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The Participation Toolkit

Supporting Patient Focus and Public Involvement in NHS Scotland

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Chairman's introduction

Chairman's Introduction

Welcome to the Participation Toolkit

I am delighted to introduce the Scottish Health Council's Participation Toolkit. It has been developed to support NHS organisations in the delivery of the objectives set out in the Participation Standard (2010). We anticipate that the tools and techniques described will also be useful to organisations across the public, private and voluntary sectors in ascertaining the views and priorities of the people they serve. This initial collection of tools is based on tried and tested approaches and will be regularly updated and added to as part of the Scottish Health Council's new Participation Network.

The Participation Network will provide a focal point for the sharing of policy, practice and resources in relation to Patient Focus and Public Involvement. Its success will depend on the contribution of all staff with an interest in making sure that people have a say and sense of ownership in our public services.

I would like everyone with an interest in this area of work to help us add to, and improve, the toolkit by telling us what worked well, what can be improved, and what additional tools and information would be useful so that its further development is informed by current and emerging practice.

The advice and support from the public, colleagues within the private and voluntary sectors in developing this toolkit is greatly appreciated and I would also like to thank the Scottish Health Council staff responsible for its production.

The toolkit will available on the Scottish Health Council's website: **www.scottishhealthcouncil.org**

Brian Beacom, MBE
Chairman
Scottish Health Council

Participation in a mutual NHS in Scotland

Participation in a mutual NHS in Scotland

Background

In December 2007, the *Better Health, Better Care: Action Plan* was published by the Scottish Government, setting out an ambitious programme of work for the NHS in Scotland over the next five years. A central theme was to develop a 'mutual NHS' which requires new ways of thinking about health and healthcare.

We need to move, over time, to a more inclusive relationship with the Scottish people; a relationship where patients and the public are affirmed as partners rather than recipients of care. We need to move towards an NHS that is truly publicly owned … where ownership and accountability is [sic] shared with the Scottish people and the staff of the NHS … where we think of the people of Scotland not just as consumers – with only rights – but as owners – with both rights and responsibilities.

Participation Standard

This Scottish Government's commitment to a mutual NHS contained specific actions, including the development of a Participation Standard to ensure that people are able to play their full part as owners of the NHS.

As the champion for Patient Focus and Public Involvement, the Scottish Health Council took the lead role in developing the standard, working with NHS Quality Improvement Scotland, the Scottish Government and other stakeholders from the public, voluntary and community sectors.

The Standard will enable the Scottish Health Council to collect information on how successfully NHS Boards are involving people and developing services that best meet their needs and wishes. The Standard covers three aspects of participation - patient focus, public involvement and corporate governance.

The Standard builds on and consolidates a number of existing standards, such as the National Standards for Community Engagement; Informing, Engaging and Consulting People in Developing Health and Community Care Services; and NHS Quality Improvement Scotland's Clinical Governance and Risk Management Standards. Further information on the Participation Standard is available on the Scottish Health Council's website at www.scottishhealthcouncil.org or by contacting any office of the Scottish Health Council (see Appendix 1 for contact details).

A leaflet explaining more about the Participation Standard will be available from the Scottish Health Council during 2010.

Participation Toolkit

This Participation Toolkit has been compiled by the Scottish Health Council as part of the support it provides for staff NHS staff in delivering Patient Focus and Public Involvement. It offers a number of tried and tested tools along with some more recently developed approaches.

2010

Patient focus and public involvement

Patient focus and public involvement

Policy, guidance and legislation

The Scottish Health Council was established in April 2005 to support and monitor how NHS Boards carry out their Patient Focus and Public Involvement responsibilities. These responsibilities are contained within Scottish Government policy, guidance and legislation.

The NHS Reform (Scotland) Act 2004

NHS Boards are required to involve people in designing, developing and delivering the healthcare services they provide for them. NHS Boards' responsibilities in this area were initially set out in the document Patient Focus and Public Involvement, 2001.To reflect the importance of this agenda, duties of public involvement and equal opportunities were placed on NHS Boards in the NHS Reform (Scotland) Act 2004. This Act also required NHS Boards to establish Community Health Partnerships. Each Community Health Partnership is responsible for developing a Public Partnership Forum as one important means by which it can maintain an effective and formal dialogue with its local community.

Better Health, Better Care: Action Plan

The Scottish Government's Better Health, Better Care: Action Plan 2007, sets 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. There are a number of pieces of ongoing work, which underpin that vision and will help to improve patient focus and public involvement in Scotland, including strengthening the role of Public Partnership Forums and developing a Participation Standard. The Standard will be used to collect information on good practice across Scotland and inform future development. More information on Public Partnership Forums and the Participation Standard is available on the Scottish Health Council website.

Better Together: Scotland's Patient Experience Programme

'Better Together', launched in February 2008, is Scotland's Patient Experience Programme, designed to obtain information on patients' experiences of NHSScotland which can then be used to improve health services. The programme supports many of the themes in Better Health, Better Care, in particular that of 'mutuality'. In 2009 surveys were issued to capture peoples' experiences of GP services followed by surveys of in-patient experience and long-term conditions during 2010. In addition to the active collection of data through questionnaires, patients are invited to feed back their experiences through the option of submitting 'stories' on the programme's dedicated website. The programme will run on an annual basis across Scotland and it is intended that it will become part of the annual cycle of work undertaken by NHS Boards.

NHSScotland Quality Strategy

In 2009 the Scottish Government launched its draft strategy document, the Healthcare Quality Strategy, which builds on previous policies, including Building a

Health Service Fit for the Future (2005), and further strengthens the government's commitment to mutuality and quality. The Quality Strategy outlines the government's vision for NHSScotland to 'become a world leader in health care by delivering the highest quality person-centred, clinically effective and safe care and do so in a way that is measurable and meaningful to all'.

The strategy will extend to preventative and anticipatory care thereby supporting other policies that promote health improvement and reduce inequalities. It will also provide a basis for NHSScotland to work with local authority and voluntary sector partners. The Quality Strategy will be based on the Institute of Medicine's six dimensions of quality. In particular, it aims to achieve quality through delivering a patient-centred, safe and effective healthcare system, while ensuring that efficiency, equity and timeliness are embedded across NHSScotland. Public Partnership Forums and other community organisations will have a key role in influencing the development and implementation of the Quality Strategy.

Patients' Rights Bill

In March 2010, the Scottish Government launched the Patients' Rights Bill for users of the NHS in Scotland. This is in line with the commitment made in the 'Better Health, Better Care: Action Plan' and is one of the key steps that the Scottish Government is taking towards developing a mutual NHS in Scotland. The Bill covers access, respect, safety, communication, information, participation, privacy, and independent support and redress. The aim of the Patients' Rights Bill is to reinforce and strengthen the government's commitment to place patients at the centre of the NHS in Scotland; to clarify the standards expected of the NHS; and to set out the rights and responsibilities of patients in a clearer way.

What is patient focus?

In 2000, 'Our National Health: A plan for action, a plan for change' stated that addressing inequalities required a culture change both in the way the NHS interacts with the people it serves and in the way its services are delivered. It stated that 'it is no longer good enough to simply do things to people; a modern healthcare service must do things with the people it serves'.

The 'Patient Focus and Public Involvement Framework' (2001) set out how this change in culture could be made a reality. It emphasised the importance of being responsive to patients' needs and focused on action to meet those needs. Its vision was a health service:

- where people are respected, treated as individuals and involved in their own care
- where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services
- designed for and involving users.

It defined a 'patient-focused NHS', in line with the current drive for a person-centred NHS, as 'a service that exists for the patient and which is designed to meet the needs and wishes of the individual receiving care and treatment'. It sought to embed patient focus into the culture of NHSScotland and make sure that 'listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance'.

It defined a patient-focused NHS as a service that:

- maintains good communications, including listening and talking to patients, the public and communities
- knows about those using the service and understands their needs
- keeps users of the service informed and involved
- has clear, explicit standards of service
- maintains politeness and mutual respect
- has the ability to respond flexibly to an individual's specific needs
- ensures effective action is taken to improve services.

The patient-focused approach[1] also requires the NHS to adopt a strategy that allows it to 'recognise and respond sensitively to the individual needs, background and circumstances of people's lives', so that, irrespective of their 'age, gender, ethnicity, disability, religion, sexual orientation, mental health, economic or other circumstances, they have access to the right health services for their needs'.

What is public involvement?

Involving patients, carers and the public is a very important part of improving the quality of service provided by NHSScotland. Effective public involvement can:

- act as a catalyst for change
- help achieve improvement in the health of the public
- help strengthen public confidence in the NHS.

Each NHS Board has a designated director with responsibility for public involvement. While this lead responsibility is important, there is also a need to ensure that public involvement is promoted by the whole organisation.

NHS Boards are expected to take a proactive and positive approach to public involvement on issues of potential service change. This is an important area of active ongoing public involvement and one where effective communication is essential.

Involving the public should not be seen as something that has to be done at the end of a process, but something that is part of an integrated process of communication and discussion; where communities, patients, public and NHS staff have opportunities to influence decision making. An inclusive process must be able to demonstrate that the NHS engages with communities, listens, is supportive and takes account of views and suggestions.

Community engagement

To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Boards should follow the principles and practice endorsed by the Scottish Health Council, including the National Standards for Community Engagement. Information on the National Standards can be found

[1] More discussion of this approach can be found in: McCormack, B., Manley, K. and Walsh, K. (2008) 'Person-centred Systems and Processes', in Manley, K., McCormack, B. and Wilson, V. (eds) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing, pp. 17–58.

on the Scottish Community Development Centre's website www.scdc.org.uk. The National Standards were developed by Communities Scotland and are now commonly used across the public sector. There are ten standards, covering involvement, support, planning, methods, working together, sharing information, working with others, improvement, feedback, and monitoring and evaluation.

Service change

Proposals for service change should, as far as possible, emerge naturally from a Board's day-to-day engagement with the people and communities it serves. Boards should keep the Scottish Health Council informed about proposed service changes so that it can provide Boards with advice and, if necessary, support in involving potentially affected people in the process.

Major service change

Guidance from Scottish Government Health Directorate states that 'Where a service change will have a major impact on a patient or carer group, members of equalities communities or on a geographical community, the Scottish Health Council can advise on the nature and extent of the process considered appropriate in similar cases. Boards should, however, seek advice from the Scottish Government Health Directorate (SGHD) on whether a service change is considered to be major and, for those that are, Ministerial approval on the Board's decision will be required'.

Boards should inform potentially affected people, staff, and communities of their proposal and involve them in the development and appraisal of options, and agreeing a proportionate consultation process.

The Scottish Health Council's service change advisors should be involved in these discussions and can advise how best the meet the requirements set out in the Scottish Government's guidance 'Informing, Engaging and Consulting People in Developing Health and Community Care Services' Chief Executive Letter (CEL) 4 (2010), copies of which are available from the Scottish Health Council or from the web address given in Appendix 1.

Guidance is available from the Scottish Health Council on 'Involving Patients, Carers and the Public in Option Appraisal for Major Health Service Changes' and 'Guidance on Identifying Major Health Service Changes', both Scottish Health Council, 2010.

Public Partnership Forums

Public Partnership Forums are networks of patients, carers, community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services.

They are the main link between local communities and the Community Health Partnerships, which were set up in 2006 and are responsible for delivering all local health and social care services in an area. There are about 40 Community Health Partnerships across Scotland.

Anyone who lives or works in an area can be a member of that area's Public Partnership Forum. Participants are not required to be members of an existing group or organisation and may take as much or as little part as they choose.

Public Partnership Forums:

- inform local people about the range and location of health and social care services in their area
- involve patients, carers and members of the public in discussions about how to improve local health services
- support wider public involvement in planning and decision making about services that are delivered locally
- represent the public view at meetings of the Community Health Partnership and other organisations.

The Scottish Health Council provides ongoing support to Public Partnership Forums and has established a Chairs' Network that meets every six months to share effective practice, help develop a shared sense of vision and purpose, and to discuss issues relevant to all. Reports on these events can be found on the Scottish Health Council website or by contacting the national office.

Public Partnership Forums are always encouraging the involvement of more people. If service users and/or members of the public would like to participate in the work of the forums, contact details for all the Public Partnership Forums are on the Scottish Health Council website.

2010

Before you start

The Participation Toolkit – before you start

Selecting a suitable tool for your purposes

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.

In line with the National Standards for Community Engagement, it should be agreed with local people how they want to be involved and the approaches to be used.

You may need to use more than one tool when planning participation around a topic. If you need to reach several communities of interest, or involve people in very different situations, it is better to use two or three tools that are each right for that group of people, than to use one compromise method.

Ethical issues

Handling the ethical issues of participation and/or research work appropriately is very important. This matter is covered in detail in Appendix 2.

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

In a mutual NHS all participation activity needs to consider how to embed the involvement of equalities groups and be responsive to peoples' needs, taking account of age, gender, disability, race, religion or belief, sexual orientation, socioeconomic status and geographic location.

The Equality Bill is due to become law in 2010 and to come into force in Scotland in 2011. The current duty requires boards to have equality schemes with regard to disability, gender and race, but from 2011 it is proposed that they will require schemes that cover age, gender reassignment, religion and belief, and sexual orientation. Further information is available from the Equality and Human Rights Commission **www.equalityhumanrights.com.**

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. See Appendix 3 for useful sources.

Health and safety

Every organisation has a Health and Safety Policy and it is important that you understand it and follow it. Consult the relevant health and safety staff if there are any issues around the activities you are undertaking.

Insurance

The basic rule of insurance is disclosure i.e. you must always make the insurers aware of what your organisation is doing. There may, for instance, be public liability issues if you are engaging in work with members of the community. It is therefore important that, at the planning stage of any activity, you notify the members of your staff who deal with insurance and risk management so that they can liaise with the insurers.

Participants' expenses

Information on how to handle this issue is contained in CEL 08 (2009) '*Guidance on Reimbursement of Out-of-Pocket Expenses for Volunteers within NHSScotland'.*

The participation tools

The Participation Toolkit – the Participation Tools

The participation tools and their main uses

This toolkit outlines twenty-two participation tools and how to produce a report of findings. 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 uses to which the tools can be put are arranged under four headings:

1. giving information
2. getting information
3. forums for debate
4. involvement

Some have more than one possible use. This is summarised on the matrix overleaf.

Tool	Can be used for				
	Giving Information	Getting Information	Forums for debate	Involvement	Information about this tool is on pull-out page
Comments cards		●			19
Displays and exhibitions	●				21
Electronic questionnaires		●			23
Electronic voting		●			25
Focus groups		●	●		27
Graphic facilitation		●		●	31
Mystery shopping		●			33
Nominal group technique				●	35
Open space				●	37
Patient diaries		●			39
Planning for real				●	41
Presentations and talking to groups	●				43
Process mapping				●	46
Public meetings	●		●		51
Round-table workshops			●		54
Solution circles				●	56
Storytelling		●		●	58
Surveys and questionnaires		●			61
Text messaging and social networking	●	●			66
Users' panels		●	●	●	68
World café			●	●	70
Written information	●				73

If you need support or assistance in delivering any of these techniques, please contact your Scottish Health Council local office. These are listed in Appendix 1.

Sometimes it can be helpful to use a separate technique to relax the atmosphere and get the discussion started. Examples of 'ice breakers' are given in Appendix 5.

The Participation Toolkit – an outline of each tool

Q. Why use ... Comments Cards?

A. Making cards and postboxes 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

King's College Hospital in London has a Comments and Suggestions scheme. Patients can give their views on Comment Cards or online. They also collate feedback and publish it on their website.

http://www.kch.nhs.uk/about/getting-involved/yourcomments/feedback_on_your_comments

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 or your local Public Partnership Forum.
- 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 ... 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 specially for the purpose of storing and retrieving the data.
- Practical solution: Web-based services such as SurveyMonkey and Zoomerang enable you to easily 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 other software packages such as Excel or (SPSS) Statistical Package for the Social Sciences, which can be used to carry out more complex analyses. However, you might need help to use these packages.

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 www.cmaj.ca/cgi/content/full/179/3/245.
- 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.

Firms providing online questionnaires include:

- www.surveymonkey.com.
- www.zoomerang.com.

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 from TV shows with this approach.
- 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 ... **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. In this time one can ask at most five or six questions.
- Always first ask yourself what exactly it is that you need to know; e.g. do you need to know whether a new proposal will be acceptable to local people; or 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 at Appendix 2 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.
- Carry out the agenda (see 'agenda' above).
- 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 (see Top Tips) 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's 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; there are no right and wrong answers; d) 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. To sign up to receive your own free subscription go to www.rodlaird.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. This 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 an individual 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 ... 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 a code of conduct on the ethical issues of 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 has developed a code of conduct for mystery shopping, including principles for appropriate behaviour. These 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, Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5XZ.

- Market Research Society
  - Market Research Society's advice on best practice www.mrs.org.uk/standards/qual.htm.
  - Market Research Society Code of Conduct on Mystery Shopping www.mrs.org.uk/standards/guidelines.htm.

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.learnhigher.ac.uk/index2.php?option=com_docman&task=doc_view&gid=737&Itemid=244.
- www.joe.org/joe/1984march/iw2.html.
- www.icbl.hw.ac.uk/ltdi/cookbook/nominal_group_technique.
- 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.
- www.shu.ac.uk/integralexcellence.

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 dementia sufferers and their carers who had daily contact with some services and monthly or less frequent contact with others.

Sources and further information

- Patient Diary Guidelines, NHS Sussex Critical Care Network www.sussexcritcare.nhs.uk/profclinical/nurses/documents/patientdiaries.pdf.
- Organisational Learning through Patient Diaries, NHS Improvement Network East Midlands www.tin.nhs.uk/events-calendar/success-2004/award-nominees/hidden/organisational-learning.

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 Trade Mark of The Neighbourhood Initiatives Foundation. 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 Neighbourhood Initiatives Foundation to discuss using the technique to its full effect and to obtain permission for the use of the trade mark.

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

The Neighbourhood Initiatives Foundation, Fairgate House, Kings Road, Tyseley, Birmingham B11 2AA

Telephone: 07979 728424
Fax: 0121 764 3838

www.nif.co.uk/default.html

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, etc.
- Make arrangements to identify and meet any support needs, such as interpreting, carers' expenses, loop system, etc.
- 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. 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, 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, etc.
- Have a glass of water readily available – your mouth can become very dry if you're 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, etc., 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. (2000) *The Sunday Times 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 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 gets people talking and listening and gives everyone a broader perspective of what is happening rather than what people think is happening. Process mapping is easy, creative and fun.

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/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.

- NHSScotland's No Delays website: Process Mapping – Alternative Conventional Methods www.nodelaysscotland.scot.nhs.uk/ServiceImprovement/Tools/Pages/IT232_Process%20Mapping%20%20alternatives%20ways%20to%20conventional%20process%20mapping.aspx. This is an abbreviated version of a longer guide to mapping whole patient journeys, which looks at some different approaches within the overall technique.

- Clinical Excellence Commission (2004) Running a Process Mapping Session. NSW: Department of Health. www.health.nsw.gov.au/resources/nursing/pdf/moc-cecprcss_mpng_guide.pdf. This discusses in detail the planning of a Process Mapping exercise.

- NHS Institute for Innovation and Improvement, Improvement Leaders' Guide to Process Mapping, Analysis and Redesign (Part of the Improvement Leaders' Guide Boxed Set). www.institute.nhs.uk/building_capability/building_improvement_capability/improvement_leaders%27_guides%3a_introduction.html. This outlines Improvement Leaders' Guides that are available.

- The Improvement Network, East Midlands www.tin.nhs.uk/tools--techniques/process-mapping/more-information: This provides examples of what a process map looks like, which is useful for readers who haven't seen or used this technique before.

- Beckman, S. (2003) 'A Guide to Process Mapping', Synergy News, 1 December. www.improvement.nhs.uk/diagnostics/LinkClick.aspx?fileticket=Ja%2BG49hpMI0%3D&tabid=63: This outlines multidisciplinary team Process Mapping.

This guide was developed with the assistance of Viv Smith, 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, e.g. to protect anonymity on sensitive subjects such as mental health.
- A good chair is the most critical success factor. He/she is responsible for the following:
  - 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 from them will be invited. When that stage in the meeting is reached they should:
  - address questions or comments to the chair by raising a hand and waiting to be asked, and given the roving microphone
  - 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 ... **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.
- Consultants are often used for the initial organisation and briefing.
- 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
- consultants
- 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:

- Scottish Council Foundation.
- 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 Featherstone (1997) 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.

Preparation

- 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

Some of this information was first published in:

- the Evaluation Trust website www.evaluationtrust.org/tools/story.
- Labonte, R. and Feather, J. (1996) Handbook on Using Stories in Health Promotion. Ottawa: Health Canada. ISBN 0-662-24665-7.
- www.library.nhs.uk/KNOWLEDGEMANAGEMENT/ViewResource.aspx?resID=93580.
- NHSScotland (2008) Are You Listening? Stories about stigma, discrimination and resilience towards mental health problems among black and minority ethnic communities in Scotland. NHSScotland.

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; write up the findings.
- 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.

- Develop a survey plan to include timescales and any funding you may need.
- 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 available computer software packages, e.g. Microsoft Excel or SPSS (Statistical Package for the Social Sciences).
- 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 peoples' 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.

- Association of Community Health Councils for England and Wales (1996) Health News Briefing, Guidelines on Community Health Council Surveys and Research.
- Fife Council's note on designing a survey or questionnaire: www.fife.gov.uk/uploadfiles/publications/c64_KnowHow8Surveysb.pdf.
- How to Analyze Survey Results: www.ehow.com/how_2172925_analyze-survey-results.html.
- Davies, P. (2009) Questionnaire Development and Analysis. Powys: Institute of Rural Health, Powys Local Health Board. www.wales.nhs.uk/sites3/Documents/501/questionnaire%20design%20170209.doc.
- Loughborough University Library: Questionnaire Design Advice Sheet: www.lboro.ac.uk/library/skills/Advice/QuestionnaireDesign.pdf.
- Oppenheim, A.N. (1992) Questionnaire Design, Interviewing and Attitude Measurement. London: Continuum.

Q. Why use ... Text Messaging and Social Networking?

A. To reach out to 'seldom heard' groups such as young people and people who tend not to engage with more traditional forms of communication; to obtain direct, 'real-time' feedback.

How to do it.....

Text Messaging

- Commercial companies such as 'txttools' can provide a system to enable the use of text messaging for health purposes.
- Service users must give their agreement to be contacted by text message.
- Uses include follow-up feedback after using a health service resource.
- Service user replies directly by means of text message.
- This can be integrated with text messaging systems used to provide test results, or appointment reminders.

Social Networking

- At a basic level, usernet groups offer simple discussion functions. At a more complex level, social networking sites can be used to publish photos, to invite people to events or to have ongoing dialogue with people who use the site.
- Popular social networking websites such as Facebook and Bebo offer a vast array of communications including private messaging, news feeds and instant messaging.
- Users with access to the internet can log in and contribute to a discussion simply and directly.
- There is growing use of discussion forums and social networking pages within the health sector; for example voluntary sector organisations often have established forums and social networking pages which they use to obtain rapid feedback on a variety of topics of interest to the users.

Pros

- Clients see texting as a confidential and useful method of contact.
- Social networking pages are increasingly popular with people who may not use more traditional methods of communication.
- Real-time feedback is provided.
- These methods are very time and cost efficient.
- They can overcome problems of apathy, disengagement and consultation fatigue.
- They make it easy for service users to have their voices heard.
- They are personal and informal.
- Users have ownership of the process.
- Social networking also gives people the opportunity to dip in and out of engagement as appropriate to their own time and interests.

Cons

- Will the method selected reach the target audience?
- Does the target audience have the base IT skills required?
- Legal issues relating to confidentiality, data protection and privacy have to be addressed.
- Text messages are limited in the amount of information that can be exchanged.

Resources

- Specialist IT support, depending on the method chosen
- Access to the appropriate technology.

Top Tip

- Before you start, talk to some members of the target group(s) to ascertain which methods they think are most likely to produce a response.

Sources and further information

Some of this information was first published in:

- 'The power and the perils of using social networking tools in the NHS' published by the NHS Faculty of Health Informatics: www.connectingforhealth.nhs.uk.

- 'Case study – sending sensitive results to patients using secure online text messaging' (Sandyford Initiative), NHS Greater Glasgow October 2005: www.txttools.co.uk.

- Armchair Involvement website: www.institute.nhs.uk.

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, 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. Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5XZ.

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
  - 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
  - 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.
- 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.

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
- http://www.ecojam.org/directory/listing/world-cafe-methodology
- 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
- 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 at 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/resources0/
- 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/fileuploads/makinginfoacessposter-2495.pdf
- Royal National Institute for the Blind has produced guide called See it Right www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx The See it Right book gives organisations the tools they need to improve their policies and procedures in terms of information provision.

What next?

The Participation Toolkit – what next?

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

  for their main body, beginning with the executive summary.

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 are the authors.
- 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 spellcheck 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.

Feeding back and evaluating

To ensure that we continue to improve how we involve patients, carers and communities and learn from what they say, it is important to evaluate all patient focus and public involvement activity. Some resources with approaches to evaluation include:

- Visioning Outcomes in Community Engagement (VOiCE) – a database planning and recording tool designed to assist individuals and organisations to design and deliver effective community engagement. VOiCE has been developed by the Scottish Community Development Centre as part of the support for National Standards for Community Engagement. VOiCE will support you to:
  - plan community engagement and service user participation
  - conduct it effectively
  - monitor and record the process
  - evaluate the outcomes.

Using the VOiCE tool will also help NHS organisations to evidence their achievements against the participation standard.

Sources and further information

- the Scottish Community Development Centre, who developed VOiCE www.scdc.org.uk.
- the Evaluation Trust: www.evaluationtrust.org.

A tool for obtaining feedback on a participation activity and evaluating the process The Head, Heart, Carrier Bag and Dustbin Exercise is a lighthearted and informal method of gathering feedback on an event or project. It may succeed in engaging people where more formal methods fail.

How to do it.....

Draw round someone on a large piece of paper and, a little way apart (possibly on the wall or floor), add large outlines of a heart, a carrier bag and a dustbin. You could also use the form developed by NHS Quality Improvement Scotland (see page 80).

Each participant should receive four post-it notes or stickers. They should be asked to affix one to each of the four drawn shapes:

- 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

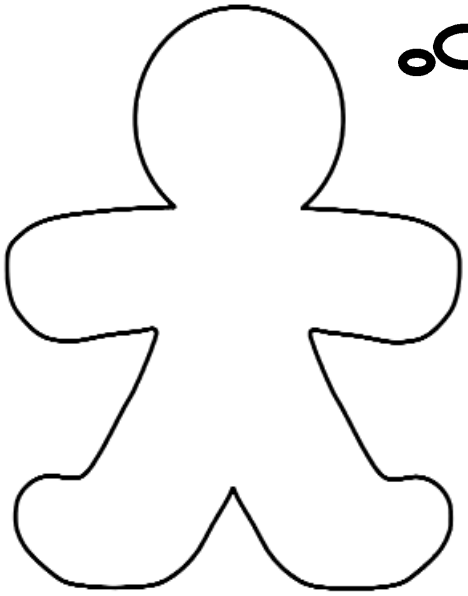
- Paper, marker pens and post-it notes.

Sources and further information

- The Evaluation Trust www.evaluationtrust.org/tools/story.
- www.evaluationsupportscotland.org.uk.

'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 will take away:

Appendices

The Participation Toolkit – appendices

Appendix 1

Scottish Health Council contacts and sources of information

a. The Scottish Health Council

Further information on many issues relating to patient focus and public involvement is available on the Scottish Health Council's website at www.scottishhealthcouncil.org.

For more help, the Scottish Health Council has a network of offices.

Contact details for Scottish Health Council Offices

Ayrshire & Arran:
42 Lister Street, Crosshouse Hospital, Crosshouse, Kilmarmock KA2 0BB
Tel: 01563 825801 Fax: 01563 825804
e-mail: ayrshire.arran@scottishhealthcouncil.org

Borders:
71 High Street, Galashiels, TD1 1RZ
Tel: 01896 661420 Fax: 01896 661423
e-mail: borders@scottishhealthcouncil.org

Dumfries & Galloway:
11 Buccleuch Street, Dumfries, DG1 2AT
Tel: 01387 261222 Fax: 01387 269078
e-mail: dumfries.galloway@scottishhealthcouncil.org

Fife:
Hayfield Clinic, Hayfield Road, Kirkcaldy, KY2 5AD
Tel: 01592 200555/263982 Fax: 01592 644422
e-mail: fife@scottishhealthcouncil.org

Forth Valley:
46 Barnton Street, Stirling, FK1 2NA
Tel: 01786 471550 Fax: 01786 471550
e-mail: forth@scottishhealthcouncil.org

Grampian:
Westburn House, Foresterhill, Westburn Road, Aberdeen, AB25 2XG
Tel: 01224 559444 Fax: 01224 552754
e-mail: grampian@scottishhealthcouncil.org

Greater Glasgow & Clyde:
44 Florence Street, Glasgow, G5 0YZ
Tel: 0141 429 7545 Fax: 0141 429 6367
e-mail: greater.glasgow@scottishhealthcouncil.org

Highland:
Larch House, Stoneyfield Business Park, Inverness, IV2 7PA
Tel: 01463 723930 Fax: 01463 723939
e-mail: highland@scottishhealthcouncil.org

Lanarkshire:
Lanarkshire Office, Airbles Road, Motherwell, ML1 3FE
Tel: 01698 250131 Fax: 01698 275706
e-mail: lanarkshire@scottishhealthcouncil.org

Lothian:
Pentland House, Ground Floor, 47 Robb's Loan, Edinburgh, EH14 1SQ
Tel: 0131 537 8545 Fax: 0131 537 8545
e-mail: lothian@scottishhealthcouncil.org

National Office:
4th Floor, Delta House, 50 West Nile Street, Glasgow, G1 2NP
Tel: 0141 241 6308 Fax: 0141 221 2529
e-mail: national@scottishhealthcouncil.org

Orkney:
Unit 2, Stromness Business Centre, Bank Road, Stromness, Orkney, KW16 3AW
Tel: 01856 852957 Fax: 01856 851465
e-mail: orkney@scottishhealthcouncil.org

Shetland:
Administration Offices, Montfield Hospital, Burgh Road, Lerwick, Shetland, ZE1 0LA
Tel: 01595 741260 Fax: 01595 696501
e-mail: shetland@scottishhealthcouncil.org

Tayside:
Ashludie Hospital, Victoria Street, Monifieth, Angus, DD5 4HQ
Tel: 01382 527966 Fax: 01382 527967
e-mail: tayside@scottishhealthcouncil.org

Western Isles:
4 Harbour View, Cromwell Street Quay, Stornoway, Isle of Lewis, HS1 2DF
Tel: 01851 703292 Fax: 01851 702756
e-mail: western.isles@scottishhealthcouncil.org

b. Sources of information on specific tools

Sources of background information or further information, as appropriate, for specific tools, are given on the pages for each tool.

c. Sources of information on the policy context

This section sets out the Scottish Government's policy commitments and legislation in relation to Patient Focus and Public Involvement, Equality and Diversity and Human Rights.

Chief Executive Letter, Health Department Letter and Management Executive Letters (CEL, HDL, MEL). These can be found on the following website: www.sehd.scot.nhs.uk. The documents listed below provide direction from Scottish Government on the implementation of policies relating to Patient Focus and Public Involvement.
CEL (2010) 04 Informing, Engaging and Consulting People in Developing Health and Community Care Services
CEL (2009) 08 Guidance on reimbursement of 'Out of Pocket' expenses for volunteers within NHSScotland
CEL (2008) 10 Refreshed Strategy for Volunteering in the NHS in Scotland
CEL (2008) 20 Implementation of Better Health, Better Care
CEL (2008) 49 Spiritual Care
HDL (2006) 22 NHS Carer Information Strategies: Minimum requirements and guidance on implementation
HDL (2006) 13 Patient Focus and Public Involvement Independent Advice Support Service
HDL (2005) 11 Patient Focus Public Involvement: Establishment of the Scottish Health Council
HDL (2005) 09 Equality and Diversity Impact Assessment Toolkit : Interim guidance
HDL(2005) 15 Implementation of new NHS Complaints Procedure
HDL (2002) 51 Fair for All: Working together towards culturally competent services
HDL (2001) 08 Independent Advocacy: A guide for commissioners

Key Standards and Publications	
Independent Advocacy: A Guide for Commissioners 2010	www.siaa.org.uk
Equally Well: Report of the Ministerial Task Force on Health Inequalities 2008	www.scotland.gov.uk
Principles and Standards for Independent Advocacy Scottish Independent Advocacy Alliance 2008	www.siaa.org.uk
Code of Practice for Independent Advocacy 2008	www.siaa.org.uk
Better Together – The Patient Experience Programme (2008)	www.bettertogetherscotland.com
Better Health, Better Care: Action Plan (2007)	www.scotland.gov.uk
National Standards for Community Engagement (2005)	www.scdc.org.uk
Building a Health Service Fit for the Future (2005)	www.scotland.gov.uk
Delivering for Health SEHD November (2005)	www.scotland.gov.uk
Can I help You? Learning from Comments, Concerns and Complaints (2005)	www.sehd.scot.nhs.uk
Community Health Partnerships: Involving People Advice Notes December 2004	www.sehd.scot.nhs.uk
Community Health Partnership Statutory Guidance 2004, Scottish Executive Health Department, March 2004	www.sehd.scot.nhs.uk
A Partnership for Care, Scotland's Health White Paper, Scottish Executive, 2003	www.scotland.gov.uk
Sustainable Patient Focus and Public Involvement, Scottish Executive, 2003	www.scotland.gov.uk
Patient Focus Public Involvement, Scottish Executive, 2001	www.scotland.gov.uk
Our National Health: A plan for action, a plan for change, Scottish Executive, 2000	www.scotland.gov.uk

Equality, Diversity and Human Rights Legislation	
The Equality and Human Rights Commission has a list of the key pieces of equality and human rights legislation	www.equalityhumanrights.com/advice-and-guidance/information-for-advisers/key-legislation
The Equality and Human Rights Commission has a section that specifically covers Scotland on its website	www.equalityhumanrights.com/scotland
Other Key Legislation	
Patients Rights Bill 2008	www.scotland.gov.uk
NHS Reform (Scotland) Act 2004	www.scotland.gov.uk
Mental Health (Care and Treatment) (Scotland) Act 2003	www.opsi.gov.uk
Community Care and Health Act 2002	www.opsi.gov.uk
Adults with Incapacity Act 2000	www.opsi.gov.uk
Carers (Recognition and Services) Act 1995	www.opsi.gov.uk

scottish health council

making sure your voice counts

Patient focus and public involvement design checklist: Covering ethical issues

This checklist has been developed to promote good practice and to quality assure staff-led (both Scottish Health Council and NHS Board) patient focus and public involvement work. It covers both legal and ethical issues, such as data protection and informed consent.

The checklist is a self-report form which is designed to assist staff planning patient focus and public involvement work.

This booklet contains:
Section One: Guidance Notes
Section Two: Blank form

IMPORTANT NOTES:

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.

In general, if the study could 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 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 www.nres.npsa.nhs.uk.

If you require any assistance in completing this form you should contact the board'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 NA (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 overcommitment 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/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 ONE: 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?	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 (eg 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, Programme Manager, Standards Development Unit, NHS QIS

Appendix 3

Useful resources and websites

Subject	Organisation or Source	Links
General	The Scottish Government – Equality and Diversity Impact Assessment Toolkit	www.scotland.gov.uk/Publications/2005/02/20687/52425
	NHS 24's Support Groups Directory may be useful in identifying local groups	www.nhs24.com/content/default.asp?page=s46
	Information Services Division (ISD) Equality and Diversity Information Programme	www.isdscotland.org/isd/3392.html
	The Scottish Executive – Good Practice Guidance Consultation with Equalities Groups	www.scotland.gov.uk/Publications/2002/06/14850/5330
	Don't treat us all the Same - advice note to be used alongside National Standards for Community Engagement to ensure engagement is inclusive and promotes equal opportunities.	www.scdc.org.uk/uploads/dont_treat_us_all_the_same.doc
	Using the National Standards for Community Engagement with communities of interest & equalities groups	www.scdc.org.uk/uploads/further_notes_on_engaging_with_equalities_groups.doc
Disability	**Please consult the Accessibility Checklist in Appendix 4**	
	Scottish Accessible Information Forum Provides practical assistance on making information accessible for disabled people	www.saifscotland.org.uk
	Communication Forum Scotland Provides a toolkit for engaging with people with communication support needs called Talk for Scotland	www.communicationforumscotland.org.uk/2010/TK_How_to_Use_Home.php
	The Scottish Consortium for Learning Disability – How to make information accessible	www.scld.org.uk/what-we-offer/making-information-accessible.xhtml
	Fair for All Tip Cards from NHS Health	www.healthscotland.com/uploads/documents/5809-Updated%20Tip%20Cards%20-%2031.01.08.pdf

Children	**Seek the advice of your board's lead officer for child protection if you are planning to work with children and young people under 18 years of age**	
	Engaging Children and Young People in Community Planning: Community Planning Advice Note, 2006	www.scotland.gov.uk/Publications/2006/09/CYPConsultationReport
	Aberlour Child Care Trust, May 2009 'Hear us Now – Good Practice Guide to Participation'	www.youngscotlandinmind.org.uk/resources/article.asp?id=250
Age	This guidance was developed by Fair for All Age for the NHS	www.healthscotland.com/documents/2502.aspx
	National Standards for Community Engagement – What should they mean for young people?	www.scdc.org.uk/uploads/making_the_standards_accessible_for_young_people.doc
Black and Minority Ethnic	NHS Health Scotland have guidance and resources on good practice throughout Scotland in engaging Black and Minority Ethnic communities	www.healthscotland.com/about/equalities/guidanceandresourcesFFA/raceresources.aspx
	Communications Guidelines for the introduction of ethnic monitoring in Health Boards in Scotland	www.equalitiesinhealth.org/publications/COMMUNICATIONSGUIDELINES.pdf
Remote and Rural Communities	National Standards for Community Engagement Advice Note Remote Rural Practice	www.shb.scot.nhs.uk/initiatives/pfpi/documents/usingthestandardsinruralcommunities.pdf
Faith Backgrounds	Multi Faith resource for Healthcare Staff	www.healthscotland.com/uploads/documents/6310-Multifaith%20Resource%20for%20Healthcare%20staff.pdf

Subject	Organisation or Source	Links
Asylum Seekers and Refugees	NHS Health Scotland have a link to an asylum seekers and refugees resource pack for health care professionals from National Resource Centre for Ethnic Minority Health	www.healthscotland.com/uploads/documents/6227-Assylum%20seekers%20and%20Refugees%20resources%20pack.pdf
Homeless People	Involving and empowering people using homelessness services in Scotland. A participation technique and toolkit from Glasgow Homelessness Network	www.ghn.org.uk/shien
Lesbian, Gay, Bisexual and Trans-gender (LGBT)	Stonewall Scotland: Getting Started: A route map for public services in Scotland, 2008	www.stonewallscotland.org.uk/documents/routemap_final_version_2.pdf
	The Equality Network: 'How to engage the LGBT community in community planning'	www.lgbtcommunity.org.uk/index.html
	Fair for All The wider challenge Good LGBT practice in the NHS	www.equalitiesinhealth.org/publications/Good_LGBT_Practice_NHS.pdf
	Not 'just' a friend -Best practice guidance on health care for lesbian, gay and bisexual service users and their families	www.equalitiesinhealth.org/publications/14029.pdf
Gypsy Travellers	Aberdeen City Council - information that will be useful for an Equality Impact Assessment and gives an overview of issues for this community generally	www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=22888&sID=2603

Accessibility checklist: To assess the accessibility of a venue

To check the accessibility of a venue, you can:

- Visit the venue yourself and use the Accessibility Checklist available from the Scottish Health Council (see Appendix 1 for contact information).
- Consult Conferences & Exhibition Venues: a guide to facilities for disabled people (2nd edn, 2000) published by RADAR www.radar.org.uk (cost £8). The information in the guide has been provided by the venues themselves. It includes information for each venue listed on disabled parking, the nearest car park, whether the entrance is level, accessibility of meeting rooms, accessible toilets, whether there is an induction loop, accessibility of catering areas and notice needed for special diets, and accessible bedrooms.
- Use the VenuesLive search facility to find an accessible venue: www.venueslive.co.uk.
- 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. BS8300 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-in-12, although 1-in-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 BS8300 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 needs 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 1100mm; depth 1400mm; door opening 800mm; controls 900–1200mm 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 are 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 wheelchairs 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 BS8300 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 for 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 needs to be enough seats 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, Quality and Diversity Project Manager, NHS Forth Valley.

Appendix 5

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.

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.

Updating the Toolkit

The Toolkit will be updated annually and the most recent version will be available on the Scottish Health Council website.

If you have information about tools that you would like to share with others, please let us know about them and we will add them to the toolkit.