



# Personal and Public Involvement Toolkit for Staff

# INTRODUCTION

The Southern Trust is committed to ensuring that everyone who needs to and wishes to be involved in the planning, development and evaluation of its services is facilitated to do so irrespective of their learning, skills, knowledge and experience.

*This Toolkit aims to provide staff and managers with information and guidance to enhance personal and public involvement within their area of service and should be read in conjunction with the Personal and Public Involvement (PPI) Strategic Plan 2010 - 2013, SHSCT (2010).*

While this Toolkit does not have all the answers it does contain the basic information you need to make the best of any Service User, Carer and Public Involvement. It will help you understand why you should be engaging with your service users, their carers and the wider public on the services you provide. It will offer you guidance on how to plan and evaluate involvement activity, outline different methods of involvement and signpost you to other sources of support and training.

The following are some quotes from Trust staff and managers on the benefits of involving service users and carers:

***“It has helped professional staff to consider established practices from a service user perspective, and through engagement with service users, work in a more person centred way”***

(Mental Health & Disability Directorate: Development of an assessment model for signposting to person centred day time opportunities)

***“Evaluation of the current services provided, a deeper understanding of the needs of the patient and their carer”***

(Acute Services Directorate: Review of Hospital Discharge Protocols)

***“It allows an evaluation of the service to take place and staff can act on constructive feedback ensuring a quality service is being delivered”***

(Older People and Primary Care Directorate: Smoking Cessation Programme)

***“Carer involvement in the delivery of training has improved the quality of the training itself and allowed us to prioritise this statutory function”***

(Children and Young People Directorate: Carers assessment Training for social workers)

# PPI SUMMARY FLOWCHART

Consider how to involve service users, carers and the public in all service planning, evaluation or improvement.  
Seek approval if required.

Complete Personal and Public Involvement Activity Form (Appendix 5) and make links with PPI Team if required.  
Refer to Section 11 of the Toolkit

Decide who needs to be involved.  
Refer to Section 4 and 7 of the Toolkit

Involve service users, carers and the public at the earliest opportunity.  
Refer to Section 5 - The Planning Process

Inform service users, carers and the public about your project.

Agree the most appropriate method/s of involvement to use.  
Refer to Section 6 of the Toolkit

Advise participants how to claim out of pocket expenses.  
Refer to Section 10 of the Toolkit

Carry out your PPI Activity Project.

Collate results and provide feedback to all those involved.  
Refer to Section 8 of the Toolkit

Evaluate project.  
Refer to Section 9 of the Toolkit

Report back to line manager/director on success, lessons learnt etc.

Forward completed PPI Activity Form (Appendix 4) to PPI Team.

# **Toolkit for Involving Service Users, Carers and the Public in the Southern Health and Social Care Trust**

## **QUICK GUIDE TO THE PPI TOOLKIT**

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# What is Personal and Public Involvement?



## WHAT IS PPI?

PPI stands for Personal and Public Involvement. It is a term used to describe the people who use health and social care services, their carers, relatives, friends, neighbours, voluntary workers, members of community groups and employees of voluntary organisations. PPI is about giving local people a say in how services are planned, delivered and evaluated. Trust staff can do this by developing good communication with their service users, carers and other stakeholders, providing them with the information they need to make informed choices about their care and to work in partnership to make decisions about service development and improvement.

**Personal** refers to service users, patients, carers, consumers, customers, relations, advocates or any other term to describe people who use Health and Social Care Services as individuals or as part of a family.

**Public** refers to the general population and includes locality, community and voluntary groups and other collective organisations. Individuals who use health and social care services are also members of the general public.

**Involvement** means more than consulting and informing. It includes engagement, active participation and partnership working.

A **service user** is *“Anyone who needs long term care or support from local health, social services or housing or who uses services intensively for a short period of time”*. (Better Care Higher Standards Department of Health July 2000).

A **carer** is *“Someone who, without payment, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability”*. (Caring for Carers Recognising, Valuing and Supporting the Caring Role, DHSSPS Jan 2006).

Involvement is everyone’s responsibility. It should not be a random activity. It should be a process with a purpose.

Staff who work within the Southern Health and Social Care Trust should involve service users as part of their everyday practice in communications regarding their care and treatment or the delivery of the service they receive.

This means that staff should discuss with service users and carers:

- Service users ideas for their health, care or treatment
- The Trust's plans
- Service users experiences of services
- The Trust's experiences
- What aspects of services may need to change
- What service users and carers want from services and staff
- How to make the best use of resources
- How to improve the quality and safety of services.

Involving service users in plans and decisions about their specific care and treatment needs is part of PPI. However in some cases where a service user is unable to become involved due to a specific medical condition or other circumstance, a carer or family member can often represent views on their behalf. Carers should also be involved in their own right as they too can provide valuable feedback on their experience of our services.

In addition to service users and carers, PPI is also about involving local communities or the general population where the issues are of broad public concern or interest such as the location or nature of local services, in specific service improvements, reform and modernisation or Best Care, Best Value proposals.

Throughout this Toolkit the term service users, carers and the public is used to refer to current or former users of Health and Social Care Services as individuals, family, groups or organisations.

# Why do we need to involve Service Users, Carers and the Public?



## WHY DO WE NEED TO INVOLVE SERVICE USERS, CARERS AND THE PUBLIC?

There are many reasons why it is important to consult and involve service users, carers and the public. Apart from the fact that it is good practice and evidence based, it is now a statutory requirement. From 1 April 2009, the Health and Social Care (Reform) NI Act 2009 places a new duty of public involvement and consultation on all health and social care organisations and some special agencies including NI Guardian Ad Litem, NI Blood Transfusion Service and NI Medical and Dental Training Agency.

Good service user involvement is a vital element in the Trust's Reform and Modernisation Agenda, its Quality Agenda and the drive for continuous improvement. It is the vision of the Trust that enhancing the involvement of service users, carers and the public in the planning, development and delivery of services will achieve the following:

- **Increased Ownership and Commitment** by individuals and communities to finding new ways to address the diverse needs across the area
- **Increased Sense of Self-Responsibility** for our own health and social wellbeing and for taking action that can prevent ill health and address the wider determinants of health
- **Responsive & Appropriate Services** that are needs led and focused on the priorities of the service users, carers and the public
- **Help in Priority Setting & Decision Making** across a diverse and often competing range of priorities.
- **Increased Compliance** with agreed treatment and care plans, resulting in more effective outcomes for all parties
- **Help in Tackling Health and Social Wellbeing Inequalities** where we can gain a better understanding of the circumstances and particular needs of marginalised groups and communities
- **Increased Levels of Service Satisfaction** for service users, carers and staff
- **Increased Staff, Service and Carer Morale** and feeling of self worth.

PPI can really change the experience of services and the quality and safety of care service users receive. By involving service users, carers, local communities, and the wider population in debates and decisions about how we provide services, we can ensure that services are effective and meet the needs of those who use them.

# Levels of Personal and Public Involvement

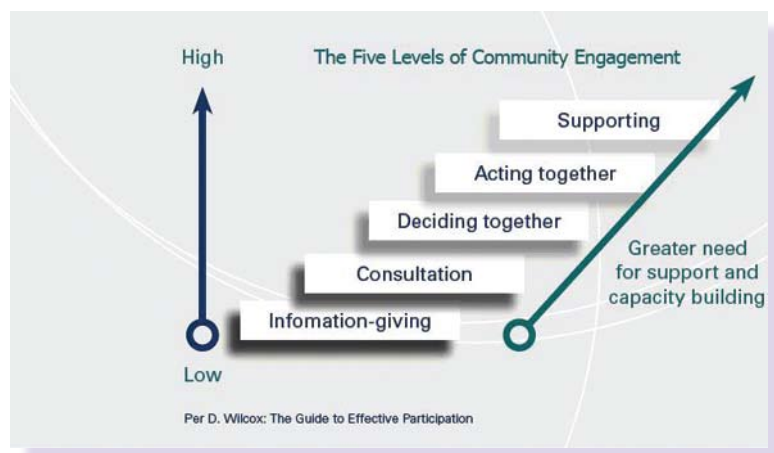


## In establishing a Framework for PPI the Trust has identified Five Key Levels of Involvement across the Organisation

These are as follows:

| Level   | Examples of Involvement  |
|---|--|
| <b>Level 1<br/>Individual</b>                               | Service users are directly involved in the planning, monitoring and evaluation of their individual care or service either at home, in the hospital or in the wider community eg. Individual Care Plans.  |
| <b>Level 2<br/>Evaluation of Specific Services</b>          | Service users, their families, carers and the community are involved in evaluating the provision of care and quality of services provided eg. exit polls, satisfaction surveys, questionnaires.  |
| <b>Level 3<br/>Development of New Services</b>              | Service users, their families, carers and the community are supported to influence and shape the planning, development and delivery of services on specific issues or areas eg. service development, service improvement, Best Care, Best Value proposals etc.                                     |
| <b>Level 4<br/>Directorate and Strategic</b>                | Service users, carers, and communities are actively involved in strategy development, including needs analysis, planning, commissioning and action that will result in changes to significant areas of service development and provision eg. PLIG (Protect Life Implementation Group), Wraparound. |
| <b>Level 5<br/>Corporate and Overall Direction of Trust</b> | Service users, carers, communities, stakeholders and partner organisations are actively involved in shaping the corporate and organisational priorities and the overall direction of the Trust eg. PPI Panel, Non Executive Directors  |

Within each level of involvement there are a number of levels of engagement and this is very clearly defined by Wilcox's diagram of 'The five levels of Community Engagement'.



The aim of your engagement is to stay at the top right hand area of the diagram above, so that the engagement enables you and service users, carers and the public to decide and act together when it comes to decision making.

Below are some examples that illustrate PPI activity at the five different levels across the Southern Trust:

### Example of Level 1 – Individual Children and Young People's Directorate

Corporate Parenting Division: Short term Residential Care



Each young person has an Individual Development Plan which sets milestones to help them to grow and develop in five basic areas. The young people are actively involved in agreeing the goals for their individual plan and for the work to be undertaken and achieved. Young people participate and work hard to achieve their goals and because they are actively involved in negotiating the plan they take ownership of it. The young people are given feedback and see where their suggestions have been incorporated.

## **Example of Level 2 - Evaluation of Existing Services Mental Health and Disability Directorate**

### **Learning Disability Division: Appleby Social Education Centre**



At each Service User Review, carers and service users have the opportunity to evaluate the service they have received over the previous year and to comment on any changes they would like to see or issues that have arisen. Annual questionnaires are also sent out as part of the Quality Assurance Strategy. Issues from the feedback are then fed into the system for action. This gives Appleby S.E.C. the chance to effectively measure the degree of satisfaction felt by service users and their carers and also involve them in future planning. The Centre also has a Clients' Committee which meets regularly to discuss current issues and topics.

## Example of Level 3 – Development of New Services Acute Directorate

### Maternity and Integrated Women's Health: Uplift Programme



This project was set up by breastfeeding mothers to promote and support the uptake of breastfeeding. These mothers have been trained and through a free phone helpline can support breastfeeding mothers in the Southern Trust area who experience problems. The counsellors/peer support workers also attend Breastfeeding Support Groups across the Armagh and Dungannon locality to support the health professionals who facilitate the groups. Those who have undertaken the training have benefited greatly from this personal development opportunity and have advised that their self-esteem and confidence has increased. A number of the mothers are considering furthering their education. The project has been so successful that a waiting list has been developed of mothers wishing to be trained as breast feeding support volunteers. Feedback is provided to service users on the impact of their involvement at monthly meetings with the counsellors. Service users are recruited through the local Breastfeeding Support Groups. The Breastfeeding Support Groups and the Uplift Workers endeavour to reach out to the ethnic minority groups and low-income groups.

## Example of Level 4 – Directorate and Strategic Development Older People and Primary Care Directorate

Promoting Wellbeing Division:

All Ireland Traveller Health Study (AITHS) – ‘Our Geels’

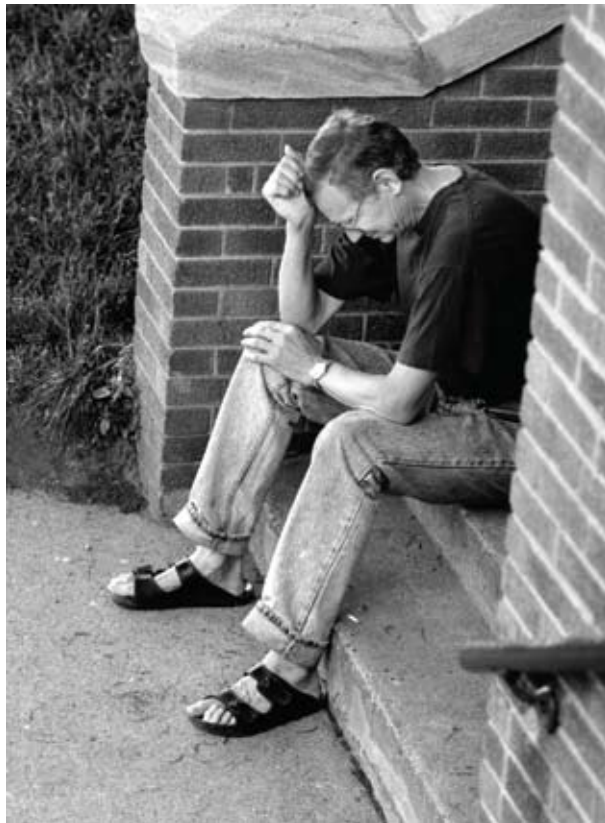


This project produced a detailed study of the health status and health needs of Irish Travellers all over Ireland. The study was for, with, and by Travellers who were trained as peer researchers by a local coordinator who attended training sessions provided by University College Dublin (UCD). Data collected through the study was collated by UCD as All Ireland Data and used to influence policy, strategies, service delivery and eventually to improve the health and wellbeing of the Traveller community. This study could not have been undertaken without the involvement of Travellers and working together on the project has further improved relationships and increased understanding between Traveller families and the Traveller Support Workers within the Southern Trust.

## Example of Level 5 – Corporate and Strategic Direction of the Trust Older People and Primary Care Directorate

Promoting Wellbeing Division:

Protect Life Implementation Steering Group (PLIG)



The Southern Health and Social Care Trust has established an Interagency Protect Life Implementation Group (PLIG) comprising representation from the Southern Education and Library Board (SELB), Police Service NI (PSNI), Northern Ireland Housing Executive (NIHE), Churches, local community and voluntary sector groups, District and Borough Councils as well as key Trust, Public Health Agency and Health and Social Care Board staff.

The Protect Life Implementation Group's purpose is to develop a common framework for action across community, statutory, voluntary and private sector partners that will result in a more co-ordinated approach to long term, sustainable action targeted at reducing the incidence of suicide across the Southern area. It ensures the involvement of all stakeholders in the planning, implementation and monitoring process with a particular emphasis on the community/voluntary sector.

# Who should be Involved?



## WHO SHOULD BE INVOLVED?

In order to have a meaningful involvement process that ensures maximum benefit, you need to think carefully about who the key stakeholders are or will be. Stakeholders are *“any person, organisations or agency affected by and involved in the issue, or having a specific interest in the issue under consultation.”* (Rural Community Consultation Manual).

Questions you may want to ask yourself include:

1. Who will be impacted upon by the issue for consultation?
2. Which sections of the population will be affected?
3. Are all the relevant stakeholders affected in the same way and/or to the same degree?
4. If so, should the engagement process change for different groups?

Stakeholders you may wish to involve may include:

- Patients, service users and where appropriate, their advocates (current, past or potential)
- Carers and their representatives
- Staff and their representatives
- Local people, local community groups and informal groups
- Representative voluntary and community organisations
- Individuals, including the ‘silent voices’ who are not represented by any group
- Leaders of opinion, such as councillors and MLAs
- Patient Client Council; other Health and Social Care Organisations
- The wider public, as potential users of health and social services
- Trust Volunteers
- Other statutory organisations.

## How can I contact those who need and wish to be Involved?

Once you have agreed who your main stakeholders are, it is useful to develop a database of contact details. The PPI Team has developed a corporate poster, leaflet and registration form to assist you with this. Copies of these resources can be found on the PPI section of the Promoting Wellbeing Website [www.promotingwellbeing.info](http://www.promotingwellbeing.info) or on the intranet and also at Appendices 1, 2 and 3 of this Toolkit.

The 'Have Your Say' poster and leaflet can be displayed in your area of work to let your stakeholders know that they can become involved if they wish. The registration form has been designed so that you can record details of service users, carers and members of the public who are interested in being involved; their relationship to the Trust, how they would like to be involved and any support needs they may have. This will assist you to develop a database from which you can draw when you are reviewing policies, procedures, facilities or services.

Your local Promoting Wellbeing Team may be able to assist you with identifying relevant community and voluntary groups. This information is also included in your Directorate PPI Baseline Report which can be found on the PPI section of the Promoting Wellbeing website [www.promotingwellbeing.info](http://www.promotingwellbeing.info) or on the Trust intranet.

***Further information on recruiting participants can be found at Section 7 of this Toolkit.***

# The Planning Process



## THE PLANNING PROCESS

In order to ensure effective engagement and meaningful involvement, you must undertake a thorough planning process. The PPI Team are available to help and support you to plan. The following are points you should consider during the planning stage:

- What are you doing and what do you want to achieve?
- What are your specific aims and objectives?
- What are the key steps needed within the involvement process?
- Who do you need to engage with?
- Where will you find them and how can you contact them?
- How can you engage with them most effectively?
- What are the timeframes for completion?
- What are the possible barriers to the involvement process and how can they be overcome?
- Can you benchmark against any other organisations or learn from others who may have already completed similar work?
- What information will you need to provide?
- Does this information need to be in different formats to suit the needs of the different stakeholders?
- Are interpreters needed, either for Black and Minority Ethnic (BME) communities or the deaf community?
- Is the venue accessible for all participants' needs?
- Is the venue accessible by public transport, and if not can alternative transport arrangements be made?
- How do you intend to monitor and evaluate the process?
- How will you provide feedback appropriately to all involved?
- What difference will it make?

It is crucial during the planning stages that appropriate levels of involvement are agreed. These can then be implemented using the methods and approaches shown in this Toolkit.

## Getting Started

### Establish a Planning Team

Bring together a small team of people who are important to the exercise. It is essential to have objectives and to be clear how the involvement is going to affect the service and influence decision making.

### Consider the following questions when planning a PPI Activity

- What information is required?
- How is the information going to be used?
- What resources are available?
- Who will you involve?
- What method/s will you use?
- How will you prepare your team?

### Choose the right Approach

Your method/s of consultation or involvement should match both your purpose and your target audience. This should flow directly from your planning.

### Communicate your Plan and Prepare your Team

Consider how you will communicate your plans to everyone involved and throughout the organisation.

### Evaluation

Consider and plan how you will evaluate the process and provide feedback to all involved.

# Methods and Approaches



## METHODS AND APPROACHES

Service users, carers and the public may wish to express their views in different ways and will be comfortable doing so in a variety of settings. The involvement of service users and their representatives can take many forms. Using a range of approaches will increase opportunities and give more people a chance to be involved. Service users, carers and the public may be concerned with general health and social care issues, they may be focused on a specific area of service or they may be interested in both general and specific issues.

Service users, carers and the public may already be involved with the Southern Health and Social Care Trust through a community or voluntary group, as a member of a Service User/Carer Group or as a representative on one of the Trust's Planning Groups.

Before choosing a particular method, a number of issues have to be considered:

- What is the nature of the service?
- What are the needs and capacity of those involved?
- What information is required?
- How will the information be used?
- How much time is available?
- What resources are available?

It is important not to rely on a single method of involvement. Different methods of involvement tailored to suit your service user and carer population can work well together and provide richer more in depth data.

This section outlines a range of methods and approaches that can be considered when involving service users, carers and the public. They are arranged in sub-sections that relate to the five levels of Community Engagement on page 12. Practical guidance, a checklist of pointers and a list of advantages and disadvantages are highlighted to help you make your choice. The subsections are:

1. Giving Information
2. Obtaining Information
3. Forums for Debate
4. Participation
5. Partnership.

# 1. GIVING INFORMATION

## Leaflets, Newsletters and other written documents

It is important that service users, carers and the public receive and have access to good quality accessible information. The information can relate to what they can expect from the service they will receive; information about how to access services; improving understanding about conditions or issues relating to the service, how to make a complaint and so on.

You should aim to ensure that all service users, carers and the public have the information that they want at the time that they need it, and that the information is clear and relevant to their needs. How newsletters, leaflets and documents look and the information they provide have an impact on how the Trust is perceived by the people using our services and by other stakeholders.

It is also good practice to involve service users, carers and the public to help produce the information if possible, or if not you should test the draft information with them before it is finalised.

You should consider the needs of your target audience when producing leaflets and written documents. You will need to consider the specific needs of the following groups of people:

- Black and Minority Ethnic (BME)
- Traveller Community
- People with a Learning Disability
- People with a Visual Impairment
- Children and Young People
- Older People.

Think about language; literacy levels; the use of pictures, signs or illustrations to help understanding. Do you need to use larger font?

A useful document to help raise the standards of basic information provision is **'The 5 C's of Information Provision'** which can be found at [www.dhsspsni.gov.uk/econsultation/practice.html](http://www.dhsspsni.gov.uk/econsultation/practice.html)

## GIVING INFORMATION

### Leaflets and Written Documents

Leaflets and/or other written documents may be used as a starting point in a consultation. The lists of advantages and disadvantages below can help you decide whether or not they are appropriate for your particular purpose:

#### **Advantages**

- It is an opportunity to outline the organisation's position
- It is an accepted way of disseminating information
- It is an opportunity for the organisation to make a statement
- It can help build understanding of the organisation
- It can keep the public informed and aware of issues
- It is a record of the organisation's position at that point in time.

#### **Disadvantages**

- A document becomes outdated quickly
- There is no guarantee it will be read
- The language may not be appropriate for the reader
- On its own a leaflet or document is unlikely to bring about real change.

### Newsletters

A newsletter can be produced for service users, carers and the public, as well as for staff. It can be a good method of creating awareness, especially if circulated on a timely basis.

#### **Advantages**

- Newsletters are visually appealing
- They are a relatively inexpensive way to target selected groups
- They can provide a wide coverage - opportunity to reach a larger audience

#### **Disadvantages**

- Newsletters can be time-consuming to edit and produce
- They can be costly if in colour or using images/photographs
- They are a method of giving out information, rather than engaging in dialogue

### **Advantages**

- Staff can learn new skills and may increase their awareness of local health issues and public involvement work
- Local people can be encouraged to contribute articles or become involved in disseminating the newsletter, thus promoting involvement and ownership.

### **Disadvantages**

- Newsletters are not always read by target audience
- They can be seen as 'junk mail'.

### **Points to consider**

- Is this the best way to give information to the people you need to engage with?
- The proposal or the issue outlined in a document should not be presented in isolation. It should be followed up with an action plan or an indication of the next steps.
- Ideally a document should be tested with a range of people from the target audience before it is published
- A consultation document should be followed by a final document outlining the changes that have been made as the result of the involvement and consultation and the next steps
- Information must be accurate, accessible, understandable and targeted
- Are you clear about who the audience is and how to reach them?
- It is important to give the correct amount of information – not too little and not too much
- The document is part of the process, not the process itself
- The production of a clear readable document is a specialised resource intensive task
- Have you involved service users and carers in the design of the document?

## Checklist - Leaflets, Newsletters and other Written Documents

It needs to look attractive

Is it written in plain English, is it jargon free?

Do you need to produce a summary?

Do you need either the main document or the summary translated?

Do you need to consider other media eg. audio, CD, DVD, Braille?

Obtain service user feedback on content to ensure information is easily understood – use your PPI database membership.

How is it to be distributed?

Do you need posters to tell people about it?

If it is a Newsletter, have you asked local people to contribute articles?

Will you use local or community media to advertise it?

Would built-in response forms be a good way to get feedback?

Is the format and length suitable for the target audience?

Do you need a glossary?

## GIVING INFORMATION

### Exhibitions, Campaigns and Presentations

This method incorporates a number of tools such as presentations, posters, leaflets and other visual information which can be used to disseminate plans and engage in consultation. This approach enables communication and information to be shared in both directions – from the service provider to the patient/ service user and also from the patient/service user to the service provider. This can be an effective way of conveying information and informing the public. It can be used on a one – off or limited basis as in part of the consultation process eg. with the Portadown Community Care and Treatment Centre or it can be used as part of a promotional campaign. If promotional campaigns are run over a period of time they can increase audience participation and improve awareness. An effective method of engaging with patients, service users, carers and the wider public is to make displays interactive. For example with smoking cessation, staff get people involved by testing their carbon monoxide levels.

## Checklist - Exhibitions, Campaigns and Presentations

Is the purpose of the event clear to everyone involved at the outset?

Is the site relevant to the locality of the services?

Is it where local people go? Is it easily accessible?

Has an individual been given responsibility for preparing and coordinating information for the event?

Do you need a leaflet or other handouts?

Do you need interpreters?

Can the event be left unattended- if not, do you need a rota?

How will the event be advertised?

Are staff and service users well briefed?

Are there other providers whose expertise can be used eg. Promoting Wellbeing staff or those from other teams?

How will the messages from the public be dealt with and acted on?

How will you formally evaluate your event?

## 2. OBTAINING INFORMATION

### Informal comments/feedback

Ensure that those who use your service are aware that they can make informal comments about their care or the service they have received and that this can be done by simply talking to a member of staff. Make sure your staff are aware of this too.

## OBTAINING INFORMATION

### Suggestion Box

Service users, carers and the public may want to write down some suggestions for how the service or care that they have received can be improved. This can be done anonymously and posted in a suggestion box. Ensure the location of suggestions boxes are clearly marked and are visible and accessible to service users. It is also useful to get feedback on what service users like about the service so that you get a balanced picture.

## OBTAINING INFORMATION

### Comments and Complaints

These are a simple way of allowing people to provide feedback in an anonymous way but can really impact upon your service delivery. It will enable your service to gain a true picture of how your services are experienced by your patients, service users and carers.

Service users, carers and the public may want to make a comment or suggestion for improvement, tell us what was good about their experience, or make a complaint about any of our services. Staff should advise service users and carers who are unhappy with any aspect of our services to let them know immediately. If they do this and are still not satisfied, staff should advise them to express their concerns in writing, by telephone or by arranging an appointment with the relevant Patient/Client Liaison Manager (Complaints and Comments Officers):

- **Mental Health and Disability**  
Tel: 028 3883 3701
- **Older People and Primary Care**  
Tel: 028 3883 3700
- **Acute Services**  
Tel: 028 3861 2696
- **Children and Young People**  
Tel: 028 3839 8345

Comments, suggestions, compliments or complaints should be made initially to the Central Reporting Point for complaints. The address is:

**Central Reporting Point**  
**Beechfield House**  
**Craigavon Area Hospital**  
**Portadown**  
**Telephone: 028 3861 4150**

[Centralpoint.st@southerntrust.hscni.net](mailto:Centralpoint.st@southerntrust.hscni.net)

*Staff should refer to the Trust's Policy on Managing Complaints and User Views, which can be found on the intranet.*

## OBTAINING INFORMATION

### Questionnaires\*

Questionnaires are a well-established approach used for capturing information where participants are asked a standard series of questions. Questionnaires can be used for obtaining background information as part of an evaluation process and seeking opinions when developing services.

#### Types of Questionnaire

- Postal
- Internet/email
- Semi-structured - as part of an interview
- Exit Poll - questionnaires issued after using a service.

#### *Advantages*

- They can be used to seek information from large numbers of people
- They enable all participants to be asked a standard set of questions
- They gather views on a range of issues while the results can be made available relatively quickly
- The same approach can be used again in the future, to keep track of any changes that may have occurred.

#### *Disadvantages*

- Whilst surveys are an excellent way of reaching a large audience, response rates can be low
- Unless patients really want to have their voice heard, they will not return questionnaires. It is important to send out stamped addressed envelopes or use the Trust's freepost service (Contact Support Services 028 3861 3772 to arrange)
- People may interpret questions in different ways. This is why it is essential to pilot the questionnaire.

#### Points to remember when developing questionnaires

- Include open and closed questions – this ensures that information can be used to develop a statistical analysis whilst at the same time allowing participants to expand on their views
- Make sure you know your target audience before you produce the questionnaire. Are you targeting a specific set of service users, patients

or carers or is it aimed at all those who use your service?

- Pilot the questionnaire before you send it to a wider audience. This will help to eliminate misleading questions and ensure that the questions are interpreted in the same way
- Will this be a stand-alone survey or be used as part of a range of involvement methods? This decision needs to be made at the start, as it will dictate how long the questionnaire will be. This is also important to bear in mind when deciding on the target audience
- Have you considered the needs of hard to reach groups? Do you know if any of the people you will be surveying have a disability or do not speak English as their first language as their needs will need to be further explored?

### Checklist - Questionnaires

What do you want to find out?

Who is the target audience?

Do you need help with sample size/representation?

How will the questionnaire be distributed and collected– in person, e-mail, website, postal?

Who will decide on the questions?

Who will do the data analysis?

Will you need outside help for this?

Will the information be of any use if there is a low response rate?

Will you send reminders?

How will you feed back outcomes to the respondents?

Will you need or be offering translation or interpreting services?

***\*For further information please refer to the fact sheet on Questionnaire Design which is available on the User Involvement - PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet.***

## Interviews

Interviews may be semi-structured or structured.

### What is a semi-structured interview?

This approach aims to obtain feedback on a service or explore a particular topic by allowing the interviewee to highlight issues and consider his or her own feelings and concerns. This can be carried out face-to-face or on the telephone. The interviewer aims to cover a range of pre-set topics, instead of asking the interviewee to answer specific questions from a limited range of possible answers.

### What is a structured interview?

This is where the interviewer asks a number of pre-determined questions and allocates the answers to one of a pre-determined set of possible responses. Interviews may be face-to-face or conducted by telephone. Care must be taken to ensure that the information gathered will help inform staff of what is good about the service and what needs to be improved.

#### **Advantages**

- Obtains relevant information
- Targets specific respondents: good population cross-section
- The structure allows comparison
- Allows freedom to explore general views and perceptions in detail
- Can use staff from other areas of work or from external organisations to undertake the interviews. This makes the process more independent and can encourage participants to be more open with their views
- Can be a useful method for gathering information on sensitive issues/topics.

#### **Disadvantages**

- Interviewing skills required
- Need to sample enough people to generalise results
- Expertise in preparing questions required so they are not prescriptive
- May be difficult to secure commitment from staff, from other areas of work or external organisations
- Data analysis skill is needed for qualitative data
- Can be costly, time consuming and resource intensive.

**Points to remember**

- Be clear about what you want to know
- Do you want to collect comparative data as well as explore experiences and views in a less structured way? If so, is this the right method?
- How much time, capacity and resource do you have?

**Checklist - Interviews**

Who will prepare the framework for discussion?

What are the key points to cover?

Will interviews be face to face or by phone?

Where will the interviews take place?

Do you require interpreting or translation?

Who will do this?

Will you need outside help for this?

Who will carry out the interviews?

Have they the necessary skills/ training?

How do you recruit the interviewees?

How many interviews do you need to do?

How will you analyse the data?

How will you present feedback?

### 3. FORUMS FOR DEBATE

#### Public Meetings / Annual General Meetings (AGM)\*

This is an event where an open invitation has been issued. There may be a set agenda or the discussion may focus on issues raised by those attending the meeting. If you contact your locality Promoting Wellbeing Team they will be able to provide you with a list of community and voluntary groups in your area. These groups can be a useful vehicle for making initial contact with the community.

Venues should be accessible to people with disabilities and auxiliary aids, eg. Induction Loop systems may be required.

***\*For more information on how to organise a Public Meeting, please refer to the PPI Fact Sheet on Organising an AGM which is available on the User Involvement - PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet.***

#### **Advantages**

- Opportunity for a wide range of people to comment or raise issues
- PR value - the only public debate on the issues may have been through the media
- Provides an opportunity for joint consultation eg. working with other health and social care organisations and local authorities on issues of common interest
- Offers opportunity for public to challenge issues directly which increases accountability
- Provides an indicator of problem areas and local issues that may not have emerged previously. May provide a good indicator of where to focus attention in future.

#### **Disadvantages**

- There may be a low turn out
- Can be a risky approach – you have no control over who attends or what might happen eg. individuals claiming that they are the ‘voice of the people’
- The audience may be hostile
- May only attract interested parties/ lobby/pressure groups etc.
- Takes organisation which costs time and money eg.
  - Hall hire
  - Advertising
  - PA systems
  - Refreshments.

## Checklist - Public Meetings / AGM'S

What do you hope to get out of the meeting?

What will people take away from the meeting or do as a result?

Who do you hope to attract?

What are the levels of interest out there?

When is the best time to hold it?

Are you giving people enough notice?

Where will you hold the meeting?

Is the venue available and easily accessible?

Who are your speakers? Will they attract an audience?

What can you do to promote the meeting?

How can you use the event to promote your messages?

## FORUMS FOR DEBATE

### Focus Groups\*

A focus group can sometimes be described as a group interview. A small group of individuals, between six to ten people with similar backgrounds or experiences are brought together to discuss a specific topic. It is usually best to have a skilled facilitator to chair the process and record comments and views, whilst remaining independent. Individuals are encouraged to interact by exchanging and commenting on one another's experience.

Focus groups are useful methods of taking forward the views and experiences of service users, carers and the wider public, and using this information to help redesign services. A focus group differs from a public meeting in that specific attendees are invited, largely due to a special interest or their expertise in a particular area.

### **Advantages**

- Good method to test proposed service changes
- Relatively low cost per respondent
- Opportunity to inform participants prior to participation
- Can be arranged at relatively short notice
- Good for exploring issues limited to the experience of one small group of the population, or users of a particular service or interest group
- Can elicit views of those who think they have nothing to say
- Can bring similar people together - could meet up again or develop into a support group
- Allows a framework for discussion, but content emerges from interaction of group members
- Skilled facilitation can help all views to be heard
- Can empower participants.

### **Disadvantages**

- Groups may inhibit some members - need good facilitation to overcome this
- Does not generate 'evidence' as such
- Confidentiality: need group rules at the start
- May need to hold a number of groups to validate findings between groups.

## Checklist - Focus Groups

What criteria do you use for selection of participants?

How will you recruit participants?

Is this method appropriate for the subject matter?

Is the sample appropriate?

Who will facilitate? Are they trained? Are they independent?

How much money can you spend?

Can you offer any incentives?

Have you agreed ground rules?

What questions should you ask?

What level of information do participants need?

How long should each meeting last?

Have you taken account of everyone's needs?

What will you do with the feedback?

How will you evaluate the process?

How will you feedback the outcomes?

***\*For further information please refer to the fact sheet on Focus Groups which is available on the User Involvement - PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet.***

## FORUMS FOR DEBATE

### Service User Groups\*

Service user groups are groups of people who meet to discuss a particular project, a specific issue and/or to advocate on behalf of other service users. The structure of service user groups can range from informal with very little in the way of management arrangements to quite formal where the group becomes independently constituted. The nature of the group will depend on its purpose and why it was set up. Service user groups can be an effective way of gathering views that have the potential to influence service design and delivery leading to a more responsive, effective service for those who use it.

**Advantages**

- Allows very specific focus on a particular service
- Group members can be well informed
- Opportunity for detailed discussion
- Groups are normal highly motivated
- Potential to influence service design and delivery.

**Disadvantages**

- Quality/accuracy of feedback to the wider group that are being represented
- May need a lot of staff time to get up and running.

**Checklist - Service User Group**

Who is the group for?

What is its' role?

How will it benefit stakeholders? Why would people want to attend?

How will the group link to the Trust?

Will the group be able to influence decisions?

What are the limitations?

Who will lead the group?

What training is required?

What support does the group require?

What is the time commitment?

How will you recruit members?

Is Community/Voluntary representation required?

What other partners should be involved?

If it is a long-term project, the group may want to consider developing formal structures such as a constitution, committee, meeting structures etc. If this is the case, please refer to our fact sheet on constitutions which is available on the website - see below.

***\*For more information please refer to the fact sheet on 'How to set up a Service User Group' which is available on the User Involvement - PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet.***

## FORUMS FOR DEBATE

### Support Groups/Patient/Carer Groups/Self Help Groups

These are organised groups of people focusing around a common illness or condition, service or geographical location. These may be local community based groups or branches of service user/carers organisations. They may be groups that provide support to people with a specific condition, for example, coronary heart disease support groups or groups set up to give a 'user view' for example cancer user groups, mental health groups or maternity services liaison committees. Meetings may be initiated by either party and may have a set agenda or be unstructured.

#### *Advantages*

- Allows specific focus on a particular service
- Group members are normally well informed
- Participants may be comfortable with each other
- Reaches those with particular experience, concerns and expertise who may have particular reasons for wanting to be involved
- Those with long term conditions will have special expertise in how to manage their condition and long-term experience of relevant services
- Advocates and carers can also make a valuable contribution.

#### *Disadvantages*

- May have a very narrow focus
- Agenda may become too detailed and absorbed with sorting out individual issues
- Well established groups may suffer from over consultation
- Groups may not include a representative spread of the population in terms of age, gender, ethnicity, etc.
- Service user and patient views may not always coincide with those of their carers or advocates. However both views are needed.

## 4. PARTICIPATION

### Person Centred Planning/Person Centred Thinking (PCP/PCT)

We all think about, and plan our lives in different ways. Some people have very clear ideas about what they want and how to achieve it; others take opportunities as they arise. Some people dream and then see how they can match their dreams to reality. Sometimes it is useful to plan in a structured way, and person centred planning provides a range of approaches that can help do this. These approaches share common values and principles, and are used to answer two fundamental questions:

- **Who are you, and who are we in your life?**
- **What can we do together to achieve a better life for you now, and in the future?**

Person centred planning is a process of continual listening, and learning. It focuses on what is important to someone now, and for the future and helps to formulate a plan of action to address identified needs in a partnership that puts the person at the centre with their family, friends, service providers and others. It is based on a completely different way of seeing and working with service users, which is fundamentally about sharing power and community inclusion.

Person centred planning is used by self-advocates, families, friends and paid support staff. When someone wants to use person centred planning, they may have the energy and drive to ensure that their plan happens themselves.

Person centred planning, requires that staff have a flexible and responsive approach to meet peoples' changing circumstances, guided by the principles of good planning rather than a standard procedure. Staff need to be constantly problem solving in partnership with the person and their family and friends.

If you are interested in involving service users in person centred planning, please speak to a trained member of staff or contact your local Promoting Wellbeing Team.

***The website below provides further information on Person Centred Planning: <http://www.helensandersonassociates.co.uk/reading-room/>***

## PARTICIPATION

### Consultations

Consultations are used to ask people their views on a particular area or issue in order to influence and shape a service. In undertaking a consultation it is important that you are clear about the specific issues that can be changed based on the strength of the views expressed. If change is not an option, be up front otherwise this is not a consultation, it is information giving. It is also very important to feedback the results and outcome of the consultation to those people who participated. The Trust's PPI Panel is currently developing minimum standards for consultation and engagement. Once finalised, these will be available on the PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet.

#### **Advantages**

- Opportunity to involve larger numbers of stakeholders in the process and offer consultation document to a wide range of individuals via the media
- Provides written summary of ideas/proposals which can be considered
- Minimum statutory formal consultation period of three months.

#### **Disadvantages**

- Often difficult and costly process of circulating and distributing the consultation document to as wide an audience as possible
- Problem of identifying the 'public'
- Sometimes local people are only involved in providing comments on the document rather than developing the proposal
- Three months consultation period sometimes not long enough
- Very formal process can be intimidating
- Consultation documents can be lengthy and difficult to understand.

### Accessing consultations on the Trust website

The Trust website can be accessed at [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net) If service users click on "Involving You" they will be able to access the various "live" issues on which the Trust is consulting. Service users will be able to download the document and get information on the consultation process eg. timescale, details of any forthcoming public meetings, who to contact etc.

## PARTICIPATION

### Service User Panels/Health Panels

Panels are a useful way of building two-way communication between service users, carers, the public and organisations. They can be used to explore local people's views on plans, service developments, policy issues and the allocation of health service resources. Panels are usually made up of between eight to twelve people. To ensure a regular supply of new voices each panel member has a fixed term and is then replaced by a new person. Panels usually discuss topics that are 'live' ie. of genuine concern both to the organisation and to its members.

As with other groups, it would be vital to have any Panels well chaired or expertly facilitated to ensure that all participants have the opportunity to contribute equally and that discussions are not dominated by individual concerns or issues, where this is not appropriate.

Some discussion of roles, confidentiality and setting of ground rules may be appropriate each time new members join.

If this method of involvement becomes widely established, it is possible to link a number of panels into an over-arching panel. Such a panel would help to identify concerns and views over a wider area and ensure that there are robust mechanisms to feed the results into strategic plans.

#### **Advantages**

- Members of panels may rotate so that at any one time there is a balance of 'old' and 'new' members
- Opportunity for debate and qualitative feedback
- Panels can provide a quick measure of public opinion on a specific issue that can then be tested out with the wider community
- Members have direct experience of the services being discussed and usually a genuine desire to make services better for future service users and carers.

#### **Disadvantages**

- Limited membership provides difficulties in gaining adequate representation
- Can sometimes be less exploratory than focus groups depending on method of facilitation
- Need to ensure that service users and carers with positive and not just negative experiences participate.

The Southern Trust has recently established a PPI Panel so that service users, carers and other stakeholders can provide feedback on how the Trust is progressing its personal and public involvement agenda and work with the Trust to enhance PPI across all of its services. To date the PPI Panel has agreed its Terms of Reference, completed Induction Training and developed an action plan. Further information on the development and work of the PPI Panel can be found in the PPI section of the Promoting Wellbeing website [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the Trust website.

## **PARTICIPATION**

### **Patient Experience Stories**

The basis of this method is that a patient tells their story, confirms the details and then an action plan is drawn up to address the main issues identified.

The purpose of taking patient stories is to understand the patient's experience of a service. Patients tell us whatever is important to them and what would improve their experience. Carer's stories can also be used and parent stories in Children' Services. This method of obtaining information can complement other information that you may already have collected from surveys, audits etc.

Patient experience stories are usually completed by using a tape recorder as it can be difficult to write and listen at the same time. You need to ensure that you are familiar with the process of informed consent. If you are not confident to obtain informed consent you should ask your link person/ manager to do this part of the process for you – it does not preclude you from taking stories.

### **Patient Selection**

When identifying patients to participate it is preferable to select patients based on inclusion and exclusion criteria. For example, have patients been an inpatient for a minimum period or are they able to give written and informed consent? Once you have selected your patients, have an initial talk with them about the purpose of the project, with them about the purpose of the project, consent and inform them that they can have a carer/friend present if they wish. Agree to return and see the patient again within 24 hours to confirm if they would like to consent and do the story.

## Obtaining Consent

Obtaining consent is crucial and the story taker must be the person obtaining written consent.

- Have an initial talk with patients about the purpose of the project and consent requirements
- If the patient has verbally agreed to be interviewed escort them to where the interview will take place
- Clarify the patient's understanding to ensure informed consent and that they are happy to continue
- Obtain three written consent forms
- If using a tape recorder ensure it is in working order and label the tape with the patients number.

## Obtaining the Story

Taking a story takes time. Allow a couple of free hours to take the story and schedule in time to listen and reflect on the story afterwards.

- Remember the aim of the interview is to hear the experience of the patient, not to investigate areas of satisfaction
- Reassure the patient that the interview can be stopped at any time
- Use a tape recorder and/or take notes
- Start by asking the question 'what is like to be a patient here?' Start wherever they would like to start and ask them to tell you whatever they would like to
- Use prompts eg. 'how does it feel ...?'
- If the patient becomes distressed, stop the interview
- If they raise a complaint, ensure they are aware of the Southern Trust's complaints procedure
- Finish the interview when the patient says so
- Check with the patient the general points as you have noted them during the interview
- Tell the patient when the notes will be ready for their feedback
- Alert staff if the patient became distressed during the process and ensure it is documented

- Leave a copy of the consent form in the patients notes, give one to the patient and keep one copy.

### After the Story

- Seek support for yourself if the interview or any part of the process was difficult
- Listen to the tape as soon as possible following the interview and place the patient's words in themes (a template is currently being developed to assist with this)
- Label the template with the patient's number. Write or type the patient quotes straight onto the template
- Ask a colleague who does not work in the area where the story was taken to give you feedback on your interviewing technique. You could both listen to the tape together rather than individually
- Return to the patient for verification if that was agreed with them at interview.

Training for Patient Experience Stories and Observation of Practice is currently being rolled out to help staff evidence that they are achieving the five standards outlined in 'Improving the Patient and Client Experience' (DHSSPS, 2008). For further information contact the PPI Team.

### Checklist - Patient Experience Stories

What criteria will you set for selecting patients?

How will you decide this?

Is your department committed to this approach and is it clear how it will respond to issues raised?

Has the department decided on how it will deal with difficult personal issues?

What procedures exist for agreeing processes that will bring about change in the Trust?

How will you feedback to individual patients involved?

Are there ethical issues?

## PARTICIPATION

### Patient/Service User/Carer Diaries

Many people keep personal diaries. They are a very useful medium for recording an individual's life experiences. They also have an application as a means of recording an individual's, families and even an identified group's experiences of using health and social care services.

The discrete events of a person's illness, use of health services, and patterns of care can provide useful observations and give insight into the way a service is delivered and used over time. Collections of diary-based experiences can provide a comprehensive picture, over time, of a specific service and yield important information.

#### *Advantages*

- Provide a personal view of using a particular service
- Diaries can provide a sensitive, subtle interpretation of the actions of 'others'
- Very useful way of understanding the effect of the service provider on those receiving the service
- The material provided by single or groups of diarists can often fill in the gaps in more empirical pieces of research.

#### *Disadvantages*

- Recruiting diarists can be difficult
- Participants may forget to keep the diary. This applies especially in the case of groups of individuals keeping diaries for recording protracted events such as child bearing or chronic illness
- Successfully organising such a project is complex and requires time, dedication and tact
- There may be a need to assist diarists in keeping up-to-date with their entries. However this can influence the content of the diary or may lead to the production of fiction if there are gaps that need to be filled
- Diarists need to be encouraged and the act of sustaining individuals for prolonged periods can be difficult
- The material yielded by diaries may be criticised as being too subjective. This must be weighed against the need to acquire very personal and sensitive insights.

If you are thinking of using patient diaries as a method of involvement you will need to consider the following:

- What is the purpose of your project?
- Have you obtained written consent from patients/service users? You will need to develop a consent form
- What is your inclusion and exclusion criteria?
- Do you need to produce patient diary guidelines for staff?
- Do you need to produce diary guidelines for patient/service users?
- Produce an information leaflet for patient/service users and carers
- How will you evaluate this as a method of involvement?
- Do you need to produce a Project Initiation Document (P.I.D.) which outlines what, where, why, how about your project?

### Patient Selection

You will need to identify suitable patients based on the inclusion and exclusion criteria that you set. Please see example below.

#### Inclusion Criteria

- Has been a patient for a minimum of 24 hours
- Voluntary participation in the project
- Cognitively and physically able to give consent to take part in the study
- Able to give written and informed consent
- Aged 18 upwards
- Patients from Black and Minority Ethnic and Traveller Backgrounds.

#### Exclusion Criteria

- Patients who are not physically or cognitively able to keep a diary
- Patients who do not give informed consent.

## Patient Diary Guidelines

You can obtain samples of the following from your PPI Officer:

- Patient Diary Guidelines
- Sample Information Leaflet
- Sample Project Initiation Document.

This method is currently being piloted by staff in the Intensive Care Unit, Craigavon Area Hospital.

### Checklist - Patient/Service User/Carer Diaries

Issue of and retrieval of Diaries?

Do you have resources to cover this?

Where will diaries be stored?

Are all staff in your team aware of the project? Do you have buy-in?

What will you do with completed diaries?

Have you considered the needs of patients who may not have English as their first language?

Or other patients that may need support – what about Dictaphones?

Are there any Ethical issues?

## 5. PARTNERSHIP

Partnership working is working together across organisations and sectors. It brings different skills and resources together to deal with a common problem. It is a long term approach and requires flexibility and openness. By involving service users, carers and other stakeholders in agreeing a shared vision of improved services and by working at all levels, we can develop and expand the scope, versatility and capacity of health and social care services for the benefit of all.

The following methods are examples of how you can work in partnership with service users, carers and the public.

### PARTNERSHIP

#### Citizens' Juries

This method of involvement is particularly good for involving the wider public in decision-making; specifically decisions about strategic planning, choices or service prioritising. The Jury consists of 12-16 members of the public selected as a cross section of the community. They meet for several days to hear 'witness' evidence and examine the issue in depth before making recommendations to the organisation. An independent moderator assists the smooth running of the process. With this type of involvement people participate as citizens not as patients, service users or carers. A steering group, comprising key stakeholders in the topic to be discussed, oversees the Jury development. This group makes key decisions about the Jury eg. witnesses to be called, material to be presented to the Jurors, though it is essential to test these ideas with a group, similar in composition to the selected Jury. The Jurors are able to request additional information, including witnesses, during the course of the Jury. Like a legal jury, the idea is that such a group- through participatory representativeness - can fairly represent the conscience and intelligence of a community. This long-standing reasoning contrasts with today's most common quantitative and qualitative methods for representing the public's views - the opinion poll and the focus group - which don't allow participants to represent their own views directly to policy-makers. The distinguishing characteristics of participants in a citizens' jury compared with other methods of qualitative research or deliberative democracy are that jury members are:

- Given time to reflect and deliberate freely with each other on the questions at hand, occasionally assisted by a neutral advisor
- Given the opportunity to scrutinise the information they receive from witnesses, whom they interrogate themselves
- Expected to develop a set of conclusions or ‘vision’ for the future – this need not be unanimous.

Citizen’s juries are useful for any situation where you need to understand the views of citizens, neighbourhoods and communities on complex issues. The ‘verdict’ of a citizens jury could form just one element of the broad range of evidence that helps inform your high level policy and decision making. Alternatively, the jury might be empowered to make decisions about issues that affect them; for example, a neighbourhood jury might decide on the allocation of community funding for local projects. Unfortunately, the demands on staff time and the cost of hiring appropriate facilities make traditional citizens juries expensive to run. Also, because they are usually held during the daytime, this can be a barrier to inclusive engagement.

### Checklist for Citizen’s Juries

Is the Trust fully committed to this approach?

Do you have the time to plan this?

Who will support this exercise?

Is it possible to supply the jurors with the kind of information they need?

Are the witnesses willing to take part as planned?

Is it an issue that can be influenced by this process or are there other limiting factors?

Can you fund this?

How will you recruit jurors?

Where will it be held?

Will you be able to access experienced support to run this exercise?

## PARTNERSHIP

### Expert Patients

'Expert Patient' is a term used to refer to people who have experience of a condition or illness and who are prepared to share it to convey knowledge about living with it to others. It is mainly used to refer to people taking part in self-management programmes that enables people with a condition to train others with a similar long-term condition to develop skills in managing their own illness.

#### *Advantages*

- Easy to access
- A skilled and knowledgeable resource
- Expert patients can work independently to empower others.

#### *Disadvantages*

- Danger that the 'professional patient' may lose touch with their original experience
- Some hold views that are limited or biased
- Could restrict access to broader and more diverse range of patients.

### Checklist - Expert Patients

Do you know how to identify expert patients and to access them?

Are you clear about the issues you are involving them in?

Have you agreed what support and resources they require?

How will you evaluate their participation?

How will the information be used?

For further information please log onto the Expert Patient's Programme - NHS Choices website at [www.nhs.uk/conditions/expert-patients-programme](http://www.nhs.uk/conditions/expert-patients-programme) or [www.expertpatients.co.uk](http://www.expertpatients.co.uk)

## PARTNERSHIP

### Planning Groups

The Trust has four Directorates that deliver health and social care services directly to the community: Mental Health and Disability, Older People and Primary Care, Acute Services, and Children and Young People's Services. Each Directorate holds meetings to plan service delivery, new services, or for service improvements. If service users express an interest in being a user representative at any of these planning meetings you will need to consider what training and support they will need to enable them to be involved at this level.

This method of service user involvement broadens the range of views represented at meetings providing an external perspective which can be extremely valuable in the strategic planning of local health and social care services.

## OTHER METHODS

### PROMs (Patient Reported Outcome Measures)

In order to determine if a process brings benefits and to continue to improve it we need to measure the outcome. We cannot rely on process alone as evidence shows that there is widespread variation and inconsistency in process in clinical practice. Patient reported outcome measures (PROMs), unlike most of the other clinical measures used traditionally (re-admissions, infection rates, adverse incidents, etc.), usually measure health gain - what actually happens to most patients who interface with the healthcare system. PROMs go beyond simply asking "Are you satisfied?" Using detailed questionnaires they elicit patients' assessments of aspects of their health-related quality of life – how mobile they are, their mental state, their overall health etc.

There has been a huge expansion in the development and application of questionnaires, interview schedules and rating scales that measure states of health and illness from the patient's perspective. Collectively these methods are referred to as patient-reported health instruments. Such instruments are completed by patients themselves or, when necessary, others on their behalf, to provide a measure of their experiences and concerns in relation to illness,

health status and quality of life. These instruments can be used in a number of applications including clinical trials, economic evaluation and routine patient care.

The possible uses of this information are extensive. For example, it could be used to adjust activity-based productivity measures for quality. Patients will at last have a real measure of quality to help them make properly informed decisions about which hospital/specialist to use. Linking information on PROMs to patients' medical records and other datasets would, for the first time, allow proper evaluation of broader government health policies as they affect equity: not just how much benefit, but who benefits and by how much.

This method has been used in England particularly in relation to elective surgery procedures such as hip and knee replacement and varicose veins. While the methodology in itself may be useful, because we have a limited number of hospitals/specialists available for particular procedures in Northern Ireland we cannot therefore provide the same range of choice.

For more information you can download Department of Health (England) Guidance on the routine collection of PROMs 2009/2010

<http://www.dh.gov.uk/prod>

## OTHER METHODS

### EBD (Experienced-Based Design)

Experienced-Based Design is an exciting new way of bringing patients and staff together to share the role of improving care and re-designing services. It is being developed by the NHS Institute for Innovation and Improvement as a way of helping frontline NHS teams make improvements their patients really want. EBD can have amazing results – delivering the sort of care pathways that leave patients feeling safer, happier and more valued, and making staff feel more positive, rewarded and empowered. The EBD approach uses experience to better design healthcare and is unique in the way it focuses so strongly on capturing and understanding patients', carers' and staff experiences of services; not just their views of the process like the speed and efficiency at which they travel through the system. Instead, this approach deliberately draws out the subjective, personal feelings a patient and carer experiences at crucial points in the care pathway. It does this by:

- Encouraging and supporting patients and carers to ‘tell their stories’
- Using these stories to pinpoint those parts of the care pathway where the users’ experience is most powerfully shaped (the ‘touch points’)
- Working with patients, carers and frontline staff to redesign these experiences rather than just systems and processes.

For more information please log onto the NHS Institute of Excellence and Innovation [www.institute.nhs.uk/ebd](http://www.institute.nhs.uk/ebd) or ask the PPI Team about the E.B.D. Toolkit.

This approach has been used within the Surgery and Elective Care Division to develop a pathway for Enhanced Bowel Recovery.

## OTHER METHODS

### Open Space Technology

This method is relatively new and is often referred to as “Open Space”. It allows unlimited numbers of participants to form their own discussions around a central theme.

Open Space creates very fluid and dynamic conversations held together by mutual enthusiasm for interest in a topic. A trained moderator can be useful, especially when people are used to more structured meeting methods.

#### **The fundamental principles of Open Space are:**

- Whoever comes are the right people (the best participants are those who feel passionately about the issue and have freely chosen to get involved)
- Whenever it starts is the right time (Open Space encourages creativity both during and between formal sessions)
- When it’s over it’s over (getting the work done is more important than adhering to rigid schedules)
- Whatever happens is the only thing that could happen (let go of your expectations and pay full attention to what is happening here and now).

There is also one “Law”: The “Law of two feet”: (If participants find themselves in a situation where they are not learning or contributing they

have a responsibility to go to another session, or take a break for personal reflection).

It is vital that there are good written reports from all discussions, complete with action points, available at the end of each day. Feedback and implementation structures are important to carry the suggestions forward after the event itself.

You should use Open Space when large and diverse groups are involved, when you require creative thinking around an issue, when you want an open discussion and collective decisions, when you want to develop ownership over the results, when you want to develop better working relationships or when you want to build a sense of community.

### ***Advantages***

- Extremely flexible process
- Participant driven approach
- Unleashes creativity.

### ***Disadvantages***

- Cannot be used to direct people to a specific outcome
- Need to ensure that action points and implementation structures are followed through otherwise the whole experience will not bring about change
- Can be difficult to maintain momentum afterwards.

For more information on OST refer to [www.openspaceworld.org](http://www.openspaceworld.org)

## OTHER METHODS

### World Cafe

The World Cafe is a method which makes use of an informal cafe for participants to explore an issue by discussing in small table groups. Discussion is held in multiple rounds of 20-30 minutes. The event is concluded with a plenary.

Participants are seated around small tables with tablecloths and tea, coffee and other beverages. The cafe atmosphere allows for more relaxed and open conversations to take place. Often participants are provided with pens and are encouraged to draw and record their conversations on the paper tablecloths to capture free flowing ideas as they emerge.

Participants discuss the issue at hand around their table and at regular intervals they move to a new table. One participant (the table host) remains and summarises the previous conversation to the newly arrived participants. By moving participants around the room the conversations at each table are cross-fertilised with ideas from other tables. At the end of the process the main ideas are summarised in a plenary session and follow-up possibilities are discussed.

#### **Advantages**

- Creative process for developing new ideas
- Informal and inclusive
- Has the potential to be cheap and easy to organise.

#### **Disadvantages**

- Requires a clear and relevant question
- Cannot be used to make direct decisions
- Need to ensure that action points and implementation structures are followed through otherwise the whole experience will not bring about change
- Can be difficult to maintain momentum afterwards.

The Trust's Mental Health Division held a 'World Café' stakeholder workshop in March 2010 to explore the experiences of people with a mental health illness, identify examples of good practice and highlight challenges encountered. 'World Café' methodology was utilised to create a hospitable space to explore questions that mattered and encouraged everyone's contribution.

The purpose of the stakeholder workshop was to:-

- Give stakeholders an opportunity to identify issues and shape action plans
- Provide an opportunity for stakeholders to learn from each other
- Provide an opportunity to make connections and develop new ideas.

For more information on World Café go to [www.theworldcafe.com](http://www.theworldcafe.com)

## Social Media Methods

'Social media' refers to the latest generation of interactive online services such as blogs, discussion forums, pod casts and instant messaging. Social media includes:

- Social networking sites eg. Bebo, Facebook and MySpace
- Micro-blogging services eg. Twitter
- Video-sharing services eg. YouTube
- Photo-sharing services eg. Flickr
- Online games and virtual reality eg. Second Life.

The above present us with new methods of communicating or engaging with our service users, carers and the wider public on key health and public health issues. With more and more people signing up to social networking sites such as Twitter and Facebook, service users, carers and the wider public now expect to be contacted in the medium they prefer.

Social media provides a new and evolving communication tool and some NHS organisations are beginning to learn how they can best utilise it to encourage discussion, debate and information sharing with people in their communities. There is great scope to use social media and networking as a way to reach individuals and marginalised groups that are sometimes not included in traditional methods of involvement eg. children and young

people, people with communication difficulties and people who are housebound or socially isolated.

### ***Advantages***

- Excellent tool for promoting events, information and announcements
- The ability for information and messaging to go to a larger audience.

### ***Disadvantages***

- Not everyone is computer literate
- Not everyone has access to a PC.

Combining social media communication with direct mail, email, SMS (text messaging) and communication through the press and websites will ensure a well rounded message is portrayed, yet opens the door for two way communication between the Southern Trust and our service users, carers and the wider public.

# Recruiting Participants



## RECRUITING PARTICIPANTS

If personal and public involvement is going to work effectively it is important to obtain accurate and relevant information from participants.

One of the most important issues relating to personal and public involvement is how to ensure that the information and views received are representative of all 'voices.'

Careful consideration needs to be given as to who is to be involved to ensure that the patients, service users, carers and the public are truly represented.

It is also useful to include the views of key members of staff who are involved in the service delivery.

### **Involving specific groups that are traditionally 'hard to reach'.**

#### **Who are considered 'Hard to Reach'?**

Hard-to-reach groups represent sections of the public that are traditionally more difficult to engage or consult with. Frequently it is these groups who do not access services to which they are entitled, and often need. They do not naturally come to us so we need to go to where they are.

**Section 75** of the Northern Ireland Act 1998, places a statutory duty on public authorities to have due regard to the need to promote equality of opportunity.

Below is a list of groups that may be classified as hard to reach, although this list is not exhaustive:

- Anyone who is disillusioned with, or has a bad experience of, a service
- Black and minority ethnic communities including Irish Travellers
- Disabled people
- Children and young people
- Older people
- Refugees and asylum seekers
- Homeless people
- Single parents

- Sex Workers
- Carers
- Lesbian, gay, bi-sexual and transsexual people
- Victims of domestic abuse
- People who abuse drugs and/or alcohol.

It is important to remember that each community will have sections in it that are harder to reach than others. These will change over time with demographics and, to some extent, community development and similar locality work.

There are ways of reaching most groups in the community, but some may require additional support to engage. The first step is to talk to the particular group or individuals about the best way to consult and involve them. This could be done on a small scale or as part of a larger involvement exercise including all potential audiences.

Another suggestion is to make use of those people who have existing expertise of working with particular groups and /or individuals. In some cases trusted parties can act effectively as intermediaries.

The following pointers may assist in involving certain specific groups (this is not an exhaustive list and should be used in conjunction with the PPI Fact Sheet on 'Working with Hard to Reach Groups' which is available on the User Involvement - PPI Section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info) and on the intranet).

### People with Disabilities

- Develop links with both statutory and non-statutory agencies that work with disabled people
- Consider the barriers to disabled people – access is not only about physical access but includes accessibility of information, signage, staff attitude and use of appropriate language and auxiliary aids eg. induction loop systems
- Ensure that any information provided informs people of full access details and invites them to provide details of any additional requirements so that you can accommodate their needs eg. provision of a loop system, additional place for a support worker or personal assistant, accessible parking space and bathroom facilities. All information should be in accessible formats

- Ask disabled people for advice. Do not make assumptions about people's abilities or needs and remember that some impairments are 'hidden' eg. mental health problems
- Involve support workers and carers
- Consider the implications of the Mental Health (NI) Order 1986 and the Disability Discrimination Act 1995.

## People with Learning Difficulties

- Involve the relevant support groups and independent agencies
- Establish whether the individual has a key worker, family member, carer or friend whom they may wish to be involved
- Talk to, and look at, the person, not the advocate or supporter who may be present
- Speak slowly and be prepared to be interrupted and go over things again
- Have information available in an accessible format/easy read - (eg. straight forward, jargon free language, short sentences, large print, pictures)
- Link with Learning Disability Services in the community such as MENCAP
- Work with advocacy and self-advocacy groups
- Ensure people with learning disabilities are involved, not just their advocates.

## Older People

- Develop links with external agencies that work with older people and carers such as Age NI, Carers NI or local groups
- Have information available in large print and on audio tape
- Involve older people in their own homes or community settings if this is their preference.

## Children

- Develop links with CiNI (Children in Northern Ireland). CiNI is the regional umbrella organisation for the children's sector in Northern Ireland ([www.ci-ni.org.uk](http://www.ci-ni.org.uk)) and provides advice, guidance and support to organisations wanting to involve children and young people

- Work with parents' groups to identify the most appropriate ways of involving children
- Provide information in an appropriate style and format both for parents/carers and children
- Choosing a venue where children and young people feel comfortable and able to enjoy themselves is important
- Make it fun, with games, creative activities and a welcoming attitude
- Talk to the children, not just their parents or carers
- Provide refreshments and other goodies (balloons or stickers for younger children, pencils or pens for older ones), as this will show that you value their opinions and experience and make it more likely that they will want to participate again
- Develop partnerships with local schools and pre-schools to develop involvement mechanisms that can compliment the curriculum
- Consider using video and interactive material or the internet
- Develop links with both statutory and non-statutory agencies that work with children eg. VOYPIC (Voice of Young People in Care), Barnardo's, Youth Action etc.
- Be flexible! Things change in children and young peoples' lives all the time, as does their attention span.

### **BME Groups – (Black and Minority Ethnic Groups)**

- Map out a range of formal and informal places where service users and potential service users can be reached e.g. shops, schools, colleges, faith organisations, English language classes, parent and toddler groups, local festival celebrations
- Select appropriate community venues where people feel comfortable and times (checked with the community) when they can attend meetings or can be contacted
- Provide refreshments that are appropriate to people's religious and cultural needs
- Provide information, in 'plain English' (jargon free) that is appropriate to people's culture and language. Remember that some people may not read or write their first language. In addition to translated material, consider the use of audio/video tapes as well as word of mouth
- Offer interpreters – use the Southern Trust Policy on accessing

interpreters (on the intranet under Policies and Procedures).

- Respect each other's differences
- Challenge discrimination such as racist language and behaviour, from whatever source
- Establish early links with relevant community or support groups.

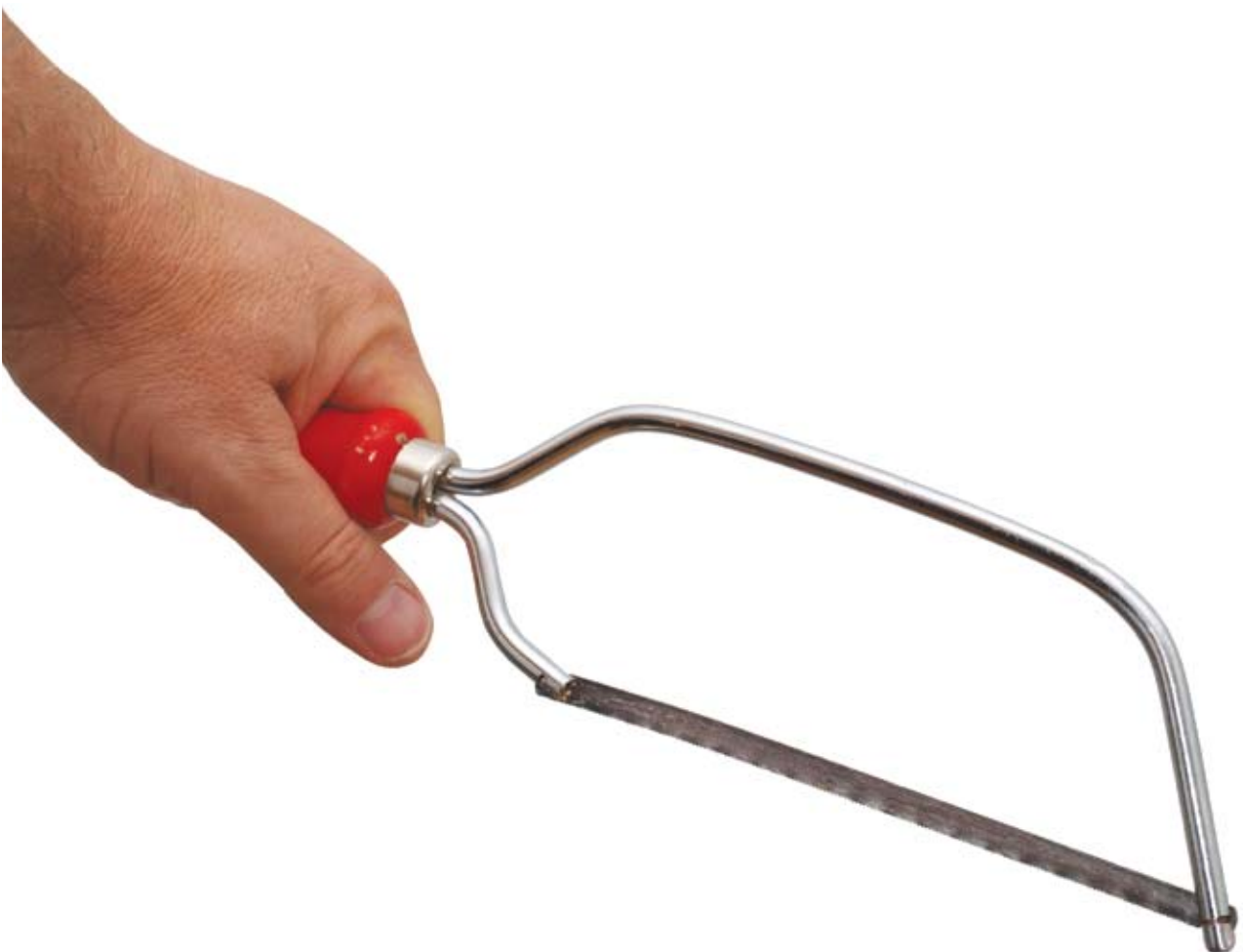
### Gay, Lesbian, Bisexual and Transgender Communities (LGB&T)

- Consider targeting through the gay press and leaflets rather than relying on local meetings
- Use local gay venues
- Think about using the internet
- Contact local gay organisations eg. Rainbow Community Group, Newry
- Involve lesbian and gay organisations and networks
- Avoid alienating lesbians, gays, bisexual and transgender from general approaches by ensuring all materials and approaches avoid heterosexual assumptions, stereotypes, images and language.

### Travellers

- Link with local Traveller Support Groups
- Link with the SAAT (Southern Area Action for Travellers) Partnership
- Respect Traveller culture, customs and beliefs
- Ask Travellers what way they would prefer to be involved in
- Link with the Community Relations Departments at District and Borough Councils and utilise Health Visitors, Trust Traveller Support Workers etc.

# Dealing with Feedback



## RESULTS AND FEEDBACK

Personal and public involvement exercises should relate to ongoing service evaluation, possible service development, or a decision that the Trust is intending to make.

**In all cases it must be apparent that the outcome can be influenced by the personal and public involvement process. Therefore the information, ideas, opinions and preferences gathered from the involvement process will need to be recorded, collated, analysed and summarised.**

Feedback is a crucial element of PPI. It is good practice to let participants know what has been achieved as a result of their involvement otherwise they may be reluctant to become involved again. Feedback to service users, carers and the public can be made in different forms, verbally, in writing, at meetings, on websites etc.

Try to avoid raising expectations that cannot then be fulfilled. If, for some reason, you are unable to achieve what you planned, or indeed, you have to override local views, it is important to feed this information back and explain why.

It is essential that the results of the exercise are shared with the participants. Discuss appropriate ways eg. full report or summary or both. Participants must also be told what is going to happen as a result of the exercise and their contribution. Results and actions taken in response can also be disseminated and publicised through the following media:

- Posters displayed in waiting areas “we asked you, this is what you told us, this is what we’ve done”
- A short ‘newsletter style’ briefing paper for staff and the public
- Short presentations at appropriate fora
- Via the media
- Written reports and presentations.

## Presentation of Findings

Ways of presenting and analysing data and information will vary according to the type of information. Qualitative information, where perhaps opinions or textual case studies may be involved, may be summarised in the form of a text report. On the other hand, quantitative data, where numbers or counts are involved, may be better summarised and expressed in the form of a table, chart or graph with some accompanying narrative.

## Report Writing

It is often easier to write a report if you ask yourself the following questions:

- What is the purpose?
- Who is the report for?
- What is their level of knowledge?
- What will they want to know?

The simplest report has three parts:

- Introduction (include the objective in this section)
- Body of the report
- Conclusions and recommendations.

If a more complex report is required, it may be useful to consider the following headings:

- Title Page
- Executive Summary
- Table of Contents
- Introduction
- Body of the Report (use appropriate headings)
- Conclusions
- Acknowledgements (if you have consulted other people)
- References (if you have quoted other sources)
- Bibliography (if you have referred to books)
- Glossary (of terms, abbreviations, symbols etc.)
- Appendices (supplementary information).

***Points to Remember!***

- Write the body of the report first
- It is easier to write an introduction when you know what you are introducing
- An introduction states the subject, the purpose and the plan of delivery. It may also contain any essential background information but no hard facts
- The summary outlines the main points of the report
- It is easier to write a summary if it is written last.

# Evaluation



## EVALUATION

In order to embed PPI across the Trust so that it becomes an integral part of people's jobs, it is imperative that there are robust forms of measurement in place to assess the impact of involvement activity.

To fully assess the impact of the involvement activity staff need to consider:

- Evidence of improvement - evaluation by staff, service users and the public before and after change
- Broader implications - cost, impact on other services, impact on voluntary and community organisations and the local community
- Effectiveness of involvement processes - evaluated by staff, service users, carers and other stakeholders.

Thorough evaluation processes should assist us to:

- Assess the impact of PPI within our core functions: service provision, commissioning, service and strategy development and planning processes
- Identify learning to strengthen PPI within our business plans
- Develop recommendations on how to further embed PPI and ensure it is practiced across the Trust in accordance with the PPI Strategic Plan and statutory duty
- Provide evidence for external assessment.

The outcome of effective evaluation should help to determine if:

- There is a high level of awareness of and value placed on PPI amongst senior managers and other staff
- There is a clear understanding of the purpose of PPI
- We have used effective methods to involve service users
- The PPI activity has made a positive difference.

Make sure you plan how you will give feedback by discussing this with participants and outlining the options for receiving the feedback, at the start of your project.

## Evaluating the Involvement Process

As well as sharing feedback with participants on the outcome of the PPI activity, it is also important to seek participants' views on the actual involvement process. Here are some things to consider:

- Did the method chosen make it easy for participants to engage?
- Do they consider that their involvement was worthwhile?
- Do they have views on how we could get better feedback and/or improve our involvement processes in the future?

This can be done at the same time as you communicate the feedback.

The following questions may help you to evaluate a participation project:

- Were the participants representative of those who use your service?
- Were there any groups or interests that were not represented?
- Was the method used successful?
- Was the aim of the exercise achieved?
- Was the information collected used to inform service changes and/or planning?
- What lessons can be learnt for future PPI exercises?

## PPI Action Plan and Indicators

The Southern Health and Social Care Trust is required to develop an action plan detailing how it intends to enhance Personal and Public Involvement (PPI) in the planning, delivery and evaluation of its services. The development of the Trust's PPI Action Plan has involved three stages:

1. The development of a PPI Strategic Plan 2010-2013 that provides information on the background and purpose of PPI, the Trust's commitment to PPI, details on Trusts requirements and the structures to ensure delivery.
2. The second stage in the PPI Action Plan has been a mapping and evaluation exercise to gather information on current PPI activity within Directorates. This has provided baseline information and reports

which can be viewed on the PPI Section of the Promoting Wellbeing Website and the Trust's Intranet and Website

3. The development of individual Directorate Action Plans detailing the specific actions they are undertaking. Together these plans reflect the overall Trust PPI Action Plan for the year.

The PPI Team has developed a PPI Action Plan template and Directorates are asked to outline their plans for enhancing personal and public involvement against five overall themes:

- A. Information**
- B. Levels of Service User and Carer Involvement**
- C. Evidencing Patient & Client Experience Standards**
- D. Training**
- E. Monitoring and Evaluation.**

A set of PPI Indicators has been developed to assist in the evaluation process:

### **A. Information**

1. Do you have information explaining who you are, what you do and how you can be contacted?
2. Do you provide information to help service users and/or carers to understand more about their health and/or social care needs?
3. Do you signpost service users and carers to other sources of support and/or provide information on other sources of support available locally?
4. Do people who use your service and their carers know how to make a complaint?
5. Do people who use your service and their carers know that they have a right to be involved in the planning, development and evaluation of the service you provide?
6. Do you provide a list of opportunities for involvement?

## B. Levels of Involvement

1. Do you involve service users in the development of their care and/or treatment plan?
2. Do you involve service users, their carers/family and Trust staff in the evaluation of the service you deliver?
3. Do you involve service users, carers, Trust staff and the public in the development of new services or in planning service improvements for the service you deliver?
4. Do you involve service users, carers, Trust staff and the public in the planning and development of services/projects that influence the way your Directorate carries out its business?
5. Do you involve service users, carers, Trust staff and the public in the planning and development of services/projects that influence the future direction of the Trust?

## C. Evidencing the Patient Client Experience Standards

1. Do you have mechanisms in place to demonstrate/monitor and evaluate how staff in your area of responsibility uphold the 5 Patient Client Experience standards – Respect, Attitude, Behaviour, Communication, Privacy and Dignity?

## D. Training

1. What mechanisms do you have in place to assess the training and development needs of your staff to enhance their skills in personal and public involvement?
2. What mechanisms do you have in place to assess the training and development needs of your service users, their carers and the public to enable them to participate in involvement activities?
3. What opportunities can you identify for service users and carers to become involved in the training of your staff?

## E. Monitoring and Evaluation

1. How do you measure/assess the impact and outcome of your involvement activities?

### Corporate PPI Action Plan and Progress Report

Each year the PPI Team develop a corporate PPI Action Plan and Progress Report using the information from the Divisional and Directorate PPI Action Plans and Progress Reports.

In addition, the PPI Team develops summary progress reports for each Directorate which provide detail on specific PPI activities undertaken during the year by Division.

These action plans and progress reports are available on the PPI Section of the Promoting Wellbeing website and the Trust's intranet and website.

### PPI Evaluation within the Southern Health and Social Care Trust

In June 2009, the Southern Trust, along with four of the other five Health and Social Care Trusts participated in the four Nations pilot and research to develop a PPI Evaluation Framework. The Trust received an evaluation report on its work and progress in relation to PPI and a PPI Organisational Audit Tool was developed so that Trusts and other large organisations could assess and monitor progress.

The Trust has made significant progress in developing and implementing the Guidance on Strengthening Personal and Public Involvement in Health and Social Care (DHSSPS Circular: HSC (SQSD) 29/07) at both corporate and operational levels. The approaches to evaluation to date have focused on the following:

- The mapping and evaluation of current baseline activity across Directorates and Programmes of Care that has informed the development of Directorate Action Plans
- The completion of the regional PPI Organisational Audit Tool (Tritter) in respect of organisational structures and mechanisms (This can be viewed on the Promoting Wellbeing Website - User Involvement - PPI Section and on the intranet)

- Progress reports based on the development and implementation of Directorate specific action plans against the Trust's key PPI indicators
- The recording and analysis of completed PPI Activity forms
- Evaluation within specific Trust facilities of the Patient/Client experience against compliance with the standards of PPI.

The Trust is further developing its PPI evaluation approaches through the PPI Team in conjunction with the PPI Panel. The Regional PPI Forum has also established a sub-group to consider PPI evaluation and the Trust contributes to this through the PPI Team.

### Reporting back on your PPI Activity

The Southern Trust is required to submit a PPI Annual Report providing an overview of PPI activities with feedback and learning from the process. In order to fulfil this requirement, the PPI Team have set up a register to record PPI activity to monitor quality and measure improvement against its baseline.

Any user involvement activity should be recorded on the PPI Activity Form (Appendix 4) and forwarded to the PPI Team.

You can email this form to the PPI Team and someone will contact you by telephone to follow up on any further information required. The PPI Team can also provide support to complete the form if required.

You should keep a copy of this form (Appendix 4) in your folder as a record of all your PPI Activity and this will also be really helpful when you are asked to develop your PPI Action Plan or contribute to your PPI Progress Report.

Details of additional support can be found at Section 11 of this Toolkit on page 83.

# A Guide to Reimbursement



## A GUIDE TO REIMBURSEMENT

The involvement of service users, carers and stakeholders is a central element of health and social care activity. For effective involvement people need to feel supported and that their contribution is valued by both the organisation and its staff. The Southern Trust believes that where service users, carers and stakeholders are involved in supporting the ongoing development of services they should not be left 'out of pocket' or financially worse off as a result.

The purpose of this section is to provide a summary of the 'Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures', November 2009 which can be found on the Trust's website, intranet and the Promoting Wellbeing website [www.promotingwellbeing.info](http://www.promotingwellbeing.info)

### Who can be Reimbursed?

The Southern Health and Social Care Trust will reimburse legitimate out-of pocket expenses to service users, carers and stakeholders who have agreed to become involved and participate in service development and improvement activity such as meetings, discussion fora, focus groups, training events, interview panels or a defined task or work programme.

### What Expenses can be Claimed?

The costs a service user or carer is likely to incur in the course of involvement should be discussed and agreed in advance. This will normally be with the person who is inviting the service user/carers to be come involved or the budget holder.

The following out of pocket expenses will normally be reimbursed:

#### Travel

- Service users and carers involved on a voluntary basis can be reimbursed travel expenses from home to the place of meeting and the benefit system does not treat these expenses as income provided they are actual and not rounded up amounts
- Reimbursement for travel is offered in full at public transport rate of **24p per mile** or on **production of a valid bus or Rural Transport receipt**

- Reimbursement for **taxi fares** will only be paid in exceptional circumstances at the discretion/prior approval from the Trust.

### **Subsistence**

Service users and carers who are involved can be provided with tea, coffee, meals and other refreshments as appropriate. Service users and carers involved on a voluntary basis can be reimbursed the cost of meals or refreshments that are incurred during the course of their involvement should it be over a lunch or evening period where these have not been provided, however this must be agreed in advance. This will not affect benefits.

Subsistence allowances will be paid in line with those agreed under Agenda for Change detailed in Annex N of the AFC Handbook.

### **Costs incurred for Replacement Care and Individual Support Needs**

A service user or carer's exact replacement care costs and individual support needs should be discussed and agreed in advance. Reimbursement of these costs will be in accordance with the 'Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures', November 2009.

## How to make a Claim

Service users/carers complete and sign the Claim Form 'Claim for Attendance at Meetings for Service Users and Carer's' which can be found at Appendix 5.

Staff should have these forms available at the start of any involvement activity and if possible circulate them to participants in advance.

In addition, claimants should also be asked to complete the Equality Monitoring Form at Appendix 6. The Monitoring Information Leaflet at Appendix 7 explains why we need to ask for this information.

If the involvement is ongoing, participants should only be asked to complete the Equality Monitoring Form with their first claim.

Service users/carers should be asked to return the claim form (and in the case of first time claims the Equality Monitoring Form) along with any receipts to the Project Lead or staff member.

The Project Lead or staff member should ensure that all information is included and correct eg.

- Service user/carer name and address is clearly written
- Activity/project details
- Transport provider
- Correct details for BACS payment
- Cost Centre number (you can obtain this from your line manager or the budget holder).

Give the claim form to your line manager for authorization.

Completed claim forms should be sent to the Traders Payment Office, Finance Department, Lurgan Hospital, Sloan Street, Lurgan BT66 8NX.

Payment will be issued to service users/carers by cheque and posted to their home address **OR** paid directly into their account via BACS. Please consider the following when involving service users or carer's:

### What do service users and carers prefer?

- Cash payments on the day are preferred by service users and carers
- Payment by cheque can cause difficulties for those users or carers without bank accounts
- Delays in making payments discourage people from participating.
- Too much form filling can put people off claiming or even participating again in the future once they have experienced what they see as overly complex processes.

*Contributing on Equal Terms. Turner M, Beresford P, 2005.*

# Additional Support Available



## ADDITIONAL SUPPORT AVAILABLE

### The Role of the PPI Team

The role of the PPI Team is to work across Directorates and Programme's of Care to ensure service user, carer and public involvement and volunteering practice are integral within the development and delivery of their services. The PPI Team is here to provide advice, information, education and training and will also support managers and staff within Directorates and POCs to develop action plans to enhance user involvement and volunteering. The PPI Team is currently developing a range of fact sheets to support staff in enhancing personal and public involvement in their area of work. These will include more detailed information on individual methods of involvement. Fact sheets currently available to download from the Promoting Wellbeing website include:

- Focus Groups
- How to set up a Service User Group
- Methods of Involvement
- What is PPI?
- Questionnaire Design
- Working with Hard to Reach Groups.

If you require any further advice, guidance or assistance in relation to user involvement please contact:

**Carolyn Agnew**, *Head of Service for User Involvement and Professional Lead for Community Development*

Tel: 028 3741 2519

[carolyn.agnew@southerntrust.hscni.net](mailto:carolyn.agnew@southerntrust.hscni.net)

Also check out the PPI Section of the Promoting Wellbeing Website [www.promotingwellbeing.info](http://www.promotingwellbeing.info), the intranet and the Trust website 'Involving You' Section.

## The Role of the Promoting Wellbeing Locality Teams

The role of the Promoting Wellbeing Teams is to work with local communities, partners and organisations to:

- Identify needs and issues
- Develop and deliver programmes and actions to improve health and well being
- Support local community development and health improvement action.

Staff in these teams can also assist with user involvement. Their contact details can be found on the Promoting Wellbeing Website [www.promotingwellbeing.info](http://www.promotingwellbeing.info)

### Promoting Wellbeing Team in your area:

**Newry & Mourne:                      Tel: 30834325**  
***Fergal O'Brien, Manager***  
 John Mitchel Place  
 Newry  
 BT34 2BL  
**Email:** fergal.obrien@southerntrust.hscni.net

**Armagh & Dungannon:            Tel: 37412521**  
***Jillian Cosgrove, Manager***  
 St Luke's Hospital  
 71 Loughgall Road  
 ARMAGH  
 BT61 7NQ  
**Email:** jillian.cosgrove@southerntrust.hscni.net

**Craigavon & Banbridge:          Tel: 38344973**  
***Miceal McParland, Manager (Acting)***  
 Brownlow Health Centre  
 1 Legahorry Centre  
 Craigavon  
 BT65 5BE  
**Email:** miceal.mcparland@southerntrust.hscni.net

**[www.promotingwellbeing.info](http://www.promotingwellbeing.info)**

# References



## REFERENCES

DHSSPS Evaluation and Equality Unit (2003) Guidance on Consultation Methods for Managers within the HPSS family

Greater Glasgow Primary Care NHS Trust - A Framework for Patient and Personal and Public Involvement

NHSSC (1999) Involving Users

WHSSB (2004) Manual on Personal and Public Involvement and User Engagement.

Leicester City NHS Primary Care Trust: Patient and Public Involvement Toolkit for Staff

The NHS in Rotherham: Patient and Public Involvement Toolkit

Greater Peterborough Primary Care Partnership: Staff Toolkit for Public Involvement: May 2004

Darlington NHS Primary Care Trust: Patient Carer & Public Involvement Staff Toolkit: September 2004

Leeds Health Action Zone: Service User and Carer Involvement: Making It Real, Making It Meaningful, Making It Work: A toolkit for health and social care practitioners working in Leeds localities: July 2001

Cabinet Office Service First Unit (1999) Involving users – Improving the Delivery of Local Public Services

# Acknowledgements



## ACKNOWLEDGEMENTS

This Toolkit has been developed over a period of time following the baseline mapping exercise of Personal and Public Involvement activity across the Southern Trust.

The Personal and Public Involvement Team gratefully acknowledge the contributions of staff across the Southern Trust, other Health and Social Care organisations and service user and carer organisations whose advice, comments and experience of user involvement have been invaluable in the development of this resource. We would also like to thank the Regional PPI Forum for providing the funding for printing. All contributions to the development of the Toolkit are very much appreciated.

Personal and Public Involvement activity continues to increase across the Southern Trust and we wish to acknowledge the partnership work staff, service users and carers are undertaking and for their ongoing commitment to user involvement.

While this is not meant to be a comprehensive guide to personal and public involvement, this Toolkit will be reviewed on a regular basis so that it remains relevant and of use. We would welcome your comments and in particular, we would be keen to hear from you if you have come across or have used other means of personal and public involvement, which have generated positive results.

If a Feedback Form is not included in this copy of the Toolkit, it can be downloaded from the User Involvement – PPI section of [www.promotingwellbeing.info](http://www.promotingwellbeing.info)

Alternatively please email your comments and suggestions to the PPI Team using the contact details outlined at **Section 11**.

# Useful Websites



## USEFUL WEBSITES

**'Asking the Right Questions, Asking the Right People and Listening to the Answers'**. [www.berr.gov.uk/files/file44374.pdf](http://www.berr.gov.uk/files/file44374.pdf)

**Champions of Participation: Engaging Citizens in Local Governance.**  
[www.drc-citizenship.org/docs/publications/reports/Championsofparticipationreport.pdf](http://www.drc-citizenship.org/docs/publications/reports/Championsofparticipationreport.pdf)

**Code of Practice on Consultation.** HM Government, 2008.  
[www.berr.gov.uk/files/file47158.pdf](http://www.berr.gov.uk/files/file47158.pdf)

**Comprehensive Area Assessment (CAA) – Framework Document - Audit Commission.** [www.audit-commission.gov.uk/SiteCollectionDocuments/MethodologyAndTools/Guidance/caaframework10feb09REP.pdf](http://www.audit-commission.gov.uk/SiteCollectionDocuments/MethodologyAndTools/Guidance/caaframework10feb09REP.pdf)

**CDHN - The Community Development and Health Network - works to promoting action to redress poverty and inequalities in health.**  
[www.cdhn.org](http://www.cdhn.org)

**CHAIN (Contact, Help, Advice and Information** [www.Networkschain.ulcc.ac.uk/chain/index.html](http://www.Networkschain.ulcc.ac.uk/chain/index.html)

**CiNi – Children in Northern Ireland.** CiNI is the regional umbrella organisation for the Children's sector in Northern Ireland.  
[www.ci-ni.org.uk](http://www.ci-ni.org.uk)

**Citizens, Users and Diverse Communities.**  
[www.audit-commission.gov.uk/SiteCollectionDocuments/MethodologyAndTools/Guidance/FocusingOnCitizensUsersAndDiverseCommunitiesJan08REP.pdf](http://www.audit-commission.gov.uk/SiteCollectionDocuments/MethodologyAndTools/Guidance/FocusingOnCitizensUsersAndDiverseCommunitiesJan08REP.pdf)

**Consultation Charter.** Consultation Institute, August 2006.  
[www.metafaq.com/resources/hdieurope/TCl\\_General/Charter](http://www.metafaq.com/resources/hdieurope/TCl_General/Charter)

**Disability Action**  
<http://www.disabilityaction.org>

**Does evidence-based policy work? Learning from the UK experience.**

Annette Boaz, Lesley Grayson, Ruth Levitt and William Solesbury, The Policy Press, 2008, ISSN 1744 2648

**HSC Engage** - e-network for the stakeholder involvement programme in health and social care in Northern Ireland

[www.engage.hscni.net](http://www.engage.hscni.net)

**Empowering communities to influence local decision making: evidence-based lessons for policy makers and practitioners, 2009.**

[www.communities.gov.uk/publications/localgovernment/localdecisionlessons](http://www.communities.gov.uk/publications/localgovernment/localdecisionlessons)

**Enhancing Stakeholder Engagement, Involving Local People in Decisions about Public Services, Policy Background and Key Principles.**

<mailto:ebeamish@srcentre.co.uk>

**Expert Patients' Programme.** [www.nhs.uk/conditions/expert-patients-programme](http://www.nhs.uk/conditions/expert-patients-programme) or [www.expertpatients.co.uk](http://www.expertpatients.co.uk)

**Focus on Citizens: Public Engagement for Better Policy and Services.**

Directorate for Public Governance & Territorial Development, OECD Publishing,

[www.oecdbookshop.org/oecd/display.asp?K=5KZBV3MZVKNP&cid=%2C&lang=EN&sort=sort\\_date%2Fd&stem=true&sf1=Title&st1=focus+on+citizens&sf3](http://www.oecdbookshop.org/oecd/display.asp?K=5KZBV3MZVKNP&cid=%2C&lang=EN&sort=sort_date%2Fd&stem=true&sf1=Title&st1=focus+on+citizens&sf3)

**How to Guides from Participation Works....**

[www.participationworks.org.uk/resources?filter1=HowtoGuide](http://www.participationworks.org.uk/resources?filter1=HowtoGuide)

**INVOLVE** - is a national advisory group which supports greater public involvement in NHS, public health and social care research.

<http://www.invo.org.uk/>

**Listen and Change – A Guide to Young People's Participation and Rights - Participation Works.**

[www.participationworks.org.uk/files/webfm/files/resources/k-items/participationworks/listenandchange/listen%20and%20change.pdf](http://www.participationworks.org.uk/files/webfm/files/resources/k-items/participationworks/listenandchange/listen%20and%20change.pdf)

**Lyons Inquiry into Local Government - Place-shaping : A shared ambition for the future of local government – Final report, 2007.**

[www.lyonsinquiry.org.uk](http://www.lyonsinquiry.org.uk)

**NHS Networks** - <http://www.networks.nhs.uk/>  
**The National Institute for Clinical Excellence website.**  
[www.participationnetwork.org/](http://www.participationnetwork.org/)

**Reaching Out, Guidelines on Consultation for Public Bodies,**  
**Department of the Taoiseach, 2008/9.**  
[www.betterregulation.ie/eng/Publications/Reaching\\_Out\\_-\\_Guidelines\\_on\\_Consultation\\_for\\_Public\\_Sector\\_Bodies.html](http://www.betterregulation.ie/eng/Publications/Reaching_Out_-_Guidelines_on_Consultation_for_Public_Sector_Bodies.html)

**Standards / Guidance from Participation Network NI.**  
[www.participationnetwork.org/](http://www.participationnetwork.org/)

**The involvement of children and young people in promoting change and enhancing the quality of social care.** A research report from the, National Children's Bureau by Chantelle Danso, Helen Greaves, Steve Howell, Mary Ryan, Ruth Sinclair and Jo Tunnard, August 2003.  
[www.ne-cf.org/core\\_files/SCIE%20CYP%20participation.doc](http://www.ne-cf.org/core_files/SCIE%20CYP%20participation.doc)

**User Involvement in Voluntary Organisations - Shared Learning Group**  
<http://www.user-involvement.org.uk/resource-centre.php>

**'We have Rights too' – Developing a Disability and Human Rights Approach to Health and Social Care.**  
[Email: humanrights@disabilityaction.org](mailto:humanrights@disabilityaction.org)

**The World Café** is a conversational process based on a set of integrated design principles.  
[www.theworldcafe.com](http://www.theworldcafe.com)

# Appendices

|                   |                                       |
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| <b>Appendix 1</b> | <b>PPI Poster</b>                     |
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| <b>Appendix 7</b> | <b>Monitoring Information Leaflet</b> |



# HAVE YOUR SAY!

## Personal and Public Involvement

*The Southern Health and Social Care Trust is committed to ensuring that everyone who needs to and wishes to be involved in the planning, development and evaluation of its services is facilitated to do so irrespective of culture, language, skills, knowledge and experience.*

**If you would like to register your interest in becoming involved in the planning, development and evaluation of the service you receive please contact:**

*For further information on Personal and Public Involvement, please contact:*  
**Carolyn Agnew, Head of User Involvement and Community Development**  
St. Luke's Hospital, 71 Loughgall Road, Armagh, BT61 7NQ  
Tel: 028 3741 2519 Email: [Carolyn.agnew@southerntrust.hscni.net](mailto:Carolyn.agnew@southerntrust.hscni.net)

## We want you to be involved because ...

You have a right to be involved:-  
From 1 April 2009 a new statutory duty of public involvement and consultation has been placed on all health and social care organisations.

The Southern Trust is committed to ensuring that everyone who needs to and wishes to be involved in the planning, development and evaluation of its services is facilitated to do so irrespective of their learning, skills, knowledge and experience.

As we plan and develop services, we can only make improvements by involving people who have experience of using these services, either as a service user, carer or a member of the public.

If you are interested in becoming involved we would like to hear from you.

***Together we can make our services the very best they can be.***

# HAVE YOUR SAY!

## Personal and Public Involvement

**Are you interested in your local Health and Social Care Services**

**Do you have an opinion on how Health and Social Care Services are run**

**Would you like to become involved in improving the planning, development and delivery of Health and Social Care Services in your area**



Further information on PPI is available from

[www.southerntrust.hscni.net](http://www.southerntrust.hscni.net)

Please cut along this line

Please cut along this line

Please complete the reverse side, cut out, place in an envelope (no stamp required) and return to:

Promoting Wellbeing Team St Luke's  
Craigavon Area Hospital  
FREEPOST BEL356  
Craigavon  
BT63 5BR

# 211

## What is Personal and Public Involvement (PPI)?

Personal and Public Involvement (PPI) is also known as Service User Involvement and can be described as:

*how service users: patients, clients and carers (including the public) can have their say about care and treatment, and the way services are planned and delivered.*

It is about giving you the opportunity to get involved in what affects your health and social care services locally. You can help doctors, nurses, social workers and other health and social care professionals in the planning, development and evaluation of health and social care services.

You would be **helping** others to get the **best** service possible.

## How can I be involved?

There are a number of ways in which you can become involved. Simply complete the tear-off slip and we will reply, inviting you to become involved if you wish. You do not need to get involved in everything. We will let you know about opportunities - you decide how much you want to be involved.

You can be involved as much or as little as you want. Involvement can mean:

1. Being involved in negotiating a plan of care

2. Telling us your experience of a service you have received
3. Being consulted about how to develop a service or major plan
4. Giving your views on the development of Trust strategies, policies and procedures
5. Working with us to influence corporate and organisational priorities and the overall direction of the Trust.

People can be involved as:

- Individuals in decisions about their own care
- Groups of service users or carers or organisations with special interest
- Local communities.

## Is there support available?

The Trust can support you in an number of ways:

- Providing you with information and training
- Reimbursing your expenses
- Providing personal support.

**If you would like to chat in order to find out more, please contact:**

**Carolyn Agnew** 028 3741 2519

*Head of User Involvement & Community Development*

**Nikki Girvan** 028 3741 2493

*User Involvement Officer*

**Sinead Hughes** 028 3741 2523

*User Involvement Officer*

## Interested in getting involved?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Please state area of interest ie. Older People, Children & Young People, Disability, Mental Health, Acute Services: \_\_\_\_\_

I am interested in being involved in: *(Please tick any you may be interested in)*

- Giving views, opinions about services
- Being consulted about services and how to improve them
- Being informed about meetings and other events
- Helping to plan and/or develop services
- Reading information leaflets before distribution
- Other - please specify: \_\_\_\_\_

Please cut along this line

Please cut along this line

## PPI Registration Form

This form has been designed so that you can record details of service users, carers and members of the public who are interested in being involved in the planning, monitoring and evaluation of your service/s. This will assist you to develop a database from which you can draw when you are making improvements whether to policies, procedures, facilities or services.

**Method of referral**      **Date** \_\_\_\_\_

Telephone     

Letter     

Email     

In Person     

3rd Party            please specify \_\_\_\_\_

### Details of interested party:

Group (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

Mob \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

**Relationship to Trust**      (please tick all that apply)

Service user            Service used      \_\_\_\_\_

Carer            Service used      \_\_\_\_\_

Vol/Com Rep            Service used      \_\_\_\_\_

Stat Rep            Service used      \_\_\_\_\_

Other            Please specify      \_\_\_\_\_

### Area of interest

\_\_\_\_\_

**Preferred method of involvement** (please tick all that apply)

- Giving views, opinions about service
- Being consulted about services and how to improve them
- Being informed about meetings, projects and other events
- Being a member of a Trust Planning Group
- Being a member of a User Panel
- Helping to plan and/or develop services
- Reviewing information leaflets/posters before distribution
- Other
- Please specify \_\_\_\_\_

**Preferred method of contact** (please tick all that apply)

- Telephone
- Email
- Letter
- Other
- Please specify \_\_\_\_\_

**Please advise if you require any support to assist with your involvement**

- Translation
  - Please specify \_\_\_\_\_
- Interpreter/Signer
  - Please specify \_\_\_\_\_
- Wheelchair access
- Loop system
- Transport
- Support person/carer
- Advocate
- Other
  - Please specify \_\_\_\_\_

**Any other comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECORD OF PPI ACTIVITY

Following the completion of the PPI baseline assessment, the Trust is required to submit an Annual PPI Report providing an overview of PPI activities with feedback and learning from the process. In order to fulfil this requirement, the PPI Team has set up a register to record PPI activity so that the Trust can begin to monitor quality and measure improvement against its baseline. Please ensure that this template is completed for all PPI activity within your Team.

### For Completion by the Project Lead

***If you require assistance in completing this form, please contact:  
Carolyn Agnew on 028 3741 2519.***

|                                      |   |
|--------------------------------------|---|
| <b>Name of Project</b>               |   |
| <b>Name of Project Leader(s)</b>     |   |
| <b>Job Title</b>                     |   |
| <b>Telephone<br/>Mobile</b>          |   |
| <b>Email</b>                         | @southerntrust.hscni.net  |
| <b>Directorate<br/>(please tick)</b> | Children and Young People <input type="checkbox"/><br>Acute Services <input type="checkbox"/><br>Older People and Primary Care <input type="checkbox"/><br>Mental Health and Disability <input type="checkbox"/><br>Performance and planning <input type="checkbox"/> |
| <b>Division</b>                      |   |
| <b>Team</b>                          |   |
| <b>Base</b>                          |   |

**What is the context / background of your project?**

**What is the purpose/focus of this user/carer involvement process?  
Will recording this really answer anything for us?  
Should we reword this question? (please tick all that apply)**

- 1. To assess need
- 2. To identify specific service required
- 3. To improve or influence service development
- 4. To evaluate effectiveness
- 5. To inform future plans & priorities for services delivery
- 6. To inform future strategic plans & priorities
- 7. Other

Please specify:

**Which method of PPI do you plan to use?**

- |                      |                          |                |                          |                              |                          |
|----------------------|--------------------------|----------------|--------------------------|------------------------------|--------------------------|
| Focus Groups         | <input type="checkbox"/> | Citizen Juries | <input type="checkbox"/> | Questionnaires               | <input type="checkbox"/> |
| Public Meetings      | <input type="checkbox"/> | 1-1 Interviews | <input type="checkbox"/> | Telephone Interviews         | <input type="checkbox"/> |
| Complaints Procedure | <input type="checkbox"/> | Health Panel   | <input type="checkbox"/> | Representatives on Committee | <input type="checkbox"/> |
| Information Leaflets | <input type="checkbox"/> | Poster         | <input type="checkbox"/> | Development of Team or       | <input type="checkbox"/> |
| Satisfaction Surveys | <input type="checkbox"/> |                |                          | Service Leaflet              |                          |
| Others (please list) |                          |                |                          |                              |                          |

***If your chosen method involves a questionnaire or survey, please attach a sample***

**How will you recruit and select Service Users / Patients / Carers for the project?**

**How will you ensure that you are including 'hard to reach' groups?**

**Do you have to get patients/public consent to participate in your chosen PPI method?**

Yes  No

**If yes, how will you obtain the required consent from patients / public?**

|  |
|--|
|  |
|--|

**When do you plan to start this initiative? Duration of initiative?**

|  |
|--|
|  |
|--|

**How long do you expect this initiative to take?**

|  |
|--|
|  |
|--|

**How will you measure the impact of the involvement?**

For the Trust?

|  |
|--|
|  |
|--|

**How will you evaluate the process of involvement with Service Users?**

|  |
|--|
|  |
|--|

## RESULTS / OUTCOMES

### What was the impact of involvement activity?

For the Trust?

For Service Users?

### Have you asked Service Users how they felt about being involved in the project. Please give some quotes from them below:

### When do you anticipate the results will be available?

### What do you plan to do with the results?

### How will you ensure all participants are fully informed of the results and outcomes? (N.B. Consider confidentiality; anonymity).

- |                                    |                          |                                 |                          |
|------------------------------------|--------------------------|---------------------------------|--------------------------|
| PPI Website                        | <input type="checkbox"/> | Information Evening             | <input type="checkbox"/> |
| Trust Website                      | <input type="checkbox"/> | E-brief                         | <input type="checkbox"/> |
| Press Release                      | <input type="checkbox"/> | Report sent out to participants | <input type="checkbox"/> |
| Focus Group                        | <input type="checkbox"/> | Launch Event                    | <input type="checkbox"/> |
| Others (please give details below) | <input type="checkbox"/> |                                 |                          |

### If the intention is to reshape services, please give a brief summary of how you intend to alter your service/practice as a result.

|                               |
|-------------------------------|
| <b>Any other comments?</b>    |
| <br><br><br>                  |
| <b>Signed (Project Lead):</b> |
| <b>Date:</b>                  |

***Don't forget to attach:*** Questionnaire / Tool used (if applicable)  
Photographs etc.

***Please return this form to:*** Promoting Wellbeing Team  
St Luke's Hospital  
Loughgall Road  
Armagh  
BT61 7NQ

***Or email:*** [carolyn.agnew@southerntrust.hscni.net](mailto:carolyn.agnew@southerntrust.hscni.net)

## REIMBURSEMENT CLAIM FORM - SERVICE USER/CARER CLAIM FORM

|   |  |  |
|---|--|--|
| Meeting/activity held at: _____<br><br>Date: _____ Time: _____<br><br>Purpose: _____<br>_____<br>_____  | Name of Payee: _____<br><br>Address: _____<br>_____<br>_____   | For BACS Payment<br>Account Number: _____<br><br>Sort Code: ____/____/____<br>Name of Bank: _____<br>_____               |
| <b><i>For Office Use Only:</i></b>  |  |  |
| Mileage claimed: _____ or Fare claimed*: _____<br><br>Name of Transport Provider: _____<br><br>Other Expenses £ ____ * Please specify _____<br>_____<br><br>Signature: _____ Date: _____<br><br>Authorised by: _____<br><br>Designation: _____<br><br>Cost Centre: _____<br><br>Date: _____ | Total miles: _____ Rate per mile: _____<br><br>Total cost: £ _____ Or Fare cost: _____<br><br>Other Expenses:<br><br>Subsistence: _____ Childcare: _____<br>Carer's costs: _____ Personal care: _____<br><br>Interpreting: _____ Other Support: _____<br>(including signing) | Total Payable: £ _____<br><br>Payment Method: _____<br><br>Cash _____ Cheque _____ BACS _____<br>(Bank details required) |

\* Please attach any receipts

# EQUALITY MONITORING FORM

STRICTLY PRIVATE AND CONFIDENTIAL

## Explanatory Note:

The Southern Health and Social Care Trust wishes to ensure its services are accessible to everyone regardless of their age, gender, marital status, sexual orientation, transsexuality, religion, political opinion, race, nationality and whether or not they have a disability or dependents.

Whilst the completion of this monitoring form is optional, the Trust would appreciate your co-operation in order that it may monitor and evaluate that involvement in decision-making processes is accessible to all service users, carers and stakeholders.

## ACCESS TO ANY INFORMATION SUPPLIED WILL BE STRICTLY CONTROLLED BY THE TRUST

### 1. COMMUNITY BACKGROUND

I am a member of the Protestant Community

I am a member of the Roman Catholic Community

I am a member of neither the Protestant nor Roman Catholic Community

### 2. RELIGIOUS BELIEF

There may be occasions where religious belief differs from perceived community background. Would you please indicate below your religious belief (eg. Muslim, Hindu, Sikh, Jewish, Buddhist, Christian, None, etc.)

Please specify: \_\_\_\_\_

### 3. GENDER

Male

Female

### 4. MARITAL STATUS

Single

Married/Civil Partnership

Other

# EQUALITY MONITORING FORM

STRICTLY PRIVATE AND CONFIDENTIAL

## 5. DISABILITY

Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities. NB: When responding to this question, please do not take into consideration any medication, treatment or prostheses that help you manage your condition (with the exception of glasses or contact lenses).

Do you consider yourself to have a disability?      Yes       No

If "Yes", please indicate the nature of your disability: \_\_\_\_\_

Physical Impairment, such as difficulty using arms or mobility requiring a wheelchair or crutches \_\_\_\_\_

Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment \_\_\_\_\_

Mental Health Condition, such as depression or schizophrenia \_\_\_\_\_

Learning Disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism \_\_\_\_\_

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy \_\_\_\_\_

Other \_\_\_\_\_

## 6. RACE/ETHNIC ORIGIN

White       Black African

Bangladeshi       Pakistani

Black Caribbean       Irish Traveller

Chinese       Indian

Filipino       Mixed Ethnic Group

Black Other

Any other Ethnic Group (please specify) \_\_\_\_\_

## 7. NATIONALITY

(eg. Latvian, Lithuanian, British, Portuguese, Irish, Polish, etc.)

Please specify: \_\_\_\_\_

# EQUALITY MONITORING FORM

STRICTLY PRIVATE AND CONFIDENTIAL

## 8. POLITICAL OPINION

- Broadly Unionist   
Broadly Nationalist   
Other   
I do not wish to answer

## 9. CARING RESPONSIBILITIES

Do you have any dependants? Yes  No

If "Yes", are you responsible for the:

- Care of a child/children   
Care of a dependent older person   
Care of a person(s) with a disability

## 10. DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please tick the age category to which you belong:

- 16 – 29   
30 – 44   
45 – 59   
Over 60

## 11. SEXUAL ORIENTATION

My sexual orientation is towards someone:

- Of the opposite sex   
Of the same sex   
Of the same sex and of the opposite sex   
I do not wish to answer

**THANK YOU FOR YOUR CO-OPERATION**

**PLEASE RETURN WITH YOUR COMPLETED REIMBURSEMENT CLAIM FORM**

# **MONITORING INFORMATION LEAFLET PERSONAL AND PUBLIC INVOLVEMENT (PPI)**

## **Why we need to ask you this information**

**September 2009**

### **PPI**

There is increasing recognition of the need and right of service users, carers and stakeholders to be effectively and meaningfully engaged in all aspects of health and social care service development and delivery. Government policy actively encourages the involvement of service users in the development, delivery and evaluation of local services. The purpose of this involvement is to improve service user and carer experience of services and to make services more responsive to local need. Involvement of service users, carers and stakeholders is a central element of health and social care activity. For effective involvement people need to feel supported and that their contribution valued by both the organisation and its staff. The Trust is committed to ensuring that everyone who needs to and wishes to be involved is facilitated to do so irrespective of culture, language, skills, knowledge and experience. As part of its commitment to PPI the Trust has developed guidelines and procedures for the Reimbursement of Service Users, Carers and stakeholders.

### **Why should I give this Monitoring Information?**

The Trust will use the information collected on the monitoring form to demonstrate how reflective its public participation arrangements are of the community it serves. Monitoring will help to identify any barriers preventing the public from participating effectively and meaningfully in all aspects of health and social care service development and delivery. It will enable the Trust to target specific individuals or groups where there appears to be a lack of participation eg. men and/or women, persons with a disability, racial groups, Lesbian, Gay and Bisexual community etc. Further, monitoring will enable the Trust to evidence the numbers of people it is supporting in terms of providing out-of-pocket expenses which in itself can act as a barrier to public participation.

Whilst the completion of this monitoring form is optional the Trust would appreciate your co-operation.

**What benefit do I get from providing this information?**

You will help the Trust to support effective personal and public involvement. This will improve service user and carer experience of services and to make services more responsive to local need.

**What happens to the information?**

The information will be used for monitoring purposes and managed in accordance with the Data Protection Act (1998).

**Will individual information be published?**

No. Any published information will not identify individuals.

**ACCESS TO ANY INFORMATION SUPPLIED WILL BE STRICTLY  
CONTROLLED BY THE TRUST**

**THANK YOU FOR YOUR CO-OPERATION**