, Healthwatch, The Care Quality Commission. Look at how each of these interact, who pays for what and how one influences another.

Session 2 - Planning and designing services together to meet local need



What's it about? This session should provide background information on what commissioning is and how it works within the NHS with a focus on why it is important for patients and commissioners to work together, looking specifically at planning services together and designing services together.

What topics can be covered? Introduce the commissioning cycle and focus on the aspects of it that are about assessing the health and care needs of local people, such as the Joint Strategic Needs Assessment and designing services to meet those needs. Introduce the commissioning intentions for the next year and use a local example to look at different ways that patient and public feedback can be used to inform how services should be designed.

Session 3 - Buying services together

What's it about? This session should provide patients with information on procurement and tendering processes used within health and social care. The aim of the session is for participants to feel more confident in their role as a user representative or a lay member if they were asked to take part in a procurement process undertaken by a CCG or NHS England.

What topics can be covered? Give an overview of where procurement fits within the commissioning process then highlight some of the different steps involved with procuring new services. Look at what points in the process service users can be involved to identify and help assess aspects of care important for patients/service users. Hear how service users have been involved in the tendering of a service and what lessons can be learnt for service user engagement in procurement going forward. Practical exercises to look at how as a member of a project team patients might be involved in developing and scoring relevant questions for a service that is to be tendered.

Session 4 - Checking services together

What's it about? This session should focus on how patients and service users play an essential role in monitoring and measuring the quality of health services and how this information can inform the process of commissioning the right services based on patient and service user experiences.

What topics can be covered? Focus in on the 'Check' aspect of the commissioning cycle that looks at information and feedback from patients about how services are being provided. Explore how patient experiences and stories can be used to improve services. Introduce how quality monitoring is undertaken and how data is gathered and analysed to inform service improvement. Look at the warning signs from the Francis report into Mid Staffordshire, and the Keogh report into further failings. Explore a range of methods used to gather patient feedback, including complaints, patient reported outcomes and experiences, Friends and Family, Healthwatch, Social Media including Patient Opinion and Patient Participation Groups among others. Consider how these methods are being implemented and used to improve services.

Session 5 - Getting involved - being a patient representative or patient lead

What's it about? This session should help patient, carer, service users and members of the public to understand what being a patient representative or patient lead entails and how to feel confident in the role.

What topics can be covered? Introduce specific opportunities to get involved, introduce the opportunities and challenges of the role of the patient representative. Consider how to be effective in the role including, preparation and participating in meetings, representing others - using evidence to back up views, being accountable, recording and reporting. Introduce the need to understand personal bias and the need to embrace diversity and supporting others to have a say. Provide the checklist in this framework and offer follow up support.

Links and resources

Healthwatch:

Isle of Wight - <http://www.healthwatchisleofwight.co.uk>

Dorset - <http://www.healthwatchdorset.co.uk>

Portsmouth - <http://www.healthwatchportsmouth.co.uk>

Hampshire - <http://www.healthwatchhampshire.co.uk>

Southampton - <http://www.healthwatchsouthampton.co.uk>

Patient engagement resources:

RAISE - supporting the voluntary and community sector in the South East <http://www.raise-networks.org.uk>

NAVCA - find your local Council for Voluntary Service Searchable Directory <http://data.navca.org.uk/members/directory>

NHS England - Transforming Participation <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

Patient and Public Involvement Solutions - training, consultancy and community engagement <http://www.patientpublicinvolvement.com>

The Consultation Institute: training on consultation and engagement methods <http://www.consultationinstitute.org>

Scottish Government Community Engagement Pages - more detail on engagement methods and techniques

<http://www.gov.scot/Topics/People/engage/HowToGuide>

Participation Compass - practical advice and guidance on planning community engagement <http://participationcompass.org>

Patient Voice South - support and networking opportunities for people undertaking patient and public participation in the South

<https://www.patientvoicesouth.swcsu.nhs.uk>

Parable of the Blobs and the Squares - co-production matters <https://vimeo.com/42332617>

Acronym Buster NHS Confederation - <http://www.nhsconfed.org/acronym-buster>

CCGs

Isle of Wight CCG - <http://www.isleofwightccg.nhs.uk/get-involved/get-involved.htm>

Dorset CCG - <http://www.dorsetccg.nhs.uk/involve/getting-involved.htm>

Portsmouth CCG - <http://www.portsmouthccg.nhs.uk/Join-In/>

Southampton CCG - <http://www.southamptoncityccg.nhs.uk/get-involved>

Hampshire CCGs:

West Hampshire - <http://www.westhampshireccg.nhs.uk/get-involved>

North East Hampshire and Farnham - <http://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved>

North Hampshire - <http://www.northhampshireccg.com/page1.aspx?p=3&t=2>

Fareham and Gosport - <https://www.farehamandgosportccg.nhs.uk/listening-to-you.htm>

South Eastern Hampshire - <https://www.southeasternhampshireccg.nhs.uk/listening-to-you.htm>

NHS England/Wessex regional website - <http://www.england.nhs.uk/south/>

Thanks to everyone who has helped bring this framework and guide together including the people who took part in the survey, those who attended the training sessions, Healthwatch staff and volunteers, NHS England/Wessex regional, the Wessex Strategic Clinical Network and Clinical Senate, RAISE, Patient and Public Involvement Solutions, members of the Wessex Communications and Engagement Group and the voluntary and community sector across the area.

Publication date May 2015.



Wessex Strategic Clinical
Networks and Clinical Senate