Patient and Public Engagement (PPE) in Commissioning Key Learning Objectives:

- Shared understanding of engagement in commissioning (vision, purpose, intended impact, key outcomes, fit with business planning)
- In-depth understanding of the Engagement Cycle and how it can be used to maximise impact of current activities
- Awareness of current practice through benchmarking activities
- Identification of key challenges and opportunities
- Exploration of key themes (for example the role of the lay representative, working with seldom heard groups, gathering and using data more effectively)
- Development of local action plans

The Masterclass will be delivered and facilitated by

David Gilbert
Director
InHealth Associates
Patient and Public Engagement in Commissioning Masterclass

Maximising impact by using the Engagement Cycle

Monday 2 February 2015    Hallam Conference Centre, London

The Engagement Cycle (www.engagementcycle.org) is a tried, tested and trusted patient and public engagement tool used by over 50 CCGs, developed originally for the Department of Health and now updated and featuring in NHS England Statutory Guidance. David Gilbert, author of the Cycle, will lead an interactive workshop to help you use it more effectively to achieve maximum impact from your patient and public engagement activities and embed an engagement culture and systems across your local health economy. We will also focus on particular current challenges to engagement, such as engagement in service improvement and transformation and public engagement in reconfiguration.

This masterclass will be facilitated by David Gilbert. David has 30 years experience in patient and public engagement at local, national and international level. He developed the Engagement Cycle on behalf of the Department of Health while Director of Engagement at Croydon PCT. He is Director of InHealth Associates (www.inhealthassociates.co.uk) that supports commissioners to undertake patient-centred improvement and has also worked at the King’s Fund, OPM, Consumers Association and Commission for Health Improvement. He is currently a CLAHRC NW London Fellow researching the impact of engagement.

Programme

09.30  Coffee and Registration
10.00  Introductions
   Why work with patients and the public – impact, outcomes and the markers of engagement success
10.15  Introduction to the Engagement Cycle – Focus on purpose and who needs to do what at each stage of the Cycle
11.15  Coffee
11.30  Where are you now? Interactive sessions to identify what’s working (or not)
13.00  Lunch
13.45  Maximising the impact of patient and public involvement in commissioning: exploration of key themes
15.00  Tea
15.15  Action planning
16.00  Questions, Summary and Close
Patient and Public Engagement in Commissioning
Masterclass
Monday 2 February 2015 Hallam Conference Centre, London

How to book
Book with credit card and receive a 10% discount*
www.healthcareconferencesuk.co.uk
Fax the booking form to 0208 181 6491
Post this form to Healthcare Conferences UK
8 Wilson Drive, Ottershaw, Surrey, KT16 0NT

Masterclass Registration

> How to book
Book with credit card and receive a 10% discount
www.healthcareconferencesuk.co.uk
Fax the booking form to 0208 181 6491
Post this form to Healthcare Conferences UK
8 Wilson Drive, Ottershaw, Surrey, KT16 0NT

> Your Details
(please complete a new form for each delegate. Photocopies are acceptable)

Dr Mr Mrs Ms (Please Circle)
First Name
Surname
Job Title
Department
Organisation
Address
Postcode
Telephone
Fax
Email

Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box.
Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

This form must be signed by the delegate or an authorised person before we can accept the booking
(By signing this form you are accepting the terms and conditions below)

Name
Signature
Date

Promotional Code

> Payment

By Cheque A cheque for is enclosed
Please make Cheques Payable to: Healthcare Conferences UK Ltd.

By Invoice Please send an invoice to

Name
Organisation
Address
Postcode

Purchase Order Number
(If applicable)

Please note if you are requesting an invoice many NHS organisations now require a Purchase Order Number to be provided. If you do not provide this number this may slow down the processing of this delegate place.

By BACS
For Payments in £:
Sort Code 40-46-22
Account No. 21553690

Please send your BACS remittance form as confirmation of payment

Your BACS Reference

By credit card Please debit my Visa/Mastercard/Switch

Cardholder’s Name

Card No.

Issue No. (switch only)

Valid From

Expire Date

You will be contacted during the processing of your booking to confirm the payment card security code.
(this is the last three digits of the number printed on the back of your card)

Signature

Card billing address

For more information contact Healthcare Conferences UK on 01932 429933 or email jayne@hc-uk.org.uk

©Healthcare Conferences UK Ltd 2014
The information provided will be held on the Healthcare Conference UK’s database and may be used to update you with details of other events that we organise. If you DO NOT wish to receive this information, please tick this box.

Dr Mr Mrs Ms (Please Circle)
First Name
Surname
Job Title
Department
Organisation
Address
Postcode
Telephone
Fax
Email

Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box.
Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

This form must be signed by the delegate or an authorised person before we can accept the booking
(By signing this form you are accepting the terms and conditions below)

Name
Signature
Date

Promotional Code

> How to book
Book with credit card and receive a 10% discount*
www.healthcareconferencesuk.co.uk
Fax the booking form to 0208 181 6491
Post this form to Healthcare Conferences UK
8 Wilson Drive, Ottershaw, Surrey, KT16 0NT

> Your Details
(please complete a new form for each delegate. Photocopies are acceptable)

Dr Mr Mrs Ms (Please Circle)
First Name
Surname
Job Title
Department
Organisation
Address
Postcode
Telephone
Fax
Email

Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box.
Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

This form must be signed by the delegate or an authorised person before we can accept the booking
(By signing this form you are accepting the terms and conditions below)

Name
Signature
Date

Promotional Code

> Payment

By Cheque A cheque for is enclosed
Please make Cheques Payable to: Healthcare Conferences UK Ltd.

By Invoice Please send an invoice to

Name
Organisation
Address
Postcode

Purchase Order Number
(If applicable)

Please note if you are requesting an invoice many NHS organisations now require a Purchase Order Number to be provided. If you do not provide this number this may slow down the processing of this delegate place.

By BACS
For Payments in £:
Sort Code 40-46-22
Account No. 21553690

Please send your BACS remittance form as confirmation of payment

Your BACS Reference

By credit card Please debit my Visa/Mastercard/Switch

Cardholder’s Name

Card No.

Issue No. (switch only)

Valid From

Expire Date

You will be contacted during the processing of your booking to confirm the payment card security code.
(this is the last three digits of the number printed on the back of your card)

Signature

Card billing address

For more information contact Healthcare Conferences UK on 01932 429933 or email jayne@hc-uk.org.uk

©Healthcare Conferences UK Ltd 2014
The information provided will be held on the Healthcare Conference UK’s database and may be used to update you with details of other events that we organise. If you DO NOT wish to receive this information, please tick this box.

Dr Mr Mrs Ms (Please Circle)
First Name
Surname
Job Title
Department
Organisation
Address
Postcode
Telephone
Fax
Email

Please write your address clearly as confirmation will be sent by email, if you prefer confirmation by post please tick this box.
Please also ensure you complete your full postal address details for our records.

Please specify any special dietary or access requirements

This form must be signed by the delegate or an authorised person before we can accept the booking
(By signing this form you are accepting the terms and conditions below)

Name
Signature
Date

Promotional Code