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your voice counts

The Participation Toolkit

Supporting Patient Focus
and Public Involvement
in NHS Scotland



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Chair's Introduction

Welcome to the Participation Toolkit

This is the third edition of the Participation Toolkit which was first produced by the Scottish Health Council in November 2010. The Toolkit is intended as a resource for staff across the public, private and voluntary sectors to help you involve people in shaping and improving services.

The Scottish Government's commitment to ensuring that peoples' voices are heard and used to inform the development and delivery of public services is long standing. The introduction of proposals for Adult Health and Social Care Integration, as set out in the Public Bodies (Joint Working) (Scotland) Bill, and the publication of the Christie Report, which resulted in the Community Empowerment Bill, provide an opportunity to review and build on current good practice to ensure that the voices of individuals and communities continue to influence and shape service delivery and individual care and support.

A key ambition of the NHSScotland Quality Strategy is that there should be "Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making".

The National Person-Centred Health and Care Programme, established in 2012, provides a framework for the transformation of our whole health and care culture and environment, reconnecting with the people who use and deliver our services. People must be able to influence the delivery of services and their care and support must be based on what matters to them.

The resources in this Toolkit can be used to support both individual and collective participation, helping you to deliver care and support centred on people.

Our aspiration for the Participation Toolkit is to support its use in practice and while it has always been our expectation that it would be used across the public, private and voluntary sectors, the proposed integration of health and social care offers a framework for joint working and an opportunity to maximise the resources and skills available across sectors.

One means of evaluating the impact of the Toolkit will be through the number of case studies we see added to our website illustrating the use of the tools in action and we hope to see these coming from a range of care settings and sectors.

This third edition contains a number of important additions including guides to the use of social media and the evaluation of participation. We believe that evaluation of process and impact is critical to identifying and building an evidence base that tells us which approaches work best in specific circumstances and we hope that you will contribute to taking this forward with us. This latest update will be available online along with a limited number of hard copies.

Pam Whittle

Chair

Scottish Health Council



Participation: what is it and why do it?

What is participation?

NHS Boards need to ensure that people have a say in decisions about their care and in the development of local health services. It is one of the commitments set out in the Scottish Government's *Better Health, Better Care: Action Plan* (2007) to develop a “mutual NHS” where health services meet the needs and preferences of individuals.

Participation refers to the service user or public involvement processes by which perceptions and opinions of those involved are incorporated into decision making. We use it as an umbrella term for the numerous words and phrases used to describe involving people in:

- decisions about their own health and care
- shaping and influencing service provision as communities of interest or geography, and
- working in partnership with service providers

Other terms that are used include *Patient Focus and Public Involvement (PFPI)*, *community engagement*, *co-production and asset based approaches*, *service user and carer involvement*, *person-centred care*, *people-powered health*, *personalisation*, and so on.

Why do it?

The most important reason is because the NHS can deliver more efficient and effective services and more person-centred care if we listen to what people are telling us. The benefits of customer feedback are well accepted in the business world and are no less valid in the public sector.

The focus on involving people is a long standing aspiration in national policy for both health and social care. As outlined in the Policy Timeline below, there are numerous recurring themes such as ‘patients as partners’, ‘mutuality’, ‘a patient-focused service built on partnership’, ‘dignity and respect’, ‘feedback’, ‘the needs of individuals’, ‘continuity’, ‘compassion’, ‘shared decision making’, ‘cultural appropriateness’ and ‘learning from complaints’.

In addition to these aspirations, when services are being changed NHS Boards are required to meet the requirements set out in “Informing, engaging and consulting people in developing health and community care services” (CEL 4 (2010), Scottish Government, 2010)¹. NHS Boards are also required to deliver an annual self assessment to the Scottish Health Council against the Participation Standard.

¹ www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

Involving people in health and social care: policy, legislation, standards, guidance and practice

The Scottish Government wants to integrate adult health and social care services in Scotland, and has introduced the Public Bodies (Joint Working) (Scotland) Bill to bring this about <http://bit.ly/integrated-care>.

In recognition of this, information on some of the relevant policies, legislation, standards, guidance and practice in relation to participation in both the health and social care sectors is described below.

NHS Duties

NHS Boards have specific duties to involve patients and the public in planning and developing health services. This is generally referred to as the Patient Focus and Public Involvement (PFPI) agenda.

Social Work Duties

Local authorities do not have explicit responsibilities to involve the wider public in decisions about social care services. However, local authorities have general duties to involve communities. In addition, recent policy and legislative developments have increasingly focused on the personalisation of services, and working jointly with the service users and voluntary and private sector partners.

Local authorities also have a process of electing local councillors to take decisions at a local level. Elected members can play an important role in acting as a bridge between communities and local authorities.

Policy Timeline

This timeline illustrates the long-standing policy commitment to involving people in the public sector.



2001

Patient Focus and Public Involvement<http://bit.ly/PFPI2001>

The Scottish Executive published guidance on how to better involve users and citizens, setting out a framework for NHSScotland to ensure people were “respected, treated as individuals and involved in their own care” and where individuals, groups and communities were involved in “improving the quality of care, influencing priorities and planning services”.

2002

Draft interim guidance was distributed to NHSScotland on the issue of **Consultation and Public Involvement in Service Change**, replacing 1975 guidance on closing hospital premises. This was updated in 2004 and finalised in 2010.

2003

Local Government in Scotland Act<http://bit.ly/LGS-Act>

This Act required public sector organisations to participate in community planning. While the duty to participate in community planning covers a range of public sector bodies, the responsibility to initiate, facilitate and maintain the community planning process lies with local authorities.

One of the main aims of community planning was to make sure that “people and communities are genuinely engaged in the decisions made on public services which affect them”. The Act placed a duty on local authorities, as facilitators of community planning, to consult and co-operate with community bodies; and to invite and encourage community bodies to participate in community planning.

2004

NHS Reform (Scotland) Act<http://bit.ly/NHS-Reform-Act>

This Act placed duties of public involvement and equal opportunities on NHS Boards and required them to establish Community Health Partnerships. Each Community Health Partnership was given responsibility for developing a Public Partnership Forum to assist it to maintain an effective dialogue with its local community.

Community Planning: Statutory Guidance<http://bit.ly/community-planning>

Statutory guidance from the Scottish Executive to accompany the Local Government in Scotland Act highlighted that the main aim of community engagement in community planning should be to make services more responsive to the needs and aspirations of communities.

2005

Establishment of the Scottish Health Council

Following the abolition of Local Health Councils, the Scottish Health Council was established by the Scottish Executive to promote Patient Focus and Public Involvement in the NHS in Scotland. Its aim was to ensure that NHS Boards listen to and take account of people’s views, as part of a “mutual NHS” – where the NHS works in partnership with patients, carers and the public.

2007

Better Health Better Care: Action Plan

<http://bit.ly/BH-BC>

The *Better Health, Better Care: Action Plan* set out a vision for the NHS based on a theme of 'mutuality' that sees the Scottish people and the staff of the NHS as partners, or co-owners in the NHS, giving people a greater say in the services they use. It also introduced the concept of a Participation Standard which would enable the collection of systematic, comparable information on participation from across the NHS in Scotland.

2009

Health Boards (Memberships and Elections) (Scotland) Act

<http://bit.ly/HBMES-act>

This Act was put in place to allow for piloting a range of different arrangements for appointing non-executive directors to Health Boards. The pilots were undertaken to assess a series of measures designed to increase public involvement and the use of social media.

2010

NHSScotland Healthcare Quality Strategy

<http://bit.ly/Quality-strategy>

The NHSScotland Healthcare Quality Strategy introduced three key quality ambitions which support healthcare organisations to provide person-centred, safe and effective healthcare for the people of Scotland: It called for:

"Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making."

Equality Act

www.equalityhumanrights.com

By strengthening and harmonising existing equality legislation, the Act protects individuals from unfair treatment and promotes a fair and more equal society. It creates a single public sector equality duty, which came into force in April 2011 and more effectively tackles disadvantage and discrimination.

Commission on the Future Delivery of Public Services

<http://bit.ly/Christie-report>

In establishing the Christie Commission, the Scottish Government wanted to ensure a focus on improving the quality of public services; redesigning services around the needs of citizens; and tackling the underlying causes of needs (as well as symptoms).

The Commission's final report (in June 2011) made recommendations about the key elements of a reform programme for public services. There were four key elements:

- building public services around people and communities;
- working together to achieve outcomes – specifically by delivering integrated services;
- prioritising prevention, reducing inequalities and promoting equality; and
- improving performance and reducing costs.

2011

Patient Rights (Scotland) Act

<http://bit.ly/patient-rights>

This Act was introduced to improve patients' experiences of using health services and to support people to become more involved in their health and healthcare. In relation to involvement, provisions of the Act include:

- a duty to publish a Charter of Patient Rights and Responsibilities;
- principles for healthcare provision covering patient focus, quality care and treatment, patient participation and communication; and
- a right to give feedback or comments, or raise concerns or complaints, supported by the Patient Advice and Support Service (PASS).

Scottish Government and COSLA response to the Christie Commission

<http://bit.ly/Christie-response>

The Scottish Government published a response to the Christie Commission's report entitled '*Renewing Scotland's Public Services*'. This set out the Government's priorities for reform and identified "engaging with Scotland's people" as an ongoing priority for public service reform in Scotland. The response stressed that "public services must work harder to involve people everywhere in the redesign and reshaping of their activities."

Reshaping Care for Older People

<http://bit.ly/reshaping-care-for-older-people>

Reshaping Care for Older People is a Scottish Government initiative aimed at improving services for older people by moving away from 'institutional' care and towards care in the home or a homely setting that is designed around the needs of the individual.

2012

Consultation on proposed Adult Health and Social Care Integration Bill

<http://bit.ly/integration-consultation>

The consultation proposed the integration of adult health and social care services. Replacing Community Health Partnerships with Adult Health and Social Care Partnerships will require consideration of new ways of involving people.

'Statement of Ambition' for community planning in Scotland

<http://bit.ly/statement-of-ambition>

The Scottish Government and COSLA produced a 'Statement of Ambition' for community planning in Scotland, highlighting that effective community planning would be at the heart of public service reform in Scotland. This included an ongoing commitment to strengthening community engagement and participation.

Consultation on the Public Bodies (Joint Working) (Scotland) Bill

<http://bit.ly/integrated-care>

The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament in May 2013 and aims to enact the Scottish Government's commitment to integrate adult health and social care. The policy ambition of the Bill is to:

"...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so."

The Bill is likely to become an Act in spring 2014.

Social Care (Self-Directed Support) Act

<http://bit.ly/self-directed-support>

The idea of user-centred services, based upon the concepts of individual needs assessments and the development of systems and processes enabling a quicker response from service agencies, has a long history within social care.

In 2010, the Scottish Government and COSLA published a national self-directed support strategy which aimed to promote the personalisation of social care services, with a focus on individuals and families having real choice and control over the services they receive.

The Social Care (Self-Directed Support) (Scotland) Act was passed by the Scottish Parliament in early 2013 and embeds Self-Directed Support in legislation. It outlines the ways in which local authorities must offer this type of support to those who meet the assessment requirements of community care services. Direct payment to allocate available resources is the key practical concept on which Self-Directed Support is based (originally introduced in the Community Care (Direct Payments) Act 1996).

Standards

Participation Standard

www.scottishhealthcouncil.org/standard.aspx

NHS Boards need to ensure that people have a say in decisions about their care and in the development of local health services. The Participation Standard is a way of measuring how well NHS Boards do this. It was one of the commitments set out in the Scottish Government's *Better Health, Better Care: Action Plan* to develop a "mutual NHS" where health services meet the needs and preferences of individuals.

National Standards for Community Engagement

<http://bit.ly/NationalStandards>

The National Standards for Community Engagement were developed in 2005 and set out best practice guidance for engagement between communities and public agencies.

Visioning Outcomes in Community Engagement (VOiCE)

www.voicescotland.org.uk

Visioning Outcomes in Community Engagement (VOiCE) was developed to support the use of the National Standards for Community Engagement. It can be used to plan community engagement and service user participation, conduct it effectively, monitor progress and evaluate outcomes. The Scottish Health Council's Local Offices can provide support in the use of VOiCE.

Guidance and Resources

Equality and Diversity Impact Assessment Toolkit

<http://bit.ly/ED-toolkit>

To be truly person centred requires consideration of the specific needs of those who access services and the likely impact that policy development and service delivery will have on individuals and communities. This Toolkit, first published in 2005, is designed to assist NHS Boards to meet their legal duty to *"discharge their functions in a manner that encourages equal opportunities and in particular the observance of the equal opportunity requirements"* as well as the requirements of existing equality legislation.

Informing, engaging and consulting people in developing health and community care services – CEL 4 (2010)

<http://bit.ly/CEL4-2010>

The Scottish Government published guidance in 2010 on how NHS Boards should inform, engage with and consult people in developing health and community care services. The guidance emphasises the importance of NHS Boards routinely involving people in designing, developing and delivering health services provided for them.

To fulfil their responsibilities, NHS Boards should routinely communicate with and involve the individuals and communities they serve to inform them about their plans and the drivers and context for change. Each NHS Board should follow the principles and practices endorsed by the Scottish Health Council, including the National Standards for Community Engagement.

Advice on public involvement in service change and meeting the requirements of this guidance can be sought from the Scottish Health Council's Service Change Advisors who can offer advice and support.

The Service Change Team can be contacted at servicechange@scottishhealthcouncil.org

Guidance on the reimbursement of 'Out of Pocket' expenses for volunteers within NHSScotland – CEL 23 (2011)

<http://bit.ly/CEL23-2011>

The Engagement Matrix: a tool and guidance for improving engagement between health boards and the third sector

www.vhscotland.org.uk/engagement-matrix/

The Engagement Matrix, published in 2013, is a tool for NHS Boards and third sector organisations to use together to map and improve engagement between them.

Joint Improvement Team: Talking Points

<http://bit.ly/JIT-talking-points>

The Joint Improvement Team (JIT) was established in late 2004 to work directly with local health and social care partnerships across Scotland.

Their website contains a wealth of materials including **Talking Points**, an outcomes approach to assessment, planning and review, which aims to shift engagement with people away from service-led approaches.

The development of the approach has involved developing a range of tools, guidance and resources to:

- encourage a focus on outcomes at assessment, care planning and review,
- place the person at the centre of a more personalised approach,
- support staff to conduct outcomes-focused conversations, including with people with communication support needs,
- enable information on service user and carer outcomes to be systematically gathered during assessment and review processes, and
- support organisations to use this information to improve outcomes at individual, service and organisational levels to plan, evaluate and improve services.

Co-production

Closely linked to the concept of self-directed support is the concept of ‘*co-production*’ – which aims to ensure that individuals and families are at the heart of any social care service. The New Economics Foundation provides the following useful definition:

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change”.

The website of the **Scottish Co-production Network** (www.coproductionscotland.org.uk) contains information about the work of the Network and useful reports, toolkits and links relating to the practice of co-production.

All together now-A toolkit on co-production for people with a disability and their organisations

This toolkit, produced in 2012 by the Independent Living in Scotland project, explains what co-production is and provides some tips on how to make it successful.

<http://bit.ly/ILS-toolkit>

Patient Participation Groups

What is a Patient Participation Group?

A Patient Participation Group is a patient-led group linked to a local General Practice. Ideally, the Patient Participation Group will be made up of a group of patients that reflect the diversity of the catchment population. They will work along with GPs and practice staff to provide a patient perspective on the healthcare services that are offered to the community.

The benefits of a Patient Participation Group are:

- Patients will have a better understanding of the practice and can be involved in decision making, ensuring that the patient view is always represented.
- Patients will feel valued and empowered in the community which can lead to improved self-esteem.
- Patients may have a larger interest in, and responsibility for, their own health.
- A Patient Participation Group is an easily accessible resource for a practice to support wider community engagement.
- GPs and practice staff can ensure that their service provision is more effective, efficient and tailored to the community which they care for.
- The practice may increase its understanding of key issues and problems in local health services enabling it to pre-empt and solve potential concerns.
- A Patient Participation Group provides the opportunity for GPs and practice staff to inform patients of the reality of running a General Practice, and the reasons behind some of the decision making.

The Scottish Health Council has developed a **Start-Up Guide** for practice managers to help establish their own Patient Participation Group. The Guide encourages a pragmatic approach for users, provides examples of best practice and gives practical and useful advice for practices.

In addition, for practices which already have a Patient Participation Group but are looking to evaluate, expand and/or progress it further, a **Development Tool** has also been produced by the Scottish Health Council.

Both the Start-Up Guide and the Development Tool are now available in hard copy from Local Offices of the Scottish Health Council and can be downloaded from our website: www.scottishhealthcouncil.org/ppg.aspx

Before you start

Selecting a suitable tool for your purposes

The aim of all participation work is to improve services, care and individual patient experience. The tools you select will depend on whether your aim is to involve people in shaping local services or as partners in decisions about their own treatment and care based on the question *'What matters to you?'* Such decisions may include how best to maintain independence in the community and manage any long term conditions that individuals may live with.

In line with the National Standards for Community Engagement, statutory agencies should work with local people to plan how they will work together.

It will often be appropriate to use different tools depending on the needs and wishes of the people you are working with.

Listening to 'seldom heard' groups and supporting people with additional needs

When planning to involve 'seldom heard groups', information about the population in each NHS Board area should be sought from their lead officer for Equality, Diversity and Human Rights. Equality Impact Assessment will help to identify the groups that may have been overlooked in the past.

Participation design checklist: covering ethical issues

Handling the ethical issues of participation appropriately is very important. The checklist below has been developed to promote good practice and to quality assure participation activities. It covers both legal and ethical issues, such as data protection and informed consent.

IMPORTANT NOTE

If a study can be reported so that others can learn from its results rather than simply from its process, then the findings are 'generalisable' and the study requires ethics committee approval.

If you are undertaking a study or piece of work which is generalisable then you may need to seek advice from your organisation's Research and Development Department.

If the results are pertinent only to the service or locality under study, then it may fall under the broad heading of 'service development' and not require ethics committee approval.

Further information is available from the National Research Ethics Service
www.nres.nhs.uk

If you require any assistance in completing this form you should contact your organisation's Clinical Governance support staff.

SECTION ONE: Guidance for completion

Please consider the following when you develop your patient focus and public involvement work. The checklist has been divided into sections which relate to the different ethical and legal issues detailed below.

Not all sections of the checklist will apply to the work you are planning. Where appropriate use the N/A (not applicable) option.

Section	Issues to consider
1	Before you start this work it is important to ensure that you are not replicating existing work. It is equally important to ensure that, where appropriate, a patient, carer, member of the public or staff has been involved in the design of the work. To minimise over-commitment and burden of patient, carer, member of the public or staff, staff should ensure that potential recruits are not currently involved in any other surveys or patient focus and public involvement work.
2	If there are any potential benefits or hazards these could be noted, as should any measures that you have taken to ensure that any risks to participants have been minimised, e.g. risk assessments. Risks may also relate to 'disclosure' of information or sharing of otherwise sensitive or confidential information. This may relate to the title of your work, for example asking patient, carer, member of the public or staff to complete a questionnaire relating to their experiences of recent eating disorder service may lead to disclosure of information without consent.
3	All participants should be assured that participation is voluntary and be aware of their right to refuse or withdraw at any time. Assurance should also be given that participation will not affect current or future treatment of the patient, carer, member of the public or staff or family member/carer/friend
4	All patient focus and public involvement work should aim to be inclusive. If any group has been excluded on the grounds of sexual orientation, age, ethnic group, gender, religion, belief or disability you should note your reason for this. All data should be analysed or reviewed to consider issues across diverse groups.
5	Informed consent is at the heart of ethical research and evaluation of health and patient focus and public involvement work. Where appropriate, consent of participants should be requested either orally or in writing. An information sheet, or a letter sent to participants, should set out factors relevant to the interests of participants (e.g. commitment, contacts, availability of expenses). This should be made available to all participants prior to obtaining consent and should be available in a range of formats and languages.
6	Where appropriate, participants should receive reimbursement for any expenses incurred, including any carer or associated costs. Funding should be in place to support this.
7	All data should be stored according to the Data Protection Act (1998) and staff should ensure that all data is anonymised and appropriately stored.
8	Once you have completed this work, you should ensure that it is appropriately disseminated, e.g. all participants should receive feedback (feedback can include writing to participants and displaying posters). A copy of your report should also be forwarded to relevant management teams and widely publicised.
9	All work should include recommendations for outcomes, their delivery and improvement. Staff should also detail how outcomes will be monitored and evaluated.

SECTION TWO: Design Checklist

			If Yes, please provide/attach details; if No, please justify
1.	Have you ensured that this work has not been done before?	yes/no/NA	
	Have patients, carers, members of the public or staff been involved in the design/development of the project?	yes/no/NA	
	Will you ensure that potential recruits are not currently involved in any other surveys or patient focus and public involvement work?	yes/no/NA	
2.	Are there any expected benefits to participants?	yes/no/NA	
	Have any potential hazards been minimised, including unwitting disclosure of medical condition or personal circumstance?	yes/no/NA	
3.	Will participants be assured that participation is voluntary and that they can refuse or withdraw at any time?	yes/no/NA	
4.	Have you ensured that no participant is excluded on the grounds of sexual orientation, age, gender, religious belief, ethnic group or disability?	yes/no/NA	
5.	Will potential participants receive verbal or written information about the project?		
	Will information be provided in languages other than English?	yes/no/NA	
	Will information be provided in formats other than standard type (e.g. Braille, large font)?	yes/no/NA	
	Will informed consent be obtained – either verbal or written?	yes/no/NA	
6.	Will participants be reimbursed for any expenses incurred?	yes/no/NA	
7.	Will you ensure that all identifying data is removed and that all records (paper and computer) are anonymised?	yes/no/NA	
	Will data be kept in accordance with the Data Protection Act (1998)?	yes/no/NA	
8.	Is there an intention to publish or disseminate this work?	yes/no/NA	
	Will participants receive feedback?	yes/no/NA	
	Will results be presented in a way that does not identify individuals?	yes/no/NA	
9.	Will any reports/feedback include recommendations for improvement?	yes/no/NA	
	Will the outcomes be monitored and evaluated?	yes/no/NA	
10.	Signed by: _____ Date: _____		

Sources and further information

This checklist was developed by Dr Fiona Wardell, Healthcare Improvement Scotland

Accessibility checklist to assess the accessibility of a venue

To check the accessibility of a venue, you can:

- visit the venue yourself and use this Accessibility Checklist, or
- commission an access audit of one or more possible venues. You can obtain a list of access auditors accredited by the National Register of Access Consultants from www.nrac.org.uk

The issues to be considered are summarised below.

Transport links

- Is there accessible public transport (bus/train/subway) within 500 metres?
- Is there accessible connecting transport suitable for wheelchair users (e.g. taxis) from public transport links if required?

The venue should be within 10 minutes walking distance of public transport links or there should be a taxi service which is accessible for wheelchair users at the bus stop/train or subway station that delegates can use to take them to the venue.

Parking

- Is parking designated for disabled people available on site? Is it clearly signposted?
- How many designated parking spaces are available and can these be reserved?
- Are the designated parking spaces of sufficient width to allow wheelchair users to get in and out of the vehicle, with sufficient space either side of the car and at the rear?
- If designated parking is above or below reception level, is there a lift from the car park to reception?
- If designated parking is in front of or to the side of the hotel, is there level access to reception?
- Do the designated parking spaces and the path to reception have smooth surfaces?
- Is there a phone number that disabled drivers can ring when they get near to the venue to access the designated parking spaces?
- Are there any dropping-off points?
- Can valet parking be provided?
- What assistance can be provided to visitors with mobility impairments if they are dropped off at the entrance?

Adequate parking needs to be made available for all delegates who are expected to arrive by car, with reserved parking for visitors with mobility impairments. There needs to be a means of marking reserved parking spaces with the name of the user.

BS 8300 “*Design of buildings and their approaches to meet the needs of disabled people*” recommends that designated parking spaces should measure 2.4m x 4.8m, with hatching 1.2m wide at the sides and rear to ensure there is sufficient space to allow the disabled person to transfer from car to wheelchair. The route from the car park to reception ideally needs to be well signposted, level and smooth. Wheelchairs cannot be propelled manually through gravel.

Entrance

- Are visitors with a disability able to enter the building by the same entrance as other visitors? If not, is there another entrance that is accessible to wheelchair users?
- If there are steps, how many are there and is there a handrail?
- If one is needed, is there a platform lift or a ramp suitable for wheelchair users?
- If there is a removable ramp, how does a wheelchair user signal that he or she needs assistance?
- If reception is above or below the entrance level, is there a lift (other than a service lift)? What alternative is available if this lift is out of service on the day of the conference?

The ideal entrance is one that is used by all delegates. However, if wheelchair users or other people with impaired mobility need to use a separate entrance, this should be acceptable so long as the entrance is a reasonable one. Using the service entrance is unlikely to be acceptable. Ideally the main entrance will have automatic sliding doors. If the main entrance has a revolving door, then there should be a large swing door on at least one side of the revolving door, which should be left unlocked during the function. A level entrance is preferable to a ramp. Ramps should not be steeper than 1:12, although 1:15 is preferable.

Reception desk

- Is the reception desk at a height suitable for people in wheelchairs? If not, can an alternative desk be used for all delegates?

The preferred height for a desk or table according to BS 8300 is 760mm with a minimum height to the underside of 700mm.

Main conference rooms

- Are syndicate rooms available? Are these on the same floor as the main conference room? Are all the syndicate rooms accessible?
- If people need to move between syndicate rooms, are they close together and on the same floor of the building?

The main conference rooms need to be as accessible as possible, i.e. not through too many corridors or heavy doors. Try to avoid a venue with only one lift. What happens if it is out of service on the day of the conference? The main conference room needs to be large enough to allow for good circulation for a wheelchair user, particularly in the aisles. At least two standard chairs have to be removed to provide space for a wheelchair. A room with echoes may cause problems for people with hearing impairments.

Accessible toilets

- Are there genuinely accessible toilets designed for people with a disability on the same floor as the main conference hall and syndicate rooms?
- If not, are there accessible toilets accessible by lift?
- Is there more than one accessible toilet?

There needs to be a minimum of one genuinely accessible toilet available to delegates at all times within convenient distance of the conference rooms. Ideally this should be on the same floor, and immediately nearby, so that delegates do not waste their time having to reach the accessible toilet. As there is always a risk that a single accessible toilet may be out of use, it is preferable for there to be a minimum of two accessible toilets available to delegates. Where a significant number of wheelchair users are expected, then there need to be more accessible toilets available. The toilets need to be genuinely accessible, not just standard toilets with a wheelchair symbol on the door.

Lifts

- Are lift doors (including lifts from the car park) wide enough for a wheelchair? Is the lift big enough for a large wheelchair and at least one other person?
- Are there controls at a height suitable for wheelchair users? Are there Braille or tactile buttons?
- Is there an audio floor indication?

Building regulations recommend the following minimum dimensions: – width 1,100mm; depth 1,400mm; door opening 800mm; controls 900–1,200mm above floor level, both within and outside the lift car.

Seating

- Are the chairs comfortable for sitting for extended periods, and do at least some of the chairs have arms?
- Can a sofa be provided for people who need to lie down?
- Ideally the conference venue should have some chairs with arms and some without, as people's preferences vary.

Sound

- Are the acoustics in the main conference rooms reasonably good?
- Is there an induction loop in the main conference room? Are there induction loops in syndicate rooms?
- If an infra-red sound improvement system is to be used, have arrangements been made for the handing out and collection of neck stethoscopes from users?

A room with echoes may cause problems for people with hearing impairments. If there are no induction loops, you may be able to hire them. Check who will pay the cost of these. Take advice if using a number of induction loops in close proximity, as sound can sometimes be relayed from one loop to another.

Lighting

- Is the level of lighting in the main conference hall and/or syndicate rooms adequate and adjustable?
- If the level of lighting is to be reduced during presentations, have alternative arrangements been made for people who rely on interpreters and lip readers?
- Are there flickering light bulbs?

If the lighting is not adjustable, you may need to arrange extra or alternative lighting. Transitions from dark to light need to be gradual for people with visual impairments, so lights should be dimmed slowly and never turned completely off. Flickering lights, strobe lighting and flash photography can cause problems for people with epilepsy.

Air quality

- Is the air quality good in the main conference hall and syndicate rooms?
- Is there air conditioning and can it be adjusted on the day if necessary? What arrangements can be made to make people more comfortable when necessary where there is no air conditioning?

People's perceptions of the ideal temperature will vary but a stuffy atmosphere can cause asthma attacks. If the atmosphere becomes too stuffy and there is no air conditioning, the venue may be able to provide fans, or arrange for windows to be opened.

Catering facilities

- Is the room where meals will be served accessible? Are there any steps to this room?
- Is it large enough for several servery points to avoid long queues?
- Is it large enough for people to move around when all delegates are in the room?
- Is there sufficient room between tables for wheelchair users to move around?
- Are the tables of a suitable height for wheelchair users?
- If relevant, can the room where lunch will be served accommodate some chairs and tables for people who cannot eat standing up? Or can a separate seating area be provided?

The preferred height for a desk or table according to BS 8300 is 760mm with a minimum height to the underside of 700mm.

Dietary requirements

- Can the venue cater for people on special diets?
- Can all food be labelled?
- Can ingredients be labelled to meet the needs of people with allergies?
- Is there a reasonable choice of different types of food?

Some people may prefer food they can eat with their fingers rather than with cutlery. Straws should be available where drinks are served.

Emergency evacuation procedures

- Are there procedures in place for evacuating disabled people, including wheelchair users, in an emergency? Ask for a copy of the procedures in advance of the conference.
- Are there fire alarms that are audible/visible to all?
- Will venue staff be available to help evacuate disabled delegates and facilitators, and has the staff had appropriate training?

It is vital to ensure that there are procedures in place for the evacuation of people with mobility impairments, including wheelchair users. These arrangements need to be explained at the start of the conference. Where evacuation of wheelchair users relies on Evac Chairs, there need to be enough for the expected number of wheelchair users. If any deaf person is likely to be on their own for any length of time, arrangements need to be made to ensure that their safety is taken into account should there be an emergency.

Overnight accommodation

- Are there accessible bedrooms for delegates or facilitators who need to stay overnight before or after an event? You should ask to see an accessible bedroom and check the bathroom facilities, space around the room and emergency contact arrangements, as some accessible bedrooms do not meet the required standard.

If the venue offers its own accommodation, then the organiser will need to check that it offers some accommodation for wheelchair users. If separate accommodation is being used, arrangements need to be made to transport delegates between the conference and the accommodation, and sufficient time for this must be built into the schedule.

Guide/Assistance dogs

- Are guide dogs or other assistance dogs accepted, including in the restaurant, if this is to be used?
- Can they have access to water?
- Is there an open space for them to exercise?

It is no longer acceptable for guide dogs and assistance dogs to be barred from restaurants, but the practice is still encountered.

Further information about accessibility can be obtained from:

Centre for Accessible Environments Commission

Tel: 020 7357 8182

Textphone: 020 7357 8182

Website: www.cae.org.uk

Enquiries: info@cae.org.uk

This guide was developed with the assistance of Lynn Waddell, Equality and Diversity Manager & Gender Based Violence Operational Lead, NHS Forth Valley.

Ice breakers to get a discussion started

Ice breakers are used to help people who are taking part in an event/activity to get to know each other so that the discussion can start on a relaxed note. They can also be used to motivate and energise at times when progress is flagging, for example immediately after lunch.

Ice breakers are games. A few examples are given below.

Icebreaker questions

Go round the room asking one of the following questions:

- If you found a magic lamp and the genie offered you three wishes, what would your wishes be, and why?
- If you were marooned on a desert island, what three items would you want with you, and why?
- If you were invisible for a day, what would you do and why?

Truth, truth, lie

- Each member of the group should write down two things about themselves that are true and one that is not true.
- Each person then shares these three items of information and the rest of the group has to work out which of them is not true.

Catch me if you can

- The group is split into pairs.
- Pairs are given about 30 seconds to try to observe and remember as much as possible about their partner.
- The pairs should then be asked to turn their backs on their partners.
- One or both members of each pair is/are given 15-20 seconds to change their appearance in some minor way that is visible to the partner (e.g. remove their watch, do up an extra button on their jacket).
- Each pair turns back to face each other and they have 30 seconds to identify what change was made.

Stand up – sit down

Ask a series of questions and ask people to stand up if, for example:

- they had cornflakes for breakfast
- they have ever sung karaoke
- and so on..

Tell us something about your name

- Does it have a meaning?
- Where does it originate?
- Were you named after someone?

Source

Scottish Health Information Network www.shinelib.org.uk

The Participation Tools

The participation tools and their main uses

This Toolkit provides a range of tools, guidance and resources for staff working in health and social care or the voluntary or private sectors. It is not an exhaustive list of the possibilities, but identifies some well known methods which are tried and tested, as well as some more recently developed techniques.

They can be used as appropriate not only to involve members of the public as a group, but also to involve individuals in their own care.

The participation tools can be grouped under 5 headings:

1. **Inform** – giving information: exhibitions, leaflets, written documents, local press, social media
2. **Engage** – getting information: questionnaires and surveys, focus groups telephone interviews
3. **Involve/consult** – ongoing engagement and dialogue
4. **Empower** – partnership working or co-production
5. **Evaluate** – reviewing process and outcomes to drive improvements

Tools	Inform	Engage	Involve/ Consult	Empower	Evaluate/ Improve
After Action Reviews					•
Ask Me 3 and Ask 3 Questions				•	•
Citizens' Juries	•	•	•	•	•
Comments Cards		•			•
Digital Stories		•			•
Displays and Exhibitions	•	•			•
Dragons' Den	•			•	•
Electronic Questionnaires		•	•		•
Electronic Voting		•	•	•	•
Emotional Touchpoints		•	•		•
Focus Groups	•	•	•		•
Graphic Facilitation		•			•
Head, Heart, Carrier Bag and Dustbin		•			•
Mystery Shopping		•			•
Nominal Group Technique	•	•	•		•
Open Space	•	•	•		•
Patient Diaries		•			•
Planning for Real	•	•	•	•	•
Presentations and Talking to Groups	•	•			•
Process Mapping	•	•	•		•
Public Meetings	•		•		
Reflective Log		•			•
Remote Service Futures Game	•	•	•		•
Round-table Workshops	•	•	•		•
Solution Circles			•	•	
Storytelling		•	•		•
Surveys and Questionnaires		•			•
Talking Mats		•	•	•	•
Teachback				•	•
Users' Panels	•	•	•		•
World Café	•	•	•		•
Written Information	•			•	

Q. Why use... After Action Reviews?

A. An After Action Review is a facilitated discussion about a project or activity that allows those who were involved to review what happened, track progress, correct unintended effects and capture recommendations for the future. They can be formal meetings lasting half-a-day, or shorter sessions lasting half-an-hour.

Despite the name, After Action Reviews do not have to wait until the end of a piece of work; in fact they are most useful when they are carried out after key stages throughout a project so that the lessons can be applied immediately.

How to do it...

- Hold the meeting as soon as possible so that memories are fresh and team members are still available.
- Include all the key members of the team.
- Appoint a facilitator to help to draw out answers and insights and to keep the meeting focused. This can be a member of the team, but ideally it will be someone not directly involved so that they can remain objective but nevertheless have a good understanding of the issues.
- Set ground rules for the meeting, including: respect for others' views, equality of participants, the need for openness and honesty, and an expectation that all should take part.
- Revisit the objectives in order to establish a common understanding of the activity: What did we set out to achieve? What actually happened? Why were these differences?
- Reflect on the strengths and weaknesses: What worked well? Why? What could have been improved? How?
- Identify specific actions: What would you do differently next time? What two or three key lessons would you share with others?
- A note-taker should be present to record the main points and the actions, but the focus should not be on producing a lengthy report which is filed away. A short list of key lessons for the future will be more memorable.

Pros

- After Action Reviews can be held almost anywhere and do not require a lot of advance preparation.
- A flexible approach can be taken, so the meeting can be formal or informal, longer or shorter, depending on the complexity of the activity being reviewed.
- They help to build trust among members of the team.
- They help to overcome a "blame culture" and a fear of making mistakes.

Cons

- Skilled facilitation is required to ensure that all team members take part and contribute to the discussion.
- The emphasis should be on the participants committing to specific actions, rather than on writing up a long report which will sit on a shelf and be forgotten.
- This is not a performance evaluation but a learning event; care should be taken not to focus on a list of complaints, assign blame or critique individuals.

Resources

- A meeting space large enough for all the members of the team
- Flipcharts and pens to record the key points and actions

Top Tips

- If time is limited, or participants are unwilling to open up, it may be helpful to distribute the questions in advance. The responses can be collated by the facilitator and shared on the day to stimulate discussion.
- Write the questions on flipchart sheets before the meeting and stick these up around the room to focus participants' minds. Comments can be written on the sheets throughout the review session.
- Keep asking "why?" to draw out the reasons behind the strengths and weaknesses and "how?" to identify specific actionable recommendations.

Sources and further information

After Action Reviews were first developed by the US military. The USAID website has a detailed manual which includes checklists and planning documents
<http://bit.ly/AAR-guide>

Collison, C. & Parcell, G. (2004) *Learning to Fly: practical knowledge management from leading and learning organizations* Oxford: Capstone

For further information please contact Richard McCrea, Information Officer, Scottish Health Council, Delta House, 50 West Nile Street, Glasgow G1 2NP.
Richard.McCrea@scottishhealthcouncil.org or telephone 0141 225 5556

Q. Why use ... Ask Me 3 and Ask 3 Questions?

A. According to the Scottish Government, difficulties with reading, writing and numbers can affect people's health and their ability to find, understand and apply health information.

Ask Me 3 and the Ask 3 Questions campaign can help to improve health communication between patients and health professionals by encouraging the patient to ask three questions during each visit. Both techniques are quick, effective and easy to implement and are being used across NHSScotland.

The following quote serves as a gentle reminder of the need to have clear communication between the patient and health provider:

"In the precious few moments a physician has with a patient, clear communication can be an extraordinary challenge. It is common for patients to nod their heads as an indication that they understand what the physician is saying. However, they sometimes leave the physician's office and tell a friend or family member they 'did not understand a word that was said.'"

<http://bit.ly/Ask-Me-3>

How to do it...

Ask Me 3, developed by the National Patient Safety Foundation, encourages people to ask their health professional (doctor, nurse, pharmacist and other providers) the following questions at the end of every health appointment or consultation, when preparing for a medical test or procedure or when picking up medicine:

- **What is my main problem?**
- **What do I need to do?**
- **Why is it important for me to do this?**

First and foremost, it is important to raise awareness of this initiative with staff prior to its implementation. It is also important to raise patient awareness of the benefits of asking the above three questions. Healthcare staff should use every opportunity to chat to patients about this initiative and to encourage them to ask these three questions at the end of their consultations. This could be carried out when patients are waiting for their appointment or when they arrive at the reception desk.

To help promote Ask Me 3, there are many free downloadable materials available on the National Patient Safety Foundation's website, including brochures and posters. There is also a DVD available which could be used within waiting areas. It is important, however, to be mindful that continuous playing of a DVD may become irritating to patients and reception staff, particularly if it is a small waiting area.

Whilst the patient is waiting to be seen they should be provided with a pre-printed 'Ask Me 3 form' which they will take into their consultation and use to write down the answers to the three questions. However, some patients may find this daunting

especially if they have writing problems and alternative methods should therefore be explored and offered. For instance, the health professional could offer to tape the answers.

The **Ask 3 Questions** campaign aims to help patients and service users to get the support they need to make informed decisions about their health and care.

It is based on research from Cardiff University and the Health Foundation and encourages patients to ask three key questions:

- **What are my options?**
- **What are the pros and cons of each option for me?**
- **How do I get support to help me make a decision that is right for me?**

Whilst both Ask Me 3 and Ask 3 Questions focus on the patient asking the questions, it is important that the health professional is able to provide answers that the patient will understand.

Top Tips to aid understanding

- Sit down with the patient (instead of standing) to maintain eye level.
- Use plain language.
- Use simple vocabulary and avoid technical words or jargon. If you need to use a technical word, this must be followed by a definition.
- Use pictures, illustrations or visual models to illustrate a procedure.
- Avoid acronyms, but if you must use one, explain its meaning when it is first used.
- Use the teach-back technique (as described on page 103) which encourages the health professional to ask the patient to repeat back his or her understanding of what they have just been told.

Pros

- Quick and effective
- Not expensive to use
- Easy to implement
- Can help to raise awareness of health literacy challenges among patients and staff
- Both techniques help patients to have a better understanding of their health, encourage them to get involved in managing their own healthcare and improve communication between patients and health professionals
- By writing down their answers, patients will have a record of their conversation with their health professional. However, health professionals should be mindful that some patients may have difficulties with writing things down and this alone may discourage them to ask the questions.

Cons

- Both techniques require buy-in from the health professional as well as from patients
- Patients need to take notes and, although this would work for some, it could be challenging for people with literacy issues or learning disabilities
- It can require time, though it does not increase appointment length significantly.
- As time is often limited during medical appointments and examinations patients may feel reluctant to ask questions. As a result, it may be difficult for the health professional to gauge what the patient does not understand.
- There are some doubts as to its effectiveness when Ask Me 3 is used as a stand-alone tool. Many resources suggest using it in conjunction with the teach-back technique.

Resources

- Staff and patient time
- Communication support (interpreters, signers for the deaf)
- You will require pre-printed Ask Me 3 forms to hand to patients
- Publicity materials can be downloaded from the National Patient Safety Foundation and Cardiff and Vale University websites.

Top Tips

- Patients may wish to take a friend with them to their consultation.
- Always assume that the patient does not understand what you are saying or has a different perception of what you are saying.
- Health professionals should encourage patients to ask questions, and should structure the information they provide to patients around these questions.
- Health professionals should be encouraged to learn more about low health literacy and to broaden their knowledge of health literacy issues.
- For some non-English speaking patients, translators can be provided by the healthcare organisation to assist with communication between the patient and health professional.

Sources and further information

This material has been informed by the work of the National Patient Safety Foundation, NHS Lothian and Cardiff and Vale University Health Board. Further details can be found on the following websites:

Ask Me 3

National Patient Safety Foundation

www.npsf.org/askme3

Ask 3 Questions:

Cardiff and Vale University Health Board

www.cardiffandvaleuhb.wales.nhs.uk/ask3

Q. Why use ... Citizens' Juries?

A. Citizens' juries have developed as a form of participatory research that seeks to legitimise non-expert knowledge. As with a legal trial, a citizens' jury assumes that if a group of people are presented with evidence, they can evaluate this and draw conclusions that are representative of the wider public.

The uniqueness of Citizens' Juries lies in involving citizens in developing their knowledge of a specific policy area, asking questions of expert witnesses, collective group discussions and deliberation and reaching a final decision.

Citizens' Juries are often used alongside other research and public consultation tools such as surveys, interviews and focus groups and are intended to complement other forms of consultation rather than replace them.

Citizens' Juries can be used to broker a conflict, or to provide a transparent and non-aligned viewpoint. Citizen jurors bring with them an intrinsic worth in the good sense and wisdom born of their own knowledge and personal experience.

How to do it...

Step by Step Guide

1. Select a broadly representative group of approximately 12-16 people. Determine a question important to the issue being considered or develop a series of options for the jury to consider. Consider incentives and briefing packs for delegates.
2. Book a venue.
3. Plan pre and post event surveys to measure the shift in opinion.
4. Identify budget for delegate support and incentives (if used).
5. Recruit and brief expert witnesses.
6. Brief jurors on the rules of the proceedings, and allow them two to four days to come to a recommendation.
7. Provide expert witnesses to brief the jury who can be cross-examined and who can spend time discussing the issue with the jury.
8. Engage independent moderator(s) to assist the process of deliberation.
9. At the agreed time, arrange a presentation from the panel and/or collect the jury's report, which should outline their recommendations.
10. Publish the report and recommendations (this would normally be done by the commissioning body).
11. If the recommendations of the citizens' jury are not followed up, publish the reasons for not following up (this would normally be done by the commissioning body).

Role of Citizens

- Critically engage with witnesses
- Direct questioning, can request other witnesses
- Scrutiny of evidence
- Deliberate with each other
- Work in small groups
- Recruitment process
- Representation, responsibilities (themselves, family and friends, society more widely?)
- Contribute to the decision/recommendations

Role of Expert Witnesses

- Explain issues
- Summarise existing evidence
- Can provide their viewpoint/experience and advocate a position
- Respond to questions

Role of Facilitator

- Support the citizens, lead them through the process
- Moderate discussions and participation
- Ensure fairness and decorum
- Guide the group deliberations
- Support if needs be the questioning of the experts
- Help frame decision/recommendations

Role of Citizens' Friends

- Source of evidence and objective expertise to aid understanding of complex issues

Role of Commissioning Body

- Theoretically no involvement in the process, but will have driven the research question and the framework
- Made some commitment to responding to the outcomes
- May help with costs

Data collected and used as evidence

- What sort of data? Flip chart notes, key themes, video recording, votes, secret votes, interactive comments
- Targeted outcomes – set questions
- Other outcomes? Citizen engagement, expert witness reflexivity

Pros

- Can be used to draw members of the community into participative processes where the community is distanced from the decision-making process or a process is not seen as being democratic.
- Strives to improve representation in participative processes by engaging a cross section of the community in the jury.
- Can be used to moderate divergence and provide a transparent process for decision making.
- Provides a transparent participatory process which can be seen to be independent and credible.
- Provides a public democracy mechanism.
- Provides citizens with an opportunity to develop a deep understanding of the issue.
- Involves ordinary citizens.
- Pinpoints fatal flaws or gauges public reaction and opinion.

Cons

- Jury members need to be representative of the community in consideration.
- Setting up involves selecting jurors and experts and planning the timing, as it takes up to four days to run the jury.
- Moderators may be required, and would need to be hired.
- Everyone involved needs to be clear about the results and how they will be used. Ahead of the event, time needs to be allowed to engage jury, hire facilitator, put together briefing or background papers and contact 'experts'.
- Allow up to four days for the jury to consider its 'verdict'.
- The commissioning body must follow recommendations or explain why.
- Costs *can be high* e.g. £16,000 – £23,000 for organisers', jurors' and witnesses' time, venue/facility hire and recording deliberations and publishing outcomes.

Sources and further information

The information above is based on one example from the Toolkit produced by the Department of Health and Social Services, Tasmania. For more information and to access additional tools see: <http://bit.ly/DHSS-Tasmania>

Case study

"Guide to Running a Youth Jury" by Parra Youth Matters
<http://bit.ly/ParraYouth>

Q. Why use ... Comments Cards?

- A.** Making cards and post boxes available for service users to communicate with the organisation is an easy and economical way to obtain feedback.

How to do it...

Preparation

- Boxes, with pens/pencils attached, and a supply of pre-printed cards should be placed in locations where many people are likely to pass, but where there is also a degree of privacy.

Developing

- There should be a sign nearby, drawing attention to each box and explaining when the box will be emptied and how/when the comments received will be responded to.

Planning

- The organisation must decide whether anonymous submissions will be accepted, and the policy on this should be made clear on the box. It should be explained that although all feedback will be considered, responses can only be provided to people who are willing to give their name and contact details.

Maintenance

- Boxes must be maintained and emptied.
- Supplies of cards and pens/pencils must be checked and replaced regularly.
- Comments must be referred to the correct staff.
- All comments with contact details should receive a reply, which should explain what action is being taken.

Pros

- This is an easy way for service users to make an input.

Cons

- 'Maintenance' is vital but has staff time implications.

Resources

- Box and stationery
- Staff time

Top Tips

- The 'maintenance' process is most likely to be successful if it is handled by a single member of staff at each location.
- Care should be taken to ensure confidentiality for people who make comments.
- Changes made as a result should be publicised to demonstrate that the organisation is committed to listening.
- Consider how this can be made accessible to people who may not be able to access written information, for example cards in a range of community languages, or the option of taping or video recording comments.

Sources and further information

NHS Tayside uses real-time feedback to capture patients' experience and respond by making improvements. This involves patients being provided with a short "How Are We Doing?" questionnaire during their episode of care. The questionnaires are used by a wide range of clinical services including outpatient clinics, wards and community services. Each of the services displays on patient notice boards the feedback received and the actions they are going to take as a result.

For more information please contact Tracey Passway, Clinical Governance Co-ordinator, NHS Tayside, 01382 632805 Email traceypassway@nhs.net

Q. Why use ... Digital Stories?

- A.** Making digital stories can be an enjoyable, creative and empowering experience for the storyteller and the end product is an authentic and powerful means of touching hearts and minds that can be used many times and in a variety of ways.

How to do it...

Digital stories are first-person narratives, told in the teller's own words and voice and combining still images, music and sometimes short video clips into a video presentation typically between two and five minutes long. Traditionally digital storytelling has been conducted as a workshop process, whereby groups of people come together to share their experiences, develop them into short stories told through images and words, and then learn how to use the different software applications required to assemble the component parts. Digital stories can however be created by individuals working alone or with the support of a story facilitator depending on circumstances. Some people choose to develop the story script as a storyboard combining words and images. Some people prefer to tell their story spontaneously and illustrate after the event, while others still may require support to shape an experience into a short story format. However as the story is developed, the storyteller retains full editorial control over all aspects.

Careful attention should be paid not only to the development of the story but also to image choice, storyboard development and the conscious use of metaphor and artistic effects. This will help to enhance the communicational qualities of the end product and enrich the storytelling process.

In simple terms the story is audio recorded and combined with the teller's choice of music and images using a simple software programme. The images may include personal photographs, artwork, or more abstract images that help to convey mood and feelings. Short video clips may also be included. The final story is then compiled into a common format video file that can be made available on disc or via websites.

Pros

- The storyteller has full ownership of the story, and this can be very empowering.
- The approach can also be adapted according to the individual life circumstances of the teller, taking factors such as physical and mental health status, the environment of care, competing demands on the teller's time and the level of interest in the visual and more technical aspects of the process into account. This extends the opportunity of making a digital story to busy family carers, people with dementia, frail elderly service users, care home residents and adults with learning disabilities.
- The strengths of the end product are its brevity, authenticity and emotional impact. It can also be used many times and in a variety of ways.

Cons

- Digital stories can be quite time consuming to make, although when full ownership is given to the teller, the demands on staff time are greatly reduced. However, this is an important consideration. A three-minute story could include between 20 and 30 images, which can take time to source and prepare. Finding an appropriate music track, editing voice and video recordings all take time.

- Access to technical equipment is also required – a microphone, a scanner if incorporating non-digital photos, a camera if extra photos are needed, headphones, and a computer installed with the required software.
- While audio recording / editing, photo editing and video editing software can all be downloaded free of charge, some organisations' IT policies prevent this.
- Some government and NHS organisations also block the streaming of video files, so the end product might not be as accessible as you would hope.
- Finally, the power and emotional impact of the digital story is unmistakable and this can result in some organisations seeking to use digital stories to promote specific agendas. In learning about the making of digital stories, an exploration of the underpinning principles, including issues of disclosure and consent regarding story use and retention, are more important than the acquisition of technical and practical skills, and this is best achieved in a workshop setting.

Resources

- Access to technical equipment – a microphone, scanner, camera, headphones and a computer installed with required software
- Audio recording/ editing, photo editing and video editing software
- Venue and catering if being conducted as a workshop process
- Staff time, though this is greatly reduced if full ownership is given to the teller
- Story facilitator (if required)
- Reimbursement of out-of-pocket expenses for lay participants.

Top Tips

- Pay careful attention to consent issues – a suite of consent materials is available through the Care Story Library.
- A story should have a beginning, middle and end, a clear point and emotional content. Don't try to make a story out of a service endorsement or other form of commentary – 'talking head' video is a better medium for this.
- Making digital stories can be resource intensive. Before you begin, it is worth reading the guidance on 'thinking about making a digital story' on the Care Story Library.

Sources and further information

- A complete digital storytelling resource kit is available through the Care Story Library www.digitalstorylibrary.scot.nhs.uk Registration for this site is required, but as well as providing access to materials to support story making and use, a range of digital stories are available for viewing online or for download.
- Patient Voices: www.patientvoices.co.uk
- NHS Education for Scotland has developed a resource entitled 'Listen, Learn, Act - Harnessing the Power of Personal Stories' which provides practical guidance, help and tips about developing digital and other stories. <http://bit.ly/listen-learn-act>

Q. Why use ... Displays and Exhibitions?

- A.** To give information to the public as part of a larger programme of engagement activities. It is often appropriate to include within the display/exhibition the opportunity for visitors to provide their comments in response to the overall engagement programme.

How to do it...

Preparation

- The aim of the display or exhibition needs to be made clear, e.g. notification of changes to a service, information about plans, public education.
- Details should be given of relevant contexts such as timescale for a service change and whether or not the change has been formally decided. It must be made clear whether people are just being given information or whether there is an opportunity for them to contribute their views.
- Written material must be in plain language and avoid jargon.
- Test out the information with members of the public
- People who attend should be given the opportunity to contact someone if they wish to discuss the topic further.
- Offer feedback sheets to people who attend and encourage them to fill them in on the spot.

Planning

- It is important to be clear to whom the display or exhibition is targeted and that locations, formats and languages are chosen accordingly. This approach can reach excluded groups provided this is planned for at the outset.
- One approach or activity may not reach a large number of people or all target groups. It may be preferable to plan a series of displays/exhibitions over different times and locations.
- Displays, exhibitions and other activities that provide information can be linked to other events and/or mounted in partnership with relevant community groups to target the audience more effectively.

Pros

- There are many opportunities to use creative approaches, which make the experience of receiving information more effective and enjoyable.
- Through use of visual material, this method may lend itself to reaching people with literacy problems.

Cons

- Display materials are expensive. Their value for money will depend on how many people in the target group(s) are reached.
- Responses received will not be representative of all views.

Resources

- Staff time at the planning stage and in having a presence at the event
- Display materials.

Top Tips

- Effective promotion is very important. Methods to consider include written material (which is covered elsewhere in this toolkit); press releases; local radio (consult your organisation's communications team); and working in partnership with local groups and community workers.

Q. Why use ... Dragons' Den?

- A.** This approach is modelled on the popular BBC TV programme. The public members, or “dragons”, receive pitches from the professionals and choose which projects they would agree to support or reject for financial support. This can put the public members in the driving seat in a light-hearted format that allows a choice to be made between competing options. It could also be used as one source of feedback that could be used to inform decision making on competing proposals. There are a variety of ways of running it, with different groups being the ‘dragons’.

How to do it...

Preparation

- Identify adequate funds or resources to deliver the exercise.
- Identify and prioritise the issues you wish to deal with in this manner. This does not need to be about giving the final say to communities but may be one element of seeking feedback and public opinion on an issue. It would be prudent to test this approach on an issue where the options for debate are relevant and there is a choice that can be delegated to the community without risk.
- Make a choice about the formats; you can have:
 - Public dragons holding the resources, with several services pitching trying to satisfy one need
 - Public dragons holding the resources, with several services pitching, each trying to satisfy a different need
 - Professionals holding the resources, with several community groups or individuals each pitching their need or problem for support, or
 - Professionals holding the resources, with several community groups or individuals each pitching their service for support.
- Those that place the resources with the public dragons are likely to be easier to run.
- Publicise the process and ask for participation
- Provide support for the participants
- Prepare the pitchers, so that they can give good presentations and answer questions
- Prepare the dragons so that they can ask good questions and make reasoned choices
- Book and prepare the venue

Pros

- Fun, exciting and empowering and may attract different participants
- Increases the public voice in local decision making
- It provides an opportunity to deepen citizenship and democracy
- Increases legitimacy by increasing dialogue, enabling better communication

Cons

- Could develop into a confrontation, needs careful setting of expectations and facilitation
- A risk that special interest groups could hijack the process
- If suggested by health professionals it can be seen as 'top-down' and imposed
- Needs strong commitment from all areas of the organisation
- Needs to be supported by capacity building and time
- Need to be clear about outcomes as it can raise expectations that cannot be met

Sources and further information

- Public chooses boxing club for NHS cash in Dragons' Den event
<http://bit.ly/Dragons-Den-1>
- Royal Surrey doctor triumphs at NHS Dragons Den
www.royalsurrey.nhs.uk/dragons_den
- Bristol Community Health staff enter the dragons den!
<http://bit.ly/Dragons-Den-2>

Q. Why use ... Electronic Questionnaires?

- A.** To gather feedback quickly and cheaply. Electronic questionnaires eliminate the costs associated with printing and distributing paper-based questionnaires. Collecting data in electronic format reduces time and costs required for data processing and may increase public confidence in the anonymity of their responses. With group response technology you can obtain instant feedback.

Please see also the section on Surveys and Questionnaires

How to do it...

- Technical background: The questionnaire is created using Hyper Text Mark-up Language (HTML) and made available to potential respondents via a web server. When the respondent has completed the questionnaire they submit the web form back to the web server. The web server processes the data by executing programs created as part of the web form either for sending data to a designated email address, or inserting it into a database created especially for the purpose of storing and retrieving the data.
- Practical solution: Web-based survey tools can be easily identified by an internet search and will enable you to create your own questionnaires.
- Web-based survey services allow simple analysis of frequencies of response to each question, but cannot provide more complex analyses; for example if there are statistically significant differences between groups. The data gathered can be imported into spreadsheets and statistical packages which can be used to carry out more complex analyses.

Pros

- Information can be collected from a large group of people.
- Surveys are easy to design and administer.
- Simple analyses can be completed very quickly.
- Responses can be anonymous.
- Web-based questionnaires can be made to look more visually appealing, and the data generated is in a predictable format.

Cons

- If this tool is incorrectly used, accurate information will not be gathered.
- When using an online survey, there is no opportunity to clarify the meaning of a question.
- Online surveys may have a low response rate and have the risk of excluding people with language, literacy and/or IT access issues. Piloting the survey is essential in identifying and avoiding such limitations.
- Web-based questionnaires may require more technical expertise to create them, the cost of which may not be justifiable if targeting a relatively small number of people.

Top Tips

- Please check the Top Tips for 'Surveys and Questionnaires'.

Sources and further information

- Burns, K.E.A. et al. (2008) 'A Guide for the Design and Conduct of Self-administered Surveys of Clinicians', *CMAJ-JAMC* 179(3): 245–52
- Boynton, P.M., Greenhalgh, T. (2004) 'Selecting, Designing, and Developing your Questionnaire', *BMJ* 328 (May): 1312–15
- Boynton, P.M. (2008) 'Administering, Analyzing and Reporting your Questionnaire', *BMJ* 328(June):1372–75
- Sue, Valerie M. & Ritter, Lois A. (2012) *Conducting Online Surveys*, Sage Publications
- Bhaskaran, Vivek & LeClaire, Jennifer (2010) *Online Surveys for Dummies*, John Wiley & Sons

Q. Why use ... Electronic Voting?

- A.** This is a method that allows people to give their views on a particular service or issue. It is typically used as part of a wider event, such as a conference, and/or as part of a wider participation process which also uses other methods. The feedback gained from electronic voting can inform future stages of a participation process, e.g. checking whether people feel that an information event did in fact give them more understanding or change their views.

How to do it...

Preparation

- It is usually necessary to bring in someone who supplies the system, including electronic keypads and hardware/software for totalling and displaying the results immediately.

Developing

- Questions and the range of possible answers must be developed in advance.
- The planning of the questions is vital. The method allows participants to answer two types of questions:
 - Quiz-type questions where there is one correct answer from several possible factual responses, for example 'How many dental practices are there in this town?' or 'What proportion of people living in this area see their GP at least once a year?'
 - Survey-type questions where the answers reflect the range of possible views people hold on the issue, for example 'Did you get enough information before you were discharged from hospital?' or 'What is your top priority for improving this service?'
- Pilot the proposed questions in advance on a sample group.
- There is the option to obtain participants' views at both the start and the end of the discussion.

Planning

- It is important to be clear in advance about the purpose of the voting – whose views are needed and why?

Facilitating the Session

- The person leading the session must explain the process, take the participants through the question and answer session and oversee the displaying of the results in a manner which is good humoured and positive.
- Each participant has an electronic keypad with which they respond by choosing from a range of pre-set answers.
- The results can be displayed on screen immediately after the question and answer session.

Immediately after the Session

- Participants should leave at the end of the day knowing how the information they have given will be used.

Pros

- Many people are familiar with this approach from TV shows.
- It can be presented in an enjoyable way even though the issue is serious.
- It is anonymous in that although everyone can see who else is in the room, no-one knows how other people voted.
- The total of the audience's views become available immediately.
- This is an accessible method for people who find it difficult to write or speak in public.

Cons

- The method cannot accommodate complex questions or situations where people may want to record more than one answer, although good question design can help to some extent.
- It cannot be used to raise new or additional issues.
- People lose interest if they have too many questions to answer.
- There are likely to be issues around whether the responses are in fact representative – people at a conference may be more interested, or more able to participate, than other service users, and the numbers reached by this method are likely to be only a small proportion of the relevant population.

Resources

- Staff time for planning and organising
- Facilitation, venue and refreshments (although these may be absorbed into the costs of the wider event or conference if appropriate)
- Equipment hire
- Reimbursement of out-of-pocket expenses for lay participants.

Top Tips

- There should be subsequent feedback to participants on what was done as a result of their involvement.

Sources and further information

Electronic voting is a relatively new way of engaging with communities. There are a small number of companies which will facilitate this type of event in the UK. An internet search will identify relevant companies.

Q. Why use ... Emotional Touchpoints?

- A.** Emotional Touchpoints is a powerful means of helping people to share the aspects of experiences that are important to them – rather than the things service providers think are important.

How to do it...

A number of story elicitation techniques exist, but Emotional Touchpoints has emerged as a rich and useful tool, particularly in older people's care settings. Touchpoints represent the key moments or events that stand out for those involved as crucial to their experience of receiving or delivering the service. These are the moments where the person recalls being touched emotionally (feelings) or cognitively (deep and lasting memories). These can be the 'big moments' that people return to when retelling their stories, or the 'hidden small acts' that have a huge impact despite seeming to pass unnoticed.

A set of possible touchpoints is developed comprising the key points of contact with the service and created as laminated cards. For example, in an inpatient setting these may include:

- Arrival on the ward
- Meal times
- Visiting times
- Going for tests / treatment
- Getting medication
- Talking with doctors / nurses
- Night time on the ward

A set of positive and less positive emotion words is also created (using words and / or images) and made available on smaller laminated cards. For ease of use and to facilitate re-use, the cards can be affixed with magnetic tape before laminating and then used with a wipe-safe magnetic board.

Each 'storyteller' is given sufficient information and time to decide whether or not to take part in sharing a story through emotional touchpoints. The storyteller is presented with the possible touchpoints that he or she may wish to talk about, with blank cards also provided, allowing additional touchpoints to be added.

Having identified the aspects of care that an individual wishes to talk about, a number of positive and negative emotion words, together with blank cards, are then offered to facilitate the discussion, giving permission to talk about emotions and feelings. The storyteller is:

- asked to select emotion cards that best sum up how the experience felt
- invited to say why he or she felt this way
- encouraged to tell the story using active listening skills

- invited to say what could have been different, if appropriate
- ideally given the typed up story to review and change as required, and
- asked for permission to share the story with the care team (or more widely if appropriate).

Pros

The advantages of the approach to story elicitation include:

- helping the storyteller to go beyond bland statements such as “that was good”
- helping people to get in touch with their own experience and emotions
- supporting patient, family and staff involvement in service improvements, and
- developing relationships between patients, carers and staff.

The advantages of the story outputs, and subsequent reflections and discussions, include:

- challenging assumptions about what matters to patients and families
- affirming that little things are not only noticed but do shape people’s experiences overall
- helping to see positive and negative aspects of experiences in a more balanced way
- making improvements that can immediately benefit the storyteller, and
- highlighting simple, practical changes that can be made as a result for the benefit of future patients.

Cons

- It is a deceptively simple approach, but to produce meaningful results it must be properly facilitated and adequate time allowed (a minimum of 20 minutes per person).
- Touchpoints and emotion words are useful prompts and can be a short-cut to accessing emotions, but not everyone will respond to such a direct approach.
- Success in eliciting a story, as always, depends upon the relationship between the narrator and listener, the appropriate use of skilled questioning and a willingness to share on the part of the teller, which may be influenced by the care setting.
- The elicited story should be typed up and offered to the teller to review and change, which again can be time consuming. Of course, the story also has to be shared, reflected upon and responded to in a sensitive way.
- Sharing and discussing negative experiences with staff requires skilled facilitation skills to avoid resorting to defensiveness, blame or rushing to reach over-simplistic solutions.
- Sharing positive stories also requires skilled support if the listeners are to really extract meaning and begin to ask questions as to why this experience was a positive one; the skills and supports that made it so; what it would take for this to happen more of the time, or even all of the time.

Resources

- Staff time for planning and facilitating the interview
- Stationery

Top Tips

- It may be tempting to restrict the number of touchpoints to those aspects of care which the interviewer is interested in improving. However, a key aspect of emotional touchpoints is that the participant is able to choose which aspect(s) of experience to talk about, ensuring that the participant focuses on the things that he or she consider most important.
- Asking someone to engage in an emotion-based conversation about an aspect of care that he or she is indifferent about is a flawed exercise and essentially pointless.

Sources and further information

- Emotional Touchpoints is described further by the Leadership in Compassionate Care programme at Napier University which developed its use within busy care settings. <http://bit.ly/emotional-touchpoints>
- Dewar B et al (2009) "Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting" *Journal of Research in Nursing* 15(1) 29-41

Q. Why use ... Focus Groups?

A. In essence, focus groups are interviews, but of six to ten people at the same time. They can be a very quick, relatively inexpensive way of sounding out people's attitudes and views.

Focus groups can help you discover what people really think and feel about any aspect of what you do, generate ideas for new services and help you gauge reactions to any planned changes in services. They are perfect for helping you provide equitable services because they can reveal the diversity and range of views among your client groups, help to find what seldom heard groups think and give a voice to people who don't usually participate or get heard. They can help you design good survey questions and to understand your survey findings properly. In the right circumstances they can be used for discussing sensitive subjects. Before adopting this approach, consider whether this is the best method of achieving your objectives.

Focus groups linked with in-depth interviews tend to be conducted as one element of a project and will often take place within wider consultation approaches, e.g. used with workshop sessions or to help develop questionnaires.

How to do it...

Preparation

- Identify the major objective of the meeting.
- Carefully develop five or six questions (see below).
- Plan your session (see below).
- Call potential members to invite them to the meeting. Send them a follow-up invitation with a proposed agenda, session time and list of questions for group discussion.
- Plan to provide a copy of the report from the session to each member and let them know you will do this.
- About three days before the session, call each member to remind them to attend.

Developing Questions

- Develop five or six questions. The session should last 1–2 hours.
- Always first ask yourself what exactly it is that you need to know. For example, do you need to know whether a new proposal will be acceptable to local people? Do you need to know how people prioritise options, or how they view the pros and cons of a complex issue?
- Focus groups are basically multiple interviews. Therefore, many of the same guidelines for conducting focus groups are similar to those for conducting interviews.

Planning the Session

- Scheduling – plan meetings to be 1–2 hours long. Over lunch may be a very good time for people to find time to attend.
- Setting and refreshments – hold sessions in a venue where people will feel relaxed. For example a community-based setting is best if talking to members of the public. Set out chairs so that all members can see each other. Provide name tags for members. Provide refreshments if the session is held over lunch time.
- Agenda – consider the following agenda: welcome, review of agenda, review of goal of the meeting, agree the ground rules, introductions, questions and answers, confirm feedback and next steps.
- Membership – focus groups are usually conducted with six to ten members who have something in common, for example similar age group, community of interest or geography. Attempt to select members who don't know each other. There are a variety of methods for selecting and recruiting participants, for example by advertising, random selection from the electoral roll, at a service point such as a GP surgery or out-patient clinic. You may wish to take professional advice on this. Be clear about the people it would be appropriate to involve. Initial recruitment involves identifying a large number of people and finding out their social characteristics, and their knowledge of and initial views on the subject. Planning of the focus groups then involves deciding which groups to have in order to explore the subject. The more similar a group is in terms of age, sex, social class, the easier communication is likely to be. From the outset it must be clear whether the need is for groups which are representative of the whole population, or for people in particular situations or with particular experiences. You are advised to consult the ethical checklist on page 17 when considering these matters.
- Plan to record the session with either an audio or audio–video recorder. Don't count on your memory. If this isn't practical, involve a co-facilitator who is there to take notes.

Facilitating the Session

- The goal of the facilitation is collecting useful information to meet the aims of the meeting.
- Introduce yourself and the co-facilitator and/or note taker (if used).
- Explain that you wish to record the session, ask for everyone's permission to do so and inform the group that the tape will be erased/destroyed after its contents have been transcribed.
- Carefully word each question before that question is addressed by the group.
- Allow the group a few minutes for each member to carefully record their answers. Then facilitate discussion around the answers to each question.
- After each question is answered, carefully reflect back a summary of what you heard (the note taker may do this).
- Ensure even participation. If one or two people are dominating the meeting, then call on others.

- When closing the session go back over the key points raised, tell participants that they will receive a copy of the report generated from their answers and thank them for coming. If there will be a report arising from the focus group's discussions, arrangements should be made to provide a copy to the participants.

Immediately after the Session

- Check that the tape recorder, if used, worked throughout the session.
- Clarify your written notes where needed, ensure pages are numbered, augment and/or amend any notes that don't make sense.
- Write down any observations made during the session. For example, where did the session occur and when? What was the nature of participation in the group? Were there any surprises during the session?

Pros

- This is an efficient way of obtaining a great deal of information.
- Participants can explore ideas and views in depth.
- Groups whose views are not normally heard can be targeted.
- Some people may feel more able to speak in a focus group than in a more formal situation.

Cons

- Participants may feel that they need either to conform to the wider group view or to give positive comments to staff if they are present.
- There should also be a one-to-one option for people who do not wish to speak in front of the whole group.

Resources

- Cost of the facilitator and note taker if there is no internal capacity
- Venue and catering
- Stationery
- Reimbursement of out-of-pocket expenses of lay participants. Sometimes cash or vouchers are offered to participants in recognition of their time.

Top Tips

- Have ground rules. It is critical that all members participate as much as possible, while the session is moved along and useful information is generated. Because the session is often a one-time occurrence, it is useful to have a few, short ground rules that sustain participation, yet do so with focus. Consider the following ground rules:
 - a) keep focused
 - b) maintain momentum
 - c) everyone should respect one another's views
 - d) there are no right and wrong answers
 - e) obtain closure on questions

- Sometimes participants are not immediately forthcoming, so it is sensible to think ahead about how to encourage them to contribute. Effective facilitation is important in this regard.
- You should decide in advance whether or not you will go ahead if only one or two people turn up. (It is usual to go ahead anyway and record the numbers attending as part of the report.)
- It is advisable to take manual notes in case any participant objects to the tape recording after the process has started.

Sources and further information

- Some of this information was first published in *Rod's Reflections*. You can subscribe for free at www.rodlaire.co.uk

Other sources:

- Barbour, R.S. and Kitzinger, J. (1999) *Developing Focus Group Research: Politics, theory and practice* London: Sage
- Green, J. (2005) 'Focus Groups and other Group Methods', in Green, J. and Brown, J. *Principles of Social Research* Berkshire: Open University Press, ch. 7
- Kitzinger, J. (1996) 'Focus Groups', in Pope, C. and Mays, N. *Qualitative Research in Health Care* London: BMJ, ch. 3
- Morgan, D.L. (1997) *Focus Groups as Qualitative Research* London: Sage

Q. Why use ... Graphic Facilitation?

A. Graphic facilitation is a powerful facilitation tool that uses words, symbols and pictures to record and facilitate meetings.

Key ideas and concepts are captured in real time on a large display that promotes 'big picture thinking' and stimulates participation, creativity and focus. The visual record encourages teams to clarify differences and define goals. It adds another dimension to traditional facilitation methods. Wall charts record the story of the group's meetings and events. They make it very easy for new members to be brought up to date and provide memory hooks for people who attended the previous meetings. When recorded over time they provide a graphic illustration of the group's journey towards its goal – a group history.

How to do it...

Preparation

- Graphic recording involves the use of an artist to represent the ongoing discussions at an event through using symbols or pictures. The artist could be a professional, or could involve a nominated community representative or facilitator. The pictures are drawn during the discussions for all to see, meaning that people have the opportunity to see the ideas being expressed.
- Some people may feel confident to record information visually as they facilitate but for anyone who would like to learn this skill there are courses available.

Pros

- It encourages participation and is fun.
- It encourages people to think differently and in a different way.
- People obtain eighty percent of their information visually. Participants can see what they have heard.
- The meeting is recorded in a way that is easy to remember – people are more likely to remember ideas when images are allied to words.
- All of the information is visible, so it is much easier to understand the relationships between different elements and remember what was said earlier.
- It can record feelings as well as ideas and statements.
- Previously unidentified patterns and influences can be identified.
- The group can see the whole system and agrees the record as it goes up.
- Everyone can see any agreed actions, so these are much more likely to be carried out.
- This is a particularly useful tool to use with groups who may have literacy difficulties, learning difficulties or disabilities, or with people for whom English is not their first language.
- Position, colour, shape and arrows can be used to show connection between ideas.

Cons

- People may need training in graphic facilitation.
- Some ideas lend themselves to graphic presentation more than others.

Resources

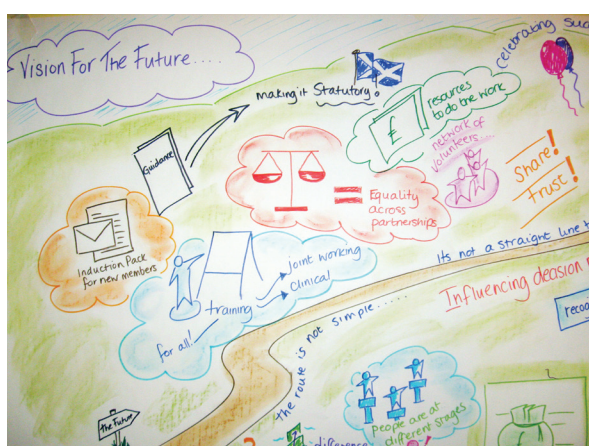
- This approach usually works best with a professional artist, but can also be used as a learning opportunity for community representatives themselves. Ensuring that you have individuals or group in place who are able to effectively portray the discussions visually is the key resource required for using this method.
- It is perfectly reasonable to 'have a go' yourself. However, you should seek training unless you are already confident.
- Venue and catering.
- Reimbursement of out of pocket expenses of lay participants.

Top Tips

- Until you have developed the skills in house, it is advisable to use the services of an external graphic facilitator.

Sources and further information

Graphic recording is a relatively new way of engaging with communities. There are a small number of companies who will facilitate this type of event in the UK. An internet search for graphic recording or graphic facilitation will identify a number of relevant companies.



Q. Why use ... **Head, Heart, Carrier Bag and Dustbin**

- A.** This is a light-hearted and informal method of gathering feedback on or evaluating an event or project. It may succeed in engaging people where more formal methods fail.

How to do it...

- On a large sheet of paper (the back of an old roll of wallpaper is ideal) draw around someone so you have an outline of a person. Draw a large heart shape in the middle of the chest and, a little way apart, draw the outlines of a carrier bag and a dustbin. Hang this paper in a prominent place which is easily accessible to all participants.
- Each participant receives four post-it notes or stickers. They should be asked to write a comment on each one and affix them to the paper as follows:
 - One post-it for the **Head**, noting down “something I’ve learnt from being part of this project or event”.
 - One post-it for the **Heart**, noting down “something I’ve felt/experienced from being part of this project or event”.
 - One post-it for the **Carrier Bag**, noting down “something I’ll take away from being part of this project or event”.
 - One post-it for the **Dustbin**, noting down “anything I want to forget or that was not so good about being part of this project or event”.

Pros

- This method is easy and fun to do.
- It makes people think differently.
- It costs very little.
- The results are immediately visible to everyone.

Cons

- Some people may find this method frivolous.
- It is not suitable for people with low literacy levels, visual impairments and/or who do not all speak English.

Resources

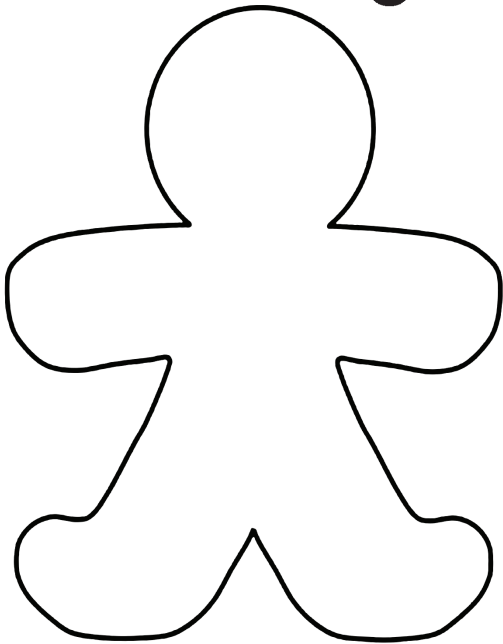
- Paper, marker pens and post-it notes.
- Alternatively, you can use the template overleaf

'Head, Heart, Carrier Bag and Dustbin' exercise

Sample Evaluation Form

Head

Something I learned:



Heart

Something I felt:

Bin

Something I will leave behind:



Bag

Something I take away:



Q. Why use ... Mystery Shopping

- A.** This tool gives information about the experience of the service user. It can be used for measuring the effectiveness of employee training, detecting symptoms of ineffective management, monitoring new initiatives and checking consistency of standards across an organisation. Mystery shopping can be applied to face-to-face, telephone-based, correspondence-based and internet-based services.

How to do it...

- Trained evaluators pose as service users. They must not give themselves away by taking notes or otherwise being unlike a normal service user.
- These mystery shoppers record the details of their experiences, e.g. time taken for their presence to be acknowledged; staff friendliness, attentiveness and knowledge of the service; condition of the premises.

Preparation

- Mystery shopping requires trained 'shoppers' with retentive memory and good visual and aural observation who are able to behave unobtrusively and should match as closely as possible the typical patient/carer/member of the public.
- Selection of appropriate mystery shoppers is therefore vital, as is training.
- It is possible to employ mystery shoppers, to recruit local volunteers or to use a specialist firm.
- The Market Research Society has issued guidelines for mystery shopping. A major point is that all employees should be advised in advance that mystery shopping is to take place, although they are not told when. They should also be told, among other things, about the objectives of the project, the elements to be evaluated and whether any employees will be identified.

Developing Questions

- It is essential to be clear about what the mystery shopping exercise is intended to find out (e.g. availability of particular information in clinics; experience at an out-patient reception desk; quality of hospital food; the environment in the accident and emergency department at night; whether a translation service is offered to those who do not speak English). The mystery shoppers should then be chosen and briefed accordingly.

Immediately after the Session

- The mystery shopper's experience must be recorded on score sheets immediately after leaving the service so that no detail is lost.

Pros

- This tool is less expensive than other forms of market research.
- Because experiences are recorded immediately there is less recall error than with interview surveys.
- The results may point immediately to practical ways of rectifying mistakes.

Cons

- Where the appropriate organisational culture does not exist, there may be employee resistance. Alternatively, knowledge that the exercise is to take place may affect staff behaviour. It may be possible to address this by 'taking the staff with you', explaining the purpose of the exercise and responding to concerns expressed.
- The exercise may need to be repeated several times, in a wide cross-section of situations, to obtain representative results.

Resources

- Costs of employing mystery shoppers, using a specialist firm or training volunteers.
- Staff time in designing the project, analysing the results and, if appropriate, training volunteers.

Top Tips

- Mystery shopping is a well developed field of expertise and is the subject of whole documents in its own right. Proper background reading should therefore be done before embarking on it.
- The Market Research Society guidelines for mystery shopping, including principles for appropriate behaviour, must be adhered to.

Sources and further information

Some of this information was first published in:

- COSLA (1998) *Focusing on Citizens: A guide to approaches and methods* COSLA: Edinburgh
- Market Research Society's advice on best practice
www.mrs.org.uk/standards/qual.htm
- Market Research Society (2011) *Guidelines for Mystery Shopping Research* <http://bit.ly/mystery-shopping-guidelines>

Q. Why use ... Nominal Group Technique?

- A.** Beginning with a specific and clear question, the participants can identify issues and prioritise them. The same question or topic can be used with different groups of people, for example staff, patients or carers, and comparisons made between the issues and priorities. One session usually lasts about three hours.

How to do it...

The Nominal Group Technique has five main stages:

- Idea – for 5–10 minutes delegates write down ideas based on the question/s posed.
- ‘Round Robin’ stage – each delegate reads out one of their ideas with their best one first and these are jotted down onto a larger piece of paper, blackboard or flipchart.
- Clarification – at this stage each idea is discussed more widely and clarified; duplicate ideas are brought together and individual ideas are numbered.
- Voting – from the ideas which are numbered, delegates prioritise them based on an agreed voting system.
- Action – the group discusses their plan of action, based on the outcome of the vote, with the intent of reaching agreement on how they will deal with the original question.

Pros

- Many ideas are generated – obviously the more ideas that are generated the wider the range of options the group will have on which to decide.
- The technique is useful for identifying problems, exploring solutions and establishing priorities.
- It encourages everyone to contribute and prevents people from dominating the discussion.
- The written generation of ideas encourages the commitment of participants in taking part in the planned action.

Cons

- The ideas may be ill informed or impractical – it must be explained that the process being carried out is not being done so in a hypothetical sense but is a realistic problem requiring realistic solutions.
- The Nominal Group Technique is a good stand-alone technique for simple issues but must be combined with other approaches where the issue is more complicated or affects people outside the sphere of influence within the group.
- Participants need to be able to read and write.
- Group members have to make themselves available for the required time.

Resources

- Facilitator(s)
- Staff time for pre-planning
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

Use this checklist for running a Nominal Group Technique event:

- Pre-plan: think about what you want to ask, who you want to speak to and how many people will be involved.
- Gather the moderators together and write the questions/priorities you wish to be identified.
- Book venues and refreshments for your Nominal Groups well in advance and decide on your incentive.
- Allow plenty of time for recruiting Nominal Group members.
- Present/provide your feedback to the group based on the outcome of the vote.

Sources and further information

Some of this information was first published in:

- www.mycoted.com/Nominal_Group_Technique
- www.joe.org/joe/1984march/iw2.php
- www.syque.com/quality_tools/toolbook/NGT/ngt.htm

Q. Why use ... Open Space?

- A.** Open Space can involve all stakeholders in a 'whole system' approach. The central theme is set in advance but the agenda is flexible enough to respond to participants' needs and the 'flow' of the discussion. Events usually involve large numbers – from twenty up to around five hundred – in identifying important issues, discussing and prioritising them and deciding on action. Events can take one day or longer.

How to do it...

- The theme is set in advance.
- On the day the participants create their own agenda within the theme by writing down the topic they wish to discuss and use 1–2-hour workshop sessions to explore key issues.
- Participants self-organise by signing up to those topics important to them.
- Groups move on to prioritising and identifying action.
- Participants 'vote' to prioritise areas of work.

Preparation

- Set the theme, which must be of concern to all stakeholders.
- Invite all stakeholders. Inform them in advance about the Open Space format and that it allows them to set the agenda.

Planning the Session

- Think about how you can ensure a good turnout on the day and about how to support people who may find it difficult to get to the event, or who find participation in this sort of activity more difficult.

Facilitating the Session

- At least one independent facilitator is needed to co-ordinate the event and to be on hand to support workshops if the participants so require.

Immediately after the Session

- People who are responsible for the services or issues being discussed have the option to respond on the day.
- The official version of Open Space says that all participants should receive written summaries on the day, which may mean organising note takers/typists and a large capacity printer or photocopier.
- Participants should be informed of when the report on the event will be available and any actions taken as a result of the event.

Pros

- This tool allows very large and often diverse groups of people to make contact with each other.
- It can give a rapid response from a large number of people.
- Some people find this sort of event exciting and a good way to participate.

Cons

- Some people find this sort of event unsettling, for example if they were expecting a more traditional and structured event.
- The official version of Open Space says that all participants should get written summaries on the day, which may present logistical problems.
- This can be an expensive option because of venue size, hospitality and facilitation.

Resources

- Venue and catering
- Invitations and/or publicity
- Cost of the facilitator(s)
- Reimbursement of out-of-pocket expenses of lay participants
- Staff time for planning, attending as appropriate, note taking and preparing/distributing summaries.

Top Tips

- Provide good information with the invitations so that participants know what kind of event they are coming to and can prepare themselves accordingly.
- Similarly, the facilitator(s) should be well briefed in advance about what you want to achieve and about local circumstances.

Sources and further information

Some of this information was first published in:

- Harrison, O. (1997) *Open Space Technology: A user's guide*. San Francisco, CA: Berrett-Koehler
- Open Futures have lists of the events they have facilitated, demonstrating wide use of the methods used by a variety of different organisations.
www.openfutures.com

Q. Why use ... Patient Diaries?

- A.** To gather qualitative information about patients' experiences in order to help shape service improvements.

How to do it...

- Participants use a diary to record their contact with services. The diaries are anonymous.
- The diary material is collated into a report, focusing on the issues that emerge from users' experiences.
- Other methods can be used to verify the issues raised in the diaries with everyone who uses a service or is affected by an issue.
- Review learning regularly.

Preparation

- Think about how to use this method to make it accessible to excluded groups, e.g. stickers for people who do not want to/cannot write.
- Think about how participants will be selected.

Pros

- This is a flexible method which can be adapted for use by people with disabilities or literacy problems.
- This method is particularly useful where the group of service users completing diaries are in contact with several services or staff, as it can show how the services interact – or fail to – from the user's point of view.
- It enables people to give a great deal of information, including information on sensitive matters, in a way that they can have control.
- People completing the diaries are usually volunteers, e.g. from the relevant population of service users. This gives a strong commitment to completing the diaries.

Cons

- The representativeness of the findings will depend on the quality of the recruitment process.

Resources

- Staff time for recruitment, co-ordination, collation and report writing
- Stationery.

Top Tips

- The length of time that the diary runs for will depend on the frequency with which the service user is in touch with the services and their individual circumstances. For example it has been found that 2–4 weeks was a good time for people with dementia and their carers who had daily contact with some services and monthly or less frequent contact with others.

Sources and further information

- Phillips, C. (2006) "Use of patient diaries in critical care" *Nursing Standard* v26 (11), p35-43 <http://bit.ly/patientdiaries>

Q. Why use ... Planning for Real?

- A.** In Planning for Real®, participants develop suggestions regarding an area of land/buildings by making or using a three-dimensional model. Working in groups they then prioritise these ideas to create an action plan for decision-makers to take away. Examples of potential subjects might include looking at the layout of the out-patients' area when a new hospital is being designed; or looking at the functioning of an accident and emergency waiting area (perhaps linked to observation of what actually happens there).

Planning for Real® is appropriate when you want decisions to reflect the priorities of local people, and when you have time to commit to the process.

How to do it...

Preparation

Planning for Real® is a registered trademark of the Accord Group. Organisations wishing to run Planning for Real® events, provide Planning for Real® training or to describe themselves as users of a Planning for Real® approach should first contact the Accord Group to discuss using the technique to its full effect and to obtain permission for the use of the trademark.

Facilitating the Session

The stages of the process are as follows.

- Simple, large three-dimensional models of a building or area are constructed, mainly by the participants themselves.
- Support should be available in the form of staff and local volunteers who have been involved and are able to answer questions.
- Participants are given post-it notes or suggestion cards to give their views in the form of words or drawings. Pre-written or designed cards can be used if there are some things that must happen, or if local people have already agreed on certain things at previous consultations. Participants can put their cards onto the model to show their proposals. Depending on the circumstances, they will also be able to move parts of the model around. Each suggestion should be noted and logged as the process develops. Photos of the model and the suggestions are also useful.

Immediately after the Session

- The input made by volunteers should be recognised.
- The model(s) is/are pasted onto a polystyrene base, which is light and easy to transport.

Pros

- This approach is helpful for people with language or literacy problems.
- It can be used to involve people of all ages.
- Planning for Real® is enjoyable.
- It yields a great deal of information in a single day.
- Anyone, of any age, can participate.
- Participants can express different needs and priorities in a non-confrontational way.
- Planning for Real® inputs are anonymous, so all views expressed have equal weight.

Cons

- An event needs a lot of information and 'expert' support.
- Planning for Real® needs careful facilitation to ensure that the results are realistic.
- The venue needs to be fairly large so that the model can be made or displayed while giving people enough space to move around it and make changes.

Resources

- Accord Group publications; training
- Facilitator
- Staff and volunteer support at the planning stage and on the day
- Reimbursement of out-of-pocket expenses of lay participants
- Venue and catering.

Top Tips

- The model can be used in sessions and displays elsewhere in the community to promote discussion and further feedback.
- Keep it simple and fun.

Sources and further information

Planning for Real Team
 Booth Street, Darlaston, West Midlands WS10 8JB
 Telephone: 0121 568 7070
www.planningforreal.org.uk

Q. Why use ... Presentations and Talking to Groups?

A. Talking directly to people in their own setting is a good way of getting your information across, using a variety of communication methods. It is an opportunity to focus on the topic in hand and answer any questions from your audience. For some people, speaking to groups of people comes naturally, while others may be more anxious. For anyone considering giving a presentation or talking to groups, preparation is vital.

How to do it...

Preparation

- The most important part of your planning is ensuring that you are clear about why you are there and what you want to take away with you at the end of the event (information; names of potential participants).
- Consider the characteristics of your audience in terms of: numbers, age range, gender mix, background, level of knowledge of the subject, and so on.
- Make arrangements to identify and meet any support needs, such as interpreting, carers' expenses or a loop system.
- Think about what information you want to get across and what you need to find out from your audience, and plan carefully. Make a list of the main points – these should be included in your presentation and on any handouts.
- Work out a structure for your presentation, bearing in mind that generally you need an introduction, a main body and a conclusion. Ideally, the introduction should explain what you will say, the main body is for saying it, and the conclusion should include a summary of the main points discussed. Pay particular attention to your first and last sentences – make sure you grab the audience's attention and try to finish on a positive note.
- Decide whether you will use a script, abbreviated notes or speak from memory. If you are inexperienced it is tempting to read from a script, but this has the major disadvantage of tending to disengage the audience. If using notes, number each page or card so that they can easily be put back in order if you drop them; or, better still, link them up with e.g. a treasury tag.
- Consider the need for handouts. Will it be appropriate to produce a verbatim script of your talk, a summary or hard copies of your slides? (But don't give your audience the full information on slides and handouts – they will lose concentration and engage less with your presentation.)
- If you plan to make a presentation, choose a format that will suit the group. The use of PowerPoint and handouts may be too formal for some groups. Use your organisation's logo and presentation format on any visual materials and/or handouts. Make sure your slides (if used) are uncluttered in presentation, are free from acronyms, and can easily be read from the back of the room.

- Identify the questions you are most likely to be asked and make sure you will be able to give correct answers in a concise manner.
- Consider how you will record ideas and opinions. Can someone take notes for you?

The Session

- Arrive well in advance to check out the venue, equipment, seating arrangements, and so on.
- Have a glass of water readily available – your mouth can become very dry if you are nervous.
- Welcome your audience at the start of the presentation and thank them for their attention at the end. Introduce yourself and the organisation and tell the group what you are hoping to find out from them.
- Advise on how you will handle questions before you begin your presentation.
- Can the audience interject at any point or do you wish to reserve questions until the end? If you don't explain the 'rules', you may find yourself dealing with unwanted interruptions during the course of your presentation.
- Take your time and check that everyone can hear you. Concentrate on projecting your voice and pace yourself. Pausing briefly between each sentence will help to ensure that you don't run away with your speech.
- Maintain eye contact with the audience and try not to look constantly at your notes. As an alternative you can use your PowerPoint slides as a guide to what you will say.
- Don't use jargon.
- Pause regularly and check that the group is following you.
- Start by breaking the ice with an easy question that people will be able to answer, such as 'What have you been involved in previously?' or 'How did you become involved?'
- Repeat each question as a matter of courtesy to the audience, as some may not have heard it the first time.
- Keep your answers brief and to the point. Answer all questions politely and courteously, no matter how seemingly irrelevant they may be. Don't panic if you don't have the answer to a question immediately to hand. Be open: explain this to the questioner and invite him/her to stay behind afterwards to discuss the issue further.
- Be ready with prompt questions to keep the conversation going.
- Ask the group to agree the three main issues under each of your questions.
- Ask group members if they would like to be involved in future.
- Agree how you will give feedback to the group.
- Keep an eye on the time. Be prepared to be flexible; concentrate on the priorities if you are running out of time.

Immediately after the Session

- Think about what went well and what didn't. What can you learn for next time?

Pros

- This is an opportunity to meet with people at a time and place that suits them and where they feel comfortable.
- It is a way of building an ongoing relationship and conversation with groups and building trust.
- It is inexpensive

Cons

- Some people might not be used to formal presentations – consider your audience and be prepared to be informal.
- IT-based slide presentations can be intimidating – try to think of new ways to present your information and engage your audience.
- It may involve evening meetings and some travel for the presenter.

Resources

- Minimal if visiting established group meetings.

Top Tips

- There are one-day courses available in public speaking and many people who have gone on to become competent public speakers have attended them. If you feel you need this, don't be afraid to ask.
- Run through your presentation with family, friends or colleagues – they will be able to point out any jargon and offer you constructive criticism.
- If you will be using a microphone, practise with the appropriate type, particularly if you are inexperienced with their use.

Sources and further information

- Bradbury, A. (2010) *Successful Presentation Skills* London: Kogan Page
- Hadfield-law, L. (1999) *Effective Presentations for Health Care Professionals* Oxford: Butterworth & Heinemann
- Mandel, S. (2000) *Effective Presentation Skills* Owensville, MO: Von Hoffman Graphics
- Sampson, E. (2003) *Creative Business Presentations: Inventive Ideas for Making an Instant Impact* London: Kogan Page

Q. Why use ... Process Mapping?

- A.** Process mapping is a powerful, interactive tool that can be used to help professionals to understand how complicated the experience of care can be from the service user's perspective. It can capture how many times a patient has to wait (often unnecessarily), how many visits they make to hospital and how many different people they meet. Similar to a road map that is used to show how you get from A to B, a process map is a picture of the patient's 'journey' through a particular health or social care service. Process mapping is easy, creative and fun, and gets people talking and listening and gives everyone a broader perspective of what is happening rather than what people think is happening.

How to do it...

Preparation

Process mapping involves hosting a meeting that brings together everyone who is involved in the patient's experience of care. The meeting can involve about 15–25 people and can easily take up to four hours to complete. Issues to consider in advance include:

- What do you need to know?
- Identify the scope of the process to be mapped, including patient group, start and end points.
- Identify who should be involved. This depends on the process that is being mapped and could potentially include patients, carers, consultant, ambulance representative, porter, medical secretaries, technician, receptionist, accident and emergency nurse, ward nurse, bed manager, junior doctor, information analyst, GP, NHS 24, biochemist, radiographer.
- Do you need to meet with people in advance to explain a bit more about process mapping and what it involves? A pre-mapping meeting may enable you to take people, including clinicians, through the theory and application of process mapping. It may also be an opportunity for them to try it out, make suggestions, and make it real and useful, as people can often be resistant to seeing the value of process mapping.
- Invitations should be sent out in advance bearing in mind that NHS and Local Authority staff often need at least 4–6 weeks' notice to free themselves up from diary commitments.
- Are you looking along the whole experience or 'journey' through the health service (high level) or focusing more on detail (low level)?
- Consider a suitable venue with appropriate facilities and provide refreshments.
- A facilitator is essential. It is important that there is someone at the meeting who understands the process, can keep people focused and ensure the outcome is

going to be appropriate to shaping the next stage. A facilitator does not have to be an expensive external facilitator. Instead, do some in-house training and process mapping in the office, get a feel for it, speak to others who are more experienced; don't worry about making mistakes, it often helps the process if the group sees you as vulnerable, just like them.

- The important thing is to identify the issues, gaps and duplication, and to see how the process could be better based on the baseline mapping information. Once people see changes as a result of the work in which they have been involved, they often want to carry on with the improvement plan.

Planning the Session

- You will need name labels; mapping paper (lining wallpaper is cheap and effective); marker pens; post-it notes in several colours to differentiate problems/issues/ideas and solutions; two separate flipcharts to record ideas and issues; sticky tape and blue tack; ground rules; medium-sized pens; and at least five helpers, including a facilitator and scribe. A 'talking wall' for post-it notes provides an opportunity for written contributions by people who feel unable to speak due to lack of time/assertiveness, or because the matter is sensitive.

The Session

- All participants should be introduced if they don't already know each other.
- Agree and set the ground rules.
- Suggested agenda:
 - registration
 - welcome and introductions
 - overview
 - introduction to process mapping
 - a practice process map: ask people to think of a common process they do every day, for example it could be getting ready for work or getting the kids ready the night before, plus preparing packed lunches, while cleaning-up, making phone calls and preparing tomorrow's meal
 - refreshment break
 - group process mapping exercise – see 'Building a Process Map' (below)
 - walking the pathway
 - lunch
 - group-work issues and solutions – see 'Analysing a Process Map' (below)
 - developing action plan
 - refreshment break
 - group work – feedback on group work
 - evaluation

Building a Process Map

- Allocate a map facilitator who can organise the post-it notes and check with the group for consensus if there is uncertainty (for example a gap in the process or two conflicting opinions).
- Decide the scope of the process; in other words, where does the process start and where does it end?
- Ask participants to record individually from their own perspective each step in the process, concentrating on what happens 'most of the time'.
- Participants should then stick the post-it notes onto the wall; duplicate steps should be placed under one another.
- As participants work through this process issues are generated and should be captured on a separate flipchart, as they will prove very valuable later.
- The facilitator should go through each step and agree/check with the group for understanding.
- Once people share a common understanding of the problems with a current process, generate jointly agreed solutions, which can be captured on a different flipchart.

Analysing a Process Map

This will include asking the following questions:-

- Are we doing the right thing?
- Are we doing the steps in the right order?
- Is the right/best person doing it?
- How co-ordinated is the patient's journey?
- What information do we give to patients at what stage? Is the information useful?
- How many steps are in your process? Do you need all of these, or can they be reduced?
- How many times is the patient or their documentation passed from one person to another?
- What is the approximate time of or between each step?
- Where are possible delays and why?
- How many steps do not 'add value' for patients?
- Where are the problems for patients and staff?

Pros

- It is a relatively quick and cheap tool to use.
- It provides different perspectives.
- Interpretation is shared.
- It generates many ideas for improvement.
- It enables team building.
- Everyone understands the issues, which reduces resistance to proposals for change.

Cons

- Cost of external facilitation (unless you have the skills within your organisation).
- People who are not in the room don't become engaged in the process.

Resources

- Skilled facilitator (not part of the group) and another person to act as scribe
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

- The process map can be put up in an appropriate place to invite wider contributions.
- Attend a process mapping event so that you pick up the experience or link up with someone who has done it before.
- You don't need to map everything. Instead, concentrate on an area where there is a gap in your understanding, or on an area which needs improvement.
- Wherever possible, use photographs and draw pictures of places, objects, staff and equipment. This brings to life your representation of 'how things are'.
- Only record those steps which you carry out most of the time. Keep the steps small.
- 'Walk' the service user's 'journey' (either physically or virtually). Identify all the stages and parts of the service that they will experience, and invite to your meeting all the people that the service user will encounter.
- Talk to your invitees before you send out letters, so they understand the process first. Include reply slips and envelopes with invitations.
- Share the 'map' of the service user's 'journey' with the project team.
- Bring the group back to assist in the analysis of the process map.
- Consider a follow-up event to look at action planning and to discuss how improvements can be measured.
- Show people the results; demonstrate improvements that are as a result of the mapping process.

Sources and further information

This material has been informed by the work of the NHS Institute for Innovation and Improvement, The Improvement Network East Midlands and Cardiac and Stroke Networks Lancashire and Cumbria. Their work is gratefully acknowledged.

- NHS Institute for Innovation and Improvement, Improvement Leaders' Guide to Process Mapping, Analysis and Redesign (Part of the Improvement Leaders' Guide Boxed Set)
<http://bit.ly/process-mapping-guide>

This guide was developed with the assistance of Viv Hamilton, Locality Manager, Cowal and Bute, NHS Highland.

Q. Why use ... Public Meetings?

A. Public meetings are one of the most traditional ways to consult local people; in some cases people may not feel that they have had their say on matters of importance to local communities unless a public meeting has been offered. They are a good way of sharing information with a large number of people and initiating a conversation that is open to all. However, organising a successful public meeting requires thought and effort. Attention should be paid to the management of conflict around controversial issues.

How to do it...

Preparation

- If the meeting is part of a wider consultation exercise, explain other methods of informing and engaging local people.
- Publish the agenda in advance so that everyone is clear about what will be discussed.
- Ensure the chair and speakers are properly briefed and let them know who the opinion leaders or key local activists might be.
- Don't use inexperienced speakers for critical or controversial public meetings.
- Agendas: publish start and estimated finish times. Use self-explanatory titles for items. Detail speakers' names and roles. Keep presentations to 20 minutes or less. Make it clear at which points the audience can ask questions (for example Question and Answer sessions).
- Boost attendance with value-added elements, such as an exhibition.
- Map key stakeholders and ensure that they have all been invited to the meeting.
- Pre-registration is a good way to ascertain numbers, support needs, and ascertain who is attending, although many people expect to be able just to turn up for a public meeting.
- Ensure that simple refreshments are provided. Recognise individual preferences.
- Venue – ensure it is fully accessible and well signposted.
- Have extra chairs available for unexpected turnout.
- Leave space for wheelchairs or people with other physical disabilities.
- Ensure communications support is available, e.g. interpreters, signers for the deaf, loop systems, note takers, public address system and roving microphones, lip-speakers.
- Theatre style seating is good for large numbers, but can create a 'them and us' impression. Consider possible alternatives.
- Identify a minute taker who understands the subject.

At the Meeting

- Have people available to meet and greet.
- Ensure all staff wear name badges and can be clearly identified.
- Ensure staff know where all the facilities are including toilets and fire exits.
- Have people available to welcome latecomers and minimise disruption.
- Consider reserving some seats at the back for latecomers.
- Minimum of three staff for the first 20 attendees and then an extra one per twenty.
- For controversial issues use clearly identified stewards.
- Ensure that presentations are loaded onto the laptop and that speakers know how to use a laptop.
- Speak directly to the audience rather than read slides.
- Don't provide too much information but supplement on request.
- Don't use acronyms or jargon.
- Check that font size is sufficiently large and can be read from all areas of the room.
- Be consistent between what is published and what is said.
- Admit when you don't know but commit to finding the answer.
- Provide a feedback/contribution sheet so that attendees who do not have the chance to make their points can write these down and submit them at the end of the meeting.
- Concluding proceedings:
 - thank speakers and audience
 - request feedback and evaluation forms
 - clarify next steps and follow up. Tell people how and when they will receive feedback
 - provide dates for any future meetings.

Immediately after the Session

- Minutes should be clear, accurate and unambiguous. If something is not clear ask for clarification from chair or speaker.
- List commitments made at the meeting and who will deal with them.

Pros

- If well publicised, this method can be high profile and allows a large number to be consulted at the same time.
- It is a good way of involving other public service providers at local level, for example the local authority and other community planning partners.
- It gives people an opportunity to 'have their say' in public.
- It provides an opportunity for the local NHS to share its views with the community.

Cons

- It may raise expectations about what can be achieved.
- The meeting may attract only local activists rather than the wider community.
- No data is collected but strength of feeling is gauged.
- It can lead to adverse media reports especially if meetings are controversial.
- You need to be aware of how to resolve conflict about difficult issues in meetings.

Resources

- Venue and catering
- Staff time
- Publicity
- Stationery
- Communications support (interpreters, signers for the deaf, loop systems, note takers, public address system and roving microphones, lip-speakers).

Top Tips

- Consult local organisations regarding suitable dates and accessible venues for the meeting. In particular, avoid holding meetings in school holidays and in the run-up to Christmas.
- Consideration should be given to whether people should be able to submit questions in advance of the meeting. This can have particular uses, for example, to protect anonymity on sensitive subjects such as mental health.
- A good chair is the most critical success factor. He/she is responsible for:
 - starting on time
 - asking for mobile phones to be switched off or put on 'silent' mode
 - explaining the purpose of the meeting
 - announcing the agenda
 - introducing the speakers
 - monitoring and controlling timings
 - explaining 'rules of engagement' such as when questions will be invited and clarifying the need to respect all participants
 - making it clear to all those present how contributions will be invited. When that stage of the meeting is reached, contributors should address questions or comments to the chair by raising a hand and waiting to be asked, and when given the roving microphone they should identify themselves and any organisation or interest group they represent.
 - limiting participants to a set number of questions
 - directing personal stories to a suitable person for discussion
 - managing disruptive behaviour and/or contributions that are not relevant.

Q. Why use ... A Reflective Log?

- A.** Reflective Log is an area of reflective practice in the form of a facilitated discussion to capture people's experience of their involvement in specific groups or projects to highlight areas for improvement.
- Reflective Log sessions are held at regular intervals throughout the lifetime of a group or project to highlight areas for ongoing improvement.

How to do it...

- Hold sessions while experience is still fresh in everyone's minds.
- Include all who are involved in group or project.
- Appoint a facilitator to help draw out answers and insights and to keep the discussion focussed. Ideally this should be someone not directly involved in the group or project so they can be objective but nevertheless have a good understanding of issues.
- Appoint a note taker to record main points and actions for the feedback report. This should be someone who is not participating in the discussion.
- Set ground rules for the meeting e.g. respect other people's point of view, an expectation that all should take part, a need for openness and honesty, confirm that individuals will not be identified in the feedback report.
- Reflect on what has worked well, not worked so well, and what improvements can be made.
- Identify specific actions to take forward to make improvements to how people are involved in group or project.

Pros

- Reflective log sessions do not require a lot of advance preparation.
- A flexible approach can be taken so the session can be formal or informal, shorter or longer.
- They can be tailored to the needs of a specific group or project.
- Improvements can be made immediately and on an ongoing basis rather than waiting until the end of a group or project.
- They focus on improvement and not on a list of complaints, assign blame or critique individuals.

Cons

- Skilled facilitation is required to ensure that everyone takes part and contributes to the discussion.
- Some people may not feel comfortable speaking out in a group session.

Resources

- A meeting space large enough for all members of group
- Flipcharts and pens to record the key points and action.

Top Tips

- Distribute questions in advance so people know what is to be discussed to enable them to prepare for the session.
- Write the questions on flipchart sheets before the meeting. Comments can be written on the sheets throughout the session.

Sources and further information

For further information on using this approach contact Shelagh Martin,
Local Officer, Borders Office, Scottish Health Council

Email: shelagh.martin@scottishhealthcouncil.org

Q. Why use ... Remote Service Futures Game?

- A.** The game is a design tool to use with communities, following a process of information exchange and relationship building. It is important that you do NOT attempt this game as a stand-alone exercise without getting to know the community first, as the necessary trust and communication to carry it out successfully will not be established. The game is designed to be played when:
- change to health services is anticipated but not imminent, for example when a local practitioner is nearing retirement
 - there is potential for the community to influence the outcome of the decision making process, and
 - service providers, managers and practitioners from across the relevant agencies are committed to devoting time and energy to the process

When to use the game

The game can be used:

- to find community priorities
- to compare and contrast the priorities and choices of one or more stakeholder groups
- to create workable health care plans for the future
- as a tool to create new job descriptions
- as a learning tool for people who wish to know more about health and related services and how they are designed currently, and
- as a training tool for staff to help them consider different viewpoints when planning.

How to do it...

Essential materials for the game include:

- Set of Skill Strips
- Set of anonymised Practitioner Cards
- Template for Planning Sheet
- Key for anonymised Practitioner Cards

These can be found in Remote Service Futures, Service Design with Communities Toolkit within the website of the Centre for Rural Health at

<http://bit.ly/remote-service-futures>

The basic format of the game is as follows:

1. Community members split into working groups.

Groups of 4-7 are ideal. It is a good idea to assign a facilitator to each group and give all groups access to knowledgeable and communicative managers who can ensure that their plans will conform to applicable safety and other standards and regulations.

2. Each group discusses the data and information generated in the project and decides on a list of 5-10 of their most important health and social care needs.

Try to encourage everyone to contribute and try to avoid any one person dominating the discussion. This may require strong facilitation!

3. Using the skill strips, the groups prioritise 10 of the skills that they consider to be most relevant to meet the needs identified in step 2 above. Make a note of these for later comparison.

4. Using the anonymised Practitioner Cards, along with an approximation of their budget (obtained during the context mapping), the groups consider which professional(s) have the skills that they require and could be afforded within their current budget.

The cards are anonymised so that community participants do not simply focus on one favoured practitioner, but rather focus on which skills and practitioner would meet their needs. If none of the Practitioner Cards (or combination thereof) is satisfactory, you could work with the participants to create a new job description for a hybrid professional to work in their community. See the Rules of Play section (below) for more information on carrying out this stage of the game.

5. Groups come together and each presents back their plan. The community then debates the potential merits and disadvantages of each plan and attempts to reach a consensus.

It is important at this stage that service providers present are honest with the community about any potential challenges to their plans. If you consider that a design could not be delivered for some reason, e.g. current assessments of what is clinically safe, then you should be upfront about it. If your concerns are mainly due to the “hassle” that you will have to go through to bring it about, be honest about that too. It is important to assess what can be delivered and not to agree to unrealistic promises.

Rules of Play

Designs must take into account real-life planning constraints such as:

- The European Working Time Directive that constrains how many hours a week professionals (other than GPs) may work: this may place constraints on some plans for out-of-hours services, though it may be possible to consider ways around this.
- Professionals must not be required to do things that are unethical, illegal or dangerous under current public sector guidance.
- Avoiding difficulties associated with lone workers such as professional isolation and maintaining skills.

- Issues of recruitment: the positions must be attractive to potential applicants. A remote island is unlikely to attract a highly qualified professional to move all the way there for a one-day working week.
- Blended positions should be logical. For example, in the real world a single handed GP may not want to carry out social care duties.

Pros

- An honest and transparent process
- Anticipates change
- Considers flexible models that work for community content, needs and wants
- Considers how the community experiences their services to be important
- Requires joined up thinking and multi-agency working. The game can be shortened to suit planning needs. For example, if only community needs are to be agreed upon, play stages 1 and 2. If you are looking for a flexible job description for a worker based in the community, try stages 1, 2 and 3 only. Alternatively it can be played amongst groups of managers as a training tool for community engagement. Separate 'community member' role cards are available for this purpose.

Cons

- It is not recommended when an outcome has already been decided and you want the community to accept it, or when change is imminent or already occurring within a community.

Top Tips

- Issue contact sheets with the names of every service provider who has attended events, what they do, and direct contact info if possible.
- Plan to begin at least half an hour after the advertised time. Make clear in all publicity materials that it is NOT a drop in event and participants should plan to stay for the duration of the event. People arriving late often miss the object of the game and will potentially find it a bewildering and unhelpful exercise.
- When playing one of the longer versions of the game, it may be helpful to plan the event for a weekend day and offer lunch to participants, either afterwards or following the plan formation and before reporting back and discussion.
- Estimating community budget can be difficult. Do not forget to take into account potential overhead costs on top of salary. It may be worth trying out the game with the current service configuration to make sure that the numbers add up. Remember, the salary amounts on the Anonymised Practitioner Cards can be changed to reflect the reality of your area. Using an unrealistic budget will only confuse the planning process within the community.
- Ensure that there is a service manager available to advise each team (or to rotate between teams) because the game is a great opportunity for in-depth discussions about the challenges, constraints and opportunities in planning throughout the entire process.

- Before ending this event, it is useful for service providers to spend 30 minutes discussing with the community the actions that they will take forward from the day, as well as their plans for when they next meet with the community. At this point they could discuss which mechanisms the community would prefer for continuing on the process started in Remote Service Futures. For example, a core of enthusiastic individuals could form a planning group that providers could continue to meet with, or there may be existing structures in the community that would be more appropriate to use, such as a well-respected community council or patient representative group.

Sources and further information

The Remote Service Futures Game is taken from the toolkit developed by the Remote Service Futures Project which was delivered by the Centre for Rural Health – a collaborative research institute between the University of the Highlands and Islands and the University of Aberdeen. This project was funded by the Knowledge Transfer Partnership Scheme, Highlands and Islands Enterprise, University of the Highlands and Islands, and NHS Highland

<http://bit.ly/remote-service-futures>

For more information on the project and the resources available in the Remote Service Futures toolkit, please contact **Dr. Sarah-Anne Munoz**, Senior Research Fellow in Rural Health, University of the Highlands and Islands, Centre for Rural Health, Old Perth Road, Inverness, IV2 3JH

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Q. Why use ... Round-table Workshops?

- A.** This is a method for public participation or for groups of people who have an interest in a particular service or strategy. The Round-table Workshop method enables participants to make a full contribution to discussions on issues of shared concern and to generate ideas for action. This method works well when there is a relatively clear topic to be discussed.

How to do it...

Preparation

- Each workshop can have a single theme or several themes as part of a strategy.
- Each workshop may last for only half a day, but ideally will run for a longer period, with the outcomes of one feeding into the next if there is a series of workshops.
- Every effort should be made to ensure that the people with influence and authority in local networks and organisations participate in the workshops.
- Participants can number from 30–100 for each workshop, while a series of sessions allows as many as 500 people to participate.
- You should consider briefing participants in advance.

Planning the Session

- There needs to be adequate planning time at the outset. This may include discussions with other organisations about inviting people to take part.
- Participants are seated in a single room at individual round tables of 7–10 people, thus avoiding hierarchies.

Facilitating the Session

- The broad stages of the process are:
- A brief introduction is given setting the context and aims of the event.
- Specialist presentations provide technical information and case studies in order to generate new ideas and approaches.
- Round-table discussions generate ideas, which are recorded on paper or tape.
- Each table will need a convenor and a reporter.
- There could be an opportunity for questions and answers before the concluding session during which the groups report their findings.

Immediately after the Session

- A draft of the outcomes is produced and circulated for comment.

Pros

- This method draws on a wide range of opinions.
- With participants drawn from a wide range of backgrounds, relationships can be built between different groups and sectors.

Cons

- There is a risk that the workshop, or some of the tables, can become dominated by particular issues.
- It is not always easy to collate, report on and draw conclusions from a wide range of opinion.

Resources

- Staff time
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

- Consider having each workshop chaired by someone in a position of influence.
- The table chairpersons and reporters could be from other bodies. This would show an awareness of the range of stakeholders.
- Specialist contributors can bring visual and verbal examples of similar exercises for the purpose of stimulating creative thinking.

Sources and further information

Some of this information was first published by: The Aspen Institute
www.aspenroundtable.org

Q. Why use ... Solution Circles?

A. A Solution Circle is a quick way of solving a problem by making the best use of everyone's time and abilities. Solution Circles usually take less than an hour so are perfect for busy people! They encourage a group of people to:

- work together to find the answer to a shared problem
- find ways of overcoming obstacles or barriers to achieving a shared goal
- concentrate on solutions.

How to do it...

Preparation

- You will need to appoint three people to run the session: a facilitator (to act as timekeeper and make sure everyone stays focused on the topic); a presenter (who has in-depth knowledge of the problem and the goal); and a recorder (to note the main points of the discussion).
- Invite appropriate people with an interest in the issue. About 6–10 people is a suitable number. These participants must be prepared to come forward with helpful, constructive ideas, not just obstacles.

Developing Questions

- It is vital that you express clearly what the shared problem is and what is wanted from the participants.

Facilitating the Session

- To start the session, the facilitator welcomes people to the 'circle', introduces the presenter (and recorder) and explains how the group is expected to work. If appropriate, each participant can introduce him/herself, but the facilitator must ensure that these introductions are kept very short.
- Then the presenter is given a specific amount of time (no more than 10 minutes, which must be made clear at the outset) to explain the problem, making use of examples, documents or whatever else will help people to understand the situation. The recorder summarises this information on a flip chart.
- Next, the participants have a set period (similar to the time allowed to the presenter and similarly must not overrun) in which to put forward their creative ideas in a helpful, 'can do' way. There is no room here for making barriers – only suggestions for progress. The facilitator will need to make sure that everyone has a chance to speak, but must not let anyone dominate or try to interrupt the flow of good ideas. In this session, the presenter simply listens and the recorder continues to write down the main points.

- Time is then given for dialogue between the presenter and the participants (set aside a specific period as for the two previous sessions); this is the time for people to ask questions, explore possibilities and seek clarification, but both questions and answers must be brief and to the point! Once again, the focus is on what can be done, not what can't be done.
- And now is the time to decide which of the suggestions can be taken forward within the next few days or weeks. This is very important and, if at all possible, at least one action should be identified for the presenter to carry out within 24 or 48 hours. One of the participants should be chosen to contact the presenter to check progress the following week – and this should be fed back to all the participants.
- Finally, a few minutes should be allowed for reflection and evaluation of the exercise. Everyone should be asked to sum up their feelings about the session in one phrase or sentence – or just one word.

Immediately after the Session

- Notes should be written up and circulated to the participants.

Pros

- This is a powerful tool for getting people 'unstuck' if a problem looks difficult to overcome.
- The title – Solution Circle – gives the correct message to all participants; they must concentrate on solving an issue, not adding to it or ignoring it.
- It doesn't take long to organise or hold an event.
- People may even enjoy it!

Cons

- You must make sure that your presenter is extremely well informed and capable of providing focused, informative answers to the participants.
- The presenter must also 'sign up to' the process and be prepared to carry out the tasks agreed by the group.
- Make sure your recorder is available to write up the notes very soon after the sessions – and make sure these are circulated to everyone who took part.

Resources

- Staff time to recruit appropriate participants, to write up notes and circulate them
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

- Since this technique is time limited, use of a timer (clock, stopwatch, appointed individual or whatever else is appropriate) is acceptable, both overall and for some of the specific elements.

Sources and further information

Some of this information was first published in:

- www.inclusion.com
- www.inclusive-solutions.com

Q. Why use ... Storytelling?

A. Storytelling (or the story dialogue technique) was refined in Canada by Labonte and Feather (1996) but is actually a much older idea which builds on traditional, oral communication and learning techniques. Labonte developed the method as a means of recognising and respecting the expertise that people have in their own lives in relation to community development and health issues. The storytelling takes place in a supportive group setting, although it could be adapted for use in a one-to-one situation for those with less confidence. The process is structured so that valuable personal experiences are used to draw out important themes and issues affecting the community and then action can be planned around these insights.

How to do it...

Preparation

- Storytelling uses a mixture of story and structured dialogue based on four types of question: **'what?'** (description), **'why?'** (explanation), **'so what?'** (synthesis), and **'now what?'** (action). Open questions are asked of the storyteller by other members of the group (about six people) and this generates dialogue, but with a particular set of objectives in mind: to move from personal experience to more generalised knowledge (insights) and action. The whole process, once the story has been written, should take about 60–90 minutes. A skilled facilitator is central to this method.
- You will need paper, pens, coloured cardboard, felt-tip pens.
- The storyteller has to spend time writing their story before the session starts. The story is based around their experience of a particular issue/theme; examples should include a description of the event and their feelings about what happened and how it affected them.

Facilitating the Session

- **Introduction:** the facilitator should spend some time explaining the process to the group and providing everyone with paper and pens. The facilitator must also keep a check on the timing of the different stages and move the group on appropriately.
- **The story** (5–10 minutes): the storyteller tells their story. It is important for listeners to listen without interrupting, to note down details of the story and ideas for questions, and to respect confidentiality.
- **Reflection circle** (10 minutes): listeners then quickly jot down their immediate reflections on the story: how is this story also my story? how similar/different is the story from my experience? Then they share their reflections within the group, one at a time with no interruptions (people can opt to pass).
- **Structured dialogue** (25–45 minutes): This is not an interrogation of the storyteller and it is important to respect different views and to use active listening skills. Several people in the group should be asked to make notes of additional

information gained during this dialogue. This part of the process is based around four types of question:

- **‘what?’** – description questions (What were the problems/issues/needs? Who identified them/how did they arise? What did you do? What were the successes/difficulties? How did it turn out?)
 - **‘why?’** – explanation questions (Why do you think it happened? Why did you/they react as you/they did? Why did you do what you did (the strategies or actions)? Why do you think it worked/didn't work?)
 - **‘so what?’** – synthesis questions (What have we learned? What remains confusing? How did people or relationships change? What unexpected outcomes occurred?)
 - **‘now what?’** – action questions (What will we do differently next time? What will be our next set of actions? What are the key lessons? What power do we have to do things more effectively in the future and how can we increase this power?)
- Review story records (5 minutes): each person shares their notes with the group. If only one story is used, for example in problem solving, generating a written record of the dialogue may not be important; a discussion around the notes followed by more dialogue around the story may be enough. In other situations however, for example in research or planning, recording insights for further reflection is very important. In these uses, the group will be listening to and discussing two or more stories on the same theme in order to see which insights are similar or different, and creating insight cards.
 - Create insight cards (15–20 minutes): the group creates two to four insight cards for each of the four types of question, or about eight to sixteen cards altogether. This is not a fixed number, and some questions will produce more insights than others. Insights could include useful lessons/tips or questions/challenges that still remain: the main thing is that they represent something important and worth sharing with others outside the story group. Each insight is written on a separate piece of coloured card and should include enough detail to be understandable to people outside the group. The insight cards from each story group can then be arranged into common themes.

Immediately after the Session

- Ensure that insight cards are collected and common themes recorded so that a feedback report can be prepared.

Pros

- Storytelling is an empowering process which values the unique personal experience of members of a community. It can yield a wealth of local expertise and information which can then be taken forward and used to challenge issues about which communities feel strongly.
- It is an especially powerful tool when several stories around the same theme are told by members of a community. In this way the insights generated can share much in common and produce a practical action plan to which the whole organisation/community can commit.

Cons

- Although the method should take 60–90 minutes altogether, it may take longer than this if sensitive issues are raised which the group finds more difficult to discuss.
- The storytelling process may appeal more strongly to women than to men.

Resources

- Staff time for planning and facilitation, or use of an external facilitator
- Venue and catering
- Stationery
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tips

- The storytelling method involves considerable commitment from all those taking part, especially the storyteller, and appropriate sensitivity must be used.
- It is essential to maintain confidentiality since, without this, storytellers may be unwilling to reveal in enough detail the nature of their experience.

Sources and further information

This information was first published by the Evaluation Trust

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www.healthscotland.com/documents/2466.aspx

Q. Why use ... Surveys and Questionnaires?

- A.** Surveys are used to gather views and comments from a sample of local people or service users on a range of issues. You can use surveys to find out what people think about a particular service, including proposed changes, and how services can be improved. A questionnaire-based survey can be used in a variety of formats, for example postal, online, face-to-face and telephone interviews.

Please see also the separate section on Electronic Questionnaires.

How to do it...

Planning

- First, ask yourself: What do I want to find out? What do I do with the information?
- Is this the best way to collect it?
- Before starting any survey make sure you have the necessary level of expertise, either yourself or available within your organisation, to undertake this kind of activity. NHS Boards' Clinical Governance or Research and Development Departments may offer advice on surveys and developing questionnaires.
- Identify a clear and specific objective. This may focus on a particular geographical area, client group, or one aspect of a specialist service, or it might be more general.
- Check whose approval you need to undertake the survey. Is it for audit, verification or research purposes? If it is for research purposes you must submit the project to the Research and Development Department in your NHS Board. If it is for audit or service evaluation purposes, this is not necessary.
- Ask yourself: Is a questionnaire the best way to collect the information I need to address my objective? If you do not know (or cannot guess) the kinds of answers you are likely to get or how you will use these answers, a survey may not be the best tool, in which case interviews or focus groups may better suit your needs.
- Have you developed a plan for your survey? You should decide on a timeline for the project, ensuring you have included time to: get permission to undertake it (when necessary); pilot it; send it out and wait for responses; follow up non-responders; analyse it; and write up the findings. The survey plan should also include any funding you may need.
- Find out a little about the survey's subject. This is known as a literature search and may involve referring to relevant documents, policies and guidelines.
- Find out whether a similar survey has been carried out locally or a similar piece of work is already planned or even underway elsewhere. A literature search may provide some of this information. It is perfectly acceptable to refer to work from other authoritative sources, or even to base the design of your work on previous

work, as you may wish to compare your findings with those of others. You could also refer to their plan and tools. Any work that you use will require permission to be granted for its use and any extract or references should be clearly sourced.

- Think about the type of survey that will be appropriate – postal, online, face-to-face or telephone interview.
- How many people are you going to survey? If you are not going to survey everyone (e.g. all service users or everyone involved in a service change consultation) how are you going to identify your sample? Decide on the people you would like to collect information from (this is known as your sample) and try to ensure that it is representative of the population you are studying.
- Consider whether your survey has any ethical implications, for example will you be obtaining people's personal details? You should refer to Section 5 regarding when to seek ethical approval.
- Consider the type of questions you would like to ask:
 - **Qualitative**, known as 'open-ended', questions allow the respondent to write his or her own reply to a question.
 - **Quantitative**, known as 'closed', questions require the respondent to choose from a set list of responses, e.g. by ticking yes/no boxes.
- Think about how the information will be analysed and seek advice on the use of spreadsheets and statistical packages which can be used to carry out analyses.
- You must include information on who is carrying out the survey, why and how the information will be used. Contact details of the person conducting the survey must be included and participants should be offered the opportunity to request a copy of any report produced.
- Be clear about your Data Protection Act (1998) responsibilities. Once information has been recorded and analysed, you should destroy any that identifies respondents unless they have given you permission to keep their information on file, where it should be kept securely. To offer reassurance to respondents, information about data protection and confidentiality could be put in the covering letter and included in the preamble of face-to-face and telephone interviews. Refer to your Board's Data Protection and information governance policies for further information.

Developing Questions

- Involve patients, carers and service users in designing the questions.
- Aim to keep the questionnaire short and try not to go over one or two pages.
- Try to keep questions short and simple, preferably with 25 words or fewer. This will also help ensure that the information will be simple to analyse.
- Ask one question at a time. The question 'Are staff helpful and courteous?' is actually two questions in one. Staff may be helpful but not necessarily courteous.
- Group questions so that themes flow through in a logical way.

- Avoid using leading questions which force or imply certain types of answer. An example of this is: 'Do you think that access to services is limited because of staff attitudes?'
- It is easier to analyse responses if you use categories. Use tick scales such as Agree, Don't know, Disagree; or Last Week, Last Month, Last Year.
- Once you have produced a draft questionnaire, conduct a small pilot 'trial survey' to pick up any mistakes or ambiguities in the questionnaire before the survey is commenced. Revise the questionnaire.
- Include a preamble to explain the purpose of the survey.
- If you have decided on a postal or online questionnaire:
 - Provide details of how to return the questionnaire, the date by which it should be returned and how people can request assistance to complete the questionnaire. Ask if they would like to receive the questionnaire in another format. This information should be in the preamble and should be repeated on the questionnaire itself.
 - Consider the relative merits of postal or online questionnaires. Electronic surveys are good if all your potential respondents have easy and regular access to a computer. If they don't, a postal survey might be better. The online survey services are good for short, straightforward surveys. For complex analyses, e.g. those involving many subgroups, other methods may be more useful.
- Questions that ask people to specify their age, ethnic group, gender, geographic area and religion should be added towards the end and should clearly state that they are not mandatory, i.e. respondents may choose not to answer them.

Next Steps

- When looking at the information you have collected (known as data analysis), look to see whether respondents have left any questions blank. Identify areas where respondents have indicated that improvement is needed and where the majority of respondents have indicated 'unsatisfactory'. Likewise, identify areas that are doing well, which may be indicated by consistently high marks. Look for a unified feeling about a certain topic among respondents of similar age, ethnic group, gender, geographic area and religion.
- Produce a report (there is a section in this toolkit specifically on preparing a report of findings) and evaluate how well the survey went. Remember to include any problems you experienced while undertaking your survey, e.g. problems with your sample; or if you realised a question had been poorly written; or a low response rate.
- Develop an action plan and provide feedback to the people who took part.

Pros

- Information can be collected from a large group of people.
- A representative sample of the population may be reached.
- All respondents are asked the same questions.

- Postal and online questionnaires can be completed in people's own time.
- Face-to-face interviews, using questionnaires, are more flexible to the needs and difficulties of the chosen sample and allow the interviewer to 'probe' for further information.
- Telephone interviews are faster and cheaper than face-to-face interviews.

Cons

- If this tool is incorrectly used, the correct information will not be gathered.
- When using a postal or online questionnaire, there is no opportunity to clarify what a question means.
- Postal or online questionnaires usually have a low response rate.
- There is a risk of excluding people with language and literacy issues.
- Telephone interviews are more intrusive, likely to have a lower response and are limited to respondents having telephones.
- Face-to-face interviews, using questionnaires, can be lengthy and costly.

Resources

- It is expensive to commission an external organisation to conduct a large survey.
- It is less expensive if you are able to manage the survey yourself, although this needs a significant allocation of staff time.
- Stationery and stamped addressed envelopes can be costly. Stamped addressed envelopes, however, may help to increase the response rate.
- Telephone or face-to-face interviews may have costs associated with telephone calls, room hire and interviewers' pay. Face-to-face interviews require skilled interviewers.
- Web-based services will be relatively inexpensive. Use of other software packages may incur further costs in terms of some combination of software costs, consultancy and/or staff time.
- You may wish to offer incentives to respondents, if appropriate.

Top Tips

- Give your questionnaire a short and meaningful title.
- It is easy to ask too many questions, some of which you may not need. Always try to reduce the number of questions asked to a minimum.
- In developing questions based on a set of options, it is sometimes advised that survey designers should set out an even number of options, because otherwise there is a tendency for respondents to tick the middle box.
- Use everyday language when devising questions and ensure your language caters for all levels of literacy. For some respondents, English may not be their first language.
- Take care when covering sensitive issues. Try to explain why you need to know that information.

- Try to use a font size of 14, ideally Arial or Comic Sans, and leave space for responses. Print questionnaires on white or yellow paper, with black text.
- Include a stamped, self-addressed or pre-paid envelope to encourage the return of completed questionnaires.

Sources and further information

This information has been informed by the work of Loughborough University Library, the Association of Community Health Councils for England and Wales and Oppenheim. Their work is gratefully acknowledged.

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Q. Why use ... Talking Mats?

A. Communication difficulties affect more than 2,500,000 people in the UK and can arise from congenital or acquired disabilities, degenerative illnesses, mental health problems, literacy problems and personal distress. Based on strong research evidence, Talking Mats is designed to help both children and adults with communication difficulties think about issues discussed with them and to record their thoughts in a visual way. It is used by clinical practitioners, carers and support workers in a wide range of health, social work, residential and education settings.

Talking Mats is an interactive resource that uses three sets of symbols – topics, options and a visual scale – and a space on which to display them. This can either be a physical, textured mat, or a digital space, for example a tablet, smart board or computer screen.

It can help people with communication difficulties to:

- understand and consider issues discussed with them
- express their opinions effectively
- be included in decision making

How to do it...

The key to a good Talking Mat depends on the skills of the interviewer in following the Talking Mats principles, which include:

- considering the purpose and planning the topic and options used with the Mat
- using open questions
- handing the control of the conversation to the client
- working at the client's pace
- matching the cognitive demands of the question with the cognitive ability and life experience of the individual they are working with
- using consistent language, and
- being able to reflect and adapt their own communication practice and style to match the needs of the interviewee.

Talking Mats training will develop the skills and confidence of an individual in using Talking Mats for a variety of topics, and is available from the Talking Mats Centre.

Pros

- Talking Mats provides a structure where information is presented in small chunks supported by symbol
- It gives people time and space to think about information.
- It allows people to say what they feel in a visual way that can be easily recorded

- It takes account of all additional non-verbal and verbal comment.
- It is useful for a wide range of abilities and ages.

Cons

- It requires planning time.
- It cannot be used by people with profound cognitive impairments
- It is not a communication aid for everyday conversation.

Resources

- Symbol sets to use with the mat
- Mat
- Talking Mats packages
- Training courses

In September 2013 Talking Mats launched a new range of resources which will further support Talking Mats' mission to help as many people as possible find a voice who otherwise can't articulate one:

Health and Well-being which is based on the World Health Organisation - International Classification of Functioning, Disability and Health (WHO-ICF) and includes 13 topics

Children and Young People which is based on Getting it Right for Every Child (GIRFEC) and includes 9 topics

Talking Mats app which has a range of levels from a free taster to the full gold version which includes all 22 topics

New engaging symbols have been specially designed for both the physical and digital Talking Mats.

Top Tips

- Book yourself onto a Talking Mats training course
- Check out the Talking Mats website

Sources and further information

Talking Mats Centre
2 Beta Centre
Stirling University Innovation Park
Stirling FK9 4NF
Tel: 01786 479511
www.talkingmats.com

Q. Why use ... Teach-back?

A. Teach-back is an easy-to-use technique to check that the health professional has clearly explained information to the patient and that the patient has understood what they have been told.

This technique goes beyond using questions such as “Is that clear?” and “Have you understood everything?” Instead, the health professional asks the patient to explain or demonstrate, using their own words, what has just been discussed with them.

Teach-back does not test the patient’s knowledge but it is an effective technique to check how well the health professional has explained the information in a way that the patient understands.

How to do it...

- After each consultation, the health professional will check on the patient’s understanding of what they have been told.
- The health professional should avoid asking questions such as “Is that clear?” and “Have you understood everything?” and instead they should use questions such as:
 - “To be sure that I have explained everything correctly, could you explain to me how you will take your medication?”
 - “We discussed a lot today. Can you tell me what you found most important?”
 - “So that I can be sure I have given you clear instructions, please show me how you will use your asthma inhaler at home?”
- If the patient is unable to explain what they have been told the health professional should repeat the information or instructions again and rephrase their question using different words.
- The health professional could draw a diagram or simplify the explanations.
- The teach-back technique is then repeated and if after two or three attempts the patient is still unable to explain what they have been told then the health professional could seek a colleague’s help or look into whether an interpreter is needed.
- If the patient fails to explain what they have been told then the health professional has not provided their patient with an adequate explanation and alternative methods should be used in order to provide the relevant information.

Pros

- Can improve patient safety and communication between the health professional and the patient
- Not expensive to use
- Can improve the patient’s understanding and health outcomes.

Cons

- It requires time and health professionals may need to allocate extra consultation time to encourage the patient to 'teach-back' what they have been told
- This tool could appear as patronising, and deteriorate into an interrogation unless it was used sensitively.

Resources

- Staff and patient time
- Publicity
- Communication support (interpreters, signers for the deaf).

Top Tips

- Staff should be encouraged to learn the teach-back technique and use it to make sure that their communication is clear.
- Keep a log of your teach-back experiences.
- Start with one patient a day. Try the teach-back technique and write down the reflection (how did it go? Is there anything that you would you do differently? Were there any concerns from the patient about using this tool? Did it unearth any communication issues?).
- If the teach-back technique fails, alternative methods should be used to ensure that the patient is provided with the relevant information.
- After using teach-back with one person a day, try to increase to two patients a day.
- Teach-back can be used with everyone whether or not you think the person understands and also when you think someone is struggling to understand what you are telling them.
- It may be worth allocating sufficient time after a consultation if this tool is to be used to allow you to interact with patients.
- Depending on how serious a health problem is, a patient may be in a state of shock and likely to be anxious at least. This will not make it easy for the patient to understand what has been said.
- Teach-back is not a test for the patient. Instead it is to check on how well the health professional provides information to the patient.
- Practice, practice, practice and soon it will become part of a routine.
- Many resources suggest using Ask Me 3 in conjunction with the teach-back technique. Ask Me 3 is described on page 31.

Sources and further information

The **American Medical Association's** website provides a number of useful resources to help demonstrate the teach-back technique. Resources also include a 5-minute video of teach-back being used: www.ama-assn.org

The **North Carolina Program on Health Literacy** produced a Health Literacy Toolkit, which includes a description of the teach-back technique www.nchealthliteracy.org/toolkit/tool5.pdf

NHSScotland has developed a Teach-back Technique postcard and copies are available from knowledge@nes.scot.nhs.uk

Alternatively a PDF version of the postcard (kindly provided to us by Kate Burton, NHS Lothian) can be downloaded at <http://bit.ly/teach-back-postcard>

Q. Why use ... Users' Panels?

A. Users' panels are a system of regular contact between service providers and patients, carers and communities. They are used to obtain feedback from service users about their experiences and expectations, which can then be used in service planning and review.

How to do it...

- Panels are recruited from service users, e.g. people with a particular long-term condition, or those who use a specific service or facility. You might approach directly people from services' lists of their patients, or you might wish to consider using one or more of the following bodies, among others, as a user group or as a source from which to recruit members of a users' group: hospitals' patient councils; patient participation groups attached to GP services; patient and carer groups.
- There are no limits on the number of people on a panel, other than the practicalities of the organiser's circumstances. Panels comprising several hundred people are common. Every effort should be made to recruit members of groups who are marginalised or not usually listened to.
- Membership of the panel should be changed regularly and systematically – typically one third replaced each year – to allow people to drop out and to bring in 'new blood' so that the feedback it provides remains relevant.
- The full panel can be the respondent group for large-scale surveys.
- Alternatively, people drawn from the panel can be invited to participate in smaller group discussions and other consultation events, the feedback from which is fed into the service's decision-making process.
- If appropriate, panels can be drawn together comprising specific user groups, for example people with disabilities, ethnic minorities and young people.
- A users' panel can also be a source of delegates for conferences or other forms of participation.
- A users' panel could be operated as a district-wide customer panel, in partnership with other organisations, using postal questionnaires and thereby consulting a few times per year on a combined basis.
- Feedback should be provided to participants on the outcome of each exercise.

Pros

- Users' panels provide early indication of emerging concerns and difficulties.
- They are a good way to establish ongoing, two-way dialogue between service providers and users.
- This is a flexible method which can be adapted to different circumstances.

- They are a good way to sound out new ideas or proposals.
- There is the opportunity for partnership working with other organisations.
- Once established, a users' panel is a quick and inexpensive method of gathering information and produces a high response rate to questionnaires.

Cons

- Care needs to be taken over how the panel is recruited to ensure that it includes a wide range of groups within the population, but it is unlikely to be completely representative of the population. This method is unlikely to lend itself to participation by people with literacy or language problems.
- Since panels are recruited from service users, they do not take account of the needs of people who have not yet accessed the service.
- Because of the flexibility of this tool, panels may be overused to the point where participants suffer from 'respondent fatigue'.
- There is a risk that over time panel members will come to identify with the organisation and therefore become less critical.
- There is a risk that over time service providers will come to rely on this as their only method for involving service users.

Resources

- Staff time for recruitment of panel members, maintaining and updating the database of panel members, questionnaire preparation/administration/analysis/report writing
- Facilitation of discussion meetings, either by in-house staff or external facilitators
- Venue and catering
- Reimbursement of out-of-pocket expenses of lay participants.

Top Tip

- Panel consultation can be used as a stand-alone exercise or used jointly with other approaches.

Sources and further information

Some of this information was first published in:

- COSLA (1998) *Focusing on Citizens: A guide to approaches and methods* COSLA: Edinburgh

Q. Why use ... World Café?

A. To make conversations work! It promotes discussion and helps to generate ideas and solutions on challenging issues. Can be used as a stand-alone event or as part of a larger conference. Using World Café encourages people to converse in small groups. It allows people to speak or simply to listen. The conversations of several groups are linked and this helps to identify common themes and bring about new insights.

How to do it...

Preparation

- Identify the purpose and objectives, and consider the context of your event.
- Name your event e.g. 'The Health Café'.
- Identify a host and facilitators for each table.
- Think about questions you want to ask and brief the hosts and facilitators.
- Identify and book an appropriate venue, i.e. one that will be comfortable, safe and inviting for the group with whom you are working.
- Liaise with venue co-ordinator to decide on the lay-out of rooms, etc.
- Identify target group and send out invitations including the programme format together with background about your organisation and the aim of the event.
- Record the names of people attending into a delegate list.

Developing the Questions

- The aims, objectives and context of the event will help you frame meaningful questions.
- Your café may only wish to explore a single question.
- Several questions may be developed to support a logical progression of discovery throughout several rounds of dialogue. For example develop three questions which can be introduced as starter; main course and dessert (the main course being the most searching question).
- Remember – a powerful question is simple and clear, is thought provoking; generates energy; focuses on enquiry; surfaces unconscious assumptions; opens new possibilities.

Planning the Session

- Set out the venue with several small, café-style tables to seat eight to ten people.
- Make tables inviting with a tablecloth, a few flowers, bowl of sweets and a menu (the background and question/s). You can be imaginative – play soft music, etc. on arrival.

- Supply each table with flip-chart paper, pens and post-its.
- Some people cover tables with paper cloths that you can write on.
- There are usually three rounds of conversations on the chosen topic.
- Plan to have a mix of people from different roles or settings at each table.
- Make sure that people know where they are sitting and where they move to and when.
- Plan the time for each question, conversation sessions and feedback.
- Agree which format your Café conversations will take, for example:
 - how many questions
 - how the conversations will travel – one or two table moves before going back to their original table
 - ensure the host facilitators are well briefed.

Facilitating the Session (making the questions work)

- The lead facilitator (this may be you) needs to be there early.
- The table facilitator's job is to:
 - welcome participants; introduce the group members
 - explain that participants are free to write on the post-its as well as to doodle and draw ideas on the table to aid participation and prompt ideas
 - remind participants about café etiquette, i.e. focus on what matters; contribute your thinking; speak your mind and heart; listen to understand; link and connect ideas; listen together for insights and deeper questions; doodle, drawing or writing on the tablecloths is encouraged, and
 - guide conversation, take notes and confirm feedback with group.
- The host's job is to support the facilitator to:
 - jot down key connections, idea discoveries and deeper questions as they emerge, and
 - briefly share key insights from the prior conversation so that others can link and build themes, using ideas from their respective tables.
- The facilitator and the host stay at the same table.
- The rest of the group moves on.
- During the second round, the facilitator works with the host, encouraging participants to build on the ideas from the first round, and repeating this for round three.
- The facilitator and host agree and feed back from each table.
- The lead facilitator finishes by summarising the discussion in broad terms, describes how the findings will be reported and what will happen next – and most importantly, thanks everyone for participating.

Immediately after the Session

- Once the event has closed, the ideas recorded on the flip-chart paper at each table are analysed.
- Facilitators and hosts check and record written post-its and tablecloth doodles to ensure that all ideas are captured.
- It is very helpful if the lead facilitator meets with facilitators and hosts immediately after the meeting to identify emerging themes.

Pros

- The tool works best with a mix of people bringing different ideas and experiences.
- It is a good way to bring people from different backgrounds together to think about a complex issue and to find imaginative ways forward.
- Well facilitated, this is fun.

Cons

- Facilitators need to be experienced.
- If feedback is not analysed immediately after the event, you will risk losing some of the emerging themes and imaginative solutions.

Resources

- Venue and catering
- Stationery
- Participants' travel expenses
- Hosts for each table – many people with experience of group work will be able to do this
- Experienced facilitators' time
- Time of specialist lead facilitator brought in to coach.

Top Tip

- It is very important to plan well for this type of engagement. Facilitators and hosts must leave nothing to chance. Meaningful results are all in the planning.

Sources and further information

- www.theworldcafe.com
- Patient and Public Engagement Toolkit for World Class Commissioning
- *The World Café: A Resource Guide for Hosting Conversations That Matter*, Juanita Brown and the World Café Community, Pegasus Communications

Q. Why use ... Written Information?

A. Written information supports many aspects of patient and public involvement. Information about current services and about future needs is the first step in participation around service change and other service plans. Patients and their families need information about an individual's condition and care. This enables them to:

- be part of planning their own care or (with permission or agreement) their relative's care
- take a more active role in keeping themselves well, managing long-term conditions and where possible preventing or minimising future ill-health, and
- make best use of services.

How to do it...

Preparation

- Be clear what the information is intended to achieve and who it is for. If there are multiple purposes, it will probably be best to have several items.
- Consider the best format to reach the target group – leaflets, posters, websites, large print, audio tape. It may be wise to use a range of formats.
- Material should be developed in consultation with service users from the earliest stages – testing for legibility, literacy and possibly also for its distribution. In general, keep it as simple as possible.
- The planning stage is crucial. Mistakes cannot be cheaply corrected once large quantities of material have been printed. Proofreading and correcting is your responsibility, not the printer's.
- The format of the written information should be in accordance with Royal National Institute for the Blind's Guidelines.
- When drafting information, use questions gathered from those who have experience of the service, illness or condition as prompts for how to present it.
- People who have special communication problems should be considered when you are planning information. There are ways of conveying information that do not depend on written English, e.g. Easy Read material using graphics.
- Consider how your material can most effectively reach its intended readers.
- Possibilities include mailshots, door-to-door distribution, noticeboards and working with other organisations such as community groups, or with schools for schoolbag drops.

Pros

- This is a widespread and widely understood form of communication.
- You can involve service users in creating your communication with the wider population of service users.

Cons

- Credibility depends on producing material to a high standard.
- Care must be taken to consider the barriers that many people face in using written materials.

Resources

- Design and print costs; large print runs are most economical
- For material that will need to be regularly updated, or only needs a small number of copies, you can consider well laid out material produced on a normal office printer although this may also involve software costs.
- Staff time for planning the material
- Expenses for some patients or people from a community group to help plan and design the material.

Top Tips

- Avoid using references that will date quickly.
- The average reading age in Scotland is around 11 years. One of the most popular newspapers has a readership age of nine-and-a-half years. It is possible to use medical terminology as long as it is well defined, but avoid jargon.
- Consider designing material so that it is easy for the reader to skim for basic information and then return later for more detail.
- If language is likely to be an issue, remember that it is expensive to get all information translated into several different languages and different formats. Consider who you are targeting and ask them to suggest how the information can easily be understood by those you are trying to reach.

Sources and further information

- Plain English Campaign www.plainenglish.co.uk
- Health Rights Information Scotland have produced resources on their website for professional people needing assistance in producing patient information www.hris.org.uk/professionals
- Scottish Accessible Information Forum (SAIF) has produced a checklist on how to make information accessible to meet the needs of disabled people. www.saifscotland.org.uk
- The Royal National Institute for the Blind has produced resources and guidelines to help organisations improve their policies and procedures in terms of information provision <http://bit.ly/RNIB-accessible-info>

Producing a report of findings

The importance of being able to present clearly the outputs of research work or consultation, cannot be emphasised strongly enough. This stage will be the key to communicating to the target audience what has been learned.

How to do it...

The key points include:

- Write with the audience in mind. Start by considering who your audience is going to be. The most effective communication is one that relates to its audience as closely as possible. For example a management group might appreciate a shorter summary, while a practitioner group might appreciate more detail and information. A professional audience will be more conversant with technical terminology which is unfamiliar to a lay audience. Often, you will need to prepare more than one document for the same project, because the needs and style of your target audiences are too diverse for your messages to be communicated effectively in one document.
- Start with your main point when presenting information in written form. You can then support this with additional information as necessary. This applies to the construction of a full report (where the executive summary will bring together the main points at the start of the report); sections within a report (where your opening paragraph will explain the purpose of the section); and paragraphs themselves (where your opening sentence carries the key point of the paragraph). You can progressively add as much detail as you wish to your report, using footnotes, appendices and references to avoid the main text becoming bogged down with detail.
- Have a logical thread. There is no one best way to structure a document, but the accepted practice is to make sure there is a thread of logic from beginning to end. As a result many reports adopt a structure comprising:
 - introduction (which includes the aims of the work)
 - method
 - key findings
 - conclusions
 - recommendations

Presenting Information Capably

Projects may involve either or both of two types of data – quantitative and qualitative.

- **Quantitative data** are numeric. They involve the use of numbers to describe the issue under investigation. Your findings and insight will be grounded in your interpretation of these numbers. With quantitative data come some health warnings that result from the relatively high authority people seem to attach to numbers, especially percentages. Make sure you indicate the actual numbers when quoting percentages – it is usual to show the actual number of responses in brackets after quoting the percentage exhibiting those responses – some will quote the ‘base’, which is the total number of responses upon which the analysis

is based. You may choose to carry out statistical checks to help illustrate the reliability of quantitative findings, but even if you don't you should be aware of and accept the limits of numerical data, especially where your results are based on the views of a sample of people (rather than the full population).

- **Qualitative investigation** is usually used to explore what's behind the numbers, focusing on the answers to the 'why' questions. Qualitative data are often words, and qualitative data analysis usually involves looking for themes or patterns in the sentiments expressed by the research participants – the process of coding and comparison. The conventional output of a qualitative analysis is the researcher(s)' written summary of this interpretation, often with reference to the codes or themes used in the analysis. Instead of using numbers to indicate what the data are saying, qualitative indicators are usually verbatim comments or quotations (these are called indicators, as they provide a first-hand indication, or illustration, of what you are saying in your text). These can be presented in italics and/or speech marks to distinguish them from the main text. Do not feel obliged to include every comment or quotation in your report; they should work in support of your own text but not replace it – a mere list of quotations is not a written-up qualitative analysis. It is not usual to mention any individual by name when presenting qualitative data (there are confidentiality issues) but attributing a quote to a type of respondent (for example using job role – unless this renders the respondent personally identifiable) is helpful to readers. This attribution is normally shown in brackets or italics following the end of a quotation. The quotes you choose to include should be a fair reflection of the general sentiment, so beware of using statements that are sensational as they are likely to attract a disproportionately high degree of attention.
- Visuals are helpful. The value of visuals (including charts, graphs, data tables and photographs) in a report is not to be underestimated. The guidelines for using visuals include: only use visuals that relate to your message; make sure each is titled; use a key or labels to make sure the visual is self-explanatory; link the visuals to your text (for example figure numbers are helpful here); make sure they are legible and make sure they are still effective when printed in black and white (colours on graphs can often be a challenge here).

Acknowledge

- Your work will have benefited from the efforts of others and will be part of a much bigger picture for your organisation. Acknowledge those who have supported the work (some authors include a brief acknowledgements page at the start of the report), and reference any other research and/or relevant policy documents you have drawn on.
- Also acknowledge the shortcomings and limitations of your own work, be they in terms of method, the sample of people with whom you've engaged or the general applicability of your findings.

Close the Loop

- Make sure your report addresses its aims and objectives. State these clearly towards the start of your document. It is also good practice to refer directly to the aims and objectives when making your conclusions. In this way, your report closes the loop from what the project set out to investigate to what it found out. Your

recommendations should follow your conclusions, and be focused on the implications of your work, and this is usually the final part of the main text. This enables your work to finish with a future focus, thus enhancing its potential practical value.

Keep the Housekeeping Right

Some final thoughts:

- Make sure your report has a title, a date, a project reference and/or version number (if appropriate) and it is clear who the authors are.
- Numbering will be helpful for people trying to navigate around your document (for example pages, sections, sub-sections, figures, list of recommendations). Some authors number their paragraphs.
- A contents page is a useful inclusion.
- It is usual to write up research method and research findings in the past tense, as by the time you are writing up the findings, the research has already taken place.
- If you are unsure of the order in which to present the findings, you are unlikely to go far wrong if you use the questionnaire or topic guide to give you this.
- Time spent on spelling and grammar checks is always valuable (having someone other than the author to do this usually works best; total reliance on a computer spell check is rarely sufficient).
- It is customary to append copies of questionnaires, topic guides or other research tools.

Top Tip

- It is more difficult to write a short report than a long one (some organisations stipulate a maximum number of pages for a research report), but a well written shorter report normally benefits from focus and pace, which makes it more engaging for its readers.

Sources and further information

This guide was provided by **FMR Research Ltd**
Applejak Studios,
113 St Georges Road,
Glasgow G3 6JA.
Tel: 0141 332 2647,
Text/Fax: 0141 332 2920

Patient and Service User Feedback

Seeking feedback is central to service improvement in both health and social care.

The benefits of feedback include:

- Raising staff awareness of how the service is actually experienced.
- Help to improve communication between the people delivering services and those who use them.
- Ideas and suggestions that will offer opportunities to improve services and learn from what has not worked for people.

Where to seek information

- Compliments – expressions of thanks or congratulation.
- Concerns – remarks, opinions or suggestions on the service received which may or may not require a response.
- Comments – may be comments, compliments or observations offered orally or in writing by visitors, patient or relatives. For example, ward or hospital suggestion cards or through the Patient Advice and Support Service (PASS), which reflect how someone experienced a service.
- Complaints – expressions of dissatisfaction about an action, lack of action, or standard of care provided.
- Feedback – may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, on-line polls, ward diaries, patient stories, comments boxes, letters to staff, through the Patient Advice and Support Service (PASS), Social Media, e-portals or Patient Opinion. The feedback may describe an individual's experience of using NHS or social care or observation of care as a carer and may include suggestions about things could have been done better or identify areas of good practice.

How to seek feedback

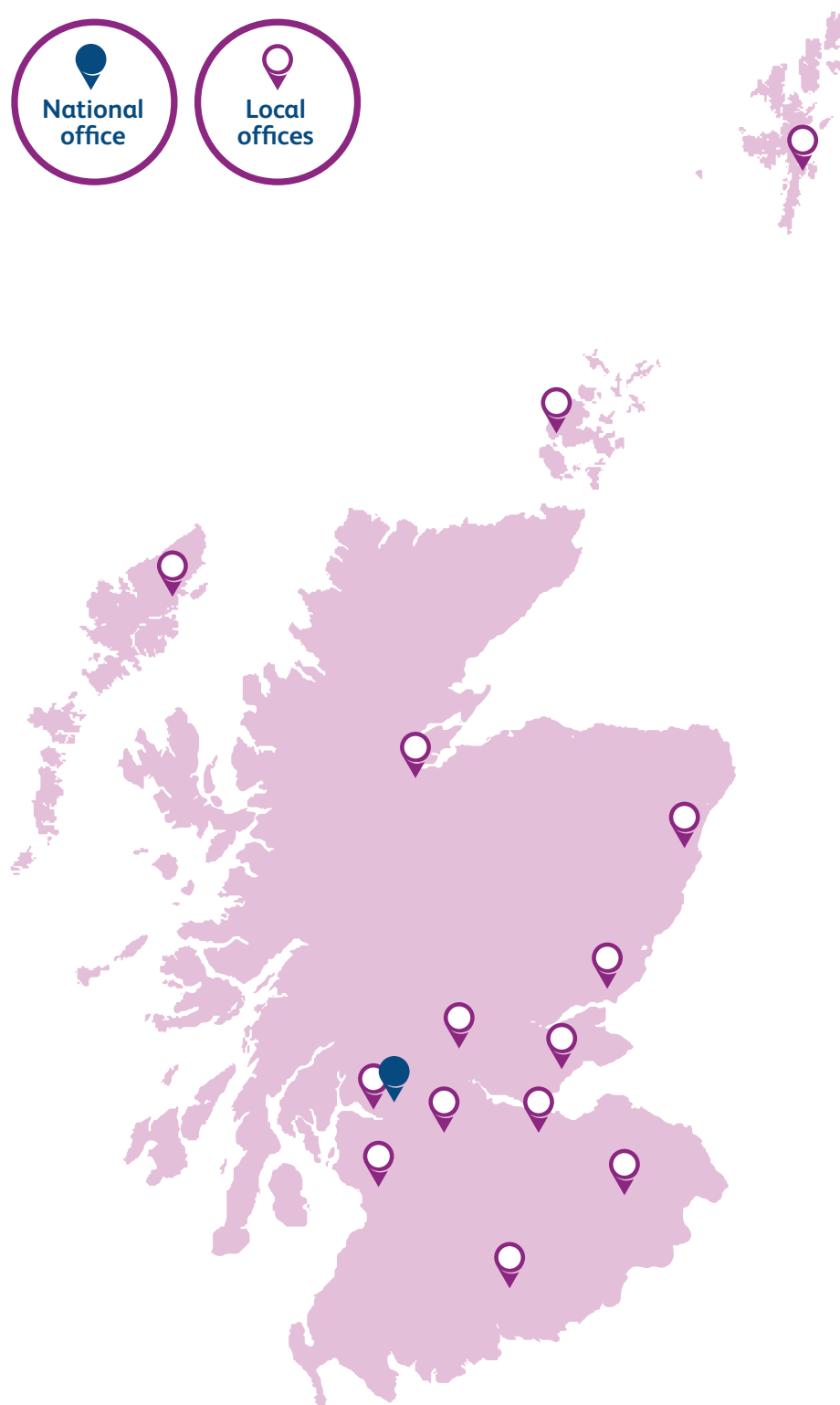
A number of the approaches in this Toolkit can be used to pro actively seek feedback (see the matrix on page 28)

Scottish Health Council

The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area.

To find details of your local office, visit our website at:

www.scottishhealthcouncil.org/contact/local_offices.aspx



Feedback on the Toolkit

Your feedback will help us to improve this Toolkit. Please tell us what you think by answering the brief survey at:

www.surveymonkey.com/s/Toolkit-Feedback

Keep in touch

If you would like to receive updates on the Participation Toolkit, please email

enquiries@scottishhealthcouncil.org

Evaluating Participation

A guide and toolkit for health and social care practitioners

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Introduction

This Guide has been developed by the Scottish Health Council as a tool for supporting the evaluation of public involvement and participation in health services. It is a partner to the Participation Toolkit¹ and is a stand-alone guide for evaluating participation. It does not set out to be a definitive guide to evaluation, but aims to provide resources, references and tools to help you to develop your own evaluation.

The Guide aims to:

- introduce some evaluation essentials
- guide the development of a suitable framework for evaluating participation
- provide a set of flexible tools to adapt and use for your own evaluation projects, and
- signpost information and materials for further investigation.

Who is the Guide for?

This guide is for anyone working in the area of community engagement, public involvement or participation whilst it will be of particular interest to those working in health and social care it may be of interest to other sectors. It is designed both to be a useful starting point and to add to the existing resources and tools of the more experienced evaluator.

Using the Guide

You can use the Guide in its entirety, or simply dip into the sections or tools that are most relevant to your needs. The Guide draws on a number of sources (which are referenced at the end of the Guide) so that you can investigate particular aspects of evaluating participation in more detail. The Toolkit section provides a mix of flexible tools and templates that can be adapted and used in your own evaluation projects. The Guide is made up of three sections followed by the Toolkit.

Section 1 Evaluating Participation explores evaluation and participation, in the context of the health and social care services.

Section 2 Evaluation Essentials covers the nuts and bolts of 'how to do' evaluation including evaluation stages, evaluation questions, and a range of evaluation methods.

Section 3 Evaluation Frameworks and Logic Models introduces logic models and how these form an integral part of the approach to planning and evaluation. It also highlights existing models that are relevant to community engagement and participation.

¹ The Participation Toolkit www.scottishhealthcouncil.org/toolkit.aspx

Section 1: Evaluating Participation

NHS Boards need to ensure that people have a say in decisions about their care and in the development of local health services. It is one of the commitments set out in the Scottish Government's Better Health, Better Care: Action Plan to develop a "mutual NHS" where health services meet the needs and preferences of individuals.

"Participation refers to the service user or public involvement processes by which perceptions and opinions of those involved are incorporated into decision making."²

Involving communities, patients, carers, NHS staff and the public is a very important part of improving the quality of health services. The views, perceptions and feedback on local health services of these stakeholders are invaluable for learning and improvement, and evaluating their involvement will check how well NHS Boards are listening. An inclusive process must be able to demonstrate that the NHS listens, is supportive and takes account of views and suggestions. Stakeholders have to be involved at an early stage and throughout the process.

The Participation Standard has been developed by the Scottish Health Council as a way of measuring how well NHS Boards carry out their public involvement and participation responsibilities. Through developing an evaluation framework and using evaluation practices NHS Boards will be better able to learn from their public involvement activities. This requires an essential understanding of what is meant by evaluation and how to design a suitable framework for evaluating participation.

Evaluation is when information is collected in a systematic way to inform decision-making and enhance organisational learning. Evaluation of participation, therefore, is a process of assessing the way in which a participation project is undertaken (**process**) and assessing the results of that activity (**outcomes**). To ensure we continue to improve how we involve patients, carers and communities and learn from what they say, it is therefore important to evaluate Patient Focus and Public Involvement activity. A comprehensive and methodical approach to evaluations of participation will improve our understanding of where, when, why, and how public participation works and does not work. Evaluation will help stakeholders and practitioners understand what type of participation, under what circumstances, creates what results.

Different sorts of public involvement and participation activities

Participation activity varies, it can involve:

- a single public participation activity or process for example a GP satisfaction survey, and
- a participation program that involves a number of activities spread over the course of months or even years, for example a major service change such as a hospital ward closure.

² A Manager's Guide to Evaluating Citizen Participation, IBM Centre for the Business of Government, Tina Nabatchi, 2012

Benefits and challenges of evaluating participation

“Effective evaluation can enable managers and agencies to improve public participation programs and ensure that they are useful, cost-effective, ethical, and beneficial.”³

Evaluation can help our understanding of public involvement and participation in four main ways, helping to:

- clarify the objectives of the exercise by finding practical ways to measure success
- improve project management by building in review and reflection as the work progresses
- improve accountability by reporting what is done and what has been achieved, and
- improve future practice by developing evidence about what works and what impact different approaches to participation can have.

There are also **challenges** when it comes to evaluation. Some practical barriers include: lack of time, resources, or expertise to conduct the evaluation or a lack of commitment from senior management. Other challenges include:

- Deciding on an appropriate timeframe: should the evaluation take place after the process of participation or should it be ongoing throughout the participation process?
- There may be a need for multiple evaluation activities aimed at short term (process) and medium to long term (outcomes) evaluation activities.
- Medium to long term evaluation activities can be problematic where keeping contact with stakeholders and participants for follow up after the activity takes place.
- Thought should be given to maintaining a register of stakeholders and participants and priming them in advance that a follow-up evaluation will take place. Although this will not guarantee evaluation responses.

Developing an appropriate evaluation framework

There is no single approach or method for evaluating participation. Each participation activity or programme has to be viewed in its own terms, and an evaluation framework or plan designed to fit the purpose, the audience, and the type and scale of the activities or programme. The stages of evaluation (see p127) highlight the practical steps involved, but there are some important principles that should guide an evaluation framework.

- Evaluation should be an integral part of the planning and implementation of participation activities or programmes. This means building in evaluation at the

³ A Manager's Guide to Evaluating Citizen Participation, IBM Centre for the Business of Government, Tina Nabatchi, 2012

start of the project as opposed to evaluation as a separate activity carried out at the end. See section 3 on Logic Models and Evaluation Planning (p134).

- Evaluation should be a structured and planned process based on clear performance criteria, goals and desired outcomes and carried out systematically using appropriate methods, as opposed to relying on assumptions and/or informal feedback.
- Evaluation should, whenever possible, be a participatory activity involving key stakeholders such as professional staff, managers and decision makers, and community participants in a collaborative learning process aimed at improving services. For example: establishing a broader evaluation team; engaging co-workers from a wider stakeholder group to inform the evaluation process such as commenting on survey design and questions.
- Evaluating participation should be considered within its wider context in order to assess the opportunities and risks that might help or limit the evaluation. For example, considering if there are local issues or tensions that might affect public involvement; the community's likely willingness to participate; or whether the activity or programme might unrealistically raise expectations of local change.

Summary

Evaluating participation is a complex activity but it provides the fundamental key to ensuring that public involvement and participation activities and programmes:

- a) generate learning and results, and
- b) improve future participation practices.

The next section of the Evaluating Participation Guide introduces some evaluation essentials.

Section 2: Evaluation Essentials

This section covers the nuts and bolts of ‘how to do’ evaluation. We have highlighted some essential (and generic) aspects of evaluation including:

- explaining some key evaluation terminology
- defining evaluation and exploring evaluation questions
- mapping the stages of an evaluation
- evaluation frameworks for evaluating participation
- exploring who should conduct the evaluation
- discussing a range of evaluation methods, and
- highlighting ethical issues that evaluating participation raises.

Common evaluation terminology

First, evaluation is a minefield of different terms which contributes to some of the confusion that people might have about evaluation. As a quick reference, at the start of this section we have defined some key evaluation terms that are used in this guide and are common to other evaluation approaches. The Jargon Buster⁴ website, produced by an informal partnership of funders, government departments, regulatory bodies and third sector organisations with the explicit purpose to demystify evaluation, is a useful reference tool. There are also glossaries of evaluation and community engagement in the reference section.

Table 1: Key evaluation terms

Evaluation term	Definition
Impacts	Broader or longer-term effects of a project’s or organisation’s outputs, outcomes and activities. Often, these are effects on people other than the direct users of a project, or on a broader field such as government policy.
Inputs	Human, physical or financial resources used to undertake a project such as costs to the participants or costs to the organisers.
Outcomes	The changes, benefits, learning or other effects that result from what the project or organisation offers or provides. Outcomes are all the things that happen because of the project’s or organisation’s services, facilities or products. Outcomes can be for individuals, families, or whole communities.
Outputs	Measures of what an activity did such as – how many workshops, interviews, meetings conducted, how many people attended. Outputs are not the benefits or changes you achieve for your participants; they are the interventions you make to bring about those achievements.

⁴ Jargon Buster <http://www.jargonbusters.org.uk/>

Evaluation term	Definition
Stakeholders	Those that feel they have a stake in the issue - either because they may be affected by any decision or be able to affect that decision. Stakeholders may be individuals or organisational representatives.
Qualitative data	Information about what you do, achieve or provide that tells you about its nature. This is descriptive information rather than numerical information. Qualitative information should tell us about the worth or quality of the thing being measured.
Quantitative data	Information about what you do, achieve or provide that tells you how many, how long or how often you have done it, achieved it or provided it. This is numerical rather than descriptive information.

Defining evaluation

Evaluation involves using information from monitoring and other evaluation activities to make judgments on the performance of an organisation or project, and to use the findings to inform decision-making and enhance organisational learning. In the context of this Guide this means judging the performance of a public involvement and participation activity in terms of a) the participation processes used – **process evaluation** and b) the results and outcomes – **outcome or impact evaluation**. The following table shows the main features of these two types of evaluation.

Table 2: Process and impact evaluation in relation to evaluating participation

Feature	Process evaluation	Impact evaluation
Definition	A systematic assessment of how well a participation activity or programme meets its objectives and target audience.	A systematic assessment of the outcomes, effects, and results (planned and unplanned) of the participation activity or programme.
Purpose	To better understand the components of the participation activity or programme.	To determine whether the participation activity or programme achieved the desired outcomes.
Key questions	What? <ul style="list-style-type: none"> - What was the planned activity? - What happened? - What were the gaps between the plan and the reality? - What worked well? - What were the problems? - What was learned? - What are recommendations for planning future participation activities? 	So what? <ul style="list-style-type: none"> - What were the outcomes or results from the participation activity or programme? - How do these results contribute to improved health services?

Based on Nabatchi (2012, p6)

In addition, evaluation is also defined in terms of when the main evaluation activities take place. This is known as formative and summative evaluation.

Formative evaluation is usually undertaken from the beginning of the project under review and is used to feed into the development of that project. Formative evaluation allows ongoing learning and adaptation in response to interim findings, rather than having to wait until the end of a project to discover something should have been done differently. A formative evaluation, then, would examine the progress of participation against the project objectives and identify unexpected barriers or outcomes as part of a continuous improvement cycle. The benefits of formative evaluation would include improving the participation process as the project progresses as well as receiving feedback from participants while it is fresh in their minds. It is also easier to collect data, so long as this is planned for. A potential downside is that sometimes a clear picture does not emerge on what is working well and what is not as the project is not complete.

Summative evaluation is usually undertaken at the end of the project under review and provides an overview of the entire process. Summative evaluations tend to focus on how successful an activity was and whether it met its objectives in terms of both process and outcomes. The advantages of summative evaluation are that it can stop people from repeating initiatives which have not been successful, and it can uncover information which supports people to build on projects or programmes which have been successful. A potential downside to summative evaluation is that too much time may have elapsed between the participation activities and the evaluation. This may make it difficult to contact participants for their views or those that are contacted may not recollect everything you need to know.

Evaluation questions

Evaluation essentially involves asking questions, and there are three key questions that evaluating participation will be concerned with:

What did we do?

- What were the objectives?
- What methods were used?
- How many people did we reach and how diverse a population were they?

How well did we do it? (process)

- Were the objectives met?
- What worked well and not so well?
- Were the methods and techniques appropriate?
- What could be improved?

What impact did it have? (outcomes)

- Did it achieve intended outcomes?
- What was the impact on services or people whether as patients, carers, communities of interest or geography, service users; or staff?

How you ask these questions will depend on the evaluation method that you decide is most appropriate. For example, there are different ways to ask the question – How well did we do it?

- you may use an **open question** during an interview or focus group and simply let the interviewee or group determine the feedback that they wish to give; or
- you may use a **rating scale** in a survey or questionnaire asking respondents to score particular aspects of their participation; or
- you may use **pictures and/or symbols** as a tool to facilitate communication and gain insights into particular aspects of participation.

Different methods for evaluation are explored in a later section (p130).

Evaluation stages

There are three key stages to most evaluation projects:

1. **Developing an evaluation framework and data collection tools** – this is the evaluation planning stage and is the key to a good evaluation. Evaluation frameworks are discussed in more detail in the next section.
2. **Collecting and analysing data** – this is the practical stage of ‘doing’ the evaluation. A range of evaluation methods are highlighted in this section and the Toolkit includes some useful templates that can be adapted to suit your purpose.
3. **Reporting, sharing and responding to results** – this is the final stage where findings can be shared or fed back to stakeholders and where there is high potential for learning.

These three broad stages are explained in more detail in Nabatchi (p128) and are summarised in Table 3.

The **scale and scope** of these evaluation activities will vary according to the scale and scope of the participation under review, and should reflect the purpose, audience, scale and significance of the participation activity⁵. This can range from a simple feedback form with a few questions to a longer evaluation process using a multi-method approach. As a rule of thumb, an evaluation should take no more than around 5-10% of project resources in terms of time or budget. The World Health Organisation (WHO) advises 10% of project should be devoted to evaluation⁶.

⁵The Queensland Government Department of Communities, 2011, Engaging Queenslanders – Evaluating community engagement

⁶ WHO EUROPE. 1997. Health Promotion Evaluation: Recommendations to Policymakers. Copenhagen: WHO Regional Office for Europe

Table 3: Evaluation stages - important things to think about

Stage 1: Developing an evaluation framework and data collection tools	
Pre-Design Planning and Preparation: <ul style="list-style-type: none"> - Determine goals and objectives for the evaluation - Decide about issues of timing and expense - Select an evaluator(s) - Identify the audience(s) for the evaluation 	<p>Planning is the key to a good evaluation. Planning the goals and objectives for the evaluation should relate to the participation project or action that is the focus for the evaluation. This is also where it is important to set the boundary of the evaluation including overall time scale and budget. Decisions made at the start of the evaluation will guide future decisions about what data to collect, how best to collect it, and will also determine how best to report on the results. Also have a look at the section below on who should conduct the evaluation.</p>
Evaluation Design: <ul style="list-style-type: none"> - Determine focus of the evaluation in light of overall program design and operation - Develop appropriate questions and measurable performance indicators based on program goals and objectives - Determine the appropriate evaluation design strategy - Determine how to collect data based on needs/availability 	<p>A second level of planning involves designing the evaluation in a way that generates the desired and necessary information, but is also consistent with financial and time constraints of the project. Designing an evaluation strategy means deciding the type of data you want to generate: quantitative, qualitative or a mix of each, and the approach you will use to collect it. For example, questionnaires are good for generating quantitative information whereas focus groups are more likely to generate rich qualitative information. Planning the questions that you will use to gather this information becomes a priority. In the Toolkit section you will find a questions bank and sample survey template. Once you have designed your evaluation tools and questions try them out on a few people to check that the questions are clear and that they mean what you want them to mean.</p>
Stage 2: Collecting and analysing data	
Evaluation Implementation: <ul style="list-style-type: none"> - Take steps necessary to collect high-quality data - Conduct data entry or otherwise store data for analysis 	<p>This is the 'doing' stage of the evaluation. Data should be collected systematically using the methods identified during the planning stage. It is important to be aware of the type of data that you are likely to generate and to think ahead about how you are going to record and store the data. Most often evaluations generate huge amounts of data, so planning at the start will help ensure that what you collect is relevant and useful. This is also the stage where you need to pay attention to ethical issues – see section below.</p>
Data Analysis and Interpretation: <ul style="list-style-type: none"> - Conduct analysis of data and interpret results in a way that is appropriate for the overall evaluation design 	<p>This is the exciting stage of an evaluation where you get to make sense of what the results show. It can also be a tricky stage as different people will 'see' different meanings in the results depending on their perspective. It is a good idea to get different views on the data to check that there is a balanced summary. For example: involve a reference or steering group;</p>

	ask a range of different people to proof the results for meaning and interpretation; and/or involve a group of participants as co-researchers. These measures will add strength and authenticity to your findings.
Stage 3: Reporting, sharing and responding to results	
Writing and Distributing Results: <ul style="list-style-type: none"> - Decide what results need to be communicated - Determine best methods for communicating results - Prepare results in appropriate format - Disseminate results 	It is good practice to write up an evaluation project in full so that others can see the robustness behind your results. For sharing your results you should think about the different stakeholders and their needs and interests – you may need to produce a number of different versions of your results for these different audiences, such as shorter executive summaries or holding community events for stakeholders.

Based on Nabatchi (2012) Who should conduct the evaluation?

There are three options available for deciding who should conduct an evaluation. Deciding which option will depend on a number of factors including: the purpose of the evaluation, the resources available (including financial, personnel, skills and expertise), the time available and scope of the project.

Internal evaluations involve people from within an organisation or participation project which may include staff or other stakeholders such as lay personnel or project participants themselves. The evaluation may involve a single staff member or a small evaluation team is formed. Either way it is important to clarify the remit for the internal evaluator.

External evaluations are conducted from outside of the organisation or participation project and may include, for example, a specialist evaluation organisation or research consultancy. Here the remit and responsibility is defined in an evaluation project brief and most often a tender process is used to enable a good match between an external evaluator and the specific evaluation project. In this option there is still a need for an internal contact to project manage the evaluation project and to ensure that good connections are maintained between the external evaluator and the project. Evaluation Support Scotland⁷ provides further guidance on choosing an external evaluator.

A combination or internal/external evaluation approach involves an external evaluation expert working with staff and/or an internal evaluation team to develop an evaluation framework and evaluation materials and/or to collect data. The external evaluator may be contracted to this role or may be involved as a peer-reviewer, from another part of the organisation, to professionally support the project. This collaborative approach is likely to have the added benefit of developing internal evaluation skills and expertise or capacity building. The evaluation process is most often guided by a steering or reference group.

⁷ Evaluation Support Scotland <http://www.evaluationsupportscotland.org.uk/resources/using-external-consultants/>

Table 4: Advantages and disadvantages of different evaluation approaches

Evaluation approach	Advantages	Disadvantages
Internal evaluation is more appropriate for: <ul style="list-style-type: none"> - formative evaluation - small-scale activities - self evaluation 	May increase: <ul style="list-style-type: none"> + willingness to participate + usefulness and uptake of evaluation results + opportunities for learning 	<ul style="list-style-type: none"> - May be biased by the evaluator's experiences with the activity or desire to demonstrate certain results - Staff may lack the relevant evaluation and research skills
External evaluation is more appropriate: <ul style="list-style-type: none"> - for larger-scale activities - if there is a significant evaluation research component - where evaluation skills are lacking internally 	May: <ul style="list-style-type: none"> + bring in more relevant research expertise + provide a more objective evaluation + improve the credibility of the results 	<ul style="list-style-type: none"> - More expensive - Less control over process - External evaluators may not properly understand the context of the program or the needs of the audience

Based on Engaging Queenslanders – Evaluating community engagement (2011)

Different evaluation methods

Deciding which evaluation method to use is very important and somewhat confusing given the range of choices available. Generally evaluation involves a combination of **quantitative** and **qualitative** techniques or methods. Individual methods can also combine quantitative and qualitative such as questionnaires where free text questions can complement multiple choice questions and/or rating scales. In addition, **participative** methods provide alternative ways to engage with participants and are particularly relevant for evaluating participation and the inclusion of a wide range of participants.

The evaluation method(s) that you choose will depend on a number of factors: the evaluation purpose, the scale of the evaluation, the time frame available, and the resources available. Below are descriptions of the pros and cons of different evaluation methods. This is not an exhaustive list as there are many more options available. For example many of the tools highlighted in the Scottish Health Council's Participation Toolkit can also be used for evaluation.

Quantitative methods collect data that is expressed and analysed in the form of numbers. It involves collecting numbers and statistical analysis and is about measurement and judgement. Examples of quantitative methods are surveys and questionnaires.

Table 5: Example quantitative evaluation method

Evaluation method	Pros and cons
Surveys are used to gather views and comments from a sample of local people or service users on a range of issues. You can use surveys to find out what people think about a particular service, including proposed changes, and how services can be improved. A questionnaire-based survey can be used in a variety of formats, for example postal, online, face-to-face and telephone interviews.	<ul style="list-style-type: none"> + Information can be collected from a large group of people + A representative sample of the population may be reached + All respondents are asked the same questions + Postal and online questionnaires can be completed in peoples' own time
	<ul style="list-style-type: none"> - Using postal or online questionnaire, there is no opportunity to clarify what a question means - Postal or online questionnaires usually have a low response rate - There is a risk of excluding people with language and literacy issues

Based on Scottish Health Council Participation Toolkit (March 2012)

Qualitative methods collect data that is expressed and analysed in the form of words. It involves gathering data from what people say and feel, and what is observed and deduced, and provides for description and interpretation. Examples of qualitative methods are interviews and focus groups.

Table 6: Example qualitative evaluation method

Evaluation method	Pros and cons
Focus groups are, essentially, interviews, but involving six to ten people at the same time. Focus groups can help you discover what people really think and feel about any aspect of what you do, generate ideas for new services and help you gauge reactions to any planned changes in services. They are perfect for helping you provide equitable services because they can reveal the diversity and range of views among your client groups, help to find what 'seldom heard' groups think and give a voice to people who don't usually participate or get heard.	<ul style="list-style-type: none"> + This is an efficient way of obtaining a great deal of information + Participants can explore ideas and views in depth + Groups whose views are not normally heard can be targeted + The interaction between the group can lead to interesting themes emerging
	<ul style="list-style-type: none"> - Participants may feel that they need either to conform to the wider group view or to give positive comments to staff if they are present - There should also be a one-to-one option for people who do not wish to speak in front of the whole group

Based on Scottish Health Council Participation Toolkit (March 2012)

Participative methods also gather qualitative data but do so in ways that enable participants to express their views more freely and are more inclusive. For example, if there are problems with language and communication. Examples of participatory methods are World Café and Talking Mats.

Table 7: Example participatory evaluation method

Evaluation method	Pros and cons
World Café is about making conversations work. It promotes discussion and helps to generate ideas and solutions on challenging issues. Can be used as a stand-alone event or as part of a larger conference. Using World Café encourages people to converse in small groups. It allows people to speak or simply to listen. The conversations of several groups are linked and this helps to identify common themes and bring about new insights.	+ The tool works best with a mix of people bringing different ideas and experiences + This tool is a good way to bring people from different backgrounds together to think about a complex issue and to find imaginative ways forward + Well facilitated, this makes work fun
	- Facilitators need to be experienced - If feedback is not analysed immediately after the event, you will risk losing some of the emerging themes and imaginative solutions

Based on Scottish Health Council Participation Toolkit (March 2012)

Ethical considerations

Most evaluations do not require ethical approval from an ethics committee, but if you are unsure then it is worth checking this with local NHS Boards. Even if you do not require formal ethics approval it is important to remember that if you are conducting work with patients, staff and/or the public then an ethical approach is good evaluation practice. Here are some specific areas that you will need to address in any evaluation. Further information can be found in the Scottish Health Council Participation Toolkit⁸ and an ethical checklist has also been included in the Toolkit section.

Confidentiality – the identity of participants should be protected at all times. There are a number of techniques used to achieve this for example: allocating a pseudonym to a case study; using general terms to reflect collective comments such as: community participants' comments. However, confidentiality needs careful consideration especially in small evaluation projects where the identity of individuals is much harder to protect.

Informed consent – participants in evaluation projects should feel that they are contributing freely and that they can change their mind at any time. This is generally achieved through 'informed consent'. It is the responsibility of the evaluation project to provide clear information about what's involved and what will be required of participants. For example, a project information sheet should explain the amount of

⁸ See page 17

time involved, the timetable of the evaluation, and how participant comments will be used. In some evaluation projects participants may be asked for signed consent. For example, if there is observation or any video recording.

Data protection – Evaluations are generally concerned with collecting the what, how and why type of information with less need for knowing who said what. Nevertheless, it is a legal requirement that any personal data collected is kept securely and evaluation projects need to work within the requirements of the Data Protection Act 1998 and any procedures set locally by individual NHS Boards. A general rule of thumb is to only collect personal information where it is essential to evaluation purposes.

Feedback to participants at the end is generally considered good practice and may encourage them to participate in future evaluations.

Using evaluation findings to drive improvement

A final and important consideration for an evaluation is how the findings are used to learn and improve practice. Evaluation does not end with the completion of a report, but provides a link to designing future participation activities. Follow-up activities include:

- **Sharing and disseminating** the results with key stakeholders, for example through an event, or further consultation to test out implementation plans. It is important to inform those most affected by changes as a result of the participation activity.
- **Holding a review meeting** to identify a future action plan – it is important to review the findings at different levels to generate positive support for future change, include for example policy and decision makers, managers and staff, local stakeholders and the public as appropriate.
- **Creating an implementation plan** to ensure that learning and results are acted upon.

A template for helping you to plan the use of evaluation findings is included in the Toolkit.

Summary

At the end of this section you should have a general awareness and understanding of some essential (and generic) aspects of evaluation including:

- knowing some key evaluation terminology
- better understanding of evaluation and evaluation questions
- awareness of the stages of an evaluation and who should conduct it
- knowing a range of evaluation methods, and
- awareness of ethical issues that evaluating participation raises.

Section 3: Evaluation Frameworks and Logic Models

This section builds on the previous sections. It introduces logic models and how evaluation forms an integral part of this approach to planning and evaluation. The section also highlights two existing models that are relevant to community engagement and participation.

Logic models

Logic models are becoming increasingly recognised as a useful way to map out and relate programme inputs and activities with desired outcomes and impact. Programme logic can be defined as ‘a description about how a programme is meant to work characterised by ‘if, then’ connections between inputs, activities and outcomes’⁹. In this context, evaluation is a key tool for assessing these connections and for planning the collection of good evaluation data. Logic models have a number of benefits:

- They recognise that achieving outcomes is likely to cover longer time spans – short, medium and long term.
- Evaluation can be more focused in line with these different time spans.
- Each element of the model gives rise to evaluation questions both process and outcome questions.
- The model provides a map to review the process, activities and outcomes based on what happens in reality and what is learned through evaluation.

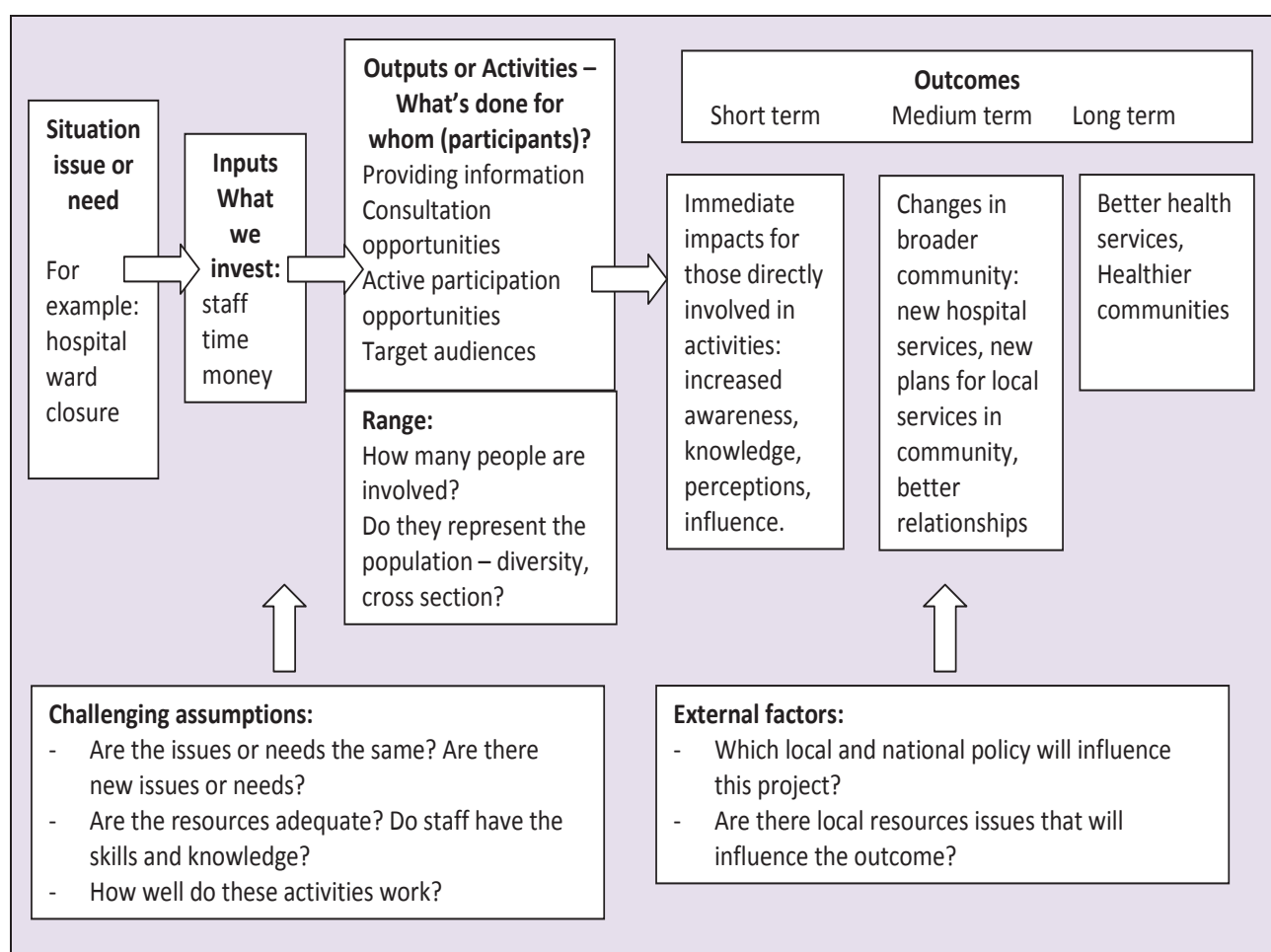
It is a good idea to see a logic model as a work in progress and not spend too long trying to get it ‘right’. The discussions that contributed to its production will be valuable in creating greater ownership and understanding about what is going on. It is more important to be getting on with the activity, but what you do have is a map or reference point to go back to for checking progress and for making adjustments. Another important aspect to be aware of is that the logic model presents a linear sequence, whereas planning and evaluation processes tend to be cyclical. You may need to be flexible and move around between the different elements as your project develops, for example to re-plan participation activities if you find that they are competing with another community consultation.

Logic models also highlight factors that influence how or if the desired change or outcomes are achieved: the **assumptions** that we make about the effectiveness of activities or interventions, and the **external factors** that operate outside the scope of the project yet may determine its outcome such as local and national government policy. Evaluation as part of the logic model design creates the opportunity to question these assumptions: does this activity work? And if not what would be a better approach? And to uncover the external factors influencing the success of a project: Are there local policy changes that will affect the outcome of this project?

⁹ The Queensland Government Department of Communities, 2011, Engaging Queenslanders – Evaluating community engagement, p10

Table 8 shows how these different elements are connected in a simple logic model for a participatory programme.

Table 8: Simple logic model for a participation programme



Based on Engaging Queenslanders – Evaluating Community Engagement (2011)

Using the logic model to develop an evaluation plan

A logic model creates a causal roadmap or a pathway for a participation activity or programme. An evaluation plan can now be designed in relation to the different elements of the model. Here is a generic evaluation plan related to the logic model above. Note it draws on some of the evaluation essentials already highlighted in this Guide.

What are the desired outcomes of the participation activity or programme?

- Increased public awareness and knowledge of hospital ward closure (short term)
- Increased opportunities for public input and involvement (short term)
- Improved relationships between public and health services (medium term)
- Improved public feelings and perceptions of influencing local changes that affect them (medium term)
- Better local health services (long term)

What is the evaluation purpose?

- To determine whether the participation activity or programme achieved the desired outcomes.
- To better understand the components of the participation activity or programme.

Table 9: What are the evaluation questions?

Situation questions:	<ul style="list-style-type: none">- Is our analysis of the situation, issue or need correct?- Has it changed?- What are the external influencing factors?
Inputs question:	<ul style="list-style-type: none">- Are resources available and being used as planned?
Activities questions:	<ul style="list-style-type: none">- Are we doing what we said we would do?- What are the gaps between the plan and the reality?- What worked well?- What could be improved?- What was learned about the activities?- What assumptions should be reviewed?- What are recommendations for planning future participation activities?
Participants questions:	<ul style="list-style-type: none">- Are we reaching the right people?- What factors are affecting take up?
Outcomes questions:	<ul style="list-style-type: none">- What difference are we making?- What were the outcomes or results from the participation activity or programme?- How do these results contribute to improved health services?- What external factors have helped or limited this activity?

This starting point for an evaluation plan can now be developed in terms of deciding which evaluation method to use; who should conduct the evaluation and any ethical issues that need to be considered. A checklist for evaluating participation has been included in the toolkit to help take you through the evaluation essentials relating to your participation activity or project.

Other relevant evaluation models – LEAP and VOiCE

There are a number of evaluation models that you may have come across, which provide a framework for guiding your evaluation projects. They all use a consistent evaluation terminology as previously described in this Guide, and they tend to relate evaluation to specific contexts. Two frameworks that are commonly used in community development settings are: Learning Evaluation and Planning or LEAP and Visioning Outcomes in Community Engagement or VOiCE.

LEAP¹⁰ is a planning and evaluation framework for community development. It does not specifically focus on participation but is a useful tool to design and evaluate outcomes and is a type of logic model. The LEAP planning and evaluation cycle is based on seven simple but important questions. Note how similar they are to the questions above.

¹⁰ LEAP www.scdc.org.uk/what/LEAP/planning-evaluation-cycle/

1. What is the need we are trying to address?
2. What specifically needs to change?
3. How will we know if change has taken place?
4. What will we actually do?
5. How will we make sure we're doing it as planned?
6. How successful have we been and what have we learned?
7. What now needs to change?

The LEAP process is well supported through website resources and there is also an online tool that enables organisations to access LEAP for their own evaluation projects. Organisations can register for this tool which then enables them to enter data, track progress and produce reports. More information about the LEAP tool can be found at: www.planandevaluate.com

VOiCE¹¹ is based on the National Standards for Community Engagement. Evaluation questions use the national standards format in the VOICE tool to apply the Standards against practice. The National Standards provide a useful framework for developing participation and community engagement practice. The evaluation questions below are particularly relevant for reviewing the participation activity or programme.

Table 10: National Standards for Community Engagement in relation to evaluation

National Standards for Community Engagement	Evaluation question
The Involvement Standard	Did we identify and involve the people and organisations with an interest in the focus of the engagement?
The Support Standard	Did we identify and overcome any barriers to involvement?
The Planning Standard	Did we gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken?
The Methods Standard	Did we agree and use methods of engagement that are fit for purpose?
The Working Together Standard	Did we agree and use clear procedures to enable the participants to work with one another efficiently and effectively?
The Sharing Information Standard	Did we ensure necessary information is communicated between the participants?
The Working with Others Standard	Did we work effectively with others with an interest in the engagement?
The Improvement Standard	Did we develop actively the skills, knowledge and confidence of all the participants?
The Feedback Standard	Did we feedback the results of the engagement to the wider community and agencies affected?

¹¹ More information on VOICE can be found at www.scdc.org.uk/what/voice/

National Standards for Community Engagement	Evaluation question
The Monitoring and Evaluation Standard	Did we monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement?
Outcomes meaning the outcomes for the engagement process set at the start of planning the engagement	Were these achieved? Do you think the engagement influenced the design? What could be improved and how could the learning be shared?

Summary

This section has introduced some wider models of planning and evaluation that are in common use and are relevant to community engagement and participation in the health and social care sectors. These models combine the evaluation essentials that were discussed in Section 2 in slightly different ways, which underlines the need for would-be evaluators to be:

- a) confident in their understanding of the evaluation essentials, and
- b) flexible and imaginative in how they apply these in appropriate ways to their own particular evaluation project(s).

The references listed below provide further and more detailed information about evaluating participation. The Toolkit section provides some reference checklists and example templates which can be used to guide evaluation planning.

We hope that you have found this Evaluating Participation Guide useful and feel inspired to develop your skills and knowledge further in designing your own evaluation projects.

We welcome any feedback or suggestions that you may have about this publication. Please contact gary.mcgrow@scottishhealthcouncil.org

Scottish Health Council, 2013

Key References and Further Reading

- **A Manager's Guide to Evaluating Citizen Participation**, IBM Centre for the Business of Government, Tina Nabatchi, 2012.
<http://www.businessofgovernment.org/report/manager%E2%80%99s-guide-evaluating-citizen-participation>

This is a practical guide for programme managers who want to assess whether their efforts to increase citizen participation in their programmes are making a difference. The report is full of practical information and guidance for implementing an evaluation project including a detailed step by step guide. In particular, the guide highlights how effective evaluation can 'enable managers and agencies to improve public participation programs and ensure that they are useful, cost-effective, ethical, and beneficial' (Nabatchi).

- **The Queensland Government Department of Communities, Engaging Queenslanders – Evaluating community engagement, 2011**
www.qld.gov.au/web/community-engagement/guides-factsheets/evaluating/

Developed by the Queensland Government, provides guidance on developing a framework for evaluation, designing data collection tools, interpreting the data and ensuring that evaluation outcomes influence future decision-making. The section on developing an evaluation framework is particularly valuable including key elements of an evaluation framework and how to develop a programme logic model. There is a very useful glossary of evaluation and community engagement terms.

- **Evaluation Support Scotland** <http://www.evaluationsupportscotland.org.uk/>

Evaluation Support Scotland (ESS) works with voluntary organisations and funders so that they can measure and report on their impact. Their aim is to make evaluation valuable, relevant and proportionate. The website is full of useful evaluation guides and information including: how to set, measure and report on outcomes; how to appoint an external evaluator; and also has a database of external evaluators.

- **Jargon Buster** <http://www.jargonbusters.org.uk/>

The Jargon Buster website, produced by an informal partnership of funders, government departments, regulatory bodies and voluntary sector organisations with the explicit purpose to demystify evaluation, is a useful reference tool. There is an alphabetical summary of evaluation terms which includes both short and expanded definitions. This is a valuable resource for promoting a common language and understanding of evaluation.

- **Learning Evaluation and Planning (LEAP)**
www.scdc.org.uk/what/LEAP/planning-evaluation-cycle/

LEAP is an evaluation framework for community development. This does not specifically focus on participation but is a useful tool to design and evaluate outcomes.

- **Making a Difference: a guide to evaluating public participation in central government** www.involve.org.uk/making-a-difference

This guide highlights how evaluation is complementary to public participation and engagement. There is a full account of how and when to plan and implement an evaluation emphasising the need to build evaluation into public participation projects from the outset. Principles of good practice in public participation and public engagement provide a helpful framework for planning participation projects and there is also a glossary of common terms used in public engagement.

- **Scottish Health Council Participation Toolkit**
www.scottishhealthcouncil.org/toolkit.aspx

The Participation Toolkit provides a framework for health projects and organisations to guide and plan public involvement and participation activities. The toolkit is full of practical methods to use as part of a participation activity or programme. There is a small section on evaluating participation which provides a useful link to the Evaluating Participation Guide.

- **Visioning Outcomes in Community Engagement (VOiCE)**
www.scdc.org.uk/what/voice

The VOiCE website is based on the National Standards for Community Engagement.

Evaluating Participation – Toolkit

Includes:

- A checklist for evaluating participation
- Evaluation Question Bank
- Scottish Health Council Ethics Checklist
- Using Evaluation Findings to Drive Improvement – ReviewTemplate
- Example 1 Participation Event Evaluation Template
- Example 2 Event Evaluation Template – focussed on process
- Example 3 Logic Model Template

A Checklist for Evaluating Participation

The following checklist is based on the information provided in this Guide. Use it to plan your own evaluation project and to track progress.

Evaluation task	Your evaluation project	✓
Stage 1: Developing an evaluation framework and data collection tools		
What are the goals and outcomes of the participation activity? What are the success indicators for these outcomes? What is the purpose and objectives for the evaluation? What are the key questions? What methods will you use to collect data? Who is the audience(s) for the evaluation? Who are the key stakeholders? How will they be involved in the evaluation? What is the timetable? What is the budget? Who will conduct the evaluation? How will the evaluation be project managed? Have you addressed any ethical issues?		
Stage 2: Collecting and analysing data		
Have you prepared and tested your evaluation methods? Have you planned for the data collecting methods e.g. focus group event, survey distribution, participatory session? How will you record and store your data? How will you analyse your data and interpret results in a way that is appropriate for the overall evaluation design? Who will be involved?		
Stage 3: Reporting, sharing and responding to results		
How will you communicate the results and to whom? Have you produced a competent report and summary? Have you arranged a dissemination event or discussion to explore the findings? What will you do with the results? How will they influence change?		

Evaluation Question Bank

Choose questions from the question bank to develop your own interviews, focus groups, questionnaires, surveys etc. Each group of questions are grouped under different topics. If using quantitative questions then you may need to think of an appropriate Likert scale. Standard practice tends to be to use a five-point Likert scale, with two positive, two negative and one neutral option.

Process questions:

- Was the process fair?
- Did people feel as though they could be heard?
- Was the process properly run?
- What were the goals of the process? Were they achieved?
- Did the process meet the individual's expectations?
- What was the satisfaction of participants (before and after the event)?
- Was there appropriate information provided? (was it timely, accessible and easy to understand?)
- How were the issues framed?
- What types of issues were discussed?
- What was the planned activity? What happened?
- What were the gaps between the plan and the reality?
- What worked well?
- What could be improved?
- What was learned?
- What are recommendations for planning future participation activities?

Impact questions:

- What were the participant's motivations for coming to the program?
- Did participants change their attitudes?
- Did participants learn anything?
- Did participants understand the goals of the activity?
- Were relevant actors missing?
- How much did the participant's attitudes shift before and after the program?
- Did participants believe the activity was worthwhile?
- What was the impact on: services; patients involved; patients receiving services; and staff?

Outcome questions:

- What were the outcomes or results from the participation activity or programme?
- How do these results contribute to improved health services?
- Were there any unforeseen consequences that were a direct result of the participation (i.e. groups being formed, palpable civic action etc)?
- Did the participation process affect a policy decision?
- How was the information generated by the participation process used by policy makers?
- Did participants end up attending other, similar participation activities?

Participant profile:

- What was participants' previous experience in civic engagement (first time participants)?
- How many participation processes has the individual attended?
- What was the demographic characteristics of participants?
- How many participants?
- Are we reaching the right people?
- What factors are affecting take up?

Satisfaction questions: (based on Nabatchi see ref p121)

Satisfaction with the **process**:

- How satisfied are you with the fairness of the participatory process?
- How satisfied are you with your opportunity to participate in the process?
- How satisfied are you with the issues addressed in the process?
- How satisfied are you with the diversity of people in the process?
- How satisfied are you with the diversity of views and opinions in the process?

Satisfaction with the **outcomes**:

- How satisfied are you with the fairness of the outcomes?
- How satisfied are you with your level of input on the outcomes?
- How satisfied are you with your level of influence over the outcomes?
- How satisfied are you with the degree to which the outcomes represent broader community interests?

Satisfaction with the **facilitator/s**:

- How satisfied are you with the performance of the facilitator?
- How satisfied are you with the neutrality [objectivity] of the facilitator?
- How satisfied are you with the fairness of the facilitator?
- How satisfied are you with the way you were treated by the facilitator?
- How satisfied are you with the way others were treated by the facilitator?

Satisfaction with the **information** provided:

- How satisfied are you with the information you were provided about the process?
- How satisfied are you with the degree to which the provided information helped you understand the process?
- How satisfied are you with the degree to which the provided information prepared you to participate effectively in the process?
- How satisfied are you with the degree to which the provided information prepared others to participate effectively in the process?

Satisfaction with the **discussions**:

- How satisfied are you with the quality of the discussions?
- How satisfied are you with the civility of the discussions?
- How satisfied are you with the way you were treated during the discussions?
- How satisfied are you with the degree to which people were respectful of differing viewpoints?
- How satisfied are you with the degree to which the discussions were open, honest, and understandable?

Scottish Health Council Ethics Checklist¹²

			Details
1	Have you ensured that this work has not been done before?	yes/no/NA	
	Have patient, carer, members of the public or staff been involved in the design/development of the project?	yes/no/NA	
	Will you ensure that potential recruits are not currently involved in any other surveys or Patient Focus and Public Involvement work?	yes/no/NA	
2	Are there any expected benefits to participants?	yes/no/NA	
	Have any potential hazards been minimized? Including unwitting disclosure of medical condition or personal circumstance	yes/no/NA	
3	Will participants be assured that participation is voluntary and that they can refuse or withdraw at any time?	yes/no/NA	
4	Have you ensured that no participant is excluded on the grounds of sexual orientation, age, gender, religious belief, ethnic group or disability?	yes/no/NA	
5	Will potential participants receive verbal or written information about the project?	yes/no/NA	
	Will information be provided in languages other than English?	yes/no/NA	
	Will information be provided in formats other than standard type (e.g. Braille, large font) if requested?	yes/no/NA	
	Will informed consent be obtained - either verbal/written?	yes/no/NA	
6	Will participants be reimbursed for any expenses incurred?	yes/no/NA	
7	Will you ensure that all identifying data is removed and that all records (paper and computer) are anonymised	yes/no/NA	
	Will data be kept in accordance with the Data Protection Act (1998)?	yes/no/NA	
8	Is there an intention to publish or disseminate this work?	yes/no/NA	
	Will participants receive feedback?	yes/no/NA	
	Will results be presented in a way that does not identify individuals?	yes/no/NA	
9	Will any reports/feedback include recommendations for improvement?	yes/no/NA	
	Will the outcomes be monitored and evaluated?	yes/no/NA	

¹² This checklist was developed by Dr Fiona Wardell, Healthcare Improvement Scotland

Using evaluation findings to drive improvement – Review Template

An evaluation review can be carried out by the person responsible for the overall evaluation project, but is most effective when it involves a mix of people connected to the evaluation, for example: the evaluation team, managers and staff from related services, and local people. The aim of an evaluation review is to ensure that learning points and actions are identified and implemented or taken forward appropriately.

Use the following template to plan, check and/or audit actions from evaluation findings.

Tip – it is a good idea to ask participants at the review to rate their perception of the overall effectiveness of the participation activity – marks out of 10 (10 = highly effective). This provides an overall sense of whether the group are reviewing a successful project (or otherwise), and will reflect the range of different views.

Review meeting

Key questions	Summary of responses
What did we do? - What were the objectives? - What methods were used? - How many people did we reach? - How diverse a population were they?	
How well did we do it? (process) - Were the objectives met? - What worked well and not so well? - Were the methods and techniques appropriate? - What could be improved?	
What impact did it have? (outcomes) - Did it achieve intended outcomes? - What was the impact on: services; patients involved; patients receiving services; and staff?	
What actions and/or changes would drive improvements? - In local services? - For future participation activities?	

Implementation plan

What actions and/or changes will be taken forward from the participation activities?	Who is responsible for these actions?	By when?

Example 1: Participation Event Evaluation Template

Title of participation event:

Introductory information:

The XXXX would like to find out about your involvement in XXXX. You do not have to participate if you do not wish to. No personal data that identifies you will be published and the views you express will remain anonymous. Any data that does identify you will not be shared outside the project without your consent.

Please take a few minutes to complete this questionnaire.

1 Which participation event did you attend?

XXXX ☐ XXXX ☐

2 How well do you feel you understood the following aspects of the event?

	Fully understood	Partially understood	Didn't understand	Not sure
Background of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How options or decisions were reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there was anything you didn't understand, what could have been done to help you improve your understanding?

3 Were you provided with the support you needed to participate effectively?

	Yes	No	Not applicable
Before the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, then what could be done better next time?

4 How much of an influence do you feel you had over the following aspects of the event?

	A strong influence	Some influence	No influence	Unsure
Development of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weighting and ranking of XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scoring XXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us why you feel this way?

5 Did you feel that your views were listened to during the event?

Yes

No

Not Sure

☐
☐
☐

Please tell us why you feel this way?

6 Were you made aware of how and when you will receive feedback from the event?

Yes ☐

No ☐

If yes, were you satisfied with the project's approach?

7 Please indicate below, your role in relation to the event:

Parent or Carer

Voluntary or Support Group

Public Partnership Forum

Staff Member

Other (please specify)

☐
☐
☐
☐

8 Please let us know if you have any other comments or suggestions on the event?

9 If you would like to receive feedback on the progress of XXXX then please provide your contact details below.

Example 2: Event Evaluation Template – Focused on process

Please take a few minutes to complete this questionnaire. This will help us to improve the way we do things in future.

1 Overall, how would you rate this event?

Very Good	Good	Average	Poor	Very Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 How would you rate this event on the following aspects?

	Very Good	Good	Average	Poor	Very Poor
Overall topic/agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakers/presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Did this event meet your expectations?

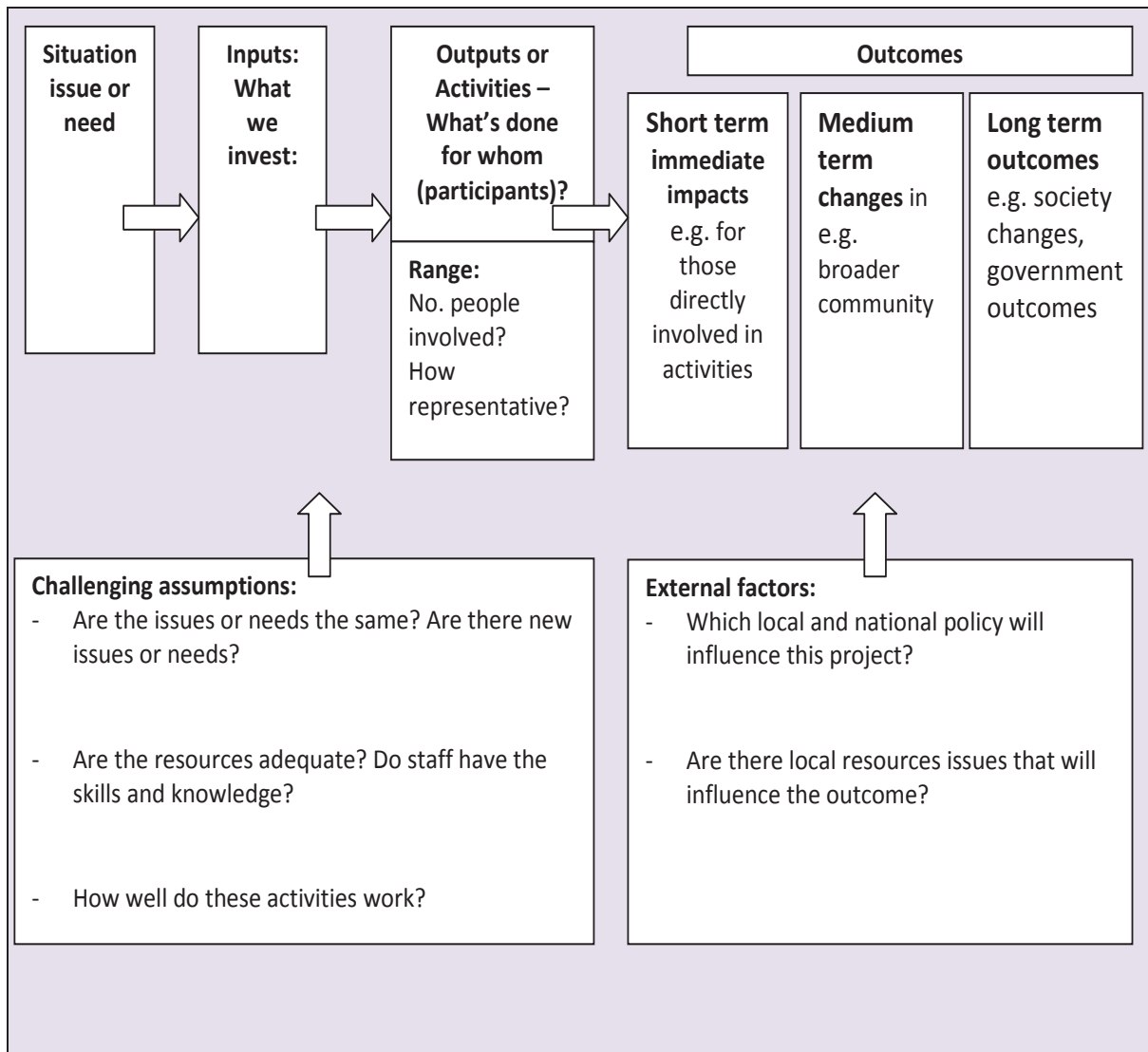
Yes ☐ No ☐

Why do you say this?

4 What did you value most about this event?

5 How could this event have been improved in any way?

Example 3: Logic Model Template



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www.scottishhealthcouncil.org

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Introduction and context

This Toolkit provides examples of how online technology is being used to involve people both in their own care and when designing and delivering local health and care services. A companion to the *Participation Toolkit*¹, which describes how people can be involved through activities in the real world, this Toolkit is designed to complement rather than replace more traditional methods of engaging.

National policies on participation

There has been a focus in recent years on putting people at the heart of the NHS and on maximising opportunities for service user and community engagement, feedback and peer support through initiatives and legislation, including:

- the NHSScotland Healthcare Quality Strategy²
- the Patient Rights (Scotland) Act 2011³, and
- the Public Bodies (Joint Working) (Scotland) Bill⁴ and forthcoming Community Empowerment (Scotland) Bill⁵.

These policies help people to become more active partners in their own care, support self management by providing high-quality information and peer support and ensure that feedback from users drives improvement in service delivery and care.

Digital Scotland

The Scottish Government's Digital Scotland⁶ programme aims to make Scotland a world leading digital nation by 2020 through creating a robust digital infrastructure that enables people to connect anytime and anywhere, educating people to become confident and capable users of technology and supporting the public sector and private business to make the most effective use of technology to deliver their services.

Person-centred eHealth

The eHealth Strategy 2011-17⁷ supports the Healthcare Quality Strategy's ambitions for safe, effective and person-centred care. Through the co-ordinated use of information and technology by the NHS in Scotland, it aims to improve the quality of patient care, including making it easier for people to communicate with the NHS, manage their own health, and become "active participants" in their care.

¹ Scottish Health Council, 2014 www.scottishhealthcouncil.org/toolkit.aspx

² Scottish Government, 2010 <http://bit.ly/Quality-strategy>

³ <http://bit.ly/patient-rights>

⁴ www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration

⁵ www.scotland.gov.uk/Topics/People/engage

⁶ www.scotlandsdigitalfuture.org

⁷ www.ehealth.scot.nhs.uk

In support of this eHealth Strategy, the Scottish Government's Person-centred eHealth Strategy and Delivery Plan⁸ sets out five priority areas of activity:

1. **Improving information** and providing opportunities for patients to give **feedback** – through improvements to websites, advice linked to electronic records, text messaging, social media and web applications (apps).
2. **One-way communication** (from the NHS and the person) – using a combination of email, text messaging and postings via patient portals.
3. **Two-way communication** (to and from the NHS to the person) – using patient portals, home monitoring devices (telecare and telehealth) and e-consultation.
4. **Carrying out transactions** – such as managing appointments and requesting repeat prescriptions through the implementation of the patient portals that are offered as part of the two GP Information Technology systems now in use in NHSScotland.
5. **Peer support** – providing ways that people can communicate and support each other through greater use of web forums, social media and improved access to information.

NHS Boards and social media

The Scottish Health Council⁹ reviewed NHS Boards' use of social media for participation¹⁰, noting that there have been encouraging developments in the use of e-participation in recent years – but that this is not uniform across Scotland. We advocate an equitable approach, where people's opportunities to engage with the NHS using e-participation are the same wherever they live.

We also produced guidance¹¹ on how social media could be used to support the duty on NHS Boards to inform, engage and consult the public during programmes of major service change. This Toolkit builds on that guidance and aims to widen its applicability to all public involvement contexts.

⁸ www.ehealth.scot.nhs.uk/wp-content/documents/personCentredStrategy.pdf p2

⁹ www.scottishhealthcouncil.org/e-participation.aspx

¹⁰ *Social media and e-participation in NHSScotland*, Scottish Health Council 2013

¹¹ *Using Social Media to Inform, Engage and Consult People in Developing Health and Community Care Services*, Scottish Health Council 2013

What is e-participation?



e-Participation refers to the ability to engage with patients, carers and communities using online technology or social media. It involves “the people formerly known as the audience”¹² as active co-participants, and represents a shift away from *broadcasting* towards *conversation*.

e-Participation describes a range of web-based tools used to share information, promote discussion and build relationships. These tools enable people to create and share content, including text, images and videos, and connect directly with others. In this toolkit we use the term to include:

- blogs and microblogs (e.g. [WordPress](#) and [Twitter](#))
- social networking sites (e.g. [Facebook](#) and [LinkedIn](#))
- content communities (e.g. [YouTube](#) and [Flickr](#))
- collaborative projects (e.g. [Wikipedia](#)), and
- internet forums and online discussion boards.

These tools are normally publicly accessible and allow many people to see, comment on or co-produce materials. They are usually free or low-cost and simple to use. Most importantly, content is designed to be shared, and it is usually possible to forward, link to or re-publish information with just a few clicks. The barriers to entry are very low and the potential audience is very wide.

e-Participation can enable patients, carers and communities to access information; provide peer support for the self-management of long-term conditions; make complaints or give feedback; influence local service development; or take part in a dialogue with their local health and care providers. The tools allow public bodies to disseminate information; connect with a wider range of audiences; provide feedback to people about how their views have helped improve services; and build relationships through:

- online forums, discussions and message boards
- online surveys and polls
- e-petitions
- online focus groups and consultations
- webcasting, and
- online peer support sites.

¹² Jay Rosen (2006) PressThink http://archive.pressthink.org/2006/06/27/ppi_frmr.html

Benefits of e-participation

Online technology brings with it a range of potential benefits for involving people:

1. A lot of people are online already

The latest figures show that 86% of adults in Scotland have used the internet¹³. Access has been improved through an expanding broadband infrastructure, greater provision of public WiFi hotspots and improvements to 3G and 4G mobile networks, and the use of mobile devices – including tablets and smartphones – continues to increase. This means that a significant proportion of the target audience is likely to be online, and there is potentially a wide reach. [See p8 for more information.]



2. Time and geography are fluid

People can be involved from any location, as long as they have internet access, and conversations are mostly *asynchronous*, meaning that participants do not all have to be available at the same time and can engage in multiple discussions at once. People can join a discussion or contribute their views at a time that suits them, and can take time to reflect on and add to the conversation.



3. Cost savings

Reducing the need for travel and allowing people to contribute from any location reduces or eliminates the costs of journeys and venue hire, as well as the time taken by staff to travel and set up a physical meeting space. Many e-participation tools are free or low cost.



4. Breaks down barriers

e-Participation helps to involve “seldom heard” or “hard to reach” groups who may be excluded because of work or other commitments, caring responsibilities, low income, disability or mobility issues. The anonymity of the online environment, where participants do not have to reveal their real name or identity, can also reduce stigma and allow people to be more open. This can be especially helpful when sensitive or controversial topics are being discussed, such as sexual or mental health.



5. In-built record keeping

Conversations online are automatically stored and form a searchable archive which can be accessed later. Statistics and data can usually be downloaded for later analysis, which can be useful for preparing reports. Depending on which platform is being used, information may also be gathered about participants, including the number of individuals who took part and characteristics such as age, sex and location.



¹³ *Internet Access Quarterly Update, Q4 2013*, Office for National Statistics, 19 February 2014
www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/2013-q4/

Challenges to e-participation

The use of e-participation to engage with individuals and communities is not without its challenges, and when planning any such engagement activity the following issues must be considered:

1. Accessibility and usability

Many websites and online tools include features which help to improve accessibility, including the use of screen-readers for text and captions for videos and the ability to increase text size and change the display colours. However, e-participation can also create barriers to people being able to access or use the service. Most online content is in the form of text, and similar challenges exist as for other forms of written communication including literacy levels and language comprehension – compounded by the fact many people prefer or find it easier to read from a printed document rather than an electronic screen. **Bang the Table**¹⁴ provides a comprehensive guide to making online content accessible.



2. The “Digital Divide”

Whilst online access and use by the general population has increased dramatically over the past decade, it is by no means yet universal [see p8 for more information], and certain communities may have significantly reduced ability to access or use e-participation methods. Nevertheless, some authors predict that the digital divide will have vanished by 2032¹⁵.



3. Reduced level of engagement

Technology allows for a range of interactions between participants, but online participation is not a replacement for face-to-face engagement. Some people may feel intimidated by online participation, especially if they feel that they lack digital skills or literacy. The anonymity of participants and the loss of cues such as tone of voice or body language can make it more difficult for people to feel engaged. It is also more difficult to follow up conversations which are not taking place in real time. A combination of online and offline engagement methods is advisable.



4. Information governance

When using social media and e-participation tools, organisations must follow their own policies and procedures relating to record-keeping, data security, intellectual property and privacy. It may be helpful to develop guidelines for safe and acceptable use and publicise these to users.



¹⁴ <http://bangthetable.com/freebies/achieving-wcag-2-0-level-aa-content-guidelines/>

¹⁵ Kings Fund, 2012, *The Changing Patient* www.kingsfund.org.uk/time-to-think-differently/audio-video/changing-patient-infographics

5. **Resources**

Whilst the tools are generally free to use, e-participation can be resource intensive – particularly in terms of staff time and skills. There may be a need for staff to provide support for new users, which should decrease over time. However, there will need to be a commitment from staff to publicise the service widely in order to generate interest, and to encourage people to participate in discussions on an ongoing basis.



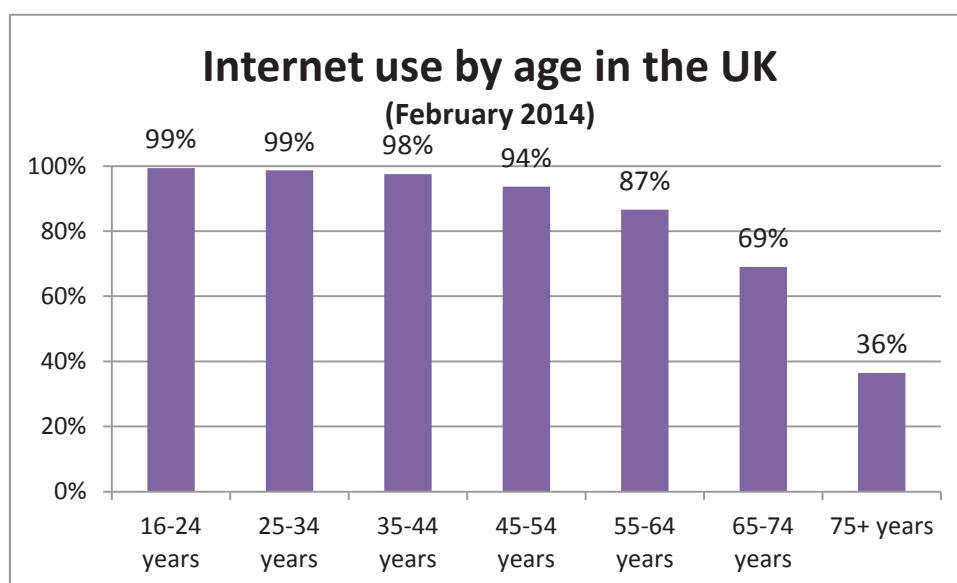
6. **Uncivil behaviour**

Because of the anonymity afforded online and the increased distance between participants, some people may engage in behaviour or provide responses that are irrelevant, unhelpful, inappropriate or abusive. Organisations will need to consider in advance how they will respond to such behaviour. There may be a need to moderate contributions from users, especially in comments and discussion forums, and this can be expensive and time consuming.



Internet usage in the UK

Given the discussion above about access to the internet and the “digital divide”, it is worth considering the extent to which the target audience is already using the internet before planning any e-participation activity. The Office for National Statistics is a useful starting point for data on internet use across the UK¹⁶. At the time of writing, the most up-to-date figures included the following:



3.6 million people with a disability

have never used the internet (31% of those who are disabled and 53% of the 6.7 million adults who have never used the internet.) (Feb 2014)

¹⁶ Internet Access Quarterly Update www.ons.gov.uk/ons/rel/rdit2/internet-access-quarterly-update/
Internet Access by Households and Individuals www.ons.gov.uk/ons/rel/rdit2/internet-access---households-and-individuals/index.html



95% of those **earning less than £200**

per week have used the internet, compared to over 99% of those earning more than £700 per week. (Feb 2014)

53% of UK adults use **social networking**,

including 93% of 16 to 24-year-olds and 50% of 45 to 54-year-olds.

(Aug 2013)



73% of adults in the United Kingdom use the internet every day.

(Aug 2013)

43% of adults use the internet for **health**

information, including 59% of 25 to 34-year-olds. (Aug 2013)



61% of adults access the internet on a mobile device

(laptop, tablet or mobile phone). (Aug 2013)

General considerations regarding e-participation



- e-Participation is **not a replacement** for other means of engaging and involving individuals and communities, but should instead complement traditional methods.
- Effective and high-quality online participation **requires good planning**, including identifying at which level people should be involved; developing a robust process; having the appropriate people and technology; and fostering a broad skill set including use of the technology, community management and facilitation.
- Offer to **take conversations offline**, such as by providing an email address or telephone number, if greater detail is required or to comply with organisational policies (such as for complaints, press enquiries, freedom of information and so on).
- **Be human**, but respect personal and professional **boundaries**.
- By its very nature, **social media is public**. Information and comments can and will be shared widely, even outside the target audience. Nothing can be assumed to be private or 'off-the-record', so careful consideration should be given before anything is published or posted. Beware including information in posts which could identify individuals, and remember that simply removing names is not always enough to protect the identity of patients or members of the public. Adhere to all guidance around data protection, confidentiality and other codes of conduct.
- Beware **barriers to involvement** when using e-participation – including access to technology, computer and online literacy, language skills and physical or mental impairment – and consider how best to overcome them.
- The majority of people who engage online do so in a helpful manner, even when they are making a complaint or raising an objection. Organisations should take part in conversations and try to **respond to all feedback** about the design or delivery of services – both positive and negative – as quickly as possible. It may not be feasible to respond to every individual comment, but it would be good practice to acknowledge feedback received even in general terms. It could also be helpful to include a link to the organisation's social media policy in order to manage stakeholders' expectations around the response they may receive.
- The anonymity afforded by the online environment can encourage some people to be deliberately provocative, offensive or argumentative (known as "**trolling**") or to post comments deliberately off- topic. Plan in advance how trolling incidents are going to be dealt with, for instance by publicising the

moderation policy. Getting into arguments in a public forum should be avoided.

- Consider the **risk of *not* being involved**. People will be discussing local services relating to your sector or service whether or not you are active online. Support and buy-in is also required from managers, IT departments and other staff as, although most social media tools are free, an investment of time and effort is required in order for these tools to be most effective.

a Why use... **blogs?**

A. Blogging provides a platform to inform and provoke conversations. Blogs are often more informal than official websites and can allow organisations to show a more personal side, often emphasising the author(s) of individual articles. Posts are typically displayed in reverse chronological order, with the most recent first, and allow readers to comment on the content and interact with each other.

A blog (a truncation from “web log”) is a dynamic website consisting of discrete entries – known as “**posts**” – which are organised with the newest item at the top. They can be written by more than one author, often featuring content from guest authors on a regular or semi-regular basis.

Most blogs are interactive, allowing readers to leave comments, send messages to other visitors, and subscribe to receive notifications when new content is added. It is this interactivity that distinguishes blogs from other static websites. Blog posts are usually organised using keywords or **tags** so that related articles can easily be found, and incorporate multimedia including images, videos and links.

Getting started

There are many free blogging tools available which will allow a blog to be created within a few minutes, and typically require no technical knowledge to use. The most popular blogging sites include [WordPress](#), [Blogger](#) and [tumblr](#).



Many of the content management systems which run organisational websites will also be capable of hosting a blog. This may allow more control over the design and ensure that the blog matches the corporate branding, but it will often impose limitations on the features that are possible, and may incur additional cost.

Before starting, it is important to

- identify the main focus of the blog and what it will be used for
- identify the author(s) who will write the content, and how often they will do so
- consider whether or not to allow commenting, and how this will be managed, and
- plan how the blog will be promoted.

Uses

Blogs can be used to create an instant website for a project, acting as a news channel to publish information and updates on an ongoing basis.

They can act as an online diary or journal, offering personal reflection or commentary on a particular subject.

They can encourage participation through allowing readers to comment and/or contribute their own content.

Pros

- Quick and easy to develop and maintain, compared to a website.
- The authors of blog posts are normally identifiable, which allows a more personal face for an organisation.
- Allows anyone to contribute and in their own time.
- Allows different views to be aired and discussed.
- Text, video, images and audio can be used to stimulate discussion.
- Engages people that may not normally be involved in face-to-face consultations.

Cons

- Visitors may need to be encouraged to contribute to the blog and post their comments.
- Blogs rarely allow people to participate actively beyond responding to existing posts. Unlike online forums where any user can start a new discussion topic, only the owner or an approved author can start discussions.
- Comments can be offensive, personal, off-topic or inappropriate and may need to be moderated (either before they are approved or reactively).

Resources

- A blog can be set up and hosted for free on a number of external websites. There will normally be a cost to host it on an organisation's own website, to change the design to fit in with corporate branding, or remove advertising.
- Blogs require an ongoing commitment and must be regularly updated in order to build up a wide readership.
- Writing posts is easy but can be time consuming, especially if there is a need to gain organisational approval.

Sources and further information

- Participation Works, [“Blogging”](#)
- NHS Institute for Innovation and Improvement, [Armchair Involvement: “Blog”](#)

CASE STUDY

Michael Seres’ blog **“Being a Patient Isn’t Easy!”** chronicles one patient’s experiences of living with Crohn’s Disease, including diagnosis, treatment and a bowel transplant. Initially a way to keep friends and family up-to-date, the blog has now attracted thousands of visitors – including Michael’s own medical team who uses it to keep track of his progress and clinicians from across the world who want to find out more about the transplant procedure. Most importantly, it has also become an online community for other patients to discuss and share their own experiences.

beingapatient.blogspot.co.uk

CASE STUDY

Members of staff from **NHS Ayrshire & Arran**, **NHS Dumfries & Galloway** and **NHS 24** use weekly blogs to share news, views and opinions relating to areas of their work. None are “official” channels representing the views of the organisations; instead they are a chance for clinicians and allied health professionals to share items of interest and comment on national programmes from a local perspective.

ayrshirehealth.wordpress.com dghealth.wordpress.com ahpscot.wordpress.com

CASE STUDY

Tommy Whitelaw maintains a blog to complement his **“Tommy on Tour”** campaign which engages with carers, collects their life stories and raise awareness amongst health and social care professionals on both dementia and caring.

tommy-on-tour-2011.blogspot.co.uk

Q Why use... microblogs?

A. Microblogging is a subset of blogging, characterised by much shorter posts which may be a sentence of text, an image or a link. Similar to social networking, microblogs encourage users to share content with their personal networks (often referred to as “followers”) in real time.

Microblogging combine elements of blogging, listing posts in chronological order and allowing followers to subscribe and receive updates, with the immediacy and sharing aspects of social networking. Posts are much shorter compared to blog entries, usually only one or two sentences in length, and may contain links to images, videos or more information.

Many microblog posts contain **hashtags** which are a way to categorise content and help others to find similar information. The hashtag automatically becomes a link which will search for all other posts containing that word or phrase. Hashtags should be used sparingly.

Getting Started

- The most popular microblogging sites are currently [Twitter](#) and [tumblr](#), although there are many others available. Registration is normally very simple and requires a minimum of information.
- Customise the account, adding profile information, a biography and a profile image. Post the first couple of messages; it may be easier to retweet or re-post what others have said before contributing original content.
- Use the search feature to find other people to follow. Check who they follow and who follows them to discover other people to include in your network. Attract followers by posting interesting content and by advertising the account via other means, such as on your website and email signature.
- Get serious through engaging with others, creating original content, and determining what your unique contribution will be. Begin to plan how to monitor and evaluate the impact of the microblog.



Uses

Commercial microblogs are often used to promote products or services. Health and care services can provide links to information contained on their website, share quick tips for improving health, invite people to take part in events or surveys, or draw attention to information, news and research from other organisations.

Public bodies can share news and updates in real time – which can be particularly useful in situations where information is changing rapidly, such as adverse weather or a disease outbreak.

An increasingly common use of microblogging is to promote a hashtag for events, which allows attendees to discuss the event, provide feedback and network with each other. The hashtag also enables people who are not attending to follow what is happening and to engage from afar.

Some organisations host regular “Twitter chats” where people contribute to an online discussion at an agreed time and on an agreed topic, using the same hashtag. For example a weekly discussion about the use of social media in the NHS takes place on Wednesday evenings using the hashtag [#nhssm](#).

Pros

- Microblogs are generally quick and simple to set up, and many services are free.
- They can be a fast and effective way to get a message across, although this will depend on having a relatively high number of followers who can pass the information on.
- There are many free and low-cost services which can gather statistics about the number of posts sent, the number of times a hashtag was used, the most influential followers, and so on.
- Information spreads rapidly in real time, and news stories often break on microblogging sites before the media report it.
- Microblogging is well suited for use on mobile devices, and most smartphones and tablets will have apps that allow messages to be sent on the move. This can allow users to give immediate feedback about a service.

Cons

- Microblogging sites are very busy, with users generating millions of posts each day and most people follow several hundred accounts. The posts of those who only post once or twice a day, or at irregular intervals, will quickly be lost in followers’ feeds.
- It can be difficult to get a clear message across or to achieve meaningful engagement within the constraints of the character limit (140 characters for Twitter). The constant influx of new posts means that it can be difficult to understand the context of individual posts.
- Although most microblogging services are free, people who wish to follow will also need to register an account.

Resources

- It is free to set up an account and use most microblogging sites.
- Some third-party monitoring and evaluation services may charge for generating reports.

Top Tips

- Microblogging can be surprisingly time-consuming, so identify tools to help to manage time more effectively. For example, [Hootsuite](#) can monitor interactions with followers, search for relevant information on an ongoing basis, and schedule messages for posting at a later time.
- Add interest and value to short messages by including an image or a link to an external website.

Sources and further information

- British Columbia Patient Safety & Quality Council (2012) *Twitter for health care professionals* – describes why staff should consider using Twitter
<http://bcpsqc.ca/documents/2012/11/Twitter-For-HealthCare-Professionals.pdf>

CASE STUDY

In addition to its corporate account, **NHS Highland** has been using Twitter since July 2012 to put a “human face” on the organisation. Each week a different member of staff tweets about their day-to-day work, providing an insight into the many roles within the NHS. Contributors include frontline clinical staff, porters, chaplains, physiotherapists, midwives and managers.

twitter.com/NHSHWhoWeAre

CASE STUDY

The **Scottish National Blood Transfusion Service** uses Twitter to engage with blood donors. As well as posting information about upcoming donor sessions and facts about blood, they retweet messages from people who are donating, often with accompanying photographs. Further interaction is encouraged through posting conversation starters once a week, asking people to complete sentences such as “I #GiveBlood because...”

twitter.com/givebloodscot

CASE STUDY

Scotland's **Person-Centred Health and Care Collaborative** ([@PersonCntrdSco](https://twitter.com/PersonCntrdSco)) uses Twitter to build awareness of the programme, to share news and links, and to engage with person-centred practitioners across the country. By registering their conference hashtags with the **Symplur Healthcare Hashtag** website, they have been able to gather statistics and keep a record of the people who have taken part in the conversations. For example, in November 2013 the #PCIC3 hashtag was tweeted 2,590 times by 297 people and reached a potential audience of 2.6million accounts.

bit.ly/pcic3-stats

CASE STUDY

In September 2013, the **Glasgow Centre for Population Health** began a project called "Capture Glasgow", which invites people to contribute stories and images about what it is like to live in the city. Initially run as a 4-week pilot, people can share their contributions via Twitter or email for inclusion on the [Capture Glasgow tumblr site](http://www.captureglasgow.org.uk).

www.gcph.co.uk/work_themes/additional_work/capture_glasgow

CASE STUDY

The **City of Edinburgh Council** neighbourhood teams each have an individual Twitter account which they use to engage with and collect feedback from local people, and to inform service delivery across the city. Each account is run by named individuals and includes local news and updates, discussions and public notices. Members of the public use the account to report problems such as litter or graffiti.

Example: twitter.com/east_team

Q Why use... social networking?

A. Social networking sites are among the most popular online tools, with a very high number of people using them regularly. They are used for disseminating ideas, updates, pictures and videos and for holding conversations with people who share an interest, background or real-life connection.

Online social networking aims to create an analogue of the friendships and connections that people make in the real world. Such websites allow users to record information about their lives and interests, and to search for and link in with people who share these characteristics. Information can be open to the public or shared only with selected groups of people, typically those who have been accepted as “friends”. Other users can interact with content by choosing to “like” a particular image or post, by sharing it with their own networks, or by adding a comment.

Most social network services are web-based, and enable interaction with other users through email and instant messaging. Increasingly, they are being used on mobile devices such as phones and game consoles – which increases the crossover with real life.

Social networking differs from online communities as the emphasis is more usually on the individual. It also differs from blogs and microblogs which usually do not place restrictions on who may join a user’s network. Social networking requires a greater level of trust and normally requires a user to approve requests to form connections from “friends” before information is shared with them.

Getting Started

- Each social network is different, and they are constantly changing and updating the features and settings they provide. Take some time to identify which is most appropriate – and also which networks are being used most by the target audience. The most popular social networking sites include [Facebook](#), [Google+](#) and [LinkedIn](#).
- Social networks are generally free to join, and the design and look can usually be customised.
- A limit can often be put on the membership of groups or sub-groups so that some networks are more private than others. Check the privacy settings



carefully to understand the degree to which information and content will be open to the general public.

- The emphasis on these tools is *networking*, so it is important to seek out and make connections with relevant people and organisations as quickly as possible. Publicise the social network in other ways, such as on websites and email signatures, so that the target audience knows that the account exists.

Uses

Most users have a personal profile on social networking sites, but it is also possible for organisations to create a *group* or *page* where people can show their support through “likes” or interact in other ways.

There is some overlap with other e-participation tools, and social networks can be used to share news and updates, host blogs, create discussion spaces, publicise events and activities and share multimedia such as photographs, videos and sound recordings.

Social networks can be a natural online extension of existing groups, and can provide ways for members to contribute from afar or at times when the group is not physically meeting.

Pros

- Most social networking sites have a very large existing user base.
- The exchange of information and opportunities for interaction take place very quickly, often in real time.
- Social networks can be used to capitalise on existing trust and relationships. Grab users’ attention through interesting content or a challenge, and they will often cascade information or requests for feedback to their friends and networks.
- Some social networks allow targeted advertising based on the information users provide when setting up an account (including age, gender, location and interests). This means information can be sent only to those who are most relevant or who would be most likely to respond.

Cons

- Because most information is *social* in nature, it can be difficult to engage people in conversations about services or work-related topics.
- There are some concerns over the privacy of social networks, and about the ownership of material which is posted.

- Social networks are constantly updating their settings, rules and features – so it is important to continually review these.

Resources

- Most social networking sites are free to register with and use.
- Most sites include free analytical tools to collect information about users. It may be necessary to pay for more advanced reports.

Top Tip

- The primary focus of social network sites is to build relationships. Content should be engaging for other users and not just self-promoting. Comments should be responded to in a timely fashion.

Sources and further information

- *Incorporating Facebook into online engagement: a practical guide*, Bang The Table, 2012 bangthetable.com/freebies/facebookpracticeguide/

CASE STUDY

Renfrewshire Youth Voice is a youth-led forum representing the views of young people aged 12 to 25 living in Renfrewshire, and ensures they have a voice at local and national level. The group has a website (www.ryv.org.uk) but also uses Facebook to keep members updated, particularly if they cannot travel to meetings, and to engage with other young people by removing geographical barriers to participation. The forum is presently campaigning for improved public transport within Renfrewshire and Facebook has allowed them to gather feedback from young people across the area and to identify the main issues. As the group has links to local Councillors and major community organisations, they can report the views of young people directly to the transport providers and to the local authority.

www.facebook.com/renfrewshireyouthvoice

CASE STUDY

Northern Ireland's **Patient and Client Council** wanted to gather some informal feedback on proposals for Northern Irish Electronic Care Records in October 2012. An email invitation was sent to all members to join a Facebook conversation. Background information was posted on the Facebook page and a series of questions and discussion topics posed throughout the week. A total of 16 people provided comments and asked their own questions which the Patient and Client Council was able to answer.

www.facebook.com/patientandclientcouncil

CASE STUDY

NHS Fife uses Google+ in conjunction with Facebook, Twitter and YouTube to share information about services it provides. Google+ complements the other existing communication channels and offers an alternative way for people to discover the work of the organisation.

www.google.com/+nhsfife

Q Why use... digital apps?

A. With the rapid increase in the use of smart phones, apps can provide a means of giving feedback or interacting with a service in real time.

Digital apps (short for “applications”) are computer programs which perform specific tasks. Nowadays, the term normally refers to programs which can be downloaded and run on mobile devices such as smartphones and tablet computers. Apps often make use of the mobile device features, including internet connection, camera, touch screen and GPS navigation unit.

Apps are generally downloaded directly to the mobile device, and vary in price from free to a couple of pounds. Most cost less than a pound.

Getting started

Web development companies can often advise on the creation of apps. It is vital to carefully plan at the outset what is required: is the app for providing information, gathering feedback, or a combination of both? Will it require an open internet connection, or will all the required data be downloaded to a user’s device? Developers can advise on the solution that will best meet your needs.

It is also possible to create apps using free services such as [appmakr](#), although there will be limitations on functionality or content, and the apps will usually have to include advertising.



Pros

- Smartphones are becoming ever more popular and tend to be carried around, allowing people to interact with a service in real time.
- Feedback can be collected using a simple electronic form which people can complete while they are sitting in a waiting room or travelling.
- Apps can collect other information, including the time and exact location, and users can also contribute photographs and videos to contextualise feedback.

Cons

- Apps can be expensive to develop, depending on the level of complexity and functionality required.
- Consider whether it is necessary to develop separate versions for the main operating systems (Apple, Android, Windows and BlackBerry), bearing in

mind that the app will need to be updated or redevelopd as these operating systems are upgraded over time – even if the content and functionality of the app remain the same.

Resources

- Developing an app will cost from several hundred to several thousand pounds, depending on the complexity and functionality required. Apps which allow users to provide feedback, or which require an open internet connection, or which use device features such as the camera will cost extra.
- In general, it will cost the same amount again to create a version of the app which runs on another operating system.
- Factor in the cost of updates, which can be negotiated with the developers – usually either a one-off fee each time the app is updated, or a monthly hosting and maintenance fee.

Top Tips

- When creating an app, regular face-to-face meetings with the developers are key to ensuring that all the relevant issues are considered and understood. It can be very easy for requirements not to be communicated clearly enough, or for misunderstandings to arise – even if you both think you mean the same thing.
- Remember to factor in time for testing with people who will use the app, and to involve them at every stage of the development process. The app must first of all meet their needs.

CASE STUDY

The **Birmingham Children's Hospital Feedback App** allows patients, parents, carers and visitors to the hospital to provide real-time comments on performance. They can choose a specific location to comment on by selecting from a list of wards or scanning QR codes displayed throughout the hospital. Submitted comments are immediately posted on the hospital's website and simultaneously forwarded to the relevant ward team to respond or fix. Staff can respond quickly and appropriately to problems, issues or challenges, and receive immediate appreciation for a job done well or a celebration of success.

www.bch.nhs.uk/feedback/app/landing

CASE STUDY

The **City of Edinburgh Council** organised an *Edinburgh Apps* competition in the autumn of 2013, inviting developers to create concepts for apps which would use open source data such as maps, traffic, feedback on GPs and population surveys, to meet challenges in the Environment, Technology & Innovation, Health & Wellbeing and Transport.

edinburghapps.net

CASE STUDY

NHS Choices has collected a library of apps on its website. The apps have been reviewed by the NHS to ensure they are clinically safe and allow people to manage their own health, find local services and give feedback on care received.

apps.nhs.uk

Q. Why use... wikis and collaborative communities?

A. A wiki allows multiple, dispersed authors to create and edit content, normally in the form of web pages. Unlike a blog, wikis typically have no defined owner or leader – so the content and structure of the information grows organically to meet the needs of the users.

Wiki software, which may be a standalone website or part of a larger site, allows people to create new pages and edit, add to or delete existing content. Users normally have to register before they can contribute, but registration is generally open to the public. Some level of control can be imposed by the wiki creator, for instance to assign editing permissions to certain classes of users or to limit the way in which content is organised. The software automatically records information about what changes are made, when and by whom. This allows recently updated information to be displayed and for content to be restored to a previous version in case of accidental or deliberate deletion or alteration.

Getting started

Wikis can either be hosted on public wiki sites, or installed onto an existing website. There are many free and low-cost wiki tools available and an internet search will identify a range to suit most needs. Installation on an existing site normally requires some technical knowledge. Popular wiki software includes [MediaWiki](#), [Wikia](#), [Wikispaces](#) and [PBworks](#).



Uses

Wikis are typically publicly accessible, but the software can also be used within private communities and inside organisations to facilitate knowledge management, note-taking and intranets.

Wikis can enable participants to edit and contribute to documents, develop shared knowledge or comment on existing ideas and proposals. Documents can be created by several authors working at the same time.

Wikis can also be used to develop a database or “encyclopaedia” for creating, browsing, updating and searching information.

Pros

- Wikis facilitate collaborative working, and build on the strengths of each contributor.

- Wikis can be public or private.
- They promote openness and transparency. Everyone can see how the content is being created and edited.
- Users can contribute in their own time and from anywhere as long as they have an internet connection.

Cons

- Content can easily be vandalised or tampered with – though it is possible to revert pages back to an earlier version and to restrict editing rights.
- Content requires moderation.
- It can be difficult to encourage people to contribute in the first place.
- Users may have to learn some simple syntax in order to add functionality or formatting such as links, images, headings and bulleted lists.
- It can be difficult to follow the thread of conversations on the 'discussion' pages, and wikis cannot be used to make decisions.

Resources

- Wiki software does not have to be expensive, but it can require some technical know-how to install.
- There needs to be an ongoing commitment to manage the creation of content, and to encourage contributions.

Top Tips

- Wikis can be used for a time-limited project, but it is best to allow them to develop over several months in order to encourage people to read existing content and to contribute themselves.

Sources and further information

- [Armchair Involvement: “Wiki”](#), NHS Institute for Innovation and Improvement

CASE STUDY

ParticipateDB is a database for online tools for participation which anyone can add to. It provides a list of tools and links to projects and programmes which have used each in practice.

ParticipateDB.com

CASE STUDY

Diabetes Wiki is an online community for people with diabetes to share their personal stories and create a database of helpful information for peer support.

diabetes.wikia.com

CASE STUDY

Participedia is an international knowledge community for researchers and practitioners in the fields of democracy and public engagement to share information on participatory methods, organisations and case studies. Anyone can register with the site and contribute to the database.

www.participedia.net

Q Why use... content communities?

A. Websites for sharing videos, audio and images capitalise on the internet's multimedia capabilities to make information more engaging. Such content can be used to deliver the same messages in a more appealing format, to stimulate discussion and comment, or to campaign for change. Many mobile devices allow users to easily create and share their own photographs or videos, and these could also be used to get feedback on a service.

It is possible to publish multimedia content onto the organisational website, but increasingly people are also using third party sites to share videos and images. This can reduce the bandwidth and storage required for organisation's websites, and also takes advantage of the social aspects of these communities to increase the potential audience and to encourage users to post comments and share content with their own networks.

Once videos have been uploaded to **video sharing sites**, they can be arranged into "channels" of related content. The sites often provide tools for basic editing of videos, and content can usually be embedded into other websites. Users can rate videos, add comments, and create their own videos in response.

Image sharing sites allow the creation of online albums, which can be used to illustrate an event or an ongoing project. Additional information can often be appended to each image, including keywords to improve searchability and **geotags** which record the geographical location where the photograph was taken and allow images to be overlaid onto an interactive map.

Getting started

There are many different video and image sharing websites available, so take some time to explore which will best meet the needs of the engagement. The most popular sites include [YouTube](#) and [Vimeo](#) for video and [Flickr](#) and [Instagram](#) for images. [Scoop.it](#) and [Pinterest](#) allow users to collate and share written content and images created by others.



Uses

Multimedia can be used to make existing information more engaging, appealing or accessible. For instance, a report can be summarised into a short video or animation. A series of drawings and photographs could be used to illustrate

proposed changes to a service and to provide updates throughout the lifetime of the project.

Pros

- Videos and images can make information more understandable or memorable.
- Multimedia can help to overcome accessibility issues by providing information in alternative formats, including audio and sign language versions or translations into other languages.

Cons

- Can reduce accessibility for some users. For example, blind and visually impaired people will require an alternative text description. Deaf users will require closed captions or a written transcript of video or audio content. People with decreased or impaired mobility may be unable to start and stop video playback.
- Requires equipment and some skill in order to create good quality content.

Resources

- Creating original videos or images will require a camera, though this need not be overly expensive. The cameras on many newer mobile phones may provide images of acceptable quality.
- A computer and software for editing images, video and sound.
- Staff time and skills to create, edit and publish the images and videos.

Top Tips

- Keep videos as short as possible, ideally under three minutes. Distil out the main point and include a call to action at the end – such as a link to a website, survey or email address – where people can find out more if they wish.
- Use meaningful titles for videos and images, and include keywords to help people to discover the content more easily.
- Promote content widely through the website and other social media channels.

Sources and further information

- www.contentcomms.co.uk/increasing-video-views/

CASE STUDY

The **Scottish Government** commissioned a series of videos on *How to Use the NHS* which are available in English and in 16 community languages, including British Sign Language. The videos were provided on DVD, but are also available on YouTube.

www.youtube.com/howtousethenhs

CASE STUDY

The **Scottish National Blood Transfusion Service** has created a series of videos to show potential donors what will happen when they attend a donor session.

www.youtube.com/GiveBloodScotland

CASE STUDY

NHS Forth Valley has collated [several image galleries](#) showing work on the new Forth Valley Royal Hospital – including photos throughout the construction process and of special events including the official opening. There is also a [360° tour of wards and facilities](#) and a [selection of videos](#) (including a link to [NHS Forth Valley's YouTube channel](#) and links to videos on the BBC website).

www.nhsforthvalley.com/forthvalleyroyal

CASE STUDY

NHS Arden Commissioning Support Unit produced an animated video to educate people about the appropriate use of accident and emergency services, as part of the Choose Well campaign. The use of humour and music helps to reinforce the message to consider whether a trip to A&E is really necessary.

<http://youtu.be/ffT1orYXdcl>

a. Why use... internet forums and online communities?

A. There are already many online communities and forums in existence, covering almost every area of interest imaginable – including hobbies and lifestyles, geographical location and clinical conditions. It is possible to establish new forums, but it is generally preferable to make contact with existing groups and to capitalise on the relationships and commitment which have already built up.

Online forums and discussion groups (sometimes called “message” or “bulletin boards”) have existed since the earliest days of the web. They allow registered members to begin new conversations or to respond to existing topics. Discussion posts are usually displayed in chronological order from earliest to latest, and it is normally possible to reply to any of the earlier posts, not just the most recent.

Most discussion forums are asynchronous, meaning that messages are stored so that users can read and respond to messages at a time that suits them. Some forums also use **live chat** which takes place in real time.

Getting started

- Most internet forums are hosted on dedicated sites, often focused on a specific topic such as expectant mothers, sport or entertainment programmes.
- It may also be possible to create and host an online forum using your website’s content management system, and many social networking sites allow users to create a group forum or discussion area.



Uses

Online communities can be used for discussing issues, for sharing information and for canvassing opinion. An organisation may decide to create a new online forum and invite people to join in the conversation, or alternatively staff may join an already established forum and begin a conversation there.

Discussion forums can also be used as a support base for people seeking advice from peers or experts.

Live chats can take place either as one-off special events where particular experts or groups can arrange to meet and chat online at a particular time, or as constantly available chat spaces.

Pros

- Discussion forums create a community of people who share a common interest, and who are already engaged in a topic.
- Enables people to communicate with each other independent of time and location.
- Users can ask questions, offer advice and suggestions and share their own lived experience.
- Can offer support and a “listening ear” for people who feel isolated.
- Conversations are automatically archived and searchable, which enables a narrative to be built over time.

Cons

- It can be difficult to follow the thread of multiple conversations.
- Discussion forums generally require close moderation to prevent abuse and to keep the conversations on topic.
- While some advice will be posted by experts, other content may be inaccurate or misleading and individual users will have to judge the quality of information for themselves.
- As with a lot of online services, the lack of audio and visual clues may make it difficult to hold a meaningful conversation.

Resources

- There are many free discussion forums which are open to the public. It may be possible to create a forum on your own website, but this may incur a cost to develop and brand it.
- Staff time will be required to moderate discussions and to encourage users to participate.
- Live chat is more resource intensive and requires staff to be available at certain times.

Top Tips

- Before starting, speak to organisations which already use online forums. Their experience can help to reduce your learning curve.
- Arrange regular face-to-face meetings with the website developers to make sure everyone understands the requirements of the project.

Sources and further information

- Participation Compass: “[Online Discussion Groups](#)”

CASE STUDY

There are online communities for almost any condition or interest, and an internet search will identify these quickly. Dedicated websites for interest groups normally have discussion forums, often tied to specific geographical areas. For example, **netmums** and **mumsnet** both have regional sub-sites across Scotland which may be useful for engaging users of maternity services in a specific area. There may also be campaigning or peer support accounts already established on Facebook or Twitter. Engaging with these online communities and sharing information from an early stage will help to build awareness and encourage greater participation.

www.netmums.com/user/choose_location

local.mumsnet.com

CASE STUDY

MyCrew provides trusted and non-judgemental information for young people about drugs. As well as information about drugs and interactive quizzes to test how at risk they are, young people can engage in live chat with volunteers for support and to have their questions answered. There are public chat rooms where any registered users can take part, and also private chat rooms for providing one-to-one support.

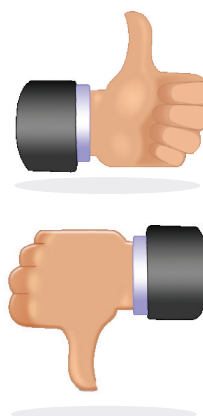
www.mycREW.org.uk

Q. Why use... third party feedback sites?

A. Third party feedback sites can offer patients, carers and members of the public an independent and confidential way to share their positive and negative experiences of health and care.

Gaining feedback on existing services is one way to involve people in the design and delivery of health and care. It differs from active engagement activities as these tend to focus on a particular service for a particular time.

Gathering comments and feedback is more passive but is carried out over a longer term. This is useful to study emerging trends.



Getting Started

- Making use of a third-party service will require meeting with the providers to discuss the requirements and how the service will be used. Financial and legal input may be needed for drawing up a contract or service level agreement.
- Careful planning is also vital to ensure that processes are in place to respond to and use the feedback that is provided by users of the service.

Pros

- Feedback on services can be close to real time, which allows services to respond to issues promptly and efficiently.
- It is confidential and independent of both the government and the NHS.
- Feedback can be provided directly to the managers and staff who need to see it.
- Positive as well as negative feedback is collected, and this can help to motivate frontline staff.
- Over time, feedback can provide NHS Boards with an on-going picture of emerging issues at particular services or sites.

Cons

- Depending on how the system has been set up, it may only be possible to comment on particular services or locations, whereas people may wish to provide more general feedback about their patient journey as a whole, or about treatment which took place across several sites.

- There may be raised expectations of improvement and/or change among people providing feedback, which have to be carefully managed.
- Comments and feedback, both positive and negative, are publicly accessible in an open forum.

Resources

- Using third-party providers almost always incurs a cost to develop and host a feedback service.
- Real-time feedback systems require a supporting infrastructure within organisations to respond to comments in a timely manner. This may mean that established protocols for responding to complaints and feedback may need to be revised.

Top Tips

- Because feedback mechanisms tend to be ongoing there is a danger that they lack the publicity of more time-bound activity. Careful and sustained marketing is required to make sure they remain visible.

CASE STUDY

Patient Opinion was developed in England in 2005 as a means of gathering feedback from patients and families about hospital services. A pilot in Scotland was carried out in 2011 and in March 2013 the Scottish Government announced that Patient Opinion would be introduced to NHS Boards across Scotland as another mechanism for providing feedback on services. NHS Boards can embed the Patient Opinion widget directly onto their own website to demonstrate what comments have been made and how the hospital sites have responded.

www.patientopinion.org.uk

CASE STUDY

NHS England is currently piloting *Care Connect* in London and the North East as a way for people to share experiences, report problems and ask questions. A dashboard shows at a glance the number of complaints which have been made and people's satisfaction with the response. All comments are passed directly to the provider and although the feedback is anonymous, people can choose whether or not to make it public.

www.nhs.uk/careconnect

Q. Why use... bespoke e-participation websites?

A. Creating an e-participation website from scratch, while requiring more investment of time and resources, can allow organisations to develop an approach to patient and public involvement that goes beyond feedback alone, and which integrates closely with engagement and consultation work that is taking place in the real world.

The online tools described elsewhere in this Toolkit are readily available and are mostly free or low cost to use. Their strengths lie in the fact that many people are already registered and comfortable with their use.

At the same time, free websites often come with limitations in terms of functionality or the ability to personalise the design, or you may have to put up with advertising and/or links to “related information” alongside your content.

Some organisations choose to pay for an upgraded version of the free tools, which allows greater control over the design and content, or to create a bespoke version, often incorporated into their own website or created as a distinct micro-site.

Getting started

- Before starting, it is a good idea to fully research existing products and services which may already be available.
- Develop a project plan that fully outlines what is required.
- Involve knowledgeable people – including developers and users – who will be able to advise on requirements and provide ongoing feedback throughout the development.
- Ensure that appropriate service level agreements and commitments are in place in order to provide assurance and guarantees around completion of the work, as well as ongoing maintenance and support.



Uses

Creating a bespoke e-participation website from scratch means that a variety of tools and features can be built in, depending on the needs of the organisation. Examples include:

- quick polls and longer surveys
- access to consultation documents online and the ability to submit a response

- online discussion forums
- e-Panels and mailing lists of interested stakeholders
- mechanisms for providing feedback on services, and
- events diary.

Pros

- The website can be designed as you want it, with the functionality and features designed to meet your needs.
- Can be integrated with existing websites and platforms, including design and functionality, so that there is a consistent “look and feel” and to capitalise on existing engagement with stakeholders.
- This is an opportunity for an organisation to be open and transparent to, and to engage with, its stakeholders. The website should provide information on how feedback from users has been responded to and used to bring about improvements.

Cons

- Can be very expensive, depending on the complexity required.
- Requires ongoing maintenance and development, especially to “future proof” the site as internet technology is updated.
- There may be a perception that a feedback service provided by an organisation is less independent compared to one operated by a third party.
- Compared to dedicated third-party services, such as providers of online surveys or discussion forums, it can be difficult on a generalist e-participation site to develop functionality that is feature-rich yet user-friendly.

Resources

- Significant time, money and expertise
- Involvement from many departments across an organisation, including senior management, engagement teams, IT and communications
- Ideally, there will be expertise for developing and testing the website within the organisation.
- The testing phase is crucial for any new development work, and the time required should not be underestimated.

Top Tips

- It is vital to get support from staff and managers at all levels within the organisation from the start of the development so that the website meets its objectives, and to ensure an ongoing commitment to the service.
- It may be easier, especially for sites which will have multiple engagement methods, to plan an iterative implementation where more features are added over time.
- As with all e-participation, a bespoke website requires sufficient marketing so that people know it exists, as well as ongoing work by staff to encourage contribution from users.

CASE STUDY

NHS Tayside has established an e-portal, *Your NHS Tayside*, to act as a centralised point of contact for people to contribute to the design and development of services. The site allows people to respond to consultations, join online discussions about local topics and provide feedback on their experience. This approach is being considered by other NHS Boards, such as the **Scottish Ambulance Service**.

www.yournhstayside.scot.nhs.uk

your.scottishambulance.com

CASE STUDY

Stockport Clinical Commissioning Group uses the *Citizen Space* engagement system developed by Delib to consult with stakeholders and patients on a wide range of issues. As well as providing access to consultation documents and providing a way for people to comment online, the system includes a “You said, we did” section to demonstrate how input from communities has made a difference.

www.citizenspace.com/stockport-haveyoursay

Evaluating e-participation

As with all involvement activity, the use of online technology for participation should be evaluated – particularly when introducing it as a small test of change. What impact did it have? What worked well, and what could be improved for the future? Evaluation need not be lengthy or time-consuming, but it should be positive and constructive and designed to highlight areas which may need to be strengthened or further developed.

The evaluation of e-participation activity should be approached in just the same way as an evaluation of other participation. In September 2013, the Scottish Health Council published ***Evaluating Participation: a guide and toolkit for health and social care practitioners***¹⁷ which identifies three key questions to ask when carrying out such a review:

1. What did we do?

- What were the objectives?
- What methods were used?
- How many people did we reach and how diverse a population were they?

2. How well did we do it? (process)

- Were the objectives met?
- What worked well and not so well?
- Were the methods and techniques appropriate?
- What could be improved?



3. What impact did it have? (outcomes)

- Did it achieve intended outcomes?
- What was the impact on services or people whether as patients, carers, communities of interest or geography, service users; or staff?

Setting Objectives

The method(s) used to involve people online will depend on a number of factors:

1. **What you want to achieve?** Do you want to increase awareness of your organisation's work among particular communities? Do you want to increase the level of interaction with your audience? Do you want to make new links

¹⁷ www.scottishhealthcouncil.org/evaluation.aspx

with your stakeholders so that you can gather information more effectively? Certain e-participation tools are more suited to particular goals.

2. **What tools are currently being used by your target audience?** People tend to prefer approaches with which they are most comfortable, so you should take some time at the start to investigate which websites and online tools they already use. Remember: go where the people are, rather than expecting them to come to you.

Measuring change

How will you know that you have achieved your objectives? What measurable changes do you expect to see as a result of e-participation activity? How will you collect the information to measure these changes? Most online tools collect a range of data as a matter of course, and the problem is usually not collecting information in the first place but rather making sense of which data are most meaningful and will actually provide the information you require.

Evaluation will normally require the collection of both qualitative and quantitative information, including:

- **Website statistics** – the easiest to collect, but often the least meaningful. Simply counting the number of followers or hits is not by itself very revealing. (In fact, *hits* has been described as an acronym for “how idiots track success”!) You should seek more detail such as the number of unique visitors who have come from particular social media channels; the number of downloads; or the length of time people have stayed on the site – and importantly how these change over time.
- **Quality of interaction** – look at the number of times people have commented or taken part, the length of such comments (are they simply “likes” or actual replies which add to the conversation?) and the variety of participants. Who are the key influencers who are involved? Are there notable gaps in the groups and individuals represented?
- **People’s experience of being involved** – this can be collected via traditional methods including surveys, focus groups and interviews – but also via online alternatives including polls and discussion forums. Did participants feel that they had influence? Did they understand what was expected from them?
- **Impact** – what has changed? How will you detect and report on changes to how services are provided, policies, the attitudes or views of participants, and so on?

