**Patient and Family Representative Engagement Request Form**

***Partnering with patients in the planning, design and delivery of healthcare services is an important way to improve care quality and accountability in the system. If you would like to seek involvement from patient representatives in a programme/project that you are undertaking, please fill out the details below.***

**Section 1**

|  |  |
| --- | --- |
| Date: | Key Contact Person: |
| Division/Programme: | E-mail: |
| Project/Initiative Name: | Phone Number: |

**Section 2**

|  |
| --- |
| 1. Please provide some background information about your group/project/initiative.
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| 1. At what stage are you in your project? Please select one.
* Planning
* Implementation
* Evaluation

Further information:  |
| 1. Why do you want to engage patient representatives in this project? What would successful engagement look like?
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| 1. What input is your project/initiative seeking from patient representatives?

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| 1. What decisions are not open to input from patient representatives?
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| 1. Who are the decision makers for your project?
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**Section 3**

Please indicate below which level of engagement you are seeking. Check all that apply.

|  |  |
| --- | --- |
| **Level of Engagement** | **√** |
| * **Consulting** – getting feedback to help inform a decision or determine a direction to take. This level of engagement is required when we need to listen to the patient perspective to inform decision making at the stage where policies or programme decisions are still being shaped.
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| * **Involving** – working with patient representatives to ensure that the patient voice is understood and considered. A two way information exchange takes place and patient representatives have an interest in the issue and will be directly affected by the outcome. Involve level of engagement encourages discussion among all stakeholders.
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| * **Collaborating** – partnering with patient representatives in decision making. This level of engagement allows for patients to shape policy and programme decisions that affect them. There is opportunity for shared agenda setting and more flexible time frames for deliberation on issues.
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**Section 4**

Please use the questions below as a checklist to prepare for engaging patient representatives in the work of your group/project/initiative.

|  |  |
| --- | --- |
| Are there specific objectives related to involvement of patient representatives in your work that need to be met? If yes, ensure that these are reflected in the Terms of Reference. | Y/N |
| Will patient representatives need any information in advance or throughout the process to engage effectively?  | Y/N |
| Will any training/background information on the work of your group be provided to patient representatives prior to the first meeting? | Y/N |
| Is there someone on your group who could act as a “mentor” to patient representatives? Someone who patient representatives could liaise with and who could provide support to them? | Y/N |
| Have Terms of Reference been drafted for your group? If yes, please attach to this form. | Y/N |

**Section 5**

1. How many patient representatives would you like to involve in your committee/project/initiative? (**Note**: ***It is recommended to have more than one patient representative as part of a group or committee***).
2. Please list any specific criteria for engagement of patient representatives (i.e. skills, past experience or other).
3. Please tell us if the engagement opportunity is:
* One time event
* Short term (few meetings over a limited time, e.g. 3 to 6 months)
* On-going (longer term commitment – up to one year)
* On-going (longer terms commitment from one to three years)

Additional comments:

1. Please list the key dates planned in the work of your group/project/initiative, including dates and locations of meetings.
2. How will patient representatives be expected to participate? (tick all that apply):
* In person
* Teleconference
* Webinar
* Not sure

**Section 6**

Please note that you **must** cover travel expenses, as well as any out of pocket expenses incurred by patient representatives for the purposes of engagement. For more information on reimbursing expenses to patient representatives please see the following link: <http://hse.ie/eng/about/Who/QID/Person-Family-Engagement/ResourcesQID/Policy-for-the-reimbursement-of-service-user-expenses-2017.pdf>

**Please e-mail this form and any other supporting documentation to** **mila.whelan@hse.ie** **.**

**A member of the Patient and Family Engagement team will contact you to follow up on this request.**

**Thank you.**