# **Proposal to XXX – Engagement Report**

This document details the engagement activities and the feedback collected concerning the proposal to xxx

## Current services and background

Provide summary context for the current situation, including:

* The historical background.
* Current operations or services.
* Any temporary changes and reasons for them.

## Engagement

Events are organised to discuss:

* What is being proposed
* Why it is being proposed
* What this mean to patients
* Any questions, concerns, and comments from patients and public

An Overview Document was created to give an overview of what and why the merger/? is being proposed, what this means to patients, FAQs, and information about the opportunities to get involved.

Engagement ran over Time Period. See below for event details:

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Where (online / face to face)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other methods of involvement**

Patients have been encouraged to look at information and leave feedback through may different routes:

LIST METHODS – EMAIL – CALL – SOCIAL MEDIA – SUGGESTIONS BOX ETC

Healthwatch Derby / Derbyshire has been made aware of the proposed merger and the engagement activities and asked to contribute any feedback.

PPG involvement… XXX

## Communications plan

A communications plan was developed to ensure that communication was widespread but also targeted across the patient population.

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| --- | --- | --- | --- |
| **Method of communication** | **Key message** | **To who / where** | **Updates and comments** |
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Access information and engagement activities was also taken into consideration to ensure that everyone had the information and was made aware of how to get involvement.

## Feedback

Overview of events (eg. Number of people engaged through which methods)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of**  **Commen**t | **Source of comment**  (engagement event, face-to-face, email, telephone, suggestions box etc) | **Comment, concern, query** | **Sentiment of comment:** Positive, Negative, Mixed or Neutral | **Response or consideration from practice** |
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## Statement from PPG

## Statement from Practice Manager or CEO