

**STATEMENT OF  
STRATEGIC INTENT**  
*2022-2025*

What you told us

# The Patient Client Council- STATEMENT OF STRATEGIC INTENT - 2022-2025

## What you told us



## What is the Patient Client Council Statement of Strategic Intent

The SSI describes what the PCC want to *see for people in the future*, our *purpose and role* in achieving that, our *values and ways of working* and the *difference we want to make*.

In 2021, The Patient and Client Council (PCC) completed a review of our delivery and how we want to deliver our services in the future. We created a draft [Statement of Strategic Intent](#) (SSI) to consult with you to make sure the:

'Voice of patients, clients, carers and communities is valued, heard and acted upon in the development of policy on, and provision of, Health and Social Care (HSC) Services'

This statutory role gives the organisation a unique place within the Health and Social Care sector in Northern Ireland and one which we take very seriously.

The Health and Social Care system is going through major change and reform. The PCC want to make sure we maintain our focus on listening to and acting on the voices of patients and service users and using our resources in the best way possible. To do this, we need to make sure our vision reflects this.

### How we engaged you

We gathered feedback from the public and stakeholders through a survey and focus groups, using our PCC engagement hubs across all the five Health and Social Care Trust areas.

The graphic consists of two main parts. On the left is a thumbnail of the 'PCC Statement of Strategic Intent 2022-2025' document. The document title is 'PCC Statement of Strategic Intent 2022-2025' and it includes an 'Overview' section. The overview text states: 'The Patient and Client Council are undertaking a review of our delivery and have created a new draft Statement of Strategic Intent 2022-2025 to reflect our work in ensuring that the 'voice of patients, clients, carers and communities is valued, heard and acted upon' in the development of policy on, and provision of, Health and Social Care services. This statutory role gives the organization a unique place within the Health and Social Care sector in Northern Ireland and one which we take very seriously. At this time of major change and pressure across the Health and Social Care system as a whole, it is vital we maintain our focus on listening to, and acting on the voices of, patients and service users; ensuring that resources are deployed to the best effect possible. We have undertaken the creation of this draft document working with a sample of our membership and other stakeholders, and we are now sharing'. The document is dated 'Closes 6 Mar 2022' and 'Opened 15 Nov 2021'. Below the document thumbnail is a purple box labeled 'Survey'. On the right is a map of Northern Ireland divided into five colored regions: Western Trust (yellow), Northern Trust (red), Southern Trust (purple), South Eastern Trust (green), and Belfast Trust (dark red). Below the map is a purple box labeled 'PCC Engagement Hubs focus groups'. A small number '1' is located at the bottom right of the graphic.

<sup>1</sup> Belfast Trust, HSC Trust Areas Available from: [Health service structure | Belfast Health & Social Care Trust \(hscni.net\)](#) Accessed 1<sup>st</sup> June 2022

The survey was created to gather feedback on what people think about the SSI, using a mixture of open and closed questions. The survey was open from 15<sup>th</sup> November and closed 6<sup>th</sup> March. The full survey can be found in **Appendix 1**.

To ensure that we were as inclusive as possible, we created [easy read version of the survey](#) and [consultation document](#) and translated the document into Polish, Lithuanian and Romanian.

The survey was promoted through the PCC's social media and on its website. A letter inviting comments on the SSI from stakeholders such as politicians, HSC organisations and Community and Voluntary was also sent out.

## What you told us

Approximately 100 people engaged with us through the survey and the engagement sessions. The majority were broadly in agreement with the SSI however there were areas of feedback that the public wanted us to hear. This is what you told us:



More awareness of the PCC and what you do



Less, jargon and use more simple language that is easy to understand



You are concerned about access and waiting times for HSC services



Prioritise the voice of patients & carers by connecting them to decision makers and make sure they are part of the discussion



Outline how the PCC is independent from the HSC and DOH?



Focus more on social care, not just health care



Manage the expectations of the public- the PCC don't have the power to change everything



Clarify what powers the PCC have to challenge other HSC authorities

## Survey feedback

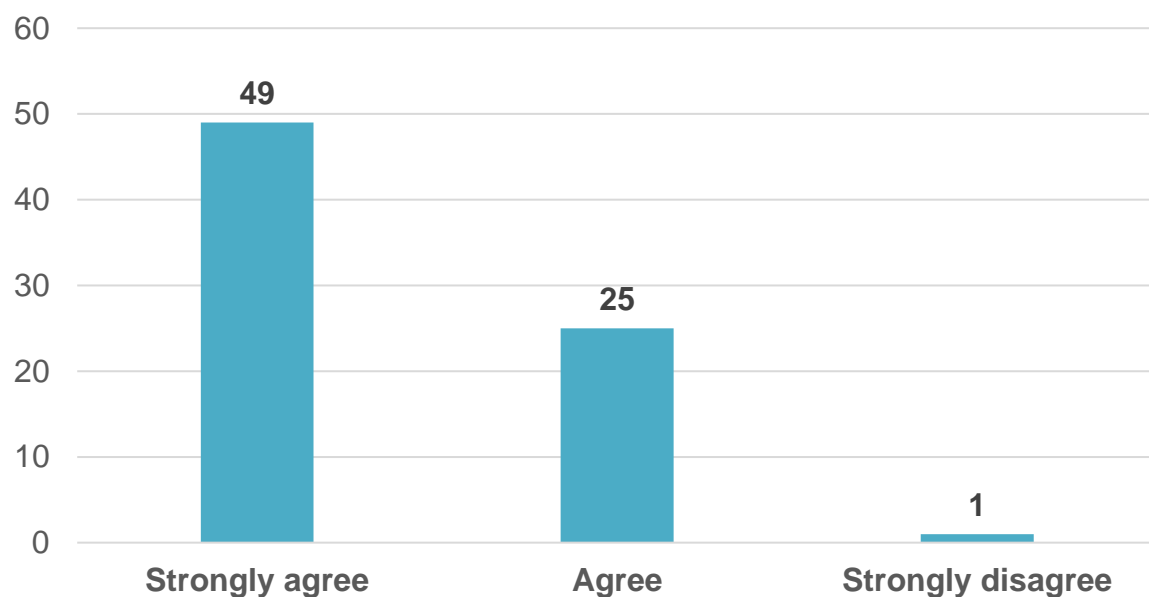
In the survey, we used both closed and open questions to ensure the right balance of quantitative and qualitative information. As previously stated the full survey can be found in **Appendix 1**.

79 people responded to our survey. Whilst we did not ask what capacity people were responding to the survey in, we believe the majority are members of the public (including those who are known to PCC through engagement platforms and hubs) and several organisations have responded.

## Our vision

The vision highlights how we want our HSC services to be designed and asked the public if they agreed that this was the right vision for us. Everyone (except one person who strongly disagreed) strongly agreed or agreed with this vision statement.

**Figure 1: Do you agree this is the right vision for us? (Total=75)**



We asked if there were key words missing from our vision? You told us:

- What do we mean by *'to live the best life we can'*?
- Include *'from the cradle to grave'* support
- Include the words dignity, progressive, mediation and families
- Small number of people did not like some of the wording used and believe that it is not easily understood

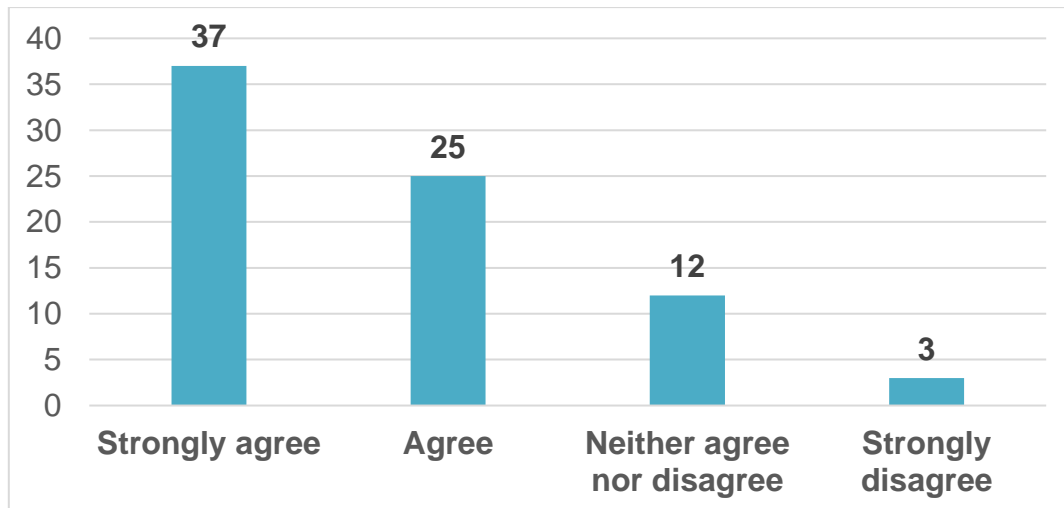
*“This vision statement is focused on the Health and Social Care Service rather than the outcomes of the service users. As I read this as a service user the service comes first.”*

*“I think many members of the public will not be able to understand who is a client and what is a community.”*

*“Is it the best lives they can live or is it ‘in the best health as possible?’”*

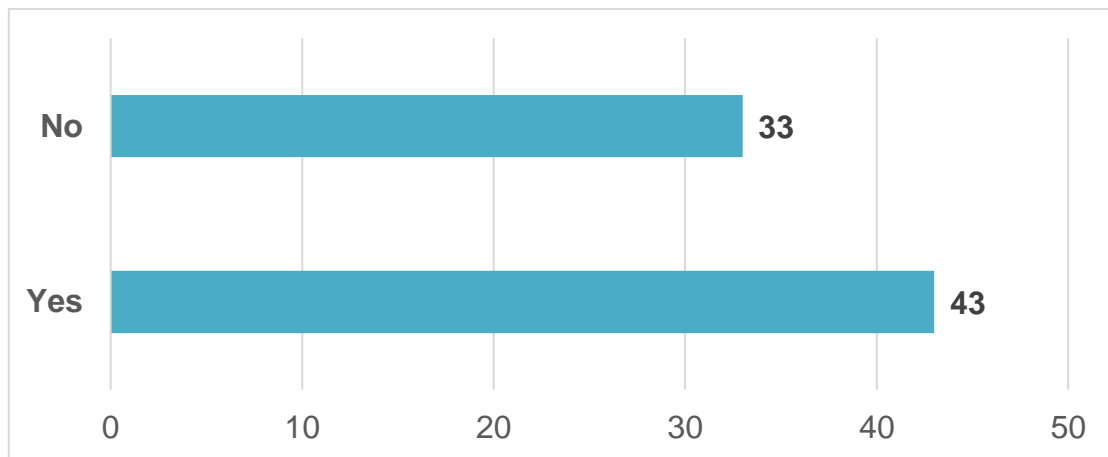
### **Our purpose**

Our purpose outlines the PCC’s statutory duties and highlights how we are using more inclusive language to explain how we support people. 81% strongly agreed or agreed with our purpose, 15% neither agreed nor disagreed and 4% told us they strongly disagreed with our purpose. **Figure 2: Do you agree that this captures the purpose of the PCC? (Total=77)**



We wanted to find out more information about how and in what other ways we should support you. Over half (57%) responded saying yes we should support you in other ways, and 43% saying no.

**Figure 3: This is what our legislation tells us we must do. Do you think that the PCC should support the public in other ways? (Total=76)**



This is what you told us:

- ✓ More powers to challenge authorities
- ✓ More focus on mental health issues
- ✓ Representing people and supporting people to advocate
- ✓ More awareness of the PCC and what support we offer

*“Most of my friends are not aware of the PCC, and so I feel that wider publicity is needed.”*

*“Nobody feels they are being listened to”*

*“Educating the public about public involvement. For so many people, it isn’t even on their radar”*

*“Guiding the public to support, when they have exhausted all the pathways available to them.”*



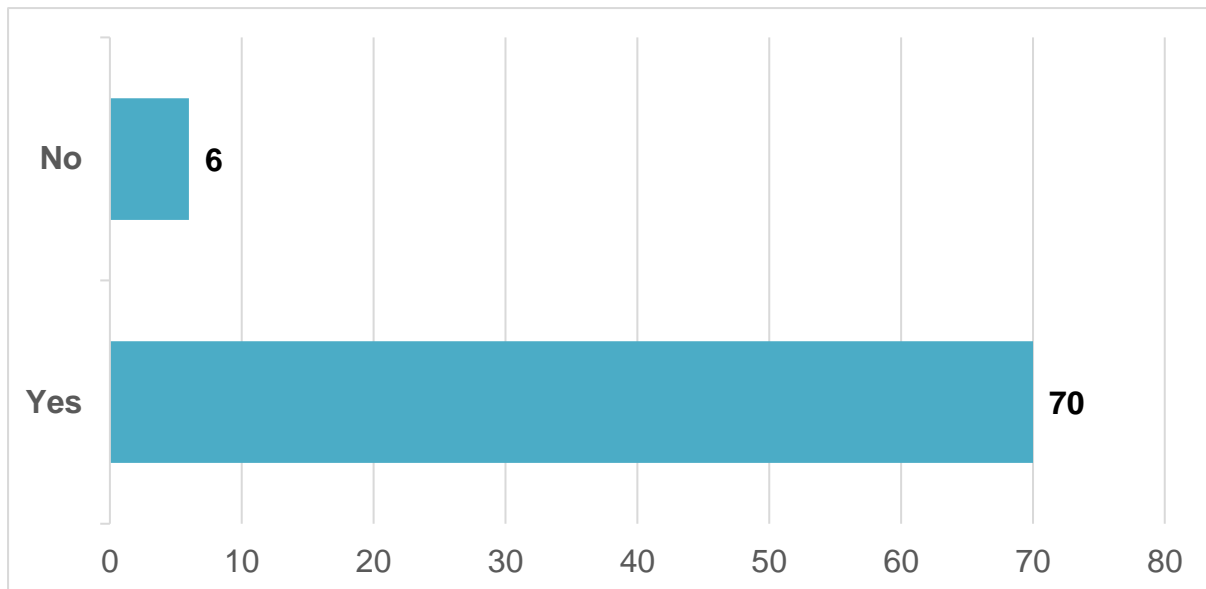
*“Mental health during the pandemic has affected a lot of people and maybe see more ways of helping them would be my vision.”*

*“Have more statutory powers to allow PCC challenge”*

## Our values

Our values sets out the HSC and our own values that are part of how we operate and work. We asked whether you believe these are the right values for the PCC- 92% said yes and 8% said no.

**Figure 4: Do you think these are the right values for us? (Total=76)**



When asked to explain why most said they agreed with the values and agreed with independence, coproduction and evidence based work. But there were a few suggestions; such as working with the public to include the lived experiences of service users and carers in our work. It was also suggested that we need to be independent and empathetic. A few questioned the independence of the PCC and wanted the PCC to have more powers to challenge health and social care.

The public said that our values:

*“They are clear. They are concise. They are transparent”*

*“It’s all encompassing for promoting knowledge, understanding, expectations and support”*

*“The NHS is crumbling & struggling with demands put on it by society. Patients are not being heard because it’s overwhelming.”*

*“These values reassure the public”*

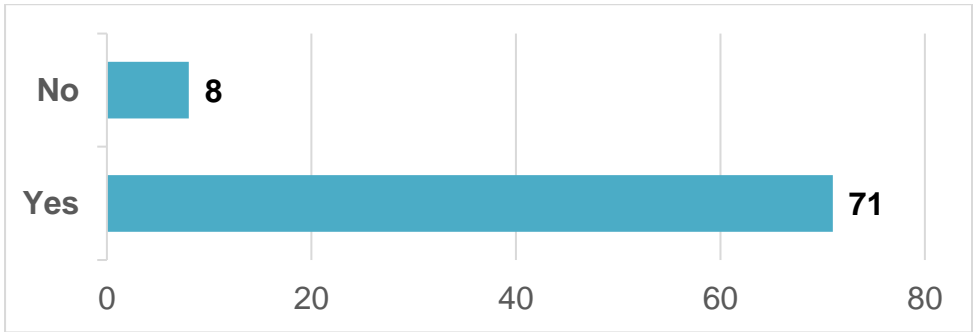
*“right now you are not an independent voice, you have no challenging function ... [you] are very much working for the system and not the public”*

*“These values are reiterations of the Trust values - which leads to the public doubting the true independence of the organisation.”*

### Our Work

This section informs how the PCC intends to work with the public, helping them to navigate their way through HSC services, advocating, engaging them in a conversation to help make positive policy change. We asked if this is how they would like us to work with the public. The majority (90%) said yes, whilst 10% said no.

**Figure 5: Does this describe how you would like to see us work with the public? (Total=79)**



When asked to explain why, most said they agreed with how we want to engage with the public. There were also those who disagreed. Like the feedback received during our engagement sessions, some said that we need to use simpler language that is accessible and easy to understand.

Others said that our work needed to be more service user focused, again echoing what was said at the engagement sessions.

The public commented:

*“Gives a voice to those who may not otherwise have one”*

*“Patients and those associated with them, their views are vital as part of the decision making progress in the provision of health care services”*

*“It shows the PCC is working with both with and for the health professionals, the advisors and the people they serve”*

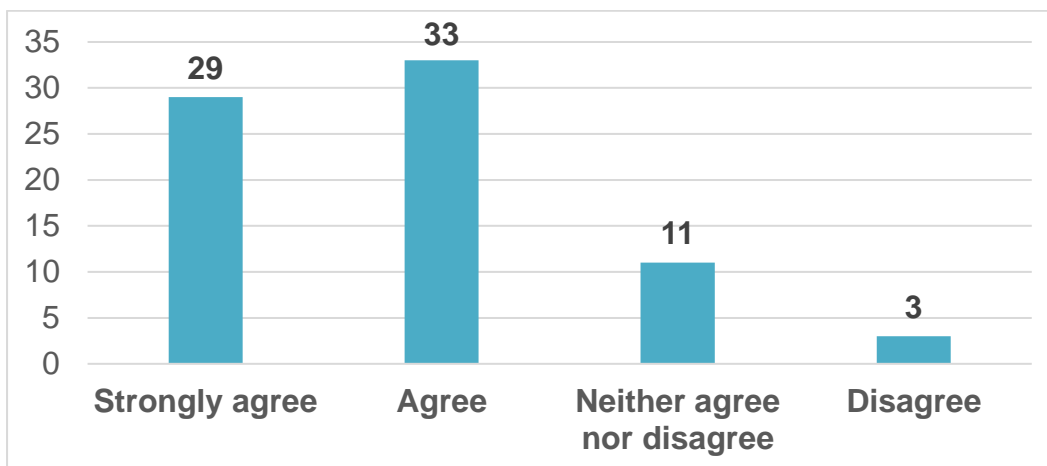
*“Too technical for the common man to get the gist of what's what”*

*“Again you start with health and social care, rather than starting with the service user”*

## Engagement

Our engagement describes how we involve the public in our work and inform them about developments with HSC services. It also sets out the different ways in which the public can be involved with the PCC, such as our PCC Citizen Hubs and PCC Engagement Platforms. When asked if they agree with our plans to help people get involved in Health and Social Care services, of the 76 who answered this question, 38% said they strongly agreed, 43% agreed, 15% neither agreed nor disagreed and 4% disagreed.

**Figure 6: Do you agree that these engagement structures would help you get involved in your health and social care? (Total=76)**



We asked if there are other ways we can help people get involved in HSC services. Again many said that there needed to be more awareness of the PCC and what we do. Some said that the PCC needs to:

- ✓ appeal to younger people
- ✓ engage with the public at all levels
- ✓ focus on local issues

Some questioned what we do with the data we gathered, and if we can hold organisations to account.

The public commented:

*“Citizen Hubs are not engaging or appealing for the younger generations, those who work, or who have other commitments. [Make] greater use of social media platforms would reach those who are interested without placing demands on the public to attend.”*

*“[The] engagement listed is about data collection and providing this data to the powers that be. So what happens next?”*

*“By being on the ground in facilities to talk to service users and providers who would not otherwise be motivated to engage”*

*“Can you hold that organisation to account?”*

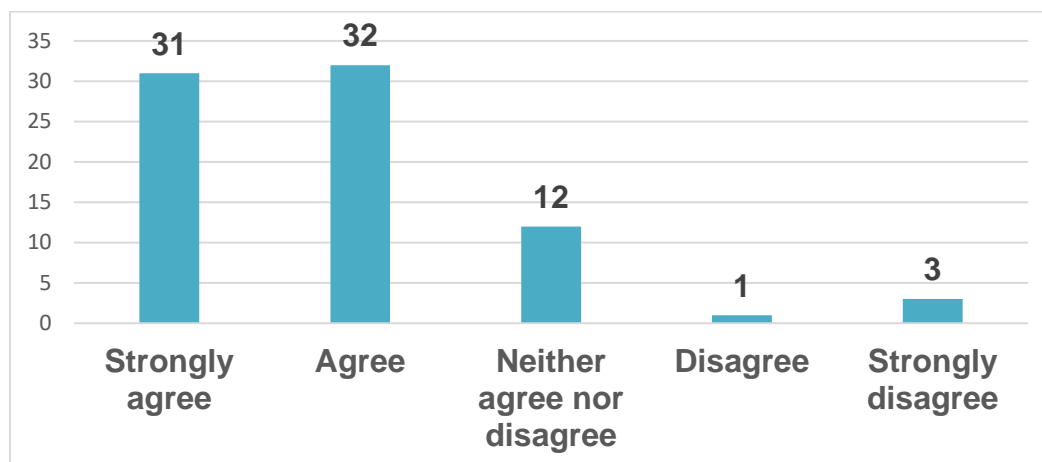
*“Higher profile of public awareness of existence”*

## Advocacy

The Advocacy section describes how we support clients who come to us for advice and information on their issues and concerns. It describes how the PCC focuses on early resolution of issues and concerns, but where is not possible, the PCC will support clients through the formal complaints process.

We asked the public if they agreed that this model of advocacy and support would help them, address issues, concerns and complaints with health and social care. The majority (80%) strongly agreed or agreed with this model of advocacy with 15% neither agreeing or disagreeing and 5% disagreed or strongly disagreed.

**Figure 7: Do you agree that this model of advocacy and support would help you address issues, concerns and complaints with health and social care? (Total=79)**



The majority agreed with the PCC's aim to seek early resolution before making a formal complaint and believed our plan for advocacy was person-centred, comprehensive and that the process was clear. Others supported group advocacy as collective voices are stronger than an individual voice. However, some said that the language was unclear and questioned how PCC advocacy would work with other advocacy services.

Other comments included:

*“It can be hard to hear a single voice in the crowd, whereas collective voices can have more influence”*

*“I would like emphasis on early resolution and informal resolution... who really sees the benefits of a formal complaints process ... it’s soul destroying for everyone.”*

*“This offers a service that involves patients an opportunity to share their experiences with the health service.”*

*“The jargon “co-production” and “voice” render this statement meaningless”*

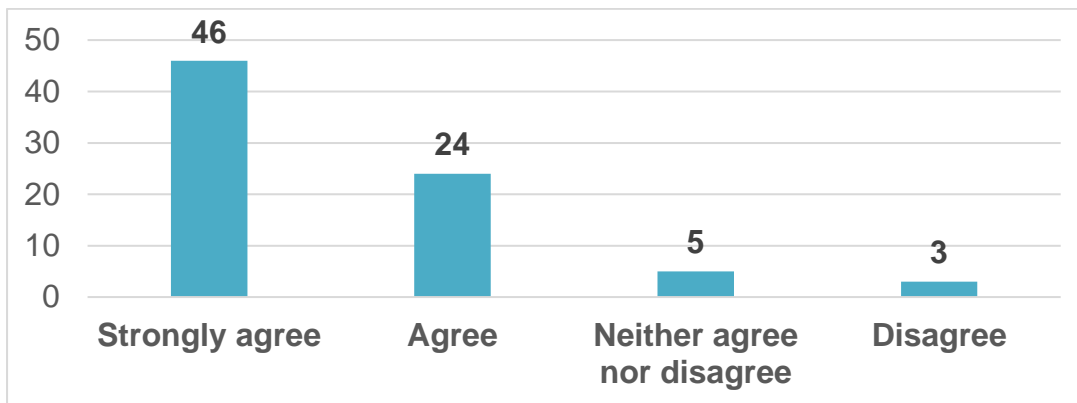
## **Policy Impact and Influence**

Policy Impact and Influence describes how the PCC will be the channel for ‘*constant conversations*’ across HSC and can connect the public to decision makers. It also recognises that the PCC will use its networks to reach out and gather expertise from individuals and organisations with lived experiences in certain areas of HSC services.

When asked if they agreed with the PCC working in close partnership with other organisations. The majority (90%) strongly agreed or agreed, 6% neither agreed nor disagreed and 4% disagreed.

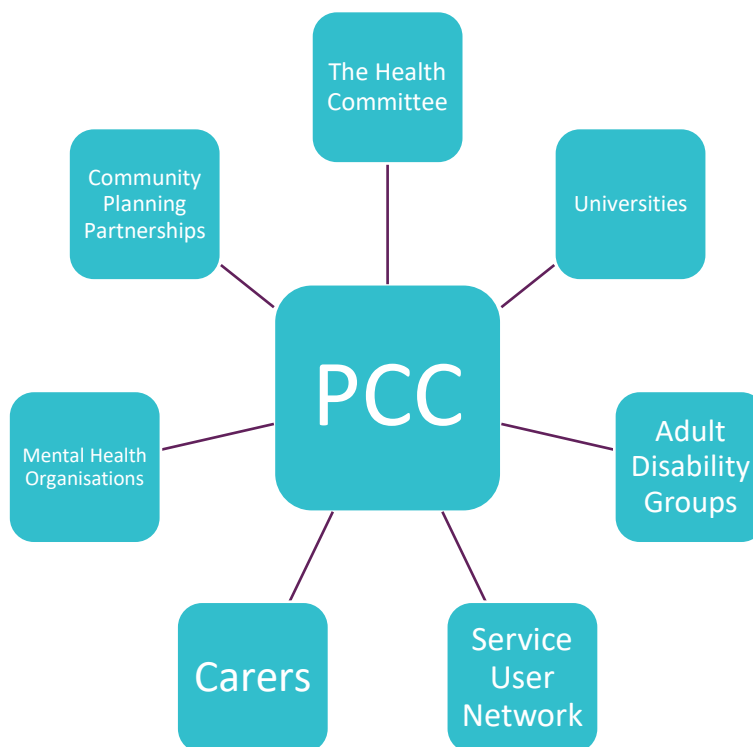


**Figure 8: Going forward the PCC will work in close partnership with other organisations. Do you agree with this approach? (Total=78)**



We also asked the public if they had any suggestions for people and organisations the PCC should connect with in the future. There were a range of people and organisations suggested below in **figure 9**.

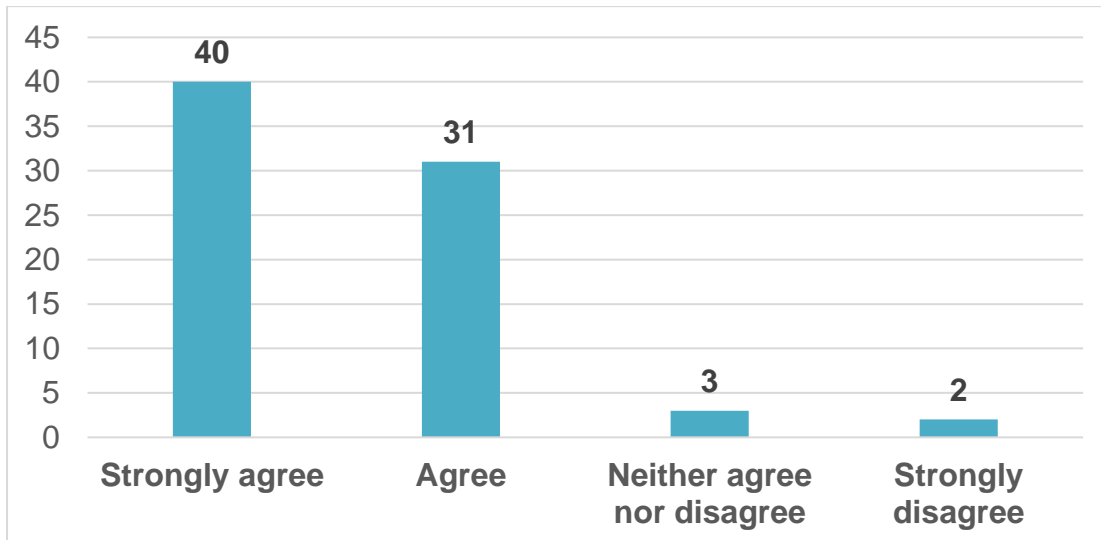
**Figure 9: Who else the PCC should connect with.**



## Our outcomes

Our outcomes are split into our strategic and operational outcomes. When asked if they agreed that these are the right outcomes, the majority (94%) strongly agreed or agreed. 4% neither agreed nor disagreed and 3% strongly disagreed.

**Figure 10: Do you agree these are the right outcomes for PCC? (Total=76)**

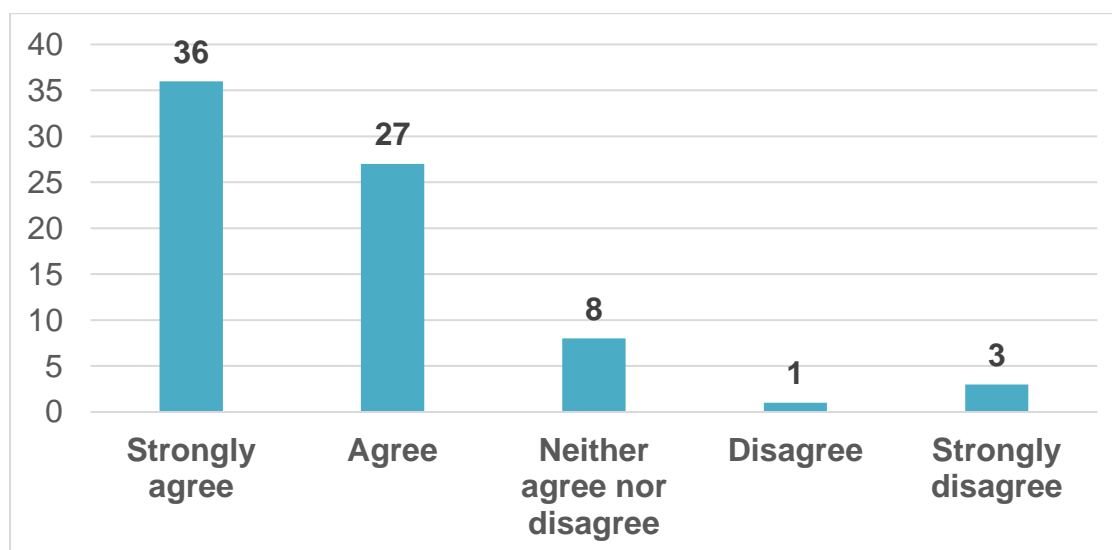


When asked if they had any suggestions for other outcomes the PCC should seek to achieve, the public had various suggestions. One suggestion was to make an improved service user experience of HSC services. Another suggestion was to conduct a review of HSC provision in Northern Ireland. Finally, the public said that the PCC should work in partnership with other organisations to achieve outcomes and improvements to HSC services.

## Our priorities

Finally, our priorities outline areas of work for the PCC going forward. These are informed by engagement with the public, areas of focus within Health and Social Care and actions necessary to deliver on our work. When asked if they agreed that these were the right priorities for PCC, the majority (84%) strongly agreed or agreed, 11% neither agreed nor disagreed whilst 1% disagreed and a further 4% strongly disagreed.

**Figure 11: Do you agree these are the right priorities for PCC? (Total=75)**

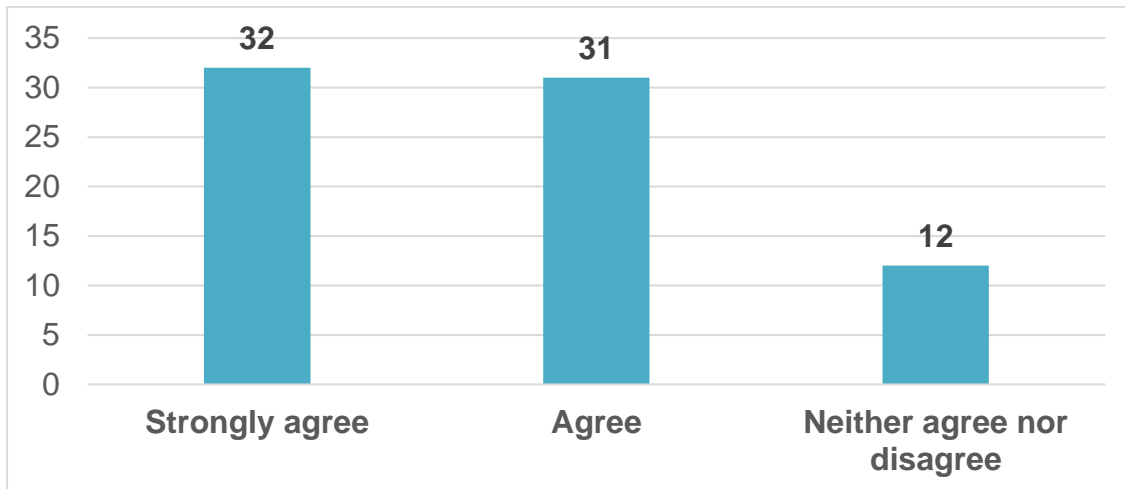


We asked if they had any suggestions for other priorities the PCC should have. Again there was a wide range of answers which included:

- Chronic Pain Conditions
- Stroke Services
- Waiting Lists
- GP Services
- Public Health Promotion
- Cardiac services
- The voice of children and young people
- Specialist Services outside of Belfast

Finally, the public were asked if they agreed that the enabling priorities would enable the PCC to achieve its strategic outcomes, the majority (84%) either strongly agreed or agreed and 16% neither agreed nor disagreed.

**Figure 12: Do you agree that these enabling priorities will enable the PCC to achieve its strategic outcomes? (Total=75)**



### **Next steps- what we did and what we will do**

Based on your feedback, we have:

- ✓ simplified the language across the SSI document
- ✓ Continued to raise awareness of the PCC. We appointed a Communications and Public Affairs Manager in February and a key part of her role is to promote PCC. We will be relaunching the PCC in the Autumn 2022 which will help us raise the profile of the PCC.

### **What we will take forward:**

- ✓ Continue to put the voice of patients and carers at the centre of everything we do and we will continue to improve how we engage with the public and connect them with decision makers.
- ✓ Continue to work with decision makers outlining your concerns about access and waiting times for HSC services and work together to create solutions.
- ✓ Outline to the public how the PCC is independent from the HSC and DOH.
- ✓ Clarify what powers the PCC have to challenge other HSC authorities.

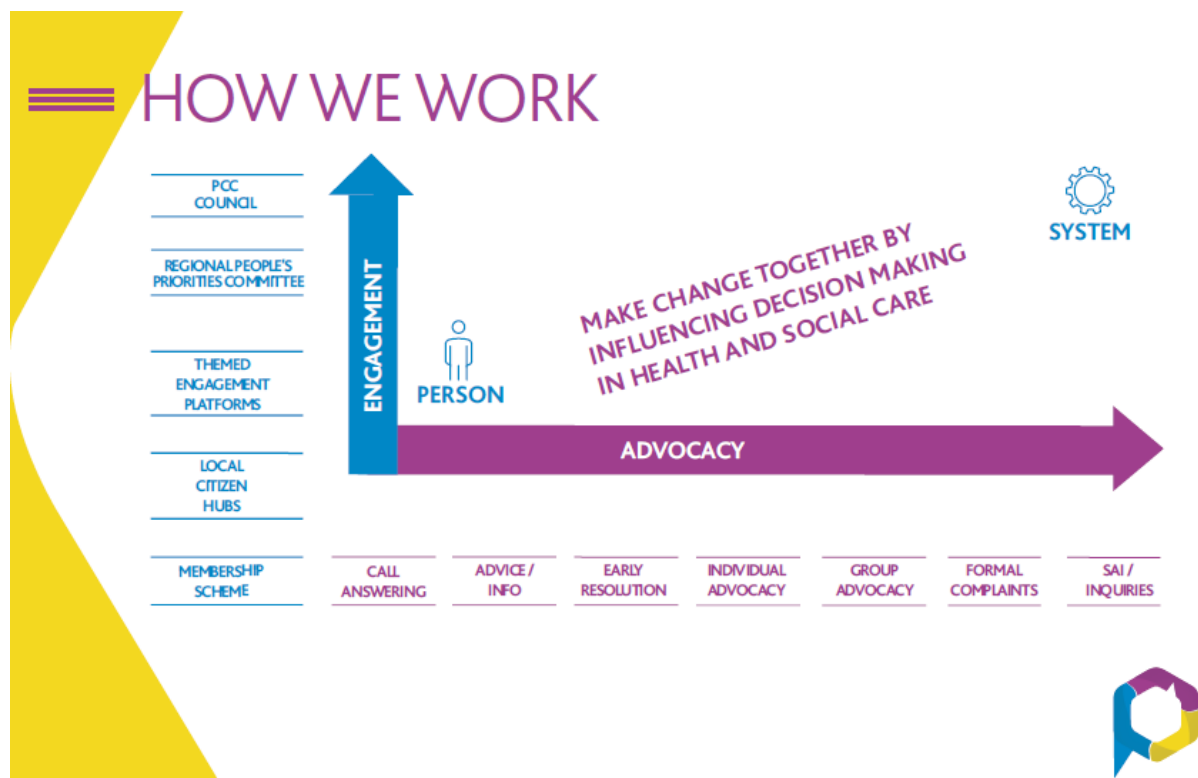
## Appendix 1 - Statement of Strategic Intent Survey



### Statement of Strategic Intent

The Patient and Client Council's (PCC) Statement of Strategic Intent describes what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. This survey asks for your feedback and opinions on the Statement of Strategic Intent. A full version of the statement can be found on the PCC's website.

The model below shows how the PCC operates.



## VISION

Our vision is for a Health and Social Care Service, *actively shaped* by the needs and experience of patients, clients, carers and communities, to enable them to live the best lives they can.



1. Do you agree this is the right vision for us?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2. Are there key words missing from our vision? If so, please list them.

## PURPOSE

We are an *independent, influential voice*: a trusted catalyst for change. We connect people to Health and Social Care services so that they make positive policy change. We do this by walking beside people and connecting them to decision makers.

**With respect to health and social care services, the PCC:**

- represents the interests of the public;
- promotes the involvement of the public;
- assists people making or intending to make a complaint;
- promotes the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services;
- undertakes research into the best methods and practices for consulting and engaging the public.



3. Do you agree that this captures the purpose of the PCC?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

4. This is what our legislation tells us we must do. Do you think that the PCC should support the public in other ways?

- Yes
- No

5. If yes, what else do you think we should be doing?

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# VALUES

We are committed to the HSC values and these will be reflected in our behaviours:



Working Together



Excellence



Openness and Honesty



Compassion

In carrying out our work



We put people at the centre of all we do



We use evidence as a foundation



We speak independently



We work in partnership

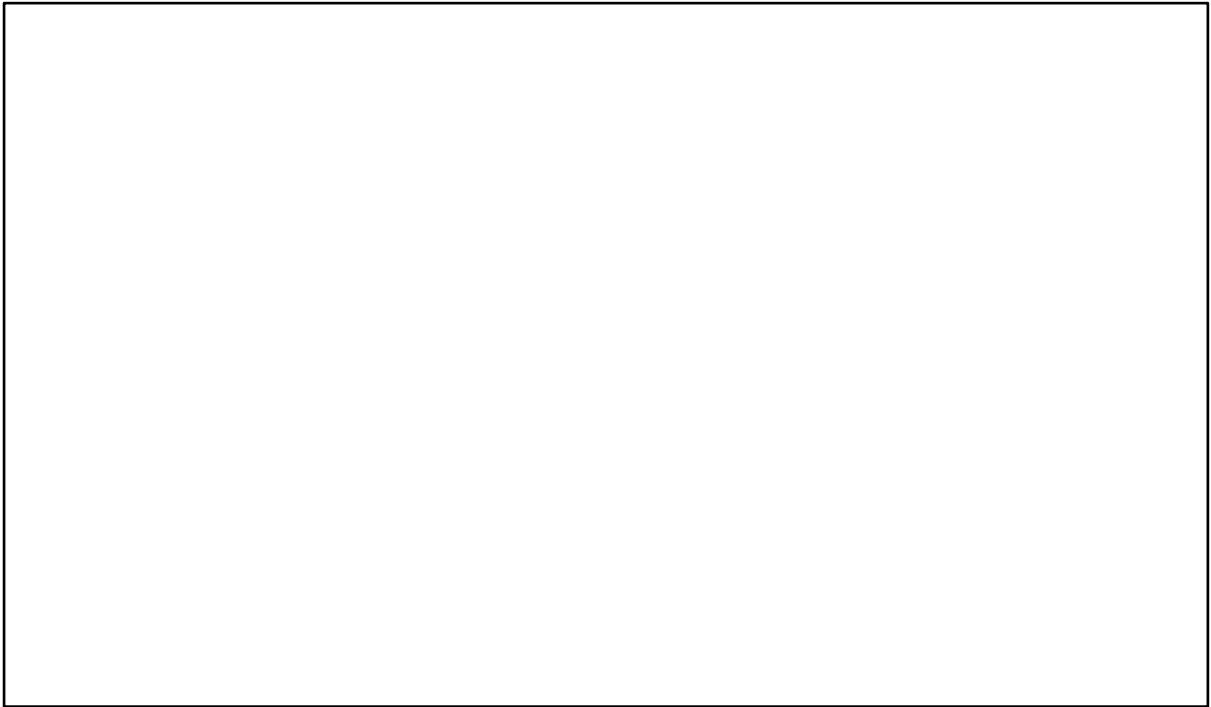


6. Do you think these are the right values for us?

- Yes
- No

7. If yes, can you say why?

8. If no, can you tell us what values you would recommend?

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## OUR WORK

Health and social care is complex, so we help people to *find their way through* it. We *walk beside people* and *connect them to decision makers* by creating a 'constant conversation' between the public and health and social care providers. Through this, *we can make change together*.

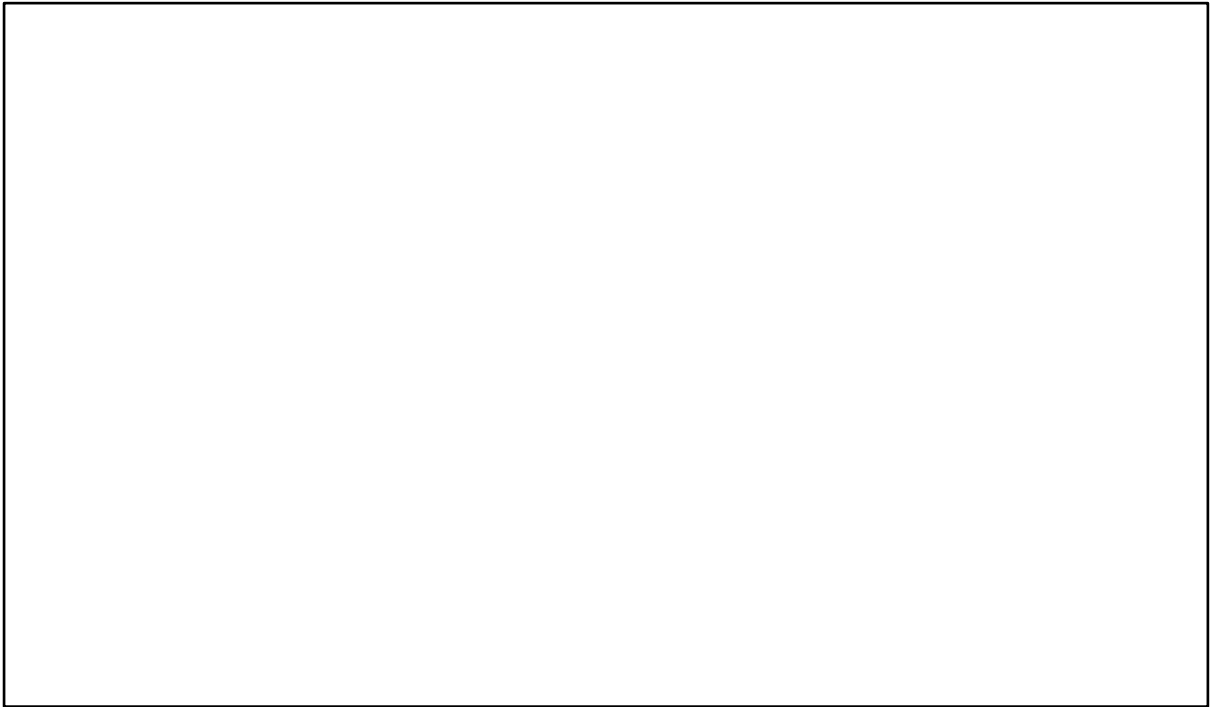
We want to support people to bring their experience, knowledge and skills to influence legislation, policy and practice in health and social care.

9. Does this describe how you would like to see us work with the public?

- Yes
- No

10. If yes, can you say why?

11. If no, can you tell us why?

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## ENGAGEMENT

Our engagement structures offer the public a range of opportunities to get involved according to their interest in health and social care.

The foundation for our **engagement** is our PCC Membership Scheme for those interested in regular updates about more general information and developments in health and social care.

The next level of our engagement model is our PCC Citizen Hubs, which are more interactive and happen in each of the Trust areas with a specific hub for learning disability. They offer the public a chance to be involved at a local level and creates the space for monthly updates and conversation about health and social care.

At the next level, our work becomes more focused. Our PCC Engagement Platforms offer the public the chance to be involved in theme-based work, connecting them with representatives across the health and social care and voluntary and community sectors.

The information we gather from the public about what issues and concerns they have and what positive change they want to make, is brought together at our People's Priorities Committee. This is a regional sub-committee of our PCC Council. It provides a strategic forum to look across our practice work to understand what are the people's priorities and how can we bring about positive policy change.

The PCC Council is the Board of the Patient and Client Council. It sets the strategic direction of the organisation as a whole, informed by the People's Priorities Committee and the wider public voice.



12. Do you agree that these engagement structures would help you get involved in your health and social care?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

13. What other ways would you like to see us engage the public in health and social care?



## ADVOCACY

Our advocacy and support begins with the first point of entry to the PCC, which can often involve the provision of advice and information to the public over the phone or via email.

Our focus is on finding early resolution of issues through conversation and signposting to appropriate services to meet immediate need.

Where early resolution cannot be achieved our advocacy and support carries through to individual and group advocacy casework. In some cases, this *support and advocacy* will, progress to formal complaint processes. This can include independent advocacy services within SAs (serious adverse incidents) and Public Inquiries.

Our practice model focuses on relationship building and a *partnership approach, putting the voice of the patient and client* at the centre of our work. This is important to help us achieve our purpose of promoting the involvement of the public and representing their interests.

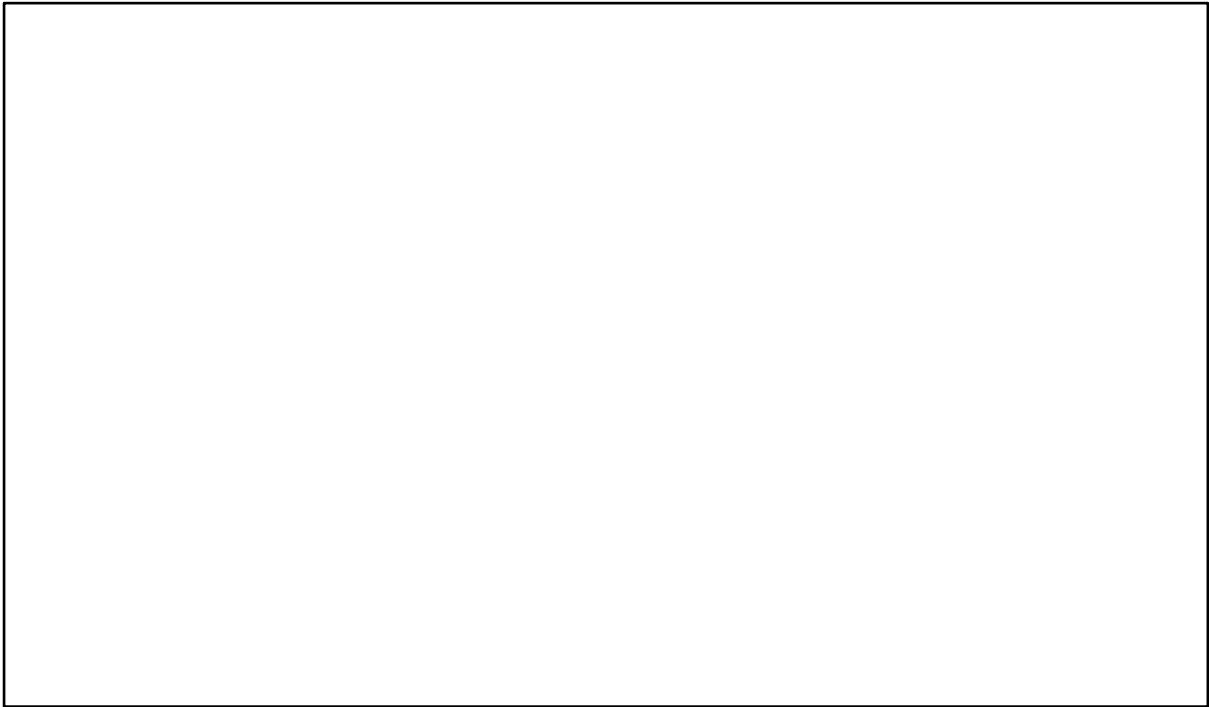
This approach, uses *advocacy and mediation skills* on an individual and group basis, to help us support (by way of representation or otherwise) individuals making or intending to make a complaint relating to health and social care in the most effective way.



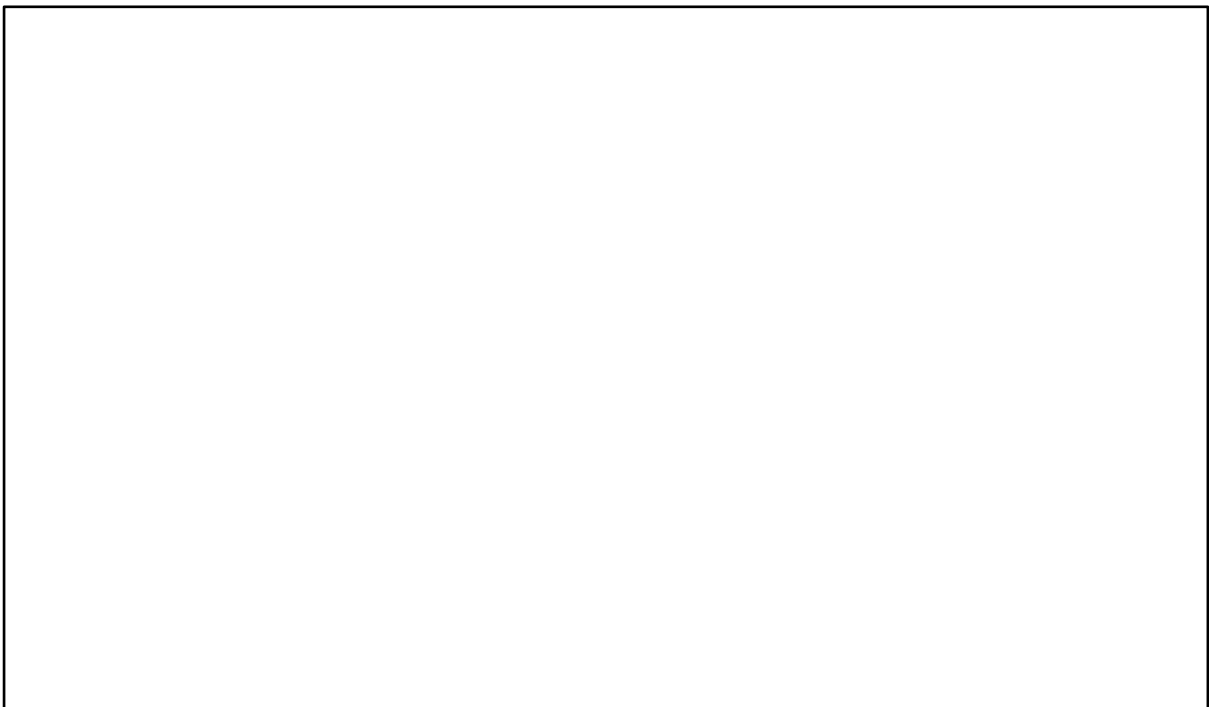
17. Do you agree that this model of advocacy and support would help you address issues, concerns and complaints with health and social care?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

18. If yes, can you say why?



19. If no, can you tell us why?





## ≡ POLICY IMPACT AND INFLUENCE

Using the information gathered through this work gives us the foundation for our policy impact and influence efforts.

In order to reach more people, we rely on a '*network of networks*' approach. We build relationships with a range of individuals and organisations, using their knowledge and expertise across all of our work.

The PCC is a channel for '*constant conversations*' across health and social care, recognising the value of bringing the public voice to the decision-making table.

We believe it is important to continue to improve our practice to make sure we make positive policy change. We will focus on the best methods and practices for talking to the public about, and involving them in, matters relating to health and social care.

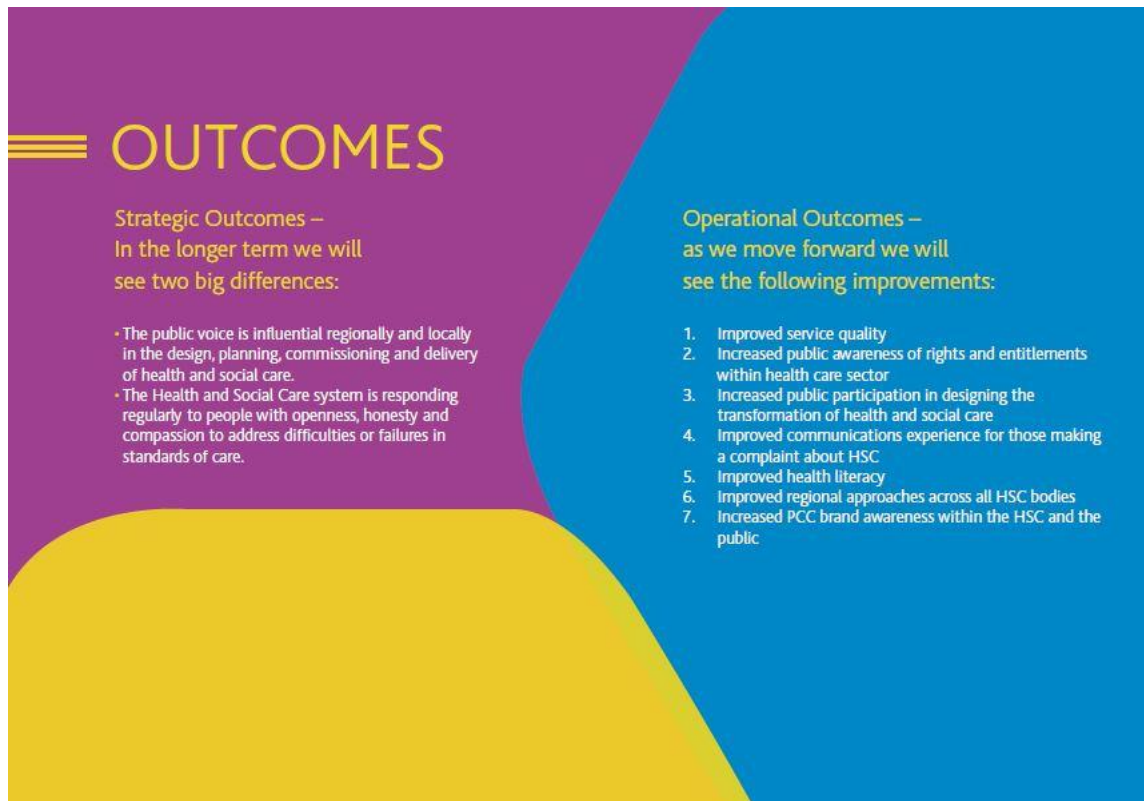


20. Going forward the PCC will work in close partnership with other organisations. Do you agree with this approach?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

21. Do you have any suggestions for people and organisations the PCC should connect with?

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22. Do you agree these are the right outcomes for PCC?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

23. Do you have any suggestions for other outcomes the PCC should seek to achieve?

# ≡ PRIORITIES

Our priorities are informed by engagement with the public (**People's Priorities**), areas of particular focus within Health and Social Care (**Operational Priorities**) and actions required to deliver on our work (**Enabling Priorities**):

**From our current engagement work we know that people are most concerned about:**

1. Quality safe care
2. Rights, entitlements and information provision
3. Involvement in design and delivery of the rebuild and recovery of health & social services
4. Accessing services

**Our Operational Priorities are:**  
HSC Rebuild and Recovery, in particular:

- Future Planning
- No More Silos
- Cancer
- Clinically Extremely Vulnerable
- Domiciliary care
- Bereavement & Palliative Care
- Advance Care Planning

**Our Operational Priorities are:**

- Care of Older people
- Mental Health
- Learning Disability
- Adult Safeguarding
- Public Inquiries
- Serious Adverse Incidents
- Gender Identity
- Myalgic Encephalomyelitis (ME)

**In order to meet the priorities identified we will work hard at these priorities:**

- Individual and Group Advocacy
- Communication and Engagement
- Holding People's Priorities at the heart of PCC
- Developing PCC's digital capacity to support our work

24. Do you agree these are the right priorities for PCC?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

25. Do you have any suggestions for other priorities the PCC should have?

## In order to meet the priorities identified we will work hard at these priorities:

- Individual and Group Advocacy
- Communication and Engagement
- Holding People's Priorities at the heart of PCC
- Developing PCC's digital capacity to support our work

26. Do you agree that these enabling priorities will enable the PCC to achieve its strategic outcomes?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Thank you for taking the time to complete this survey. You can find out information on our plans below.

## PLANS

Our Statement of Strategic Intent provides direction for our staff, the public and our partners.

Whilst there are many uncertainties (Covid, fiscal, political etc.) our aim is firm. Our job is to bring the voice of the public to the decision-making tables. We are in a period of tremendous transformation and change.

The public want to take their place in the discussions about how we design and provide the Health & Social Services we require. This work will be underpinned by the regional health and social care strategies and plans for transformation, for example:

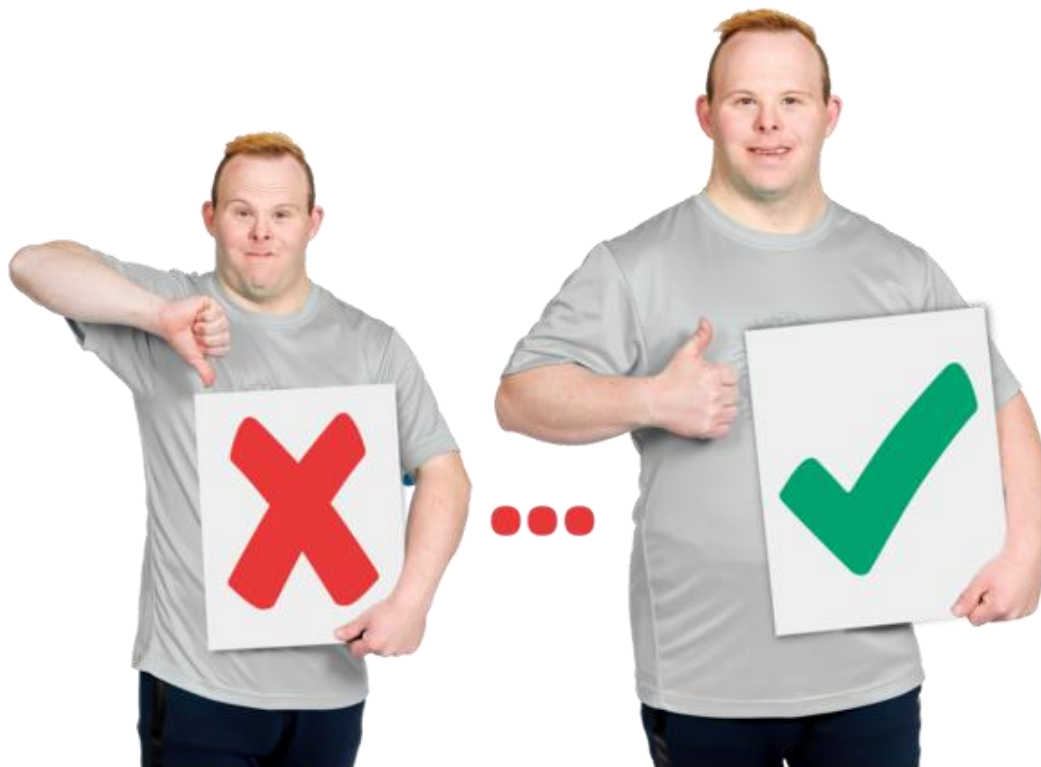
- The Northern Ireland Programme for Government
- Health and Wellbeing 2026: Delivering Together (Transformation Programme)
- Rebuilding Health and Social Care Services
- Health and Social Care (Reform) Act (Northern Ireland) 2009
- Department of Health Outcomes Framework
- Regional HSC Strategies

Delivery of our priorities is supported by an Annual Operational Plan available on the PCC website.

# Our Plans for 2022-2025 Survey

Patient and Client Council (PCC)

**We want to know what you think**



**Easy Read Survey**

# About this survey

**Patient and  
Client Council**  
Your voice in health and social care

Hello. We are the **Patient and Client Council**.  
Sometimes we shorten this to **PCC**.



We help people tell Health and Social Care services:

- About their experiences.



- And about what people need from Health and Social Care services



We have written a plan for what we want to do in the future.

It is called **Our Plans for 2022-2025**.



The plan tells you how we want to help more people get involved in Health and Social Care services.



We want to know what you think about our plans. Your answers will really help us.



Please read **Our Plans for 2022-2025** before you answer the questions in this survey.



If you have any questions please **e-mail** us at [info.pcc@pcc-ni.net](mailto:info.pcc@pcc-ni.net).



If you would like to talk to us please **phone** us on 0800 917 0222.





This is an Easy Read document.

But you may still need support to read it. Ask someone you know to help you.

# Questions



1. Please turn to page 4 of **Our Plans for 2022-2025** to read about our **Vision**.

Do you agree this is the right vision for us?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



2. Please tell us if you think anything is missing from our vision.

**Please tell us in the space below.**



3. Please turn to page 5 of **Our Plans for 2022-2025** to read about our **Purpose**.

Do you agree it explains our purpose?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



4. The law tells us what to do to help people to get involved in Health and Social Care services.

Do you think we should help people in other ways?

**Please tick one box.**

Yes

No

**If you answered No please go to  
Question 6**



- 5.** If you answered Yes to question 4, please tell us what you think we should be doing.

**Please tell us in the space below.**



6. Please turn to page 7 of **Our Plans for 2022-2025** to read about our **Values**.

Do you agree these are the right values for us?

**Please tick one box.**

Yes

No

**If you answered No please go to Question 8**



7. If you answered Yes to question 6 please tell us why.

**Please tell us in the space below.**



**8.** If you answered No to question 6 please tell us what values you think are important.

**Please tell us in the space below.**



9. Please turn to page 9 of **Our Plans for 2022-2025** to read about our **Work**.

Is this how you would like us to work with the public?

**Please tick one box.**

Yes

No

**If you answered No please go to Question 11**



10. If you answered Yes to question 9 please tell us why.

**Please tell us in the space below.**



**11.** If you answered No to question 9 please tell us why.

**Please tell us in the space below.**





**12.** Please turn to page 10 of **Our Plans for 2022-2025** to read about our **Engagement** plans.

Do you agree with our plans to help people get involved in Health and Social Care services?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



**13.** Please tell us of any other ways we can help people get involved in Health and Social Care services.

**Please tell us in the space below.**



**14.** Please turn to page 12 of **Our Plans for 2022-2025** to read about our **Advocacy** plans.

Do you think our plans will help you deal with any problems or complaints about Health and Social Care services?

**Please tick one box.**

Yes

No

**If you answered No please go to Question 16**



**15.** If you answered Yes to question 14 please tell us why.

**Please tell us in the space below.**



**16.** If you answered No to question 14 please tell us why.

**Please tell us in the space below.**



**17.** Please turn to page 14 of **Our Plans for 2022-2025** to read about our **Policy, Impact and Influence**.

Do you agree with our plans to work closely with other organisations.

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



**18.** Please tell us about any people or organisations you think we should work with.

**Please tell us in the space below.**



**19.** Please turn to page 15 of **Our Plans for 2022-2025** to read about our **Outcomes**.

Do you agree these are the right outcomes for us?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



**20.** Please tell us about any other **Outcomes** you think are important.

**Please tell us in the space below.**



**21.** Please turn to page 18 of **Our Plans for 2022-2025** to read about our **Priorities**.

Do you agree these are the right **Priorities** for us?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



**22.** Please tell us about any other **Priorities** you think are important.

**Please tell us in the space below.**



**23.** Please turn to page 20 of **Our Plans for 2022-2025** to read about our **Enabling Priorities**.

Do you agree that this work will help us get more people involved in Health and Social Care services?

**Please tick one box.**

I strongly agree

I agree a bit

I do not agree and I do not disagree

I disagree a bit

I strongly disagree



**Thank you for taking part in this survey.**



**We will collect all your answers.  
They will really help us.**



**Please return this form by 28 January 2022.**



**You can email it to us at [info.pcc@pcc-ni.net](mailto:info.pcc@pcc-ni.net)**

**You can post it to us at**



**FREEPOST**

**Patient and Client Council**

**You can answer the survey over the phone  
by calling** Ann-Marie Doone, Involvement  
Officer, on **028 9536 8093**





If you have any questions you can email us  
at [info.pcc@pcc-ni.net](mailto:info.pcc@pcc-ni.net) or phone Ann-Marie  
Doone, Involvement Officer, on **028 9536 8093**

This survey was written by the **Patient and Client Council (PCC)**. It is an easy read version of '**Statement of Strategic Intent Survey**'.

**November 2021**

This document was made into easy read by **Go Easy Read** using **Photosymbols**.