Involvement Toolkit Guides and Templates

Involvement Team

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Toolkit Template Home Page

This document sits with the Involvement Toolkit. It is a catalogue of guides and templates that can help you with your involvement project.

How to use this document

- Use Ctrl + Click on an item in the Navigation list to jump to that section.
- There is a link at the bottom of each page to jump back to this home page
- The appendices are standalone full guides you can and use separately if helpful.

Navigation

Plan on a page template

Tip: Each box below includes prompts to help you think through your involvement. Use the space in each box to capture a short, clear summary.

Why are we doing this	**Who** will we speak with	**What** will we ask about
Be clear about how feedback will be used. This could be: • To help shape a service model • Help to develop a strategy • Evaluate a service • Understand awareness and perception	Think about who we will need to involve. This could include: • Staff • Service users • Wider population • Equality groups • VCSO organisations • Local organisations (See stakeholder mapping for more help)	Think about the question areas you want to ask. You could ask around • Awareness of a service • Evaluation of a service • General perception information • What works well about a service • What could work better • What support people would like
Where will we get our feedback from	**When** will things be done by	**How** much
Think about the ways you can listen to people's thoughts. These will be shaped by your budget, timescales, the people you want to reach • Focus groups and interviews • Conversations through Healthwatch or the VCS • Online or paper surveys Workshops and public events	Work out your end point and work backwards. For example: • Plan complete by DATE • Recruitment DATE • Design materials DATE • Hold Focus groups DATE • Write report DATE • Committee / meeting paper deadline DATE • Committee / meeting DATE • Contract change deadline DATE (See Involvement Plan for examples)	You will need a budget to do some engagement. Things you may need to think about include • External contractors • Incentives for participants • Printing paper surveys • Postage costs • Room hire • Travel expenses • Refreshments • Social media promotion • VCSE contributions

Stakeholder mapping guide

What is stakeholder mapping?

Stakeholder mapping helps you identify who needs to be involved and how. Also consider health inequalities when mapping. This will ensure you reach the people most affected, not just those easiest to engage.

A stakeholder is any person, group or organisation:

- Affected by the service or change
- Likely to experience a different or unequal impact
- With insight or lived experience
- With influence on decision making

Some stakeholders may not yet be organised, vocal or visible - particularly people experiencing health inequalities.

When should you do stakeholder mapping?

You should map stakeholders:

- At the start of a project or piece of work
- Before engagement begins
- When plans or scope change
- As the project develops and you learn more

Remember: Stakeholder mapping is not a one-off exercise. Revisit it when your plans change, and after you learn something new from engagement.

How to map your stakeholders: 5 simple steps

Tip: Start broad, then prioritise the people most affected.

- Begin with a long list, including people who are not organised, vocal or visible.
- Use a health inequalities lens: ask who might be affected most, not just who is easiest to reach.
- Check your list with people who have relationships in communities to avoid missing groups.

1: Make a long list

Start broad. Include:

- ICB staff
- Local people
- People who use the service, might use it in the future or should use it but don't
- Carers and families
- Local charities and community groups
- NHS trusts, GP practices, and hospitals

- Local councils and elected officials like MPs or councillors
- Campaign groups or people involved in politics
- Trade unions
- Local media

2. Apply a health inequalities lens

Actively think about groups who experience health inequalities, for example:

- Protected characteristic groups
- People living in areas of higher deprivation
- Disabled people and long-term conditions
- People with learning disabilities or neurodivergence
- Children and young people
- Older people
- Carers
- People from minoritised ethnic communities
- People experiencing homelessness
- People with poor digital access or low literacy
- People involved with the criminal justice system
- Armed Forces communities

Think about **intersectionality** – some people may face multiple barriers.

The ICB Involvement Team can help by sharing lists of contacts if needed.

3: Think about impact, not just influence

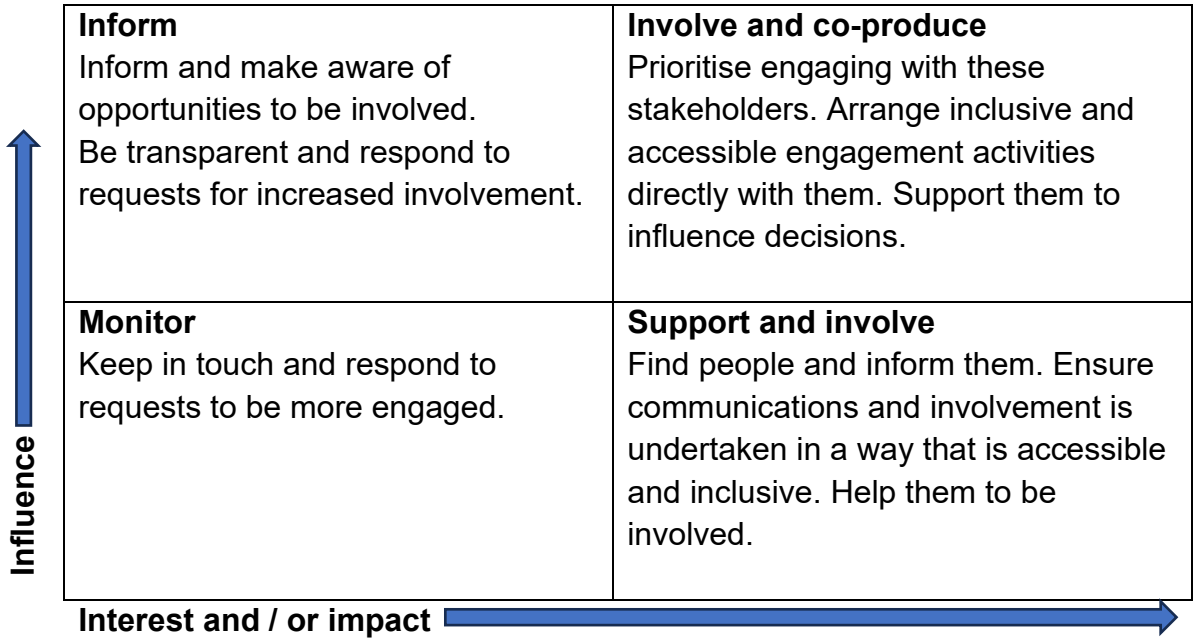
Watch out: influence is not the same as impact.

- People with **high impact but low influence** may need extra support to be heard.
- Don't only map the most engaged — check who may face barriers (time, trust, access, confidence, language, digital).

Traditional stakeholder maps often focus on influence and interest. We also need to think about impact. Also ask:

- How much might this change affect them?
- Could the impact be different or worse for them?
- How easy is it for them to have a voice?

There may be people at the start of a project who have no interest or influence. If they will be impacted, we need try to raise their interest and give them a voice. People with **high impact but low influence** often need more support to be involved. They are also increasingly being supported to challenge decisions by campaign groups.



It is useful to undertake stakeholder mapping with people have relationships in communities to get it right.

4. Decide the right level of involvement and plan support

- **High influence + low interest / impact** (Inform): These people have power but may not be that interested. Keep them informed and respond quickly if they have concerns.
- **High influence + high interest / impact** (Involve and co-produce): Involve them often and include them in decisions, ask them to help identify and support others to be involved.
- **Low influence + low interest / impact** (Monitor): These people may not need much attention. Still share updates and keep an eye in case their interest changes.
- **Low influence + high interest / impact** (Support and involve): You may need to work to find these groups. Be transparent and think about what they need to help them to be involved. These people may be less likely to hear about engagement opportunities; face practical, cultural or trust barriers to taking part; and be disproportionately affected by service changes.

People may move between groups as the project changes, so review your map regularly. You may need to actively try to move people between groups (e.g. high interest/impact and low influence to high interest/impact and high influence).

Looking After Stakeholder Information (Data)

Data reminder: Only record what you need and be clear why you are keeping it.

- **Permission:** check it's okay to store and use contact details.
- **Purpose:** tell people what it will be used for (and what it won't).

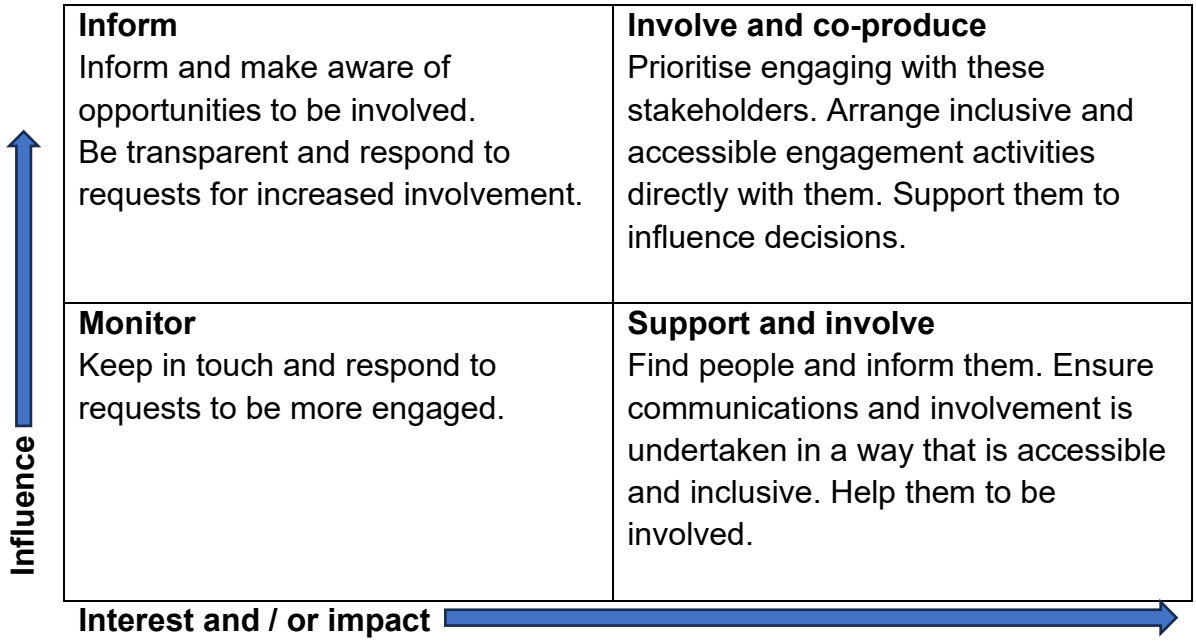
- **Access & storage:** limit who can see it and store it securely.
- **Review:** keep it accurate and delete it when it's no longer needed.

You should also:

- Say who will look after the data
- Say who can use or see the data
- Check often that the data is safe and up to date

If you need help, contact the Involvement team.

Stakeholder mapping template



Inform Inform and make aware of opportunities to be involved. Be transparent and respond to requests for increased involvement.	**Involve and co-produce** Prioritise engaging with these stakeholders. Arrange inclusive and accessible engagement activities directly with them. Support them to influence decisions.
Monitor Keep in touch and respond to requests to be more engaged.	**Support and involve** Find people and inform them. Ensure communications and involvement is undertaken in a way that is accessible and inclusive. Help them to be involved.

Example timescale planning template

It is helpful to

	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK	WK	WK	WK	WK	WK	WK	WK
Week beginning date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Researcher-led Interviews																	
Commissioner to sign off participants																	
Interview recruitment																	
interview preparation																	
Interview facilitation																	
Interview analysis																	
Asset-based FG																	
Email VCSO / Healthwatch																	
Develop Discussion guide and recording template																	
VCSO / HW FG																	
Final analysis																	
Meetings and committees																	
QSC (Deadline and Meeting															**D L**		**M**

Writing simply guide

Writing simply helps more people to understand and to give their views. We aim to write at reading age 9-11.

Quick checklist (writing simply)

- Short sentences (about 15 words or fewer)
- Short words (under 4 syllables)
- One idea per sentence and one theme per paragraph.
- Everyday words; explain any necessary jargon.
- Use headings and bullet points to break up text.

Here are some tips to help you write simply:

- **Keep sentences short.** Try to use no more than 15 words per sentence.
- **One idea per sentence.** Don't try to say too much at once.
- **One theme per paragraph.** Focus on one main point.
- **Keep paragraphs short.** Use no more than 4 sentences in each.
- **Use short words.** Avoid words longer than 3 syllables.
- **Use everyday words.** Choose words that most people will know.
- **Use active voice.** Say who is doing what. Example: "We will meet" is better than "A meeting will be held."
- **Break up long text.** Use bullet points or short paragraphs.
- **Use clear headings.** Help people find what they need quickly.
- **Avoid jargon.** If you must use a hard word, explain what it means.
- **Give examples.** Use real-life examples to make things clearer.
- **Be direct.** Say what you mean in a simple way.
- **Test your writing.** Read it out loud. Ask someone else if it makes sense.
- **Aim for a reading age of 9 to 11.** This is the average in the North East.

Before you send

- Have you removed unnecessary detail and hard words?
- If you used an acronym, did you spell it out the first time?
- Would someone outside your team understand it without extra context?

You can find out more information on the importance of writing simply and tips to help in Health Literacy training Boost | Learning Academy

The readability tool also helps to check the reading age of your writing NHS Document Readability Tool

Events checklist

Use this list to help you get ready for your meeting. It will help make sure your meeting is easy to join, clear to understand, and well-organised.

Venue Checklist:	**Notes**
Decide if you need one room or multiple	
Check the venue can hold the right number of people	
Choose somewhere familiar and local to attendees if possible	
Check wheelchairs access (getting in and moving)	
Check parking facilities including spaces for disabled	
Check how easy it is for people find and get to your venue (including public transport)	
Check if you can have it set it up the way you want (like chairs in rows or at round tables)	
Arrange a quiet space for anyone who needs a break if possible	
Visit and familiarise yourself with IT, layout, toilet locations, fire exits etc.	
Check equipment available and what you might need to bring e.g. screen, microphone, hearing loop, speakers etc.	
Decide where your greeting / sign-in station will be.	
Preparation Checklist	
Get plan or agenda in place, including what you want the participants to do (receive info, give views, workshops etc.)	
Send invite – give people enough information to know what to expect. Decide if you want people to sign up in advance. Provide venue info and travel instructions. Provide a contact point for any questions (ideally phone and email)	
Give people opportunity to tell you about needs such as interpreter, access, diet.	
Ensure information is in simple language (pre and during event)	
Determine if you need presentations. If so also determine who is collating them, if they need	

sharing with the venue in advance, who is bringing IT to the venue.	
Determine if you need accessible formats e.g. Easy Read or interpretation e.g. BSL, language?	
Determine what equipment is needed on the day e.g. pens, paper, sticky notes, comment cards, fidget toys for tables, flipcharts etc.	
Arrange refreshments / catering	
Plan group work and activities	
Prepare sign in sheets and name badges / stickers and photo permissions / opt out system if appropriate.	
Determine if you need signage for the venue / for doors	
Printed agendas or other papers / information packs	
Arrange any survey tools or feedback forms for the day	
Send reminders before the event and any information that is needed before the meeting.	
Think about whether you will allow people join online or watch a recording	
Speakers and support staff	
Arrange staff for the day – enough to welcome, sign people in, help find seats, get refreshments, arrange IT, take photos, lead groups, take notes etc.	
Arrange speakers (including someone to explain at the start and introduce other speakers. Also, any experts needed to answer questions. Think about where to position them all.	
Brief support staff and speakers so they understand what we want out of the day (you may want to leave some time for extra briefings on the day).	
Provide a guide for facilitators and note takers to refer back to?	
If the topic is sensitive, think about the support staff might need.	
Participant Checklist	

Ensure timings suit the audience. E.g. avoid key holiday periods or events. Smaller workshops can be repeated at different times of day. Think about different ethnicities and religions.	
Arrange for dietary requirements. Think about different diets or cultures. Ensure things are well-labelled.	
Arrange for travel costs, reimbursement for participation where appropriate.	
Ensure access needs are met. E.g. space to move in a wheelchair, lighting needs, having any interpreters located in the right position.	
Consider quiet break spaces, particularly if the topic is sensitive or the audience may get overwhelmed.	
Collecting and listening to feedback	
What can the meeting help change?	
How can people share concerns?	
What happens after the meeting?	
How will you collate and share what people said?	
How will you know if the meeting went well?	
Allow time for questions or conversations?	
How will you feedback the outcomes from the event?	

Close the loop (after the event)

- Tell people what will happen next, and **when** they will hear back.
- Decide who will write up notes and who will approve the summary.
- Share a short “You said / We did / Next” update (even if the answer is “we can’t change this, and here’s why”).

Diversity monitoring guidance

Diversity monitoring helps us understand who is taking part in involvement activities – and who is not. This means we can understand if different groups have different views. We can also target activity at groups who have not been included. It helps:

- Target involvement and make it meaningful
- Make involvement fair
- Reduce inequalities
- Improve decision-making
- Consideration of your equality impact assessment.

Choosing which questions to use

- **Use the minimum set** as standard in all surveys and feedback forms (so results can be compared).
- **Add questions from the question bank** when your topic or audience means you need more detail (e.g., a specific protected characteristic, a higher-risk piece of work, or a larger number of responses).
- Only ask extra questions if you have a clear plan for how you will use the information.

1. Minimum diversity monitoring questions

This set should be used in all surveys. It helps you understand who has taken part and allows basic analysis across different groups. This minimum set also supports your Equality Impact Assessment and so will help you meets the requirements of the Public Sector Equality Duty.

You may need more detailed questions when:

- It is relevant to a topic (e.g. pregnancy and maternity is not included because it will not be relevant to everything but it is a protected characteristic)
- You expect to have a high number of respondents allows more detailed breakdown
- You need extra information when people choose 'other'
- There is higher risk in the project, or it is a consultation

2. Question bank

The wider question bank offers optional, more detailed versions—such as fuller ethnicity or disability questions. It also includes extra topics (e.g., caring responsibilities, low income). Choose additional questions based on your topic and which groups you particularly need to hear from.

Diversity monitoring templates

Minimum diversity monitoring questions

About you

We'd like to ask some questions about you. You do not have to answer these questions, but we hope you will. This will help us to know who we have reached with our survey. It will also help us learn if different groups have different views or needs. The answers you give will be confidential. They will not be reported in a way that would identify you.

How old are you? (Select one) *

	16-24		25-34		35 – 44
	45 - 54		55 – 64		65-74
	75-84		85+		Prefer not to say

Which of the following best describes you? (Select one)

	Female		Male		
	Non-binary		Other		
	Prefer not to say				

Is your gender the same as your sex registered at birth? (Select one)

	Yes
	No
	Prefer not to say

What is your ethnic group? (Select one)

	Asian or Asian British Includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background
	Black, black British Caribbean or African

	Includes black British Caribbean, African or any other black background
	Mixed or multiple ethnic groups Includes white and black Caribbean, white and black African, white and Asian or any other mixed or multiple background
	White Includes English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma, or any other white background
	Other Includes Arab or any other ethnic group
	Prefer not to say

Are you? (Select one)

	Christian		Buddhist
	Hindu		Jewish
	Muslim		Sikh
	Other religion or belief		No religion or belief
	Prefer not to say		

What is your sexual orientation? (Select one)

	Straight or heterosexual		Bi or bisexual
	Gay or lesbian		Prefer not to say
	Other		

Do you have any long term health conditions or disabilities? (Select one)

	Yes
	No
	Prefer not to say

Do your health conditions or disabilities affect your daily life? (Select one)

	Yes, a lot
	Yes, a little
	No
	Prefer not to say

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Wider diversity monitoring question bank

About you

We'd like to ask some questions about you. You do not have to answer these questions, but we hope you will. This will help us to know who has taken part in our survey. It will also help us learn if different groups have different views or needs. The answers you give will be confidential. They will not be reported in a way that would identify you.

What is the first part of your postcode? For example, DH1 or TS15

How old are you? (Select one) *

	16-24		25-34		35 – 44
	45 – 54		55 – 64		65-74
	75-84		85+		Prefer not to say

OR

How old are you? (Please write in or select prefer not to say)

		Prefer not to say

Which of the following best describes you? (Select one)

	Female		Male
	Non-binary		Prefer not to say
	Prefer to self describe (Please write in)		

Is your gender the same as your sex registered at birth? (Select one)

	Yes
	No
	Prefer not to say

What is your ethnic group? (Select one)

Asian or Asian British	
	Indian
	Pakistani
	Bangladeshi
	Chinese
	Other (please write in)

Black, black British, Caribbean or African	
	Caribbean
	African
	Other (please write in)

Mixed or multiple ethnic groups	
	White and black Caribbean
	White and black African
	White and Asian
	Other (please write in)

White	
	English, Welsh, Scottish, Northern Irish or British
	Irish
	Gypsy or Irish Traveller
	Roma
	Other (please write in)

Other ethnic group	
	Arab
	Any other ethnic group (please write in)

OR

What is your ethnic group? (Select one)

	Asian or Asian British Includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background
	Black, black British Caribbean or African Includes black British Caribbean, African or any other black background
	Mixed or multiple ethnic groups Includes white and black Caribbean, white and black African, white and Asian or any other mixed or multiple background
	White Includes English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma, or any other white background
	Other Includes Arab or any other ethnic group
	Prefer not to say

Are you? (Select one)

	Christian		Buddhist
	Hindu		Jewish
	Muslim		Sikh
	No religion or belief		Prefer not to say
	Other religion or belief (please write in)		

What is your sexual orientation? (Select one)

	Straight or heterosexual		Bi or bisexual
	Gay or lesbian		Prefer not to say
	Other sexual orientation (please write in)		

Do you have any long-term health conditions or disabilities that impact on day-to-day activities? (Select all that apply)

	Long term health condition
	Physical impairment or mobility issues
	Sensory impairment, such as blind or visual loss and Deaf or hearing loss
	Mental health condition
	Learning disability
	Neurodivergence
	Other (please write in)
	No condition or impairment
	Prefer not to say

OR

Do you have any long term health conditions or disabilities? (Select one)

	Yes
	No
	Prefer not to say

Do your health conditions or disabilities affect your daily life? (Select one)

	Yes, a lot
	Yes, a little
	No
	Prefer not to say

Are you pregnant or were you pregnant in the last six months? (Select one)

	Yes
	No
	Prefer not to say

	Not applicable

Are you? (Select one)

	Married
	In a civil partnership
	Separated
	Divorced or dissolved
	Widowed
	Never married or in a civil partnership
	Prefer not to say

Are you living with someone in your household as a couple? (Select one)

	Yes
	No

Do you look after any of the following? (Do not include paid work. Tick all that apply)

	Child or children (under 18 years)
	Disabled child or children (under 18 years)
	Disabled adult (including long-term physical or mental health conditions, or problems related to old age)
	None of the above
	Prefer not to say

Have you ever served in the in the UK armed forces? (Select one)

	Yes, the regular armed forces
	Yes, reserve armed forces
	No

	Prefer not to say

Do you or anyone in your home get benefits or have a low income?

	Yes – I get a benefit (e.g., Universal Credit)
	Yes – Someone in my home gets a benefit
	No – I do not get any benefits
	I would describe myself or my home as low income
	I'm not sure
	Prefer not to say

Feedback template and checklist

Following your involvement activity, the Involvement Team will contact you for some feedback. This will be used to:

- Update the website
- Go into the Patient and Public Involvement report for assurance to Quality Safety Committee
- Update the Community Engagement Library

Project Name	
Project Lead	
What did you find out? *Capture feedback in **themes** (not individual comments) and include 1–2 example quotes where helpful.*	
How did this change/ inform your service or project? *Be clear on **what changed**, **what didn't**, and the reason why.*	
How did this influence decisions?	
What are the next steps? *Record **actions**, **owner**, and **date***	
How have stakeholders been updated? *Your stakeholder list in your involvement plan will set out who you need to feed back to. Refer to the toolkit for guidance on methods to feed back.*	

Appendix A: Example Involvement Plan

Tip: Use the latest ICB report template from the intranet. Replace "Main Title", "Sub title", "Version x", and "Month Year" with your project details.

Main title
Sub title

Version x

North East and North Cumbria ICB – Month Year

Contents

Note: To refresh this Contents list, right-click it and select **Update Field**.

Title of service and area

How things currently look and work

Tip: Explain how the current service is delivered (e.g., number of current patients, locations/areas covered, throughput if available, and how people reach the service).

Why do we need to change

Tip: Explain the reasons for the involvement activity and what the ICB will do with the information collected.

What we can't change

Note: If there is national policy or a requirement that can’t change, state it clearly. You can still ask people for their views.

Scope for research

Tip: Set out the focus for your engagement. E.g. are you excluding young people and focusing on adult services?

Tip: You can sense-check the scope by emailing stakeholders or discussing at relevant meetings—make sure feedback is documented and retained as evidence.

What we already know

Tip: Summarise any existing evidence (past feedback/engagement, national documents, comments, complaints and compliments) and signpost where it can be found. You can check the Community Engagement Library for past involvement reports.

Note: Make sure feedback is referenced, linked, and evidenced.

Optional: You may note that a separate desktop review is being prepared.

Our duty to involve

The ICB has a legal duty to involve people under the Health and Care Act 2022 and this may be through communication, engagement activities, or formal consultation. This section includes information from the NHS Act 2006, The NHS Constitution and about the Gunning Principles, which explains the legal duty to involve.

NHS Act 2006

Section 242 and Section 244 of the consolidated NHS Act 2006 places a duty on NHS trusts and organisations to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes.

The relevant clause in the Act for ICBs is S.14Z45 which states that the ICBs must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways): -

- in the planning of the commissioning arrangements by the integrated care board,
- in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—
  - the manner in which the services are delivered to the individuals (at the point when the service is received by them), or
  - the range of health services available to them, and
- in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Secretary of State reconfiguration powers and new duties for commissioners

The Health and Care Act 2022 includes new powers for the Secretary of State relating to service reconfiguration.
These are:

1. **the power to 'call-in' change proposals;**
2. **the duty for commissioners to notify SoS of substantial reconfigurations** and
3. an obligation to provider Minister with information to support exercise of the powers.

These replace the existing HOSC referral power in relation to service changes.

Call in powers

From 31 January 2024:

1. Anybody can make a 'call-in' request to the SoS in relation to any service change scheme at any stage of the reconfiguration process.
2. The local authority HOSC will no longer be able to make a new referral to SoS under the 2013 regulations but can make a call-in request to the SoS.
3. Call-in requests expected to be made in exceptional circumstances and where local resolution has been attempted first.
4. To inform whether or not a proposal should be called-in, the SoS could consider the following:
    - There are concerns with the process followed by commissioner/provider (consultation process, options development)
    - A decision has been made and there are concerns that this is not in the best interests of local health services
    - Whether or not the reconfiguration is substantial
    - The regional and national significance of the reconfiguration and the impact on quality, safety or effectiveness
5. The SoS can impose a range of interventions from supporting the proposals, mandating modifications to process or proposals or re- taking a decision him/herself.

Notification duties and process

- Schemes are notifiable at the point the statutory requirement to consult with a HOSC/JHOSC applies – when there is a substantial variation/development under consideration.
- HOSC/JHOSC view on substantial/notifiable nature is part of reporting process.
- Risk-based approach to notification is advised due to correlation with call-in process.
- Temporary changes are not notifiable – unless proposals to make temporary change permanent emerge.

The NHS Constitution

The NHS Constitution sets out the commitments and responsibilities that the public, patients, and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of the constitution in their decisions and actions.

The Gunning Principles

The Gunning Principles are a set of four rules for public consultation that were proposed in 1985, which if followed, are designed to make consultation fair and a worthwhile exercise:

1. that consultation must be at a time when proposals are still at a formative stage;
2. that the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
3. that adequate time is given for consideration and response; and
4. that the product of consultation is conscientiously considered when finalising the decision.

The Gunning principles only apply formally to consultation, though they are good principles to apply to any involvement situation. **It is important to note:** It is the process that is undertaken that determines whether a consultation has been robust (or not) and followed the legal obligations, not the decision of the outcome from the consultation.

Equality Duties

In addition to the legal duty to involve, there is the need to consider equalities. The Equality Act 2010 gives us a duty to consider the need to:

Eliminate discrimination, harassment, and victimisation.
Advance equality of opportunity.
Foster good relations between different parts of the community.

More information can be found at:
https://www.gov.uk/government/organisations/department-of-health/about/equality-and-diversity

Health inequalities

ICBs are also under a separate statutory duty to have regard to the need to reduce health inequalities of access to health services and the outcomes achieved (sections 13G and 14Z35 of the National Health Service Act 2006, respectively). By understanding the needs of people experiencing health inequalities, services can work with them to reduce barriers to access and design improvements.

Plan for Involvement

Involvement methods

Tip: Describe the methods you will use to involve people (this may be one stage or several, depending on your project).

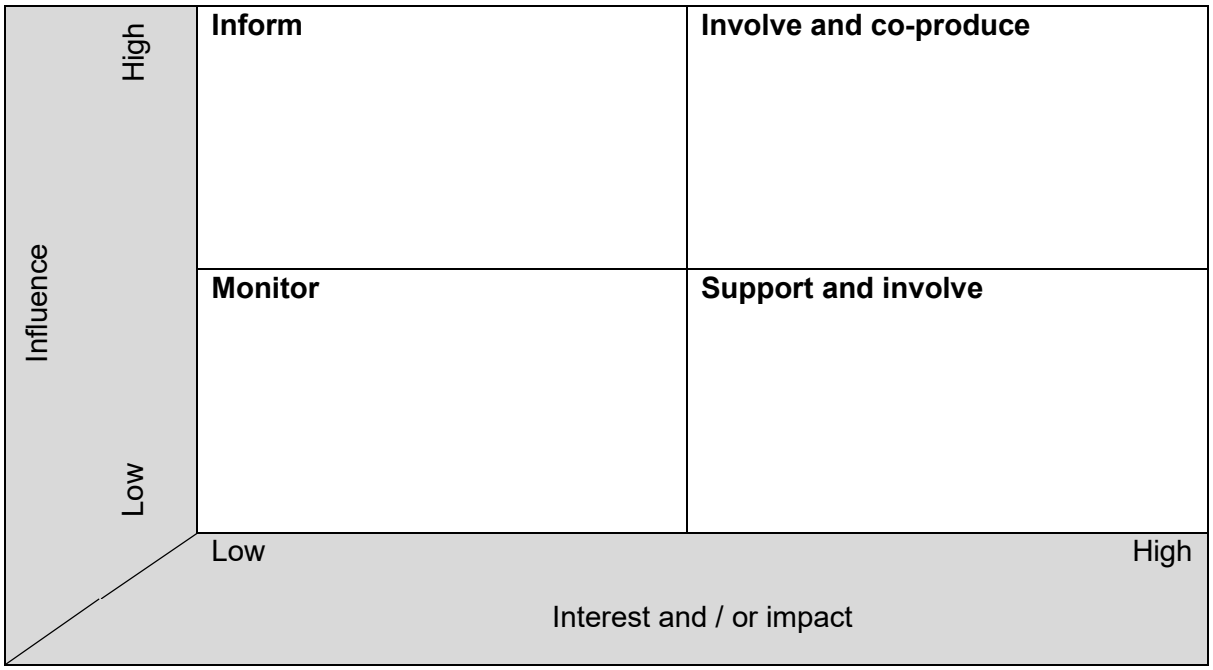
Example: Your involvement may have multiple phases, such as the four stages below.

- Phase one – developing the scope for research
- Phase two – public engagement
- Phase three – sense checking research findings
- Phase four – review final output

Tip: For each stage, describe who you will involve, how you will reach them, and what support is needed to ensure inclusion.

Stakeholder map

Tip: Read the stakeholder mapping guidance for more help.



Budget

Tip: Include indicative costs to show what funding is needed and what it will be used for.

Commissioned engagement in 2025/26	Cost
Researcher-led Stakeholder interviews	£1400
Asset-based focus group contributions (£250 x 4)	£1000
Easy-read version of survey	£700
Printing costs for paper survey	£300
Total	**£3400**

Timescales

Tip: Use a simple timeline like the example below. If your project is complex, you may need something more detailed.

	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13	WK 14	WK 15	WK 16	WK 17
Week beginning date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Researcher-led Interviews																	
Commissioner to sign off participants																	
Interview recruitment																	
interview preparation																	
Interview facilitation																	
Interview analysis																	
Asset-based FG																	
Email VCSO / Healthwatch																	
Develop Discussion guide and recording template																	
VCSO / HW FG																	
Final analysis																	

Meetings and committees																	
QSC (Deadline and Meeting														D L			M

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Appendix B: Patient and Public Involvement in Proposed GP contract changes

A guidance document with standard templates is available to help GP practices communicate and engage about changes. This includes letters, surveys and briefings templates for:

- boundary changes
- relocation
- merger
- closure

GPInvolvementTemplate.docx

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Appendix C: Hearing Lived Experience Protocol

We have some guidance document to explain:

- How we gather lived experience
- What we do what we hear
- How to get consent

HearingLivedExperi
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