NHS Oxfordshire:

Communications and Engagement Strategy
2010-2013
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1. Introduction

Informing and engaging the public is a central role of NHS Oxfordshire - effective communication and engagement is about getting the right messages to the right audiences through the most appropriate channels at the most appropriate time. It is to reach out to all sections of the community and ensure that people are supported and informed enough to engage productively. It is a two way process - informing and sharing, listening and responding to incoming communications is essential. NHS Oxfordshire has made great steps in building relationships with stakeholders and developing communications in the past few years (see Appendix 3 for a review of work undertaken in the past year). However in the ever-changing NHS, it is vital that the PCT maintains and develops its stakeholder relations and the way it seeks and uses feedback to inform decision making and in developing health services for the people of Oxfordshire.

The PCT communicates with a wide range of people. Internally this includes NHS staff and externally this covers individuals and groups including patients, carers and members of the public, politicians, the media as well as partner and voluntary organisations within Oxfordshire and those within the local health economy, for example independent contractors such as GPs and pharmacists.

This strategy provides a framework for improving and strengthening the quality and delivery of communications and engagement activities to support the delivery of the PCT’s strategic goals of:

- Ensuring that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients’ optimum access to satisfactory, timely, high quality care that also offers good value for money.
- Improving health outcomes and promote independence for the following key population groups:
  - older people
  - those with long term conditions
  - people with mental health problems
  - children and families living in areas of deprivation.
- Improving access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.
- Helping more local people of all ages to make sustainable healthy lifestyle choices.
- Reducing health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.

The strategy also takes into consideration and aims to reflect the NHS Constitution in the work of the PCT.

2. Perception of the local NHS

Research from a recent patient perception survey shows that satisfaction with the running of the local NHS in Oxfordshire is at 87%, the highest in South Central. 87% of people surveyed also agreed that the local NHS is providing a good service with only 6% being critical when asked if they would advocate the NHS locally. Satisfaction levels, however, are not correlative with how people feel about being
able to influence decisions made by the local NHS. Only 17% of those surveyed felt they could influence decisions made by the local NHS.

In the last staff survey* 87% of those staff who responded considered their jobs to be interesting, and 92% felt valued by their colleagues. In all, the PCT was among the 'best' 20% of PCTs nationally in nine key areas – job satisfaction, recommending the PCT as a place to work, having an interesting job, feeling valued by colleagues, using flexible working options, receiving health and safety training, experiencing lower levels of harassment, bullying and abuse from staff and work related stress, and staff were also less likely to leave their job.

The PCT was also rated highly by staff for having a role that makes a difference to patients; having the opportunity to contribute towards improvements at work; work life balance and good communications between senior management and staff.

In a stakeholder audit* undertaken when asked if the PCT is a good communicator the following comments were made by stakeholders within the primary care community:
- ‘Generally kept well informed and know where to go for information’
- ‘Often quantity not quality, but you can normally find stuff if you hunt hard enough’
- Practices would like to have one point of contact – a named person for their queries'

When stakeholders within our local hospitals were asked the same question they said:
- ‘Newsletters are read amongst senior manages and clinicians and we sometimes use the web for board papers’
- ‘The publications that come out are good but we rely more on personal contacts’
- ‘Disconnection between high-level communications and everyone else knowing what is going on’
- ‘Good face to face time’

3. Communications and Engagement Objectives

The overarching aim of this strategy is to ensure that communications and public engagement activities support the PCT’s strategic goals outlined above. As well as ensuring the views of staff, patients, carers and the public are taken into consideration in the commissioning, development and provision of services.

Below outlines our objectives highlighting how we aim to achieve these and our desired outcomes.

Objective 1:
Build continuous and meaningful engagement with the public, patients and carers to shape services and improve health of people in Oxfordshire by:
- Using the most appropriate means of communications for the requirements of the audience
- Using a wide variety of methods and innovative approaches to engagement
- Work closely with seldom heard groups to ensure they have a voice
- ‘Closing the loop’ by reporting on the impact of public feedback on PCT decisions
Outcome:
People in Oxfordshire feel they have a voice in the decisions made by NHS Oxfordshire.
People in Oxfordshire know how they have impacted local NHS services

Objective 2:
Promote health and well-being within the community ensuring there are opportunities for people to be actively involved in the management of their own health by:

- Ensuring information about the impact of unhealthy/healthy lifestyles is well-publicised
- Targeting specific groups with known self-care need
- Encouraging the public to be involved as active partners in promoting their own health and well-being

Outcome:
People are healthier and know where to get information and access services that help them maintain and manage their own health.

Objective 3:
Increase confidence in NHS Oxfordshire and establish the PCT as the leader of the local NHS by:

- Protecting the reputation and promoting the NHS brand
- Developing good media relations and address any inaccuracies to prevent misunderstanding and confusion
- Ensuring internal and external audiences are aware of service successes and developments as well as issues facing NHS Oxfordshire.
- Providing consistent and timely messages internally and externally to various audiences

Outcome:
All stakeholders are confident that the PCT makes decisions and operates in the interest of the people of Oxfordshire.

Objective 4:
Develop evidence based campaigns to change behaviour and attitudes of people in Oxfordshire by:

- Utilising research evidence and feedback from a range of sources including demographic and health needs evidence and from patient experience and engagement to inform campaigns and initiatives
- Using social marketing techniques for planning, designing and delivery of campaigns
- Tailoring campaigns to specific audiences

Outcome:
We can evidence that people change their behaviours in relation to specific campaigns.

Objective 5:
Develop a culture at NHS Oxfordshire that promotes open communication and engagement within and outside the organisation by:
Developing good media relations
Developing internal two-way communications channels with staff
Ensuring internal and external audiences are aware of services developments and successes
Ensuring internal and external audiences are able to feedback information on successes and achievements through accessible routes

Outcomes:
- Staff feel they can express their opinions and judgement and they feel their contribution is valued. Staff understand their role and what is expected of them in terms of communication and engagement.
- The public feel informed; are aware of how they can feedback to the PCT; are confident to discuss issues with staff at the NHS Oxfordshire and that issues raised will be acted upon.
- Increase the percentage of people from Oxfordshire who feel they can influence the decisions of the local NHS.

4. Stakeholder Analysis

NHS Oxfordshire has a wide range of stakeholders we need to involve and communicate with in order to achieve our objectives. In order to ensure communications and engagement activities are tailored around individual stakeholder needs it is very important to analyse the various audiences and plot their level of interest and influence on the success of the PCT. When designing communication and engagement strategies for different projects, initiatives and public health campaigns careful consideration will be given to the requirements of our internal and external stakeholders as detailed in the individual plans.

This will include:
- Stakeholder analysis
- Identification of key messages for each identified audience
- Identification of communications opportunities and challenges through SWOT analysis
- Consideration of who is best placed to deliver the message

Below are our stakeholders (see appendix 4 for the current stakeholder analysis matrix):

Public:
- Patients
- Carers
- Public
- Community Groups
- Special Interest Groups
- Local Press
- National Press
- Radio
- TV
- Websites/social networking sites
- Trade Press
- Newsletters
- Journals
**Commissioners:**
- NHS Oxfordshire staff
- Oxfordshire county council staff

**Primary Care:**
- GPs
- GP Practice staff
- Community Health Oxfordshire staff
- Dentists
- Pharmacists
- Opticians
- Local Committees

**Secondary Care:**
- Hospitals
- Specialist centres
- Independent Treatment Centres
- Ambulance services

**Public Partners**
- County Council
- District Councils
- Voluntary Organisations
- Regulatory bodies (National Institute of Clinical Excellence, Care Quality Commission)

**Professionals**
- Royal Colleges
- Unions
- Academic Institutions

**Political Partners**
- Department of Health
- Strategic Health Authority
- Councillors from parish to county level
- Oxfordshire Joint Health Overview and Scrutiny Committee
- Council members
- MPs and MEPs

5. **Roles and Responsibilities**

Staff within NHS Oxfordshire have a key role in promoting the services we commission and to raise awareness of public health campaigns and initiatives. They cannot do this unless they are well informed. The PCT will continue to develop its culture of two way communications with staff.

**All staff:**
Everyone within NHS Oxfordshire has a responsibility for communications and engagement. This means staff:
- Are responsible for sensitive communications with patients and colleagues.
- Consider and understand the impact of change or development on patients and service users.
• Identify and report non-medical contacts and outcomes with patients groups, the voluntary sector or any other group with an interest in patients to the communications and engagement directorate.
• Ensure they keep themselves up to date with the bulletin and the staff newsletter, attending staff briefings and reviewing the intranet regularly.
• Identify examples of success that could be covered in newsletters and the local media.
• Raise media issues and refer media enquiries to the press office.

With the responsibility of communications and engagement sitting with staff we also need to place more emphasis on developing communication and engagement skills and competencies among them. Our objective is to take a more systematic approach to formal and informal communications and engagement training and development of staff. This will be addressed via this strategy and through the PCT’s Organisational Development (OD) Plan. As we develop our appraisal system, through the OD plan, staff will be prioritised by need for development in this area.

Managers:
Managers have an important role in ensuring the implementation of the communications and engagement strategy as champions in their own teams. Managers should:
• Encourage a culture of two-way communication at all levels by meeting with staff regularly and discussing initiatives and issues.
• Contribute and encourage staff to contribute to the communications and engagement planning process.
• Inform Communications of significant issues that might be of interest to the media.
• Ensure that the patient and public view is reflected and taken in to account in:
  o planning of the provision of services
  o the development and consideration of proposals for changes in the way those services are provided
  o and decisions to be made by the NHS organisation affecting the operation of services.
• Work with the communications and engagement directorate in the development of service redesign.

Communications and Engagement Directorate:
The role of the Communications and Engagement Directorate will be to:
• Lead and drive the implementation of this strategy.
• Support each part of the organisation and independent contractors to develop plans for communication and engagement activities.
• Measure and report to the Board on the progress and success of the implementation.
• Provide support and advice on strategic and practical communications and public involvement issues.
• Drive improvements in the use of new technologies in communication and engagement.
• Be the centre of expertise on organisations and routes for engagement
• Act on feedback and influence action arising from communications and engagement activities.
• Provide an effective and responsive press office.
• Support each part of the organisation to engage with the public, providing advice on best practice and appropriate methods.
• Identify and report on themes raised through PPI activity and the learning required.
• Build capacity and skills among staff and clinicians

6. Use of new technologies

New technologies support the creation of sustainable, inclusive networks of engagement by enabling people to see that the local NHS uses the information they give to make real decisions. NHS Oxfordshire is determined to embrace these to reach out to its local population in an unprecedented and cost effective way through an effective digital engagement strategy.

Work has already started with the development of ‘Talking Health’ (see appendix 3) to meet people’s information needs, deliver tailored information, consult and create feedback loops so as to hear what people have to say and ultimately drive service transformation. This is the cornerstone of our digital engagement strategy; we have already introduced social networking such as Twitter and a presence on Facebook for NHS Oxfordshire which the strategy will build upon.

Digital engagement alongside insight generated through social marketing campaigns will help to develop a more sophisticated public/patient insight and will have the added value of helping to balance outputs through evidence, insight and feedback. NHS Oxfordshire will work closely with all our local partners, tap into their respective evidence bases and create an environment to share information across the local economy.

It is important to say that new technology is not an end in itself – digital engagement must be used alongside all the other traditional communication and engagement channels to deliver service transformation.

7. Implementation of the Strategy

The process for implementing the strategy will be three-fold:

1. The development of a core narrative, key messages and pool of spokespeople (managerial and clinical)

2. The development and delivery of proactive packages of communications and engagement or campaigns on specific selected themes such as Creating a Healthy Oxfordshire (CAHO – see appendix 2; local context); Better Healthcare for Banbury and the surrounding areas and the continuation of Swine Flu to name but a few.

3. The development of underpinning and enabling strategies and delivery of supporting work programmes:
   • Media strategy – proactively building our profile and reactive media handling.
   • Digital engagement strategy – the creation of sustainable, inclusive digital networks.
   • Planning – a six month planner to co-ordinate and influence communications and engagement activity across NHS Oxfordshire.
   • Engagement – building dialogue with patients and the public.
- Stakeholder engagement and public affairs – reinforce messages, build relationships and manage key stakeholders and partners.
- Internal communications and publications – corporate identity agreed and consistently applied (NHS Oxfordshire vs Oxfordshire PCT); corporate documents, intranet to ensure staff understand and support the business.
- Campaigns and social marketing – building capability in PCT and the wider NHS through shared learning and partnerships.
- Evaluation – developing a programme of research and evaluation of communication and engagement activities.
- Advice and guidance – advise and support PCT colleagues and NHS partners on communications and engagement.

8. Measuring the success of the strategy

It is important to demonstrate that NHS Oxfordshire listens to feedback and suggestions from patients, public and staff. Equally, it is very important that the changes we make because of patient, public and staff comments are communicated and reported back in the most appropriate way.

A variety of methods will be used to measure the success of the strategy. Some examples of these are:
- Staff surveys and audits should show an increase in the number of staff feeling well informed.
- Media evaluation: media coverage should be more positive and negative coverage should be balanced.
- Annual audit and review of the communications and engagement strategy and action plans should be conducted.
- More identified opportunities for patients and the public to influence development and change.
- Evidence to show that a wider range of people are being given the opportunity to influence change.
- South Central Patient Perception survey SHA targets:
  - At least 75% of people surveyed were satisfied the local NHS is providing individuals with a good service.
  - At least 40% of people surveyed agreed that they can influence decisions affecting local NHS services in their area.
  - At least 60% of people surveyed would advocate the local NHS.
- Evaluate initiatives and projects and show evidence of lessons learnt.

9. Resource and Capacity

The Communications and Engagement Directorate is funded to provide appropriate expertise and output. We will ensure that all communications and public involvement represents good value for money. For example, we aim to maximise economies of scale in print runs by collaborating with our NHS partners organisations and neighbouring PCTs where appropriate. The Communications and Engagement Directorate structure is attached at Appendix 4.

10. Monitoring

The implementation of the communications and engagement strategy will be monitored by the already established Communication and Public Involvement Group through quarterly meetings. An activity report will also be taken to the PCT Board twice a year.
11. Appendix 1: The National Context

The NHS Plan (July 2000)* set out the Government’s intention that patients should be ‘at the heart of the NHS’. Patient and public involvement should be central to service planning and provision and a major driver for service improvement. Section 11 of the Health and Social Care Act 2001* further strengthened this commitment by placing a duty on NHS organisations to involve and consult patients and the public. In section 242 of the 2006 NHS Act this duty was strengthened again requiring public engagement and involvement in:

- planning of the provision of services;
- the development and consideration of proposals for changes in the way those services are provided,
- and decisions to be made by the NHS organisation affecting the operation of services

In addition the ‘Duty to Report on Consultation’ - from the NHS Act 2006 (sections 17A and 24A, and section 8), triggers the duty on primary care trusts and strategic health authorities to produce reports each year on consultation in relation to commissioning decisions, with effect from April 2010. The first reports will cover the period April 2009 to March 2010 and will be produced before the end of September 2010.

For both SHAs and PCTs the duty is to report, when directed by the Secretary of State to do so, on consultations that:

- have been carried out;
- will be carried out; and
- are being carried out;
- As well as the influence that the results of the consultation have on commissioning decisions and, in the case of PCTs, relevant decisions.

Section 7 of the Health and Social Care Act also requires NHS organisations to consult the local Overview and Scrutiny Committee on any proposal for a substantial development or variation of the health services. Oxfordshire PCT and other local health organisations have worked with the Oxfordshire Health Overview and Scrutiny Committee to define what constitutes ‘substantial’ in this context and will continue to review this opinion.

National World Class Commissioning (WCC) guidance has highlighted and given weight to the need for a strong communications and public involvement function within PCTs. It is clearly recognised within NHS Oxfordshire that we need a Communications and Engagement Strategy and action plan in place to support the delivery of the PCT’s Strategic Plan. A successful Communications and Engagement Strategy means we are continually seeking feedback on how to develop the quality of services we commission; improve patient experience and achieve better health outcomes for people in Oxfordshire.

Appendix 2: The Local Context.

NHS Oxfordshire is the Primary Care Trust (PCT) in the County that plans and provides health care services and funds hospital treatments. Established in October 2006, NHS Oxfordshire serves a population of around 600,000. Oxfordshire is the most rural county in South East England which means that the PCT has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford City where one third of the population are students.

The PCT buys (commissions) primary care services from independent contractors including 82 GP practices, 97 pharmacies, 86 dental practices and 36 optometry practices. Primary care is the care provided by people you normally see when you first have a health problem. It might be a visit to a doctor or dentist, an optician for an eye test, or just a trip to a pharmacist to buy cold medicines.

NHS Oxfordshire, and wider NHS, faces unparalleled demands on the finite resources it has. The NHS in Oxfordshire has a present budget of over £800m; this does not include social care. Next year the PCT will receive an extra £40m to plan and purchase healthcare for the people of Oxfordshire. In the following three years there is an expectation that funding will only increase at the same rate as inflation. In the future we have to ambitious in delivering efficiency and value for money in the NHS. People are living longer; more patients are being treated quicker, new drugs and technologies are becoming available which all cost money. We are already looking at what medical science can do and what is affordable to the NHS. If we can make efficiency savings we have more to invest.

So as financial resources become increasingly scarce within the NHS, it is more important than ever to collaborate as a health system, along with our County and District Councils in Oxfordshire to ensure we can provide high quality sustainable services in the future. However we cannot do this without the support of the public, patients and staff.

To this end NHS Oxfordshire has embarked on a programme of work called Creating a Healthy Oxfordshire (CAHO) to improve quality and efficiency of health service. CAHO looks at how we can help support patients to manage their own health; support carers; increase access to GP services by opening later and at weekends; develop services closer to home, open 7 days a week which will help reduce the need for people to go to hospital; stop services that are shown to be ineffective and inefficient and shorten the time people spend in hospital so they can get home quicker.

This means it is very important to develop internal and external communications and engagement and maintain consistent messages to staff and the public. This will ensure the public, staff and those who work with the PCT such as GPs and community pharmacists feel they are well informed and have a say in the future of the PCT and the services it provides and commissions.
13. Appendix 3 – Review of 2007-09 Communications and Public Involvement work against original strategy developed in 2007

This section of the strategy shows some of the activity undertaken over the past two years to implement the previous communications and public involvement strategy which was developed at the end of 2007. It highlights the work undertaken to support various PCT commissioning initiatives and help drive forward the PCT’s strategic goals relating to the specific aim of the original strategy.

**Aim 1: To ensure the PCT adopts current best practice and strives to create best practice to meet the requirements of Section 242 of the NHS Act 2006.**

A Communications and Involvement Group (CPIG) was established to:

- To develop and oversee implementation of the Communications and Public Involvement Strategy through the action plan.
- To be the focus for supporting and coordinating public involvement activities across the PCT.
- To promote meaningful user and carer involvement.
- To promote clear and consistent communications within the PCT.
- To support learning from feedback.

The group is chaired by a Non Executive Director of the PCT and has membership from staff and external partners/organisations including Oxfordshire County Council, Carers Forum and public representatives. The group meets quarterly to review the work of the communications and public involvement team and share good practice through workshop sessions. These workshop sessions have included the development of the website, development of patient participation groups within GP practices and swine flu.

NHS Oxfordshire has agreed a formal partnership arrangement with Oxfordshire County Council to develop its Citizens Panel - Oxfordshire Voice. The Citizens’ Panel is a research panel made up of over 3,000 Oxfordshire residents aged 18+ who have volunteered to answer questions on behalf of Oxfordshire County Council. We have been working with them since the beginning of 2008 to use the Citizens’ Panel to ask residents questions about health and health services provided within the county.

**Aim 2: To promote health and well-being in the local community and opportunities for active engagement.**

A key role for the Communications and Engagement Team is to support the PCT’s strategic objectives of people being healthier - particularly if they live in our most deprived communities and working with people to promote well being and prevent ill health. As such the team works with public health to deliver campaigns such as Stop Smoking, HPV and cervical screening, Swine flu including ‘Catch it, bin it, kill it’ and Young People’s Sexual Health to name but a few. An example of this work is the development of a young people’s sexual health campaign at Valentines.

The Communications and Engagement Team worked closely with the Teenage Pregnancy and Sexual Health Service Manager, a joint post with the Council, to raise awareness of sexual health services within Oxfordshire and the need for good sexual health in the local population by launching a new range of publicity materials in February. The campaign launch was planned to coincide with Valentines Day. The publicity for the awareness campaign was designed based on concepts and ideas.
from young people in the county. Materials included posters, postcards and key-rings, which hold condoms. These, along with sexual health service information cards, were distributed throughout the county in schools, youth settings and colleges. Feedback given following the launch showed young people liked the new materials. This has led to involving young people in developing an annual campaign for raising awareness of sexual health and services to link with student ‘fresher’ weeks; Christmas and New Year with date specific material as well as generic information.

**Aim 3: To ensure high quality information is provided by the PCT with clear and consistent messages.**

Over the past 18 months NHS Oxfordshire has developed the press office function of the Communications and Engagement Team. The Team has worked tirelessly to develop and maintain relationships with local media. Whilst negative coverage is not always avoidable, the team always strives to provide statements to balance any negativity.

From November 2008 to November 2009 we received approximately 700 press queries, a large majority of these originated from the Oxford Mail and Heart FM (previously Fox FM). Subjects included:

- Funding of cancer treatment and IVF
- Swine Flu
- Development of services at the Horton General Hospital
- Developments at Community Hospitals
- Obesity
- Teenage pregnancy and sexual health

**Aim 4: To develop a culture that promotes open communication within and throughout the organisation.**

An achievement in the last year is the development of a new intranet for PCT staff and primary care colleagues. The intranet provides a central resource point for staff and primary care colleagues to assist them in providing high quality healthcare in Oxfordshire.

The new intranet enables the NHS Oxfordshire to communicate more effectively, both internally and externally with staff and primary care colleagues. It enables staff to share information, collaborate and enhances communications. The intranet was developed with the input from staff with representation from all directorates within the PCT; clinicians were also included in the development of the site.

**Aim 5: To develop a culture that promotes open two-way communication with the public and staff to increase confidence in the PCT and local health services**

NHS Oxfordshire has developed several new communication channels which promote two way communications with staff including a new intranet mentioned above and an internal newsletter which staff can contribute to and can use to share information with one another.

Weekly Heads briefings have been developed to help share information between the Executive Management Team and staff within the PCT. Heads are briefed by the Directors on corporate issues and they are able to raise anything on behalf of their teams at these briefings. Monthly staff briefings have continued with the development of a question and answer session at most briefings where staff are able to ask questions anonymously of the Executive Management Team.
An external newsletter has been developed and is produced quarterly. It is widely distributed throughout Oxfordshire, the PCT website is kept up to date with news items and the public can use the site as a means to feedback to the PCT.

Aim 6: To enable patients, carers and the public to have a greater say in decisions:
- about their own care
- the development of local health services
- how health services are commissioned for the local population.

NHS Oxfordshire has undertaken lots of public involvement activity over the past year including an urgent care review; consultation on the PCT’s five year strategic plan; survey and engagement on diabetes service redesign; mental health services; older peoples services; the Banbury Health Centre; the single equality scheme and the user and carers expense policy to name but a few. For more information about the public involvement initiatives undertaken by the PCT please visit our website at http://www.oxfordshirepct.nhs.uk/patient-matters/public-involvement/default.aspx

Another significant project is the development of services at the Horton General Hospital through the Better Healthcare Programme for Banbury and surrounding areas. The programme sees NHS Oxfordshire working in partnership with local authorities, local GPs, the ORH, patients and the public in planning sustainable health services for the people of Banbury and the surrounding areas. In order to ensure the views of the local community were/are communicated to the Programme Board, a Community Partnership Forum (CPF) was formed. This group is made up of members of the public, local authorities, GPs, members of Keep the Horton General campaign, public representatives, local MPs, representatives from South Warwickshire and South Northamptonshire and local NHS organisations.

The Chair of the CPF sits on the formal programme board which meets regularly in public; the meetings are filmed and broadcast live over the web. This ensures transparency and allows people to be involved in the public meetings even if they are unable to attend. A recent stakeholder audit undertaken by The Kings Fund showed since the beginning of the programme ‘there is wide acknowledgement that there has been a major shift in the relationships between the parties involved, and a vastly improved atmosphere where the local community, the Oxford Radcliffe NHS Hospital Trust and the PCT are all felt to be pulling in the same direction.’

A particular focus for the PCT has been on working with local groups to identify issues for those groups. It has worked in particular with local ethnic minority community groups and with groups from marginalised communities. This approach has been taken during the single equality scheme consultation and a consultation on the development of a policy for user and carer expenses. This has included extensive use of Easy read format in producing information. We have also run individual engagement exercises with stroke survivors to understand better their experience of services. All data collected is fed back to groups as appropriate.

Work around End of Life Care has involved patient and carers workshops looking at how the service can be improved. This has led to a pilot programme being set up involving a Rapid Response Team. This team helps people at the end of their life and their carers. This has been established as a direct result of the feedback received at the workshops.
Aim 7: To promote a culture of involvement across the organisation at all levels.

South Central Board of Commissioners agreed to support a range of initiatives for developing PPI including funding the training programme “Trust Me I’m a Patient” across all PCTs. NHS Oxfordshire put in a bid to run six courses, two in each part of Oxfordshire (North, South and City) in order to assist in ensuring development of public involvement in Practice Based Commissioning and developing training of staff in public involvement.

The aims of “Trust Me I’m a Patient” workshops were for attendees:
1. To see change through others eyes.
2. To have a greater appreciation of the number and diversity of opinions about change.
3. To think about how to effectively include patients and the public as partners in change.

In total 136 people attended the courses. Participants came from a wide range of areas both within the PCT and primary care. Feedback from participants suggested it had raised their awareness of PPI that it would make them take PPI more seriously in the future. Others commented that it had made them more aware of the need to use less jargon / terminology in meetings and documents and they would be doing so in the future. Several people commented that they would use the experience to help them develop or enhance PPI groups in their practices or to use existing groups to look at any future changes.

Aim 8: To ensure that the PCT learns from feedback of information related to patient engagement, experience and patient-related outcomes.

NHS Oxfordshire has tried different approaches to engaging with the public to seek their feedback ranging from café style events where members of the public can speak one to one with members of the PCT to conference style workshops. We recognise that one size does not fit all and we need to tailor our approach to the specific audience.

We have just implemented a new consultation and engagement system called Talking Health which is available on the PCT’s website (under the Patient Matters tab). The system gives NHS Oxfordshire a self-maintaining, accurate record of people that want to be involved and have their say about their local NHS. When members of the public or organisations register to be involved, they can now express their subject preferences. This enables NHS Oxfordshire not only to inform the public of consultations that are meaningful and relevant to them, but also communicated in the way that people prefer. For all projects at any point in time we know who is involved, what we have said to them and what they have said to us.

Talking Health enables PCT staff to setup consultation projects quickly and easily, to manage them online, create surveys, discussion groups or enable commenting on structured documents e.g. strategy documents. Reports can also be done at a touch of a button for each survey, a single project or all projects – providing accurate results and evidence of NHS Oxfordshire’s public involvement and engagement. The ‘You Said, We did’ section also completes the circle of engagement – providing evidence of what has actually changed in Oxfordshire as a result of public feedback.
14. Appendix 4 – Structure of Communications and Engagement Directorate
15. Appendix 5: Development of the Strategy

The final draft of this strategy will be presented to the PCT Board in March 2010 and is available on the PCT’s website for comments.

Using the PCT’s new online consultation system ‘Talking Health’ a questionnaire will invite comments about the strategy; it will also be sent to a number of individuals who had previously stated they were happy to comment on PCT strategy and to voluntary and patient groups.

Internally, awareness is being raised at staff briefings, in the Staff Bulletin and via directors and staff being encouraged to respond.

A workshop will be run in February 2010 to look at the strategy; a mix of staff, voluntary sector and representatives of patient organisations will be invited.

The views and suggestions made by those who responded will be included in a full report of the consultation that is available on the PCT website http://www.oxfordshirepct.nhs.uk/patient-matters/public-involvement or by calling 01865 334637.
16. Appendix 6: Stakeholder Matrix

Satisfy – This group are mainly opinion formers who need to be kept satisfied with what is happening. Regular review of their position is required.
Manage – Key stakeholders who should be fully engaged through communications and consultation.
Monitor – This group needs to be monitored for communications and engagement need.
Inform – Keeping interested people/groups informed. Those in this section may need to have their influence increased depending on the subject/work programme.

Note: For review March 2010
17. Appendix 7: Glossary of Terms and Definitions

1 Engagement:

Engagement is a term we use to describe two-way communication between the NHS and our stakeholders in order to keep them informed and develop an understanding of their opinions and needs. Engagement helps the PCT to put decision making powers in the hands of our patients and public.

2 Stakeholder:

- A person or group with a direct interest, involvement, or investment in something.
- Stakeholders are individuals or organisations that have a direct interest in a service being provided.

3 Commissioning:

The process by which the health and care needs of local people are identified, priorities determined and appropriate services purchased.

Commissioning is the way of obtaining the best value and health outcomes for local citizens by understanding their needs, and then specifying and procuring services that deliver the best possible health and social care provision and outcomes within available resources.

4 Social Marketing

The systematic application of marketing along with other concepts and techniques to achieve specific behaviour goals for social good. The primary aim is to achieve “social good” whereas the primary commercial marketing aim is financial. Social marketing techniques began to be used in health promotion campaigns in the 1980s.

Unlike commercial marketing which seeks to influence purchasing behaviour in choice of product social marketing deals with goals (like reducing cigarette smoking) and works with populations.

5 Better Healthcare Programme

In March 2008, the Government appointed Independent Reconfiguration Panel (IRP) rejected proposals from the Oxford Radcliffe Hospitals NHS Trust’ (ORH) to change some services at the Horton General Hospital in Banbury. NHS Oxfordshire was asked to take forward a project to ensure services are retained and developed.

As a result, the PCT’s Better Healthcare Programme was formed and is working in partnership with local authorities, local GPs, the ORH, patients and the public in planning sustainable health services for the people of Banbury and the surrounding areas.

References

- Strengthening Accountability - Involving Patients and the Public Policy guidance - Section 11 of the Health and Social Care Act 2001 - Department of Health February 2003
- NHS Oxfordshire Strategic Plan 2008 – 2013
- The NHS Plan - A plan for investment, A plan for reform Department of Health July 2000
- ICM Patient Perception Survey October 2009
- NHS Oxfordshire - Humana Stakeholder Audit 2008
- NHS Staff Survey 2008