



## **Equality Proof Patient Engagement Model**

### **Policy Context:**

NHS Greater Glasgow and Clyde has a responsibility to listen and respond to the views of patients and to involve them in the planning and development of health services.

As part of this commitment to public engagement and involvement we established a participation model – the Equality Health Reference Group - in line with equality and diversity policies, which takes into account all the accessibility and communication needs of all members of the community.

This approach demonstrates clearly that the right engagement work helps retain community members and improve health services for all patients.

### **Community Development Approach**

The approach which underpins this model is based on the principals of community development and is essential to the effective delivery of healthier, wealthier and fairer communities. Community development's emphasis is on demonstrating that participation promotes active citizenship and improves the quality of life for people in the community. Communities gain the knowledge, skills and confidence to act collectively which also strengthens organisation, networking and leadership. It helps people to take action to address inequalities and issues that affect their lives and contribute to change through improved local democracy and involvement.

### **Aim of the engagement work**

The aim of the Health Reference Group was to advise NHS Greater Glasgow and Clyde on how the work the Corporate Inequalities Team and the Health Board's Corporate Services should be implemented and adapted to meet the needs of a diverse population and for all the [protected characteristics](#).

### **How we established the Health Reference Group (HRG)**

We had meetings with organisations and community groups who we felt would best represent all sectors of the community and shared the aims and objectives of this engagement work with them.

Individuals were then invited to join the Group through these different organisations which support and promote the needs of groups of people who have 'protected characteristics' (as defined in the Equality Act 2010).

Also included were individual health service users who have an interest in the design and delivery of the health service.

This meeting gave the users and groups an opportunity to listen to our strategy and provide suggestions on improvements to our engagement practice. Through these discussions a number of planning issues were identified e.g. the need of BSL interpreters, a more concise agenda for meetings and the need for an accessible venue.

### **What did the Equalities Health Reference Group do?**

The Health Reference Group was made up of 25 people representing a range of protected characteristics and equality groups. The Health Reference Group ran for two years and the members became community health champions for longer involvement in the NHS.

[Community Health Champions Resource Pack](#)

The group met every 6 weeks, the meetings were set and agreed in advance for each six month period. The co-ordinators met with each individual member in between meetings to discuss the agenda and to obtain feedback which included a range of issues relating to the work of the Corporate Inequalities Team and the work of Health Inequalities.

Individual group members also had the opportunity to be able to propose items that they wished to be included on the agenda.

The business agenda for group meetings was agreed three weeks in advance. The minutes from the previous session and agenda for the upcoming session were posted two weeks in advance in three different languages, large font print, easy read and picture formats.

We held three evaluation meetings in the beginning, middle and end of the two year period and took on board the suggestions for improvement; some of these were implemented during the course of the work.

### **What things could the HRG not deliver or be involved in?**

We did not deal with personal complaints about the Health Service. If group members were dissatisfied with the service they were put in touch with the NHS complaints procedure and shared their grievances with the appropriate service.

### **What kind of support did they receive from the Facilitators?**

Personal information about the members stayed confidential and was not shared without the consent of the individual. There was a time limit before they made a decision to remain with the group. An induction process was introduced with remits for the members and co-ordinators and clear, jargon free information was provided detailing areas for involvement. The meetings were accessible for all and travel expenses were paid.

Our commitment to this work and what we could and could not do was shared on regular basis as well as feedback as a result of the Group's involvement.

## **What did the NHS expect from the group members?**

The NHS expected members to have an interest in being present in the NHS engagement process or from the outset of the work of equalities/Human Rights issues. There was the expectation for members to have the ability to view things with an open mind and attitudes and behaviours which don't discriminate. Members were expected to share the desire to improve services for patients and influence positive change in NHS services and policies.

## **How did we make the meeting accessible for group members?**

- All Information and communication, written or otherwise, was provided in a format to suit group members needs e.g. words/pictures, large print, audio, BSL.
- Communication was provided in clear everyday language, acronyms and jargon was explained.
- Accessible formats were used for all paperwork and correspondence – including clear and large fonts; alternative formats were made available on request.
- Interpreters were provided on request for those members whose first language was not English, including BSL users.
- Venues were accessible and met the requirement of the Equality Act 2010.
- Expenses was reimbursed for travelling, attending meetings and other relevant events connected with the work of the HRG
- Further requirements of the group members, if any, were considered to allow them to attend the group meetings.

## **What did we cover in the meetings?**

- Feedback for a five year review.
- Corporate Change Programme
- Review of the Equalities Scheme
- Accessible information policy
- Gender Based Violence Policy
- Complaints Procedures (raised by group members)
- Corporate Plan for 2013-2016
- Transport (raised by group members)
- Training on presentation skills
- Equality
- How the NHS works

## **How did the HRG function?**

One to one support was provided between meetings at a venue of the group member's choice.

A database was established with the names and contact/accessibility details of each member.

A Task Sheet for the day was developed because the group members had specific needs due to disability or communication issues. For example, a booking sheet for interpreters with reference numbers was included.

All group members had to fill in an Equality Monitoring Form. Minutes were taken and previous minutes delivered two weeks in advance which included pictorial, alternative languages and large fonts.

Interpreters were provided on the day covering three languages and a BSL interpreter. We also included carers and personal support for group members with a learning disability

Lunch and refreshments were provided (including Halal and vegetarian options) with appropriate breaks.

The venue was accessible

A simple agenda was required to keep the group interested and to cover the engagement plan.

## **Lessons learned**

There was an issue with accessibility of the venues at the beginning of the first few HRG meetings until we managed to find fully accessible venues.

[How to Run an Accessible Event](#)

Group members complained about the noise from the interpreters, which was dealt with by rearranging the seating in the meeting room.

Individual group members felt that the issues they had raised were more important than others this had to be managed and agreed by the facilitators.

There was a lack of understanding from group members regarding each other in terms of cultural differences/needs.

There was a lack of time due to communication needs - it took longer to run the meetings. This was remedied by introducing a shorter, simpler agenda. This issue was resolved over the course of the work.

Keeping the group interested was challenging in the beginning.

Additional planning and time was required due to the different needs of group members.

## **Achievements**

This was a successful piece of good relations work, which was mentioned in the evaluation by all members.

We were as inclusive of all sectors of the community as possible and group members promoted our model to other organisations and groups that they were involved in.

We retained all of our members for the full two years duration of the work; these group members went on to become community health champions for future involvement. The Community Health Champions have an engagement strategy for one year.

[Community Health Champions Resource Pack](#)

A DVD was produced with the case studies of group members and this will be used as a training resource for NHS staff. Other resources were produced with the advice of the group members, for example, the [Pathway to Health](#) (how NHS works).

Group members' knowledge increased regarding each other's needs and experiences of discrimination. We celebrated different festivals by delivering awareness sessions to fellow group members and this strengthened the relationship of the group as a whole.

Group members became confident in delivering training on the protected characteristic they represented. This experience was, overall, empowering and confidence-building.

Group members shared the experience with the new cohort of HRG members.

The sessions help to develop good practice work. This was not an expensive model to use and can be a cost effective solution to engagement for the NHS.

The project was evaluated and the appropriate suggestions were noted and implemented and used to improve the delivery to the second cohort of the HRG, which is running using the same model.