



**Helping you to have your say
Working together to improve health and
social care services**

**VOICES
Participant's Manual
Having Your Say**

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Welcome to Voices Scotland

Voices Scotland is based on the Hearty Voices public involvement training originally developed by the British Heart Foundation (BHF). Hearty Voices Scotland training has been delivered by Chest, Heart & Stroke Scotland (CHSS), in partnership with the BHF since November 2006. The programme gives people living with long term conditions and their carers the skills needed to influence NHS services across Scotland.

Aims of Voices Scotland:

- Provide people affected by chest, heart or stroke and their carers, with the skills and confidence to work with the NHS to improve local NHS services.
- Empower patients and carers by giving them access to information, training and support.
- Develop a register of patients and carers.
- Encourage partnership working between the NHS and the voluntary sector.



Objectives for Voices Scotland Workshop

By the end of the sessions participants will:

- Understand the role of local targets in the allocation of funds within health and social care and to be able to include them in putting forward a business case for self-management.
- Have a general understanding of how the NHS and associated organisations work in Scotland and know where, within these organisations, they can influence on the agenda of self-management.
- Understand the role of a Public Representative and how to effectively undertake such a role.
- To recognise how to work effectively with professionals by being aware of how your personal experiences can influence this process.
- Understand the benefits and barriers to public involvement in the health and social care.
- Demonstrate the type of communication skills required to effectively influence change.
- Have contact details of the relevant local professionals.
- know how to access national and local resources and how to use these to obtain credibility and influence change.
- Know where to get support to access these resources.
- Identify the issues, which need to be addressed and present these in a logical order.

About this manual

This manual is designed to help you on your training day. The day's activities and the following information will help you to develop the skills, confidence and knowledge to get involved and become a really effective representative for people where you live. It is a vital role and once you have completed the training, you will have the skills knowledge in self-management to keep it on the agenda in healthcare planning and service redesign.

Patient Focus and Public Involvement (PFPI) is high on the Government agenda for the NHS and its ultimate goal is to create a health service which is led by the public.

In 2010, the Scottish Government produced '**NHSScotland Healthcare Quality Strategy**' which said the NHS must "*put people at the heart of our NHS. It will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.*"

Chest Heart & Stroke Scotland fully supports this aim and is committed to working with the Scottish Government to achieve it.



Acknowledgements
British Heart Foundation
Long Term Conditions Alliance Scotland now The ALLIANCE

Common terms

To avoid any confusion, here are definitions of some common terms we'll be using during the training day.

Representing Others

Public Representatives are people whose lives have been affected by long term conditions, either as patients or carers and who represent the views and experiences of people with long term conditions to professionals.

Representing Yourself

This is a person who is affected by long term conditions or their carer, and represents their own views and who works in an equal and active partnership with professionals to affect change and improve services.

Managed Clinical Networks (MCNs)

MCNs are groups of professionals, Public representatives and organisations from the NHS who work together to ensure high quality clinically effective services.

Health Economics

This is a branch of economics concerned with issues related to scarcity in the allocation of health and health care.

For full glossary of Public Involvement terms see the CHSS Glossary and the CHSS website at

www.chss.org.uk/voices_scotland/glossary/index.php



Equipping the Representative

In order to fulfil this role, the **representative** must understand the following:

1. To understand the **Health and Social Care structure** and its associated organisations and **where** your voice can be heard most effectively.

7 How to make your **Case for Change** an evidenced based method of empowering your voice.

2 The **benefits and barriers** of getting involved.

6 How to **gather and focus in on issues** that subsequently you can influence.



3 **How** public involvement can be at **any level of commitment** to suit you.

5 How to **communicate and influence** effectively with the professionals you are working with.

4 To recognise **how to work effectively with professionals** without letting your own perceptions (baggage) interfere with this process. This allows you to work as an equal in public involvement.

All these topics will be included in the workshop

Levels of Involvement

Getting involved with the NHS and associated bodies can be at one of five levels (shown below). Before you begin you might like to think at which level your circumstances might allow. Use the Checklist on page 16 to help you decide which level best suits you.



Level 1 Home Based Involvement

Level 2 Discussion Groups

Level 3 Involvement Forums

Level 4 Local Representation

Level 5 Regional, National and International

Level 1 Home Based Involvement

What is involved if I choose this level?

You may be sent information about plans to change or improve local or national health and social care services.

You may be contacted occasionally to take part in a questionnaire or telephone interview to give your views on proposed changes.

You may occasionally be sent draft copies of information for patients/carers (brochures, booklets, leaflets etc) so that you can provide your comments before they are printed.

What do I have to do to become involved at this level?

Just give us your name and contact details to your trainers or the local representative that comes to the training. Ask them to keep you informed if opportunities come up. Alternatively contact an organisation directly that you are interested in and ask to be put in touch with the Public Involvement Officer. Your personal information will be stored securely and will not be passed onto anyone else without prior consent.

Benefits of Involvement

You will be kept up to date with improvements that are made to local health and social care services.

Your comments and views will help to inform service proposals and changes and to ensure that information for patients/carers is clear and easy to understand.

Time commitment

Minimal and also up to you. All aspects are optional.

When you are sent information, you can choose when to read it.

If you are contacted for your views or comments, you can choose whether to take part or not. It is anticipated that you would only be contacted about twice a year.

Reimbursing expenses

There will be no expense to you. If you are sent information to comment on, you will be provided with a pre-paid reply envelope.

Training required

No training is required

Level 2 Discussion Groups

What is involved if I choose this level?

You may be contacted occasionally and invited to take part in a discussion group or focus group.

You may be contacted occasionally and invited to take part in a planning forum or workshop.

The groups and forums will discuss current provision of health and social services and/or a proposed area of development or change.

What do I have to do to become involved at this level?

Just give us your name and contact details to your trainers or the local representative that comes to the training. Ask them to keep you informed if opportunities come up. Alternatively contact an organisation directly that you are interested in and ask to be put in touch with the Public Involvement Officer. Your personal information will be stored securely and will not be passed onto anyone else without prior consent.

Benefits of involvement

The comments and views that you provide will be used to influence Current service provision and inform proposed developments.

You will therefore play a part in influencing local health and social care service provision.

Time commitment

It's up to you.

It is anticipated that you would only be contacted once or twice a year and then it is entirely up to you whether you take part or not.

Reimbursing expenses

If you decide that you would like to take part in one of the discussion groups or planning forums, then your travel and parking expenses will be reimbursed. Refreshments will also be provided.

Training required

No training is required.

Level 3 involvement Forums

What is involved if I choose this level?

You may be invited to attend a six monthly or yearly Public Involvement and Support Forum, run by your local network or board.

At the Forum you will be provided with information through presentations. You will have the opportunity to share and network with other people living with long term conditions. You may be invited to comment on patient/carer information that is being produced. You will have the opportunity to give your views about the provision of health and social care services and these views will be fed back to the local Network or Board.

What do I have to do to become involved at this level?

Just give us your name and contact details to your trainers or the local representative that comes to the training. Ask them to keep you informed if opportunities come up. Alternatively contact an organisation directly that you are interested in and ask to be put in touch with the Public Involvement Officer. Your personal information will be stored securely and will not be passed onto anyone else without prior consent.

Benefits of involvement

You will be kept up to date with improvements that are made to local health and social care services.

Your comments and views will help to inform service proposals and changes and to ensure that information for patients/carers is clear and easy to understand.

You will have the chance to meet other people living with long term conditions and their families/carers and to learn from and support each other while playing a part in influencing local health and social care service provision.

Time commitment

It's up to you.

It is anticipated that the Forum meetings would be once or twice a year and last for about 2-3 hours, but it is entirely up to you whether you attend or not.

Reimbursing expenses

Travel expenses will be reimbursed and refreshments provided.

Training required

No training is required.

Level 4 Local Representation

What is involved if I choose this level?

You will be invited to attend a Voices Scotland Support Session, to learn about what is involved in becoming a public representative. If you choose to pursue this role, you will be invited to become a public representative on a local health and social care network or service improvement working group.

You will play an active part in the network or working group, representing the views of other members of the public. You may also be involved at Level Three. You will be provided with ongoing support from the Network's staff and the Voices Scotland Team.

What do I have to do to become involved at this level?

Just give us your name and contact details to your trainers or the local representative that comes to the training. Ask them to keep you informed if opportunities come up. Alternatively contact an organisation directly that you are interested in and ask to be put in touch with the Public Involvement Officer. Your personal information will be stored securely and will not be passed onto anyone else without prior consent.

Benefits of involvement

You will have the opportunity to represent the views of other patients and carers, helping to get their voices heard.

The views you present will be taken into account on an ongoing basis, both with regards to current service provision and also proposed developments. You will therefore play an active part in influencing local health and social care service provision.

Time commitment

Most networks or service improvement working groups meet once every 1, 2, or 3 months. Ideally you will attend as many of these meetings as possible.

Reimbursing expenses

Travel expenses incurred in attending working group meetings will be reimbursed.

Training required

'Voices Scotland' training can be provided free of charge.

Level 5 Regional, National Representation

What is involved if I choose this level?

You will be invited to attend a Voices Scotland support session, to learn about what is involved in becoming a public representative. If you choose to pursue this role, you may be invited to become a public representative on the NHS Board, one of the other NHS Organisations or a National Priority Project. You may also be involved at Level 3 and 4.

You will play an active part in the working group, representing the views of other people and you will be provided with ongoing support from the health or social care service body you are involved with and the Voices Scotland team.

What do I have to do to become involved at this level?

Just give us your name and contact details to your trainers or the local representative that comes to the training. Ask them to keep you informed if opportunities come up. Alternatively contact an organisation directly that you are interested in and ask to be put in touch with the Public Involvement Officer. Your personal information will be stored securely and will not be passed onto anyone else without prior consent.

Benefits of involvement

You will have the opportunity to represent the views of other people helping to get their voices heard.

The views you present will be taken into account on an ongoing basis, both with regards to current service provision and also proposed developments. You will therefore play an active part in influencing local health and social care service provision.

Time commitment

Most regional and national working groups meet once every 1, 2, or 3 months. Ideally you will attend as many of these meetings as possible. It is anticipated that national meetings will be once or twice a year.

Reimbursing expenses

Travel expenses incurred in attending regional or national meetings will be reimbursed.

Training required

Voices Scotland training can be provided free of charge.

Checklist for representation

- Do I have the time to commit to this role?
- Do I know what time commitment that would be expected of me? Weeks, months, years?
- Do I have the energy to commit to this role?
- Is my role written down so that everyone is clear about it?
- Was I elected/appointed/did I volunteer? If elected, by whom? How much/how often do I report back to those who elected me or put my name forward?
- How much time is expected of me?
- How do I feel about this?
- Do I contribute to meetings as an individual? If so, are all the committee members clear that this is what I am doing or are they under the impression that I am a representative of CHSS or another organisation?
- Am I in touch with local branches of my organisation, people with long term conditions or with the general public/patients on a ward (which ever is most applicable)?
- Do I/we have a clear picture of the social and ethnic mix of the local population?
- How do I/we make sure that everyone who wants to put their views across is able to do so? (Don't be afraid to speak up. Others in the room will probably have felt like that at some point).
- Do I know how to reclaim travel, childcare, respite or any other expenses I may incur?
- Do I have any special needs as a result of my condition that the Committee Chair and/or Committee members need to be aware of or help support?
- Is there any transport provided for me to use?

For experienced representatives:

- How long have I been involved? In that time has the committee/group changed or been reviewed?
- Identify the key people who have the most influence even if they are not represented in your group. Build good relationships with these people



Patient Opinion in Scotland

Patient Opinion was founded in 2005 and is an independent non-profit feedback platform for NHS services in the whole of the UK. In March 2013 the Scottish Government publicly announced their endorsement of Patient Opinion as an independent, open and transparent way for patients and the public to share their stories and experiences of NHS services across Scotland. There is a dedicated Patient Opinion team working in Scotland.

How it works:

- Share your story using NHS Scotland
- Patient Opinion send your story to staff so that they can learn from it
- You might get a response
- Your story might help staff to change services

Found at

www.patientopinion.org.uk/info/patient-opinion-scotland



The screenshot shows the Patient Opinion website interface. At the top, there are social media links for Twitter, Facebook, and Blog, along with font size and contrast settings. The main header features the Patient Opinion logo with the tagline "Every voice matters" and a navigation menu with buttons for "Home", "Tell your story", and "About us". A search bar is prominently displayed with the text "Search for stories about..." and an example search term: "eg Leeds General Infirmary, heart surgery, depression, S3 8EN". A button labeled "Information for professionals" is also visible. Below the search bar, the text "Information for professionals / Patient Opinion in Scotland" is shown, followed by the heading "Patient Opinion in Scotland" and a "More information" button.

Working together with professionals: Perceptions, barriers and benefits

Your role as a **public representative** (for definition see “common terms” page 6) is vitally important - *you* might be the catalyst that helps your committee to become more effective by asking key questions like:

- What are we trying to achieve?
- Is this a decision-making body or merely an information exchange?
- What impact will we have on people living with long term conditions and carers?

Your effectiveness

To be effective you need to:

- Recognise your strengths and skills
- Be able to leave any personal ‘baggage’ aside
- Identify your sources of support
- Know your limitations
- Be able to ask for clarification and or help.

Your contributions

It is important to assess your contributions and their value to the group. You’ll get more satisfaction and be more effective in your role when you realise that your views are valued and used to help change happen.

Your involvement

There are many reasons why people get involved in this important work, but for most it’s because they have a specific condition or care for someone who has a particular condition. This is a powerful emotional and practical motive for getting involved.

Getting support

It may help to find a person or people to share your feelings and experiences with in a safe and accepting environment, for example as part of a self help group. This kind of personal support can help you draw on your own experiences in a powerful and constructive way. You can also find support organisation through the My Condition My Life website: www.myconditionmylife.org

Balance and avoiding stress

Balancing the demands of being a public rep with the day-to-day demands of work and family life can be challenging, and for some people, quite stressful. It's important to be aware of your commitments and how much you can give to your role as a public rep. If there are times when you have to reduce your role, your group needs to respect this. In the end, they would rather you participated in a lesser capacity than completely withdrew. Also, remember change happens slowly. You'll need considerable patience and realistic expectations about the changes you can influence in order to avoid becoming frustrated and demotivated.



Perceptions and stereotypes

The aim of this activity is to explore preconceived views between patients and carers and professionals and the impact that has on their subsequent relationships. It's important that we explore both our perceptions and how others perceive us as public reps. Perceptions may be based on hearsay or past experiences and we need to recognise how we feel about people before we can work with them effectively as equals. If we take our unquestioned perceptions and stereotypes of what people do into meetings it may affect how we work with them.

Please think about the following statements and put down your first thoughts, without editing. You may find that there are similarities that can help build a constructive working relationship and avoid a 'them and us' scenario.

Professionals think public reps are...

Public reps think Professionals are...

Benefits of working together are...

Barriers of working together are...

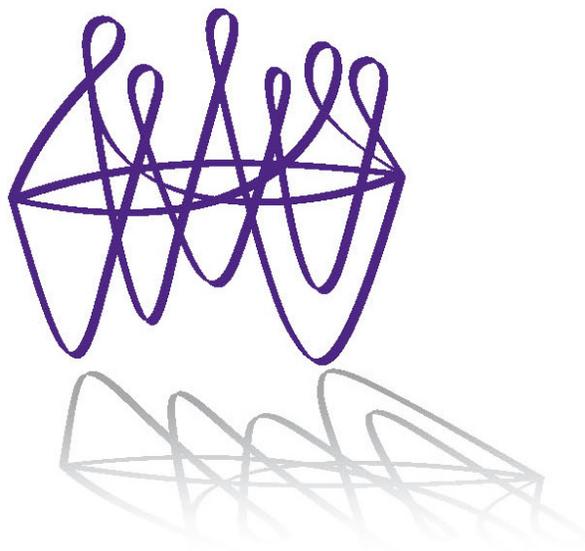
Working closely with professionals

The Healthcare Quality Strategy for NHSScotland; The Scottish Government May (2010) states

- It is about putting people at the heart of our NHS. It will mean that our NHS will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.
- We will work with and through people - our most valuable asset - our leaders, service users, professionals and support staff to create and sustain a culture where quality can thrive and the contribution of every individual to quality is recognised and valued.

You'll be working closely with professionals who deliver the services and being involved in this work can be both exciting and frustrating. If your experience is acknowledged and valued as a contribution to the debate about services, open and honest discussion can lead to change. But if your views are met with defensive responses, it can be very frustrating. This is especially true if professionals expect you to agree with their ideas of what constitutes a good service. On the other hand, professionals can sometimes illuminate issues by explaining some of the constraints they are faced with.

Building up good relationships with professionals can help them find out what you and your group feels are the important issues about services and ensure that more people living with long term conditions hear about your group and its work.



Working effectively with professionals

The 4Rs - for public reps, carers and professionals

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

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

Role

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

Ask these questions:

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

Remit

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



Ask these questions:

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

Relationships

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

Ask these questions:

- Does your group feel like a team?
- What links does your group have with other agencies and/or groups within the area?
- Do the members share a common purpose and goals?
- Do you know each other as individuals or are you strangers bound by your roles?

Responsibility

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

Ask these questions:

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

Future planning

A healthy group is one that ensures it has a mixture of experiences within the group. Fresh members can give a renewed energy and ideas to the discussions. Longer term members often can help with their experiences of successful work and a comprehensive knowledge of the processes.

It is seen as good practice to try to recruit new group members and to have a movement of people taking the added responsibility of roles such as chair.

Ask these questions:

- When did the group last welcome a new member?
- Is the group overly reliant on one person (or small number of people)?
- Are there people who have expressed an interest in joining the group?
- How might we recruit new members?
- When did we review who takes on roles such as chair?

Opportunities to observe

Before you get involved with a particular committee you might like to ask your professional representative if you can observe the proceedings or shadow another representative to give you more confidence before you commit yourself to the role.



General communication skills for meetings

Building relationships with the people we want to influence is so important and is essential if we are to be successful in influencing change within the National Health Service and local authorities.

How can we build relationships successfully?

- **Make the right first impression**
- **Build Rapport**
- **Establish Credibility**

Make the right first impression

Why should we be concerned about the first impression we make?

Although it only takes 30 to 45 seconds to formulate a first impression, it often requires four or five additional encounters to change someone's first impression. If a first impression is negative, you may not have a second opportunity to change the impression!

What elements influence the first impression I make?

Physical elements such as posture and attire can influence the impression you make, but often, impressions are based on abstract qualities such as:

Appearance: Comprised of several factors – clothes you wear, personal hygiene, posture and even your handshake all leave impressions on the people you meet. If you are unsure what to wear just ask your contact what the dress code normally is.

Knowledge: Although your intelligence will not be scored in a meeting it will be tested and judged based on your competence. You are expected to have an understanding of any subject you wish to talk about. Ensure you research the topic and be ready to quote any government policies/initiatives which are relevant. This not only shows the Professionals you have done your homework, but also makes it difficult for them not to take your issue seriously.

Social Composure: Comprised of grace, charm & etiquette. Being graceful in a meeting involves being comfortable in your surroundings. Knowing that you are appropriately dressed and are familiar with the customs & culture of the group will help put you at ease.

Being friendly is the key to exhibiting charm. You can build rapport with people by listening to and sharing with them. Be sure your communication involves a two-way exchange of information.

Displaying the proper etiquette for the environment will also lead you towards achieving a high level of social composure. Being polite, will communicate a desire to build a rapport.

Building Rapport

Why is it important to build a rapport with others?

Rapport is a relationship of mutual trust. In any relationship, it is necessary for you to gain and maintain a sense of trust in order to communicate freely with one another. Without trust, communication is superficial at best and non-existent at worst.

How can I build a rapport?

Building a rapport is an ongoing process that begins when you have your first encounter. There are three guidelines you should follow to build a rapport:

1. **Adapt to the other person's communication style** – by paying attention to conversation and body language, you should be able to determine the other person's primary communication style. For example, if you determine that you are speaking to an inquisitor, you know that this person relies on fact rather than feeling when making decisions. In order to relate to the inquisitor, you would incorporate data into your conversation rather than intuition and emotion.
2. **Find Common Ground With The Other Person** – the second guideline is to find common ground which is often considered small talk in interactions with other people. Its purpose is to break down barriers and find a topic to which all people involved can relate. Possible areas of common ground include shared interests, mutual friends, current events or job-related topics.
3. **Focus On Mutually Beneficial Goals** – the last guideline for building rapport is to identify mutually beneficial goals early in the conversation. For example, if you are trying to influence a change in a service which is provided in your area, establish how this will mutually benefit patients & professionals and your rapport will continue because you are working towards a common goal.

Establishing Credibility

Why is it important to establish credibility?

Credibility is respect for and belief in a speaker. A speaker must have credibility to ensure their message is understood correctly and if there is no credibility, the listeners are not likely to pay attention to the speaker. Even if the message is heard, it will be affected by the listener's distrust for the speaker, and the message will be distorted.

How can I establish credibility?

At the beginning of a conversation, the speaker has a clean slate. As the speaker begins to communicate, the listener begins to form opinions about the speaker's credibility. There are four guidelines that help to establish credibility:

1. **Demonstrate competence** - listeners like to know that a speaker is knowledgeable about the topic. Citing statistics and examples will lend competence to your words. In addition being well prepared and organised will help demonstrate your competence as a speaker.
2. **Build Trust** - speakers often tell the truth in a conversation only to discover later that their listener did not believe what they said. If a listener has ever been lied to by a speaker or has reason to believe the speaker lied to others, they will distrust the speaker. It is important to speak honestly in every conversation in order to build a reputation for trust.
3. **Recognise similarities between speaker & listener** - frequently listeners are more likely to accept opinions or ideas of a speaker if they believe they have something in common with the speaker. Establishing common ground will display similarities, another reason why it is important to take time out to do this. Attire and language can also lead listeners to feel a connection to a speaker.
4. **Exhibit sincerity** - speakers commonly use compliments to gain the approval of their listeners. When a speaker offers positive and enthusiastic praise, the listeners are likely to believe the sincerity of the speaker. Conversely, when a speaker uses negative expressions and lacks enthusiasm, they leave a negative impression on the listeners. Their compliment will become suspect, and the credibility of the speaker will be in question.

Common barriers to good communication

Being preoccupied with your own thinking:

- Comparing - 'What happened to me was...'
- Rehearsing - thinking about what you are going to say next
- Advising - preparing to solve the other person's problems for them
- Derailing - frequently changing the subject to one that ties in with your own experience
- Mind-reading - trying to guess what the other person is trying to say.

Which can lead to:

- Finishing sentences for people
- Intervening with our own story or experience
- Planning what we are going to say next, and missing an important point.

Using negative body language:

- Displaying boredom e.g. looking out of the window
- Fiddling with clothing, glasses, pencils, etc.
- Yawning, sniffing and scratching
- Looking away and avoiding eye contact

Other barriers:

- Background noise
- Lack of clarity of speech, e.g. speaking too quietly or too quickly
- jargon
- Failure to seek clarification of a point through lack of confidence
- Time constraints

Other problems

We have to be honest in our efforts to communicate with others and understand that some people may feel unsure and uneasy at the prospect of working with people living with long term conditions for the first time.

Influencing Styles

“Influencing: to affect or change how something or someone develops, behaves or thinks.” (Cambridge Advanced Learners Dictionary).

If you are going to go to a meeting in order to try to change things, and have decisions made the way you want them to, then you will need to use your influence on people in positions of authority. Like every other person, you are uniquely different, and so your natural style of influencing is different from every other person’s style.

Each style has its own strengths and weaknesses, and if you want to be a successful negotiator you need to know what your own natural style is, and how to best use it to your advantage. There are many different ways to analyse your influencing style, breaking it down into four, five, nine or even fifteen different factors.

The simplest way breaks it down into just two styles: **Pushing** and **Pulling**. Pushing and pulling have their own characteristics when applied to a situation:

Pushing	Pulling
Making demands. Offering evidence. Offering solutions. Fighting your own corner. Being assertive. Being detached and objective.	Identifying problems. Pointing out issues. Asking what can be done. Trying to move the team along. Being supportive. Being friendly and empathic.

People who always use a pushing style of influencing can be seen as effective communicators, delivering information efficiently and quickly; but they can also be seen as self-interested, impersonal and intimidating. This may lead to them being seen as divisive and not really contributing to the team effort.

People who always use a pulling style of influence can be seen as supportive team players who use the resources of the whole team; but can also be perceived as weak or manipulative. This may cause resentment about the amount of time they use up for what appears to be little achievement.

The most successful influencing strategy to bring about change needs to incorporate a balance of both pushing and pulling influencing styles.

You should use a **pushing style** for some things, like presenting evidence to support your case, being assertive and communicating effectively, and being detached and objective (i.e. not taking along your own personal baggage).

You should use a ***pulling style*** for other things, like seeking answers and solutions from the professionals who work in the organisation, being sympathetic and understanding about the barriers that face the professionals as well as yourself, and maintaining your good relationships with the rest of the team. You can usually tell what influencing style other people favour. If you know that one of the people you are dealing with favours a pulling influencing style, then maybe they are a good person to help you make your point by telling them what is on your mind, since that person is more likely to listen to you.

Similarly, if someone with a pushing influencing style will not help you try to get what you want, show them your evidence to support your argument, tell them that you are part of the team and have a right to be heard, and they may well concede the point when it is made in a way that they recognise.

Above all, remember that the people you deal with are just that: people. They may have great clinical expertise, but you are an expert at being someone living with long term conditions. You are there because they need you there, and they need your knowledge and opinion. All you have to do is deliver it effectively.



Local improvement targets

Local Delivery Plans set out a delivery agreement between the Scottish Government Health Directorate [SGHD] and each NHS Board, based on the key Ministerial targets. Local Delivery Plans reflect the key objectives, targets and measures that reflect Ministers' priorities for the Health portfolio.

The key objectives are as follows:

- Health Improvement for the people of Scotland - improving life expectancy and healthy life expectancy
- Treatment appropriate to individuals - ensure patients receive high quality services that meet their needs
- Efficiency and governance improvements - continually improve the efficiency and effectiveness of health and social care services
- Treatment appropriate to individuals - ensure patients receive high quality services that meet their needs
- Access to services - recognising patients' need for quicker and easier use of health and social care services

Each NHS Board is monitored on their progress in meeting the targets and they are generally set over a three-year time period; a new batch is released each year. Progress across Scotland is reported to the Chief Medical Officer of NHS Scotland.



Single Outcome Agreements

Single Outcome Agreements are agreements between the Scottish Government and Community Planning Partnerships (CPPs) which set out how each will work towards improving outcomes for the local people in a way that reflects local circumstances and priorities, within the context of the Scottish Government's National Outcomes and Purpose.

The Scottish Government and local government share an ambition to see Scotland's public services working together with private and voluntary sector partners, to improve the quality of life and opportunities in life for people across Scotland. Single Outcome Agreements are an important part of this drive towards better outcomes.

All of the outcome agreements are uniquely shaped to reflect the needs and circumstances of the 32 areas they cover.

You will find the Single Outcome Agreements for your own area on the Local Authority website

For more information:

www.scotland.gov.uk/Topics/Government/local-government/delperf/SOA



Preparing to Make your Case for Change

When service users are asked for feedback they expect something to change as a result. But if you identify an issue that's important to them, you need to know how best to present it to professionals so that change and improvements will be made. It's important to gather all the evidence you can to present a strong, coherent case, which will help persuade the committee or group to take action to make the improvements you've suggested. You may only have a short time slot at the meeting to present your case so it's important to be as concise as possible. Involving others in the presentation may also make you feel more confident.

Nine steps for change

The case for change needs to be approached logically and we suggest you follow the nine steps listed below. But the first question you need to answer is:

Is the change within the remit of your group or subcommittee?

Even if it is not, it may still be valid to discuss the issue so that it can be brought to the attention of the appropriate committee or group.

Steps 1-4

These will help you make your case for change to the committee:

1. Identify the problem
 - How do you know there is a problem?
 - How many people have experienced it?
2. Identify the facts that will support your evidence
 - Is there evidence available or do you need to collect the facts?
 - Is there 'quantifiable' evidence e.g. missed appointments, wasted food, difficult access - and can you put a cost to these?
3. Identify the resources available to collect the information you need
 - Who can work with you?
 - How much time do you have to contribute?
4. Consider how you will present your findings
 - If it is a paper to a group does anyone have good IT skills? (charts and colour graphics can be impressive)
 - Who is the best person to present the information verbally?
 - Can you pre-empt any counter arguments?

Step 5

This will then be the responsibility of the whole committee:

5. Make a recommendation

- Is your recommendation based on evidence?
- Is it stated clearly and is it achievable?
- Can it be broken down into small steps towards achieving the overall aim?

Sources for making your case

User experience

What have people living with long term conditions and carers been telling you about services? Several people may have said similar things that have led you to think there is a problem. Check it out with members of a support group, if you have access to one. If not, contact CHSS or another organisation for your local group. It will help if you can show how many people you have asked, and that you asked open and balanced questions such as:

- What were the best aspects of the service?
- Which aspects of the service were you least happy with?
- Do you think there are any problems with the service?

Staff experience

Does the issue affect professional staff also? Showing that resolving the issues would have a positive impact on staff as well as patients, can add to your case. Also think about using any evidence from local staff working in the same field in a different unit who have already tackled a similar problem and made changes. Sharing good practice and learning from others is important.

National guidelines

The Scottish Intercollegiate Guideline Network (SIGN) recommendations outline best practice based on the latest medical evidence. If you can quote from these and show that what you are suggesting is highlighted, it will greatly strengthen your case. Always consult the current government health plan to check out their priorities for health and community care.

Local information

There may be local guidelines from the local health board or information that specifically addresses the issues you are raising

Ask the questions:

- Has the item often been on the committee agenda without ever having been resolved or has the hospital audited that aspect of the service before?
- If so, when and where were similar problems identified?
- Has the local press covered the issue?
- Is there a strategic plan or policy which covers the issue?

Your recommendations

This is probably the most important aspect of your presentation. If you are not clear about what you want the committee to do as a result of presenting your case, then it probably won't happen. You need to be clear about what changes you and other representatives want to see or whether you are recommending a review of certain aspects of the service.

Summary key points

- Ask for support to make your case.
- Rehearse what you will say.
- Think about the questions you may be asked.
- Know what you want the committee to do.
- Expect to be heard.
- Value user views.
- Be prepared to negotiate a compromise position once all the relevant factors have been discussed.



Making your Case for Change Template

You can adapt this template to suit your needs and use it as a tool for gathering evidence to make your case.

To present an effective case for change you need to be clear about the issue. The more clear, specific and focused you are, the more people on the committee will be able to understand the issue and want to take it forward.

What is the issue ? Write it down.
How do you know the issue exists? What is your evidence?
What has been the impact on patients and carers? What is your evidence?
What is the impact on the professional ?
How can national guidelines be used to support the issue? (<i>Strategies, guidelines, reports</i>)
How can local guidelines be used to support the issue ? Are there any HEAT Targets to support this in the NHS Local Delivery Plan? What is in your local authority's Single Outcome Agreement that might support your issue? (<i>Strategies, guidelines, reports</i>)
How do exactly to you want things to change? Recommendations:

Example Template

What is the issue?

The local hospital wants to close wards; however there are not enough beds for patients as it is.

How do you know the problem exists?

Local media is reporting the problem and recounting personal experiences of procedures being delayed due to lack of bed. Many patients are very frustrated by the inadequate discharge procedures

Staff experience

Finance Managers need to cut costs and find a workable solution which does not adversely affect the patients.

There are more admissions than discharges; therefore procedures need to be addressed.

Senior Doctors tend not to be on wards during the peak periods of discharge. This can result in discharge decisions being left to junior doctors who are sometimes unsure about discharging and therefore wait to refer to more senior doctors. This ultimately results in delays, quite often until the next day, when senior doctors are back on duty.

Patient/ carer experience

Discharge seems to be a lengthy process, family/friends left waiting around to take patients home - often not being able to leave hospital until the next day. This can be very frustrating and upsetting

Local guidelines (strategies, reports, recommendations)

Health strategy 2007-2012, Section 4.3 pg 28 states ' We will ensure early implementation of the discharge protocol and establish joint discharge planning with social services'

National guidelines (strategies, reports, recommendations)

Current Government Health Strategy makes a commitment to ensure that any ward closures does not affect the patients experience.

Recommendations:

- During peak periods of discharge, between 6pm-10pm. senior doctors should be available so that 70% more patients can go home the day they are supposed to.*
- This would reduce the number of beds that are needed and therefore allow the finance management to meet their required cost cutting targets.*
- The discharge protocols would be much improved and waiting times for procedures would not be adversely affected by the closure of wards.*
- It would also result in a more patient-focused NHS, where patients needs and wishes are taken into account*



Appendix 1

Understanding how committees work

Your ability to influence decisions will depend not only on understanding the decision-making structures but also on your understanding of the way committee meetings work. If being a user representative on a planning group is your first experience of committee work, there are some basic rules you should be aware of that are intended to help meetings run smoothly and will help you fulfil your role.

- Every meeting should have an agenda so that you and your colleagues are aware of what will be discussed;
- Remember that you can have items put on the agenda.
- The agenda and any working papers should be circulated well in advance so you have time to think about some of the issues before the meeting;
- Every meeting should be minuted so that there is a record of what was discussed and agreed. This is an important tool for you and your colleagues.
- The content of minutes can vary, from a full record of everything that was said to a brief note of what was agreed.
- Minutes should be circulated prior to the next meeting and agreed as an accurate record or amended;
- If you contribute to a discussion and are not happy with the way your contribution is recorded in the minutes, you can ask for the minutes to be amended.

Networking

User involvement can be both exciting and frustrating. If user involvement is acknowledged and valued as a contribution to the debate about services, this can lead to change. You may find that your views are met at times with a defensive response, this can be frustrating and this is especially so when health care professionals expect representatives to agree with their ideas of what constitutes good service. On the other hand, professionals will also at times illuminate issues by explaining some of the constraints they are faced with.



Appendix 2

Gathering People's Views

Finding people with long term conditions

There are a number of ways you can make contact with people with stroke in your area to hear their views and learn about their experiences. You could:

- Contact CHSS or visit My Condition My Terms My Life website to find out what local support groups meet in your area
- Contact different voluntary organisations to find out what groups meet in your area. The Long Term Conditions Alliance Scotland (now The ALLIANCE) has contact with a large membership of voluntary organisations found at www.alliance-scotland.org.uk
- Ask your GP surgery to have a suggestion box for ways to improve services.
- Use the Voices Scotland newsletter to reach people affected by chest, heart or stroke.

Working with others

You may be part of a support or special interest group that has developed because of a specific condition or common interest. The main aims of your group may be mutual support and/or information sharing. But although you are sure to get support from your group, don't forget that your main purpose is to represent the views of service representatives.

With their permission, you can gather the views of other service users within the group in your role as a user representative. But remember people attend a support group for support, so gather their views but don't enforce your own.

Gathering people's views

Your main job as a representative on a health service committee is to provide the patient or carer perspective in a discussion or decision-making process. This may mean drawing on your own experiences, those of a relative or friend, or the views and experiences of a wider network of people e.g. other members of a patient, carer or community group.

To have any real influence, you need the confidence to challenge conventional opinion if it seems to you to be misguided or incorrect. You can help your case by supplementing your personal experience with additional evidence. This may be research evidence about the most effective type of treatment or evidence gathered from people about their recent personal experiences of using health services.

You need to be familiar with ways of finding out the views of other health service users. This doesn't mean you have to become a researcher or undertake costly and detailed surveys, but it's useful to know how to gather the views of a small sample of people; this may help you to make the point that a larger survey is needed. If a hospital is carrying out a survey of patients' views, you could offer to help write some of the questions so that a patient perspective is fully included in the process.

The key is being able to listen to people living with long term conditions and carers' stories and help them identify issues and any themes that may emerge. These can then be fed back to professionals or committees who monitor and develop services for further discussion.

Methods for gathering people's views

There are formal and informal methods for gathering views and the choice of method will depend on what you are trying to find out.

Informal methods include:

- Discussions with members of a carers or support group
- Listening to the views and experiences of members of your local support group
- Reading accounts of other people's experiences in newsletters, magazines and correspondence
- Keeping a diary of your own thoughts and feelings about your experience as someone who uses the service.

This will provide you with qualitative data, i.e. information from a small number of people about their views and experience that cannot be quantified. Quantitative research is done on a larger scale so that the results can be analysed to provide numbers and percentages.

Formal methods include:

- Questionnaires / telephone surveys
- Interviews
- Observation
- Telephone interviews
- Focus groups
- Case studies
- Patient diaries

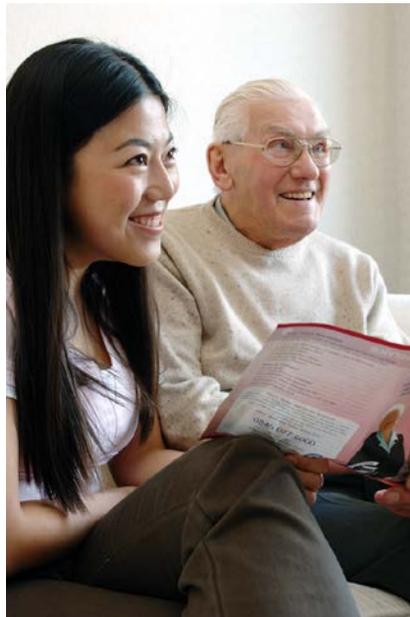
Public involvement options include:

- Consultation
- Patient panels
- Public meetings
- Citizens' juries
- Open surgeries
- Stakeholder events

Don't feel obliged to gather all the people's views yourself. It may be better to suggest that the committee or group should initiate a project to gather people's views. This information can then be used to test or complement the ideas that you've brought to the group.

For further more details information on how to execute any of the above go to the **Scottish Health Council's Participation Toolkit** available at:

www.scottishhealthcouncil.org/patient__public_participation/participation_toolkit/the_participation_toolkit.aspx



Appendix 3

Video Conferencing: etiquette and tips



What is video conferencing?

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

Other terms for this process:

- **Web Casting:** Video Conferencing requires both locations to have similar specialised video equipment, whereas web casting only requires the sending location (host) to have video (and internet encoding) equipment, and the viewer only needs a web browser and internet connection.
- **Web Conferencing:** The term Web Conferencing is used when groups meet and share documents, presentations, and information over the internet in real time.
- **Video Teleconferencing:** This is the same as Video Conferencing
- **Skype:** is a software application that allows people to participate in video conferencing among other things.

What are the benefits of video conferencing?

- More accessible for people living with long term conditions and carers in remote and rural areas
- Reduced travel time to meetings
- Reduced pressure, stress and fatigue from travel
- Reduced expenses of meetings
- Overall time can be cut from a project that uses videoconferencing
- The chance to seize opportunities in narrow time frames

How does the health and social care services use video conferencing?

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

What would be expected of me?

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

Plan to wear the right clothes. Neutral or muted colours, such as medium blues or light pastels help the camera focus more easily. Avoid wearing clothing with very intense colours – reds tend to bleed on the screen, whites may glare, and black absorbs the light. Avoid bold, complex or busy patterns like small checks or narrow stripes in clothing, scarves, or neckties – they can affect the camera’s ability to focus and lower picture clarity.

Arrange to meet your contact in plenty time before the meeting. Your professional contact will then settle you at the computer and log you into the videoconferencing software. There are usually instructions in the suite for this process that the professional representative can access.

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



What equipment is used?

- **Video input** : video camera or webcam
- **Video output**: computer monitor, television or projector
- **Audio input**: microphones
- **Audio output**: usually loudspeakers associated with the display device or telephone
- **Data transfer**: analogue or digital telephone network, LAN or Internet

The core technology used in a videoconferencing system is digital compression of audio and video streams in real time. The hardware or software that performs compression is called a **codec** (coder/decoder).

There are basically two kinds of videoconferencing systems:

Dedicated systems have all required components packaged into a single piece of equipment, usually a console with a high quality remote controlled video camera. These cameras can be controlled at a distance to pan left and right, tilt up and down, and zoom.

Desktop systems are add-ons (hardware boards, usually) to normal PCs, transforming them into videoconferencing devices. A range of different cameras and microphones can be used with the board, which contains the necessary codec and transmission interfaces. Videoconferences carried out via dispersed PCs are also known as e-meetings.

Before the meeting

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

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

Mute the microphone: The microphone should remain muted until the videoconference starts or until you wish to speak.

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

Beginning the meeting

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

During the meeting

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



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

Mute the microphone. You should keep your microphone muted until you wish to speak. Assume you can be heard unless told otherwise and refrain from asking "Can you hear me?"

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

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

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

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

At the end of the meeting

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

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

Video Conferencing Checklist

Before the meeting

- Liaise with your professional contact
- Plan to wear the right clothes
- Bring your papers
- Arrive in plenty time

Before the meeting

- Reduce environmental noise
- Adjust the lighting
- Mute the microphone
- Plan your tea/coffee at same time as host site
- Turn off your mobile phone

Beginning the meeting

- Introductions – can you see and hear everyone?

During the meeting

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

At the end of the meeting

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

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