

Tameside & Glossop Single Commissioning Function Equality Impact Assessment (EIA) Form

Subject / Title	
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Team	Department	Directorate

Start Date	Completion Date

Project Lead Officer	
Contract / Commissioning Manager	
Assistant Director/ Director	

EIA Group (lead contact first)	Job title	Service

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

**Tameside & Glossop Single Commissioning Function
Equality Impact Assessment (EIA) Form**

1a.	What is the project, proposal or service / contract change?	
1b.	What are the main aims of the project, proposal or service / contract change?	

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?
Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age				
Disability				
Ethnicity				
Sex / Gender				
Religion or Belief				
Sexual Orientation				
Gender Reassignment				
Pregnancy & Maternity				
Marriage & Civil Partnership				

NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?

Mental Health				
Carers				
Military Veterans				
Breast Feeding				

Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)

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Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
1e.	What are your reasons for the decision made at 1d?		

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

2b. Issues to Consider

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Equality Impact Assessment (EIA) Form**

2c. Impact

2d. Mitigations <i>(Where you have identified an impact, what can be done to reduce or mitigate the impact?)</i>	
<i>Impact 1 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact</i>
<i>Impact 2 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact</i>
<i>Impact 3 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact</i>
<i>Impact 4 (Describe)</i>	<i>Consider options as to what we can do to reduce the impact</i>

2e. Evidence Sources

**Tameside & Glossop Single Commissioning Function
Equality Impact Assessment (EIA) Form**

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
<i>Required</i>	<i>Required</i>	<i>Required</i>

Signature of Contract / Commissioning Manager	Date
Signature of Assistant Director / Director	Date

Guidance below to be removed from the completed EIA template submitted to Professional Reference Group (PRG) and the Single Commissioning Board (SCB)

**Tameside & Glossop Single Commissioning Function
Equality Impact Assessment (EIA) Guidance**

The purpose of an EIA is to aid compliance with the public sector equality duty (section 149 of the Equality Act 2010), which requires that public bodies, in the exercise of their functions, pay ‘due regard’ to the need to eliminate discrimination, victimisation, and harassment; advance equality of opportunity; and foster good relations. To this end, there are a number of corporately agreed criteria:

- An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery. All other changes, whether a formal decision or not, require consideration for the necessity of an EIA.
- The decision as to whether an EIA is required rests with the relevant Project Lead or Contract / Commissioning Manager, in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not required, the reason(s) for this must be detailed within the appropriate report by way of a judgement statement.

Tameside & Glossop Single Commissioning Function Equality Impact Assessment (EIA) Form

- EIAs must be timely, with any findings as to the impact of a change in policy or procedure which affects residents, the public, service users, patients or staff, being brought to the attention of the decision maker in the body of the main accompanying report. As such, EIAs must be conducted alongside the development of any policy change, with appropriate mitigations integrated into its development where any potentially detrimental or inequitable impact is identified.

How to complete the EIA Form

EIAs should always be carried out by at least 2 people, and as part of the overall approach to a service review or service delivery change. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing 'due regard' to the necessary equality duties.

Part 1 – Initial Screening

The Initial Screening is a quick and easy process which aims to identify:

- those projects, proposals and service / contract changes which require a full EIA by looking at the potential impact on any of the equality groups
- prioritise if and when a full EIA should be completed
- explain and record the reasons why it is deemed a full EIA is not required

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and Assistant Director / Director.

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

The table below is an example of what part 1c of the screening process may look like. In this example we have used a review of the services delivered at Children's Centres and the impact this may have.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?				
Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	✓			Children's Centre services are targeted

Tameside & Glossop Single Commissioning Function Equality Impact Assessment (EIA) Form

				to the 0 to 5 age group
Disability		✓		Some Children's Centre users may be disabled
Ethnicity		✓		Children's Centre users come from a range of ethnic backgrounds
Sex / Gender		✓		Children's Centres aren't gender specific but evidence shows service users are predominantly women
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity	✓			Children's Centres provide services to pregnant women
Marriage & Civil Partnership			✓	
NHS Tameside & Glossop Clinical Commissioning Group locally determined protected groups?				
Mental Health			✓	
Carers		✓		
Military Veterans			✓	
Breast Feeding	✓			Children's Centres provide services to pregnant women and new mothers
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (e.g. vulnerable residents, isolated residents, low income households)				
Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Lone Parents		✓		Children's Centre users may include lone parents
Disadvantaged families	✓			Children's Centres support the most disadvantaged families, with an aim to reduce inequalities in child development and school readiness.

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Part 2 – Full Equality Impact Assessment

If a full EIA is required then part 2 of the EIA form should be completed.

2a. Summary

In this section you should:

- Explain the reason why the EIA was undertaken i.e. the main drivers such as a change in policy or legislation etc. This can be a combination of factors.
- Outline what the proposals are
- Summarise the main findings of the EIA - what are the main impacts of the change in policy and what protected characteristic groups do they effect?
- Summarise what measures have been put in place to mitigate any negative impact and how the success of these measures will be monitored

It may be useful to complete this section towards the end of the EIA process.

2b. Issues to Consider

In this section you should give details of the issues you have taken into consideration when coming to your proposals / recommendations and outline the protected characteristic group(s) affected - Age, Ethnicity, Disability, Gender, Sexual Orientation, Religion / Belief, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership, and how people associated with someone with a particular characteristic (i.e. a carer of a disabled and / or elderly person may be affected (you can refer to the information in 1c identifying those groups who may be affected).

Considerations should include (but are not limited to):-

- Legislative drivers. How have you considered the Equality Act, and the elimination of discrimination, victimisation and harassment, and the three arms of the PSED in coming to a decision / set of proposals i.e. the need to take into account the specific needs of disabled people above and beyond the general needs of other service users? You should consider similar circumstances where a similar service has been provided and changed, and whether this has been challenged. What rules / laws was it challenged under, and what lessons have you taken from this? This can include things such as Judicial Reviews or cases considered by the relevant Ombudsman.
- Comparative data and examples of learning from other areas / benchmarking (linked to legal issues as above)
- Financial considerations. How have your recommendation / proposals been shaped by finances / resources available (please note –legal rulings have indicated that the need to make savings alone is not likely to be deemed sufficient on its own to justify reduction in services – evidence of assessment of impact is required to ensure a safe and sound decision)
- Service user information. What information do you hold about service users and patients and their protected characteristics? How does this compare to comparative data i.e. national / regional picture?

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- Consultation, engagement & feedback. What work has been done to ensure interested parties have been made aware of proposed changes, and that comments have been recorded and have the opportunity to influence the final decision? You should detail when consultation took place, those involved i.e. staff, service users, timescales. Any consultation should be timely in order to ensure that all participants are able to contribute fully.

2c. Impact

Use this section to outline what the impact of the changes being proposed is likely to be based on the evidence, and consultation & engagement? Will there be a disproportionate impact on a particular group/s? Does the evidence indicate that a particular group is not benefiting from the service as anticipated? What are the uptake / participation rates amongst groups? Where a greater impact on a particular group is recorded, is this consistent with the policy's aims? Does the project, proposal and service / contract change include provision for addressing inequality of delivery / provision?

Try to distinguish clearly between any negative impacts that are or could be unlawful (which can never be justified) and negative impacts that may create disadvantage for some groups but can be justified overall (with explanation). Similarly, does the evidence point to areas of good practice that require safeguarding? How will this be done?

2d. Mitigations

Where any potential impacts have been identified as a result of the EIA, you should detail here what can be done to reduce or mitigate these.

2e. Evidence Sources

Use this section to list all sources of information that the EIA draws upon. Evidence can include surveys & questionnaires, policy papers, minutes of meetings, specific service user consultation exercises, interviews etc

NB – this section is not asking you to give details of your findings from these sources, just the sources from which evidence and considerations were drawn.

2f. Monitoring Progress

Use this section to identify any ongoing issues raised by the EIA, how these will be monitored, who is the lead officer responsible and expected timescale.

Sign Off

Once the EIA is complete this should be signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

Quality Impact Assessment

September 2016

Overview

The tool supports commissioners to assess the potential impact on quality of any new commissioning intention / decision.

Commissioning leads should undertake an initial [screening assessment](#) on all new projects to identify any potential impacts on quality, from any proposed changes to the way services are commissioned or delivered.

Where a potential negative impact is identified the potential level of risk should be calculated using the '[calculating impact tool](#)'.

The likelihood of the risk occurring (risk score) should then be calculated for each potential impact using the '[risk matrix tool](#)'.

The risk score will then indicate the overall [level of risk](#) which should be recorded in the screening tool.

All completed quality impact assessments must be signed and dated by the person carrying out the assessment

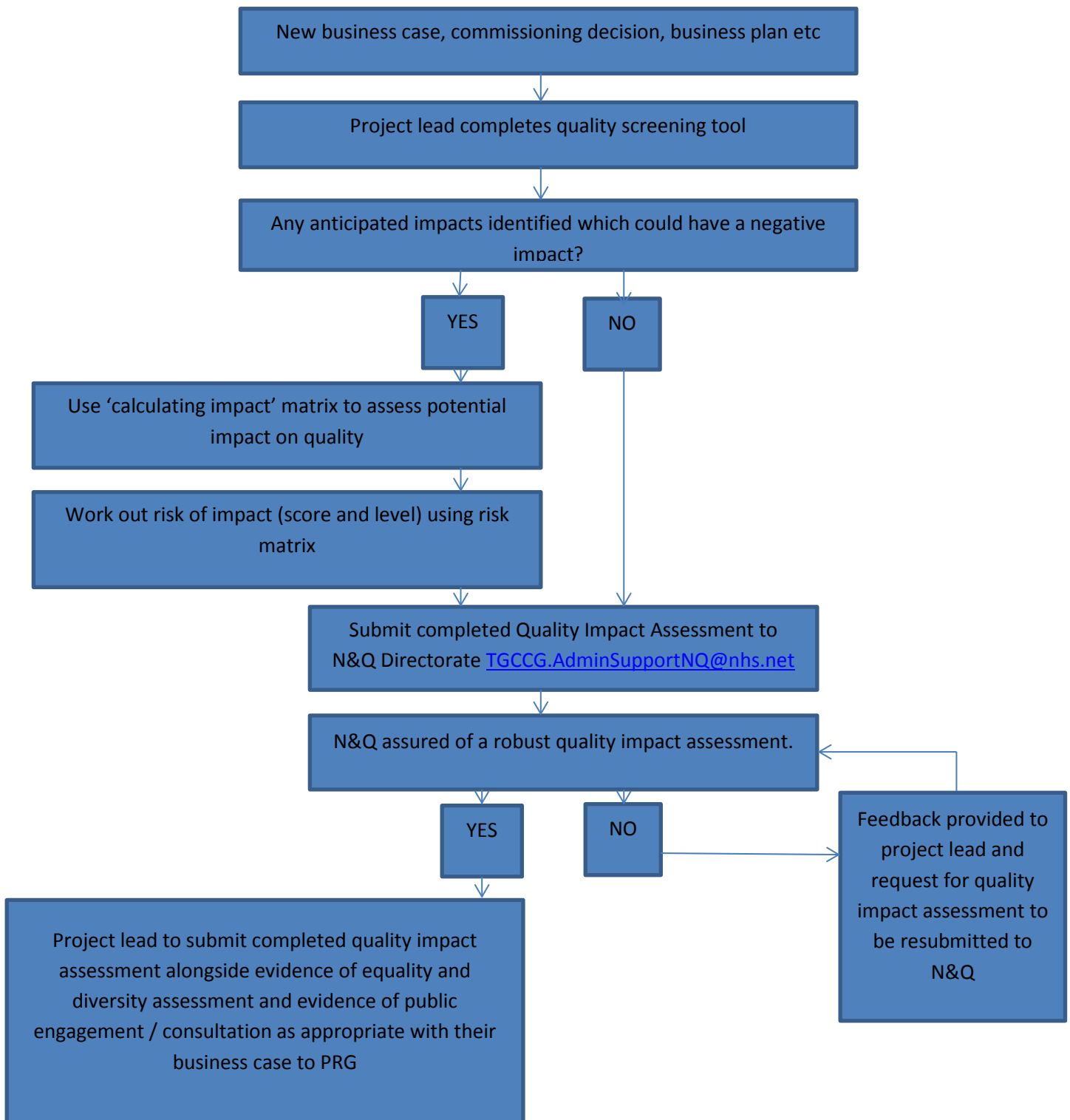
All completed quality impact assessments must be submitted to the Director of Nursing and Quality and their team for final sign off

All business cases submitted to PRG must be accompanied by a completed quality impact assessment.

All proposals containing HIGH [level of risk](#) should be clearly highlighted to enable further scrutiny at PRG and a decision as to whether risks are added to corporate risk register as appropriate

Approved cases should be monitored for risks during implementation and post implementation for changes

Quality Impact Assessment Process



Quality Impact Assessment:

Title of scheme:

Project Lead for scheme:

Brief description of scheme:

What is the anticipated impact on the following areas of quality? NB please see appendix 1 for examples of impact on quality.							What is the likelihood of risk occurring?						What is the overall risk score (impact x likelihood)			Comments
Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High		
0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25		
Patient Safety																
Clinical																

effectiveness																
Patient experience																
Safeguarding children or adults																

Please consider any anticipated impact on the following additional areas only as appropriate to the case being presented. <u>NB please see appendix 1 for examples of impact on additional areas.</u>							What is the likelihood of risk occurring?						What is the overall risk score (impact x likelihood)			Comments
0	1	2	3	4	5	0	1	2	3	4	5	0-5	6-12	15-25		
	Neutral / Positive Impact	Negligible	Minor	Moderate	Major	Catastrophic	No risk identified	Rare	Unlikely	Possibly	Likely	Almost certain	Low	Moderate	High	

Human resources/ organisational development/ staffing/ competence															
Statutory duty/ inspections															
Adverse publicity/ reputation															
Finance															
Service/business interruption															
Environmental impact															
Compliance with NHS Constitution															
Partnerships															

Public Choice	0						0						0			No negative impact on quality anticipated; the service will enable appointments to be made outside traditional working hours and at different locations which will provide more choice and convenience. The service will offer choice for consultant activity.
Public Access	0						0						0			No negative impact on quality anticipated The service will enable appointments to be made outside traditional working hours and at different locations

Has an equality analysis assessment been completed?	YES / NO	Please submit to PRG alongside this assessment
Is there evidence of appropriate public engagement / consultation?	YES / NO	Please submit to PRG alongside this assessment

Sign off:

Quality Impact assessment completed by	
Position	
Signature	
Date	

Nursing and Quality Directorate Review	
Name	
Position	
Signature	
Date	

Appendix 1: Calculate the anticipated impact

When calculating the potential impact you should choose the most appropriate domain for the identified risk from the left hand side of the table then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 (at the top of the column) to determine the anticipated impact score.

NB the narrative within the domains are neither prescriptive nor exhaustive; they should be used to guide judgement about level of impact.

IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Quality – safety, clinical effectiveness and experience of services.	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity/disability	Incident leading to death
	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Quality – safety, clinical effectiveness and experience of services	Peripheral element of treatment suboptimal	Overall treatment suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or effectiveness of treatment
	Informal complaint/inquiry	Formal complaint (stage 1) Local resolution Single failure to meet internal standards	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Multiple complaints/ independent review Low performance rating Critical report	Gross failure of experience if findings not acted on inquest/ombudsman inquiry Gross failure to meet national standards
	No time off work	Requiring time off work for >3 days	Requiring time off work for 4-14 days	Requiring time off work for >14 days	Multiple permanent injuries or irreversible health effects
		Increase in length of hospital stay by 1-3 days	Increase in length of hospital stay by 4-15 days	Increase in length of hospital stay by >15 days	An event which impacts on a large number of patients
		RIDDOR/agency reportable incident	Mismanagement of patient care with long-term effects		

IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
			An event which impacts on a small number of patients		
	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service
	Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on
		Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards

IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Medium term low staffing level / high dependency of agency / temporary staff that reduces services quality >1 day	Unsafe staffing level or competence (>1 day)	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
				Unsafe staffing level or competence (>5 days)	Ongoing unsafe staffing levels or competence
			Low staff morale	Loss of key staff	Loss of several key staff
			Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory training /key training on an ongoing basis
	No staff attending mandatory/ key training				
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement action	Multiple breaches in statutory duty
		Reduced performance rating if unresolved	Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty	Prosecution
				Improvement notices	Complete systems change required

				Low performance rating	Zero performance rating
				Critical report	Severely critical report
IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Adverse publicity/ reputation	Rumours	Local media coverage –	Local media coverage –	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
	Potential for public concern	short-term reduction in public confidence Elements of public expectation not being met	long-term reduction in public confidence	Major and long term loss of public confidence	Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 % over project budget	5–10 % over project budget	Non-compliance with national requirements 10–25 % over project budget	Incident leading >25% over project budget

		Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
				Key objectives not met	Key objectives not met
IMPACT	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Finance including claims	Small loss Risk of claim remote	Loss of 0.1-0.25 per cent of budget	Loss of 0.25-0.5 per cent of budget	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/ Loss of >1 per cent of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and £1 million	Failure to meet specification/slippage
				Purchasers failing to pay on time	Loss of contract/payment be results
				Claim(s)>£1 million	
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Appendix 2: Calculate how likely the risk is to happen (likelihood)

Now work out the likelihood score. Look at the frequency and probability columns and identify which best describe how often you think the risk is likely to occur. Now make a note of the corresponding 'risk score' (1-5 in the right hand column).

Likelihood	Description	Risk Score
Almost Certain	Will undoubtedly occur, possibly frequently	5
Likely	Will probably occur but it is not a persistent issue	4
Possible	May occur occasionally	3
Unlikely	Do not expect it to happen but it is possible	2
Rare	Cannot believe that this will ever happen	1

Appendix 3: Calculate risk score: An overall risk score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are then multiplied to reach an overall risk score.

Risk Score = Impact x Likelihood - The following table defines the impact and likelihood scoring options and the resulting score.

CONSEQUENCE OR IMPACT	LIKELIHOOD				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Determine Level of Risk.

LOW RISK = 1-5	MODERATE RISK – 6-12	HIGH RISK – 15-25
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Clearly record level of risk in completed impact assessment ensuring all HIGH risks are clearly highlighted for further scrutiny at PRG and consider adding risk to corporate risk register as appropriate.

TOOLKIT FOR ENGAGING WITH PUBLIC, PATIENTS AND SERVICE USERS IN TAMESIDE AND GLOSSOP



Single Commissioning Function:
NHS Tameside and Glossop Clinical
Commissioning Group and Tameside
Metropolitan Borough Council

TOOLKIT FOR ENGAGING WITH PUBLIC, PATIENTS AND SERVICE USERS IN TAMESIDE AND GLOSSOP

Introduction

NHS Tameside and Glossop Clinical Commissioning Group (T&G CCG) and commissioners at Tameside Metropolitan Borough Council (TMBC) have recently come together to create a Single Commissioning Function (SCF). The Single Commissioning Function is committed to involving members of the public, patients and service users in the way it shapes and commissions its services.

Engagement and / or consultation with the public, patients and service users is necessary where the aspects identified below are changing, or when there will be some impact as a result of a policy, project or proposal being implemented:

- Thresholds, triggers and entitlement to receive services
- Physical location of services or method of access to services
- Types of equipment, adaptations, treatments or therapies provided
- Length of time or frequency services and treatments are provided for

NHS Policy also enshrines the duty of the SCF to ensure public, patients and service users are involved and consulted with, in the commissioning of services.

The relevant statutory provisions are incorporated in the following documents:

- The Health and Social Care Act 2012
- The Equality Act 2010
- The NHS Constitution
- Domain 2 of the CCGs authorisation process

This toolkit provides templates and practical advice on how to go about public engagement and consultation to make it an integral part of health and social care commissioning at all levels. It has been written to provide guidance for anyone who needs to engage with the public about health and social care related issues.

Section One will help you to identify if you **need to engage** with public/patients and will help you identify who your key **stakeholders** might be

Section Two will help you identify the purpose of your engagement and assess the different **types of engagement** you can use to get input from public/patients

Section Three will provide you with checklists for **planning** your engagement activity, which includes timescales and event/venue considerations

Section Four will provide you with guidance on **analysing data and feedback** from your engagement activity

**TOOLKIT FOR ENGAGING WITH PUBLIC, PATIENTS AND SERVICE USERS IN
TAMESIDE AND GLOSSOP**

**Section One – Identifying the need to engage and
who to engage with**

Name of project you plan to undertake	
Champion/responsible lead	
What are the main aims of your engagement project?	
Do you need to involve patients/public?	
Are you planning health and social care service provision?	<i>e.g. developing the strategic plan from the SCFs budget</i>
Are you developing/considering changes in the way a health and social care service is provided?	<i>e.g. closing a service, reducing a service, moving a service, starting a new service</i>
Would the implementation of your plans impact on the way services are delivered?	<i>e.g. move the location of a service</i>
Would the implementation impact on the range of services available?	<i>e.g. change the criteria for referral/change how public/patients access the service</i>
Are you taking a decision that will affect the operation of the service/s	<i>e.g. cutting the budget</i>
Would the decision being made impact on the way services are delivered?	<i>e.g. the service may now only be open in the morning</i>
Would the decision impact on the range of services available	<i>e.g. reduction in service provision/providers</i>
If you have answered YES to ANY OF the questions above you will need to involve public/patients. Go to next section (Scale of Involvement) to help you plan the timescales and type of engagement you need to plan	
SCALE OF INVOLVEMENT	
Where public involvement is required, any arrangements must be fair and proportionate .	
Fair	
The courts have established guiding principles for what constitutes a fair consultation exercise. These principles (known as the <i>Gunning</i> principles) were developed by the courts within the context of what constitutes a fair <i>consultation</i> and will not apply to every type of public involvement activity. However, they will still be informative when making plans to involve the public. The <i>Gunning</i> principles are that the consultation:	
<ul style="list-style-type: none"> ✓ Takes place at a time when proposals are still at a formative stage. If involvement is to be meaningful, it should take place typically at an early stage. However, it is often permissible to consult on a preferred option or decision in principle, so long as there is a genuine opportunity for the public to influence the final decision. ✓ Gives the public sufficient information and reasons for any proposal to allow the public to consider and respond. ✓ Allow adequate time for the public to consider and respond before a final decision is made. ✓ The product of the public involvement exercise must be conscientiously taken into account in making a final decision. 	
Proportionate	
As a general rule, the greater the extent of changes and number of people affected, the greater the level of activity that is likely to be necessary to achieve an appropriate level of public involvement. However, the nature and extent of public involvement required will always depend on the specific circumstances of an individual commissioning process.	
Although 12 weeks is often cited as the advisory standard period for consultations, there may be	

TOOLKIT FOR ENGAGING WITH PUBLIC, PATIENTS AND SERVICE USERS IN TAMESIDE AND GLOSSOP

some cases where a shorter period is adequate.

Additional information on patient and public participation can be found in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning www.england.nhs.uk/wp-content/uploads/2015/11/ppp-policy-statement.pdf.

Likewise, the government has published a revised set of government consultation principles. These principles give clear guidance to government departments on conducting consultations and can be found at www.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf

For further advice, speak to the SCF's Policy, Communications and Engagement Team:
Karen Goodhind (Head of Communication & Engagement – Tameside & Glossop CCG) karen.goodhind@nhs.net
or
Jody Stewart (Policy, Research & Improvement Manager – Tameside MBC) jody.stewart@tameside.gov.uk

STAKEHOLDERS

You will now need to identify who you need to engage with, it may help you to talk this through with the Policy, Communications and Engagement Team but the following questions will help you in your thought process. It should be noted that the suggestions below are not exhaustive lists and it may be appropriate for you to engage other individuals / groups depending on your proposal, policy or service change:

Who is likely to be affected by this change?

- Patients
- Service users
- Carers
- Wider public
- Disabled people
- Men
- Women
- Older people
- Younger people
- Ethnic minority groups
- Lesbian/gay/bisexual people
- Transgender groups
- Religious minorities
- Pregnant women
- Military veterans
- Those on a low income

Are there any local groups that are likely to be impacted by the change and could give you advice?

- Healthwatch (Tameside and/or Derbyshire)
- Equality and Diversity Group (EDG)
- Patient Participation Groups (Tameside and Glossop)
- Patient Neighbourhood Groups (Tameside and Glossop)
- Patient Network
- Tameside Carers Forum
- Action Tameside
- High Peak CVS
- Glossop Volunteer Centre
- Age UK Tameside
- MIND
- Tameside Carers

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	<ul style="list-style-type: none"> ➤ Derbyshire Carers ➤ Tameside Sight ➤ Glossop Visually Impaired Group ➤ Mental Health service user groups ➤ Learning disability groups (People First Tameside) ➤ Lesbian and Gay Foundation ➤ Town Councils ➤ Town Teams ➤ Residents Associations ➤ Specific interest groups e.g. Youth Council, Hyde Community Action, Cranberries ➤ Derbyshire County Council
<p>Within the SCF and / or ICFT whose work may be directly affected by the change?</p>	<ul style="list-style-type: none"> ➤ GPs making referrals into the service ➤ Service Providers ➤ Pharmacies ➤ Opticians ➤ Social Care team ➤ Staff working in the service ➤ SCF and / or ICFT employees
<p>Please identify the stakeholders you wish to involve:</p>	

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Getting started

This section will help you when completing section two of the toolkit.

There are a range of approaches that you can take to engage with public, patients and service users in the work of the SCF. Below are just a few of the possible reasons for engaging which will support and guide you to choose the type of engagement to undertake:

- to inspire public, patients and service users to take an interest in the project you are working on
- to disseminate the results of any research you may have undertaken
- to engage with public, patients and service users to ask for their views about your specific project
- to communicate with the public, patients and service users to help them to understand the work of the SCF
- to collaborate with the public, patients and service users in developing and running a project or activity

There are also different types of ways in which people might participate in health and social care depending upon their personal circumstances and interest.

The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different types of public, patient and service user engagement. The ladder of engagement is based on the work of Sherry Arnstein (1969). The ladder explains how public, patient and service user engagement is valuable. Arnstein does not suggest that one type of engagement is better than any other but that depending on the purpose of your engagement, different levels are suited to different things in order to meet the expectations of different interests.

Sherry Arnstein's ladder is [available in full here](#)

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Below are the different levels of participation which will be useful in helping you decide the type of your engagement activity you would like to undertake:

Devolving	Placing decision-making in the hands of public, patients and service users e.g. Personal Health Budgets or a community development approach
Collaborating	Working in partnership with public, patients and service users in each aspect of the decision making process, including the development of alternatives and identifying preferred solutions
Involving	Working directly with public, patients and service users to ensure that concerns and aspirations understood and considered e.g. partnership boards, reference group and public/patients participating in policy groups
Consulting	Getting feedback from public, patients and service users on analysis, alternatives and/or decisions, e.g. surveys/focus groups/events etc., and using the feedback to influence the way in which services are delivered.
Informing	Giving public, patients and service users balanced and objective information to assist them in understanding

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**Section Two – Purpose of engagement and deciding
which type of activity to undertake**

Types of engagement activity	
<p>There are a range of different types of engagement you can use to get input from public, patients, service users and internal stakeholders. The type of engagement you undertake should be linked to the scale of your engagement and the best methods for the stakeholders you would like to reach.</p> <p>It is crucial that the chosen method allows you to achieve your objectives whilst being suitable for your target audience. This could mean using a combination of approaches or concentrating on one in particular.</p> <p>You will need to decide at this stage whether you require quantitative or qualitative research, or a combination of both.</p> <p>Quantitative Research – this is used for less complex issues and aims to measure people’s views or perceptions. Quantitative methods may be preferred as statistical tests can be applied to the results to demonstrate robustness. However, their very structured format means that respondents are unable to raise additional topics and only limited information can be gathered in response to each question.</p> <p>Qualitative Research – this is used for issues that need to be explored in more depth. Qualitative research is often carried out in the form of focus groups. Although the outputs may not be as statistically reliable, this method gives participants the opportunity to discuss topics in further detail. Qualitative research can be invaluable in coming to a full understanding of what people really think of a particular issue. If selecting this method, it is important to ensure skilled moderators are in place to ensure effective and meaningful results.</p> <p>It should be noted that the methods outlined below are not exhaustive and it may be appropriate for you to engage using alternative methods depending on your proposal, policy or service change.</p>	
<p>What engagement methods do you plan to use?</p>	<ul style="list-style-type: none"> ➤ Information leaflets ➤ Existing patient experience feedback e.g. complaints data/patient opinion ➤ Patient stories ➤ Online survey ➤ Paper survey ➤ Face to face survey ➤ Presentation at a local group meeting ➤ Information stall at a local event ➤ Public event ➤ Focus group ➤ Workshop ➤ Interviews/case studies ➤ Publication of a formal document for comment ➤ Citizens Panel ➤ Roadshows ➤ Exhibitions ➤ Participatory Budgeting
<p>How do you plan to inform people of your engagement activity and your plans?</p>	<ul style="list-style-type: none"> ➤ Put a survey/information on the CCG and/or TMBC website ➤ Send a link of your survey to local groups ➤ Communication to relevant stakeholders

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	<ul style="list-style-type: none"> ➤ Copies of surveys in relevant venues e.g. GP practices, customer service points ➤ Social media including Twitter, Facebook and Instagram ➤ You Tube ➤ Radio ➤ Press release ➤ Newspaper ➤ Posters (in practices/pharmacies/libraries etc.)
Please identify the type of engagement activity you plan to undertake:	

For advice, speak to the SCF's Policy, Communications and Engagement Team:

Karen Goodhind (Head of Communication & Engagement – Tameside & Glossop CCG)

karen.goodhind@nhs.net

or

Jody Stewart (Policy, Research & Improvement Manager – Tameside MBC)

jody.stewart@tameside.gov.uk

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Section Three – Planning your engagement activity

The next section provides you with checklists to help you plan each engagement activity

Ask yourself	Consider
Who is your correct audience?	Do you need to refine your draft list from Section One?
What are the protected characteristics of the people you will engage with? e.g. BME group/visually impaired groups etc.	If you are engaging with protected characteristic groups what approaches are more likely to engage them?
How will you engage with your audience?	<ul style="list-style-type: none"> • Personal invitation • Existing relationships with individuals and groups • Through an intermediary organisation (especially for hard to reach groups) • Leaflets/adverts/online channels/email • If engaging via survey, will you need to recruit a good cross sample to ensure that your engagement is robust
What are your objectives for engaging with public/patients?	<p>Are any aspects of your engagement activity ‘a given’ e.g. NICE guidance/legal or contractual requirement/directive from NHS England which you might want to inform people about from the beginning?</p> <p>For other aspects of your engagement activity are you looking to:</p> <ul style="list-style-type: none"> • Raise awareness of your project • Influence behaviour • Gather data • Understand people’s perceptions • Seek advice • Gather opinion and jointly develop something new
How much preparation do you need to put into your message?	<p>From the very beginning when proposals are in their formative stages public, patients and service users will need to understand what you want to engage with them about, what you are asking them and what you will do with the results from your engagement activity. Public, patients and service users will need background information to help them make sense of what you are trying to engage with them about. It would be useful to spend time at the</p>

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	beginning preparing a clear and concise brief which can be worked through with the SCF's Policy, Communications and Engagement Team. This will avoid confused messages and misconception from the beginning of your engagement activity.
What methods should I use to engage with the audience?	For guidance see Section Two of the toolkit
When should the engagement start/end?	Build in time to plan, run and analyse the feedback from your engagement activity Make allowances in your timescales that key participants will need time if they are to attend/commit to your engagement activity i.e. as a general rule a lead time of AT LEAST four weeks should be given to promote any type of engagement activity
How will you communicate the opportunity to engage and/or report the outcomes of your engagement?	See section two

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Designing a Questionnaire

Ask yourself	Consider
What are you trying to find out?	<p>What kind of information do you want to gather from your questionnaire?</p> <p>A good questionnaire is designed so that your results will tell you what you want to find out.</p> <p>Start by writing down what you are trying to do in a few clear sentences, and design your questionnaire around this.</p>
How are you going to use the information?	<p>There is no point conducting research if the results are not going to be used – make sure you know why you are asking the questions in the first place.</p>
Who are your target audience?	<p>Is there a certain group of people who you want to target with your questionnaire? If a service change, policy or proposal will impact on a particular group of people you will need to engage directly with them in addition to the wider population.</p>
What question type or types do you want to include?	<p>Depending on the information you wish to gather, there are several possible types of questions to include on your questionnaire, each with unique positives and negatives. These include:</p> <ul style="list-style-type: none"> • Closed questions e.g. yes/no, agree/disagree • Open ended questions • Multiple choice questions • Rank-order scale questions • Rating scale questions
How long should the questionnaire be?	<p>Keep your questionnaire as short as possible. More people will be likely to answer a shorter questionnaire, so make sure you keep it as concise as possible while still collecting the necessary information.</p>
How will the questionnaire be carried out?	<p>There are many methods used to ask questions, each with their own positives and negatives e.g. postal surveys can result in low response rates and take a long time to receive but will reach a wider audience, face-to-face can be resource intensive but will generate the fullest responses, web surveys can be cost-</p>

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	<p>effective but may not be accessible by everyone. It is important to consider who your target audience is when deciding how to carry out the questionnaire. A mixed method may be required.</p>
<p>Have you explained the purpose of the questionnaire?</p>	<p>Many people will not answer a questionnaire without understanding what the goal of the questionnaire is. Explain what the purpose is and how the information respondents provide will be used.</p>
<p>How will you record the demographics of respondents?</p>	<p>Make sure you cover everything you will need when it comes to analysing the answers. e.g. maybe you want to compare answers given by men and women or different age groups. You can only do this if you have remembered to record the gender and age of each respondent on the questionnaire.</p>
<p>What is the deadline for your research?</p>	<p>Ask respondents to have the questionnaire completed and returned to you by a certain date to ensure that you have enough time to analyse the results. Ensure the time scale for consultation is proportionate to the service change, policy or proposal you are consulting on.</p>
<p>Have you tested the questionnaire?</p>	<p>No matter how much time and effort you put into designing your questionnaire, there is no substitute for testing it. Complete some interviews with your colleagues BEFORE you ask the real respondents. This will allow you to time your questionnaire, make any final changes and get feedback from your colleagues.</p>

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Event and venue checklist

Ask yourself	Consider
What venue will you choose?	<p>Use a venue that is recognised by public/patients as an accessible venue e.g. steps/lifts/door width and other accessibility issues to be considered</p> <p>Make sure you have considered the option of two venue choices, one in Tameside and one in Glossop</p>
Can everyone get to the venue?	<p>The distance people will need to travel and what is their means of travel. Location of bus stops/car parks and drop off points near to the venue</p>
Is the venue acceptable to everyone?	<p>Temperature, posture, ambience for long sessions, taking account of people's physical and mental conditions</p> <p>Ease of moving around at the venue – corridors, break out rooms, toilets etc.</p> <p>If you are paying for a commercial venue, you should be able to rely on the expertise of staff at the venue who will be able to help you with any problems that may arise</p>
Is your event being held on a day or time that suits those who you want to reach?	<p>Holding your event on a certain day or at a time that suits participants will not only be better for people who are attending but will provide you with better outcomes from your engagement activity</p>
How do you want your event to look and feel on the day?	<p>When booking your venue make sure that you have considered the following:</p> <ul style="list-style-type: none"> • Size of room (make sure your room is neither too big/small for the number of participants) • Roving microphones • Hearing loops • Laptops which include sound • Presentation Screen • Table layout
Catering	<p>Catering can be considered if this is at no cost to the public purse.</p> <p>Hot drinks and biscuits on arrival may put people at ease, especially if getting there has been an effort.</p> <p>For longer events, consider extra</p>

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refreshments or if the event is running over a mealtime e.g. lunch/dinner consider providing sandwiches

Running your engagement event

Have you got all the practical details in place?

- Participants identified and briefed in good time
- Venue and equipment booked
- Laptops/table layout/podiums etc., are all up and running and checked to make sure they are working properly
- Interpreters and signers (if required) are on hand
- Papers, hand-outs and other materials are ready in sufficient quantity

Have you asked participants for their permission to be filmed and/or photographed during the event?

Photography consent forms can be found in appendix 1 of the toolkit

Have you prepared attendance sheets for participants to sign in upon arrival

A standard attendance sheet template can be found in appendix 2 of the toolkit

Is your event working?

- Do people understand what you are telling them or do they appear confused?
- Evaluate early – what do participants think of the engagement so far, use this feedback to tweak the process as you go along
- Are you covering the issues you need to cover?
- Is your event overrunning, are people getting left behind or getting too far ahead – check at this point as participants may start to disengage if they have to wait for others to catch up.
- Evaluate verbally at the end, from your own viewpoint and the viewpoint of the participants

Have you ask participants to evaluate your event?

A standard evaluation template can be found in appendix 3 of the toolkit

Have you asked participants how they would like you to feedback back to them after the event?

- Agree with participants a timescale for feedback
- Agree with participants mechanisms for feedback

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Section Four – Analysis and feedback

Analysis & Feedback

Ask	Consider
How will you process the feedback?	<ul style="list-style-type: none"> Quantitative analysis Qualitative analysis
How will you present the feedback?	<ul style="list-style-type: none"> Charts or diagrams Tables of data Text, quotes, facilitators commentary On paper in the form of a report, online, as a live talk, in a video or as a story?
What support and resources will you need?	<ul style="list-style-type: none"> Any administrative support for collating and organising the feedback Time and capacity for mapping and understanding the feedback
What conclusions can you draw from the feedback?	<p>What story does the feedback tell? What does the feedback say about:</p> <ul style="list-style-type: none"> The current position Future needs Opportunities for better outcomes or to lower costs (or both) The likelihood of drawing a successful conclusion
Can we rely on the feedback as a sound basis for decision making	How your feedback can be captured in your business case in a “You said, we did” format

<p>Speak to the Policy, Communications and Engagement Team : Karen Goodhind (Head of Communications & Engagement – Tameside & Glossop CCG) karen.goodhind@nhs.net or Jody Stewart (Policy, Research & Improvement Manager – Tameside MBC) jody.stewart@tameside.gov.uk</p>	
SIGN OFF YOUR PLAN	
<p>A copy of this activity plan should be sent to the Head of Communications and Engagement: karen.goodhind@nhs.net for direct approval</p>	
Date of approval	
RECAP / NEXT STEPS	
<ul style="list-style-type: none"> Engage Analyse Include the recommendations from the engagement / consultation activity into your business case Present your recommendations at the SCF’s Public & Patient Impact Committee (PPIC) 	

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PHOTOGRAPHY CONSENT FORMS – INDIVIDUAL AND SCHOOL/GROUPS

- The Single Commissioning Function requires signed consent from all individuals clearly identifiable in a photograph (unless it is a crowd shot in a public place).
- Obtaining this consent is as important as taking the photograph as we will not be able to use the image without it.
- Responsibility for obtaining the signed consent lies with the photographer commissioned to do the work.
- When briefing people being photographed about the consent, it is important they understand that the consent is not time limited and similarly the images may be used in the future for other campaigns and via all media (eg social media, hoardings, publications etc).
- A disk or a link to a file storage site is needed the day following the photography at the latest to ensure the images are available for use asap.
- All consent forms are needed either in hard copy or scanned and emailed by the following day also – otherwise we cannot use the images.

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Photography Consent Form

Office use - Photo ID No:

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Under the Data Protection Act 1998 we need you to give your permission by completing this form for the Single Commissioning Function (Tameside and Glossop CCG and Tameside MBC) to use these images for all promotional purposes. This may include: printed publications, adverts, audiovisual and electronic materials, media work, display materials, social media and any other media we may use in the future.

Title of photography shoot/event	
Date	
Description and location of photograph(s)	

A separate consent form must be filled out for each individual of a different residing address.

Please print names in **BLOCK CAPITALS**.

If individual is under 18 years of age, the named parent/guardian should sign the consent.

Name of individual	Name of parent/guardian if individual is under 18 years old	Signature of consent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address	
Contact number	

Please note that the terms and conditions for use of these images are on the back of this form.

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**School/Group
Photography Consent Form**

Office use - Photo ID No:

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Under the Data Protection Act 1998 we need you to give your permission by completing this form for the Single Commissioning Function (Tameside and Glossop CCG and Tameside MBC) to use these images for all promotional purposes. This may include: printed publications, adverts, audiovisual and electronic materials, media work, display materials, social media and any other media we may use in the future.

Title of photography shoot/event	
Date	
Description and location of photograph(s)	

Please print names in **BLOCK CAPITALS**.

School/Group Name	
Address	
Contact number	

Headteacher/Group Leader

I have checked parents are happy for their children's images to be used for promotional purposes.

Signed _____

Print Name _____

Date _____

Please note that the terms and conditions for use of these images are on the back of this form.

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Terms and conditions of use

- Signed consent continues with no time limit - Images will be stored and can be used for any future promotional purposes.
- Once images are published and in the public domain consent cannot be removed.
- We will not include details or full names (which means first name and surname) of any child or adult in an image on video, on our website, or in printed publications, without good reason. For example, we may include the full name of a competition prize winner, however we will not include the full name of a model used in promotional literature.
- We may use group or class images with very general labels, such as “a science lesson” or “making Christmas decorations”.
- We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

Please note - Websites and social media can be viewed throughout the world and not just in the UK where UK law applies.

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EVENT/MEETING EVALUATION FORM

Event name _____

Location _____

Date _____

In order for Tameside and Glossop Single Commissioning Function to improve on any future events we would like to have your feedback about today's event and future meetings. Please help us by completing the following information:

	Excellent	Good	Fair	Poor
What were your overall feelings of the event?				
How would you rate the location of the event?				
How did you rate the quality of the information you were given before and during the event?				
Were you given enough time to register onto the event to enable you to plan in advance?				
How did you rate the overall performance of the speakers?				
How did you rate the overall subject knowledge of the speakers?				

Overall, how did the event meet your expectations on a scale of 1-5 (1 being the lowest, 5 the highest – please tick as appropriate:

1 2 3 4 5

Please explain why _____

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On a scale of 1 to 5 do you think you were listened to during the group discussions and that your points of view were valued? (1 being the lowest score and 5 being the highest) – please tick as appropriate:

1 2 3 4 5

Other information (please add any comments below that you think we would find useful for the future in helping us improve the way we engage with public/patients:

Thank you for taking the time to complete the evaluation form your comments are valuable to us!