EMBARGOED UNTIL DATE OF MEETING.

Greater Glasgow NHS Board

Board Meeting

17th December 2002 **Board Paper No. 02/84**

Director of Corporate Communications, NHS Greater Glasgow

Implementing Best Practice in Consultation and Public Involvement: Proposed Action Plan

Recommendation:

The Board is asked to:

(i) Consider the proposed action plan
(ii) Determine if NHS Greater Glasgow should now proceed with implementation of the action plan as set out

1 Introduction

1.1 On 19th March 2002, paper 02/20 was presented to the Board (copy at **Appendix 1**). This summarised the beginning of pan-NHS Greater Glasgow initiatives to modernise and build the infrastructure for public and patient involvement in the development and delivery of services. This approach allowed NHS Greater Glasgow to respond to the Scottish Executive's *Patient Focus and Public Involvement* guidance in a co-ordinated fashion. The paper explained that NHS, patient and voluntary representatives were taking part in two events. The first was held on 22nd March and the second on 10th May to thrash out the concept of a 'Public Involvement Network' and to agree the most appropriate way to take public and patient involvement forward. The second of the two events was pivotal in the process.

2 The Outcome of the 10th May Event

2.1 By the end of the event, it was clear that participants supported the concept of the Public Involvement Network (PI Network) for Greater Glasgow and felt that it should do the following:

- **Provide leadership and co-ordination** – the PI Network would be the primary focus for 'mainstreaming' public involvement in the delivery of services and the wider heath agenda. It would be a tool for developing collective ownership of PI and so avoid it being left to a 'committed minority'. In effect, PI should be regarded as an organisational development issue rather than a mere matter of communications. A particular requirement of the network would be linkages at strategic and frontline levels with the activities of partner organisation both within and outside the NHS – active partnership with many agencies is required to achieve a comprehensive approach to PI
- **Provide support and facilitation** – the PI Network should allow frontline NHS staff to take forward public involvement activity by providing support in the form of advice, guidance and training. It should also be used as a vehicle to develop public understanding of what can be achieved. It could offer support mechanisms and resources to allow members of the public and patients to take part in involvement activity and have easy access to information about the outcome of such activity.
- **Knowledge management** – It was agreed that a key function of the PI Network would be to create a library of previous and current public involvement exercises so that best practice might be shared and duplication of effort avoided.

This was thought best achieved through the creation of an electronic database, which might be extended to allow links to national polices and guidelines plus the evaluation of both successful and unsuccessful initiatives.

- **Resource provision** – It was thought that it was important for practical assistance to NHS staff in the form of expertise, co-operation and finance be accessible from the PI Network. The network could also be used as a route to drawing down available resources at a national level and directing them towards local initiatives.

2.3 There was consensus that the PI Network should have a dual role at strategic, policy-making level and also in supporting the ongoing work of individual trusts, services and staff – the scale of day to day public and patient involvement activity in NHS Greater Glasgow is simply too vast to entertain a centralised or imposed approach.

2.4 It was also recognised that the network should not be seen as merely a way of 'topping and tailing' formal consultation on health strategies and plans – it must reflect the wider health agenda and encompass all aspects of patient and public participation, inclusive of information/communications, awareness, capacity building, debate and direct engagement as well as the various formal and informal approaches to consultation

2.5 The final agreement made at the event was that a short-life steering group be established to develop an action plan towards setting up and launching the PI Network. It was recognised that this would only be the beginning of a long process but that there should be long-term commitment if the organisational development aspect of public involvement was to reach its potential. Nevertheless, it was hoped that the group would be in a position to set out its proposed action plan by the autumn/early winter.

3 The Action Plan Steering Group

3.1 The short-life action plan steering group, chaired by Brenda Townsend, Director of Nursing at Yorkhill NHS Trust, convened for the first time on 19th July 2002. It included representation from the NHS Trusts, Health Promotion, Greater Glasgow Health Council, Drumchapel Social Inclusion Partnership and Clydebank LHCC. In the course of its three meetings, the group reviewed the outcome of the 10th May event and considered the practical steps required to set up the PI Network.

3.2 All through the period of the group's discussions, the Scottish Executive's Involving People Team have been hosting a series of events for designated directors and wider NHS and community interests on the evolving national public involvement agenda. The outcome of these meetings, and points from discussions with individual members of the Involving People Team, have been fed back to the steering group and taken on board in their conclusions.

3.3 The steering group maintained the position that even if the PI Network had a strategic function it must provide services, information and opportunities to front-line staff, public and patients that would ensure that it performed a useful, valued and sustainable role.

4 The Proposed Action Plan

4.1 At its 19th March meeting, the NHS Board agreed that a core team of staff – reporting to the NHS Greater Glasgow Director of Communications – should be designated to act as the nucleus for the proposed PI Network. The Board also agreed that discrete public involvement budgets should be established to support the PI Network's establishment.

4.2 Building on this foundation, the steering group is proposing a phased action plan. **It should be made clear that this action plan is designed only to begin the process of setting up the PI Network. New action plans will be required to follow it in order to sustain and develop the network and effect the cultural change required in NHS Greater Glasgow.** The first action plan is based on three clear strands:

- Establishment of a management committee for the PI Network
- Establishment of a database of people, involvement activity and expertise to underpin the network
- Development of an over-arching NHS Greater Glasgow public involvement strategy

4.3 **Management Committee** – this is envisaged as a strategic and not an operational body. It would be given authority by the NHS Board to approve the investment of human and financial resources to public involvement objectives, ensure that best practice and national guidelines are widely shared and highlighted. It would also interpret national policy for the local context.

Following the initial launch phase of the PI Network, the Committee would adopt a monitoring role across NHS Greater Glasgow to ensure that progress in developing public involvement is being made. It would also begin the process of ensuring that duplication of effort is avoided and that complimentary activity across partners and NHS organisations is achieved.

Membership of the Committee would be a matter for discussion but might include NHS Board members, NHS Greater Glasgow's Director of Communications, the Acting Director of Health Promotion, the NHS Trust designated directors for public involvement, representatives of the Area Partnership Forum, Greater Glasgow Health Council, the Glasgow Council for Voluntary Services, local authorities and members of the public drawn from LHCC representation. Other representatives may be co-opted into the Committee as and when required – e.g. HR Directors when training issues are to be considered. If possible, the Committee should mix senior and front-line staff with representative patients and members of the public.

The person best suited to Chair the Management Committee is again an issue for discussion, but it is suggested that it should be someone with non-executive status, so that they can been seen to lead in generating awareness of the importance of public involvement.

4.4 **Database of Public Involvement** – this would fulfil many functions. It would be an information resource for staff and organisations and would underpin a reconfigured segment of the NHS Greater Glasgow website. This would mean that in itself it would be a public involvement tool and a gateway for the public to learn about healthcare provision and become involved in shaping its future. Although there might be central management of the database and website, maintenance and updating of information would require input from designated persons within different NHS organisations. There would also be a requirement for significant financial investment in the context of the NHS Greater Glasgow ICT strategy to make the database and associated website links operational. There is an initial (and very time-consuming) requirement to scope out existing public involvement activity and practice and information so that it can be recorded on the database. A 'map' of how the database and its associated web functions might be provided is attached at **Appendix 2.**

4.5 **Public Involvement Strategy** – although the original philosophy in the network's conception was that NHS Greater Glasgow needed infrastructure for public involvement rather than another strategy, the steering group concluded that, because of the continually advancing scope of the public involvement agenda, an overarching strategy was necessary. This would assimilate national strategy and policy, existing Trust and partner strategies and local guidance and direction. It would also include a statement of the standards expected to be achieved NHS Greater Glasgow public involvement, core principles and the context in which it exists.

4.6 There are staffing implications arising from these strands:

- Provision of support for the Management Committee
- Database and website management and design
- Scoping of existing public involvement activity for inclusion on the database
- NHS Trust and other designated contacts for database/information updating

4.7 The group proposes that in respect of the first three points on the previous page staff should be designated/appointed in these specific roles. The 'scoping' element might be achieved through a fixed term appointment of one year – NHS Tayside have already begun a similar arrangement. As regards how NHS Trusts and other organisations would prefer to provide designated contacts, this would be a matter for discussion – for example, the PCT are in the process of recruiting a Public Involvement Co-ordinator and there may be scope to discuss this person's role in linking in with the network.

4.8 It must be stressed that these proposed appointments are necessary only for the basic set up and functioning of the network. **Development and delivery of the network and public involvement in general should be regarded as a mainstream function** – consequently individual NHS staff, teams and partners may well have direct or indirect responsibilities and functions arising from future action plans.

4.9 Another factor to consider is the imminent creation of a Community Engagement Team linked to the delivery of the Acute Services Strategy. Although the PI Network touches on all aspects of local NHS services and not just acute hospitals, there is a real opportunity for the new team to pilot key initiatives and assist in the development of the network.

4.10 The steering group was of the opinion that implementation of its proposed actions could begin before Christmas and that a formal launch of the PI Network would be possible by 31st March on the basis that some of its elements would be in place. The full action plan as proposed is attached at **Appendix 3.**

5 Conclusion

5.1 The Board are asked to consider if the proposed action plan is appropriate and if implementation should now commence.

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10th December 2002

Greater Glasgow NHS Board

Board Meeting

19th March 2002 **Board Paper No. 02/20**

Tom Divers, Chief Executive, Greater Glasgow NHS Board
Jim Whyteside, Communications Manager, Greater Glasgow NHS Board

Implementing Best Practice in Consultation and Public Involvement

Recommendation:

Members are asked to:

- Consider the implications of recent Scottish Executive Guidance on public involvement
- Determine the next steps to take forward public involvement in NHS Greater Glasgow

1 Introduction

At the Board Meeting of 29th January, two Non-Executive Directors requested an opportunity to discuss consultation and public involvement. This paper has been drafted in response to that request. In recent weeks also, the Minister for Health and Community Care has restated and reinforced the importance of public involvement in providing a foundation for change in the NHS. On 14th December 2001, new guidance entitled *Patient Focus and Public Involvement* was launched by the Scottish Executive and this places specific obligations on NHS Boards. This paper summarises these obligations, provides an overview of previous and current practice in addition to experience culled from recent public involvement exercises.

2 Defining Public Involvement

2.1 As the debate about Public Involvement has extended in the last few years, it has become clear that different organisations and individuals have applied different definitions to the concept. The words 'consultation', 'public involvement', 'patient involvement' and 'public engagement' have been used almost interchangeably.

2.2 So what is it? A working definition is that public involvement covers an entire spectrum of communication and direct engagement that can variously affect the public at large or particular elements of the local population, different types of patients or specific interest groups and public representatives. It can be described in terms of the following four broad and simplified elements in Table 1.

Table 1

Information	Information supports all public involvement. Without information people cannot in turn be aware of issues, choices and constraints – the NHS has been criticised for failing to provide sufficient, appropriate and accessible information for patients and the public. Information may be disseminated by many means, including leaflets, posters, promotional campaigns and advertising, the media and web-sites.
Awareness	Only though awareness can people form opinions based on an accurate understanding of key issues and so contribute to debate about service development. The term 'community capacity building' is used to describe a process were awareness is encouraged in a sustained way, in localities or across the area.

Table continued overleaf.

Consultation	The term most often confused with wider public involvement. Consultation is the process of measuring and attempting to understand public or patient opinion on a given issue or service. It is not a popular vote, but a way of factoring in public perception to decision-making along with all of the other considerations which must be taken into account. Perception is not an issue of 'right' and 'wrong' no matter how many people share it – in some circumstances the NHS may be right to try to change commonly held opinion (e.g. as regards smoking and diet), in others it may offer a clear direction for service prioritisation or development. The are many ways of conducting consultation including formal surveys, Citizen's Panels and Juries, public meetings, open space events, focus groups and passive approaches such as complaints procedures and Opinionmeters. Each has its own merits depending on the people whose opinion is to be tested and the detail of response required.
Direct Engagement	There are many good examples already taking place across the NHS in Greater Glasgow of steering groups, patient forums and other arrangements that allow members of the public to have a direct role in either changing services or managing operational activity. For example, service users were recently engaged in assisting the development of the modernising mental health agenda and, of course, the Local Health Council has an active role on the NHS Board. In local authorities the public may have a direct role in assisting departments to conduct 'Best Value Reviews', where the purpose and direction of services is tested and redefined on a continuous basis.

3 NHS Circular No. 1975 (GEN) 46

3.1 Until December 2001, the only formal guidance offered by central Government on public involvement was the '1975 Circular'. This was issued on 3rd June of that year by the former Scottish Home and Health Department and was intended to deal specifically with the issues of the 'closure and change of use of health service premises'. It addressed only 'local consultation' rather than the wider aspects of public involvement.

3.2 The 1975 Circular covered:

- The circumstances in which decision-making would rest either with the Secretary of State or with local managers
- Guidance as to which organisations should be subject to consultation (Local Health Councils, area professional committees, local authorities and staff associations – although it was left to Health Boards to have discretion as to other groups and individuals to be included)
- The minimum period of consultation (3 months)

3.3 The implication in the 1975 Circular is that consultation would be conducted by a written presentation of proposals triggering formal, written submissions by the persons and organisations being engaged with. The Circular has in recent times been subject to much criticism in the Scottish Parliament because of its simplistic and outdated content.

4 Our National Health and Patient Focus and Public Involvement

4.1 Between 1975 and 2001, a variety of initiatives tied to particular services or localities levels were being taken forward to improve public involvement in the NHS. In the late 1980s and 1990s, as the internal market was introduced to the NHS, encouragement was given to the adoption of the marketing concept as way of recognising and acting upon public opinion. In practice the introduction of *The Patient's Charter* proved to be the main yardstick for engagement. In the latter years of this period, two notable initiatives were *Designed to Involve*, which focussed on public involvement in the development of Primary Care Services, and *Allies in Change* which involved mental health service users in service planning.

4.2 The first new, major strategic announcement on public involvement appeared in December 2000 from the Scottish Executive when it published the Scottish Health Plan *Our National Health.* The plan included the following commitments:

- Production of a detailed change programme to increase public and patient involvement in the NHS
- Development of Local Health Plans in each NHS Board area with local health improvement plans tied to community planning processes in each local authority area
- An expert group to support and advise NHS Boards on the management of change to the configuration of local health services
- NHS Boards to put in place effective communications arrangements
- Improvement of communications through the 'patient's journey'
- Improvement of the quality and accessibility of information supplied by the NHS in Scotland
- Investment in building NHS capacity to engage with communities
- Training for staff and managers to facilitate a patient-centred approach
- Each local NHS Board area to have at least one *Partners in Change* project (the successor to *Designed to Involve* and *Allies in Change*) in place by December 2001

4.3 The launch of *Patient Focus and Public Involvement* on 14th December 2001 was the first step towards a detailed change programme. This document offers initial guidance on public involvement and will be followed by further information and it supplants the 1975 Circular. Set out within the document are a number of binding obligations upon NHS Boards as shown in Table 2.

Table 2

Framework Theme	*Task*	*Timescale*
Building Capacity and Communications	Staff training and development to include the principles of a patient-focused approach, including effective communications and public involvement (induction, pre qualification professional training, CPD and professional training, leadership development).	Ongoing
Building Capacity and Communications	NHS Boards and Trusts to establish an intensive communications training programme for all staff.	Ongoing
Building Capacity and Communications	NHS Boards and Trusts to demonstrate that they have developed a diverse range of modern and appropriate methods for communicating with their local communities.	Ongoing
Patient Information	NHS Boards and Trusts to support and apply the advice and guidance offered by a new national Patient Information Network, which in turn will oversee a quality assurance process.	To be reviewed by late 2004
Patient Information	NHS Boards to work in partnership with the SE and Scottish Consumer Council to produce a 'package' that will replace the Patient's Charter.	June 2002
Involvement	The NHS Board to designate a Director with responsibility for Public Involvement.	This reinforces previously issued guidance: Catriona Renfrew has this role
Involvement	The NHS Board to produce a sustainable ongoing framework for public involvement.	March 2003
Involvement	NHS Boards and Trusts to strengthen existing partnerships and ensure opportunities for Patient and Public Involvement are integrated and in-line with policy for that Board area.	Ongoing
Responsiveness	NHS Boards to work with local authority partners to ensure advocacy arrangements are in place and working effectively.	December 2001
Responsiveness	NHS Boards to take account of and act on the recommendations made in *Fair for All*.	March 2003
Responsiveness	NHS Boards must adopt agreed guidelines and recommendations for conducting surveys.	To be published 'early 2002'

4.4 As can be seen in Table 2, a number of key initiatives and pieces of guidance will emerge from the Scottish Executive in the coming months. However, the Executive has made it clear that the framework 'themes' are broad and overlapping – it is up to NHS Boards and Trusts to take forward local, detailed programmes and actions.

4.5 One of the most far-reaching proposals in *Patient Focus and Public Involvement* is that a single Scottish Health Council replaces the current system of Local Health Councils. This is seen as advantageous in removing perceptions of bias arising from the current arrangement where funding and recruitment of Local Health Councils is facilitated by NHS Boards. It is proposed that the Scottish Health Council would have local offices in each NHS Board area, which in turn would be advised by a local steering group of volunteer citizens. Linked to this arrangement would be a Patient's Forum in each NHS Board area. The Executive intends to issue a consultation document on these proposals by the end of this month.

5 Existing Practice within NHS Greater Glasgow

5.1 Since the reconfiguration of NHS Trusts in 1999, local NHS organisations have been engaged in developing both public Involvement policies and initiatives, as follows:

5.1.1 **Greater Glasgow Primary Care NHS Trust** – The Trust's Public Involvement Policy was published in the late autumn of 2001. The policy was developed by a Trust-wide steering group and benchmarked to comparable activity in a variety of public and private organisations. The policy offers a range of principles of guidelines and a checklist which helps NHS staff ensure that cognisance is given to the factors that determine successful public involvement. It is should be noted that LHCC managers have responsibility for organising local public involvement programmes on behalf of their Co-ops.

5.1.2 **North Glasgow University Hospitals NHS Trust** – Also produced in 2001, the North Glasgow Trust's External Communications Strategy addresses itself to communication with patients and the public and patient involvement. The document sets out principles and values and identifies the key stakeholders, notably a proposed North Glasgow Patient's Forum, as well as good practice such as the establishment of specialty-based patient focus groups.

5.1.3 **South Glasgow University Hospitals NHS Trust** – The South Glasgow Trust's Communications Strategy also dates to 2001. It covers such issues as media management, links with community organisations and local elected representatives and the establishment of a Trust steering group to take forward electronic communications.

5.1.4 **Yorkhill NHS Trust** – Over the last few years Yorkhill has undertaken a number of initiatives to inform and involve users of services, to update them on progress and to give them a greater say in how services are developed and delivered. These have included the organisation of a number of workshops and forums for parents, patient support groups, ethnic minority groups and staff and the creation of a new Family Council and Disability Forum. Feedback from these groups has helped shape an action plan which is being taken forward by a number of groups within the Trust. The Trust has also sought public involvement in the Yorkhill Option Appraisal in a number of ways, including the creation of a Yorkhill Future Group, the commissioning of a market research project and the widespread distribution of a newsletter called *Talkback*.

5.1.5 **Greater Glasgow NHS Board** – Aside from formal large-scale consultation exercises (see 6, below) NHS Board staff continuously pursue a range of public involvement activities of lesser scale and controversy but of no less importance. The Health Promotion Department is involved in a large spectrum of public involvement – for example, in recent months the Young People's Health Team have conducted survey work, development of health information formats and direct engagement in service development.

The Planning and Community Care Directorate supports a series of service-specific consultations which cumulatively help to shape public involvement in the development of the Local Health Plan. One of the Directorate's significant achievements has been to secure £130,000 of funding to establish the Mental Health Network Greater Glasgow. The Network's role is to support mental health service users and to contribute to the Modernising Mental Health agenda.

5.2 Public involvement in all its forms is also being progressed at departmental, ward and practice level across all local NHS organisations. Many front-line staff and managers are actively engaging patients and the public in service development and change. The Greater Glasgow Health Council Awards held on 28th February 2002 highlighted many examples of best practice - for example: ongoing patient appreciation for the Podiatry Department of the Southern General Hospital (which had previously radically altered the role of the service following a patient survey).

5.3 Elsewhere, NHS Argyll and Clyde has appointed an officer with direct responsibility for policy, standards and implementation. NHS Highland is developing an 'Ethical Decision-Making Framework'. This is intended to demonstrate to all stakeholders the processes and considerations that would always be considered by the NHS Board when taking any decision, as well as ensuring that the public/patient 'voice' is heard. As part of this initiative Highland NHS Board is establishing a Public Involvement Committee.

6 Lessons Learned from Recent Public Involvement Activity

6.1 The two largest consultations of recent years have been on Acute Services and the Secure Care Centre. Both highlighted the need to consider modern and proactive processes and the section below is confined to a summary of a number of clear lessons that emerged between late 1999 and 2002:

- Different consultation techniques suit different audiences and circumstances – a comprehensive and socially inclusive consultation will require the application of a full range of such techniques (the principle of 'horses for courses' – a summary of consultation techniques is at Appendix One)
- Pre-consultation testing might have helped with refining and making more accessible the information presented to the public and the process of consultation itself
- Large scale consultations based on major strategies run the danger of dwarfing and obscuring the human aspects of service change
- There is a danger that if there is more than one major consultation going on at one time that there is the potential for public (and staff) confusion
- There has to be a team responsible for planning and implementation of major consultations – the infrastructure in place has not always been able to meet expectations
- 'Corporate' level public involvement requires significant resourcing
- The process has to be tied into a clear communications strategy – at times the public was exposed to 'glaring silences' when the consultation process lulled – single issue groups with an agenda were able to exploit this
- New concepts – such as Ambulatory Care Hospitals – are very difficult to introduce without 'showing' examples, perhaps through pictures and computer models
- Due to a combination of mixed reading abilities in the general population and the trend towards more sophisticated means of information delivery and layout, traditional, wholly text-based consultation documents may therefore have a limited application
- Passive consultation based on written responses favours affluent and articulate groups
- Information distribution arrangements are difficult in an urban area like Greater Glasgow – no provider of door to door distribution services can guarantee 100% coverage. Save an expensive combination of advertising in the *Daily Record, Herald* and *Evening Times*, no particular local or national titles reach a majority of the Greater Glasgow population

7 Public Involvement Events, 22 March and 10 May 2002

7.1 In the run up to the establishment of the Board of NHS Greater Glasgow, it was clear that there were no common standards of public involvement across local NHS organisations. Nor was there any way to collectively respond to anticipated Scottish Executive guidance emerging after *Our National Health*.

7.2 It was therefore agreed by the former HIP Steering Group that staff from across NHS Greater Glasgow be brought together to organise events aimed at founding a local public involvement 'framework'. From the outset it was agreed that the framework would:

- Not be another strategy – it would focus on aiding NHS staff to deliver more effective public involvement
- Have at its core a network of front line, junior and middle management NHS staff with a degree of responsibility for public involvement

7.3 It was further agreed that the network of NHS Greater Glasgow staff would be used to:

- Define techniques in public involvement
- Demonstrate good and bad practice in addition to the sharing of good practice from within and outside the NHS
- Define problems and needs (such as training and support)
- Allow the sharing of resources and expertise between different organisations
- Allow the commissioning of joint work between different organisations
- Provide a clear point of reference for local contact/reference/debate on public involvement and a link point to the proposed national Scottish Public Involvement Network
- Allow the co-ordination and monitoring of public involvement activity to avoid duplication and clashes (e.g. minimise 'consultation fatigue')
- Provide a platform on which to introduce new NHS Board and national policy on public involvement consistently across the local NHS system

7.4 Two events have now been organised on behalf of approximately 130 NHS staff with Local Health Council participation. The first event, an all day session on 22nd March, is intended to bring all participants up to speed on emerging policy and current practices. It will focus on the 'how to' of public involvement as much as the 'why'. The second event, on the morning of 10th May, is intended to allow staff to have a direct say on the way the proposed network should be organised and sustained.

7.5 This is an incremental, staged approach, which may in time be appropriate for joint working with local authorities and other partner organisations.

8 Issues for the Board to Consider

8.1 This paper should have given Board members an impression of the lengthy history and vast range of what is now termed public involvement. The drive towards greater public involvement will cost money. As we have learnt from direct experience, we face a contradiction – on the one hand we are expected to properly engage with the public; on the other, we are criticised for 'wasting' resources if we organise comprehensive public involvement activity, such as in the case of the Secure Care Centre.

8.2 The final consultation on the Secure Care Centre required expenditure of approximately £100,000. It is easy to understand why levels of expenditure like this are required when it is understood that a *single* half page advertisement carried in the *Herald, Evening Times* and *Glaswegian* costs £9,000.

8.3 It is also true that few staff within the NHS are trained or have the spare capacity to conduct surveys or focus groups. This means that outside expertise has to be bought in. At current prices, expert facilitation of a single focus group of 10 people would cost £800 and a quantitative survey of 1000 people upwards of £6,000. Nevertheless, public involvement, in its broadest sense, has to be an integral component of service delivery.

8.4 In helping the Board to determine a way forward for Public Involvement, it is suggested that there is debate around the following issues and recommendations:

- There is a need for a response to the key tasks in *Patient Focus and Public Involvement,* notably staff training and a Public Involvement Framework
- A core team of staff, preferably a component of the proposed new Communications Function for NHS Greater Glasgow, should be designated
- This core team will report to the Director responsible for Public Involvement and will be responsible for major 'corporate' public involvement activity
- In recognising that most public involvement takes place at Trust and service level, the core team will also have the role of supporting and helping to sustain the Public Involvement Network shortly to be built across NHS Greater Glasgow
- That consideration be given to discrete budgets to support 'corporate' public involvement, the Public Involvement Network and major training initiatives
- That the issue of staff involvement be taken up for discussion with the Local Partnership Forum
- That meetings be set up with MSPs, MPs, local authority elected members and partner organisations to discuss future arrangements pertaining to public involvement
- That principles for fair and socially inclusive public involvement are agreed and that there is an arrangement at Board level to allow monitoring of their application and effectiveness

9 Conclusion

Board Members are asked to agree if these recommendations are acceptable and what the next steps should be.

Appendix One – Consultation Methodologies and their Uses

Preparation and Pre-Consultation	Brainstorming	A technique for a relatively small group of people to generate a large number of ideas in a short time
	Nominal Group Technique or 'Snowball'	This can be used with large groups of people. Following sub-division into smaller groups, set questions are answered and the answers brought together for a plenary session in which the top preferences are agreed
	CATWOE	A process designed for use with a group in order to generate clear identification of all the factors affecting a given issue from beginning to end
	Community Profiling	A group approach to constructing a description of an area which covers the economic, social and environmental factors that would inform decision-making
	Cost/Benefit Analysis	A complex technique, commonly used as a management tool, which compares the advantages and disadvantages of different options alongside their (not necessarily financial) costs
	Five W's Plus H	A simple checklist for agreeing options and who should be consulted and involved in decision-making
	For and Against	A simplified version of Cost/Benefit Analysis
	Mind Maps	A graphical technique for smaller groups to help find solutions to problems
	Skills Audit	A way of allowing a group to identify the skills held by its members and then allocate problems or tasks based on the best fit of skills
	SWOT Analysis	A very well known technique for analysing problems and issues
Information Provision	Campaigns	The co-ordinated delivery of a variety of forms of information in different ways in a finite period of time. The most effective approach to disseminating the information/options needed to support a consultation exercise
	Exhibitions	Portable exhibition panels provide a flexible back up to meetings and campaigns in that, if properly designed with plain language and images, they allow the public to absorb information at their own pace in virtually any setting.
	Leaflets, Posters, Adverts and Newsletters	The foundation of any consultation exercise – they must be accessible (both physically and in terms of language), to the point and targeted at the key stakeholder groups

Appendix One – Continued

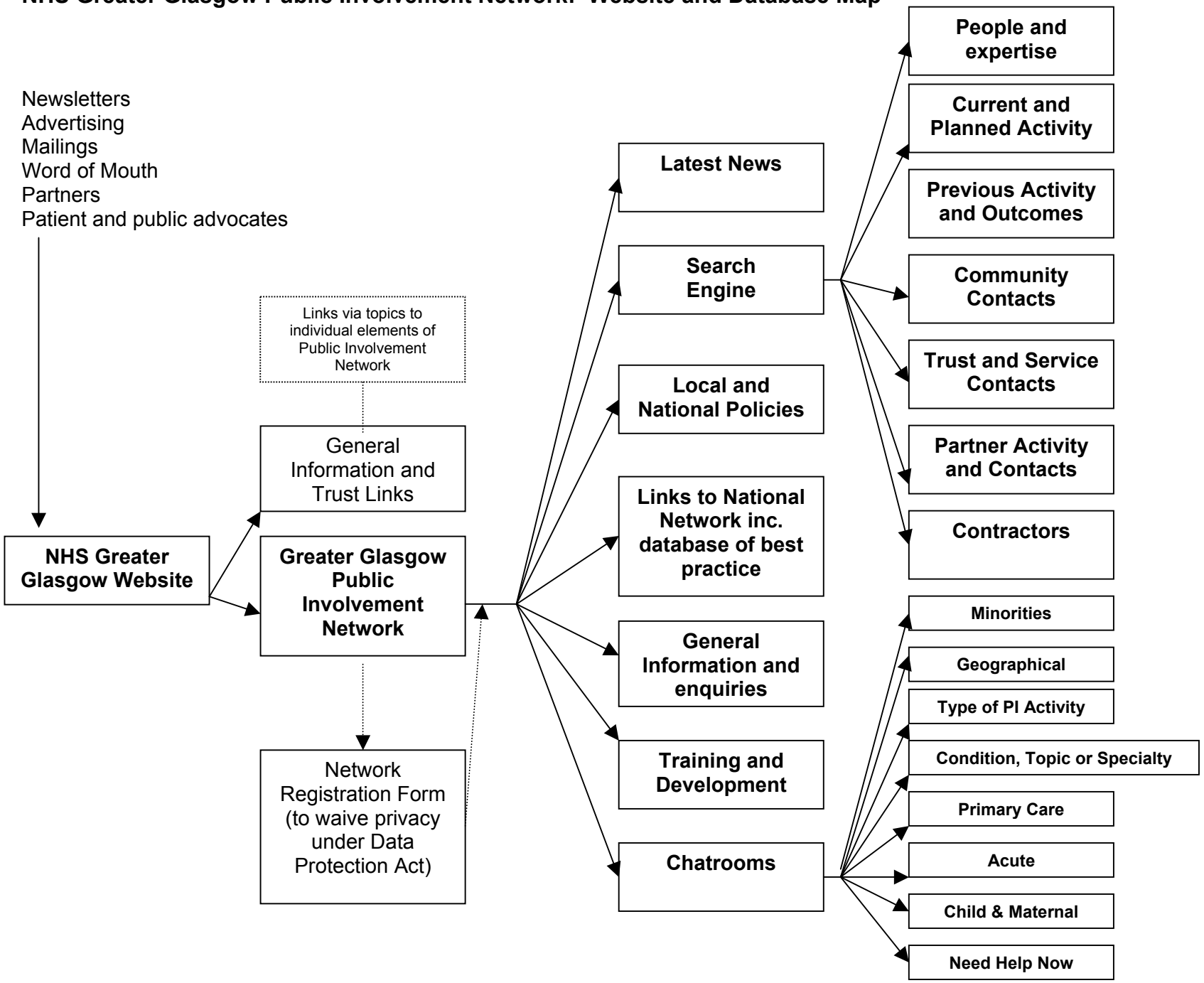
	Websites	A flexible and effective way in which to convey information (and also conduct online surveys and feedback). However, while a majority of the local population still does not have Internet access, a majority of younger people (especially through schools) do
Consultation	Quantitative Methods	A structured form of survey designed to provide a broad 'snapshot' of the opinion of a statistically representative sample of people
	Qualitative Methods	Methods which explore opinions and the motivation behind them in depth
	Citizen's Panels	A sample of 1000 – 1600 people in a local authority area who are representative of the social and demographic mix. They will participate in consultation exercises or smaller group discussions in the course of the year
	Customer Complaints Systems	These systems can be used to track both negative and positive opinion and trends in service delivery
	Focus Groups/Group Discussions	A small number of people – no more than 12 – convened with the help of a trained facilitator to provide qualitative information on opinions or given issues
	Past and Future	A small group exercise which uses past experience to suggest future service options
	Opinionmeters	A nine letter keypad usually set in a free-standing display which allows the public to self-complete a short questionnaire
	Public Meetings	A traditional way of providing the public with information and receiving feedback. Recent innovations using electronic 'anonymous voting' kits can allow meetings to be structured in such a way as to overcome disruptive protest groups and overly strident participants who might prevent quieter members of the public from expressing their view
	Surveys	Surveys are a straightforward way of obtaining a representation of public opinion. They can generate a high level of response and the results can be weighted to suit the appropriate socio-demographic mix. They can be conducted face to face, in the street or on the doorstep, in the home or workplace, by telephone or by post. They can be very expensive however
	User Panels	A small representative group of service users who can offer qualitative insights to general data

Appendix One – Continued

	Citizen's Juries	A Citizen's jury will consist of no more than 25 people drawn from a particular community who will spend a number of meetings going through a particular issue in great depth. It is an effective way of gaining opinion from a group of people who have been through rigorous 'capacity building'
	Design Game	A small group technique where patients can use models of proposed new facilities in order to suggest the most appropriate layout
	Games and Role play	This can work with small groups to help the public understand the variety of different factors and constraints that impinge of the decision-making of others
	Planning for Real	This is similar to the design game but is intended for neighbourhoods so that local residents can use three-dimensional models to have a say in decisions affecting the locality – this could be run in tandem with local authorities or allow residents to input to the integration of, say, a new hospital in their area
	Priority Search	A computer-aided survey process which allows people to set out their priorities. It can also be adapted to allow ranking of decision-making factors in situations where a difficult choice must be made

NHS Greater Glasgow Public Involvement Network: Website and Database Map

Appendix 2



Contributes to:
Local Health Plan
Trust Service Plans
Current PI activity

Will be designed to support policies policies of inclusion e.g. Race Equality, Plain English and alternative formats and access.

NHS Greater Glasgow – Public Involvement Network **Appendix 3**
Proposed Action Plan

PHASE ONE: November 2002 – March 2003

	Objective	Action/Task	Responsibility	Timescale
1.1	**Set up PI Network Management Committee** *A strategic group that will represent the interests of the NHS Board, NHS management and staff and patient and public representatives in ensuring that the PI Network is established, is sustainable and that best practice is widely disseminated and national policy requirements are met*	1) Agree remit with NHS Board and Trusts 2) Agree representation on committee 3) Seek voluntary/patient/ public representation 4) Agree and appoint Chair 5) Identify and agree resourcing and support services required to maintain Committee 6) Agree formal date for first meeting	Action Plan Steering Group APSG/NHS Board APSG (Public Affairs Mgr) APSG/NHS Board APSG/NHS Board APSG/NHS Board	Dec 2002 ‘’ Jan 2003 ‘’ ‘’ ‘’
1.2	**Establish database of public involvement, activity, expertise, experience and information, which will form the basis of the PI Network/It’s Your Health website (see Appendix 2)** *The website will allow staff and patients/public to search PI-related topics by category and find information and links concerning:* • *General public/patient information* • *Current national policy* • *Local service/geographical area activity* • *Partner activity* • *‘Chat rooms’ based on particular interests* • *Databases of NHS contacts and advocates for patients* • *Databases of people with particular expertise in PI* • *Current/near future PI activity – a chance to avoid duplication* • *Resource sharing and joint working opportunities* • *Lists of external consultants and venues* *PTO*	1) Appoint/identify member of staff with responsibility for carrying out audit of information and activity 2) Begin redesign of NHS Board website to follow joint NHS Greater Glasgow ‘portal’ 3) Test new format website and navigation to ensure that it suits public/patient needs and those of staff 4) Appoint database administrator to ensure information is kept up to date and the system is sustainable 5) Agree arrangements within NHS Trusts for new/existing staff to be in place as link points to ensure that the information flow between Trusts and database administrator is fluid	Director of Communications via Management Committee Director of Communications/ Public Affairs Mgr ‘’ Director of Communications via Management Committee Management Committee NHS Board NHS Trusts	Jan 2003 Dec 2002 onwards Jan 2003 Jan – Feb 2003 Jan – Feb 2003

	• *A database of existing research and PI outcomes* • *Toolkits of techniques* • *Online application for the PI Development Fund (see below)*	6) Determine how advocates and other representatives may be engaged n the PI Network to ensure that those people without ready web access are not overly disadvantaged	Director of communications via Management Committee	Jan – Feb 2003
1.3	**Develop joint Public Involvement Strategy for NHS Greater Glasgow** *A formal framework of overarching objectives designed to allow local delivery of PI on the basis on defined obligations, standards and context – a level playing field for all NHSGG staff and services. Can also provide basis for 'agreement' with public on decision-making input and feedback.*	1) Produce a proposal for submission to the NHS Board (setting out most pressing issues, proposed context of strategy) 2) Ensure strategy dovetails with national initiatives and framework 3) Create formal structure for PI Network 4) Agree working arrangements with Acute Services Community Engagement Team	Management Committee '' Management Committee ''	Jan – Feb 2003 Ongoing March 2003 Feb – March 2003
1.4	**Design and implement public involvement training programme for NHS Greater Glasgow staff** *It is an obligation within Patient Focus and Public Involvement that all NHS staff will receive training. This is likely to be delivered in a mix of formats and by different kinds of arrangements. SEHD are now considering how this may be achieved nationally and there is an opportunity to work with them in piloting methods and approaches.*	1) Organise meeting with NHSGG HR Managers to discuss ramifications 2) Arrange meeting with Involving People Unit personnel to determine if NHSGG can be regarded as a pilot programme for national training roll-out 3) Subject to above, agree funding arrangements and scope of pilot programme 4) Develop training plan to pursue pilot and aftermath	Management Committee '' '' HR Managers and Public Affairs Mgr	Jan 2003 Jan 2003 Jan – Feb 2003 March 2003 onwards
1.5	**Create a Public Involvement Development Fund** *Annual funding 'bucket' open to local NHS services and patient advocacy groups to bid from towards carrying out effective PI or trying new techniques without threat to day to day budgets*	1) Agree funding level in principle 2) Develop detailed proposal for scheme, including applications criteria and arrangement 3) Confirm via NHS Board acceptability of fund PTO	Management Committee/NHS Board Management Committee ''	Jan 2003 March 2003 March 2003

		4) Communicate fund and application arrangements for 2003/04 to interested parties.	Management Committee/Director of Communications	April 2003
1.6	**Formal launch of PI Network** *To meet the obligation in Patient Focus and Public Involvement to have a 'public Involvement Framework' in place by 31st March 2002 – will provide an opportunity to create aware of the PI Network and the importance of PI –the time lag from agreement of action plan will also allow some substantive developments to be in place at time of launch*	1) Produce communications plan based on events and other methods by which the PIN will be launched	Director of Communications via Management Committee	March 2003
1.7	**Public involvement scoping research** *In effect a survey of patient and the public to determine how they would like PI to be taken forward*	1) Prepare brief and invitation to tender 2) Issue to three local market research companies 3) Select on basis of tender/interview 4) Agree timescale/methodology of research 5) Feed formal report back for Management Committee to consider as part of public involvement strategy and launch arrangements	Public Affairs Mgr '' Management Committee Public Affairs Mgr Selected consultant	Dec 2002 '' Jan 2003 Jan – Feb 2003 TBC

PHASE TWO: April 2003 Onwards

	Objective	Action/Task	Responsibility	Timescale
2.1	Develop systems of joint-agency management of large scale public involvement activities *To ensure that duplication between partners and NHSGG is avoided, that Community Planning is fully integrated with the PIN and that key agencies – such as SPT – can be involved in emerging issues that do not strictly have an NHS provenance*	1) Initiate formal contact with NHS and non NHS partner agencies to discuss approaches and protocols 2) Identify forthcoming consultation/engagement where joint involvement may be appropriate	Management Committee Management Committee and NHS staff contacts	April 2003 May 2003

		3) Pilot agreed draft protocols prior to establishing formal working arrangements	Management Committee	May 2003 onwards
2.2	**Identify methods of making public involvement activities more effective in Greater Glasgow, inclusive of new panels and consultative bodies** *A process to determine if new structures are necessary, jointly supported though partners, to ensure that strategic PI can function most effectively and also provide a wider context for local and service-specific initiatives*	1) Consult the Local Health Council and existing voluntary/patient forums on requirement to develop new bodies/panels 2) Engage Scottish Executive Public Involvement Unit in discussion about future national arrangements 3) Review standard mailing lists and lists of local community organisations and initiate contact to discuss future arrangements for involvement 4) Review Local Health Plan development arrangements through the LHP steering Group 5) Debate scope for joint citizen's jury/panel arrangements with local authority contacts 6) Review public patient/information provision 7) Organise seminar with Local Health Council to determine how relationship/working arrangements could be developed 8) NHS Trusts to review current progress of patient involvement 9) Invite APF to consider developing staff role involvement in service development and PI	Management Committee Management Committee Public Affairs Manager Management Committee and Local Health Plan Steering Group Management Committee Director of Communications Public affairs Manager via Management Committee NHS Trusts/Acute services Community Engagement team Management Committee	April 2003 April – May 2003 April 2003 May – June 2003 May – June 2003 April 2003 onwards May 2003 April 2003 onwards April 2003 onwards

2.3	**Examine feasibility of establishing a local Performance Assessment Forum with user involvement** *National Indicators are under review but there is scope for local patients and members of the public to set out the NHSGG performance indicators they would find the most useful and meaningful in determining how well the NHS is delivering local services*	1) Initiate discussion with Local Health Council and other representatives 2) Draft brief and invitation to tender for work 3) Agree arrangements for staff involvement through APF	Public Affairs Manager via Management Committee Public Affairs Mgr Management Committee	May 2003 May – June 2003 May – June 2003
2.4	**Design a long-term 'de-jargoning plan' for NHS Greater Glasgow** *In recent research, it was clear that patients found NHS/medical jargon to be off-putting and difficulty – some were not even sure which department was treating them. Agreement on common simplified language and terminology would help patients and staff*	1) Ask APF to take the lead in setting out a 5 – 10 year plan to run in parallel with acute services strategy delivery 2) To organise meeting with professional committees and Royal Colleges to present the plan and seek input 3) Establish staff/patients/ public panel to refine plan and provide touchstone for progress	Management Committee Public Affairs Manager via Management Committee APF	May 2003 June 2003 June 2003 onwards