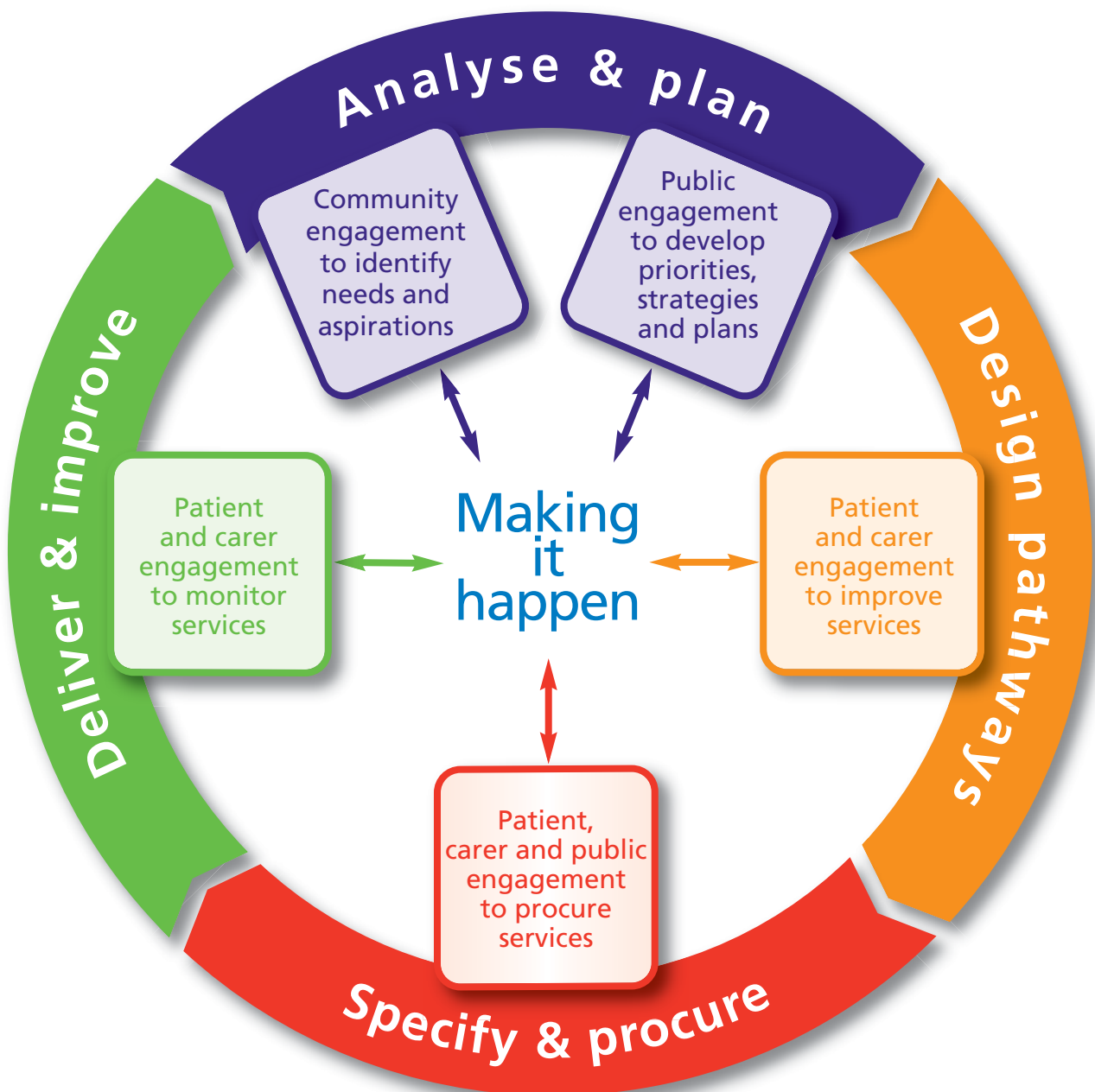


The Engagement Cycle

Engaging with patients and the public throughout the commissioning process



A refreshed Engagement Cycle resource for commissioners of health services

This document is for commissioners of health services, it is intended to complement the online resource and give an overview of what is required of you when engaging patients, carers and the public in the decisions being made about health service provision.

Refreshed for the new NHS landscape, the engagement cycle offers a structured framework for engaging with people in all stages of commissioning alongside links to other useful resources and case studies.

Commissioners and their partners can use the engagement cycle as the basis for thinking through overall strategic direction.

This work has been a collaboration between the NHS Institute for Innovation and Improvement, the Department of Health and InHealth Associates.

We hope that you will find this resource useful and re-visit it throughout the commissioning process.

David Gilbert, Director, InHealth Associates

Sam Hudson, Head of Experience and Engagement, NHS Institute

Marie Joines, Associate Patient Engagement, NHS Institute

Vince Roose, Head of Public Engagement, Department of Health

"There are many people who can help commissioners do this well... we seem to be comfortable with gathering user data and views, what's often trickier is ensuring that those perspectives feed into the decision making. So a key task is nailing down who is leading on gathering data, who is looking at and interpreting the data and crucially how all that feeds into commissioning decisions."

David Gilbert, Director InHealth Associates



The Engagement Cycle

The Engagement Cycle is a strategic tool that helps commissioning teams understand who needs to do what, in order to engage communities, patients and the public at each stage of commissioning.

This short guide outlines:

- making it happen - how to embed the engagement cycle approach in everyday commissioning practice
- an introduction to the overall model of the engagement cycle
- detail of activities required in each of the five stages of the cycle.

This short guide should be used in conjunction with the Engagement Cycle Web Resource www.institute.nhs.uk/engagementcycle

The Engagement Cycle is for all those who have a lead role in local commissioning, this includes:

- clinical commissioning group (CCG) board members (Chairs, Vice-Chairs, clinical Leads, Patient and Public Engagement leads (PPE), lay members and other board members).
- clinical commissioning group (CCG's) managers (e.g. chief operating officers) and staff.
- Patient and Public Engagement leads working with CCGs
- Commissioning support services.



It is also for local stakeholders who need to understand, input, and influence commissioning, this includes:

- local authorities
- health and wellbeing boards
- health and social care providers
- voluntary sector, patient and community organisations
- Local Involvement Networks (LINKs) and HealthWatch and other patient groups.

Engaging patients and the public - we all benefit...

There are many reasons for engaging with patients, users, carers, communities and the public including:

- **Moral** - many believe that being engaged in decisions about planning, designing and delivering services is a fundamental right.
- **Business** - engaging people in planning, monitoring and improving health services can make sound business sense by increasing quality and effectiveness and reducing cost.
- **Social and political** - engaging people in planning, monitoring and improving health services can lead to more trusting and confident relationships between local stakeholders.
- **Health** - there is growing evidence that patient and public engagement (PPE) can deliver improvements, such as more responsive services, improved outcomes, patient experience, shared decision-making and self-care.
- **Legal** - there is a statutory duty for Clinical Commissioning Groups (CCGs) to engage patients and the public as part of the Clinical Commissioning Groups' Authorisation Process. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of the NHS Constitution in their decisions and actions. <http://tinyurl.com/ckjg5mx>

Engaging with patients and the public can happen at two levels:

- **Individual level** – 'my say' in decisions about my own care and treatment (often referred to as shared decision-making)
- **Collective level** – 'my' or 'our say' in decisions about commissioning and delivery of services

The Engagement Cycle focuses on the **collective level**. Improving engagement at this level can lead to improvements in service responsiveness and outcomes (i.e. patient experience and shared decision-making at individual level).

Making It Happen

So, how do you make this all work? This section identifies some of the key activities commissioners and their partners can take to ensure that patient and public engagement and insight is considered at all decision points in the commissioning cycle.

Build a shared understanding

- Present and discuss The Engagement Cycle at Board level and with other stakeholders.
- Get a shared understanding on the business, health and social benefits of good patient and public engagement. To help with the business benefits look at this Economic Case briefing paper and decision support tool at <http://tinyurl.com/cxo4hb6>

Develop an engagement strategy

- Use The Engagement Cycle as the basis for developing a strategy on patient and public engagement - chapters might parallel the five stages of the cycle.
- Make sure that other strategies and plans make clear their link with patient and public engagement.



Embed patient and public engagement in Governance arrangements

- Constitutions of CCGs and governance arrangements should have reference to, and align with, good patient and public engagement (PPE) principles.
- The CCG lay member is one type of representative. All representatives are 'outsiders-inside' - coming from the community with a patient/user perspective ('outside') to try to influence the system ('inside'). The lay member Smart Guides are a useful resource for understanding their role. <http://tinyurl.com/7zfcj9a>
- The effective engagement of patients and the public should be a standing item on the CCG Board agenda and a question in all board papers. The CCG Board requires processes to ensure that data and outcomes from patient and public engagement are gathered, interpreted and used to provide:
 - insight (into current services)
 - foresight (for strategic planning).
- Patient and public engagement insight needs to be built into business decisions. Plans and business cases for change and service improvement require assurance of high quality (and resourced) patient and public engagement before signing off. The emphasis should always be on how the feedback is being used and what impact it has had on decisions.

Be clear on who needs to do what

- There needs to be central mapping and co-ordination of patient and public engagement activities, and mechanisms by which data can be fed in from (and fed back to) local stakeholders.
- It is important that outcomes from each stage of the cycle are fed into the next stage and that the 'baton' is not dropped. The CCG and partners need to develop processes for making this happen.
- Work with communication colleagues to develop clear plans to share innovative ideas, good practice and to keep all stakeholders fully informed.

Develop trusting relationships

- This is about sharing leadership. Take every opportunity to build links with local people and groups - be ready to 'walk the talk' and be able to explain clearly what you are doing. Make sure you get support early on from engagement and communication colleagues in this process.
- Partnership roles should be thought through: for example, how to coordinate PPE work with the Health and Wellbeing Board, Overview and Scrutiny Boards, LINKs and Health Watch, The Smart Guides on engagement have helpful ideas on this. <http://tinyurl.com/7zfcj9a>

Capture the right data

- Each stage of The Engagement Cycle begins with using what information you already know. A wider audit or assessment of engagement activities should be undertaken by commissioning and engagement leaders. This should record, for each stage of the cycle:
 - what outcomes do you have access to?
 - what other patient and public engagement processes are going on locally that generate useful information?
 - what mechanisms can you tap into to find additional information? These might include partnership boards, project groups, patient and community organisations, etc.

Be clear on what data needs to go the CCG board for Governance purposes.

Build capacity and support at all levels

In the case studies and resources sections of the Engagement Cycle website there is a wealth of information for building capacity to engage, it is important to remember who needs skills in this area:

- Board members, senior leaders, staff and all health professionals require learning and support to be able to work with patients and the public.
- Providing learning and support for patients and the public is crucial. There are articles and support for development of patient leaders provided by the Centre for Patient Leadership www.cpl-uk.com

- The NHS Institute has a number of resources, advice and guidance on service improvement, including: Leading large scale change - <http://tinyurl.com/cw935vl> Transforming Patient Experience: the essential guide <http://tinyurl.com/6wgjyow> and EBD www.institute.nhs.uk/ebd

Develop engagement structures

- Build on what already exists. Don't automatically set up new patient and public reference groups and formal mechanisms for PPE, unless local stakeholders (including patients and the public) are convinced that existing mechanisms need revamping.
- Think 'function before form' - Any discussions on emerging structures and/or models of engagement (e.g. supra-patient participation groups) should have clear purposes - should they gather data themselves, map or co-ordinate PPE activities, or serve as accountability mechanisms and sounding board for commissioners' plans - or all three?
- There are different models emerging for reference groups. Some build on patient participation groups, others around LINK/HealthWatch, some are a mix of the two. They may sit 'outside' commissioning groups or be part of wider 'sub-committees' of CCGs. Case studies are available on the engagement cycle website.
- Work with the HealthWatch, patient participation group members, the health and wellbeing board, local patient and community organisations and the local voluntary sector to establish roles and responsibilities.



The Engagement Cycle

- the overall model

This model identifies five different stages when patients and the public can and should be engaged in commissioning decisions:

- Community engagement to identify needs and aspirations.
- Public engagement to develop priorities, strategies and plans.
- Patient and carer engagement to improve services.
- Patient, carer and public engagement to procure services.
- Patient and carer engagement to monitor services.

At each of these five stages (identify, develop, improve, procure, monitor) The Engagement Cycle provides simple advice on what to do in order to undertake high quality patient and public engagement (PPE) that will enhance and support the decisions that commissioners need to make.



Analyse & plan

Stage One - Community engagement to identify needs and aspirations

The engagement cycle can be thought of as a continuous process. However, when using the cycle initially, it makes sense to think of 'engaging communities' as the first stage.

This stage is about engaging people as part of their local community (or community of interest) in decisions about what they need, want, or aspire to in their locality.

It entails commissioners working with local partners and communities to identify the health needs and aspirations of local people. This means developing a comprehensive picture of the health needs for adults and children. It should be based on a wide range of quantitative and qualitative data, including patient, service user and community views and can also help form an overall Joint Strategic Needs Assessment (JSNA).

It can also be about identifying the needs and aspirations of specific client groups or seldom heard populations in order to think through how to redesign pathways (stage three of the cycle).

This stage of the cycle requires commissioners to gather information from a wide range of health and social care providers and the voluntary sector as well as other partners, such as the local authority, Overview and Scrutiny Committee, Health and Wellbeing Board. Useful data from housing agencies, schools, emergency services and criminal justice agencies and local businesses should be included to create a broad picture.

This process should be more than a collation of retrospective information or about gathering official data. Community perspectives (people's preferences, the needs they feel and expectations) are key.

There may be particular issues, such as access for particular groups or communities or inequalities that require a more pro-active approach. It is crucial also to check your work against the Single Equalities Framework. <http://tinyurl.com/cgqwuw7>

The local voluntary sector will have a wealth of knowledge, and will be able to draw upon a community development approach or be able to tap into community resources and practitioners.

As at other stages of the cycle, you need to bring data and intelligence together (surveys, focus groups, patient opinions through social media) to build a picture of the community and its broad needs and priority issues. There are community development approaches that are particularly helpful at this stage of the engagement cycle.

INVOLVE - People-and-Participation.

<http://tinyurl.com/bnuapyd>

NHS West Midlands: a guide to capturing and using patient public and service user feedback effectively.

<http://tinyurl.com/dxz27lk>

Analyse & plan

Stage Two - Public engagement to develop priorities, strategies and plans

This stage is about engaging people as members of the public, or as citizens and taxpayers (i.e. not just as patients or users of services) in deciding how resources are allocated between different priorities. It also means joint development of strategies and plans. It can imply focusing on particular issues and tricky questions, such as whether more resources go into one clinical area or another, or thinking through complex decisions about reconfiguration or decommissioning - these are the difficult decisions that need to be taken more transparently than in the past.

There are particular approaches and techniques - often termed 'deliberative techniques' that can help when engaging the public in priorities, strategies and plans. These might include citizen's juries and participatory budgeting. Useful information and case studies about methods of engagement are available in the resources section of the engagement cycle website.

Developing strategies and priorities requires more than consulting with lay representatives on partnership groups. It is important to think through the role of such individuals who should be seen both as 'critical friends' and 'community channels' rather than as proxies for wider perspectives. See NHS Network's 'Smart Guide' for some focussed guidance on this <http://tinyurl.com/blrxubd>

During this stage the following will be helpful partners: LINks / HealthWatch; voluntary sector organisations; local community groups and neighbourhood partnerships; patient participation groups at local GP practices and CCG patient and public reference groups.

As at other stages of the engagement cycle, it is crucial to bring data from other stages into the mix - the work undertaken for needs assessment and community aspirations from stage one should flow into this stage of strategic planning.

The local authority, local councillors and Overview and Scrutiny Committee are critical in overseeing decisions that affect the way resources are spent. It is important for commissioners to engage with the media openly to explain the decision-making process and reasons for decisions at the outset - as this is part of the communications 'mix' when engaging with your community.

Communicating honestly with those who may be affected by decisions on changes is paramount. This also includes current and potential health and social care providers (e.g. social enterprises, the voluntary sector, private sector).

"Commissioners need to share the challenges, and ask patients and the public for help with finding answers to the difficult questions."

Julia Holding, Engagement Specialist NHS Midlands and East



Design pathways

Stage Three - Patient and carer engagement to improve services

This stage is about engaging with people as current or potential patients, carers and/or users of services in order to improve services and pathways of care. Engaging patients and carers well in service improvement can improve access to, and quality of, services; patient experience; patient outcomes; integration of services; co-ordination of care across health and social care.

There are many approaches and techniques to ensuring that patients are fully engaged in service improvement. These include 'co-production' design principles, such as the NHS Institute's ebd approach (experience-based design) which has co-design/ production as a core component. www.institute.nhs.uk/ebd

In many ways, this stage of the engagement cycle is where health professionals often feel most comfortable in engaging patients. Indeed, the NHS has got much better in engaging with patients in pathway redesign. But sometimes, useful information is gathered but is not used to inform decisions.

There are an increasing number of good examples where rich information about patients' views and experience of health services are collected. There are a number of supporting resources and case study examples at www.institute.nhs.uk/engagementcycle. In addition to gathering views it is critical to ensure these are really used to inform decisions and redesign of services.

It is important to co-design clinical pathways with patients and family members and engage patients in defining quality measures to be translated into contractual agreements and service standards (stages four and five of the engagement cycle).

As well as patients and carers, commissioners should work with service providers, potential suppliers, clinicians and frontline staff to improve services. Once again, data collected and outcomes from other engagement work at other stages can be used to inform service improvement work.

"By using the engagement cycle at all stages of the commissioning cycle and recognising patients' and carers' unique expertise in offering their feedback, ideas and often solutions on how health services can be improved we have demonstrated that this can lead to change and service improvement. A recent example was the engagement of patients and carers when introducing a Telehealth initiative for people with long term conditions in Coventry. Service users, with a range of long term conditions, shared their concerns. Feedback sessions were run for Asian carers, using interpreters, so that commissioners had an understanding of any barriers to accessing the service and how additional support could be provided when necessary."

Esther Peapell, Head of Public and Patient Involvement, Arden cluster



"I wasn't sure about using Telehealth at first, but my Community Matron explained it all to me and it is simple to use and reassures me if I'm having a bad day. We looked at the patient information that will be given out and helped to write a 'Frequently Asked Questions' guide to answer the questions that we asked when we first found out about Telehealth, to help other patients like us."

Pat Roche, Coventry, a patient involved in the Telehealth services engagement exercise

Specify & procure

Stage Four - Patient, carer and public engagement to procure services

Patients and the public should be engaged in procurement processes. This is not something the NHS has traditionally done well. Commissioners should, at the very least, take the learning from service design and pathway improvement work (stage three) to set standards and outcomes for service delivery.

In turn, this learning can be used within contracts and service level agreements. Contracts then should specify:

- what engagement activities providers should undertake
- what patient experience data providers should be collecting
- how they are taking action in response to that data and what the impact is
- how they should be reporting the experience data and impact

Patients, carers and the public can be more fully engaged in the procurement process.

This can lead to traditional commissioning procedures being 'opened up' and injected with intelligence that comes straight from people whether current or future patients.

People can help scan for innovation and good practice, identify potential providers and help commissioners focus on identifying providers who better meet the needs of patients.

They can be directly involved in specific decisions about who provides services - contributing to the development of tenders and participating in decision-making panels.

When engaging patients and public in procurement processes, you will need to ensure that the appropriate support is in place and that there is clarity about patient representation on panels.

Commissioners need to keep the wider public informed throughout the process.

"Having patients or users as part of monitoring quality is the only way to ensure you are measuring what matters. But let's not forget to share that learning for next year's planning..."

David Gilbert, Director InHealth Associates

Deliver & improve

Stage Five - Patient and carer engagement to monitor services

This stage focuses on how patients and carers can be engaged in monitoring services.

Contracts with providers should specify:

- what engagement activities providers should undertake
- what patient experience data providers should be collecting, how they should be reporting it and how they can take action in response to that data.

These contracting agreements and service level agreements (SLAs) (that specify outcomes and quality) should be followed up by systematic methods to gather and use data, about patient experience and patient-recorded outcome measures (PROMs), in order to monitor and ensure any provider maintains a high standard of performance.

Commissioners should strongly consider patients alongside commissioners as essential team members for monitoring activities. They should also make sure that the data collected is fed back and shared with those who monitor contracts and the wider public, in order to promote accountability and monitor performance.

Outcomes from this stage can also be used at other stages of the engagement cycle – make sure there are systems and processes that can enable this. In particular, data from this stage can also be used to feed into improvement activities.

Patients and carers themselves can also be supported to monitor services and undertake review visits. All this together will identify what's working and what's not, in terms of quality of, and access to, services and contribute towards learning for improvement.

Want to know more? Get online at
www.institute.nhs.uk/engagementcycle

Case Studies

Engagement case studies have been gathered, mapped and presented around the different stages of the commissioning cycle and can be found at: <http://tinyurl.com/c5zccrc>

Resources

Comprehensive resources to support commissioners can be found at <http://tinyurl.com/cyov68v> and cover the following:

- National Policy and regulation.
- Guidance including smart guides.
- Tools.
- Evidence and research.
- Useful organisations.

Ideas for engagement of patients and public with commissioning challenges

The section on main challenges - <http://tinyurl.com/c9hvx93> has guidance and case examples on the following themes:

- Wider engagement in difficult decisions.
- Using all the data to inform decisions.
- Community development.
- Working effectively with Patient participation groups, Lay members and the voluntary sector.
- Shared decision making.

Online learning network and support for commissioners development programme

- NHS Institute Development Support for Commissioners programme
www.institute.nhs.uk/engagementworkshop
- NHS Institute Patient Experience online network - <http://tinyurl.com/d47gm5e>





Notes:

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