

## **2018/2019 review of our engagement processes and plans**

### **1. What we did?**

In 2018 we worked with local stakeholders to review our engagement processes and plans. The stakeholders involved were:

- Our patient groups (including Patients Forum & Wigan Borough Engagement Group)
- Healthwatch Wigan & Leigh
- Some of the patient representatives who work more closely with us

### **2. Why we did it?**

When NHS England assessed our engagement activity for 2017/2018 they scored us as requiring improvement. The two areas we need to focus on improving are “feedback and evaluation” and “equality and health inequalities”.

We wanted to involve the people who work with us in our plans to improve our engagement activity.

This review has helped us to update our Communications & Engagement Strategy.

### **3. What did people tell us and what are we going to do about it?**

The table in Appendix A summarises the key themes from our discussions with stakeholders. We’ve then detailed our response and how we will address the feedback in our new Communications & Engagement Strategy. This is our “You said we listened” feedback.

### **4. What’s next?**

Our updated Communications & Engagement Strategy will be approved and ready to share in February 2019. We will then start implementing the strategy through 2019/2020. In a year’s time we will get stakeholders involved in reviewing our progress and what we have learned.

Appendix A

	Feedback	Our Response	What are we going to change?
1	<p>There are too many meetings and sometimes duplication of discussion. Some people are unclear of the exact remit of the different meetings they go to</p>	<p>We do have a lot of meetings and we are concerned about the time pressure we've put on some of our volunteers/patient leads. When we take stock of the meetings we have run in 2018 the list is long:</p> <ul style="list-style-type: none"> <li>• Cluster PPG meetings</li> <li>• Patients Forum</li> <li>• PPG chair meeting</li> <li>• PPG Development group</li> <li>• Urgent primary care group</li> <li>• Wigan Borough Engagement Group</li> </ul> <p>Although we don't expect people to come to every meeting, inevitably we've ended up with some people coming to more than one meeting. Our meeting structure was based on the idea that individual PPG members could attend and give feedback up to Patients Form and vice versa, but this hasn't worked effectively.</p> <p>We've reviewed the meeting structure and will bring some of the meetings together to reduce the amount. We can also do some of the tasks digitally. The patient leads involved will help us to set a 3 month (minimum) engagement process and they will be involved in reviewing the results.</p>	<ul style="list-style-type: none"> <li>• Fewer meetings (as we will bring groups together)</li> <li>• Clarity around the purpose of meetings &amp; what people will be influencing</li> <li>• 3 month (minimum) engagement cycle that patient leads influence and review the results of</li> </ul>

		<p>We will also make sure that when people come to a meeting they know the exact purpose and what they are contributing too.</p> <p>The change to our meeting structure is reflected in our new Communications &amp; Engagement Strategy.</p>	
2	Some people in our patient groups can't always see that they make a difference by coming to meetings	Regular feedback is an area we need to improve on. For our patient engagement group/s we will put in regular feedback and evaluation points to make sure this is done.	<ul style="list-style-type: none"> <li>• Regular review and points to reflect on the work we have done and our processes</li> <li>• Our new motto in the strategy is "we work to create change"</li> <li>• We will produce "you said, we did" documents and we will seek feedback at 6 and 12 month intervals</li> <li>• Patient leads will continue to help us write our annual report where we summarise all our work and the difference people made</li> </ul>
3	The CCG doesn't always give feedback after engagement or thank those who take part	As above, we know we haven't always been the best at giving feedback after engagement. It is one of our priorities for 2019/2020. We will produce a "you said, we listened" document after all engagement work and will make sure this is distributed widely. We will also make sure we take the time to thank people who take part. Whilst we certainly do value everyone who works with us we agree we could be better at acknowledging this.	<ul style="list-style-type: none"> <li>• We will produce "you said, we listen" documents at the end of engagement work which will be distributed widely</li> <li>• We will look to use different methods of giving feedback, such as posters and videos</li> <li>• We will look to make the most of every contact by collecting contact details (if people want to give them) so that we can give feedback</li> </ul>

4	The CCG Engagement Team is relatively small compared to other CCGs and perhaps the resources/time could be better spent targeting individuals who may not come to meetings/events	This is a really good point and we need to think carefully about how we use the resources in our small team. We will look to do more online engagement. We also think that by bringing some of our meetings together we will have more time to do more engagement with diverse, potentially excluded and disadvantaged groups. People from such groups don't always come to meetings and events and we need to get out into the community more to get to these people.	<ul style="list-style-type: none"> <li>• We will go digital first and make the most of online engagement</li> <li>• We will bring some of our meetings together to reduce the overall number</li> <li>• We will have more time to spend targeting diverse, potentially excluded and disadvantaged groups</li> <li>• We will look to do more joint work with partners</li> </ul>
5	People who attend the Cluster PPG meetings don't feel linked in to the work of the Clusters and the things they are working on. They feel separate.	We know some Cluster PPG members feel that they aren't a key partner of the GP practices in the Cluster. This feedback has been given to the Primary Care Team who are looking at how the meetings are run and how they involve the groups in the work.	<ul style="list-style-type: none"> <li>• The Primary Care Team is reviewing the Cluster PPG meetings. They are looking at how they can make sure the 5 Cluster PPG meetings run in a similar fashion and how they link closer to the key projects</li> </ul>
6	The CCG needs to broaden its engagement and get the voices of more diverse groups.	<p>We think that by bringing some of our meetings together we will create more time in the team to do more engagement with diverse, potentially excluded and disadvantaged groups. We also think we could do more joint work with the other health and social care organisations in the Borough, including Healthwatch, to make sure that we don't duplicate efforts.</p> <p>We are also looking to set up an Equalities Reference Group that will be made up of local people who will work with the CCG on its Equalities</p>	<ul style="list-style-type: none"> <li>• We will go digital first</li> <li>• We will create more time to do targeted engagement work by bringing some of our other meetings together</li> <li>• We will work closer with partners and seek to engage different groups together once, rather than duplicating any efforts</li> <li>• We will seek to make our engagement work even more accessible, for example by using more videos</li> <li>• We will set up an Equalities Reference Group to help us with</li> </ul>

		Analysis work specifically.	equalities analysis work
7	We would like to develop a closer link to Healthwatch Wigan & Leigh and identify areas we could work together	The contract for our local Healthwatch has recently gone out to tender and been won by Wigan Borough Community Partnership. We want to work with the incoming provider to develop a good working relationship.	<ul style="list-style-type: none"> <li>• We will work more closely with other organisations, including Healthwatch, on engagement work</li> <li>• We will make sure we don't duplicate any efforts in our engagement work</li> </ul>
8	People assume the NHS is one organisation. Could we not just have one contact list and engagement plan across all local organisations?	This is one of our long term goals. We want to get to a point, working with the other health and social care organisations in the Borough, where we have one programme of engagement and one database of contacts. This might take us a while but we have put this in our new Communications & Engagement Strategy.	<ul style="list-style-type: none"> <li>• We will work more closely with other organisations, and our long term aim is to have one engagement plan and one contact list</li> <li>• One of our first steps will be to produce a joint engagement calendar</li> <li>• The CCG will start to brand our engagement work under the Healthier Wigan Partnership (which is our integrated care organisation)</li> </ul>
9	There is sometimes a feeling that the CCG as an organisation doesn't always value patient & public involvement, wider than the Communications & Engagement Team	Whilst we think we have made strides in the past few years, there is definitely more work to do with some colleagues and teams within the CCG around the value of patient and public involvement. We've been tackling this by sharing the positive impact of patient and public involvement across the organisation. We've also spoken to the Programme Management Office about how we can better embed the need for patient and public involvement in the project management process.	<ul style="list-style-type: none"> <li>• We will make improvements to the process by which we do our Governing Body reports via our lead Frank Costello</li> <li>• We will give patient leads the opportunity to tell us the key points they want us to raise with the CCGs Governing Body</li> <li>• We will produce more feedback that will be shared internally as well as to the public</li> <li>• We will work on some internal resources for teams in the CCG around engagement</li> </ul>

10	Some people aren't sure of governance processes around engagement work – and should we be reporting engagement work into other boards/committees	<p>We report our engagement work into Governing Body every 3 months. We also report into Corporate Governance and Clinical Governance Committees in the CCG.</p> <p>We think we could get patient leads more involved in preparing reports to Governing Body.</p> <p>We could explore how we link to other boards in the structure such as the Joint Commissioning Committee and Health and Wellbeing Board.</p>	<ul style="list-style-type: none"> <li>• We will make improvements to the process by which we do our Governing Body reports via our lead Frank Costello</li> <li>• We will give patient leads the opportunity to tell us the key points they want us to raise with the CCGs Governing Body</li> <li>• We will explore our opportunities to link to other boards</li> </ul>
11	We need to make sure we learn from engagement work and give people an opportunity to let us know what they think	<p>There is now a permanent link on our website for people to feedback on the way we engage and involve people. You can <a href="#">click here</a> to complete our “can we do it better?” engagement survey.</p> <p>We always ask for people to complete event evaluation forms after any events, training or workshops. We could do more with the feedback we get and share the details online.</p>	<ul style="list-style-type: none"> <li>• We will invite more feedback from people on the way we engage and involve people – there is a permanent link to a survey on our website</li> <li>• We will do more to review the feedback we get from engagement work and will publish this online</li> </ul>