AN UNCONDITIONAL APPROACH TO

INFLUENCING COMMISSIONING

Facilitators' Manual and Resources

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About this resource

We designed this manual to assist in the facilitation of groups of people who would like to learn more about how to enable and empower the public to understand how to become effectively involved in the commissioning of health and social care services. This manual has been written and designed to be used by facilitators who have completed Macmillan Cancer Support's 'Influencing Commissioning' facilitator training programme, although the materials and resources will hopefully be useful to anyone interested in involving the public in influencing commissioning in England.

Audience

'Influencing Commissioning' is for anyone who has an interest in how services are planned and commissioned and how the public can be involved in this. It has been written for a mixed audience of both lay and professionals.

Application of learning

All the resources are designed to help the public get involved in influencing commissioning, and to help them help others get involved. It will be of particular use to members of the public and patients wanting to develop an understanding how the work of Healthwatch can influence commissioning.

How to use this document

This document includes a framework of learning areas and learning outcomes designed to support people to get involved in influencing commissioning.

The areas have been divided into modules, with each module having associated activities and resources.The modules in this facilitators' manual are self-contained and can be run individually; you can also combine these if you want to run longer sessions.This allows the option to choose specific modules and resources which can be used as required. We have included suggested programmes which are appropriate for different levels and timings and allow a facilitator to tailor the learning plan appropriately. Timings are suggestions only.

This manual has been written so that **no formal scientific training or expertise in commissioning** is required to use it or deliver training. However, owing to the nature of the subject, it is recommended that the facilitator has some experience of public involvement in improving services, in particular in influencing commissioning.

Local

When facilitating this course, it is important to adapt materials to include relevant local information such as contact details and information about local groups and organisations as well as details of local initiatives and documentation used by those organisations. This manual has been designed to be used in England, but we hope to develop versions for other countries in the UK.

Share and share alike

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About the course ‘Influencing Commissioning’

Summary: An introduction to how the public can influence commissioning decisions.

Aim: To enable and empower the public to understand how to become effectively involved in the commissioning of health and social care services.

Outcome: Participants will understand how to apply their knowledge and experience in a practical way to help improve public involvement and participative decision making in commissioning decisions, and to help others understand.

By the end of this course:

- Participants will be able to explain what commissioning is, summarise how it works and why it is important for lay people (patients, carers and the public) to work with professionals at every stage of a the commissioning cycle.
- Participants can summarise the various ways of how to actively and constructively involve the public in the commissioning process.
- Participants will be able to explain the process called the ‘commissioning cycle’ and how the public can be involved in that process.
- Participants can explain the importance of partnership working for lay members, health and social care professionals and professionals involved in commissioning decisions.

Please note: Because of the subject of this course, each session brings together a unique mixture of people with their own experiences, views and ideas. An essential part of this course involves participants interacting during the day so that they meet new people, share knowledge, find and create opportunities to apply the learning from the day.

As much as possible, this course has been designed to encourage participants to get to know relevant people, ‘network’ and build partnerships.

At the end of the day, people may wish to formally share details with other participants and this should be encouraged by the facilitator.

About the language used in this document

Please note the following titles as described:

- **Facilitator** – someone who has completed training to become a facilitator for ‘Influencing Commissioning ’ courses.
- **Resource** – this is anything which is in addition to this facilitator manual. The ‘Resources’ section of this document contains useful handouts and worksheets, although all facilitators must ensure this information is up to date when using it, and supplement these with relevant local resources where appropriate.
- **Activity** – This is a structured conversation or set of tasks designed to achieve specific learning outcomes
- **Centre –** an organisation or group who are working with Macmillan to organise a course.
- **Public involvement –** This refers to any kind of formal or informal process where members of the public (including patients and carers) get involved in influencing decision making, often with the intention of improving or designing services.

Facilitator learning activities

This section contains notes on how to run activities.

Example agenda

This is an example agenda for this course:

- Arrival and registration: 10am
- Start time: 10:30am
- Lunch: 12:30
- Finish: 4pm

Module number	Module title	Summary	Timings (minutes)
	Introductions	Introductions and expectations	**20**
1	Why Care?	A chance to look at how commissioning fits into the bigger picture of everyone's health, happiness and human rights.	**10**
2	What is Commissioning?	An introduction to the principle of what commissioning is	**30**
3	The Commissioning Cycle	A chance to explore some of the language that is used in commissioning	**40**
	Lunch		**60**
4	Whose Money is it?	To explore thoughts and feelings around public money and the various perspectives on how it should be spent	**30**
5	Who's Who?	A look at who has the money, who oversees and who acts on behalf of the patient and public	**40 (50 with Q&A)**
6	Getting involved	To explore the different ways in which the public can be engaged and involved in the process of commissioning	**40**
7	Action planning and sharing learning	A chance to make an action plan about next steps and to think about how to help others learn about commissioning.	**30**
	Close	Summary and evaluation	**10**

EXAMPLE MODULE

MODULE NUMBER

Area of Learning: This is the defined area of learning or subject that this activity covers. For example 'Fire safety'

Learning aims: A learning aim is the purpose or reason for exploring this area of learning. For example, a learning aim might be 'To understand the importance of fire safety and help save lives'

Learning outcomes: An 'outcome' or result of this learning should be that the learner knows, or can do, certain specific things. For example, 'The learner is able to explain the importance of fire safety'. Because the outcomes can be quite broad, most areas of learning have the *key learning points* listed, which is an attempt to articulate the essential details and facts (See below).

Key learning point: This is the essential knowledge that must be communicated by the trainer and understood by the learner. It is often more specific than the outcomes and measures and is designed to be used to help assess learning. For example, some key learning points might be 'A knowledge of the location of all the fire escapes in the building' or 'The knowledge that lifts must not be used in a fire'. **In some cases, it may be important to add 'local' or specific information that applies to where the learner will be applying their learning**. For example 'The fire alarm is tested at 10:30am every Friday in this building and the learner should react appropriately'.

Application of learning outcomes

Some chapters will have the application of learning outcomes explained. This is where it might not be obvious how this learning can be practically applied. An example of applying a learning outcome would be 'knowing what to do when you hear a fire alarm, knowing where the nearest exit is, finding the nearest exit and exiting from it safely' as opposed to a more abstract understanding of the concept of 'fire safety'. Another specific application of learning could be 'knowing not to exit the building upon hearing an alarm at 10:30am on a Friday'.

Learning assessment

None of these chapters has a formal assessment, but much of the learning can be assessed informally through the use of questioning, asking a learner to summarise or observation. Checking an understanding of the key learning points will help ensure the aims and outcomes have been met.

Learning activities

Area of Learning: for clarity, the area of learning is assigned to an activity

These are suggested activities, exercises or handouts. These can be worked through with the learner to help explore the key learning points in (hopefully!) an interesting and engaging manner. Because all learning activities are suggestions, they provide an opportunity for any trainers to develop or use their own resources. The learning activity can be very flexible, as long as the aims, outcomes and the key learning points have all been met. In these notes, there may be more than one activity for each area of learning. Facilitators may chose which to use or design their own.

Resources

These are the relevant handouts or resources that you will need to run this activity.

WELCOME AND INTRODUCTION

Fifteen minutes

Area of Learning: Welcome and introduction

Learning aims:

- To welcome people to the day and ensure that participants feel comfortable and relaxed
- To provide a general outline of course, why and how it is being run along with a brief background
- To give participants chance to introduce themselves

Learning outcomes:

- Participants will be able to explain the purpose of the day

Key learning point:

- The facilitator's role is to aid group discussion and shared learning
- Participants know about the fire safety arrangements
- Participants know the intended timings for the day including the finish time and lunch arrangements
- Participants are comfortable with the word 'lay' and 'public', 'Patient' and 'carer'

Resources

Flipchart and pens

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: Welcome and introduction

Lead a conversation about the day using this script below:

About the course:

This course is an introduction to getting involved in commissioning and the different ways in which people can work together in partnerships to improve commissioning decisions through better research, preparation, planning, delivery and application.

Why we are doing it:

It is about how we can gain from the experiences that the public, patients and carers have of health and social services and care. It is about building on the extensive knowledge and skills of those professionals currently working in health and social services to create a more rounded approach to improving the local commissioning decisions in health and social care.

Style and delivery

Macmillan's Learning and Development department promotes any kind of learning environment which encourages shared learning, group discussion and experiential (active) learning.

The idea that we all have something to give and something to learn is central to any of our learning opportunities and all our trainers are encouraged to create a space in which people feel they can share openly.
Where possible, the facilitator's role is to encourage participants to share their existing experience and knowledge both in small groups and to the room.

For more detailed information, see the section on 'Delivery style'

Language

Explain the term 'lay' and 'public' why it is used. Reinforce that all acronyms should be avoided as these can alienate people.

Background

Public and Patient Involvement in improving services has been an integral part of service improvement for many years. This course has been designed to help the public navigate the recent complex changes in England. It is relevant to cancer patients and carers of people affected by cancer, but also to anyone with knowledge of experience of other conditions. Our learning has always aimed to promote best practice through networking and sharing good practice. The learning gained from running these courses has been analysed and this course is the result of all that previous experience.

Caution

This is not the explanation of everything to do with commissioning and patient/public/lay involvement – It is an opportunity to become familiar with some of the terms, its language – imagine it as a day trip before going to live in another country – new language, dialect (jargon) as well as climate and culture. This is the start of a journey. There is NO test at the end to check on knowledge gained but hopefully an appreciation and some inspiration!

THE FOUR G'S

Fifteen minutes
If you have more than 12 people, allow an extra 1 minute for every person over this number

Area of Learning: Establish participants' needs and create a confidential and trusting learning environment

Learning aims:

- To identify participants' needs, course expectations and concerns.
- Establish a group agreement about the way the group will conduct itself and work together for the day
- Agree specific issues or areas that the group would like to cover during day

Learning outcomes:

- Participants will be able to explain what learning outcomes they have
- Participants will be able to explain and recognise the importance of having a diverse group of people working towards the same objectives
- Participants will be able to explain the importance of a group agreement

Key learning point:

- This is a confidential environment, anything said here is in confidence
- The day can be adapted to meet the needs of the group (within the outcomes of the course)
- Acronyms should not be used without an explanation of what they stands for.

Please see the next page for learning activities for this area of learning.

Learning activities
Area of Learning: Establish participants' needs and create a confidential and trusting learning environment
Ask people to state what they wish to gain from the day, what they will be able to give or offer the group (e.g. expertise/experience) and if they have any groans (e.g. anything they're worried about – such as acronyms or role play). The final 'g' is a group agreement. Ask people to state at least one item in each category. Depending on numbers you may wish to do this in pairs or as a group exercise or as a 'round the room'. Ask people what kind of things they'd like in the group agreement for how the group will work that day. Log these on the flip chart. (Hints: equal voice, all equal, no right/wrong answers, confidentiality, respect, different opinions are welcome, questions) Agree vocabulary – explain the term 'lay' and why it will be used throughout the day and that no acronyms will be used at all. A final question that is helpful is 'is there anything specific that people want to cover that has not been mentioned'. This provides opportunity to identify any potential specific enquiries and problem solving e.g. tissue collection; parents and children – whose research; Public engagement; Involvement at the initial stages of research, etc. State that the group will revisit this at the end of the day to see if all areas have been covered and needs met. At this stage, you may want to start thinking about whether you plan to divide the group for certain sessions if needs are very diverse. Remember you want interaction between professionals and lay people so use this activity to identify the mix.
Resources
Flip chart, pens and full page divided into 4 equal areas with Gains, Gives, Groans and Group agreement as headers in each box.

WHY CARE?

Module 1

Fifteen minutes

Area of Learning: Why do we have health and social care?

Learning aims: To give participants a chance to look at how commissioning fits into the bigger picture of everyone's health, happiness and human rights.

Learning outcomes:
Participants can:

- Explain why they think that health and social care is important
- Explain the concept of human rights and summarise how this relates to commissioning
- Summarise what is meant by the social determinants of ill health

Key learning point:

- Human rights, social determinants of ill health and health inequalities goes beyond health and social care
- Commissioning cannot solve all these problems, but should be informed by them all
- In order to meet the needs of the public, the public must be involved in shaping the future of health and social care

Application of learning outcomes

Be able to examine media reporting of studies in a more careful way

Please see the next page for learning activities for this area of learning.

Learning activities
Area of Learning: Why do we have health and social care?
Ask the following questions, being careful to use the exact wording: • What is public health? • Why do societies around the world have health and social services? • Why do we have the National Health Service in the UK? *Tip: consider writing the questions on flipchart paper and giving each group a question* Ask for feedback by either: • Giving groups of participants one question each and some flipchart paper • Giving groups 5 minutes to answer each question • Ask people in pairs to answer • Ask the whole group to shout out if short of time (avoid this if possible) Common words are equality, fairness, responsibility, greater good, quality of life, happiness etc. Try and draw out phrases which appear in the human rights framework and link this to the human rights framework (Resource 1 'A Reverse history of human rights') Ask 'who pays for services and who are they for?' (The answer is everyone!) Ask why the public should be involved in shaping health and social services (people usually answer yes, as we all pay - but not always so be prepared!) Mention the Joint Strategic Needs Assessment as an example of something the public can help inform. This should then link in well with the next activity.
Resources
• Resource 1 'A Reverse history of human rights' (optional)

WHAT IS COMMISSIONING?

Module 2

Twenty minutes

Area of Learning: An exploration of the meanings of the word 'commissioning'

Learning aims:

- To help define what is meant by the word 'commissioning' and to understand it in real terms

Learning outcomes:

- Be able to explain what is meant by 'commissioning'

Key learning point:

- Commissioning is quite simply what we do when we buy the food we want to eat
- We all have transferable skills/knowledge that can be applied and used in the commissioning cycle.

Application of learning outcomes

- Be able to understand the wider meaning of commissioning when in meetings or communicating with others.
- Advocate on behalf of the benefits of public involvement.

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: An exploration of the meanings of the word 'commissioning'

Shopping for Food (10-20 min)

- Ask the question "What factors determine what food you buy for next week's meals?"
- Stimulating questions can include 'does it start with a list, the people who will be eating, deciding who will buy and cook, which shop (local?), bulk buying and planning ahead?'
- Gather feedback from participants in small groups or as one large group if short of time.
- When typical answers such as 'what is in the cupboard' are given, begin to draw these points on flipchart paper in the order they take place in commissioning. Alternatively you can have prepared cards, or draw these terms in big letters on paper and place them on the floor.
- Once answers have been gathered, make *broad links made to the elements of Commissioning – i.e. Planning (seasonal changes?), Specifying (, Evaluating (good quality, cost-effective?), Assessing Needs (who is involved in assessing?), Contracting (Who does the shopping?)*
- Write or place printed cards (Resource 3) ' with the above terms around the edge of the shopping stages. Use Resource 3 'stages of the commissioning cycle' to check that you have the terms right. The 'elements' are in green boxes e.g. planning, specifying, contracting, evaluation. *Please note this will need to be prepared in advance.*

Note: Some language used in this resource is language used by commissioners and the language may be unfamiliar to most people. Make sure to link it to familiar terms from shopping.

Advanced: For more advanced groups consider introducing some terms from Resource 4 'Commissioning and Engagement' or hand out copies on talk through (best printed on A3)

Please note the elements in green boxes from Resource 3 'stages of the commissioning cycle' correspond to the boxes in Resource 4 'Commissioning and Engagement'

Resources

- Flip Chart
- Resource 2 'What is commissioning?'
- Resource 3 'stages of the commissioning cycle' (please note this may need to be prepared in advance)
- Resource 4 'Commissioning and Engagement' *(this is a more complicated version of resource 3)*
- Resource 5 'the elements' *are printed cards with the green elements* from Resource 3

THE COMMISSIONING CYCLE

Module 3

30-40 minutes

Area of Learning: The language of commissioning

Learning aims: To explain the language that is used in commissioning

Learning outcomes:

- Participants will be able to summarise the meaning of the words and terms of each stage of the commissioning cycle.
- Participants will be to explain the words and terms 'commissioning', 'needs assessment', planning and evaluating.
- Participants can summarise where the public can be involved at each stage.

Key learning points:

- The public has invaluable wisdom, experience, knowledge; in particular local needs and wants.
- Commissioning can be understood and explained using the simple metaphor of shopping
- The public can influence a needs assessment in their area.
- If groups of patients, carers and members of the public work together, their voice is stronger.

Application of learning outcomes

- Knowledge of where and how the public can be involved in influencing commissioning.

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: The language of commissioning

- **The Elements** Participants given the cards with the different elements and invited to place these in order: Assessing Needs, Planning, Specifying, Contracting, Evaluating.

- Those with the cards are asked to come out to the front and show their cards – other participants are invited to help the card holders form a circle in the right order.

- **The Stages** As above cards are handed out that show the different STAGES of the Commissioning Cycle.

- You might also invite people to stand next to an organisation or stage in the circle that they have been involved with.

- **The Joint Strategic Needs Analysis** – This is a good place to introduce the JSNA especially using the latest local draft summary. Participants can be given a single page and asked to find something they knew and something new. It can also be handed out to groups who can divide it up, or be set tasks such as 'where is cancer mentioned'. A helpful set of questions and tasks are:
    1. Do you have any questions after reading this?
    2. Look at life expectancies – does this change in your area?
    3. Where does this information come from?

This last question can help reinforce the point that it is important to make sure the voice of the public, patients and carers is heard at this information gathering stage and that by working together (and across conditions in some cases) it can be stronger.

Consider using the 'Experience and outcomes' handout. Ask the group to work through the questions.

For more advanced groups focus on 'In what ways can these experiences and needs be communicated to the right people?' e.g. meetings, presentations, videos, petitions.

Consider using the 'the engagement cycle' here too if appropriate.

Resources

- Resource 3 'stages of the commissioning cycle' (please note this may need to be prepared in advance)
- Resource 4 'Commissioning and Engagement' *(this is a more complicated version of resource 3)*
- Resource 5 'the elements' *(these can be sheets of paper/laminated in different colours)*
- A Joint Strategic Needs Assessment (preferably a hard copy from the local area), although any JSNA can be used as a 'prop'
- Resource 6 'Experience and outcomes'
- 'the engagement cycle'

WHOSE MONEY IS IT?

Module 4

Twenty minutes

Area of Learning: How and where the public money is spent

Learning aims: To explore people's thinking around how the NHS spends money

Learning outcomes:
Participants will be able to:

- Summarise how much is spent on the NHS in England
- Explain the concept of competing priorities with finite resources

Key learning point:

- Everyone has different opinions about priorities, but research provides an invaluable and (hopefully) objective way to help make informed decisions.

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: An exploration of the concept of public money

Note: *When the NHS was launched in 1948 it had a budget of £437 million (roughly £9 billion at today's value). For 2011/12 it is around £106 billion for England. For information about the Spending Review visit the Department of Health (DH).*

- **What would you spend?** Participants are asked to spend their money where they think it should go. This can be done using 106 penny coins and a diagram representing a human life (from pre-birth to 100+). Helpful comments and questions can include asking about a growing population, increase in cancer diagnosis, increase in elderly population, etc. Stimulate by asking questions about investment in prevention or in palliative care. Note to group – each penny represents £1billion!

  Note: Be sure to explain that the facilitator does not have an answer but just wants to get discussion going.

  Fact:

  Spent per year on these age groups:

  - 18-65 = £1200
  - 65 – 85 = £3000
  - 85 + = £13000

- **What costs most?** Participants given 5 conditions on cards and asked to rank them in order of spend – Cancer, Trauma & Injury, Mental Health, Vision & Hearing, Circulation problems. Where possible, try and find out if this information is relevant to **local spending** (Clinical Commissioning Groups often have figures published on this). Consider drawing up five blank boxes and asking people to stick a post-it with the condition and how much per head is spent a year. Use 'Resource 15 'National Spending' to inform this discussion.

  Helpful facts and figures to stimulate discussion:

- Actual ranking with a rough cost in £ per head is on average – Mental Health £200, Circulation £140, Cancer £100, Trauma £80 and Vision £40 *Source – 'The link between healthcare spending and health outcomes for the new English primary care trusts'* Source NHS History
- Office for National Statistics forecast a 50% rise in over 65s and a doubling of those over 85 between 2010 and 2030

Resources

- 106 pennies (optional!): *Two flipchart pages are taped together, end to end. At one end it says Pre-birth and at other 100+; a line is drawn between the two with rough sections indicating 0-18, 18-64, 65-85, 85+. A bag of 106 pennies are split approximately between the participants (depending on numbers).*
- Resource 15 'National Spending'
- Relevant local information on spending

WHO'S WHO:

A NATIONAL HEALTH 'SYSTEM'

Module 5

Twenty minutes

Area of Learning: An exploration of who is responsible for what in health and social care

Learning aims:

- To provide people with knowledge about the different people involved in commissioning.
- To explore the existing knowledge that participants have particularly of the local organisations
- To map out the relationship between the different roles

Learning outcomes:

- Be able to summarise who has the money, who oversees and who acts on behalf of the patient and public

Key learning point:

- Various individuals are and organisations are responsible for spending money, it is the public, patients and carers who have an invaluable insight into where it could be spent and how.

Application of learning outcomes

- To be aware of where the public patient could/should be actively involved

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: An exploration of who is responsible for what in health and social care

Note: There are a number of different activities that can be used at this stage. Some groups may enjoy the 'mix and match' while others may wish to move onto the detail. It is advised to work through each one of these as it can help get the group moving and mix up participants. If time is short, focus on 'Where do they go?' and 'Who can I work with?'.

- **Mix and Match** Participants given the titles of the different organisations whilst others are given descriptions. They are asked to find match the description to the title.

Once people have their roles and are matched, ask the following questions:

1. Who's got the money?
2. Who has met or talked to someone from a Clinical Commissioning Group/ Healthwatch / a commissioner? If professionals from these groups are present, ask them if they have met members of the public, patient groups etc?
3. Was this a positive or negative experience?

Be sure to encourage group discussion and sharing of experiences in order to help share best practice.

- **Meet the Relations** Following the matching there is open discussion about the roles and relationships as well as comment on existing connections within the group.

- **Where do they go?** Discuss where some of them would fit on the commissioning cycle and then introduce the group to the diagram of ways to get involved.

- **Who can I work with?** Ask the group to identify people or organisations they could work with to influence commissioning. Where possible, try and use real people and contact details where appropriate.

Note: If working with a group with people from different areas (different Local Authorities or Clinical Commissioning Groups) make it clear that that there will be different contact details for everyone, but the organisations will largely be the same. It might be helpful to compare people's experience of working with different organisations in different areas. For example 'who can tell about their experience of working with Healthwatch?'

Resources

- Resource 7 'Who does what in the NHS'
- Resource 8 'Diagram of ways to get involved'
- Contact details of relevant people and organisations pre-prepared.
- Resource 9 'Mix and match cards' (with organisations and definitions)

GETTING INVOLVED

Module 6

30-40 minutes

Area of Learning: How the public can be involved in commissioning

Learning aims: To explore the different ways in which the public can be engaged and involved in the process of commissioning

Learning outcomes:

-

Key learning point:

- The phrase 'No decision about us, without us" has its roots in the disability movement - public involvement is vital if we are to have effective commissioning.
- Behind every organisation, logo and acronym is usually someone sat behind a desk, (hopefully) trying to do their best. If you approach these people in the spirit of working together this can be effective.

Application of learning outcomes

- Knowledge of where and how the public can be involved in influencing commissioning.

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: An exploration of research spending and funding sources

With both of these activities, remember to always ask if anyone has any real examples or experience of successful public involvement in any of these stages.

1. Give out the different stages (e.g. preparing and designing)
2. Give a table or group a stage (e.g. how can the public be involved in service specification?)
3. Ask how the public (including patients and carers) could give an insight at each stage

Use the diagram of ways of getting involved to help people navigate different organisations. There is also an online version which can be found here and used interactively as part of group discussions.

Alternative activity

1. Place three chairs are set out in the front of the room (or in small groups)
2. Label the three chairs as 'the person sat in it has an experience of being a patient/carer', the second is 'someone invited to comment or be involved as a lay person or member of the public'; the third person is 'a Healthwatch representative'.
3. Participants are sat in the chairs and are given different scenarios to read out. They are then asked to consider what they would do in each scenario.
4. If time, consider asking people to take the same scenario and sit in a different chair and ask what has changed.

It can also be interesting to add 'commissioner' as one of the roles.

Resources

- Resource 8 'Diagram of ways of being involved (or online version) found here by searching Learn zone for 'Ways of getting involved': http://learnzone.org.uk/courses/course.php?id=148
- Resource 10 'Scenario cards'
- flipchart paper to record ideas.
- Real examples of involvement and case studies (*to be collected over time)*

PASS IT ON:
SHARING LEARNING AND ACTION PLANNING

Module 7

30-40 minutes

Area of Learning: Action planning and sharing learning

Learning aims: To give an opportunity to make an action plan about next steps and to think about how to help others learn about commissioning.

Learning outcomes:

- Participants can explain what next steps or actions they can take
- Participants can summarise commissioning and explain where the public can get involved.
- Participants can recognise barriers to explaining how the public can be involved and can support others to be involved by summarising solutions.

Key learning point:

- Getting involved in influencing commissioning can seem complicated, but explaining the basics and some starting points can be very simple.
- By taking the time to explain these ideas to other people, you are helping strengthen public involvement

Application of learning outcomes

- Knowledge of where and how the public can be involved in influencing commissioning.
- Supporting others to understand how and where they can get involved

Please see the next page for learning activities for this area of learning.

Learning activities

Area of Learning: Action planning and sharing learning

Part one

- Ask participants to try and reflect on everything they have learned today or a resource they thought was really useful. You might ask them to close their eyes or think for a moment in silence.

- Ask them to pick one thing that they think is really important from the day.

- Ask them to get into pairs or threes and share what they thought was important – a key point, the headline or something they didn't know before.

- Tell participants to take it in turns to try explaining that one idea (A) and link it to an action someone could take or a way they could be involved (B). For example 'I hadn't heard of Healthwatch (A) – you can get in touch and volunteer with your Healthwatch (B)'. Give them a few minutes to prepare and gather relevant resources.
- Give them 2 minutes (no more) to try and explain their A and B points. Once they have both had a chance to try explaining their key point from the day, ask them to tell each other how they found the experience of sharing this knowledge or information. This can also be done as a whole group activity, or by asking people to volunteer to say how they found it.

Note: by only giving two minutes to explain, it creates a pressure on time. The learning point for this activity is that it **is** difficult to explain but that with practice and the right resources, it can make more sense (see key learning points)

Part two

- Ask the pair to work together to complete their own action plan. This could include something they will do, or something they will try to help someone else understand. For example 'I will explain to my group what Healthwatch is and how they can be involved.

- Ask if anyone would like to share their next action with the group. If appropriate (and agreed before hand) ask anyone from the local organisation to talk briefly about the day and what they hope the next actions will be.

Closing

Review the 4 G's activity: were all the ''gains'' stated at the start satisfied, if not why not? Were all the ''gives'' appreciated and did the group see the benefit of working together on a common problem? Did the anticipated group agreement work; did everyone see how establishing that at the start allows all to contribute? Make the point that in effect it served as a short 'terms of reference' for the group.

Make sure you ask all the following questions in some form:

- Are delegates more confident now about getting involved?
- Do they feel they have the skills to do so? If not, do they know where they might develop them?
- Do delegates see that the process is not as complicated as they might have imagined?
- Does anyone think they will work with other people after today, or contact anyone they met today or start a group?
- Any aspects delegates would change? Anything missed out on reflection?
- Where do you all go from now, what will you do with this new information and skills?

Ask participants to fill out the evaluation and monitoring forms (and any other relevant admin).

Resources

- Resource 11 'Action plan'
- Make sure participants know they can take away resources. Consider having a 'library' table where people can browse.

Additional modules

These modules may make a useful addition to ‘Influencing Commissioning’.

GROUP WORKING

Module 8

Forty-five minutes

Area of Learning: the principles of effective group working

Learning aims: To explore practical best practice which can make group working more effective

Learning outcomes:

- Be able to explain the importance of the interactions within a group and the responsibilities of being a team member in a meeting
- Be able to explain why ‘Terms of Reference’ are important for a group and how its structure operates

Key learning point:

- It is important to establish clear, concise rules and an understanding of the reason or purpose for the group or meeting. Never be embarrassed to ask or clarify this.
- By using Maslow’s hierarchy of needs and asking few important questions, the ‘6 Rs’ can be established. This can also help ensure people’s basic needs are taken care of before a successful meeting can take place

Application of learning outcomes

Be able to be a constructive and active participant in a range of group-working situations.

Learning activities
Area of Learning: the principles of effective group working
Activity 1: Ask participants if any of them participate in what would be described as ''formal meetings''. Does the group have any comments on the various examples given and explore any issues. Ask them to discuss things that made it work or not work (5 min). Explain Maslow's hierarchy of needs and consider drawing it up on a flipchart (3 min) Divide the group into 3-4 separate groups and give them key questions from 'Group working (6Rs) and Answering important questions using Maslow's 'hierarchy of needs'' [Resource 12] to ask at meetings. Ask them to place the questions on the hierarchy (they can stick them with a post-it or say it out loud). Then give people the handout and see if people agree with the order. On the reverse is the 6 R's handout. Ask them, in small groups at first, to discuss a section per group and summarise how this is relevant to public involvement in commissioning (10 min). Bring the whole group together and begin to discuss each section. Invite groups to compare each with their comments from the first part of the activity about Maslow (10 min). If time, open up the discussion to explore different types of future involvement and how they see it working in reality. **Activity 2** (15 mins)**:** Divide into groups to look at one each of the following four options and ask what questions they would have if there were: 1. There as a group representative. 2. There because of their own experience as a patient or carer. 3. There as they have been nominated to represent an organisation. 4. There to provide a 'lay' perspective At the same time as this activity, consider separating professionals into a group of their own and ask them to think about the questions they would have in this scenario: 'You have been asked to speak at a Select Committee'. That is all they know. Get feedback from the professionals first about the questions they would have. Often they are simple things like 'why am I there?', 'where is it?' or 'what should I wear?'. Explain the parallels about being in an unfamiliar situation. Ask the other groups to add any additional questions they might have for each category and encourage the group to come up with actions that will support people to be involved.
Resources
Resources 12 '6 R's' Resource 13 'Maslow's hierarchy of needs'

Resources

All resources have a bar along the top like this which quotes the resource title and number and the title of the relevant activity

Resource title	Resource number	Module Title	Module number

Resource list

Resource title	Resource number	Module Title	Module number
A reverse history of human rights	1	Why Care	1
What is commissioning?	2	What is Commissioning?	2
Stages of the commissioning cycle *(to be prepared in advance)*	3	What is Commissioning?	2
Commissioning and engagement	4	What is Commissioning?	2
Elements of commissioning *(to be prepared in advance)*	5	The Commissioning Cycle	3
Experience and outcomes	6	The Commissioning Cycle	3
106 pennies (optional!)	NA	Whose Money is it?	
Who does what in the NHS	7	Who's Who	5
Diagram of ways to get involved	8	Who's Who	5
Mix and match cards	9	Who's Who	5
Scenario cards	10	Getting involved	6
Action plan	11	Pass it on:	7
6Rs	12	Group working	8
Answering questions with Maslow's hierarchy of needs.	13	Group working	8
Skills and knowledge grid	14	Miscellaneous	NA
National Spending	15	Miscellaneous	NA
Fair Society, Healthy Lives	16	Miscellaneous	NA
Roles in patient and public involvement	17	Miscellaneous	NA
Feedback form	18	Miscellaneous	NA

Local resources

- A Joint Strategic Needs Assessment

- Contact details of relevant people and organisations pre-prepared.

Resource title	Resource number	Module Title	Module number
A reverse history of human rights	1	Why Care	1

A reverse history of human rights

The most recent laws in the UK about equality came into effect on October 2010 as the Equality Act but the journey to this point has been long and fascinating.

Human Rights Act

The Equality Act was greatly influenced by the Human Rights Act 1998 – which is part of UK law created to 'give further effect' to the European Convention on Human Rights. One of the principles of the Human Rights Act which was codified was the 'right to freedom of thought, conscience and religion'. Other significant rights enshrined in this act were:

- the right to life
- freedom from torture and degrading treatment
- the right to liberty
- the right to respect for private and family life
- freedom of expression
- the right to marry and to start a family
- the right not to be discriminated against in respect of these rights and freedoms
- the right to peaceful enjoyment of your property

European Convention on Human Rights

This laid out the human rights and fundamental freedoms in individuals in Europe in 1950. Amongst other rights, it stated everyone has the right to liberty. The European convention had its own roots in the Universal Declaration of Human Rights, drafted in 1948.

Universal Declaration of Human Rights

The Universal Declaration essentially is the 'recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family'. This declaration

itself had its roots in the Sankey Committee's 'Declaration of the Rights of Man' of which the principle author was H.G Wells.

Without delving too deeply into history, it's worth noting that parts of the Magna Carta (written in 1215) are still in effect today. Most famous is this next clause which limits the power of rulers, and introduces the idea of lawful process and the idea of a jury:

> "No free man shall be seized or imprisoned, or stripped of his rights or possessions, or outlawed or exiled. Nor will we proceed with force against him except by the lawful judgement of his equals or by the law of the land. To no one will we sell, to no one deny or delay right or justice".

What is the Equality Act?

The Equality Act 2010 is the most recent law. It embodies the spirit of all the previous laws before it and is an attempt to harmonise discrimination law and to strengthen the law to support progress on equality.

Most relevant to organisations such as Macmillan, the act places a new duty on certain public bodies to consider socio-economic disadvantage when making strategic decisions about how to exercise their functions. In plain English, public bodies will have to prove they're actively trying to be fair and equal.

The NHS and Human Rights

The concept of a human rights-based approach to clinical practice was summarised by the Department of Health in 2008:

> 'a human rights based approach is one where the realisation of human rights principles is a central aim in policy and planning, where staff and patients are empowered and involved in achieving these, where accountability is clear and the most vulnerable groups are prioritised.'

The NHS Constitution came into law as part of the Health Act in November 2009.

It makes it explicit that healthcare and human rights go hand in hand

There are five core values that underpin the approach:

Fairness

Respect

Equality

Dignity

Autonomy.

These are often summarised as FREDA. These values embodied in human rights legislation mean that service users, carers and staff should expect to be treated with fairness, respect, equality, dignity and autonomy.

Macmillan commissioned some research from an organisation called Birmingham Race Action Partnership. The conclusion of the research was that there were certain 'behaviours' which could strengthen the rights of patients. Read these and think about how these might apply to your work as a volunteer:

- **Naming** – "I am the expert on me".
- **Private communication** – "My business is *my* business".
- **Communicating with more sensitivity** – " I'm more than my condition"
- **Clinical treatment and decision-making** – "I'd like to understand what will happen to me".
- **Acknowledge me** if I'm in urgent need of support – "I'd like not to be ignored".
- **Control over my personal space and environment** – I'd like to feel comfortable".
- **Managing on my own** – "I don't want to feel alone in this".
- **Getting care right** – "My concerns can be acted upon".

Learn more: Macmillan has created a framework called the 'Macmillan Values Based Standard' which puts human rights at the centre of care. It describes eight behaviours based on dignity and respect that both patients and staff have told Macmillan matter to them throughout the cancer journey.

These practical behaviours support staff to treat patients consistently with dignity and respect in a range of contexts, helping to ensure that patients always receive the highest quality care. The Values Based Standard is relevant to all conditions, not just cancer.

What is in the Equality Act 2010?

Below is a more in-depth summary of the important changes to law in the Equality Act.

The following headings are known as 'protected characteristics':

- age,
- disability (which includes mental health and people diagnosed as clinically obese),
- race,
- religion or belief,
- sex and gender reassignment (people who are having or who have had a sex change, transvestites and transgender people)
- sexual orientation,
- Marriage and civil partnership,
- pregnancy and maternity

There are seven different types of discrimination:

- **Direct discrimination**: discrimination because of a protected characteristic.
- **Associative discrimination**: direct discrimination against someone because they are associated with another person with a protected characteristic. (This includes carers of disabled people and elderly relatives, who can claim they were treated unfairly because of duties that had to carry out at home relating to their care work. It also covers discrimination against someone because, for example, their partner is from another country.)
- **Indirect discrimination**: when you have a rule or policy that applies to everyone but disadvantages a person with a protected characteristic.
- **Harassment**: behaviour deemed offensive by the recipient. Employees can claim they find something offensive even when it's not directed at them.
- **Harassment by a third party**: employers are potentially liable for the harassment of staff or customers by people they don't directly employ, such as a contractor.
- **Victimisation**: discrimination against someone because they made or supported a complaint under Equality Act legislation.

- **Discrimination by perception**: direct discrimination against someone because others think they have a protected characteristic (even if they don't).

Employers can no longer ask a prospective employee about their health before offering them work, unless you can prove you're doing so to check whether the employee can carry out an essential task (such as heavy lifting for a removals company) or to monitor diversity.

- You can't treat someone unfavorably because of something connected to a disability.
- Mothers are allowed to breastfeed in public (on premises) - they can't be asked to go to a more private place.
- Age is still the only protected characteristic by which you can justify direct discrimination, because you can argue that treating someone differently because of their age is allowed as long as it means you're doing it to meet a legitimate aim.

Resource title	Resource number	Module Title	Module number
What is commissioning?	2	What is Commissioning?	2

Commissioning in health and care is quite simply the method of ensuring that **the right services are available to meet the needs of the population**.

However, as people, we are highly complex individuals with a wide variety of things that go wrong at unexpected times. We may need support to cope at certain periods and complex care packages at other times. We may require different medical check ups and diagnostic tests at normal times and sometimes in an emergency.

Some of these take place at home, some as local doctors' practices and health clinics whilst others happen in hospitals.

For some illnesses and conditions there are a number of different treatments. We may need one or a variety of combinations of each of these treatments over a period of time. More tests and checks may be required.

This may make commissioning health and care services extremely complicated and challenging yet it is understandable and not mysterious.

Let's think about it like shopping, so…

What factors come into play when you are deciding what meals to eat next week?

We all commission when we buy food for our family. We *make sure that the right* **foods** (health and care services) *are available to meet the needs of the* **family** (population)

What is in the cupboard?

(Needs Assessment)

How much money have I got?

(Specification)

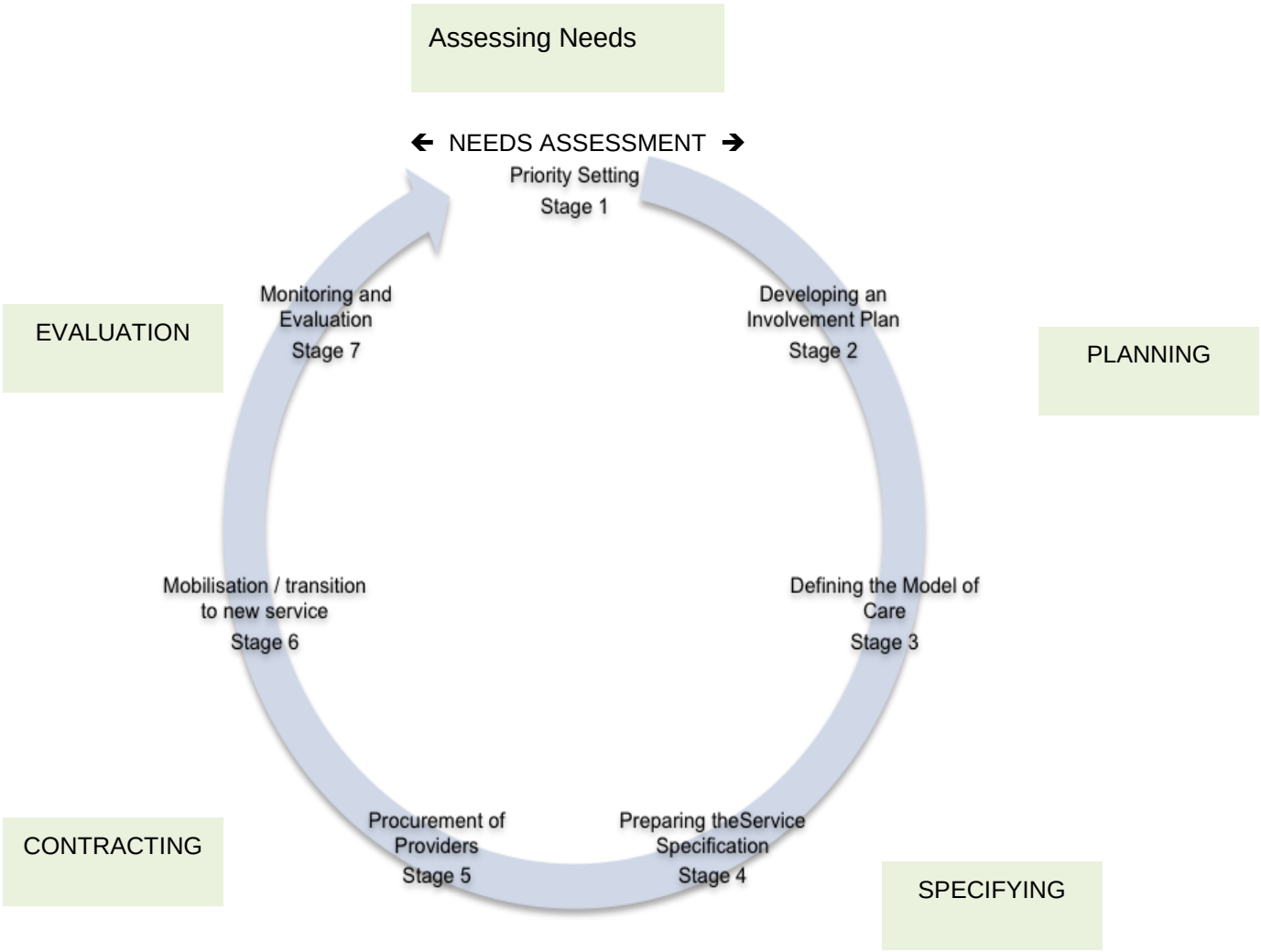
What shopping do I need?

(Contracting)

And, what about the quantity and quality?

(Monitoring and Evaluation)

The Commissioning Cycle



Stages – these are the detailed stages in the blue and are the language used by commissioners

Elements are in green boxes – these are the simplified stages

Resource title	Resource number	Module Title	Module number
Stages of the commissioning cycle	3	What is Commissioning?	2

Commissioning and engagement

Closing the Loop: Revisiting the Clinical Model & Service Specification

Needs

Stage zero: Joint strategic needs assessment

Stage 1
Priority Setting

Stage 2
Developing Plan

Planning

Stage 3
Defining Model of Care

Stage 4
Preparing Service

Specifying

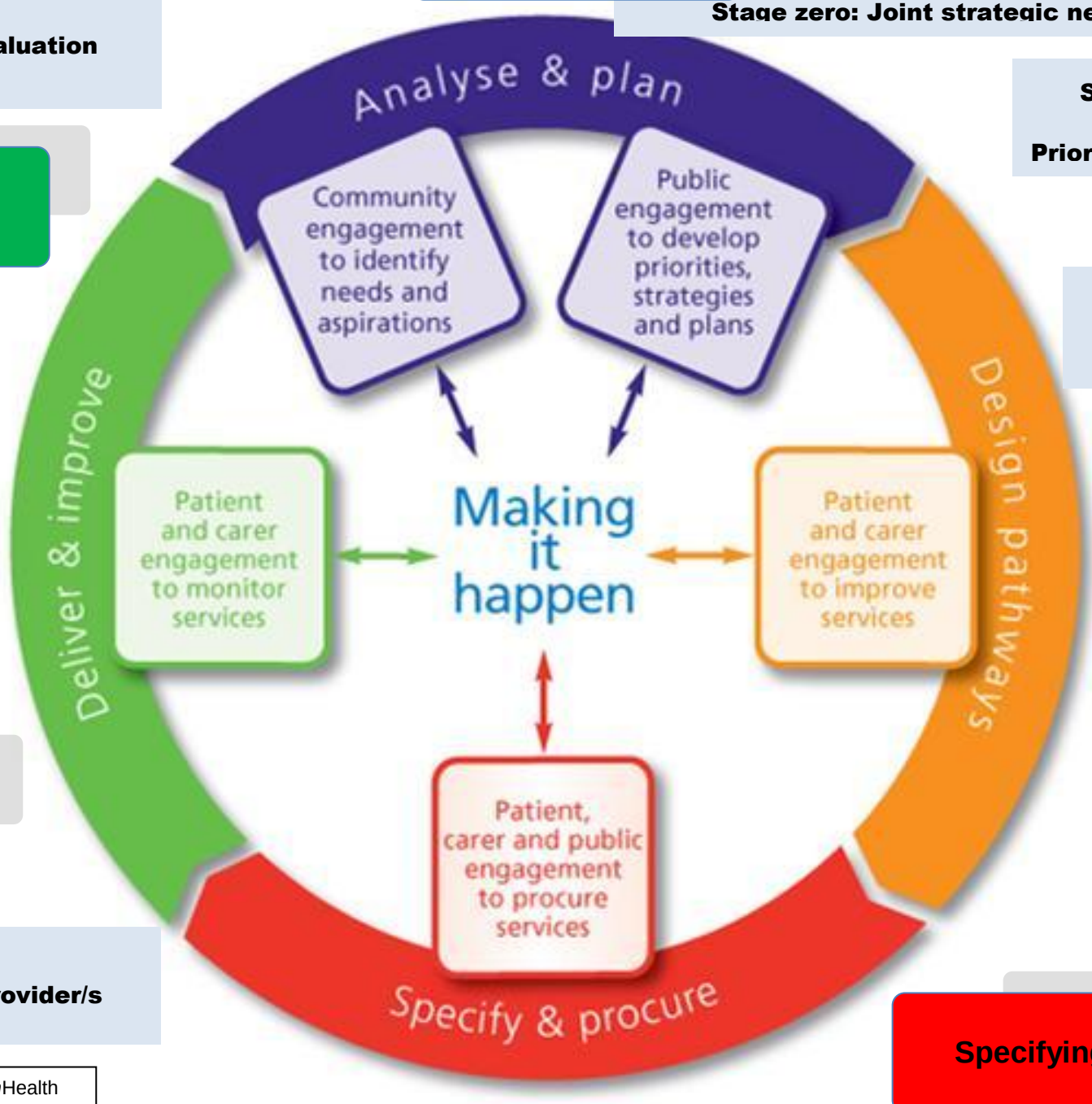
Stage 5
Procurement of Provider/s

Contracting

Stage 6
Mobilisation / Transition to new service

Evaluation

Stage 7
Monitoring and Evaluation



Developed by David Gilbert of *In*Health Associates www.engagementcycle.org

Resource title	Resource number	Module Title	Module number
Experience and outcomes	6	The Commissioning Cycle	3

Experiences and outcomes

When thinking about any service….

What are the **OUTPUTS**?

What might be seen as **OUTCOMES** for the person using the service**?**

What **EXPERIENCES** might you want captured?

Think about the ways in which these experiences and needs be **communicated** to the right people….

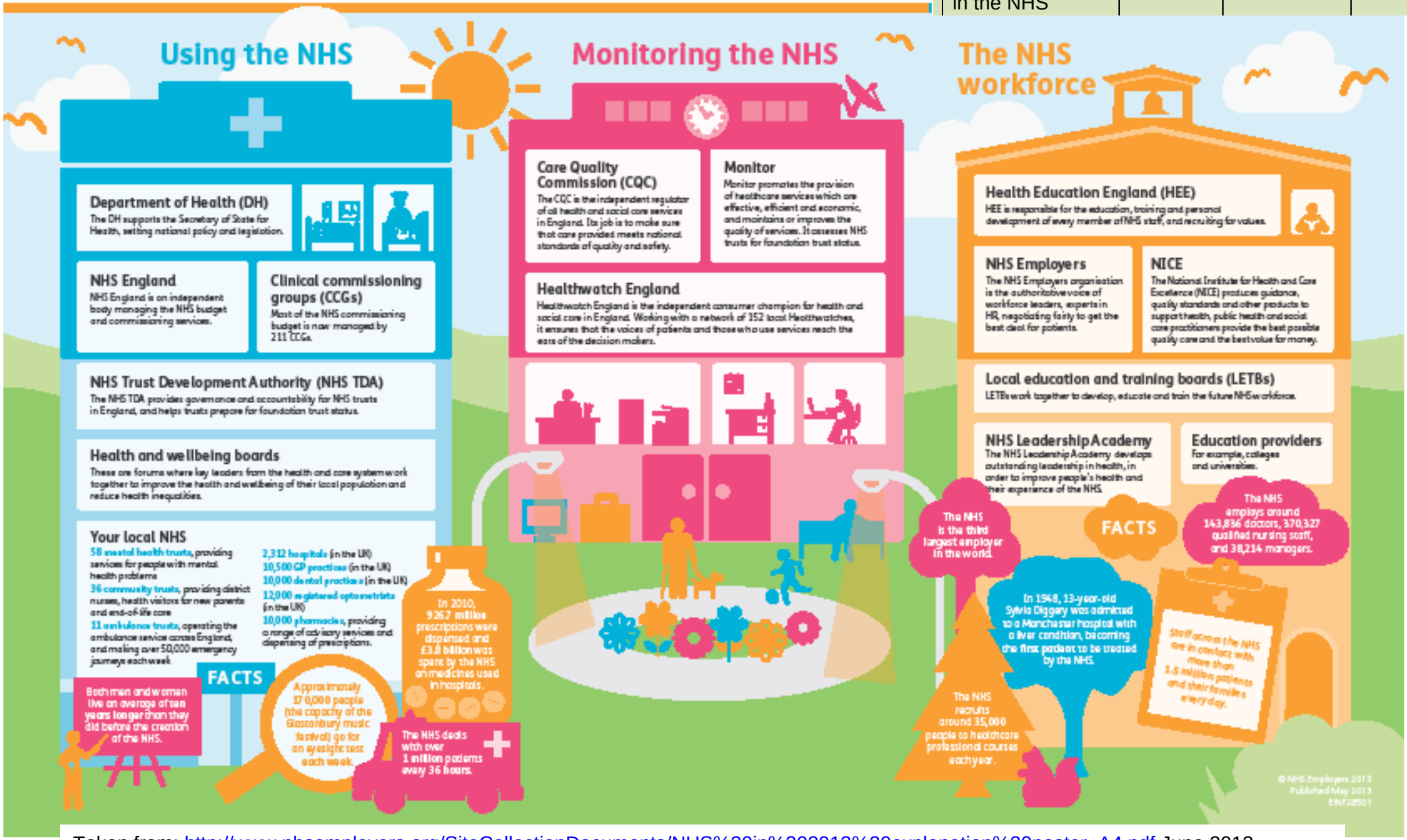
Resource title	Resource number	Module Title	Module number
Who does what in the NHS	7	Who's Who	5

The new NHS in 2013 What it means for you

The changes in the NHS aim to empower patients and local clinicians to make decisions about NHS services in your area.

Patients in England now have more choice and control over where to go for treatment, and can use patient power to make services better.

This infographic explains how the new NHS is structured.



Taken from: http://www.nhsemployers.org/SiteCollectionDocuments/NHS%20in%202013%20explanation%20poster_A4.pdf June 2013

WE ARE MACMILLAN. CANCER SUPPORT

Using the Ways of getting involved diagram (see over page)

About the diagram

This is an attempt to visualise all the ways that you can get involved with improving cancer services.
Although it may look like a map, there is no right or wrong way to try things. It's just a way of grouping all the places you can get involved and showing how they work together.

How to use it

First of all, don't panic! It's quite simple. Everything on a green line is where Macmillan runs a service where you can get involved in improving it. Everything on a blue line is where the National Health Service runs a service you can get involved in improving. The red line represents the internet. While many services will have corresponding websites, the red line indicates where there are specific online tools or services to help you get involved and make a difference.

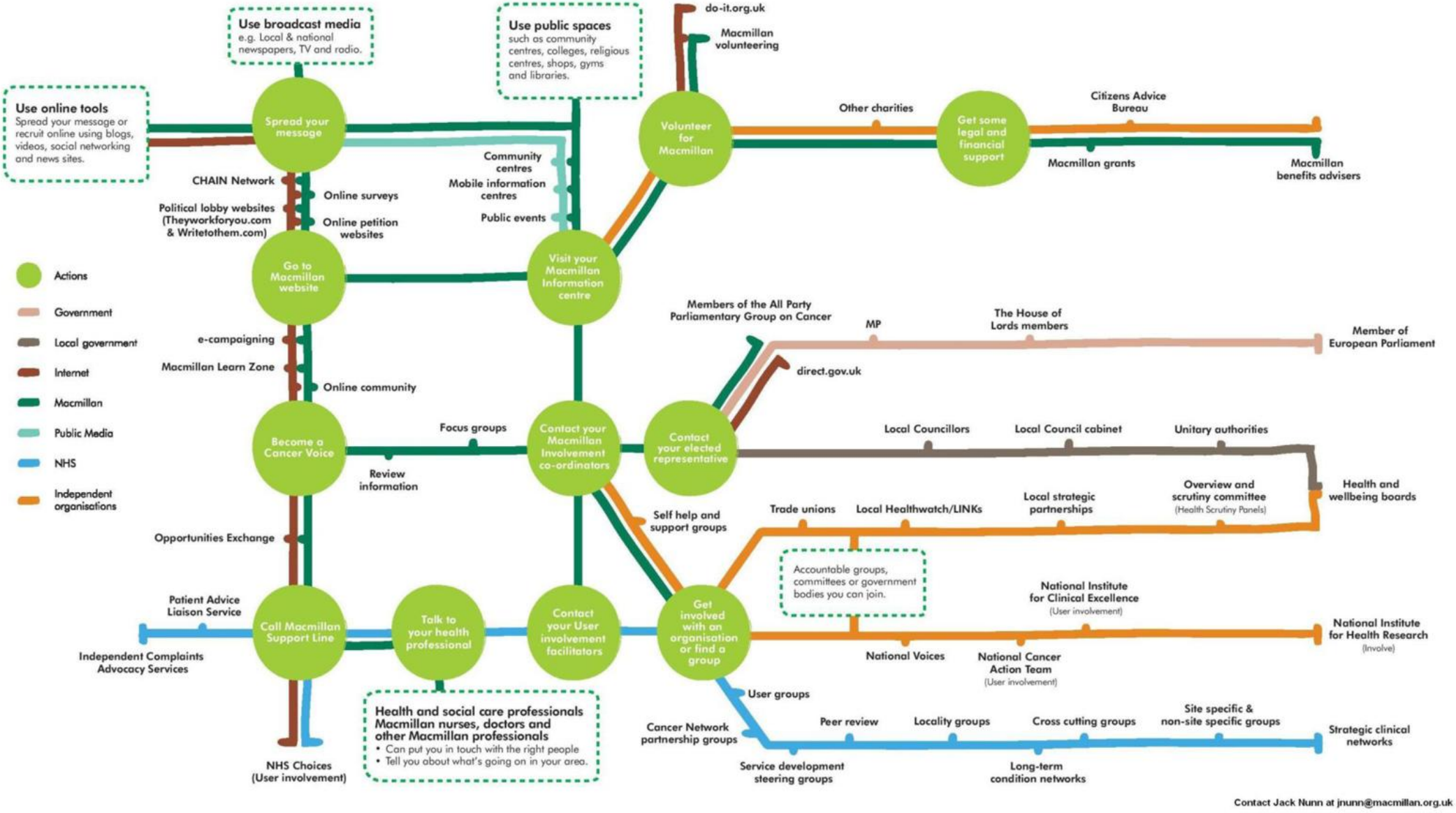
The interchanges are good starting points. They represent places you can go to that might be able to help you find your next best step. For example the Macmillan involvement co-ordinator interchange or the Macmillan Support Line interchange might send you to a specific Macmillan department, a government department or put you in touch with your local community centre – or anywhere else they think might be able to help you on your journey to improve cancer services.

Getting involved

There's no right or wrong answer about the best place to start getting involved. This diagram has been designed to show you all the ways you can get involved and to remind you that if one path doesn't work, there's always another way.

Resource title	Resource number	Module Title	Module number
Diagram of ways to get involved	8	Who's Who	5

WAYS OF GETTING INVOLVED



Online interactive version available here: http://learnzone.org.uk/courses/course.php?id=148

Resource title	Resource number	Module Title	Module number
Mix and match cards	9	Who's Who	5

The following lists a number of the groups and organisations that are involved in Commissioning. Please cut out for mix and match activity

Clinical Commissioning Groups (CCGs)	Groups of General Practitioners and other healthcare professionals that will take over commissioning from the 152 Primary Care Trusts in England under the current proposals. There are now about 200 CCGs.
Health & Wellbeing Boards	The forum where key leaders from the health and care system work together to agree the priorities to improve the health and wellbeing of their local population and reduce health inequalities.
Healthwatch	This new body will act as the consumer champion for everyone who uses health and social care services in England. It will give you a powerful voice both locally and nationally.
Strategic Clinical Networks	These groups co-ordinate the planning, commissioning and delivery of high quality treatment and care of a particular disease or condition for a population of more than a million people.

Foundation Trusts	These hospitals have a significant amount of managerial and financial freedom when compared to NHS hospital trusts.
Patients/Service Users	People who have experience of receiving or using services in health and social care
Third Sector	Organisations that are neither public sector nor private sector. It includes voluntary & community organisations, associations, self-help groups and community groups, social enterprises.
The Public	People who live, work or visit an area and access health or social care.
Service Providers	Any organisation that provides goods, facilities or services to the public, whether paid for or free, no matter how large or small the organisation.

Local Authorities	These are the local government administration covering aspects such as schools, public health, refuse, etc. Some Counties also have district councils and some cities are Unitary Authorities responsible for all the services
GPs	These are your local Doctors – or General Practitioners (GPs)
National Commissioning Board	This National body will oversee the work of the Clinical Commissioning Groups through a number of regional offices.
Anyone missing?	**Is anyone missing, has anything changed?**

Resource title	Resource number	Module Title	Module number
Scenario cards	10	Getting involved	6

The scenarios below place you in different positions and ask you to think about your next steps and who you might contact. If you have time, consider thinking about how different roles might affect different responses.

You are asked to complete a questionnaire about the service you received.	Local Healthwatch has invited people to become members of a procurement panel.
The Health & Wellbeing Board is holding a workshop to help identify local priorities	A local service wants an on going panel to give advice on measuring user experience
The Commissioning Support Unit wants to design a plan for Involving people for a new service	You are keen to help co-design a service with the professionals to look at chronic illness support

You are keen to promote access to research opportunities as stated in the NHS Constitution	You want to raise the profile and understanding of your condition
A local charity is interested in becoming a service provider	A local newspaper has asked you to comment on the closure of a local Accident and Emergency unit
You are part of a group of people who have an idea about new local service	Concerns raised by the local Healthwatch were not dealt with appropriately by the local Health and Wellbeing Board

Action plan	11	Pass it on:	7

ACTION PLAN

Handout

What I would like to achieve is...

The next action I should take to achieve this is...

The result of this action might be...

Some other actions I can take to achieve this are...

I can get support from...

Some challenges I might face could be...

I could overcome these barriers by...

By this date _____ I will have...

Fill out swap sheet, tear out and hand to your facilitator

Action plan swap sheet

Name _____

Contact me by phone or email or post:

_____

_____

By this date I will have...

Remit, Role, Representation, Responsibility, Relationship and Readiness

Remit What is the purpose of the meeting/group? Are there any terms of reference? Does everyone have a copy? When they were last revised? Are they updated regularly?
Remit What is the purpose of the meeting/group? Are there any terms of reference? Does everyone have a copy? When they were last revised? Are they updated regularly?
Role Is each member clear about why they are there? What are people's expectations of you? Do you or others ever find that you have conflicting roles? What do others expect of you?
Representative Are you seen as a representative? If so, who are you supposed to represent? Do you have a constituency, a group of people whose views you aim to represent? How might you gather their views? How do you report back to them? Are you there because of a personal experience?
Responsibility What responsibilities do you or other have? (e.g is there a terms of reference?) Who sets the agenda? Is this responsibility shared? How are decisions made? How are they implemented? Who takes responsibility for reporting back and ensuring the wishes of the group are carried out?
Relationships Does it feel like being part of a team, everyone working together? Is there a sense of common purpose and goals? Do you get along with each other? Do you know each other as individuals or are you strangers brought together by your roles?
Readiness Are you ready to get involved? Have you considered your emotional readiness and any time commitments? Have you received any training to help you prepare for your role Have you thought about how can you maintain and support your wellbeing? Do you know who or where you can go to for support regarding any of these issues?

Resource title	Resource number	Module Title	Module number
6Rs	12	Group working	8

Answering important questions using Maslow's 'hierarchy of needs'

Maslow's hierarchy claims that needs that are **low** in the hierarchy must be partially satisfied before needs that are **high** in the hierarchy can be prioritised. Think of a hierarchy as a pyramid, 'low' meaning a basic foundation.

The answers to the questions on the left lie at the very heart of good meetings. They've been placed in an order to approximate to the hierarchy. Discuss whether you agree with the questions being placed with the associated needs?

1. Will this be a good use of my time? 2. Why are we meeting anyway? 3. Are we going to accomplish something? Will this meeting help me make a difference?	**Self Actualisation** To find self fulfilment and realise one's potential
4. Will we stay on the topic or go off at a tangent?	**Creative needs** To create symmetry, order, and beauty
5. Is there an agenda?	**Cognitive needs** To know, learn explore, find out
6. What's expected of me? 7. What happened as a result of the last meeting? 8. Will we be making decisions and if so how?	**Esteem needs** To achieve, to be competent, gain approval and recognition, self-confidence, independence
9. Should I be here? Am I welcome?	**Belongingness and love** To be loved, liked needed or accepted by others
10. Where are the fire escapes? 11. Who are the other people?	**Safety needs** To be free of danger physically and emotionally – a sense of security
12. When will we take a break (e.g. to go to the toilet)? 13. Where is the food? When will we eat? 14. How long will this take? When are we leaving? (Will I need a strong coffee or a sleeping bag?)	**Physiological needs** Food, water, shelter, sleep, excretion

High

low (basic)

Questions adapted from Roberta's Rules of Order by Alice Collier Cochran Published by 2004.

Resource title	Resource number	Module Title	Module number
Answering questions with Maslow's hierarchy of needs	13	Group working	8

KNOWLEDGE AND SKILLS GRID

Handout

Knowledge is information you have in your head; a skill is the ability to use knowledge to achieve something.

Skills	Knowledge
Skills I already have *(for example driving, speaking English)*	Knowledge I already have *(for example a knowledge of my community or local information resources)*
Skills I have that I would like to develop *(for example talking to people affected by cancer)*	Knowledge I would like to develop *(for example an understanding of cancer and its treatments)*
Skills I don't have but might need *(for example using the internet to communicate)*	Knowledge I might need *(for example a knowledge of funding opportunities)*

Resource title	Resource number	Module Title	Module number
Skills and knowledge grid	14	Miscellaneous	NA

Resource title	Resource number	Module Title	Module number
National Spending	15	NA	NA

Participants asked to rank the condition according to the spend per person per year

England spends 1,900 per head per year.

“The largest spending category in 2010/11 was mental health problems, accounting for 11% of the overall programme budget. Expenditure on circulatory problems was the second largest spend (7.2%), followed by cancers and tumours (5.4%).

Mental Health	1st Place £200 per person
Circulation problems (Cardio–vascular)	2nd Place £140 per person
Cancer	3rd Place £100 per person
Trauma and Injury	4th Place £80 per person
Vision and Hearing	5th Place £40 per person

“Source: NHS History”: www.nhshistory.net/parlymoney.pdf

Fair Society, Healthy Lives

Professor Sir Michael Marmot wrote a report which proposed a new way to reduce health inequalities in England post-2010.

It argues that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient.

Summary of findings and recommendations

The detailed report contains many important findings, some of which are summarised below.

***When reading these, think about what actions could be taken to reduce the inequality*.**

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods

- People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years

- The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be

- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status

- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS

- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

Resource title	Resource number	Module Title	Module number
Fair Society, Healthy Lives	16	Miscellaneous	NA

Patient and public involvement

There are many things to think about when involving the public and patients in improving services – this document is intended to help ask the right questions for the right roles.

How to use this resource: Under 'Assumptions and barriers', read the questions and consider if these might be barriers to involving some people, and consider how you might overcome these. 'Learning needs and support' examines the role in more detail and asks questions about the support people might need support to develop.

Be clear what you want– do you want 'patient', 'user' or 'carer' involvement, a lay perspective or just anyone who can give their time? Consider who you might unintentionally exclude by using these terms and be clear what you mean by *engagement* or *involvement.*

Assumptions and barriers	Role Description	Learning needs & support
• What commitment do you expect (time/financial implications) • Have you asked people to think about their emotional readiness? • Do you expect them to be reading and writing information and documents? Have you considered what formats might be appropriate? • Are you assuming a good ability to speak and read English? • Do you expect a certain educational background?	**Lay Leader:** A person who speaks and acts on behalf of all members of the public, including patients and carers and who takes a leading role in representing other lay representatives. The role may involve holding people or organisations to account **Lay representative:** a member of the public (not a professional) who is a representative. They must speak and act on behalf of others. They may be guided by lay leaders but will be expected to take direct action to ensure that they are informed and able to represent the views of others.	**How are they supported to be a representative?** • How will they be gathering views? • Will this involve research? • Do they have a budget? • Should they be paid? • Is there admin and practical support (from an organisation?) • Is there any training available? **Who is already doing this?** • Are there any opportunities for them to be involved in peer support or have or be a buddy? • What can be shared with other organisations? (E.g. learning, resources) **How are people involved?** • Can people be involved in other ways? (e.g. is it face to face meetings? What can be done online, what cannot?)
• Are the people who have engaged with you the only people who might be interested?	**Interested and engaged members of the public:** People who know about and/or are interested in decisions being made, but may take no direct action other than giving feedback or signing petitions	**Could there be a need for translation?** • Are there any groups or organisations who could support with this? **Remember**: public dialogue is not fully 'representative' but can give a strong indication of how the public 'at large' feels
• It is easy to assume that people who are not 'engaged' don't want to be. Often they won't even know how they can contribute or be involved.	**Uninformed, disengaged or disinterested members of the public:** people who, for what ever reason, are not engaged, informed or interested in influencing decision making or shaping the future of health and social services.	**A majority of the population are in this category.** • What information or support might some people need to help them move into other roles? • What might make people move back into this role? (e.g. not seeing direct improvements, or too much of organisational change?)

Remember: roles are not always fixed, they are often just a way of articulating different things people can or should do. There is always a way for dedicated people to give their time and develop their skills, what ever the label or role description

Roles in patient and public involvement	17	Getting Involved	6

INFLUENCING COMMISSIONING

Feedback Form

Why are we asking these questions?
The information collected will assist us in identifying how effective the learning event was in meeting participants' needs and help us to improve the learning events we offer. Any information you provide will be treated and held in accordance with the Data Protection Act 1998.

Name: **Organisation/location:**

Date: **Facilitator(s):**

Q1. Where did you hear about this event?

Q2. Please describe the area/s of the event that you found most valuable/most enjoyable:

Q3. Please describe the area/s of the event that you found least valuable/least enjoyable and/or areas that could have been developed further

Q4. How do you intend to apply what you learnt on the event? What will you do differently? What do you think will be the effect of this?

Q5. What recommendations would you like to make for future events?

This event uses free resources developed by Macmillan Cancer Support and is part of the 'Influencing Commissioning' project. The facilitators have been trained by Macmillan to facilitate this event and use these resources. You can learn more about this work here at www.macmillan.org.uk/learnzone/

Please tick the relevant box to show whether you agree or disagree with the following statements.

Statement	**Strongly agree**	**Agree**	**Don't know**	**Disagree**	**Strongly disagree**
Did you feel that the event was useful?					
Did you feel that any learning needs you identified when registering were met?					
The learning resources used helped me to learn					
The trainer facilitator(s) were sufficiently knowledgeable about the subject					
The facilitator(s) used a range of activities to appeal to different learning styles					
The event was structured and paced well					
The facilitator(s) made the subject interesting and enjoyable					
The group of learners was managed well by the facilitator(s)					
I found the opportunity to learn and share with other people useful					
I learned what I expected to learn on this event					
I would recommend this event to others					
I was satisfied with the information and administrative support I received prior to the event					
The venue and refreshments were satisfactory					

Overall, I would rate this event as…(circle)	Excellent	Good	Average	Poor	Very poor

If you have any other comments or suggestions then please write them here or attach them:

Macmillan Cancer Support would like to follow up with you within a few months' time in order to understand whether this event helped you in the longer term and if so, in what ways. This would mean completing another short survey by telephone or online. If you would be willing to be re-contacted for this, please provide your contact details below, indicating your preferred method of contact:

Email address/Telephone:

Also, can we keep your information to inform you about our work and ways you can support us? Your details will be kept securely and will only be shared with those who work on our behalf or with trusted partners who work with us to provide you with support. **Yes/No**

Sources of Information

These workshops require a certain amount of understanding of commissioning, the new landscape and local data. The following is a basic list of where to access some further information for a facilitator.

National Information is available:

- The NHS System
- **Healthwatch England** http://healthwatch.co.uk
- **NHS National Commissioning Board** http://www.commissioningboard.nhs.uk
- **The new structures** can be seen in a graphic made by the BBC –
- http://www.bbc.co.uk/go/em/fr/-/news/health-19674838
- The King's Fund Health and Wellbeing Board directory map
- **The National Census** http://www.ons.gov.uk/ons/rel/census/2011-census/index.html
- **National Voices http://www.nationalvoices.org.uk**
- **Macmillan Cancer Population Evidence Programme**
- Public Health England - premature mortality across every local authority in England

Locally – searches required

- **Local Councils** for the **Joint Strategic Needs Analysis**, Public Health Reports and demographic information, Local Authority profiles
- **Local Healthwatch** – who have a duty to ensure involvement happens
- **Clinical Commissioning Groups** – who have a duty to involve people
- **Health & Wellbeing Boards** – who will have an area strategy
- **Area Clinical Networks** – as a source of information on delivery of clinical services
- **Comprehensive Local Research Networks** – a source of information about numbers of research studies taking place

Other Resources:

- **Resources for Health and Wellbeing Boards** http://goo.gl/aCz41
- **SMART GUIDES** http://www.networks.nhs.uk/nhs-networks/smart-guides
- **CCG Bulletin** http://www.commissioningboard.nhs.uk/2013/01/09/ccg-bulletin-issue-26/
- Guide to the Healthcare System in England

Note: Information correct according to document date

Delivery style

The term ‘delivery style’ broadly means in what way information is given and received and what ways learning is encouraged.

These modules are all interactive and work to use the knowledge and experience of participants. They should always end with an action plan if possible.

Every teacher, tutor, trainer and facilitator will have their own delivery style and every learner will respond differently to different kinds of styles.

There isn’t a Macmillan’s ‘style-guide’ for running training, but Macmillan’s Learning and Development department always favours any kind of learning environment which encourages shared learning, group discussion and experiential (active) learning.

The idea that we all have something to give and something to learn is central to any of our learning opportunities and all our trainers and facilitators are encouraged to create a space in which people feel they can share openly.

‘Active’ learning, or learning through experience means that a person is doing something, or actively involved in shaping the learning process (e.g. contributing to a discussion). Passive learning requires no direct action or input from participants.

While much has been written about learning styles, it’s more helpful to think in terms of ‘retention’, what people remember. The advantage of active learning is that it is easier to constantly evaluate the learning and retention through the use of open questions. Passive learning is more reliant on formal assessment to determine retention.

A famous model for explaining different delivery styles is Edgar Dale’s ‘Cone of Experience’, which has been used for over half a century. While there is much discussion about the exact hierarchy, it is generally agreed that any learning through ‘direct experience’ is most often retained. Below this would be group discussion and at the bottom presentations and written information. It is interesting to note that ‘**active’** learning is not only more enjoyable than ‘**passive’** learning; it seems to be a more successful way of communicating information.

It’s important to note that different styles are appropriate depending on different contexts and audiences and that sometimes a more passive style of delivery is unavoidable.

Quality Assurance

Quality assurance of each learning event will be the responsibility of the region organising the learning event.

For example, this could include collecting evaluation and monitoring forms and asking facilitators to carry out self-assessments to help improve future events.

Checklist and timeline when facilitating a course

If you are involved in facilitating 'Influencing Commissioning ' this sections gives a checklist with some helpful hints and tips about the things that will need doing and in which order. For a more detailed explanation of what support you will be offered by Centres and Macmillan, see the 'Operational Guidance'.

Initial request

If you are asked to facilitate a course, you should check the following:

Qualified - If you've been asked to facilitate a course ensure that you have a record of evidence that you have been trained to run the course. Some Centres will also require evidence of additional qualifications such as Equality & Diversity training.

When and where – Once you've been asked to facilitate a course you'll need to confirm your availability as soon as possible. Online tools such as doodle.com can make finding dates easier. For your records, ensure that the person organising the course has confirmed, in writing, the date and location and be sure to respond in writing. This is usually done via email. The centre will then contact their local Macmillan contacts who will ensure that the date appears on the Macmillan public calendar.

Main point of contact – It's important to establish who your main point of contact at the centre will be. This contact will be the person who is organising the course at the Centre who you will go to first for everything regarding this event, including all financial and administrative issues. The Centre will also be organising the venue and catering, so ensure you know all the information participants might need. Please note that in some cases, Macmillan will run this course as a 'standalone' and in those instances, they will be the Centre.

Travel and accommodation – Do not book or pay for any travel or accommodation without confirming with your main point of contact at Macmillan.

Needs of participants – Macmillan has created a registration form for participants to complete before attending courses. This collects information about whether people consider themselves to have a disability or any other condition which may affect their ability to participate in the learning activities. It also collects information about what people hope to learn and how they hope to apply it. Prior to running the course it is important that Centres share any relevant information with you in good time (in accordance with the Data Protection Act 1998). Where appropriate, you must use this information to suitably adapt the material delivered in your session to match the desired learning outcomes of the participants. If you have difficulty accessing this, please contact your centre or local Macmillan contact. If the facilitator thinks a meeting BEFORE the course is required, please discuss this with you main Macmillan contact.

Resources – Are there any local groups or organisations already working to influence commissioning that the organiser can send you any information about? Can they send you

through some examples of where this has happened in the past? Do you have an up to date list of relevant contacts at the local Healthwatch(s), Clinical Commissioning Groups and Strategic clinical Networks?

A few days before

At least 7 working days before, you should check the following, allowing for time for things to be posted if you do not have them:

Materials and resources – you should agree with the Centre who is printing what and what will be needed where. Macmillan should cover all printing costs and facilitators should check with their main point of contact before printing anything themselves. This should be informed by the numbers and needs of participants and their desired learning outcomes. Venues will usually provide pens and flip chart paper. If you're planning on using a projector or any other technology or learning aids, ensure that you have informed your main point of contact at the venue. Ensure you have:

- **evaluation and monitoring forms**
- relevant handouts and resources
- post-its, pens and name label stickers if you use them

Room layout – this can be a good time to confirm the room will be set up in a way that will save you having to do this on your own on arrival.

Directions and contact details – Do you know where you're going. Who do you call if there's a problem? Do relevant people have your contact details?

Delegate list - For reasons of fire safety, you MUST have a register of all participants (as well as the facilitators). Make sure this is sent to you and printed off.

Local information

Have you go details about the local Healthwatch and contact details for relevant people at Clinical Commissioning Groups, strategic clinical networks, relevant Joint strategic needs assessments and information about other relevant groups and organisations? The local centre should be able to support with this information gathering.

At the venue

On arrival at the venue you should check the following things. Please note that you should arrive at least 1 hour before the start of the session to allow time:

Safety and domestics – Find out where the fire exits are and if there are any planned fire drills or alarms. Locate the toilets and any disabled access toilets. Is there any food or tea and coffee? What time is this arriving? How is the temperature of the room controlled?

Welcome and signs - Is the room signed and easy to find? Does reception know the plans? Is anyone able to welcome and direct people?

The room

It is very important that you take charge of how the room is set out, remember, it is your session and you need to be as comfortable with it as much as the participants do.

The configuration of chairs can really affect the group dynamic. You may want to experiment until you find the seating that suits you best but remember that you will require delegates to write and work together and some may wish to take regular notes through the day so table or writing space may still be necessary. With all configurations it's important that everyone can see you, no delegates are hidden behind others and that each feels you can communicate with them both verbally and with eye contact. Sessions held on long boardroom style tables are the most difficult to work with and should be avoided when possible.

Ensure that anyone with sight or hearing problems is seated appropriately.

Effective configurations include:

- 'camp fire' arrangement - where everyone sits in an inward facing circle. This also avoids having tables in front of people.
- Half moon of chairs with the facilitator at the front.
- Banquet style – three small tables with groups sat around them. Be sure to mix people up regularly if you use this arrangement.

Ensure that the room is welcoming and tidy by making and food and drink accessible, drawing blinds to let light in, opening windows if it's stuffy.

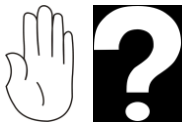
Consider writing a welcome note, the name of the course and your name in a visible place.

As participants arrive

- Welcome people as they arrive, introduce yourself (and if necessary your co-facilitator) and thank them for coming. Agendas normally allow 30 min for arrival and settling in.
- Ask people to sign in or tick them off as they arrive. **The list of delegates must stay with you all day for reasons of fire safety.**
- Leave the broad introduction until all are present or until the scheduled start time.

Ready to start?

- Welcome people and thank them for coming and give a brief introduction about the day.
- Get people to say their names, what they'd like to learn or gain from the training.
- If appropriate, ask them to include any experience of an illness they want to share or what motivated them to come to the day.
- Write what people want to learn (on a flip chart or something similar) and return to this at the end of the day to confirm people learned what they expected.
- If someone says something that will not be covered in the session, don't write it down and mention it won't be included
- Clarify course content, format and mutual expectations of the day and ask if anyone has any anxieties about the day.
- Draw pictures of the words in **bold** to prompt a discussion and consensus about the following:



  - **Fire exit and alarms** – make sure people know about these
  - **Toilets** – do people know where they are?
  - **Clock** – agree times for lunch, breaks and finishing. Does anyone need to leave early (mention they'll need to fill in an evaluation form before they do).
  - **A sealed envelope** for a discussion on confidentiality
  - **Spelling tick** – all spelling is korrect
  - **Thermometer** – people should say if the environment of the room is uncomfortable
  - **TLAs** (with a line through it) – This stands for 'three letter acronyms'. Please try to avoid using any acronyms as they can alienate those who don't know them
  - **Hand-up** – mention that people should feel free to say anything at any point, but some people find this hard and if they prefer they can raise their hands to signal they want to speak
  - **Question mark** – Remind people there is no such thing as a stupid question. Ask if would people like to add anything else? More experienced facilitators may wish to open up the session by stating that the agenda is a guide only and if the group have specific areas they want to explore, which may not be on the agenda, then that will be accommodated during the day

During lunch

- Ensure that people know where food is and that everyone's preferences have been catered for.
- Talk to any participants who might need extra attention and encourage networking where necessary.
- Ask if anyone is leaving early

Close

- Collect evaluation forms – (send hard/electronic copies to Macmillan contact)
- Expenses claim forms?
- Encourage participants to swap contact details (using the 'who I met' sheet)
- When leaving the venue, try to leave it as you found it.
- Ensure that relevant venue staff know you have left.
- Relax!

Training new facilitators

Macmillan's facilitators training for this course has been designed to align with the National Open College Network (NOCN) standards, although no formal qualification is offered.

Please note that this information below is for guidance only and each individual may need a tailored development programme to support them to facilitate any learning events.

Recruitment and development of trainers and facilitators is managed by Macmillan at a regional level and led by Senior Learning and Development managers.

To avoid further confusion, new facilitators will be called '**associate facilitators'** and facilitators training new facilitators called **'senior facilitators'.**

Becoming a senior facilitator

Some facilitators may wish to develop their skills and be trained to train other facilitators.

This decision would need to be supported by relevant Learning and Development managers at Macmillan. It is recommended that a facilitator should have run between 3-5 courses before training other facilitators. They should also secure a reference from an existing facilitator they have worked with.

How to train facilitators

Each associate facilitator will have their own style and ideas, as will each senior facilitator. Rather than set out clear instructions as to how a facilitator should train new facilitators, below are some guidance notes for facilitators training new facilitators at each stage of their development.

Throughout the process of training facilitators, this manual is always the best point of reference. This has clear learning aims, outcomes and learning points which should be constantly referred to.

New facilitators should be encouraged to develop their own ways of achieving the learning outcomes, rather than being told them how to run activities or given a 'script'. While initially, in practice, the new facilitator may chose to closely mimic other facilitators, any innovation by the new facilitator should be encouraged and evaluated. This may include the development of new resources or activities.

Finally, it's worth mentioning that this is by no means a one-way process. New facilitators should be encouraged to ask questions and challenge why things are done in certain ways. Always be ready to explain and adapt yourself!

Pre-training

Anyone who is interested in being a facilitator should have attended and participated in a course before they can begin being trained as a facilitator.

Once they have expressed an interest, they should be given the “Facilitators’ Manual” to read through. It is advisable that they are given the manual associate facilitator after attending as a participant so that they can initially see it through the eyes of a participant, rather than a trainer.

Aim: To provide an opportunity for people interested in becoming facilitators an idea of how the course is run.

Outcome: Potential facilitators will be able to explain the role of ‘facilitator’ and the aims and outcomes of the course ‘Influencing Commissioning ’.

First session - shadowing

Aim: To provide an opportunity for the associate facilitator to gain experience in how the facilitators’ manual and other resources are used to achieve specific learning outcomes.

Outcomes:

- Associate facilitators will be able to demonstrate an understanding of why certain activities achieve certain learning outcomes
- Associate facilitators will be able to demonstrate their facilitation skills by leading on some pre-agreed activities
- Associate facilitators will be able to explain how they might use and adapt resources when leading activities at the next session.

Before the first shadow-session – the senior facilitator training the associate facilitator may wish to speak or meet to agree which activities the associate facilitator feels confident in leading or joining in with. This will vary but it is suggested that the senior facilitator leads a majority of the activities to provide an opportunity for the associate facilitator to reflect on why the senior facilitator chose to run certain activities in certain ways.

A good first session for an associate facilitator to run is ‘What is commissioning?’.

After the course, the senior facilitator and the associate facilitator should discuss the session, highlighting areas that went well, and exploring what could be improved. The senior facilitator should encourage the associate facilitator to suggest ways that it could be improved.

We recommend that a total of one hour should be needed for a pre-brief and a de-brief. This would equal a maximum of one hour of developmental work at 25/hour for the senior facilitator. Anything over this must be agreed in advance with Macmillan in accordance with the casual worker policy.

Second session – leading with support

Aim: To provide an opportunity for new facilitators to gain experience in using the facilitators' manual and other resources to achieve specific learning outcomes.

Outcomes:

- Associate facilitators will be able to demonstrate an ability to run certain activities achieve specific learning outcomes.
- Associate facilitators will have demonstrated an ability to adapt an activity or resource to achieve a specific learning outcome
- Associate facilitators will have demonstrated an ability to be flexible in the delivery and planning of learning activities.

As much as possible, encourage the associate facilitator to lead the day. They should certainly introduce the day and do the welcome, introduction and 'the 4 Gs'. They should be running a majority of the activities which should be agreed beforehand. With some they might not still feel confident leading on, and the senior facilitator should lead these.

If at the end of this session the senior facilitator and/or associate facilitator feel that they need another chance to lead with support then this should be arranged before the associate facilitator proceeds to being assessed.

The senior facilitator should be prepared to give detailed feedback on each session that the associate facilitator ran, as well as some more general feedback.

Macmillan recommends that a total of one hour should be needed for a pre-brief and a de-brief. This would equal a maximum of one hour of developmental work at 25/hour for the senior facilitator. Anything over this must be agreed in advance with Macmillan in accordance with the casual worker policy.

Third session – assessment

Aim: To provide an opportunity for associate facilitators to gain experience in using the facilitators' manual and other resources to independently run an entire course to achieve specific learning outcomes.

Outcomes:

- Associate facilitators will be able to demonstrate an ability to run certain activities achieve specific learning outcomes, independent of support from a senior facilitator.
- Associate facilitators will have demonstrated an ability to adapt an activity or resource to achieve a specific learning outcome, independent of support from a senior facilitator.
- Associate facilitators will have demonstrated an ability to be flexible in the delivery and planning of learning activities, independent of support from a senior facilitator.
- Associate facilitators will feel confident and able to run a course independently

The senior facilitator should not **need** to step in or lead at any point but should feel more than welcome to add or contribute to discussions. In every other way, they should include themselves as part of the group and participate.

Observing other facilitators

An essential part of Macmillan's Quality Assurance framework is ensuring that our facilitators and trainers share best practice, learn from each other and maintain a consistent high quality throughout all our training courses.

We have developed a peer-observation framework which encourages the sharing and development of all the skills and experience of the facilitators trained to run this course.

The intended outcomes of peer-observation are:

- To ensure that innovation is encouraged and shared
- Feedback is given and received in order to encourage continuous improvement
- The development of facilitators and resources is supported

We do not offer training on observation skills, but below are some ideas and tips which may be helpful if you are observing or being observed. *Please note, senior facilitators should ensure that associate facilitators understand this section of the manual.*

How do I observe?

- **Do** sit as part of the group and take part in every aspect.
- **Do not** feel you need to sit 'out' or be separate in anyway, including sitting at the back of the room. This can negatively affect the group dynamic.
- **Do** feel you can be involved in group discussions.
- **Do not** lead activities or discussions or introduce new topics unless you have agreed this in advance with the facilitator you are observing or if the facilitator has specifically asked you to.
- **Do** feel free to tell the group why you are there and who you are. You may consider wording it as 'I'm here today as I also facilitate this course and I'd like to pick up some tips'. If you'd like a more formal statement, try 'I'm here as part of Macmillan's Quality Assurance framework which helps make sure all the facilitators are sharing the best ideas'. There's no need to say you are 'observing'. If you are unsure how to describe what you're doing, consider discussing this with the facilitator before hand.

What am I observing?

This course is evaluated using Macmillan's standard assessment criteria. In addition, each activity has clear aims, outcomes and key learning points. These can be helpful things to use as a reference when structuring feedback from an observation.

We've included some generic criteria here to give an idea of what things to look for when observing and giving feedback.

- Evidence of preparation
- Active listening & and positive responding plus use of open questioning
- Controlled and focussed discussion
- Managed time effectively
- Appropriate use of resources (such as handouts)
- Did it cover the key learning points and/or did it match the learning expectations of participants?
- Chairing skills (the ability to manage the group tactfully and inclusively, including aggressive participants)
- Delivery skills:
    - clear speech (right volume and pace)
    - simple language free from acronyms
    - eye contact

Other things to think about:

- Was it interactive?
- Was it presented in an interesting or engaging way?
- Were the learning objectives met?

Here are some more general things to look out for when observing a facilitator:

- Are they 'teaching' or telling rather than 'facilitating'? For example, are they encouraging learners to reach their own conclusions through a combination of information and open questions, or are they telling learners what they should think and why? If they are 'telling' too much, tell them!
- Are they encouraging group discussion and including all group members?
- Do they notice and assist 'quiet' or reticent participants in an appropriate way?
- Are they mixing up the group enough and encouraging networking – for example, creating different pairings and groupings throughout the day.
- Are they flexible? If the group of learners has specific learning outcomes, can they adapt and change the programme of the day as required?
- Are they assessing the retention of the learners through frequent and subtle informal questioning?
- Are they checking understanding? If they explain an activity, are they going around the room checking people understand it?

Remember - providing honest and helpful feedback to each other can be a really constructive way of developing skills. Please be tactful, but don't avoid constructive criticism. An observer should be seen as a 'critical friend'.

How do I share observations?

This will depend on each individual but often the best way to do this is to sit down and have a short private conversation immediately after the course. Sometimes the best place to start a discussion is by asking '**so how do you feel that went?**'. If you have any notes, you can use these to guide the conversation and share these with the associate facilitator after this conversation. You will be required to share the observation sheet with your centre, the facilitator and Macmillan. You may wish to fill this in as you go.

- When sharing observations, it is often advisable to 'sandwich' any ideas on how something could be improved between two things which were examples of best practice. This can avoid starting or ending with something which could be perceived to be a negative observation.
- Be specific. When possible, only share comments which will reinforce best practice or help the facilitator improve the learning experience of the participants.
- Have comments on each individual activity, rather than the course as a whole. You may wish to share these with the other facilitator in the form of notes for their reference. If you do have general observations, think carefully about how you will share these.
- Separate comments on the 'delivery style' of the facilitator from comments on the resources used. For example, 'I liked the way you spoke to the group and introduced this topic, but I think some of them found handout 4 too complicated', rather than 'I think people were confused at this point'.

Remember - If you have learned anything yourself and intend to use some tips you picked up from the facilitator, make sure to tell them, as they're likely to be very pleased to hear this!

Please note: If you have any serious concerns or doubts about the facilitator, whether it be ability or actions, attitude or behaviour, you may wish to contact you centre or their centre before passing this feedback onto the person you have observed. If there are serious concerns, the centre may wish to investigate further or possibly arrange further observation or development.

Finally

The most important thing is that everyone feels that observing and being observed is helpful. While the formal purpose of observation is to ensure quality and consistency, informally it's a chance to share ideas with other trainers and support each other in being part of a wider community of trainers. All these notes are for guidance, so make it work for you!

Sharing and Creative Commons

Using the materials, working freelance and licensing

Macmillan Cancer Support have shared these under a Creative Commons License in order to help people affected by cancer and the public get involved in shaping the future of care across the world.

Please feel free to use and share the materials as described in the license.

Please note if you are using these at an event, please only say that you work for Macmillan if Macmillan Cancer Support are directly employing you to run an event. Otherwise, please state one of the following:

If you are running an event for another organisation (i.e they are paying you or you are volunteering) **and** you have completed training from Macmillan and are working within the Quality Assurance Framework:

> "I am facilitating this event today for *named organisation*, and have been trained by Macmillan to facilitate this event and use these resources. I work with other facilitators across the UK and we always welcome feedback about ways to improve events and resources"

If you are working freelance or are using these resources in any other capacity in any part of the world (i.e not part of the Macmillan Quality Assurance Framework) please state the following when appropriate:

> "The resources and/or activities I will be using today were developed by Macmillan Cancer Support and are part of the 'Influencing Commissioning' project. They form part of Macmillan's learning and development offer. Macmillan Cancer Support have shared these under a Creative Commons License in order to help people affected by cancer and the public shape get involved in shaping the future of care across the world".

This model was based on the successful work done with Building Research Partnerships. You can read more about that work here: http://www.macmillan.org.uk/researchlearning

There is a report about this work here.

Please note, if you are using these resources in a freelance capacity, we always welcome feedback, ideas and suggestions for ways to improve them. If you are interested in finding out how to become a facilitator for this course, or would like to become part of the online community, please contact learning@macmillan.org.uk.

Please note, in the future we intend to host an updated version of these materials online.

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