Western Health and Social Care Trust

Personal & Public Involvement Consultation Scheme

Version 1: December 2009
Version 2: December 2011
Version 3: March 2012
Version 4: March 2015
**VERSION CONTROL**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Brief Summary of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>November 2009</td>
<td>First Version</td>
</tr>
<tr>
<td>Version 2</td>
<td>20 December 2011</td>
<td>No Change</td>
</tr>
<tr>
<td>Version 3</td>
<td>28 March 2012</td>
<td>Review following DHSSPS Circular HSC (SQSD) 01/12 Jan 2012</td>
</tr>
</tbody>
</table>
Personal and Public Involvement (PPI) Consultation Scheme

CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Introduction</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Governance structures for meeting the requirements of Personal and Public Involvement (PPI)</td>
<td>8</td>
</tr>
<tr>
<td>4.</td>
<td>Arrangements for ensuring that PPI is an integral part of the Western Trust’s business</td>
<td>12</td>
</tr>
<tr>
<td>5.</td>
<td>Arrangements for assessing the effectiveness of PPI in the Western Trust</td>
<td>15</td>
</tr>
<tr>
<td>6.</td>
<td>How to get a copy of this Consultation Scheme</td>
<td>16</td>
</tr>
</tbody>
</table>

Appendix 1 Western Trust Organisational Structure 17
Appendix 2 Western Trust Governance Structure 18
Appendix 3 Extract from WHSCT Equality Scheme 2014-2017 Chapter 3 Arrangements for Consulting 19
1. **Introduction**

This Consultation Scheme outlines the arrangements which the Trust will put in place, to ensure that the statutory requirements are fully met. The Scheme will be underpinned by the Western Trust’s Personal and Public Involvement (PPI) Strategy and Action Plan.

PPI is about how service users; patients, clients and carers (including the public) can have their say about care and treatment, and the way services are planned and delivered.

The Western Health and Social Care Trust (Western Trust) has developed this Consultation Scheme in order to meet the statutory requirements outlined in the Health and Social Care (Reform) Act (Northern Ireland) 2009. Under Section 19 of the Act, each Health and Social Care (HSC) organisation must prepare a Consultation Scheme setting out what arrangements it has in place to ensure that service users; patients, clients and carers (including the public) are involved in, and consulted on, matters relating to the planning and delivery of health and social care services.

The Act places a duty on Public Authorities to actively promote and develop systems of consultation. The legislation formalises an ongoing commitment, which has always formed part of good practice in the planning and provision of Health and Social Care in the Western Trust.
2. Personal & Public Involvement (PPI) Standards and Key Performance Indicators (2015)

Working through the Regional HSC PPI Forum in 2014, the PHA developed a set of Standards for PPI and an associated monitoring framework. The Standards were endorsed by the Minister for Health, Social Services and Public Safety and were launched in March 2015. The five Standards of PPI support the key principle of people being involved and consulted on decisions which affect their Health and Social Care and will oversee the input the public have into their care.

The Western Trust Directorates will strive to implement the five new Standards for PPI. In addition, the Director of Performance and Service Improvement, alongside the Head of Equality & Involvement, will monitor implementation of these Standards.

**Standard One – PPI Leadership**

Health & Social Care (HSC) Organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice

**Key Performance Indicators:**

- PPI leadership structure in place across the organisation to include:
  - Named Executive and Non-Executive PPI Lead at Board Level, with clear role descriptions and objectives;
  - PPI Operational Lead;
  - PPI leadership structure throughout the organisation.

**Standard Two – PPI Governance**

HSC Organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice

**Key Performance Indicators:**

- Governance and corporate reporting structures are in place for PPI.
- Action Plan with defined outcomes developed to demonstrate the impact of PPI.
• Annual PPI Report produced, demonstrating evidence of compliance with PPI responsibilities and work undertaken to address challenges in this area.

Standard Three – Opportunities and Support for Involvement
HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services

Key Performance Indicators:
• Maintain an up-to-date register of existing and future opportunities for involvement at all levels across the organisation, which is accessible by the public.
• Support the involvement of service users, carers and the public to include:
  1. Provision of clarity on roles/responsibilities for those who are participating.
  2. Provision of training/support.
     - Advocacy support provided if required.
  3. Use of accessible/user friendly communications, mechanisms/procedures e.g. use of plain English, easy read, jargon free etc.
  4. Good meeting etiquette.
• Named HSC points of contact for each individual engagement exercise.
• Provide feedback to those involved on each engagement as standard practice.
• As part of your Action Plan, identify barriers to involvement and develop actions to overcome these.

Standard Four – Knowledge and Skills
HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations

Key Performance Indicators:
• Integrate basic PPI awareness raising into induction arrangements for all new staff.
- Evidence compliance with any annually agreed regional targets for the provision of/access to PPI training.
- Ensure a mechanism is in place to capture information on the up-take of PPI training.
- Demonstrate service user and carer involvement in the design, delivery or evaluation of PPI training.

**Standard Five – Measuring Outcomes**

HSC organisations will measure the impact and evaluate outcome of PPI activity

**Key Performance Indicators:**
- Evidence service user and carer involvement in the monitoring and evaluation of PPI activity.
- Demonstrate through the Annual Report:
  - how the needs and values of individuals and their families have been taken into account, in the development and delivery of care;
  - the outcomes/impact (positive/neutral/negative) achieved by using PPI approaches in respect of policy, investments, decisions and service delivery across the organisation.
3. Governance structures for meeting the requirements of Personal and Public Involvement (PPI)

3.1 Chairman and Chief Executive

The Chairman and Trust Board are responsible for retaining full and effective control over the implementation of the Western Trust’s Consultation Scheme and the PPI Strategy and Action Plan. The Chief Executive will be accountable for ensuring the provision of the necessary resources in terms of time, money and staff to make sure that the Scheme, Strategy and Action Plan, are drawn up and implemented effectively.

3.2 Corporate and Strategic Responsibility

3.2.1 Director of Performance and Service Improvement

The Director of Performance and Service Improvement (P&SI) will have responsibility for the administration of the Western Trust’s duties under the Consultation Scheme, and PPI requirements at a corporate level.

As part of the corporate planning process, objectives and targets relating to statutory duties will be built into Corporate and Annual Trust Delivery Plans.

3.2.2 Assistant Director of Performance and Service Improvement

The Assistant Director of Performance and Service Improvement will have strategic responsibility for ensuring the full implementation of the Consultation Scheme and PPI Strategy and Action Plan across all Trust Directorates.

3.3 Trust Directors

Trust Directors will be accountable for ensuring that obligations under the Consultation Scheme and PPI Strategy and Action Plan will be fully met in all areas for which they are responsible. Directors will also ensure that Senior Managers for whom they are responsible are appropriately trained in all the requirements of the Consultation Scheme and PPI and that assessment of progress is
a mainstream element of Directorate work and is included as part of Director's objectives, targets and individual performance plans.

3.4 Western Trust Personal and Public Involvement (PPI) Forum

The Western Trust PPI Forum has been established and is chaired by a Non-Executive Director. It includes representatives from:

- Each Trust Service Directorate;
- Trust Equality & Involvement Team;
- Service User/Carer Representation;
- Representatives from the Community/Voluntary sector.

3.4.1 Role of the Forum

To operate as a subcommittee of the Trust’s Governance structure, reporting to the Trust Governance Committee.

The key function of the Forum is to lead the strategic development of Personal and Public Involvement (PPI) across the Trust and to ensure that the principles of PPI are embedded at service level.

The purpose of the Forum is:

- To ensure that service users/carers, citizens and communities are actively involved in the development and delivery of health and social care services across the WHSCT.
- To support the Trust Governance Committee in providing assurances to Trust Board that the relevant healthcare standards relating to patient and public involvement are being met.
- To act as a source of expertise and reference point for the organisation on service user involvement related matters.

The PPI Forum meets on a quarterly basis.

Two sub-groups have been established to support the work of the Forum:

- Support and Involvement Sub-Group – will provide clear and accessible opportunities for involvement of service users,
carers and public in the planning, delivery and evaluation of Trust services;
• Training Sub-Group – provision of effective PPI Training for Trust staff and service users/carers.

3.5 Trust Governance Committee

The Governance Committee, led by the Trust’s Chairman, meets quarterly. Each of the Service Directorates provides updates on service quality improvement initiatives and risk management issues. The Committee also considers feedback from external reviews and ensures action plans are progressed and implemented. See Appendix 2 for an organisational chart showing the governance structures in relation to PPI, currently in place within the Trust.

3.6 Personal and Public Involvement (PPI) Strategy and Action Plan

In April 2012 the Western Trust launched its PPI Strategy and Action Plan 2012 – 2015. This was developed in partnership with service users and local voluntary groups and can be accessed using the following link: [http://www.westerntrust.hscni.net/pdf/Western_Trust_PPI_Strategy.pdf](http://www.westerntrust.hscni.net/pdf/Western_Trust_PPI_Strategy.pdf)

There is also a requirement to develop a new PPI Strategy and Action Plan for 2015-2018. As part of the development of a new Plan the Trust will take cognisance of progress made on the previous Plan.

3.7 Implementation and Coordination of Personal and Public Involvement (PPI) Strategy and Action Plan

The Head of Equality & Involvement, in partnership with the PPI Forum, has operational responsibility for coordinating, monitoring and reporting on the PPI Strategy and Action Plan.

**PPI Lead:**
Mrs Siobhan O'Donnell
Head of Equality & Involvement
Equality & Involvement Office
Western Health & Social Care Trust
3.8 Reporting and Monitoring Arrangements for PPI Strategy and Action Plan

3.8.1 Annual PPI Progress Report

The Equality & Involvement Office coordinates Directorate annual returns which detail their progress on PPI. This informs the Trust’s annual PPI progress report which is required by the Public Health Agency (PHA).
4. **Arrangements for ensuring that PPI is an integral part of the Western Trust’s business**

4.1 **Mainstreaming PPI**

This section outlines how the Western Trust intends to embed the principles of PPI in its normal business.

4.1.1 **Planning and Decision Making Processes**

The Western Trust will ensure the integration of engagement and consultation into all the Trust’s planning and decision making processes.

4.1.2 **PPI Objectives and Targets**

Objectives and targets relating to the PPI Strategy and Action Plan, and reflected in the Trust’s Consultation Scheme, will be incorporated into the Trust’s existing Business Planning and Individual Performance Review processes.

4.1.3 **Equality and Human Rights Screening**

In keeping with the Western Trust’s obligations under Section 75 of the Northern Ireland Act 1998, the Western Trust carries out equality screening and, where necessary, Equality Impact Assessments (EQIAs) in accordance with Equality Commission guidance.

PPI requirements have been integrated into the Trust’s equality screening and EQIA processes.

4.2 **Consultation**

Consultation is an intrinsic element within the Trust’s approach to Personal and Public Involvement (PPI) and the Trust’s Equality Scheme (see Appendix 3) which sets out the Trust’s arrangements for consulting in accordance with the principles contained in the Equality Commission’s Guidance - Section 75 of the Northern Ireland Act 1998.

The Trust recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory obligation to
make arrangements with a view to securing involvement and consultation with service users, their carers, the public and the Patient Client Council, on decisions on planning and proposals for change affecting the provision of the health and social care service.

4.2.1 Normal Timescale and Exceptions

The Western Health and Social Care Trust will aim to provide a consultation period of a minimum of twelve weeks to allow adequate time for groups to consult among themselves as part of the process of forming a view. However the Trust has identified the following exceptional situations when this timescale may not be feasible:

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

In such instances, the Trust may decide to shorten timescales for consultation to eight weeks or less. In line with current best practice guidance on consultation, the Trust should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate. However, having considered the need to consult, the Western Trust may decide that it is necessary in the interests of patient safety to implement the change immediately.

The Trust will monitor and keep under review such occurrences and report on them in its annual PPI review report, which will be published on its website. Where changes are temporary in nature, and may be considered as part of the day to day management of services, and are considered to be non-contentious, the requirements for consultation will not apply.

In cases where temporary changes will have a significant impact on regional services, the Trust will consult the DHSSPSNI in advance about the change, and will seek to engage with those affected by the change as soon as possible.
4.3 Reporting Arrangements

For details of Western Trust reporting arrangements refer to Section 3.8.

4.4 Personal and Public Involvement (PPI) Training

4.4.1 Provision of PPI Training

The Western Trust will support the implementation of PPI Training which will provide those employees involved in consultation and/or user and carer engagement processes with the necessary skills and knowledge to do this work effectively.

The Trust will liaise with external organisations, where appropriate, in relation to the development and provision of this training.

4.4.2 Induction Programme

All new staff will be informed of the requirements of PPI and the Consultation Scheme in their Induction Training.

4.4.3 Equality Screening Workshops

PPI requirements are now included in all Equality Screening Training. Equality Screening Workshops are provided on a bi-monthly basis.
5. Arrangements for assessing effectiveness of PPI in the Western Trust

5.1.1 Annual Review of PPI Strategy and Action Plan

The PPI Forum, in partnership with the Equality & Involvement Team, is responsible for undertaking an annual review of progress against the Trust’s PPI Action Plan. This will be presented to the Trust Governance Committee.

5.1.2 Annual PPI Progress Report

Directorates provide returns to the Equality & Involvement Office which detail their progress on PPI. This is collated annually and shared with the PPI Forum for their review and comment.

This informs the Trust’s annual PPI progress report (required by the Public Health Agency (PHA)) which is initially presented for approval to the Trust Governance Committee and thereafter follows the agreed Trust approval processes.

5.1.3 PPI Forum

The PPI Forum, in partnership with the Equality & Involvement Team, has responsibility for the on-going coordination, development and implementation of the Trust’s PPI Strategy and Action Plan.

The Forum, in partnership with the Equality & Involvement Team, monitors and reports on the implementation of the Strategy and Action Plan and demonstrates/evidences the value and outcomes from effective PPI activity across the Trust.
6. **How to get a copy of this Consultation Scheme**

You can download a copy of this Scheme from the Trust’s website [http://www.westerntrust.hscni.net/about/Publications.htm](http://www.westerntrust.hscni.net/about/Publications.htm) and it is available to staff on the Trust Intranet. Alternatively, you can contact the Trust Equality & Involvement Office for a copy.

**Enquiries regarding this Scheme should be made to:**

Mrs Teresa Molloy, Director of Performance and Service Improvement
Western Health and Social Care Trust
Trust Headquarters
Altnagelvin Hospital
Glenshane Road
Londonderry BT47 6SB
**Tel:** 028 7134 5171  **Email:** Teresa.Molloy@westerntrust.hscni.net

**Alternative Formats**

The Consultation Scheme can be made available in a range of alternative formats including:

- large font
- audiocassette
- Braille
- computer disk
- DAISY
- Easy-read
- electronic version

**The Scheme can also be made available in minority ethnic languages/alternative formats, on request to:**

Equality & Involvement Office
Western Health & Social Care Trust
Tyrone & Fermanagh Hospital
Omagh BT79 0NS
**Tel:** 028 8283 5278  **Email:** equality.admin@westerntrust.hscni.net
APPENDIX 1: Chart of Western Trust Organisational Structure

Western Health and Social Care Trust: Structure Overview

Gerard Guckian
Chairman

Elaine Way
Chief Executive

Non-Executive Directors
- Sally O’Kane
- Stella Cummings (Chair, PPI Forum)
- Ciaran Mulgrew
- Niall Birthistle
- Joan Doherty
- Barbara Stuart
- Brendan McCarthy

Madonna McGinley
Executive Assistant

Antoinette Gallagher
Personal Assistant

Teresa Molloy
*Director of Performance and Service Improvement

*PPI Corporate Lead

Ann McConnell
Director of Human Resources

Lesley Mitchell
Director of Finance and Contracting
(Executive Director)

Alan Moore
Director of Strategic Capital Development

Kieran Downey
Director of Women & Children's Services
(Executive Director of Social Work)

Alan McKinney
Medical Director
(Executive Director)

Alan Corry Finn
Executive Director of Nursing/
Director of Primary Care and Older People

Trevor Millar
Director of Adult Mental Health & Disability Services

Joe Lusby
Deputy Chief Executive

Geraldine McKay
Director of Acute Hospitals

Antoinette Gallagher
Personal Assistant

Teresa Molloy
*Director of Performance and Service Improvement

*PPI Corporate Lead

Ann McConnell
Director of Human Resources

Lesley Mitchell
Director of Finance and Contracting
(Executive Director)

Alan Moore
Director of Strategic Capital Development

Kieran Downey
Director of Women & Children's Services
(Executive Director of Social Work)

Alan McKinney
Medical Director
(Executive Director)

Alan Corry Finn
Executive Director of Nursing/
Director of Primary Care and Older People

Trevor Millar
Director of Adult Mental Health & Disability Services

Joe Lusby
Deputy Chief Executive

Geraldine McKay
Director of Acute Hospitals
APPENDIX 2: Western Trust Governance Structure

Governance – Western Health & Social Care Trust

TRUST BOARD

Audit Committee
Chair – Non Executive Director

Governance Committee
Chair – Chairman

Risk Management
Sub-Committee
Chair – Medical Director

Quality and Standards
Sub-Committee
Chair – Director of Women & Children’s Services

Working Groups
- Health & Safety
- Infection Prevention & Control
- Radiation Protection
- Drugs and Therapeutics
- Scrutiny (Claims Management)
- Medical Devices & Decontamination
- Controls Assurance
- Fire Safety
- Point of Care Testing
- Resuscitation
- Environmental Cleanliness
- Security
- Medical Gases
- Information Governance
- Emergency Planning Working Group
- Water Safety Group
- Food Safety Group
- Junior Doctor Taskforce
- Decontamination Working Group

Directorate Governance
Groups

Working Groups
- Blood Transfusion
- Professional Audit
- Research Governance Group
- Child Protection / Safeguarding Panel
- Adult Safeguarding Forum
- Bereavement Forum

Working Groups
- Patient / Client Experience
- Personal & Public Involvement
- Complaints Forum

Quality & Safety Accountability Forum
Chair – Chief Executive

Joint Forum (reports through HR)
Professional Forums (report through Directorate Governance Groups)

Patient / Client Experience Chair – Director of Primary Care & Older People’s Services

Personal & Public Involvement Chair – Non Executive Director

Complaints Forum Chair – Non Executive Director

Quality & Safety Accountability Forum Chair – Chief Executive

Revised March 2013

Appendix 3
– Extract from WHSCT Equality Scheme 2014-2017 (pp.19-22)

Obligations under WHSCT Equality Scheme 2014-2017

Chapter 3 Trust Arrangements for Consulting

3.1 The Trust recognises the importance of consultation in all aspects of the implementation of statutory equality duties. We will consult on our Equality Scheme, action measures, equality impact assessments and other matters relevant to the Section 75 statutory duties.

3.2 The Trust is committed to carrying out consultation in accordance with the following principles (as contained in the Equality Commission’s guidance ‘Section 75 of the Northern Ireland Act 1998: A Guide for Public Authorities (April 2010)’).

3.2.1 All consultations will seek the views of those directly affected by the matter/policy, the Equality Commission, representative groups of Section 75 categories, other public authorities, voluntary and community groups, our staff and their trades unions and professional bodies and such other groups who have a legitimate interest in the matter, whether or not they have a direct economic or personal interest.

Initially all consultees (see Appendix 5), as a matter of course, will be notified (by email or post) of the matter/policy being consulted upon to ensure they are aware of all consultations. Thereafter, to ensure the most effective use of both Trust and consultees’ resources, we will take a targeted approach to consultation for those consultees that may have a particular interest in the matter/policy being consulted upon and to whom the matter/policy is of particular relevance. This may include for example regional or local consultations, sectoral or thematic consultation etc.

3.2.2 Consultation with all stakeholders will begin as early as possible. The Trust will engage with affected individuals and representative groups to identify how best to consult or
engage with them. Consultees will also be asked what their preferred consultation methods are and the Trust will give consideration to these. Methods of consultation could include:

- Face-to-face meetings;
- Focus groups;
- Written documents with the opportunity to comment in writing;
- Questionnaires;
- Information/notification by email with an opportunity to opt in/opt out of the consultation;
- Internet discussions;
- Telephone consultations.

This list is not exhaustive and the Trust may develop other additional methods of consultation more appropriate to key stakeholders and the matter being consulted upon.

3.2.3 The Trust will consider the accessibility and format of every method of consultation we use in order to remove barriers to the consultation process. Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular, people with learning disabilities) and minority ethnic communities. We take account of existing and developing good practice, including the Equality Commission’s Guidance Let’s Talk Let’s Listen: Guidance for Public Authorities on Consulting and Involving Children and Young People (2008). This may be facilitated through e.g. the use of specially trained staff and/or advocates and by making information accessible and providing improved visual signage.

Information will be made available, on request, in alternative formats\(^6\), in a timely manner, usually within 20 working days. If this cannot be facilitated the Trust will inform consultees of the reasons for this and provide a new estimated response timescale.

3.2.4 Information is provided to those facilitating consultations to ensure that they communicate effectively with consultees.

\(^6\)See Chapter 6 of our Equality Scheme for further information on alternative formats of information we provide.
3.2.5 To ensure effective consultation with consultees on Section 75 matters, we will develop a programme of awareness raising for staff on the Section 75 statutory duties and the commitments in our Equality Scheme. This will be progressed with Personal and Public Involvement (PPI) Leads/Liaison Panels, in line with our PPI strategy.

3.2.6 Consultation periods will last for a minimum of twelve weeks to allow adequate time for groups to consult amongst themselves as part of the process of forming a view. However, in exceptional circumstances when this timescale is not feasible (for example implementing EU Directives or UK wide legislation, meeting Health and Safety requirements, addressing urgent public health matters or complying with Court judgements), we may shorten timescales to eight weeks or less before the policy is implemented. We may continue consultation thereafter and will review the policy as part of our monitoring commitments.

Where, under these exceptional circumstances, the Trust must implement a policy immediately, as it is beyond our authority’s control, we may consult after implementation of the policy, in order to ensure that any impacts of the policy are considered.

3.2.7 If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over the summer or Christmas break, or if the policy under consideration is particularly complex, we will give consideration to the feasibility of allowing a longer period for the consultation.

3.2.8 The Trust is conscious of the fact that affected individuals and representative groups may have different needs. We will take appropriate measures to ensure full participation in any meetings that are held. We will consider for example the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or

---

7 Please see Appendix 5 for a list of our consultees.
8 Please see Sections 4.10 to 4.11 for details on monitoring.
interpreter is necessary, and whether the provision of childcare and support for other carers is required.

3.2.9 The Trust will make all relevant information available to consultees in appropriate formats to ensure meaningful consultation. This includes detailed information on the policy/proposal being consulted upon and any relevant quantitative and qualitative data.

3.2.10 In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy.

3.2.11 The Trust will provide feedback to consultees in a timely manner. A feedback report will be prepared which includes summary information on the policy consulted upon, a summary of consultees’ comments and a summary of our consideration of and response to consultees’ input. The feedback will be provided in formats suitable to consultees. (Please see also 6.3)

3.3 A list of our consultees is included in this Equality Scheme at Appendix 5. It can also be obtained by contacting the Equality & Involvement Office (see details at 2.7).

3.4 The consultation list is not exhaustive and is reviewed on an annual basis to ensure it remains relevant to the Trust functions and policies.

The Trust welcomes enquiries from any person/s or organisations wishing to be added to the list of consultees. Please contact the Equality & Involvement Office to provide your contact details and have your areas of interest noted or have your name/details removed or amended. Please also inform us at this stage if you would like information sent to you in a particular format or language.