

# Public Involvement Guidance for Staff



## Voices Scotland

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Chest  
Heart &  
Stroke  
Scotland



### Acknowledgement:

Grateful thanks go to the Scottish Health Council for use of their resources in developing this document.



The Scottish Health Council was established by the Scottish Government in April 2005 to promote Patient Focus and Public Involvement in the NHS in Scotland. By ensuring that NHS Boards listen and take account of people's views, we can achieve a "mutual NHS" - where the NHS works in partnership with patients, carers and the public. A range of Scottish Health Council publications have been used in developing parts of this guide such as:

**The Participation Toolkit** to support NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services.

**Start Up Guide for General Practice** - helps primary care practitioners to improve or widen their current involvement with the public and engagement with communities by establishing a Patient Participation Group in their local community.

**Patient Participation Development Tool** - to evaluate existing groups in order to help identify areas that could be improved or strengthened.

[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

For more information see pages 20-22

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## About this document

The purpose of this document is to give guidance to all who might be working in public involvement engaging with the public in health and social care services. It suggests a framework for effective engagement to allow a strategic approach to ongoing engagement with the public within a health and social care organisation. It goes on to give advice on how to facilitate a public engagement group effectively.

### Who is this document for?

This document, or parts within, will be of interest and use to anyone who wants to review their services whether service, departmental or board level.



## Executive summary

*Chest Heart & Stroke Scotland improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research influencing public policy, advice and information and support in the community. Voices Scotland helps you to have your say; working together to improve health and social care services.*

- This document introduces the concept of Public Involvement.
- It introduces the Voices Scotland programme at Chest Heart & Stroke Scotland (CHSS) a public involvement training and support programmes which comprises of:
  - VOICES under the brand of:
    - Hearty Voices
    - Chest Voices
    - Stroke Voices
  - COSMIC (Champions of Self Management in Care)

When the two workshops are merged together it is known as:

### **COSMIC Workshop**

These training resources are available to download from **[cosmicresources.org.uk](https://cosmicresources.org.uk)**

- It presents an overview of the Scottish Government policy and planning.
- In order to embed public involvement into the structure of an organisation, a Model of a mutual organisation has been developed along with its pathway to achieve this aim. The document then goes through the pathway to a mutual organisation to explain how to achieve this aim.
- Suggestions are offered on the practical issues of running a public involvement group meeting.
- Training and support is explained, in particular the Voices Scotland free workshops that are offered from CHSS.
- Useful resources and templates complete this document.



## Introduction

### Voices Scotland

Chest Heart & Stroke Scotland (CHSS) provides public involvement training and support to health and social care through its Voices Scotland programme. The training is offered to any members of the public that are already involved or want to become involved in improving services locally and nationally.

Voices Scotland also supports health and social care professionals to approach public involvement in a strategic manner and aims to facilitate a co-production approach in health and social care providing an interface between the public and the local services. Voices Scotland is endorsed by the Scottish Health Council and was recognised as the gold standard in patient and carer involvement in NHSScotland's Chief Executive Letter in 2012 (CEL 29 Scottish Government, 2012).

A film of the work of Voices Scotland is available on our website:  
[www.chss.org.uk/voices\\_scotland](http://www.chss.org.uk/voices_scotland)

### Independent Evaluation

In April 2014 the Scottish Health Council published an independent evaluation of the Voices Scotland programme. The full document and the briefing paper are available to download on their website at:

[www.scottishhealthcouncil.org/publications/evaluation\\_reports/voices\\_scotland\\_programme.aspx#.U4SUzE1OW1s](http://www.scottishhealthcouncil.org/publications/evaluation_reports/voices_scotland_programme.aspx#.U4SUzE1OW1s)



## Why is public involvement important?

### Public Involvement gives people the chance to:

- influence their own care and treatment
- have a say in the way services are planned and run
- help bring about improvements to the way care is provided
- identify the positive and valued parts of a service

### Who are the public?

- people who use, or have used, health or social care services
- carers and families
- healthcare professionals
- members of the general public
- organisations (often in the voluntary sector) which represent users of health and social care services and community groups

### Why should the public be involved?

Because:

- people are central to everything we do
- improving clinical and social care and the overall experience patients receive is key
- listening to patients will help deliver a better person centred service
- involving patients in their own care will help to reduce health inequalities

### The breadth of public involvement

Public involvement can be seen as ranging from a direct clinical discussion between patient and health care professional, through involvement in a local service evaluation, to governmental national policy making.



## What are the benefits of public involvement?

### Benefits for the health and social care services

Greater openness, accountability and involvement of the public should all help to create a better understanding of complex health and social care issues. Effective public consultation and engagement can help to strengthen public confidence in the services and is likely to have other benefits, for example, in helping to achieve a more appropriate use of services and a better understanding of the reasons for planned changes to services.

### Benefits to society

When people are involved in and can influence decisions which directly affect their lives, their self esteem and self confidence increases and this in turn improves health and well being. There is growing evidence that having strong social networks and cohesion benefits health. Involvement in discussions about health and health services can help to encourage this social cohesion “within communities”.

### Benefits for the public

- Improved healthcare which leads to better health
- High quality, person centred services and care
- Better informed about access to care
- Clarity of understanding of rights and responsibilities
- Strong relationships between patients and healthcare professionals
- Clear information about care pathways
- Ability to influence service delivery and future service provision
- Involved in and an ability to influence service improvement

### Benefits for health and social care services

- Staff have a greater understanding of what their patients or clients want, so they can focus on what matters
- Improved reputation through recognition that patients will have a positive experience
- Being the patient’s choice for care and treatment
- Understanding of current problems in care delivery and services
- Informed continuous improvement and re-design of services.
- Delivering the health and social care values in line with current policy
- Enabling public accountability
- Efficient use of resources
- Contributions to effective clinical governance
- Delivering a service that is more appropriate for the individual/community
- An opportunity to celebrate success in all aspects of the public experience and involvement

## How can public involvement promote self management?

Voices Scotland has created the role of the Self Management Champion to promote self management support and initiatives as forming an effective pathway of care for people living with long term conditions in Scotland. This may be through any or all of the NHS and its associated bodies.

### **The Role of the Self Management Champion**

The Scottish Government worked with the Health and Social Care Alliance Scotland to develop their strategy for self management (Gaun Yersel). Through this, they encourage NHS Boards to develop a culture of support for self management.

The role of the Self Management Champion is to ensure that self management is always on the agenda in planning and service development at a local and national level. They will promote self management as an effective, person-centred and efficient form of managing long term conditions.



## Section 1: Policy and Principles

### 1.1 Policy at Scottish Government

In 2001, the Scottish Government proposed a move towards patients, carers and the public becoming involved in the NHS. This culture shift was originally explored in the document, 'Patient Focus and Public Involvement (PFPI)' (Scottish Executive, 2001) where NHSScotland recognised that it was no longer good enough to simply do things to people; a modern healthcare service must do things with the people it serves.

By 2007 there was a call for a “mutual NHS” from the Better Health Better Care. Then in 2010 the **Healthcare Quality Strategy for NHS Scotland** (2010) wanted to put:

*“people at the heart of our NHS. It will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.”*

For a full list of Scottish Government policy see Appendix 1.



## 1.2 Principles of Public Involvement

### National Standards for Community Engagement

1. **Involvement:** We will identify and involve the people and organisations who have an interest in the focus of the engagement
2. **Support:** We will identify and overcome any barriers to involvement
3. **Planning:** We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken
4. **Methods:** We will agree and use methods of engagement that are fit for purpose
5. **Working together:** We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently
6. **Sharing Information:** We will ensure that necessary information is communicated between the participants
7. **Working with others:** We will work effectively with others with an interest in the engagement
8. **Improvement:** We will develop actively the skills, knowledge and confidence of all the participants
9. **Feedback:** We will feed back the results of the engagement to the wider community and agencies affected
10. **Monitoring and Evaluation:** We will monitor and evaluate whether the engagement achieves

#### The standards are based on following principles:

- Fairness, equality and inclusion must underpin all aspects of community engagement, and should be reflected in both community engagement policies and the way that everyone involved participates.
- Community engagement should have clear and agreed purposes, and methods that achieve these purposes.
- Improving the quality of community engagement requires commitment to learning from experience.
- Skill must be exercised in order to build communities, to ensure practise of equalities principles, to share ownership of the agenda, and to enable all viewpoints to be reflected.



- As all parties to community engagement possess knowledge based on study, experience, observation and reflection, effective engagement processes will share and use that knowledge.
- All participants should be given the opportunity to build on their knowledge and skills.
- Accurate and timely information is crucial for effective engagement.

### **Informing engaging and consulting people in developing health and community services**

Scottish Government: Healthcare Policy and Strategy Directorate Chief Executive's Letter 4 2010

This document is to assist NHS Boards with their engagement with patients, the public, and stakeholders on the delivery of local healthcare services. Available at:

[www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)



## 1.3 Voices Scotland Principles of Involvement

1. **Involve** the public from the start.  
Include a plan of how you are going to involve them.
2. **Build** a strategic framework. This provides many opportunities for people to get involved.
3. **Inform** the public about your service.  
Share all the information you have about your service.
4. **Collect** contact details to create a consultation forum.
5. **Invite** people to get involved at various levels.  
Offer local, regional and national opportunities.
6. **Form** consultation groups, real and virtual.
7. **Ask** public representatives what is required for them to be effectively involved.
8. **Support** representatives throughout their involvement, not just at meetings.
9. **Build** collaborative relationships with the public so that they feel equal partners in a mutual service.
10. **Feedback** to the public and stakeholders.
11. **Evaluate** your effectiveness.  
Do this as you go along and adapt accordingly.
12. **Effective engagement** takes time – be prepared to take this time, it's worth it!



## Section 2: Planning your approach

### 2.1 The Mutual Organisation

The Voices Scotland team has worked with Managed Clinical Networks (MCNs) across Scotland in respiratory, cardiac, stroke and paediatric services. This has allowed the team to observe various approaches to an MCN's public involvement. The following models have been adapted to assist health and social care services to develop their own structure within their organisation to maximise the opportunities to involve the public.

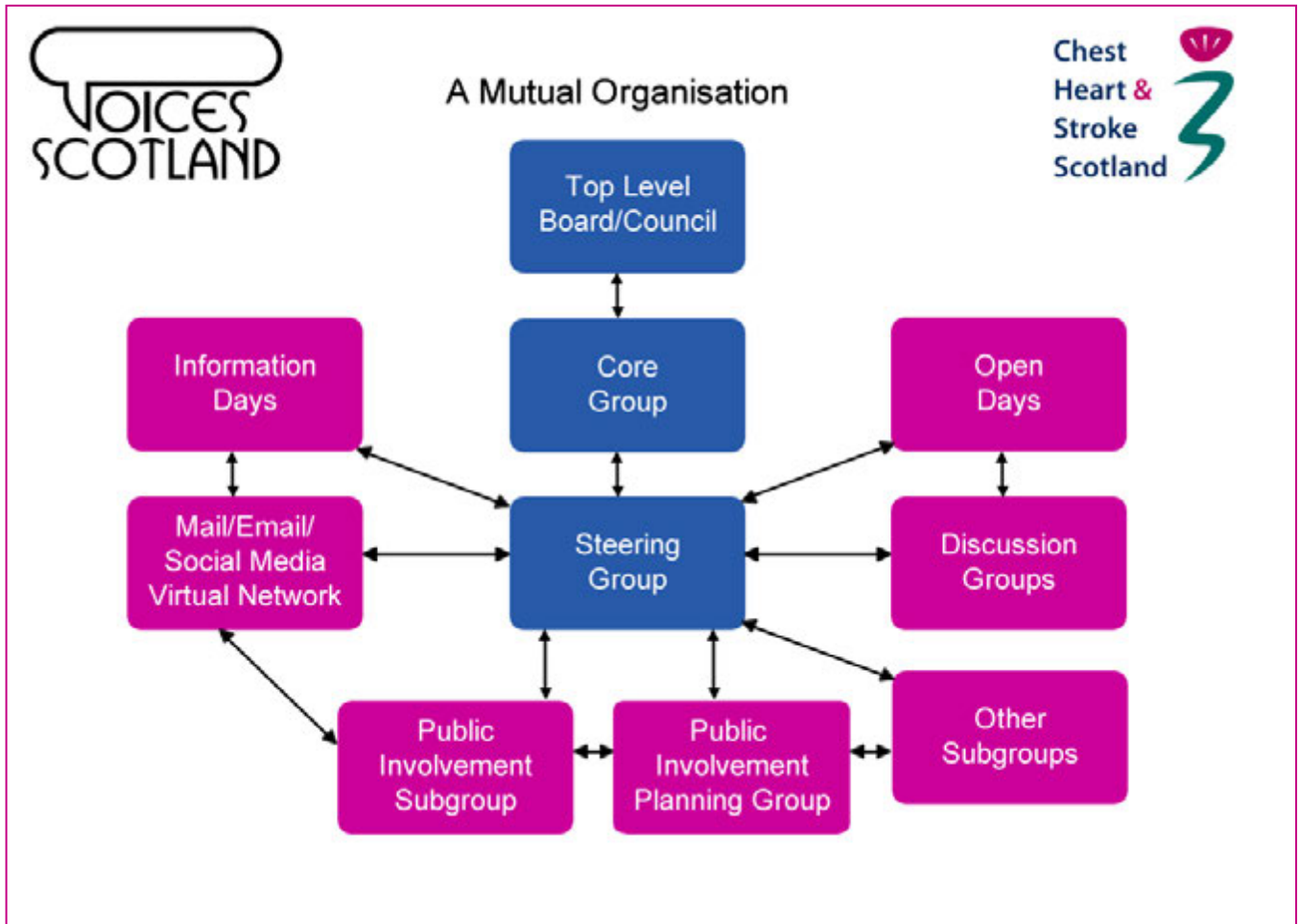
#### 2.1.1 Establish an initial planning team

- Create a small team of staff and the public who are important to initially setting up this strategic framework for public involvement. This role will be taken over eventually by a public involvement strategic planning group. You might like to invite your local Scottish Health Council officer and /or NHS public involvement staff.
- Be clear about the difference between working for and working with patients and the public.
- Make sure there are adequate resources including money, time and people – skilled staff and participants engaged in public involvement.
- Embark on the pathway below to establish your model for a mutual organisation.

#### 2.1.2 A Pathway to a Mutual Organisation



### 2.1.3 A Model of a Mutual Organisation



For an example of how this model can be used strategically in various public involvement situations see Appendix 2.

## 2.2 Levels of Involvement for Public Representatives

For public representatives, getting involved with the health and social care and associated bodies can be at one of five levels (shown below). Before representatives begin they might like to think at which level their circumstances might allow. Creating a forum/pool of public representatives allows consultation opportunities from levels 1 – 4 for your organisation. This forum can also be used to consult for feeding back from your organisation to national and regional priorities at level 5.

	Consultation Level	Consultation Method	Public Involvement training required
1	One-to-one	Patient to health professional	
2	Home Based Involvement	Telephone, email, post, virtual social networks consultations	
3	Discussion Groups	Face to face, focus groups, discussion groups	
4	Involvement Forums	Local public involvement forums	✓
5	Local Representation	Local health and social care improvement groups	✓
6	Regional, National Representation	Boards, national organisations, national projects	✓
7	International	International conferences and consultations	✓



## 2.3 Scottish Health Council

[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)



The Scottish Health Council supports and monitors the way NHS Boards carry out their Patient Focus and Public Involvement (PFPI) responsibilities. The Scottish Health Council is a section of Healthcare Improvement Scotland but has a distinct identity. They produce various resources to help support staff with their public involvement. Specific resources are highlighted here.



### 2.3.1 Participation Toolkit

**The Participation Toolkit** has been compiled to support health and social care staff in delivering Patient Focus and Public Involvement. It offers a number of tried and tested tools along with some more recently developed approaches.

It includes the following topics:

- Before You Start
- The Participation Tools
- Producing a Report of Findings
- Evaluating Participation
- Covering Ethical Issues
- Resources for Participation
- Accessibility Checklist

This Public Involvement Guidance for Professionals is meant to *complement* the work by the Scottish Health Council



### 2.3.2 Using Social Media

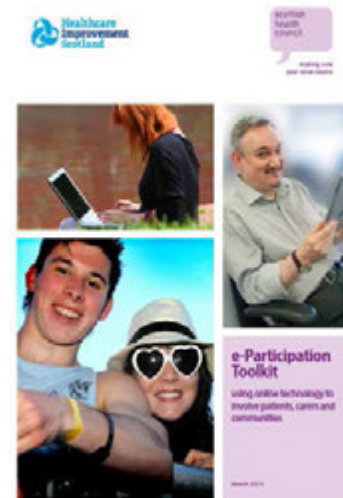
**To Inform, Engage and Consult People in Developing Health and Community Care Services**

This guidance sets out the steps of using social media throughout the whole engagement process, with case studies as examples.

### 2.3.3 e-Participation Toolkit

It includes the following topics:

- Benefits and challenges
- Blogs, micro blogs and social networking
- Digital apps
- Wikis and collaborative communities
- Content communities
- Internet forums and online communities
- Third party feedback sites
- Bespoke sites
- Evaluation



### 2.3.4 Start-up Guide for General Practice: Patient Participation Groups in Scotland

It aims to support primary care practitioners improve or widen their current involvement with the public and engagement with communities by establishing a Patient Participation Group in their local community.



### 2.3.5 Patient Participation Group Development Tool

This is written to help existing groups to think about ways in which they can contribute effectively to the work of their general practice. It will help to identify areas which could be improved or strengthened, and enable groups to come up with ideas and solutions - so that the group ultimately becomes more efficient and productive. Scottish Health Council local staff can work through the Development Tool with a public involvement group at a level of involvement which group members require.



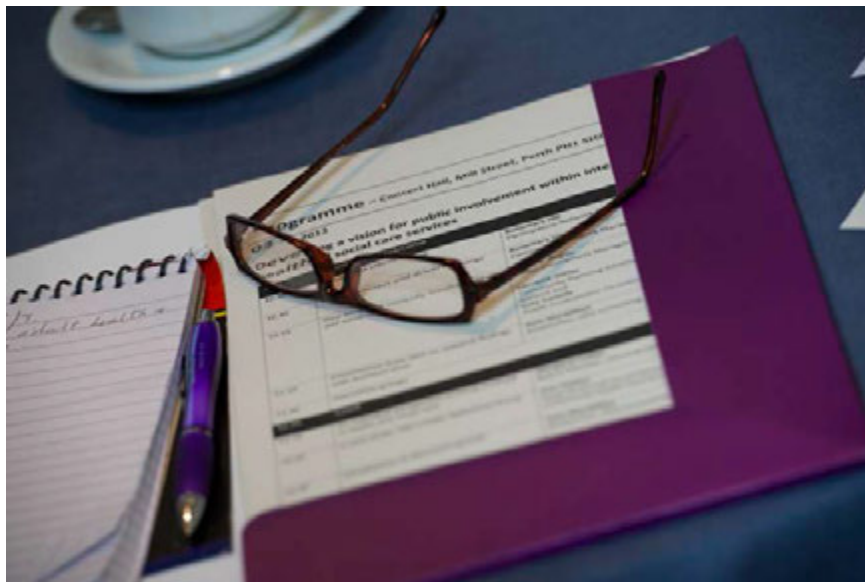


### 2.3.6 Evaluating Participation: a guide and toolkit for health and social care practitioners

This has been developed as a tool for supporting the evaluation of public involvement and participation in health services. A partner to the Participation Toolkit, it is a stand-alone guide for assessing the way in which a participation project has been undertaken (process) and the results of that activity (outcomes). It does not set out to be a definitive guide to evaluation, but aims to provide resources, references and tools to help you to develop your own approach to evaluation.

The guide will:

- introduce some evaluation essentials
- help you to develop a suitable framework for evaluating participation
- provide a set of flexible tools to adapt and use for your own evaluation projects, and
- signpost information and materials for further investigation.



## Section 3: Setting up a Mutual Organisation

### Step 1 Getting started

#### 3.1 Information Days

The local community and stakeholders are initially invited to an information day about the work of the organisation and how they can get involved.

Try to ensure membership is representative of the public and aim to recruit as diverse a range of people as you reasonably can. To do this you will need to have a good understanding of your local community and think about how best to reach different groups.

Recruiting people from 'hard-to-reach' or 'seldom heard' groups within society may require proactive effort. You might like to consider if you have managed to reach the following groups:

- minority ethnic communities and other minority groups
- those whose first language is not English
- people living in rural areas
- homeless people
- working people
- people living in residential care homes
- children and young people if appropriate
- older people
- refugees
- people with disabilities for example, people with sight impairment, people who use mental health services and people with learning difficulties
- carers
- people in custody – prison population
- faith communities
- local and national voluntary groups

Recruitment can be done through:

- flyers and posters
- practice waiting room, including electronic message board in reception
- newsletters and website
- social media
- ask staff to promote the group
- local community groups
- schools and local businesses
- local pharmacy and note on prescription slips

- local community newsletters
- receptionists raising awareness
- local press
- local databases of service users

## 3.2 Create your forum/network

At the Information Day, tell the public about your service and then collect contact details of those interested in getting involved through email, mail and social media. This gives you a pool of people to consult who might be interested in the various Levels of Involvement (page 19). This forum allows you to consult in different ways as appropriate for each consultation issue. For an example see the consultation grid at Appendix 2.

### 3.2.1 Virtual Patient Groups

Effective and manageable patient participation can be achieved through a virtual group using email groups and social media.





### 3.3 Step 2: Setting up Public Involvement Groups

1. **Strategic Public Involvement Planning Group**
2. **Topical Discussion Groups/Focus Groups**
3. **Public Involvement Subgroup**

#### 3.3.1 Strategic Public Involvement Planning Group

This group will have been involved in setting up the structure of public involvement for your organisation. The group may need to meet more often initially until the public involvement structure is setup then twice a year after that. Ideally this strategic group should represent the following:

- Members of the Steering Group who will represent all the work streams of the organisation ( page 18)
- Eventually members of all public involvement subgroups, topic specific and generally

This group should create **an action plan** with roles and responsibilities for taking the strategy forward. The group's remit is to ensure that all work streams of the organisations have a public involvement strand.

The importance of good communication cannot be over-estimated. Consider how you will communicate your plans to everyone involved and throughout the organisation.

#### 3.3.2 Topical Discussion Groups

Once a forum of interested parties has been formed after the initial Information Day (page 17) these people can be used to invite along to form specific topical time limited discussion groups. The Strategic Public Involvement Planning Group will decide what focus groups need to be formed and when.

#### 3.3.3 Public Involvement Subgroup

Here are some things to consider first:

- What do we hope to achieve from the public involvement subgroup? Consider its role and remit before it is set up (Appendix 3).
- How are we going to communicate, update and feedback to the steering group above?
- Who will represent the group on the steering group (see page 18)?
- Who will represent the group above on the public involvement planning subgroup?
- What are our timescales to set up the group and who often will it meet thereafter?

Once the initial preparations have been taken on board and an action plan is established, the recruitment stage can take place. The group should ideally be around no more than 12 people.

### **3.3.4 Recruitment**

- Send an invitation to the names collected from your forum.
- The Public Involvement Subgroup could potentially develop naturally from another group, for example, one that is already looking at a specific issue or have gone through the Voices Scotland training. These participants may become the public involvement subgroup or refresh an existing group.
- Ensure that when recruiting, members have a clear understanding of what the group is about and what is expected of them.

### **3.3.5 Videoconferencing**

Videoconferencing is an ideal way of including people from remote and rural areas and keeping expenses down. You will find further information about the etiquette and tips of using video conferencing at your meetings at Appendix 4.

### **3.3.6 Communication**

#### **How will you communicate with the people you involve?**

- It's often helpful to ask members of the public what their preference is for keeping in touch and what times to avoid if phoning.
- Can you identify someone in the team who will be your public involvement lead and the main point of contact for the members of the public you involve? Everyone in a team needs to understand why the public is being involved and how to interact with them, but only one person needs to manage the involvement.
- Most people now have internet and email access, but some may not be confident internet users and this should be discussed – you might need to find alternative ways of communicating.
- If you are asking people to review documents, some people prefer you to print them and send them by post as they find it easier to read a hard copy.
- Can your work support people with different needs, for example motor, visual or cognitive impairment who may wish to be involved? Stroke Voices training can be used as a support for these representatives.
- Not everyone wants to read reams of documents, particularly complicated/technical protocols, but this shouldn't exclude their involvement. You may need to prepare lay summaries of key documents.

### 3.4 Step 3: Before the first meeting

Once you have your applicant pool make sure that you chose a diverse but representative group of your service users. You may want to include a representative of an appropriate voluntary organisation as well.

#### **Write working agreement/terms of reference (Appendix 5)**

Developing working agreement/terms of reference is an important step that can guide the group in the early stages and serve as a reminder of its purpose once it is up and running. This list may need to be amended from time to time and therefore the group might want to consider having this as a standing agenda item.

The document should identify:

- roles and remits - who should attend and what they should be doing.
- expectations of the group and ground rules for taking part in the group (appendix 6). It is a good exercise for the group to set their own ground rules; this way it's more likely that they will stick to them!
- the purpose of the group - what are the aims and objectives?
- who the group reports to and how
- a commitment to offer reasonable travelling and other expenses (Scottish Government Health Directorates guidance on volunteer expenses can be found at [www.sehd.scot.nhs.uk/mels/CEL2011\\_23.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_23.pdf) )
- the frequency of meetings
- clear expectations for all

It is important to include a statement emphasising that Public Involvement Group is not to be used for pursuing individual personal complaints or issues and that there are other routes for people to give feedback, make comments, raise concerns or make complaints about services.

#### **3.4.1 Choosing a time**

The selection of a meeting time is very important. Participants can be given a choice initially of a number of times of day and then the most popular timing chosen.

People living with long term conditions may not be able to attend a meeting early in the day but be too tired to participate in the afternoon effectively.

Doodle Group Scheduling ([doodle.com](http://doodle.com)) is a good method of selecting meeting times and dates. Once the time of day is established, possible future meetings should be held at the same time to save confusion. For those who have no access to a computer, offer a choice of dates in your first letter.

### 3.4.2 Choosing a venue

There are a number of considerations in selecting the right place to have a meeting.

- Cost
- Availability of the room before the start of the meeting
- Large enough to comfortably accommodate participants as well as audio visual aids
- Appropriateness of the furniture and if it is possible to move it around freely to suit your needs
- Adequate lights and ventilation
- Free from interruptions and distractions
- Convenience for participants
- Accessibility for anyone using a wheelchair

The special needs including potential communication support needs of your participants also have to be considered – see Venue **Accessibility Checklist**.

For more information on preparing for meetings for those with communication support needs please refer to **Stroke Voices Public Involvement Guidance for Health Professionals** available on the Voices Scotland page of the CHSS website [www.chss.org.uk](http://www.chss.org.uk)



## Venue Accessibility Checklist

- **Transport:** Is the venue accessible via public transport?
- **Parking:** Is parking available? It is good practice to offer to reserve a disabled parking bay if the individual has a Blue Badge.
- **Access:** Provide a ground floor meeting room or check access via a lift.
- **Toilets:** Are the disabled toilets near the meeting room? Does the toilet have enough room for someone in a wheelchair to turn round and lock it from the inside independently?
- **Signage:** Is there good signage to the toilets and the meeting room? Use signs which have the word and visual image. Not only language based signs but signs should include images as well. This may need to be supplemented from what is already provided in the venue. Alternatively meet people at reception and bring them to meeting room
- **Lighting:** Is there good lighting in all areas of the room? This will allow those with some visual impairment to view presentations.
- **Acoustics:** Are there good acoustics? Check noise levels of activities in adjacent rooms at the times for your meeting. Choose a venue with a loop system or hire one in as necessary.
- **Distractions:** Do the windows open? If so, will the outside noise be distracting?
- **Seating:** Do the chairs in the meeting rooms have arms? This allows people to remain independent in getting in and out of a chair if they have a one-sided weakness (hemiplegia).
- **Breakout Rooms:** Are there breakout rooms available if small group work is necessary in the meeting? This will allow people to discuss topics together without being distracted by other groups.
- **Consistency:** Where possible, keep the venue and room consistent for future meetings.

### 3.4.3 Creating an agenda

Sometimes people confuse agendas with objectives. Objectives are subjects to be accomplished and an agenda is the order in which the subjects are to be covered. Meetings may have several objectives so the chair must consider what these are before writing the agenda.

When planning the agenda, consider who needs to be there for each item on the agenda not everyone needs to be there for the whole meeting.

You may like to develop your own template for your agenda see appendix 7.

Consider if any participants have any special requirements because of any disability e.g. large print.

The agenda and relevant papers should be sent out usually a week prior to the meeting.

### 3.4.4 Advance notice to group members

This should include:

- Time and place including directions and public transport options
- Role and remit of the group
- Members of the group and who they represent including other committees they sit on
- Objectives of the group
- Preparation required
- Enclose agenda with previous action points
- Special needs required
- Refreshments offered

### 3.4.5 Glossary

Explain abbreviations and any technical terms you use. If these are to be used regularly, put them in a suitable format that people can refer to easily, for example as an appendix to your papers.

A **Glossary of Terms** has been designed **specifically** for public representatives; ordered on line from CHSS: [www.chss.org.uk](http://www.chss.org.uk) or free ordered from the CHSS Health Information Department by phone 0131 225 6963.

**Glossary** topics are:

General Medical  
Medical Abbreviations  
Chest Terms  
Heart Terms  
Stroke Terms  
Organisational Terms  
Financial Terms  
NHS Staff Terms

## 3.5 Step 4: Running meetings

### 3.5.1 Chairing and administration

A chair may start the first meeting then hand on to one nominated by the group. When nominating the permanent chairperson, a group decision needs to be made on how they will be chosen and whether it should be a member of staff or the public. The chairperson must be equipped to deal with controversial or delicate agenda items. This requires the ability to remain impartial and act in a diplomatic and sensitive manner where necessary.

Coordinating, chairing and facilitating good engagement at a meeting involving public representatives **takes time**. The more members of the public involved, the more time this will take. It helps if this is understood from the start by the Chair and not taken on in haste for those who do not have the time to do it well. Some services offer training in chairing meetings.

Where possible an administrator should also be appointed at the first meeting.

#### The main role of the chairperson is to:

- organise and run the meetings
- ensure that the group is achieving its goals, and
- act as the official representative of the group

Some groups have found that having a rotating chairperson gives everyone the opportunity to gain experience of this role. This helps to ensure everyone respects the chairperson and is aware of the importance of the role.

#### The main responsibilities of the chairperson are to:

- liaise with the administrator to agree arrangements, agendas and meeting dates
- ensure that each meeting is focused and does not get held up by irrelevant conversation
- act as a timekeeper for meetings ensuring reasonable time for each agenda item
- act as a facilitator during the meeting to encourage all members to get involved, and
- ensure all items on the agenda reach a conclusion giving a brief summary of key points and responsibilities to the group.

#### The administrator is responsible for:

- taking actions/minutes from the meetings
- supporting the chairperson to organise meetings
- maintaining membership lists

As with the chairperson, this role can be carried out by public representatives or staff and again, this could be done on a rotating basis to keep it fair.

## Group member roles

Setting tasks for group members could include, one member taking on the role of newsletter editor whilst another member may wish to take on another role around publicity (see Appendix 8 for generic group member role).

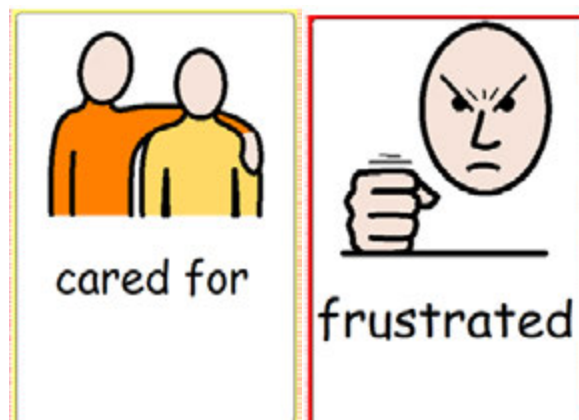
### 3.5.2 Introductions

- A friendly welcome is important before the meeting starts. It can be quite daunting arriving at a meeting with professionals especially for the first time.
- Name cards propped in front of each member reinforces the names for those that only meet up occasionally and do not see members of the group in between meetings. Put the names on both sides of the card to allow people that are sitting beside each other and those opposite each other to read the cards
- If people arrive late to the meeting, introduce them to everyone. This should include the role that each person is representing on the group.
- Using first name terms for everyone will put people more at their ease.

### The representative's story and the Emotional Touchpoints Tool

It is most important to give the representative the chance for others to hear their story. A person's experience and their story gives them passion, drive and energy for public involvement. However if this energy is not harnessed effectively their voices may well be ineffective. Through the Mutual Model of Public Involvement (page 18) and through Voices Scotland training and support, this energy can provide the collective energy for action and change.

The following technique is particularly effective to get stories out effectively when a group forms. It gets to the heart of the issue that the representative is concerned with quickly and the representative feels heard.





### Emotional Touchpoints Technique

Representatives are invited to engage with health and social care services because they have a valuable personal experience to contribute.

To help them share their experience, ask them to identify their overriding emotion about their story when a group is brought together first. This can be done as part of the introductions. They can be invited to choose an Emotional Touchpoints card from a selection on a side table.

Invite them to offer a brief phrase or two about what event was behind this emotion; this can quickly get to the issue that is most important to the representative and subsequently they feel heard.

It is when representatives do not feel heard that they may keep going back to their story during a meeting.

A picture/symbol set of the Emotional Touchpoints tool is available to download from [cosmicresources.org.uk](http://cosmicresources.org.uk) under *Day 1 Welcome and Introductions*

For more information on this technique contact the Voices Scotland team: [voicesscotland@chss.org.uk](mailto:voicesscotland@chss.org.uk)

NHS Education Scotland (NES) also has a version of these Emotional Touchpoints/Envision Cards: downloadable from their “*Little Things Make a Big Difference Valuing People*” website: [www.knowledge.scot.nhs.uk/media/7963350/envision%20cards%202014.pdf](http://www.knowledge.scot.nhs.uk/media/7963350/envision%20cards%202014.pdf)

### 3.5.3 Establish the experience of the group

This will bring to light the skills individuals have which may prove valuable for helping to create and maintain the group.

### 3.5.4 Action plan

**Create an action plan** in the early stages to establish the group’s goals. This can help group members to focus on their purpose and aims. The group and practice should discuss and agree short, medium, and long-term goals.

The following headings might be helpful to consider:

- Activity – what we will do
- Outcome – what we want to achieve
- Progress – what we have done so far
- Deadline – when we want to finish
- Evaluation – how well we did

Each member of the group will have varying amounts of time which they can spend with the Patient Participation Group and various skills which can be utilised. Therefore, it is helpful have a range of projects and objectives which members can choose to work on in order to maintain their interest and maximise their potential and effect.

### **3.5 5 Questions and answers**

- Make sure everyone can take part.
- Give people enough time to ask questions and respond.
- If someone has not been contributing, offer them a chance to comment by bringing them into the conversation.
- Make eye contact. Facial expressions are very important to make sure the representative is able to see everyone.



### 3.5.6 Presenting information effectively

Here are some tips for those presenting at a meeting:

- Prepare well; know your subject
- Know your audience
- Speak in the language of the audience, no jargon
- How much time do you have?
- Prepare an outline with an introduction, body and conclusion
- Use eye contact
- Effective use of pauses
- Vary your tone
- Use humour wisely
- Avoid distracting mannerisms
- Back up your point visually where ever possible e.g. with PowerPoint, handouts etc

The Case for Change template can be used to present an issue to another committee (see Appendix 9 and 10).

### 3.5.7 Maintaining enthusiasm throughout a meeting.

Group members should leave the meeting thinking that it was a worthwhile use of their time and enthusiasm to return to subsequent meetings.

#### **Tips for the chairperson**

- Be prepared
- Start the meeting on time
- Take time on introductions
- Assure the group members that the meeting is important
- Communicate objectives clearly
- Make a clear distinction between topics
- Don't read anymore than necessary
- Maintain control, but let everyone have their say
- Maintain good eye contact
- Don't dominate the meeting
- Take necessary breaks
- Use variety of format to present things
- Maintain your own enthusiasm as the chair
- Finish on time

### **3.5.8 Minutes/action points**

**How to record the meeting:** Minutes which provide a summary of the discussion are the traditional way to take notes from meetings; however, shorter action points are becoming more popular. Action points allow group members to see at a glance, for example, what progress has been made at the meeting and who is responsible for what job. Action Points template example see appendix 11.

### **3.5.9 Papers**

If there are a number of papers for a meeting they can be copied onto different colours to allow easier and quicker identification during a meeting. Papers should go out to group members about one to two weeks before the meeting.

### **3.5.10 Concluding a meeting**

- Restate the objective of the meeting
- Summarize what was accomplished
- Thank the group members for attending and for their contribution
- Give assignments to one or more group members
- Final announcements about minutes etc
- Tell the time and place of the next meeting

### **3.5.11 Paying expenses**

Remember to have expenses forms available for your participants at every meeting. You may need to develop an easy read version if your participants require it.

### **3.5.12 Health and safety and insurance**

#### **Health and Safety**

The Scottish Health Council's Participation Toolkit states: Every organisation has a Health and Safety Policy and it is important that you understand it and follow it. Consult the relevant health and safety staff if there are any issues around the activities you are undertaking.

## 3.6 Maintaining a positive momentum

### 3.6.1 Acknowledging the work of the group

If appropriate to the remit of the group, you can acknowledge a specific achievement to the group as a whole. Submitting the group's achievements and a photo of the members together to the local health and social care newsletter or website can be a way of valuing the group's work and promoting it to a wider audience.

### 3.6.2 Control of a meeting

The leader must keep control of the meeting if it is going to be productive. Control means keeping it moving so that the objectives can be accomplished in minimum time with satisfied participants.

Some chairs feel that the best way to control a meeting is to prevent any kind of group involvement or participation. This control is too tight for a public involvement group.

Other chairs can lose control because they have allowed too much expression.

Loss of control can take many forms. See Appendix 12 for some of the more common situations and probable causes with suggestions of solutions.

### 3.6.3 Many hands make light work

Rather than assigning tasks to one individual, wherever possible try to assign tasks to teams of two or more people. This includes the Public Involvement Group's chair and administrator.



## 3.7 Step 5: Feedback and communication

### 3.7.1 Internal communication

This is very important for the effective development of the group. Agreeing suitable methods for a two-way flow of information between public, staff and the Public Involvement Group early on will help this become routine.

One of the benefits of a two-way flow of information is that all those involved will feel empowered and valued.

Communicating information about the group's progress can be done in a variety of ways such as social media, newsletters, flyers or posters within services.

An understanding of different communication methods for different groups of people may be advantageous so that implications of effective communication are overcome. Examples of this are:

- some people may have little knowledge of social media but would respond to direct mail
- some isolated rural communities have poor internet connection but have a strong sense of community and often hold events and social gatherings
- working people rarely have the opportunity to attend events but may regularly use social media

### 3.7.2 External communication

It is important to keep good communication with the other groups within the Public Involvement structure of the organisation. The mechanism for the appropriate flow of this information should be established at the beginning of the life of the group. There should be at least one person responsible for this communication. It may fall to those sitting on the other groups in the structure.

Aim to attend community events to promote the group and encourage membership.

A list of forthcoming campaigns can be obtained from your organisation which may help the group to focus on specific topics throughout the year.



### 3.7.3 Annual Open days

The steering group and the Public Involvement Group should plan an annual open day together. See The Mutual Model Section 2.

It should be open to your stakeholders and members of the public. Invite a keynote speaker that will draw people in and advertise widely.

Share your year's work plan and inform people what has been achieved. Share your next year's work plan or consider using the event to influence the work plan.

Ask for feedback from the open day participants including other suggestions.

#### After the Open Day

After the open day, align the work plan of the organisation's steering group and the Public Involvement Group working to establish shared objectives.



## Section 4: Training and Support

### 4.1 Inviting Voices Scotland

The best way to enhance your public involvement programme is to invite the Voices Scotland team to come to deliver one of the Voices Scotland workshops. All Voices Scotland training and resources are free, although the host is expected to cover venue and refreshment costs and participants' expenses. The following is a checklist for managers for tracking this process of setting up the workshops with the Voices Scotland team.

Preparing for Voices Scotland workshops			✓
Initial contact	<ul style="list-style-type: none"> <li>Do you have user involvement opportunities for participants to do after the workshop?</li> <li>Do you have someone who can deliver a presentation on your services at the last session?</li> <li>Do you plan to use your own venue?</li> <li>Do you plan to use catering?</li> <li>Please provide Voices Scotland with an expenses form for participants to use</li> </ul>		
Practical considerations	<ul style="list-style-type: none"> <li>Do you have a venue in mind? Is it booked?</li> <li>Is it suitable for the course? Is it accessible?</li> </ul>		
Invitations	<ul style="list-style-type: none"> <li>Who do you want to invite to the event?               <ul style="list-style-type: none"> <li>Give this information to the Voices Scotland team who will send out invitations</li> <li>The Voices Scotland team can offer to deliver Taster Sessions for any local groups of potential participants</li> </ul> </li> </ul>		
Support	<ul style="list-style-type: none"> <li>Work with the Voices Scotland team trainer to identify those participants who will need support on the training</li> <li>Help identify sources of support for public representatives</li> </ul>		
Prepare local opportunities presentation	<ul style="list-style-type: none"> <li>Ask for guidance from the Voices Scotland team on the local perspective session</li> </ul>		
Provide local health and social care documents	<ul style="list-style-type: none"> <li>Provide Voices Scotland team with any local documents relevant to your services</li> </ul>		
Ongoing involvement	<ul style="list-style-type: none"> <li>Discuss with the Voices Scotland team on how to continue to support those course participants who wish to become involved with your public involvement network</li> </ul>		



## 4.2 About Voices Scotland training

### 4.2.1 Voices Scotland

The highly successful Voices Scotland programme has influenced health planning and decision making all across Scotland. It has been endorsed by the Scottish Health Council and is the Scottish Government gold standard for public involvement in health.

The Voices Scotland workshops equip people with the knowledge and skills to improve local health and social care services.

**4.2.2 COSMIC (Champions of Self Management in Care):** This course helps people to:

- Understand the broad range of Self Management and the role of the Champion
- Explore the various models of Self Management
- Recognise the support available to help people Self Manage



This can be used in the following ways:

- Use elements of the resource with community support groups
- To train volunteer buddies on how to access support for people with long term conditions
- For training staff of organisations who have a responsibility for self management

These Self Management Champions are enabled to

- Improve their own self management
- Help enhance other's self management
- Help promote self management as a concept within groups

### 4.2.3 VOICES

This course gives people the skills and confidence to be public representatives and to become involved in planning, monitoring and improving services.

It is branded as:

- VOICES
- Chest Voices
- Hearty Voices Scotland
- Stroke Voices (for those with communication support needs)



People can become Public Representatives once they have been taught to:

- Understand health and social care organisational
- Recognise how to work effectively with professionals
- Identify the issues and how to present these effectively

#### 4.2.4 COSMIC Representatives (Champions of Self Management in Care)

If people complete **both courses**, COSMIC and VOICES people are not only Self Management Champions but known as COSMIC Representatives in their public involvement work.



These COSMIC representatives are not only able influence:

- own self management
- one to one peer support for self management
- group support for self management

They are also trained to services influence at these levels:

- local
- regional
- national
- international e.g. conferences

Both workshops have been adapted for those with communication support needs.

## 4.3 Ongoing support

After members of the public have been through Voices Scotland training they are able to work at any level of involvement suggested on page 19, Levels of Involvement. Often the training group becomes the public involvement subgroup in the Mutual Organisation model as outlined on page 18. The Voices Scotland team is available to give advice on ongoing support for such a group.

Here are suggestions on how to support individual representatives:

### 4.3.1 Shadowing

- Before getting involved with a particular committee you might like to ask the representative to observe the proceedings or shadow another representative to give them more confidence before they commit themselves to the role.

### 4.3.2 Supporting single representatives

To support single representatives on larger committees or new representatives on a public involvement subgroup the following should be considered:

- Effective and appropriate support before the meetings can eliminate many potential misunderstandings Offer to contact the representative before the meeting (by their preferred method of contact)
- Go over the topics for discussion and offer any support required.
- Discuss with participants whether they want to attend whole meetings or just relevant sections
- Offer to escort the representative into the meeting if they would feel more comfortable with this support
- Explain to the representative the health and social care services locally if they are different from their experience. The representative may have different perceptions of services if they are from a rural area, for example
- Help the representative prepare their issue that they might want to bring up at a meeting.
- Encourage them to use the 'Making a Case for Change' Template (Appendix 9)
- Offer travel expenses
- Do not assume someone wishes to be accompanied

#### 4.3.3 Support for those with communication support needs

Guidance of those people who have communication support needs is available from CHSS Stroke Voices Public Involvement Guidance for Health Professionals on the CHSS Voices Scotland website. This is informed by the Communication Forum Scotland Talk for Scotland Toolkit.

#### 4.3.4 Support for a patient involvement subgroup

The Voices Scotland team supports a number of public involvement subgroups across Scotland. Building on this experience the team have noticed a number of key support functions that these groups require from whichever member of staff is fulfilling this role:

- **Role of the Group:** Promotion of the 4 Rs for the group to support effective meetings (see Appendix 3)
  - Role of the group
  - Remit of the group
  - Relationships within the group and with other groups
  - Responsibility of the group
- **Signposting** the group as to where to go with the issues they raise to be the most effective
- **Local networks:** Encouraging engagement with local networks of both community and staff
- **Organisational linking:** Providing a link to the organisational group they report to if a member of staff or public representative is not routinely present



## 4.4 Support from Voices Scotland

Once participants have undergone the training they are invited to go onto our **database** to receive ongoing opportunities to get involved to improve services. The issues raised on the training are collected and used as a temperature check on what is current. Members of the Voices Scotland programme receive a **bi-annual newsletter** which highlights current public involvement news across Scotland.



For staff wanting to deliver the Voices Scotland training themselves, this can be adapted from the resources available free at [www.cosmicresources.org.uk](http://www.cosmicresources.org.uk). The Voices Scotland team is available to help with local adaptations of the materials.



## Section 5: Reflection

There is no right and wrong time to reflect on progress made. However, at some point, the group will want to evaluate its work and its effectiveness for the organisation.

The Scottish Health Council has produced a toolkit on **Developing a Patient Participation Group** which can help and guide the group through the evaluation. The toolkit looks at areas such as involvement, planning, meeting the community's need and sharing best practice to establish whether there are areas which need to be improved. It also highlights achievements so far and what the group would like to achieve in the future. The tool can be obtained from Scottish Health Council website ([www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)) from local offices and local staff will be happy to talk the group through this as it progresses.

Essentially the group should be considering the following:

- what they have already achieved
- what went well
- what went not so well
- what they want to tackle next

The group should reflect on the members who have been recruited and considering whether they are representative of the community. The group should expand on its membership and the wider diversity of the group as it grows in confidence.

Consider whether the terms of reference and working agreement are correct. No group gets it right the first time. The main thing is that there is working agreement/terms of reference in place so that people are clear about their roles and the functions of the group. Remember, this may take several meetings to get it right.

At this stage of the process remember to remain positive and recognise what the group has achieved so far. Experience has shown that successful groups develop over time and learn as they progress. It is also worth remembering that what works for one group may not work for another. Even at this early stage if something is not working for the group, then use this experience to learn from it, rather than to be critical.

### 5.1 Evaluation Toolkit

Scottish Health Council: [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)  
This guide is for anyone working in the area of community engagement, Public Involvement or participation. Whilst it will be of particular interest to those working in health and social care it may also be of interest to other sectors. It is designed both to be a useful starting point and to add to the existing resources and tools of the more experienced evaluator.





## Appendix 1: Scottish Government Strategic Documents

**Patient Focus and Public Involvement (PFPI) (2001)**

**Delivering for Health (2005)**

**Better Health, Better Care (2007)**

**"Gaun Yersel" The Self Management Strategy for Long Term Conditions in Scotland (2008)**

**The Healthcare Quality Strategy for NHS Scotland (2010)**

**Caring Together: The Carers Strategy for Scotland 2010 – 2015**

**Informing engaging and consulting people in developing health and community services Scottish Government: Healthcare Policy and Strategy Directorate (CEL 4 2010)**

**Charter for People Living with Stroke (2013)**  
[www.strokecharterscotland.org.uk](http://www.strokecharterscotland.org.uk)

**Your health, your rights: The Charter of Patient Rights and Responsibilities (2012)**

**Route Map to the 2020 Vision for Health and Social Care (2013)**



**Your health, your rights**  
**The Charter of Patient**  
**Rights and Responsibilities**

Everyone who uses the NHS in Scotland has rights and responsibilities



## Appendix 2: Public Involvement Consultation Grid

The Mutual Model of Public Involvement on page 17 and 18 offers a framework to set up public involvement. This model is endorsed by the Scottish Health Council and is recognised as the gold standard in patient and carer involvement in NHSScotland's Chief Executive Letter in 2012 (CEL 29 Scottish Government, 2012).

Once established the various parts of the model can be used for different consultation requirements as suggested below.

Example of consultation work required	Open days biannual	Mail, email, social networking (as required)	Annual information day	Strategic public involvement planning group (biannual and as required)	Public involvement subgroup (3 monthly)	Topical focus groups (as required for the life for the topic)
Redesign of services	✓	✓	(✓)	✓	✓	✓
Business plan /funding	✓	✓	(✓)	✓	✓	✓
Government document or clinical guideline consultation		✓			✓	✓
Redesign of patient/carers information booklets				✓	✓	✓
Issues raised by patients and carers	✓	✓	✓	✓	✓	✓

## Appendix 3: The 4Rs - for public representatives and staff

- **Role**
- **Remit**
- **Relationships**
- **Responsibility**

For groups and committees to work effectively, every member needs to keep these '4 Rs' clearly in focus and work towards them.

### Role

When you become a member of a group, you're there primarily because of your particular experience with the health and social care services. Depending on your skills and abilities, other roles may be assigned to you from time to time, as the team changes and you mature as a member.

#### Ask these questions:

- Is everyone clear about their role and the role of others in the group?  
(E.g. someone's job title – a nurse – may not reflect their role in the group)
- What contribution do you think you should be making?
- Are you seen as someone that represents the views of others or just your own?  
Make sure the group knows which one you are!
- What do other members expect of you and does this match your perception?

### Remit

To accomplish change, the committee or group needs to have a clear remit or reason for existing. The remit of a group is covered by its terms of reference/objectives and what it aims to achieve. Everyone in the group should have a clear idea of what its remit is.

#### Ask these questions:

- Does the group or committee have clear, written terms of reference?
- Does it have objectives which are SMART?
  - Specific - Objectives should specify what they want to achieve.
  - Measurable - You should be able to measure whether you are meeting the objectives or not.
  - Achievable - Are the objectives set, achievable and attainable?
  - Realistic - Can you realistically achieve the objectives with the resources you have?
  - Time - When do you want to achieve the set objectives?
- Does every member have a copy?
- When they were last revised?

- Is their meaning understood and discussed regularly?
- Is there a common understanding of the committee's purpose?

## **Relationships**

Clarity of the remit and defined personal roles will help develop relationships, foster team work and the effectiveness of the group.

### **Ask these questions:**

- Does your group feel like a team?
- What links does your group have with other agencies and/or groups within the area?
- Do the members share a common purpose and goals?

## **Responsibility**

This refers to both the responsibility of the group and the individuals within it. The committee's terms of reference should address what it is responsible for and its accountability.

### **Ask these questions:**

- Is everyone responsible for the committee's success or is it left to the chair?
- Is there a shared responsibility for the agenda, ensuring patient and carers' views are addressed and is enough background information available to inform discussion?
- Do you have a responsibility to feed-back to others on relevant issues and topics?

## Appendix 4: Video Conferencing: etiquette and tips



### What is video conferencing?

Video conferencing is a live connection between people in separate locations for the purpose of communication, involving video and audio and often text. At its simplest, it provides the transmission of static images and text between two locations. At its most sophisticated, it provides full motion video images and high quality sound between multiple locations. Video conferencing should provide a complete simulation of a normal meeting environment, enabling people in both locations to see, hear and present material, just as if they are in the same room.

#### Other terms for this process:

**Web Casting:** Video conferencing requires both locations to have similar specialised video equipment, whereas web casting only requires the sending location (host) to have video (and internet encoding) equipment, and the viewer only needs a web browser and internet connection.

**Web Conferencing:** The term Web Conferencing is used when groups meet and share documents, presentations and information over the internet in real time.

**Video Teleconferencing:** This is the same as Video conferencing

**Skype:** is a software application that allows people to participate in video conferencing among other things. Normally used for one to one for very small numbers of people.

**What are the benefits of video conferencing?**

- More accessible for people living with long term conditions and carers in remote and rural areas
- Reduced travel time to meetings
- Reduced pressure, stress and fatigue from travel
- Reduced expenses of meetings

**How do health and social care services use video conferencing?**

Many of the health and social care services are now use video conferencing for meetings and conferences. You may be invited to join a Patient and Carer Subgroup of a Managed Clinical Network for example, that meets away from your home but can offer you the opportunity to join the group by video conferencing from the nearest health or social care venue instead. You would be a in a “satellite” location to the main host meeting.

**What would be expected of me?**

You would be given a date for the next meeting and also a contact that would escort you to the video conferencing suite in your local health or social care venue. You should have been sent any relevant papers well beforehand, and if not, ask for them.

**Arrange to meet your contact in plenty time before the meeting.**

Your professional contact will then settle into the video conferencing equipment. There are usually instructions in the suite for this process that the professional representative can access.

Your professional contact should stay with you during the meeting at least for the first two or three sessions. If you are not comfortable to be on your own after the log in, please tell them.

## Before the meeting

**Reduce environmental noise.** Turn off fans, close windows and doors, mute/turn off mobile phones. Ask for the volume on any office telephone and computer alert sounds for incoming mail and instant messages to be reduced. Microphones can intensify these normal sounds.

**Adjust the lighting.** Do not turn down the lights too much as cameras do best with the most amount of light. The wall behind you should be darker than your face to avoid back-lighting, which would put your face in a shadow.

**Mute the microphone.** The microphone should remain muted until the videoconference starts and until you wish to speak.

**Plan to have your tea/coffee at the same time as the host site during the break.**

## Beginning the meeting

**Introductions** The host site will normally introduce itself first and then come to you. Make sure you can see all the people that are introduced and tell the host site if you can't. They may have to change the seating arrangements at times in the meeting when you are speaking to one particular person so that you can see them clearly. Identify yourself when you speak for the first time.

## During the meeting

**Maintain eye contact.** You should remain focused in the camera's direction, avoiding shifts in attention – looking out the window, multi-tasking, etc. It is important to maintain eye contact by looking at the camera when speaking. The host site's participants should consider the camera as another person and look at you during their discussions.

**Keep body movements to a minimum.** Avoid distracting movements like swaying, rocking or pacing; move and gesture in a fluid, natural way. Sit up straight and look interested! Always assume you are on camera.

**Mute the microphone.** You should keep your microphone ***muted at*** your end and until you wish to speak.

**Limit side conversations.** As with any meeting, try to limit distracting side conversations.



**Be aware of the microphone placement.** The microphone can magnify sounds that are normal for a meeting. Be careful not to put papers or other objects on them. Do not rustle papers or tap on the microphone or table.

**Use your normal voice to speak strongly and clearly.** When many people are speaking at once, it may be difficult for you to understand the conversation. Repeat questions or comments to be sure that you have heard them. Allow time for others to answer or to make comments. Let the chair know if you are not able to follow something, asking for a recap.

**Be aware of the one second audio delay.** *Use a brief pause between speakers* to assure the full audio signal has been transmitted.

## **At the end of the meeting**

Make sure you have the information you need for the next meeting and that the meeting is definitely over.

**Remember to turn off the equipment** when the meeting is completely finished. Otherwise the host site will just see a blank screen and not be able to turn your equipment off for you.

## Video Conferencing Checklist

### Before the meeting

- Liaise with your professional contact
- Bring your papers
- Arrive in plenty time
- Reduce environmental noise
- Adjust the lighting
- Mute the microphone
- Plan your tea/coffee at same time as host site
- Turn off or mute your mobile phone

### Beginning the meeting

- Introductions – can you see and hear everyone?

### During the meeting

- Maintain eye contact
- Keep body movements to a minimum
- Mute the microphone
- Limit side conversations
- Be aware of the microphone placement
- Use your normal voice to speak strongly and clearly
- Be aware of the one second audio delay
- Use a brief pause between speakers

### At the end of the meeting

- Do you have information for on the next meeting?
- Remember to turn off the equipment at the end of the meeting.

## Appendix 5: Template: Reference/working agreement

**NOTE: This document is not prescriptive and sections should be adapted as required to suit each Public Involvement Group**

### 1. Introduction

#### 1.1. Purpose of the document

The purpose of this document is to set out the scope of the Patient Participation Group and provide guidance on how the group will function.

#### 1.2. Underlying principles of the group

The will promote positive change in health services for the local community by adopting the following key principles:

- openness
- honesty
- transparency
- listening to one another and doing what we say we will
- agreed and consistent ways of giving and receiving feedback
- learning from each other and respecting each other's contributions, and
- joint commitment to ongoing health improvement.

#### 1.3. Scope of the group

Create a Public Involvement Group that is representative, equitable and, where possible, covers all sections of the community.

Discuss and agree action plan with the practice. The plan should contribute to practice decision making and service provision and development.

Provide feedback on patients' needs, concerns and interest and challenge the practice constructively whenever necessary.

Aims of the group:

- Assist the organisation and the public by arranging voluntary groups/support within the community.
- On behalf of the public, communicate information about the community that may affect healthcare.
- Give the public a voice in the organisation and delivery of their care
- Promote good health and higher levels of health literacy by encouraging and supporting activities within the organisation and promoting preventative medicine.
- Assist in the provision of secondary healthcare and social care locally.
- Monitor services
- Liaise with other Public Involvement Groups in the area.
- Be offered the opportunity to be involved with the commissioning of services within the organisation locality if appropriate.

Note: The group is not a channel for raising individual complaints. The service has a formal complaints procedure for individual complaints. Also, individual members of the Public Partnership Group must not act on behalf of the group, except where agreed by the majority of members.

## **2. Roles, Responsibilities and Code of Conduct**

### **2.1. General membership**

- Application to the Public Involvement Group will be open to any patients of the service.
- The term of membership will be for three years in the first instance.
- Individual members contact details will be stored on a database and will be kept in line with data protection guidelines.
- Any potential conflicts of interests should be declared by members.

### **2.2. Expected outcomes**

- Mutually enhanced health provision.
- Better informed public.
- Improved communication between organisation and its patients.
- Increased public representation on decision-making bodies for health and social care services.

### **2.3. Selection of chairperson**

**Selection Process:** Nominations will be taken and in the event of more than two nominees for the position then members will blind vote. The chairperson position will be awarded to the nominee with the highest number of votes.

**Term of Office:** The length of the term of office to be agreed by the members by democratic process. The group may also ask the chairperson to step down before their term ends where the agreed code of conduct/working agreement has been breached.

### **2.4. Code of conduct**

It is important that members can contact each other in between meetings. This will be done by providing members with each other's contact details, as agreed by each individual. The pace of the discussion/activity should be determined by the group.

It is recognised that members will be from all walks of life and therefore experiences and subsequent views will be varied across the group. Each member is expected to respect the views of other members, while accepting they may not necessarily agree with these. The members need to recognise the importance of fostering an environment where individual members feel confident in expressing their own views, in the knowledge that they will be listened to.

Informal chatting before and after a meeting is a useful way for members to get to know one another, however, when a meeting is in progress this is deemed unacceptable.

Members need to appreciate that sometimes, for a variety of reasons, members are not able to actively contribute to discussions. Sometimes people will need to take timeout of a meeting and this is acceptable.

### **3. Meeting Arrangements**

#### **3.1. Frequency**

This will be as required and agreed by the organisation and the group.

#### **3.2. Duration**

The meeting will be set for a maximum two-hour period unless otherwise agreed.

#### **3.3. Times**

As agreed by group members.

#### **3.4. Venue**

The meetings will be held at the organisation.

#### **3.5. Agenda**

The agenda and previous minutes should be received one to two weeks in advance allowing time for the members to receive and read the information.

Any items to be included in the agenda should be sent to the chairperson and administrator in advance of the agenda being issued.

#### **3.6. Meeting chair arrangements**

- It will be the responsibility of the chairperson to chair the meeting in a responsible and accountable fashion with the interests of the group in mind.
- With the full knowledge of its members, respond to letters and invitations on behalf of the group and sign off on any official correspondence on behalf of the group.
- Liaise with the group administrator to compile agendas and to check minutes of meetings before distribution.

#### **3.7. Minute/Action points and reports**

- Key points, agreed actions and full names of responsible people will be the agreed approach.
- Minutes will be taken by the person providing administration support to the group.
- Information presented in minutes and reports is expected to be understandable and as far as is possible, jargon free.

### **4. Access to Information and appropriate use of information**

**4.1.** Members will ensure proper use and handling of information e.g. confidentiality, data protection etc. This will be undertaken in accordance with the Data Protection Act 1998.

**4.2.** The service needs to support the members with the provision of information and this will include information being available in different formats e.g. websites etc.

**4.3.** Where information is deemed to be confidential, the service should make this known to the members.

#### **4. Support for the patient participation group**

##### **5.1. Administrative support**

Administrative support should ideally be provided by the service/host and this function should:

- Be the point of access and focus for communications – this will include access to the members by members of the public
- Produce the agreed agenda and minutes
- Arrange meetings (venue, refreshments etc)
- Process claim forms
- Ensure web-based information is maintained and kept up to date
- Collect and disseminate information as and when required
- Attend meetings to take minutes

**5.2. Financial support** Financial support is to include all administration, publicity development and training costs. All barriers to participation should be removed.

##### **5.3. Training and development for Patient Participation Group members**

The service needs to respond to the identified development needs, which the members may have.

#### **6. Commitment to equality and diversity**

**6.1.** The service will encourage representation of people from diverse backgrounds, but where this is not possible; strategies will be put in place to support communication and participation through links with established community groups in the service's locality.

#### **7. Review of this agreement**

The review of this agreement will be a standing agenda item.

## Appendix 6: Expectations and Ground Rules

### Expectations of group meetings

- Meetings should be chaired effectively
- Apologies should be sent in advance to the chair
- Papers will be sent out one week in advance of the meeting
- Meetings should start on time and keep to time, unless under exceptional circumstances
- Everyone is responsible to adhere to and promote the ground rules
- Clear objectives should be set for each session with clarity on who should attend
- The group is not to be used for pursuing individual complaints
- Everyone is responsible for ensuring the success of the meeting
- Everyone is responsible for removing papers/documents at the end of the meeting, to ensure confidentiality
- Actions should be recapped, recorded and circulated for implementation as soon as possible after the meeting
- Meetings should be evaluated for learning and development

### Ground rules

- Respect the views of others
- The meeting is not a forum for individual complaints or personal issues
- Only one person speaking at a time
- Do not use jargon
- We will stick to the agenda whilst starting and finishing on time No mobile phones or disruptions



## Appendix 7: Agenda Template

1. Welcome and apologies
2. Introductions
3. Membership of group (1st meeting)
4. Terms of Reference (1st meeting)
5. Minutes of previous meeting held on xx/xx/xxxx (subsequent meetings)
6. Matters arising
7. SUBJECT 1
8. SUBJECT 2
9. SUBJECT 3
10. Any other business
- 11.. Confirm date and time of next meeting

## Appendix 8: Sample role and responsibilities for members

This document is designed to help members of a Public Involvement Group understand what is expected of them should they choose to become a member of Public Involvement Group. It is important for both the host organisation and the Public Involvement Group members that expectations are clearly set out and are agreed between both parties.

### Role

Public Involvement Group members will:

1. Contribute views and give advice to the organisation on how to communicate and engage with the public about its services.
2. Have an opportunity to share their opinions on proposed changes to the way that organisation works or provides additional services.
3. Highlight any issues/priorities or concerns within the local community that they feel are relevant to the work of the organisation.
4. Be asked to play a part in any public engagement activities carried out by the organisation, for example, by manning a stall at a local community open day.
5. Use their skills to help in the work of the Public Involvement Group and organisation, for example, by using their IT skills for social media.

### Responsibilities

Public Involvement Group members will:

1. Attend meetings of the group. If the Public Involvement Group member cannot attend a meeting then they should put their apologies into the chair or administrator prior to the meeting.
2. Play an active part in the group and take on roles such as: chairperson or administrator/note taker.
3. Respect confidentiality.
4. Not use the Public Involvement Group as a forum for complaints or to raise personal issues which are not relative to the organisation or the Public Involvement Group.
5. Report back on any tasks that they have undertaken on behalf of the Public Involvement Group.

### Contact with the media

If a Public Involvement Group member is contacted by the media then they should refer them to the host organisation.

Public Involvement Group members should **not** speak to the media on behalf of the Public Involvement Group without first agreeing this with the rest of the Public Involvement Group members and the host organisation. The Public Involvement Group members are free to talk to the press as long as they make it clear that they are expressing their own opinions and not that of the Public Involvement Group or the organisation.

**Conflict of interest**

In certain situations Public Involvement Group members may feel that they have a conflict of interest with the topic being discussed and cannot give an unbiased opinion. In these cases Public Involvement Group members are expected to raise the conflict and will not be entitled to vote on any decisions to be made.

**Expenses**

Public Involvement Group members may be entitled to out of pocket expense incurred while carrying out tasks on behalf of the Public Involvement Group. The Public Involvement Group and the service managers will decide together when this would be appropriate.

More information on expenses can be obtained by contacting the chair.

**Term of membership**

Each Public Involvement Group member will be asked to sign up to serve a term of 2–3 years on the group. This is to ensure that other people get the opportunity to join the Public Involvement Group. Public Involvement Group members who have completed their term will be allowed to apply for an extension if they would like to stay with the group and if no one else has registered an interest.

**What you'll bring to the Public Involvement Group**

There is a great range of things that Public Involvement Group members can bring to a group such as:

- Enthusiasm
- Skills & Abilities
- Opinions
- Experience
- Ideas

You will be able to play a part in some of the decisions that are being made by the organisation. This will help the organisation to make decisions that are based on the needs of the public and will hopefully ultimately lead to the improvement of services for all patients served by the organisation.

You will help the organisation communicate with the public and build a relationship that goes beyond the traditional relationship. With your help the organisation will be able to respond to the wider needs of the community they serve and will be able to do even more to improve the general wellbeing of all of their public

## Appendix 9: Making a Case for Change

<p><b>What is the issue?</b>  <i>Remember to be clear, focused and specific.</i></p>
<p><b>How do you know the issue exists?</b>  <i>What is your evidence?</i></p>
<p><b>What has been the patient/carer experience?</b></p>
<p><b>How has the issue affected health and social care staff?</b></p>
<p><b>What are the national guidelines saying on the subject?</b>  <i>(Strategies, reports, recommendations)</i></p>
<p><b>What are the local guidelines saying on the subject?</b>  <i>(Local strategies, reports, recommendations. Are there any relevant HEAT targets in the Local Delivery Plan? Is there a Local Authority Single Outcome Agreement?)</i></p>
<p><b>How exactly do you want things to change?</b></p>

## Appendix 10: Making a Case for Self Management

<p><b>What is the issue that is linked to Self Management?</b>  <i>Remember to be clear, focused and specific.</i></p>
<p><b>How do you know the issue exists?</b>  <i>What is your evidence?</i></p>
<p><b>What has been the impact on the individual's ability to Self Manage?</b></p>
<p><b>If the person was given the opportunity to Self Manage, what would have been the impact on professional staff?</b></p>
<p><b>How can national guidelines be used to support the issue of Self Management?</b>  <i>(Strategies, reports, recommendations)</i></p>
<p><b>How can local guidelines be used to support the issue of Self Management?</b>  <i>Are there any HEAT Targets to support this in the NHS Local Delivery Plan?</i>  <i>What is in your local authority's Single Outcome Agreement that might support your issue?</i></p>
<p><b>How do exactly to you want things to change to support Self Management?</b>  <i>Recommendations:</i></p>

## Appendix 11: Action Points Template

Action Points from the Public Involvement Meeting on xx/xx/xxx

Meeting reference	Action name	Action point	Lead person	Action date	Outcome

## Appendix 12: Troubleshooting at meetings

What happens?	Why?	Suggested actions & phrases
Participant makes a comment or asks a question off topic	<p>Objective or topic discussed is not clear.</p> <p>Gets off topic unintentionally.</p> <p>Gets off topic because of a pressing problem or need.</p>	<p>Chair apologises to the group e.g. "I may not have made the objective /question clear. Let me state it again..."</p> <p>"How does your comment tie in with the subject we are discussing?"</p> <p>"That was a good comment but it is a little off topic. I wonder if we could see you after the meeting to discuss it."</p>
Side conversations start	<p>Something at the meeting has stimulated the participants to talk to each other.</p> <p>They are bored or disinterested and their conversation is off topic.</p>	<p>Pause for a second without calling particular attention to them. Silence may cut short their conversation.</p> <p>If appropriate, take a short break.</p> <p>Ask politely if they would like to share their ideas with the group.</p>
Participants are distracted	<p>The distraction is a major one and people are distracted even though the meeting is interesting.</p> <p>People are distracted because there is a lack of interest in the meeting.</p>	<p>If everyone is distracted then stop the meeting and acknowledge the distraction – don't try to compete with it. Perhaps break in order to let people look at the distraction and discuss it. Then call people back.</p> <p>If a small minority are distracted, the chair may ignore it and continue with the meeting. It might be a good place for a summary of what has happened so far or a story.</p>



What happens?	Why?	Suggested actions & phrases
Two or more participants argue with each other	<p>Participants are stimulated by the subject and are expressing their feelings about the topic.</p> <p>Participants are using the meeting as a vehicle to vent their feelings towards each other.</p>	<p>"It is not who is right but what is right that is important." Then concentrate on what is being presented, not who presented it.</p> <p>"Hold on a minute, let's see what the rest of the group thinks."</p> <p>Or</p> <p>Stop the meeting and call attention to the objective of the meeting and the need to move towards accomplish them without alienating the arguers.</p>
Two or more participants dominate the meeting	<p>Some participants are quick thinkers and express themselves easily. They try to help the chair accomplish their objectives.</p> <p>People are trying to get attention from the chair or the group.</p>	<p>"I think we get your point, let's see what ... (another member) has to say."</p> <p>Give the person a specific job to do – e.g. writing on the flip chart.</p> <p>"I hate to interrupt you (insert name) but time is running short...and I'd like to get the thoughts from these other people."</p> <p>Don't single anyone out for criticism.</p>
Participants get nervous and are anxious to leave	<p>The meeting is running over time.</p> <p>The meeting has not been productive and people feel they have wasted their time.</p> <p>People have other commitments.</p>	<p>Do something to renew their interest.</p> <p>Conclude the meeting and set a date and time for the next meeting.</p> <p>Give people a break with refreshments if possible.</p> <p>?allow participants to excuse themselves if they need to be elsewhere (i.e. if the meeting has run over time)</p>

Participants refuse to participate	<p>Participants:</p> <ul style="list-style-type: none"> <li>• Are uninterested in the meeting</li> <li>• Afraid to participate because the meeting climate is not correct</li> <li>• Don't like the chair or the way the chair has ridiculed one or more of the participants</li> <li>• Feel patronised by the chair</li> </ul>	<p>Make sure the meeting climate encourages participation and doesn't embarrass people.</p> <p>"Don't be afraid to speak up if you disagree..."</p> <p>Form buzz groups and ask the groups to feedback (e.g. 2-3 people).</p>
Chair gets off topic	<p>Chair is not well prepared.</p> <p>Participants ask a question that leads the chair off topic.</p>	<p>Don't get off topic.</p> <p>Apologise once you realise.</p>

*Reference:*  
*Kirkpatrick D L (2006) How to conduct productive meetings*

## Appendix 13: Useful resources

CHSS Stroke Voices Public Involvement Guidance for Health Professionals

[www.chss.org.uk/voices\\_scotland](http://www.chss.org.uk/voices_scotland)

Communication Forum Scotland: Talk for Scotland Toolkit

[www.communicationforumscotland.org.uk](http://www.communicationforumscotland.org.uk)

The Health and Social Care Alliance (The ALLIANCE)

[www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)

Patient Opinion: NHS Scotland

[www.patientopinion.org.uk/info/patient-opinion-scotland](http://www.patientopinion.org.uk/info/patient-opinion-scotland)

Scottish Health Council

[www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)

- Participation Toolkit
- Start-up Guide for General Practice: Patient Participation Groups in Scotland
- Patient Participation Group Development Tool

The Health Foundation

[www.health.org.uk](http://www.health.org.uk)

- Person Centred Resources Centre
- Research Scan – providing the latest research abstracts to your email

Picker Institute: Using patient feedback

[www.nhssurveys.org/Filestore/documents/QIFull.pdf](http://www.nhssurveys.org/Filestore/documents/QIFull.pdf)

Patient Advice and Support Service (PASS) for complaints from the public.

[www.cas.org.uk/patientadvice](http://www.cas.org.uk/patientadvice)

### Self Management

#### NHS Education Scotland

- NHS Education Scotland (NES) Self Management Portal  
[www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/self-management.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/self-management.aspx)

**The Health Foundation** conduct research and evaluation, put ideas into practice through a range of improvement programmes, support and develop leaders and share evidence to drive wider change.

Self Management Support

[www.health.org.uk/areas-of-work/topics/self-management-support](http://www.health.org.uk/areas-of-work/topics/self-management-support)

Self Management Support Resource Centre

[selfmanagementsupport.health.org.uk](http://selfmanagementsupport.health.org.uk)

- Including their resources section  
[selfmanagementsupport.health.org.uk/resources](http://selfmanagementsupport.health.org.uk/resources)
- The Health Foundation You Tube channel  
[www.youtube.com/user/thehealthfoundation?feature=watch](http://www.youtube.com/user/thehealthfoundation?feature=watch)

### **The Knowledge Network: NHS Scotland**

- The Knowledge Network Self Directed Support Portal  
[www.knowledge.scot.nhs.uk/home/portals-and-topics/self-directed-support.aspx](http://www.knowledge.scot.nhs.uk/home/portals-and-topics/self-directed-support.aspx)

### **The Health and Social Care ALLIANCE**

[www.alliance-scotland.org.uk](http://www.alliance-scotland.org.uk)

- Access to Local Information to Support Self Management (ALISS) This is wide-ranging project taking a number of approaches to making it easier to find local self management support [www.aliss.org](http://www.aliss.org)
- My Conditions My Terms My Life  
[www.myconditionmylife.org](http://www.myconditionmylife.org)

The Thistle Foundation work with a wide range of health and social care professionals to encourage culture change towards a focus on the person, not the health condition or disability [www.thistle.org.uk](http://www.thistle.org.uk)

COSMIC Resources : Flexible training materials to equip your staff or members with the knowledge and skills, influencing the strategic agenda on Self Management, improving local health and social care services.

[www.cosmicresources.org.uk](http://www.cosmicresources.org.uk)

Supporting Self Management Toolkit

[www.selfmanagement.scot.nhs.uk](http://www.selfmanagement.scot.nhs.uk)

Self Care Toolkit

[www.closerworkingprojects.org.uk/ALTCSG/management/html/self\\_care\\_toolkit.html](http://www.closerworkingprojects.org.uk/ALTCSG/management/html/self_care_toolkit.html)



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*August 2014*

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