Making Involvement Happen Resources

**findings report for a user involvement activity – example structure**

*NB. When sending the report out to service users, ensure that you shorten the report and only include the background, key themes and actions to be taken. Also include a ‘future involvement’ paragraph at the end of the report to thank them for their input and inform them of further opportunities.*

**BACKGROUND**

A short paragraph giving a brief summary of the activity, why it was held, by who and the general focus of the session.

*For example:*

*Central London Community Healthcare (CLCH) Trust are working with Diabetes UK to give local people with diabetes a chance to influence the diabetes services that they receive. In June and September 2013, 3 focus groups were held to explore people’s general views of services and structured education programmes, to feed into CLCH’s work to improve access and take-up to their X-PERT programme. In addition to this, 30 telephone interviews were held with individuals to capture a wider number of views. This report presents the findings from the focus groups and interviews.*

**METHOD**

Describe the process followed on the day for the individual sessions. Include who facilitated and, if applicable, who presented on the day. Set out the key questions that were asked of participants, and how feedback was captured (e.g. through whole-group or table discussions, participants writing ideas down)

*For example:*

*Each of the focus groups were jointly hosted by Diabetes UK and Central London Community Healthcare Trust, with Diabetes UK’s Improving Local Services Together project team leading the facilitation and the note-taking. The groups were also supported by Martin Jones, Diabetes Dietician from CLCH. Three key questions were addressed within the focus group, which each lasted around 90 minutes:*

* *What do you think of the diabetes care that you currently receive (positive things and things that could be improved)?*
* *What would make it easier for you to attend an education course?*
* *What would an ‘ideal’ education course look like?*

**PARTICIPANTS**

Outline who attended. Include, if possible, the demographic profile of the attendees in terms of the diversity of the participants and how representative it was of the overall population of the area. You may also wish to briefly explain how people were recruited, and the attendance rate (proportion of those registering in advance who attended).

*For example:*

*3 Focus Groups were held, one in each of the London Boroughs of Westminster, Hammersmith and Fulham, and Kensington and Chelsea. Around 100 diabetes patients living in each area were written to, inviting them to attend the relevant focus group session. Participant attendance was as follows:*

* *Westminster Focus Group, 10 June 2013 – 14 people signed up for the focus group, and 7 attended. 2 participants left partway through the focus group due to a misunderstanding of what would be discussed on the evening*
* *Hammersmith and Fulham Focus Group, 18 September 2013 – 8 people signed up with 7 people attending*
* *Kensington and Chelsea Focus Group, 23 September 2013 – 8 people signed up with 5 people attended*

*In all, there were 19 participants to the focus groups. 11 of the participants were male, and 8 were female. In terms of ethnicity, 5 were White-British, 5 were Black-African, 5 Arabic, 3 Afro-Caribbean and 1 Pakistani.*

**KEY THEMES**

Short analysis of the findings form the activity (around 1-3 pages, depending on the activity). This shouldn’t be just a word-for-word account of what was said. Pick out the key themes that came up regularly through the activity and summarise the main points.

*For example:*

*The below summarises the key themes arising from the focus group discussions and from the interviews. Full details of the findings from all focus groups and the interviews can be found as an appendix to this report:*

***Supportive Health Professionals***

*Generally people were very pleased with the diabetes care that they were receiving locally. The participants all had experience of accessing services in a variety of locations across the area, but agreed that they were pleased with the general standard. In particular it was said that people are treated as individuals and given time to talk to health professionals about their concerns (‘it seems like the nurses really care’. ‘They are supportive and listen to my needs’). A number of people also said that they were pleased with the quality of advice that they get from professionals in relation to managing their own condition.*

*Despite this there were a number of areas that participants felt could be improved. A common issue across services was the long wait for appointments. This was in two respects: firstly, the waiting time to receive an appointment and secondly the delay in the appointment actually starting once the patient is in attendance. An example of one patient having to wait for up to two hours for their appointment was cited. Another complaint was that in one particular area the patient had to remind the practice that they were due their check.*

***Access to a Dietician***

*Another area for improvement that was raised was regarding dietary advice. Participants felt that they would like more information and guidance about their diet, while one participant also felt that the advice they received from a non-diabetes specialist dietician was not helpful (‘advice wasn’t specific or tailored enough to me’), and another participant commented that the advice they received from their GP conflicted with what they were being told by a dietician. General access to a dietician was an issue that came up on a number of occasions as something that people wished to be improved. People found that being able to see a dietician after diagnosis to be extremely useful, but would like to have access beyond that initial period.*

**ACTIONS TO BE TAKEN**

Explain the next steps to be taken after gathering the information. Set out who the detail will be shared with, and how the information will be used to influence future service provision. At the time of writing the report, it’s unlikely that you’ll be able to be specific on what action will be taken – although you may wish to revisit the report once the actions for improvement have been agreed on, and outline what has been done as a result of the involvement activity. This could be done in a ‘You Said, We Did’ type approach. Within this, try and say what you haven’t done – be clear why these ideas are not appropriate or possible to implement at this time.

*For example:*

*The results of the engagement sessions will be shared with participants of the events, secondary care, community providers, GP practices within the boroughs, and the Diabetes Working Group. The information gathered will be used to inform CLCH’s work to develop a self-management model. The findings will also be used to review the current Structured Education course to commission a more accessible course in the future. In the meantime CLCH will explore alternative venues for the delivery of the X-PERT programme in Hammersmith and Fulham and the possibility of hosting an evening session in the borough.*

**APPENDIX**

Include the typed-up notes from the involvement activity as an appendix. This will show participants that their comments were listened to and considered, even if they have not been reflected in the themed summary earlier in the report. It may also provide useful additional detail to commissioners/decision-makers.