



# Commissioners' Guide to engaging Service Users, Carers & the Public



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# 1 Why do we need to engage with patients, carers & the public?

## Legal Requirement for CCGs: Health and Social Care Act 2012

**Individual participation:** to promote their involvement of patients and carers in decisions relating to their care or treatment. CCGs must ensure they commission services to involve patients across the whole spectrum of prevention/diagnosis, care planning, treatment and care management

**Patient and Public involvement** in commissioning processes and decisions:

The public, patients and carers must be involved in:

- Planning of commissioning arrangements – including assessment, consideration of resource planning & service specification
- Proposed changes to services that may impact on patients

**Local Authorities** need to consider duties relating to:

- Overview and scrutiny
- Health and Wellbeing Boards
- The legal requirement to hold meetings in public

Local Authorities are required to include local politicians as the representatives of council tax payers and Local authority provided services.

## Public Sector Equality Duty

This duty applies to both NHS organisations and Local Authorities:

“The **public sector Equality Duty (PSED)** requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities”.

It is therefore important that engagement takes place with groups with protected characteristics, in order to understand their experiences and help ensure there is equality in accessing and using services.

**Other reasons why for ensuring we engage with service users, carers and the public .....**

- **Moral reasons** – many believe that being engaged in decisions about planning, designing and delivering services is a fundamental right. The right to be involved- whether in individual care or in wider planning and delivery - is enshrined in the [NHS Constitution](#)

- **Business reasons** – engaging people can help increase quality and effectiveness, and reduce cost. Understanding the effect of small changes, and then replicating them, can make huge differences.
- **Social and political reasons**- engagement can lead to more confident relationships between local stakeholders
- **Health reasons**- evidence shows that not only do patients benefit from increased involvement in their own care, but that engagement can deliver improvements such as improved outcomes, better self-care and better adherence to medical regimes.

## 1.1 The Engagement Ladder



There are different levels of “engagement” from information giving, consultation, to involvement and ultimately collaborating with service/users and carers as partners.

Empowering people to make decisions is not often seen within commissioning; it is more usually related to personal health budgets etc; however users and carers involved in engagement work should feel empowered through their involvement to contribute to changes and improvements in health and care services

## 1.2 Core principles of engagement

- Reach out to people, don't expect them to come to you. Ask them how they would like to be involved
- Value people's lived experience and the assets they bring to the table.
- Proactively seek involvement from those with the greatest health inequalities and poor health outcomes
- Promote equality and diversity and respect different views and opinions
- Plan and budget for engagement, involving people as early as possible
- Have an ongoing dialogue and avoid tokenism; provide information training and support to enable people to be involved fully
- Ensure information is clear and easy to understand, recognising that everyone has different needs. Use trusted intermediaries where appropriate
- Seek and review information on experience of being involved, and consistently improve processes
- Record, recognise, value and celebrate people's contribution; ensure you give timely feedback on the impact of the involvement.
- Be open and honest about the scope of any changes that can be made

## 1.3 Working in Partnership

Partnership working will enhance engagement with patients, carers and the public

### Working in partnership between statutory sector organisations

There is always a risk of people feeling “over consulted” - working jointly with statutory sector partners will help

- **Work efficiently** through sharing resources
- **maximise** the chances of getting good quality feedback
- **pull out** information on what really matters to people – this may span a number of areas
- **work collaboratively** to find solutions

## 1.4 Transparency and openness

It is important to be open with patients, carers and the public about the extent to which they can effect change

### Example:

The two GP partners who run a local practice give notice to the CCG that they will retire in 6 months; they also own the surgery building and are clear that once they retire, the building will not be available to the NHS. It is inevitable that the practice will have to close.

### Engaging with patients of the practice:

**What not to say:** “What do you want to happen?”

Patients are likely to tell you that they want to keep the surgery open, recruit new GPs, or buy a nearby building and create a new surgery.

Be open and honest: “We are not able to keep this surgery open, and patients will need to register at another local surgery”

### What you CAN engage on:

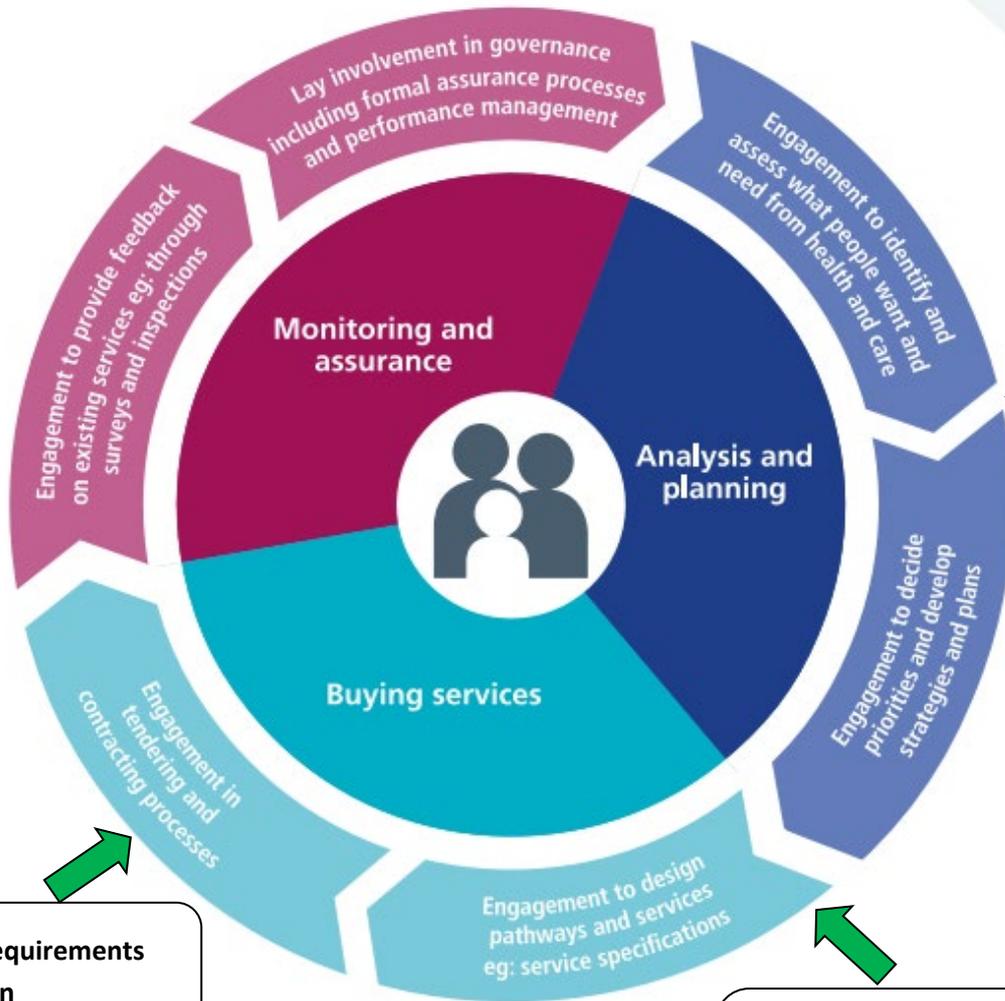
“What made this a good practice? What do you value about it?”

“What are your concerns about moving to another practice? What can be done to overcome any barriers?”

“What kind of information do you need about other local surgeries?” (e.g. opening hours, gender of GPs/nurses, services provided).

**Feedback can lead to positive action – but recognise people may remain fundamentally unhappy that “their surgery” is to close**

## 2 The commissioning/engagement/equalities cycle



Engagement to identify and assess “wants and needs” from care

Engagement to decide priorities and develop strategies & plans

**Why include service user/carer feedback at this stage?**

- Understanding local priorities will address local need
- Many service changes will be driven nationally, but local intelligence is vital to build appropriate and responsive local solutions
- We might have missed something that is really important to local people!





## Key questions

### What information do we have already?

Use all available research, knowledge and community intelligence to help plan appropriate engagement. You may not need to carry out more engagement if you already have recent and relevant information.

- JSNA information / local needs assessments
- National level feedback on this service
- Local service user/carer feedback (e.g. provider led surveys, feedback from the voluntary sector, feedback from health condition specific groups)
- Information from CCG/Local Authority public discussions, focus groups etc
- Feedback from communities of interest and place
- Useful information from housing agencies, emergency services, criminal justice agencies, local businesses, etc
- Feedback from Healthwatch and the local Community and Voluntary Sector

**Joint Strategic Needs Assessments can be found on Local Authority Websites**

**For details of feedback from patients/service users, carers & the public from local engagement work, speak to the Engagement Leads**

## 2.1 Your Equality Impact Assessment (EIA)



### Why do an EIA?

The EIA will help guide you on further engagement needed with protected characteristic groups.

In completing your EIA, you will identify which groups might be particularly relevant to the service – for example, there may be a higher incidence of a condition in some groups- such as *more older people suffer strokes*, or there being a high incidence of *mental health issues amongst Trans people*.

You then need to consider if you have got feedback from these groups on their experiences of using current services, barriers to use, and/or what would help them engage with services.

If you don't have this evidence, you will to seek it!

This will inform the next stage of your commissioning/engagement cycle.

## Engagement to design pathways and services

### Why involve service users, carers and the public?

- **decisions about services better reflecting local aspirations**
- **more realistic operational plans.**
- **service users will help resolve problems with services when challenges are understood**
- **Involvement at all stages increases feeling of ownership**
- **Building the capacity of local service users, carers and citizens to participate in decisions is crucial**



### Key questions

- Do we need further local information?
  - Do we need to do further work to find out what local people think of services? Have we got gaps in existing intelligence?
  - Are we missing feedback from a diverse range of people? (ref. your EIA)
  - Who do we need to contact?
  - **How** do we gather more information? (see section 5)

### Top Tip

• **Always check out the validity of the results of national or regional engagement with a local cohort of service users/carers. This will bring a local perspective to the work, will help local people feel a sense of ownership, and will provide commissioners with a group to work with as the service change progresses.**

### What do we do where a review of an existing service is needed?

- Identify who your key stakeholders are – service users/carers, voluntary sector groups, (see section 4)
- Use your EIA to highlight any potential or actual impact on protected characteristic groups, and plan mitigating action (below)
- Involve service users /carers in the redesign of the pathway from the start – they should be **key partners** in planning and designing new specifications/pathways, working alongside clinicians, care professionals and commissioning managers
- **Co design pathways WITH service users/carers**, and engage them in defining the quality measures that will form part of the specification/contract

- Ensure the new specification includes ongoing engagement within the service

#### Why involve service users, carers and the public ?

- Service users and carers will bring a lay view to the procurement process and help challenge assumptions
- Service users and carers are ideally placed to evaluate non clinical aspects of a bid
- This helps to ensure the service is user focussed, responds appropriately to equality issues and includes appropriate engagement

Engagement in tendering and contracting



#### Key question: How do we best involve service users/carers in this process?

- Make sure you involve service users and carers in the procurement process **where appropriate**; a small number of service user/carer representatives should be involved with the procurement planning group from the outset – these should be service users /carers who have been involved in the previous stage of service redesign.
- Ensure service users/carers are fully informed about the process, their role in the process and the timescale
- Involve service users/carers in setting questions for the bidders



#### Service users/carers on your evaluation panel, reading and scoring bids.

Top Tip

- Take into account that service users/carers may not be used to procurement processes. Take time to ensure they are familiar with the documents, are clear on what is expected of them- for example, whether or not they are required to read the whole bid or just certain questions, and how to score.
- Ensure that there is adequate time for service users/carers to read through and score the documents. Ensure that moderation meetings are set at convenient times.



## Service user/carer panel as part of bidder presentations

### Top Tip

• Ensure that you have a range of users on your panel, and that it reflects the procurement. For example, for a mental health service procurement, your panel would comprise MH service users, with a range of protected characteristics and experience of services. Don't forget that carers are very experienced and can bring a lot of knowledge and expertise

- Procurements are complex, and it's important to ensure your service users and carers understand processes fully and have a point of contact for any queries.
- Offer a **pre meet** for service users, whether on an evaluation group or as part of a user panel, to make sure they know about the process, what to expect, the time they are expected to commit, and how their input feeds into decisions.
- Ensure you keep service users/carers who have been involved in the procurement process informed afterwards- for example, in updates about mobilisation of any new service.



All service users /carers involved in procurements will need to sign **Declaration of Interest** forms before the procurement starts. It is also vital that they understand the confidentiality issues related to seeing commercially sensitive information.

### Requirements for bidders/potential providers at the procurement stage

- Ensure service user/carer and public engagement is a key requirement for bidders to evidence and show plans for going forward; including for example how they are going to collect experience feedback and how this will impact on service improvement
- Bidders should be asked how they will ensure equity of access by protected characteristic groups, and how they will know this is successful



**Engagement to provide feedback on existing services**

**Why involve service users/carers in ongoing monitoring?**

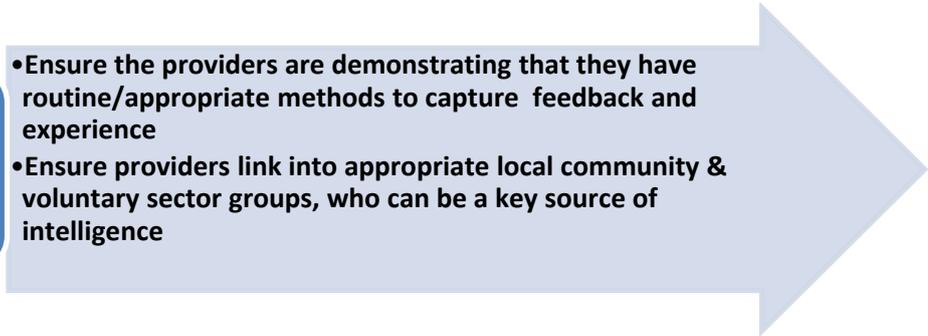
- You will need to know whether the service is responsive to need
- Ongoing monitoring allows the service to make minor changes where needed, and flags up more urgent issues
- This should be undertaken by providers as part of the contract.... but the CCG/BHCC will also be collecting feedback through various channels, e.g via Healthwatch, PPG's , community & voluntary sector, etc which should be fed back to the Commissioner



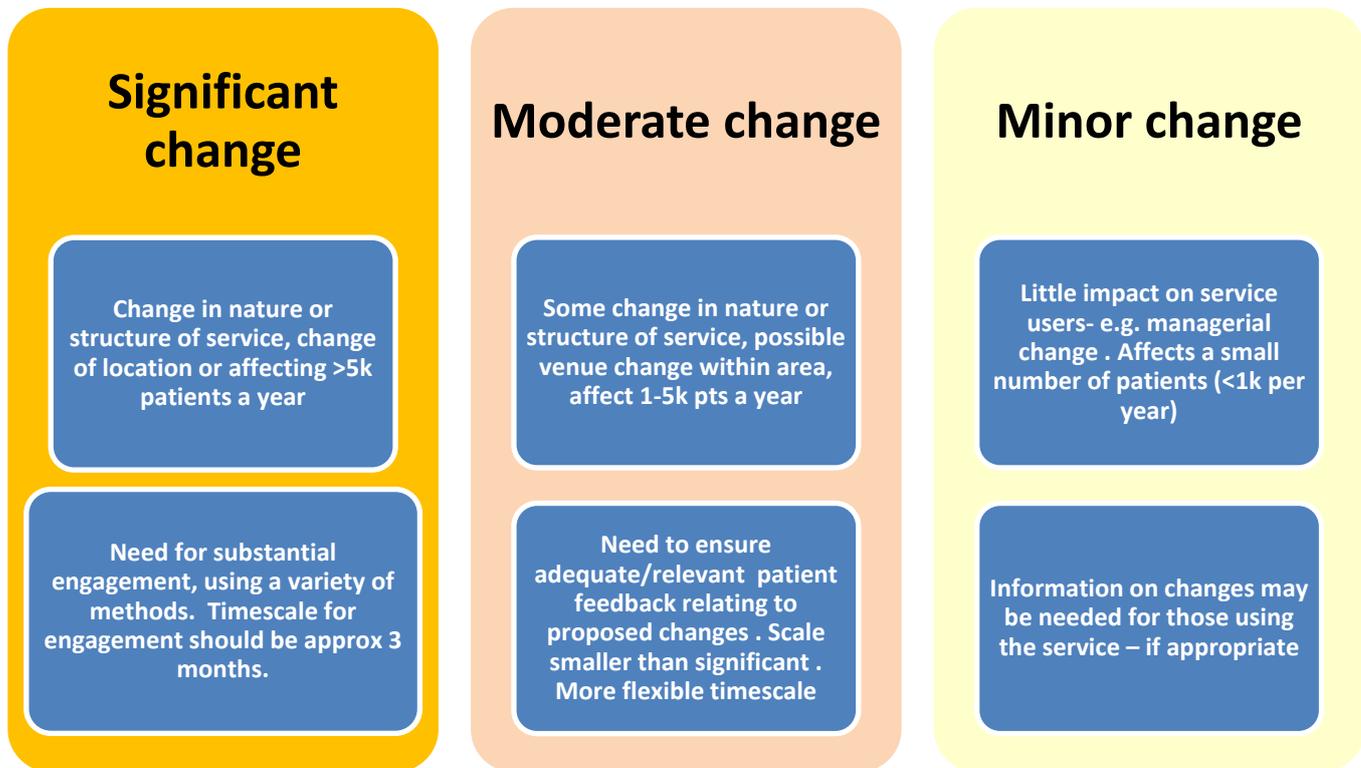
**Key questions:**

- Have providers ensured the need for ongoing robust and appropriate service user experience /engagement work is written into all contracts and is fed back as part of regular contract review processes?
- Have the providers got robust pathways to demonstrate how feedback results in actions and improvements?
- Are providers ensuring they capture equalities data, and seeking feedback from protected characteristic groups?

**Top Tip**

- 
- Ensure the providers are demonstrating that they have routine/appropriate methods to capture feedback and experience
  - Ensure providers link into appropriate local community & voluntary sector groups, who can be a key source of intelligence

### 3 What level of engagement do I need?



#### Before you start: be clear about

- **WHY** you are engagement
- **WHO** you want to engage
- **WHICH ENGAGEMENT METHODS** you will use
- what **CAN** and **CANNOT** be influenced
- **HOW** you will use the information gathered



### 4 Engaging with service users, carers and the public

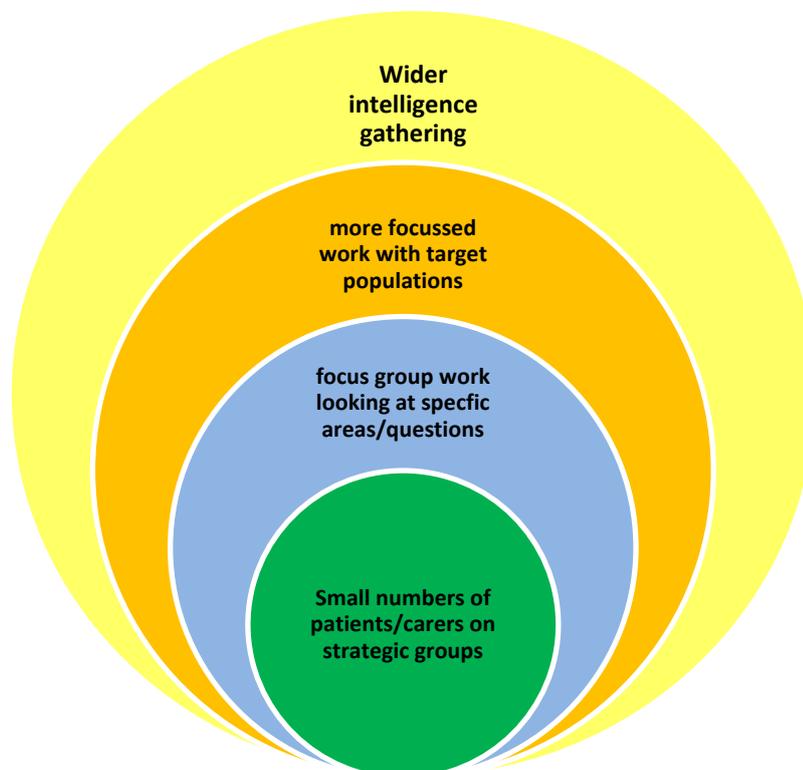
#### Who are the service users /carers/public and how do I reach them?

Groups	Who are they?	Use for .....
Patient Participation Groups	<p>Groups of patients attached to local GP practices. Practices are encouraged to ensure a range of members in the PPG</p> <p>PPGs members tend to be older, white and lack membership from diverse groups and communities.</p> <p>PPGs may reach out to the wider patient population to gather views and experiences, and feed in to the area PPG forums</p>	<p>To get feedback on key issues</p> <p>To cascade information</p> <p>To offer opportunities for engagement to individuals in condition specific workstreams</p>
Community and Voluntary sector (CVS)	<p>In most areas, there is a CVS infrastructure support organisation which acts as an umbrella organisation for many other voluntary sector groups. Many of the groups have an interest in health and want to be involved in commissioning, and many are interested in health and related services in terms of the effect on their specific client groups.</p> <p>VCS groups are good ways to reach communities that may be hard to engage with, acting as “trusted intermediaries”</p>	<p>To cascade information</p> <p>To seek feedback from particular groups and communities – for example BME communities, disabled people, Trans people etc (ref: your EIA)</p> <p>To be involved in your commissioning. CVS organisations are often experts, and will have a good perspective on what is needed in services. CVS workers can often represent the views of their users/carers.</p>
Local community /neighbourhood groups	<p>Most Local Authorities commission community development support; community development/link workers have links to local groups and communities “on the ground” and can pool a lot of local intelligence about health and wellbeing. They often have health related groups in their areas which meet regularly</p>	<p>To cascade information</p> <p>To get very local feedback or engagement in specific work programmes/developments (e.g. setting up a localised service)</p> <p>To reach geographically based equalities groups</p>
Health condition specific groups	<p>Groups/clubs/societies associated with particular conditions. These range from voluntary sector groups (e.g. The Alzheimers’ Society), local support groups (e.g. Friends of (area) Stroke Club) , groups attached to providers (e.g. renal patient group) and others such as “singing for Better Health”</p>	<p>To engage with patients with specific conditions, and their carers</p> <p>To seek feedback e.g. via a survey, invite to a focus group, invite qualitative feedback, patient interviews/stories etc</p>
Older people’s council	<p>Some areas have groups of older people who are engaged in public sector work, who are used to working strategically and well placed to comment on relevant issues</p>	<p>To seek a representative view of older people</p> <p>To seek strategic input/challenge</p>
Users of the existing	<p>Those using existing services, or related</p>	<p>To gather contemporary views</p>

services, or service area	services, are well placed to give feedback about their experiences, and can be reached through the service – for example, through posters in clinics, information given out by service staff, direct engagement in the service setting.	from those using the existing services
Faith groups	Faith groups relate to religion/belief, and are generally accessed through a Faith lead, e.g. Iman, Priest, Chaplain, etc. Some areas have Faith forums, which bring together leaders and/or members together	To engage/seek feedback from with Faith communities where there is a particular need or interest identified- e.g. end of life care
Healthwatch	Healthwatch are a statutory organisation, which acts as a “watchdog” for local health and care services. Healthwatch also have a role in seeking feedback from local people on services	To check if they have feedback on particular services  To help support engagement; Healthwatch may decide to work with commissioners to gather feedback on specific areas, especially if they have been highlighted as problematic (e.g. A & E, urgent care)

**Ask Engagement Leads for details of contacts for the above**

## 5 How to engage – practical tips





## 5.1 Gathering feedback from a wide range of people

### Online surveys

- Think about your target demographic - are they likely to be online?
- Good for young people, working age people, etc; less good for older people, those in deprived areas
- Keep the survey short with clear ways of answering
- Don't forget to use free text boxes
- Ensure you have a clear closing date for the survey
- Ensure you have someone to draw off the results
- Include demographic monitoring information where possible \*

### Questionnaires (paper)

- Think about your demographic and target groups – are they likely to be fill in a survey (think about literacy issues, time factors, etc)
- Draft questions carefully to ensure clarity- always pilot before distributing to ensure it is clear and is understood
- Keep it short and to the point
- Consider whether you need to have it available in large print, braille, community languages, Easy Read
- Always allow free text/open answers within the questionnaire
- If you are giving out to people to fill in independently, make sure you use a freepost address- either printed on the survey, or provide a freepost envelope
- Ensure you have clear closing date that is marked on any paper copies you give out
- Ensure you let people know what the information will be used for , and who will have access to it
- Include demographic monitoring information where possible \*

## Top Tip

- **Involve service users/carers in developing your questionnaire/survey**
- **Always pilot the questionnaire/survey before sending out – ask colleagues, service users/carers to feed back on style, ease of understanding and clarity.**
- **Healthwatch may also help with reviewing questionnaires.**

### **Stakeholder events** (usually over 10 people)

- **Invite** a broad spectrum of service users/carers/community & voluntary sector groups – make it clear what the event relates to, what the aims are of the event and if there is any particular interest or experience needed
- **Ensure** you have planned the event in an accessible venue (see tips for choosing a venue at end of document )
- At event, **explain** how current services run, feedback so far, why change is needed, plans for change
- **Invite feedback** on what went well and what might be improved , or on specific topics relating to a new service
- **Collate** feedback, indicate next steps and ask if people want to be kept informed



### **Solution focussed approaches:**

Celebrate the positive, and think about what needs to change. Avoid being bogged down in negative comments by asking:

**“What went well?”**

**What could be improved, and how?**

## Top Tip

- When evaluating the event, ask if attendees want to be involved going forward- useful for future service development/monitoring
- Always remember those who can't come to the event – people may not physically be able to attend, the date/time may not be convenient or there may be other issues.
- Think about your target population- you may need to consider going to them rather than them coming to you!



### Focus groups (usually up to 10/12 people)

targeted patients/carers/voluntary sector are invited to a short group session on a particular topic (e.g. “Community Equipment Service”, “Mental Health Crisis Services”)

- should be no more than 2 hours long
- briefing is given at the beginning, followed by a facilitated discussion using prompts/key questions
- the group may be recorded (with consent of those present), or notes taken by facilitator or a note taker.

### Considerations for group engagement

- **Venue:** should be local, accessible to those with disabilities, with nearby parking or good public transport links. It should have WiFi and an integral hearing loop.
- **Refreshments:** It is usual to provide tea, coffee and biscuits/fruit at engagement events, in recognition of the time volunteered by attendees
- **Time of day:** consider who you are targeting- if you want working people's views, they are unlikely to attend in daytime and you may want to organise evening events; if you are expecting parents with school age children, be mindful of schoolday times etc
- **Day of the week:** generally speaking, Fridays are less good for group engagement. Ensure you have considered any cultural issues when selecting the day.
- **Budget:** engagement is not free. Ensure you have the budget to cover the venue and refreshments, interpreting if required, plus travel and recognition payments

- **Papers:** make sure you have got copies of agendas and other documents needed for attendees, including different formats if required.

## Top Tip

- **Ensure you ask attendees if they have any special requirements in order to attend, and ensure these are accommodated**
- **This may range from hearing loops to lighting, format of papers, overseas language or British Sign Language interpreting, requirements around refreshments, particular forms of seating etc**
- **This is important to ensure people can participate on an equal basis**

## 5.2 Obtaining feedback from an individual

### Case studies and patient/carer stories



- Service user and carer stories/case studies
- These are very powerful and can highlight a “journey” across organisational/service boundaries and through the careful use of prompts, can often elicit information that would otherwise be unheard.

You may want to use a service user/carer story where:

- The issues are complex and span many services
- You really want to pull out how someone feels about their care
- You want to highlight good or less good practice, and the impact
- The service user is not willing or able to attend a group, but has useful feedback
- The patient is frail or quite unwell

For more details on patient stories- including how to record the details, good practice in “interviews”, issues of safety when visiting a service user/carer’s home, contact Engagement Leads

## Top Tip

- These usually work best in the service user/carer's home, or their choice of venue.
- Make it clear to the person how the story will be collected, and what will happen to it.
- They should sign a form consenting to the use of the story/account at the start of the process

## Top Tip

- Always confirm the date with the service user/carer and give them a contact point in case of change.
- Check the written up story is checked with the service user/carer before it is passed on anywhere else.
- Always thank the service users/carer afterwards, by email or letter.



### Inviting a service user/carer onto a strategic group

- e.g. CRG, programme board, project group, etc

**ALL** CCG/ PH/ASC strategic groups should have service user/carer representation; good practice is to have two service users/carers to help boost confidence and to help ensure continuity should one person be unable to come.

## Engagement on strategic groups

- Some community & voluntary sector groups have **representatives who are trained and supported in attending strategic meetings** and sharing their experience – consider whether it would be appropriate to contact these groups (e.g. “Carer Experts”)
- Give the lay person a **point for contact** for arrangements/queries
- **Offer a 1:1 briefing** with the commissioner before the meeting
- **Tell the service user /carer who will attending the meeting** (they may come face to face with someone who has delivered their care)
- **Be clear about the service user/carer role** – to tell their story, to provide a lay view etc, and whether they are to represent the views of others, or just bring their own experience to the table
- **Ask the service user /carer about whether they need papers in a particular format** and whether they need them printed –e.g. they may require easy read papers, or sent rather than emailed .
- **Offer the opportunity and a contact to ask questions** about papers before the meeting
- **Make sure they are introduced to the group** at the beginning of each meeting
- **Keep the meeting and papers as jargon free as possible**, and offer to explain any terms that are not understood
- **Actively seek to elicit views or comments** from the service users/carers during the meeting
- **Be aware that emotions may be stirred up** through talking about experiences.
- **Check afterwards if they are ok**, and have understood everything

### 5.3 Finding your service user(s)/carer(s)

Commissioners should use the following template when seeking individuals to sit on strategic groups/ongoing project boards etc:



user engagement  
template generic.docx

This should be returned to Engagement Leads for discussion on where to send the request for involvement.

## 6 What you do with the feedback

It is important that you use the feedback – otherwise those who have given it will lose faith and may not engage again



Make sure there are ways to feed back to those who have been involved the impact of their feedback.

- This may be direct to the service users/carers
- It may be through sending them a final report or update
- It may be through showing/sending them an output – e.g. a leaflet, poster etc that they have assisted with

## 7 Engagement process for commissioners

### Planning :

Commissioners are expected to outline how service users, carers and the public will be engaged as part of the case for change/business case process.

The Engagement and Equalities Plan below should be filled in at the start of any commissioning process, in order to understand the level of engagement needed, whether the proposals will affect any groups adversely and what action will be taken to mitigate this, and to ensure appropriate and proportional engagement is planned.



Engagement and Equalities plan.docx

**Note: you are required in committee papers and in Business Case templates etc to demonstrate that you have sought guidance on appropriate patient and public engagement, and that you have done an EIA where appropriate. This is scrutinised and will be challenged if it is felt lacking.**

## 8 The role of Healthwatch



Healthwatch is the local “health and social care watchdog”; it supports local residents to influence the design, delivery and improvement of health and social care services. Healthwatch also assists people with concerns and complaints, and helps people to make informed choice about their healthcare.

## 8.1 When to involve Healthwatch in engagement

- Healthwatch are a useful partner in gathering views and experiences of local people on NHS Care. Commissioners can contact Healthwatch directly to find out whether they have any feedback about specific services, which can be included in the planning/service design stage of the commissioning cycle, or in ongoing monitoring of services.
- Where there are large programmes of work, Healthwatch should be kept informed; this can be done through:
  - Inviting a Healthwatch representative onto your project board/group
  - Inviting Healthwatch to attend stakeholder events/groups
  - Providing information on changes/updates to services, which can be included in the Healthwatch magazine

## 9 The Role of the Community and Voluntary Sector

The local Community and Voluntary Sector is large and vibrant, with a range of organisations and groups.

The CVS are a great source of information and feedback about how people they work with experiences NHS and care services, and willing to be involved.

When planning engagement, always identify key CVS organisations and invite involvement from the organisations themselves, or the service users/carers they work with.

CVS infrastructure organisations are umbrella organisations for CVS organisations across an area, and are often a good place to start if you are looking for a particular group or community, and are a good place to start if you are not sure who to engage with and how to reach them, or to extend invitations to be involved.

## 10 Reward and Recognition

It is good practice when involving service users and carers to ensure they are not left out of pocket, and that they are rewarded for their time.

This should be implemented for focus groups and where individuals are asked to take part in procurement activity and/or sit on strategic groups. (n.b. we generally would **not** cover travel expenses for a larger event)

### 10.1 Covering expenses:

**Travel expenses** (bus, train, taxi, car) should be refunded. We would expect taxis to be used only where there is a good reason to do so – for example, the person has a disability that makes it hard to use public transport or travel by car.

Except for car travel, a receipt/ticket is required for both travel to and return from the meeting. (Where only a “to” receipt can be shown as the person has not yet taken a return journey, the payment should cover the “to” and “from” journey based on the “to” receipt. The person is asked to send in the return receipt within 2 weeks of the journey. )

Ask the engagement leads for area specific detail.

### **Childcare/respice care**

Where appropriate, childcare or respice care should be covered in order that a service user/carer can attend a meeting. This should be through a recognised provider (e.g. respice provider, registered child carer) and agreed by the commissioner in advance.

## **10.2 Recognition payment**

Where an individual or a small number of patients/carers have spent time at a meeting, project board, etc, they should be offered a recognition payment; this recognises that they have given their time, whilst others participate as part of their paid role.

**Speak to the Engagement Leads to arrange these payments**

## **11 Useful links on Patient & Public Engagement**

**NHS England: Patient and Public Participation Guidance in commissioning health and care (statutory guidance)**

<https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutor>

**Person Centred Care : Person Centred Care Made Simple (The Health Foundation)**

<http://www.health.org.uk/sites/health/files/PersonCentredCareMadeSimple.pdf>