Ask and Act

How to engage effectively
Ask and Act - Objectives

To understand:
- The purpose of public / patient engagement
- When to use it
- Why engage?
- Best techniques
- Evaluation
Ask and Act

Module One

General Topics
At the end of this module you will be able:

• Describe patient/public engagement
• Understand why we need it
• Understand the link between different models
• Recognise the difference between quantitative and qualitative techniques
One – learning outcomes

• Recognise common pitfalls and how to avoid them
• Give effective feedback to participants
• Target engagement effectively
• Recognise saturation and how to avoid it
• Plan an engagement exercise
One – Introductions

• Please tell us your name and what you want to learn about engagement.
Ladder of Engagement (after Arnstein)

- Community power
  - Citizen Control
  - Delegated Power
  - Partnership
- Placation
- Consultation
- Information
- Corporate Power
Role of engagement

- Asking about opinions with no guarantee of action
- Is not a promise to do what the audience desires
- Informs decisions but does not make them
- Gathers information to make better decisions
- Is not about giving in to those who shout loudest
- Ensures that the centre retain control of decision making
Why should we engage?

- Because we want to know what patients / public think about something
- To be able to understand the needs of local people
- To be able to plan new services or changes to services
- To measure people's views on issues
- Legal duty
Legal requirement

- Three primary legal duties based on the National Health Service Act 2006 and amended in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012
- We must engage local people and stakeholders about:
  - The planning of the provision of local healthcare services
  - The development and consideration of proposals for changes in the way those services are provided
  - Decisions to be made affecting the operation of those services.
Why?

• **Putting the patient at the centre** – we must ensure the patient, their family and carers are the centre of service delivery. This is stated clearly in the aims and values of HMR CCG.

• Involving patients, and communicating effectively with them about the design, development and commissioning of services helps ensure their unique insight and experience influence the design, commissioning and delivery of services.
• Equality of Opportunity – Involving all our diverse local communities enables those with protected characteristics to influence the design and commissioning of services.

• The CCG must commission services based on local need. Part of assessing need is engaging communities about the key healthcare issues for their community. This can then be triangulated with other data to build a comprehensive assessment.
Good engagement

- Asks people only about things they can influence
- Has a genuine interest in what they say
- Values all views
- Is done over a sufficient period of time
- Provides full and timely feedback
- Acts in some way on what it learns
Engagement Cycle

1. Plan
2. Develop
3. Engage
4. Evaluate
5. Feedback
Feedback

• Feedback is a crucial part of the process. It is unwise to engage people without telling them the result of their participation.

• Why –
  – Because they have a right to know the result if they gave up their time
  – Because they may not take part next time
  – Because it shows you have listened
Qualitative v Quantitative

• Qualitative – Positive: can be used to get comprehensive insight, probes the views of participants and the reasons for those views. Relies on discussion, in depth and follow up questioning, collects as much information about an issue from each participant as is possible.

• Negative: generally not used as statistical evidence, may not be representative, time consuming.

• Examples: Citizens Juries, Focus Groups, Participatory Appraisal, Ethnographic research.
Qualitative v Quantitative

- **Quantitative – Positive**: useful for collecting the views of a large number of people, tells you how many said something, uses variety of questions to gather opinion, results may forecast views of whole population, less resource intensive.
- **Negative**: results relatively superficial, do not tell you why a view has been given. Possible errors through question design or sampling.
- **Examples** – On Line surveys, telephone surveys,
Targeting engagement

- Who should we ask? – patients, residents, stakeholders, fellow professionals/partner organisations, community groups, groups with protected characteristics, etc.

- Factors that affect this – what you want to find out may not be relevant to everyone, time, cost, expertise (may have to buy in), ability of target audience to take part, (e.g. language issues, vulnerable groups).
Targeting engagement

• Ideal – Ask everyone who may have a view, use a variety of both qualitative and quantitative techniques, take at least 6 months, assign whatever resources may be required.

• Reality – Cannot ask everyone so need to take a sample, time and resources restricted, may be limited to one technique.
Fatigue

Engagement is now common, it seems that surveys pop up on your phone or someone calls, on an almost daily basis. This can lead to consultation fatigue. Participants begin to feel that they complete an ever increasing number of surveys or attend more and more meetings. At some point they will say "enough" and stop participating.
Fatigue

- Avoid this by:
  - Asking do I really need to do this?
  - Check for other sources of information?
  - Join engagement on different subject but with the same audience together.
  - Plan engagement across the borough corporately.
  - Ensure participants know how important it is to participate.
  - Ensure they always get feedback so they may continue to participate.

- Sometimes it cannot be avoided.
Exercise

You have built a new health centre due to open in three months and have decided to ask local people and stakeholders about what services should occupy the building.

Who are you going to ask, when and why? What can they really influence?
Two

Qualitative techniques
Outcomes

After this session you will understand:

• Qualitative engagement techniques
• When to use them
• A range of session types
• Effectively run a session by considering the following:
  – Listening
  – Note/minute taking
  – Facilitation
  – Chairing
Introductions
## Techniques - Citizens Jury

<table>
<thead>
<tr>
<th>When to use</th>
<th>When not to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A small group of the general public (12 – 25 people) considers a policy issue over a number of days. Evidence is heard from expert witnesses, and an independent moderator may be used to facilitate the process. The jurors consider the issues and report back to the Council. A decision is made.</td>
<td>Issues where a definitive answer is required Where responses need to be completely representative</td>
</tr>
<tr>
<td>Covering issues where decision makers have found it difficult to come to a decision on a non political issue. Gaining informed feedback and involving people in local authority decision-making Issues that require a multi agency response.</td>
<td></td>
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</tbody>
</table>
## Techniques - Focus Group.

<table>
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<th>When to use</th>
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<tr>
<td>A group interview involving around a dozen people, moderated by a professional and centred on a specific set of topics or issues. Each session is recorded with the aim of identifying attitudes to the issues under discussion and possible areas of change</td>
<td>When a representative response is required With a personal issue</td>
</tr>
</tbody>
</table>
Techniques - Planning for real.

<table>
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<tr>
<td>Planning for Real is a consultation method which allows individuals to take part in decisions affecting their neighbourhood, site or building. Uses three dimensional models to allow participants to physically plan a building or area.</td>
<td>Physical issues – planning, traffic, housing etc. Complex Issues Generating new ideas and dialogue</td>
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</table>
### Techniques - Forum Theatre.

<table>
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<td>Actors begin to act out a scene written for a given issue or situation. A member of the audience can shout stop at any stage. At this point they enter the Play taking the place of the actor. They can rerun part of the scene showing how they think it should / could have happened. The method can be varied by actors coming into the audience to ask for comments on situations rather than the audience shouting stop</td>
<td>When a representative response is required With a personal issue</td>
</tr>
</tbody>
</table>
| In-depth and complex issues  
Target groups e.g. young people  
Developing new ideas  
And solutions |  

Role Play

Focus Group – Role Play.

You are proposing to close a health centre in the town centre due to vandalism and you wish to understand the public’s views on the issue.
Listening Skills

• Short exercise – 2 minute talk
• Active Listening – making the conversation a two way interchange by acknowledging what the other person is saying – nodding, making eye contact, comments, follow up questions, do not make assumptions or judge what is being said even if it is something you find unpleasant.
• Goldilocks.
Not just note taking and a chat

- Structured discussion
- Follows agenda
- Must keep to the point if you want to achieve your goal
- Facilitator must involve all participants and ensure flow of discussion
- Notes need to have enough detail to produce data for analysis
Focus Groups

- A small group of 6-10 participants enables everyone to participate fully in the discussion and is particularly useful where you wish to explore a sensitive or difficult issue in depth and fully understand what people think and feel about it.

- A larger group of 10 or more participants generates discussion from a wider range of perspectives but probably not in as much depth as a smaller group. This is particularly useful where you wish to generate ideas about an issue and include more people in your research.
Focus Groups

• Any more than 20 people and it becomes difficult to give everyone sufficient chance to share their views and to keep order if there are disagreements.
• You could have a situation where only the loudest are heard.
• More difficult to take accurate notes because may be multiple conversations
Focus Groups

Timing and venue for the meeting

• Mornings or evenings are usually best. You need to balance the availability of people with their work and domestic commitments. You may need to do both to reach your chosen sample.

• The venue should be convenient to participants, consider where they are more comfortable.

• If you want to speak to people in work consider getting permission to hold meeting in workplace.
Focus Groups

<table>
<thead>
<tr>
<th>Question Category</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening</td>
<td>Participants get acquainted and feel connected</td>
</tr>
<tr>
<td></td>
<td>1. Tell us your name and where you live</td>
</tr>
<tr>
<td>Introductory</td>
<td>Begins discussion of topic</td>
</tr>
<tr>
<td></td>
<td>2. Describe a healthy person</td>
</tr>
</tbody>
</table>
Focus Groups

<table>
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<tr>
<th>Question Category</th>
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<tr>
<td>Transition</td>
<td>Moves smoothly and seamlessly into key questions</td>
</tr>
<tr>
<td></td>
<td>3. When you think of being healthy, what comes to mind?</td>
</tr>
<tr>
<td></td>
<td>4. Think of the last few years. Have you made any changes in your diet, exercise, or personal habits? Tell us about them</td>
</tr>
<tr>
<td>Key</td>
<td>Obtains insight on areas of central concern in study</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>What prompted these changes? (Follow up prompts:</td>
</tr>
<tr>
<td></td>
<td>Friends, family and neighbours? Written information?</td>
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<tr>
<td></td>
<td>Media messages? Medical advise? Physical health?</td>
</tr>
<tr>
<td></td>
<td>Personal desire to change?)</td>
</tr>
<tr>
<td>6.</td>
<td>Which of those mentioned was the most influential?</td>
</tr>
<tr>
<td>7.</td>
<td>Tell us about the things you tried to do but</td>
</tr>
<tr>
<td></td>
<td>discontinued; the changes you tried to make but</td>
</tr>
<tr>
<td></td>
<td>were unsuccessful</td>
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Focus Groups

<table>
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<th>Ending</th>
<th>Helps researchers determine where to place emphasis and brings closure to the discussion</th>
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</table>

|       | We are trying to help people make healthy changes. What advise do you have for us? |
Room layout

- Layout – tables form a barrier between the participants and the facilitator. The facilitator needs to be able to make eye contact with all participants.
- Accessibility – can everyone enter and feel comfortable in the room, wheelchair access, hearing loop, signer.
- Furniture – how you arrange the furniture can affect the way the session proceeds
- Refreshments – be aware of dietary needs, where will you serve refreshments?
Focus Groups

Greeting participants

- 15 mins
- Greet people as they arrive
- Complete ED sheets to record accurate profile of participants and/or fill in registration form
- Give people name badges written clearly in large print, usually just first name (facilitator and recorder too)
- Offer tea and coffee if provided
Focus Groups

Start of session and introductions

- 5-10 mins
- Welcome and fire regulations
- Introduce yourself and who you represent/work for – say to what degree you are neutral/partisan
- State the purpose of the session and the overall project- helpful to have key points written clearly on flipchart
  - Why participants are there / the scope of the discussion
  - How they have been selected and recruited
  - What will happen to the results
  - Run through the format and timing of the session (including breaks and locations of toilets)
  - Ask if there are any general questions of clarification
Focus Groups

Interactive discussion

• 50-90 mins
• Go round the group getting people to briefly introduce themselves and say something about themselves that is relevant to the session, e.g. if they have children, if they use a car to get to work
• Moving through the agenda and managing the time
• Accurately record discussion
• Summarising key points for discussion, asking if anything is missing
Focus Groups

Summary and end of session

- 5-10 mins
- Outline any planned feedback and/or further contact for participants
- Explain how the information from this session will be used
- What will happen next and when
- Thanks and goodbye
- Issue incentive payments and/or expenses
Facilitator skills

• Position – where are you going to stand in relation to your audience to be most effective
• Distractions-check the venue for distractions and see if you can remove them
• Going off the point – it is inevitable that the discussion will wander from time to time, you have to decide how long to allow this and how you bring the discussion back on track
• Disruption – participants may not behave as you would like, you need to have a method to deal with this
• Non verbal signs – be careful about posture, facial expressions etc. these can convey messages without you realising.
Note taking

- Ideally one person facilitates and one person records.
- Written notes are essential for recording focus group discussions and converting them into usable data.
- Flip charts are useful for recording responses.
- Tape / video recording the conversation can be useful to check key points after the session, but check participants are ok with this.
- Transcribing tape recorded conversations is very time consuming and can be quite difficult.
Good Notes

• Clear and concise
• Easy to read
• Contain as much as possible of what participants have said
• Can be supported by other information such as votes on post it notes when prioritisation is required
Putting it all Together

Exercise – You are looking at a site to locate a new hospital in the area and you have convened a focus group of local people to discuss where might be the best location.
Quantitative techniques
Outcomes

You will understand:

- When best to use Quantitative techniques
- Questionnaire design principles
- How to target and reach the appropriate audience
- Maximising response rates
- Statistical relevance and how this affects the results
- How to interpret the results
Introductions

People Bingo.
What are surveys for?

- Making decisions
- Informing decisions
- Canvassing opinion for service /policy / development
- To measure performance against targets
Survey types.

- On Line / Postal – questionnaire sent out to sample of local population, or hosted on a web site
- Face to face interview – questionnaire used to ask sample of the population views on issues. Allows clarification of questions asked
- Telephone interview – similar to above. Tends to be used for shorter surveys because of cost.
The purpose of the survey

- Why do you want to consult?
- What do you want to find out?
- When do you need to consult?
- Who is your target audience?
- How many people do you need to consult?
- What are the results going to be used for?
- Are you going to publish the results?
- How will you feedback to those who took part?
Survey cycle

plan → develop → engage → feedback → evaluate → plan
Question types.

• Open – where the respondent can add extra information to give more depth to the answer
• Closed – where the question is framed to allow only particular answers.
• Clarity – is the question easy to understand and respond to?
• Plain language – can respondents understand language?
   Have you avoided jargon and acronyms?
Sampling

- Random
- Cluster
- Stratified
- Census
Questions

- Closed v open
- Balanced scales
- Rating
- Ensuring you are only asking one question at a time
Responses

- Percentage returned
- Base numbers
- Confidence interval
- Significance
- Correlation
- Boosting
- Weighting
Analysing responses

• Top line results
• Counts v percentages
• Cross tabulation
• 70% satisfied means 30% dissatisfied?