

---

# **Getting People involved in Developing the Guidance**

**Jane O'Brien  
Standards and Fitness  
to Practise Directorate**

# Purpose of Engagement and Consultation

---

- To provide better guidance for doctors – so they can provide better care for patients
- To identify and understand the issues affecting our key interest groups
- To reach a consensus and buy-in
- To give people a voice in policy making
- To promote the guidance to the public and the profession

## Key criteria

---

- What do you want to find out?
  - Initial engagement and consultation
  - Consultation on draft
- Who do you need to ask?
  - Who is affected by the guidance (or represents those affected)
  - Who has experience of the issues covered
  - Who sets complementary policies
  - Who else has an interest – charities, faith groups, academics, government?

# Identifying audiences/stakeholder mapping

---

- Break down the categories:
- Who is affected:
  - Doctors (particular speciality? Grade)
  - Patients (particular age, condition, etc)
  - Carers, family members etc
- Who represents them?
  - Medical organisations
  - Patient organisations, charities
- Equality and diversity issues – doctors and patients

# Think about your audience

---

- When you've identified your key groups think about:
  - What would make them interested?
  - How can you make involvement easy?
  - How much could you expect them to do?
  - What's in it for them?
  - How are you going to make them feel their contribution was valued?

# Means of engaging and consulting

---

- Written consultations
  - Short consultation
  - Detailed consultation
- Other events and methods
  - Meetings
  - Surveys/research
  - Other

## Stop and think

---

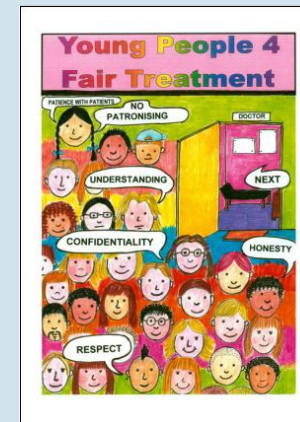
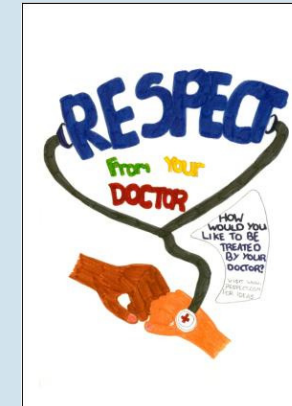
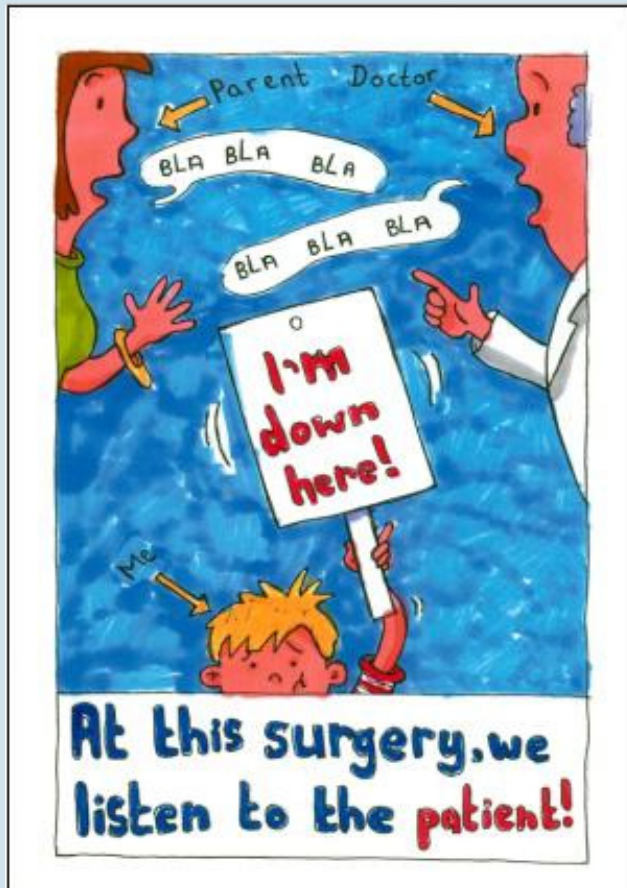
- Test out your questions – do they make sense? Do they address issues you can change in the guidance?
- If you have lots of different kinds of data – different consultation questions, meetings, events – how will the responses fit together when you analyse them?
- Are you overlooking the obvious?

## Some things we've done - Children

- Publicity campaign with celebrity
- Poster competition
- Questions for children
  - 366 responses from children
  - 550 entries to the poster competition



# Winners of our poster competition



## Engaging with carers and patients with fluctuating capacity

---



- Worked with Alzheimers Society and Theatreworks (part of National Theatre)
- Developed a short play based on 'forum theatre' principles
- Follows Will from GP to A&E to hospital ward, becoming increasingly confused and upset
- Audience invited to take over from the actors to show how it should be done.

# Confidentiality and End of Life

---

- Short and long questionnaires
- Meetings with wide range of groups and formats
  - National conference
  - Dagenham Older People's group
  - Meeting with Intensive Care Society
  - Black and Asian people in Leicester
- Secondary research on interviews with people with terminal conditions – PatientExperienceonLine

## What we're thinking about now

---

- Short questionnaires – are we using them to full advantage?
- Maintaining relationships during whole development process – can we have an ‘iterative process’?
- Feedback – how do we make people who've contributed feel it was worth it?
- How can we include more groups – eg patients with learning disabilities?

## What we've learnt

---

- Keep it simple – if you can. It doesn't need lots of money...
- Remember you need to publicise your consultation – if people don't know about it, they can't take part
- Plan and think about how you will bring different parts of the consultation together
- Test your questions (for written consultations and events) – do they make sense to people outside your team? How will the responses affect the guidance?
- Think about who you're trying to connect with – what will interest them, and how will they get involved?