Oxfordshire Clinical Commissioning Group:

Draft Communications and Public Engagement Strategy 2011-2013: through the transition

DRAFT - WORKING DOCUMENT

Version 5: 12/08/2011
1. Introduction

In December 2010 GPs in Oxfordshire agreed to move ahead with one Oxfordshire GP consortium, with strong localities commissioning local health services, in order to implement government plans as outlined in the White paper: “Equity and Excellence: Liberating the NHS”. Following the legislative pause this is now known as the Oxfordshire Clinical Commissioning Group (OCCG).

We want to ensure continuity and stability for the healthcare system and enough support for the new OCCG until they take over statutory responsibility for commissioning. Therefore it is important that the transition is managed carefully between now and when responsibility moves from NHS Oxfordshire, the county's primary care trust (PCT) to the OCCG.

The Oxfordshire Clinical Commissioning Group (OCCG) has been working very closely with NHS Oxfordshire to develop structures and implement plans. The OCCG will develop as a shadow organisation over the coming months with the aims of it being a full shadow organisation in 2012/13.

Informing and engaging the public is important for the development of OCCG - 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.

It is vital that the OCCG develops its stakeholder relations, including engagement with GPs, and the way it seeks and uses feedback to inform decision making and in developing health services for the people of Oxfordshire.

In the past few years the PCT has made great steps in building relationships with stakeholders and developing communications. NHS Oxfordshire communicates with a wide range of people. Internally this includes NHS staff. 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. OCCG can use the platform developed by the PCT to build and extend its own relationships with stakeholders so that people living in Oxfordshire and working within the NHS locally feel informed and included in the work of OCCG. Extending OCCGs reach to involve hospital clinicians and other healthcare professionals is crucial to the success of clinical commissioning.

The strategy that follows provides a framework for developing the communications and engagement activities of OCCG throughout the transition period. This will enable it to meet its goal for a smooth transition to becoming a successful clinical commissioning group. The strategy has been influenced and shaped by the learning from a series of public events the OCCG held in May and June, and by examples of good engagement undertaken by NHS Oxfordshire, the Community Partnership Network in Banbury and the Oxfordshire Local Involvement Network (LiNK).

The strategy also takes into consideration and aims to reflect the NHS Constitution in the work of the OCCG.
2. Perception of the local NHS

- Satisfaction with the running of the local NHS in Oxfordshire is at 90% (previously 88%), the highest in South Central.
- 88% of people surveyed also agreed that the local NHS is providing a good service with only 4% being critical when asked if they would advocate the NHS locally - this was 6%.
- Improvement have been seen in people agreeing they can influence decisions made by the local NHS – this is a key area we have focused on over the past six months and it has increased by 5% from 16% on the last wave to 21%.

(Statistics from ICM Public Perception Survey October 2010)
3. Communications and Engagement Objectives

The overarching aim of this strategy is to ensure that communications and engagement activities support the principles of the White Paper “Equity and Excellence: Liberating the NHS” and the subsequent Health and Social Care Bill XdateX. Furthermore it will ensure the views of GPs, acute clinicians, healthcare professionals, patients, carers and the public are taken into consideration in the development, commissioning and provision of services.

The OCCG communication and engagement objectives for the transition period are shown below; how it aims to achieve them and the desired outcomes.

<table>
<thead>
<tr>
<th>Objective: Build continuous and meaningful engagement with the public, patients and carers to influence the shaping of services and improve the health of people in Oxfordshire</th>
<th>How it will be achieved?</th>
<th>Outcome:</th>
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<tbody>
<tr>
<td>By:</td>
<td></td>
<td>▪ People in Oxfordshire feel they have a voice in the decisions made by OCCG</td>
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<tr>
<td>▪ Ensuring the public voice influences and is directly involved in the decisions made by OCCG</td>
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<td>▪ People in Oxfordshire know how they have impacted local NHS services.</td>
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<td>▪ Using the most appropriate means of communications for the requirements of the audience</td>
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<td>▪ Improved patient experiences.</td>
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<td>▪ Using a wide variety of methods and innovative approaches to engagement</td>
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<td>▪ Valuable knowledge is not lost during the transition to the new organisation</td>
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<td>▪ Working closely with seldom heard groups to ensure they have a voice</td>
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<td>▪ Using patient experience data and information to inform our work and to work with provider organisations to listen to patients more and act on their feedback</td>
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<td>▪ ‘Closing the loop’ by reporting on the impact of public feedback on OCCG decisions</td>
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<td>▪ Learning from good practice and tried and tested examples of community engagement</td>
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<td>▪ Building on and developing the approaches already well tried and tested in Oxfordshire</td>
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<tr>
<td>Objective: Increase confidence in OCCG as a responsive commissioning organisation</td>
<td>How it will be achieved?</td>
<td>Outcome: Stakeholders are confident that the OCCG is ready to take over responsibility for commissioning healthcare services and operates in the interest of the people of Oxfordshire.</td>
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| By:  
- Increasing confidence in OCCG as a responsive commissioning organisation:  
- Protecting the reputation and promoting the NHS/OCCG brand  
- Developing good media relations and addressing any inaccuracies to prevent misunderstanding and confusion  
- Ensuring internal and external audiences are aware of consortium and locality development as well as issues facing the OCCG  
- Providing consistent and timely messages internally and externally to various audiences  
- Working collaboratively with partners and other NHS organisation in and around Oxfordshire | | |
| Develop a culture within OCCG that promotes open communication and engagement within and outside the clinical commissioning group by: | 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  
- Making language meaningful for staff, public and patients in all communications | Clinicians understand their role and what is expected of them in terms of communication and engagement.  
Clinicians have the support they need to ensure effective relations with the media  
Staff feel they can express their opinions and judgement and they feel their contribution is valued.  
The public feel informed; are aware of how they can feedback to OCCG; are confident to discuss issues with staff at OCCG and that issues raised will be acted upon. |
4. Stakeholder Analysis

Oxfordshire Clinical Commissioning Group has a wide range of stakeholders it needs to involve and communicate with in order to achieve this strategy's 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 OCCG. When designing communication and engagement strategies for different projects and initiatives careful consideration will be given to the requirements of 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 2 for the current stakeholder analysis matrix):

Public:
- Patients
- Carers
- Public
- Local Involvement Network (LINk)/ HealthWatch
- Patient Participation Groups (associated with GP practices)
- Community Groups
- Special Interest Groups
- Local Press
- National Press
- Radio
- TV
- Websites/social networking sites
- Trade Press
- Newsletters
- Journals

Commissioners:
- Practice staff
- Oxfordshire GPs
- NHS Oxfordshire staff
- Oxfordshire county council staff

Primary Care:
- Oxford Health
- Local Committees

Secondary Care:
- Local Hospitals
- Local Specialist Trusts/Centres
- Local Mental Health Trust
- Local Independent Treatment Centres
- Ambulance services

**Public Partners**
- County Council
- District Councils
- Parish Councils
- Voluntary Organisations
- Community organisations
- Regulatory bodies (National Institute of Clinical Excellence, Care Quality Commission)
- Health and Well-being Board

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

**Political Partners**
- Department of Health
- Strategic Health Authority cluster until 2013
- From 2012 National Commissioning Board
- Councillors from parish to county level
- Oxfordshire Joint Health Overview and Scrutiny Committee
- Council members
- MPs and MEPs

5. Roles and Responsibilities

Clinicians and practice staff within OCCG have a key role in promoting the development of the Clinical Commissioning Group, the services it commissions and to raise awareness of public health campaigns and initiatives. They cannot do this unless they are well informed. OCCG needs to develop a culture of two way communications with clinical commissioners and practice staff.

**Clinicians, practice and Clinical Commissioning group staff:**
Everyone within OCCG 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, as well as their own roles
- Identify and report to the PCTs Communications and Patient Information directorate (Supporting the OCCG) any non-medical contacts and outcomes with patients groups, the voluntary sector or any other group with an interest in patients.
- Need to understand what the developing organisation’s priorities are and the part they play in achieving those priorities.
- Need to understand what other localities are doing within the organisation.
- Ensure they keep themselves up to date with the OCCG newsletter
- 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.
6. Developing OCCGs reach and approach to engagement

OCCG needs to develop innovative ways of reaching people and try out new approaches to engagement. It will need to capitalise on the work already done. Currently NHS Oxfordshire has a number of routes they use to involve people and uses a range of methods for engaging with groups and individuals. (See Appendix 3 for details of their methods and routes). Throughout the past three years they have been building on the methods that work well and exploited the opportunities available to them.

Many of the current groups feeding into the PCT are activity specific such as the Stroke Forum or Community Forums associated with the development of community hospitals. The OCCG needs to develop ways of engaging with patients at a local level that enables it to reflect the local viewpoint right through the system from practice level through to the OCCG board. It will be important that this reflects a representative viewpoint from local communities and up to board level.

Developing local Patient Participation Groups (PPGs) in more GP practices by supporting practices to set up their own groups will give OCCG another route to engage with people. The current PPGs vary in their ability to influence decision making. If OCCG create an effective route for supporting the public to be involved in decisions it will be essential to review and strengthen the pathways by which this can be achieved. PPGs are one of many routes to gain more local engagement and it will be important to reflect on and identify the opportunities to engage afforded by working with the voluntary sector, the charitable sector, local faith groups and a variety of community groups as well as strengthening our PPGs. This would enable OCCG to ensure that the public voice is heard throughout the commissioning process from decisions made by practices through to the locality groups and onto the board level, commissioning for the whole county.

County and District Councils, NHS partners Local Involvement Networks (LINks)/Healthwatch and the county-wide voluntary/charitable sector also offer routes to wider audiences for engagement and communication. OCCG should be building on and strengthening its links with these organisations.

A considerable amount of work has been undertaken by the PCT in the past two years to engage with ethnic minority community groups and with groups from marginalised communities, OCCG need to pick up and continue this work to ensure it is able to communicate effectively and engage with the diverse population in Oxfordshire.

7. 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. They could provide extensive invaluable networks for OCCG. The consortium will consider how to sustain the effectiveness of the digital engagement strategy which NHS Oxfordshire has adopted to reach out to its local population in a cost effective way through effective and regular use.

OCCG will use quick and simple ways to contact the wider public who do not choose to be part of PPGs but still want to take opportunities to be heard and to make comments on decisions and options being developed by OCCG. NHS Oxfordshire
has been using an online system called Talking Health which enables it to engage with its audiences directly and instantly. Talking Health offers a means by which to meet people’s information needs, delivering tailored information, enabling OCCG to consult and create feedback loops to hear what people have to say and ultimately drive service transformation.

OCCG will also develop a presence on a regular basis on Twitter and Facebook which NHS Oxfordshire has been successfully building.

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. OCCG will work closely with all its 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.

8. Accessibility

OCCG is keen to ensure it uses the right channels and materials to engage with different groups within the county. It will use methods such as easy read formats of literature; offer translations of information and go along to community groups to talk about the work of the OCCG rather than relying on people to read material.

OCCG’s communication material will be offered in differing formats on request e.g. other languages, large print, Braille, Easy Read or electronically via CD, email or audio. As OCCG develops its digital tools such as the new website, it will ensure they are W3Cs compliant and in line with the Equality Act 2010: Public Sector Equality Duty

9. Implementation of the Strategy

The process for implementing this strategy is outlined below:

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

2. The development of work programmes to develop:

   - Media – proactively building OCCG’s profile through proactive and reactive media handling.
   - Digital presence – the creation of sustainable, inclusive digital networks including the development of the OCCG website and sub sites for each locality and establishing OCCGs profile on online social networks.
   - Planning – a six month planner to co-ordinate and influence communications and engagement activity across OCCG.
   - Engagement – developing OCCGs reach and approach to engagement, exploring routes and building dialogue with a more diverse range of patients and public.
   - Stakeholder engagement and public affairs – reinforce messages, build relationships and manage key stakeholders and partners.
• Internal communications – developing ways of communicating with GPs, practice and PCT staff
• Evaluation – developing a programme of research and evaluation of communication and engagement activities.

3. Developing a model and delivery system for engagement specifically for GPs:

A proposed model for OCCG public engagement has been developed to ensure that the patient voice is reflected throughout the group from the local practice level to the board. The model has been developed following a series of public events the OCCG held in May and June, and by using examples of good engagement undertaken by NHS Oxfordshire, the Community Partnership Network in Banbury and the Oxfordshire Local Involvement Network (LINk). The model would ensure the patient and community voice is heard at all points. A representation of the proposed model is attached at Appendix 1. Support would be provided by the communications and patient information directorate to the OCCG to develop this model. This would include:
• supporting and advising on the development of Patient Participation Groups in practices,
• identification of local stakeholders for each of the localities
• working closely with LINks and the HealthWatch pathfinder organisation, the Community Partnership Network, Patient Participation Groups, Voluntary Organisations and other public forums,
• facilitation and support during the process of development of locality wide Citizen forums,
• advice on establishing and agreeing processes for election which can be mirrored across the localities,
• advice and support in establishing an OCCG citizen forum
• advice and support to ensure that representation is helpful and supportive and not tokenistic
• taking account of the views and direction of development of the Health and Wellbeing Board.

10. Measuring the success of the strategy

Measuring the success of the strategy will be developed in line with the authorisation process for the group.

11. Monitoring

The implementation of the communications and engagement strategy will be monitored by the communications and engagement work stream for the transition; the Oxfordshire Clinical Commissioning Group Board each regularly. An activity report will also be taken to the Board on a regular basis.

Next steps:

• Review strategy following input from OCCG Board
• Undertake public consultation to finalise by October 2011
12. Appendix 1: Model for Public and Patient Engagement

Model for Public and Patient Engagement
(Clinical and Citizen led)

- OCCC Board with Citizen rep

- OCCC Citizen Forum
  Citizen reps x 14; Clinical reps x 2 - sub committee of Board

- Locality Boards with citizen rep elected from Locality Citizen Forum

- Locality Citizen Forums x 6
  Representing local public/patient groups

- H&WBB
  Vol Sector

- Other stakeholders – CPFs etc
  Local public/patient groups
  i.e cancer/diabetes forums; GUM

- District Council patient groups
  LINks/Healthwatch
  Other public sector patient groups
  Patient groups aligned to providers
13. Appendix 2: Duty to involve & statutory obligations

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.

Further policy has reinforced the duty and need to involve patients and the public in service redesign. The Secretary of State set out four key tests for service change within the revised Operating Framework for 2010-11, which are designed to build confidence within the NHS with staff, patients and communities. For existing and future service reconfiguration proposals it must be demonstrated that there is:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

The Government’s White paper Equity and Excellence: Liberating the NHS underlined this with “no decisions about me without me”.

GP commissioners will be required to comply with all current legislation and policy for public involvement in the future.

14. Appendix 3: 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.
15. Appendix 4: PCT routes and methods to engagement

Routes
- LINks
- Our own data – mainly collected from previous consultation activity
- Contacts specific to consultation identified by commissioning leads e.g. Mental Health
- Voluntary sector – particularly but not exclusively via the OCVA distribution list. Includes charities and community groups
- Via health advocates/Community Development Workers into groups they work with
- Identifying suitable contacts for individual consultations e.g. employers and employers organisations, health organisations including leisure centres, community interest groups such as WI (where we have had considerable successes)
- Political stakeholders from parish to MEP level
- Routes via partner organisations – e.g. library services
- Commercial sector (e.g. for road shows)
- Occasional use of personal contacts
- Staff
- Patient Participation Groups in GP surgeries
- Patient interest groups

Methodologies for engagement
- Surveys
- Workshops
- Key note events
- Meeting and presentations at groups own meetings
- Focus groups
- Oxfordshire voice
- Feedback after engagement direct to those who have engaged by direct mailing or email
- Staff briefing
- Media
- Own publications – internal and external
- Website – “Talking Health”
- Intranet
- Local newsletters
- LINks newsletters
- Membership of project groups and programme boards within PCT
- Sounding Boards (Mental Health)
- Facebook
- Twitter
- Roadshows
- Direct email including via partner organisations and others
- Phone one to one conversations
- Membership forums and community forums
- Exhibitions
- AGM and Board via Q&A sessions
16. Appendix 5: 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. **Primary Care:**
   Primary Care is the care provided by people you normally see when you have a health problem. It might be a visit to a GP or dentist, an optician for an eye test, or a trip to a pharmacist to buy cold medicine.

4. **Secondary Care:**
   Secondary care is the case provided in or by hospitals by medical specialists who generally do not have first contact with patients.

5. **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.

   The World Wide Web Consortium (W3C) is the main international standards organisation for the World Wide Web.