

**Oxfordshire Clinical Commissioning Group:  
Patient and Public Engagement Strategy  
2015-2019**

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*Oxfordshire Clinical Commissioning Group's mission is to work with the people of Oxfordshire to develop quality health services, fit for the future.*

## **1. Introduction**

This strategy sets out our approach to patient and public engagement. It is based on the principle of the importance of open and two way dialogue with patients, the public and key stakeholders. It also acknowledges Oxfordshire Clinical Commissioning Group's (OCCG's) statutory responsibilities (see appendix 1) and the NHS commitment to involve patients in the way in which health services are planned and managed. A glossary of the terms used throughout this document is included at appendix 2, for a shared understanding and expectation of the communications and engagement that will be undertaken.

Effective communication and engagement with local communities is central to OCCG achieving its vision: 'by working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.'

OCCG is committed to putting the patient first and applying the principle of 'No decision about me without me' in its commissioning approach. This means we must continue to increase patient participation and public engagement in as many aspects of OCCG's work as possible.

OCCG first developed a Communications and Engagement Strategy in 2011. A new strategy was then produced for 2013 when OCCG was established as the commissioner for most local NHS services for Oxfordshire. As such, what follows, is a refresh of the new strategy. It does not start from scratch but seeks to build on the work undertaken by OCCG and its predecessor organisations with public and patients over the past few years. The strategy aims to support the delivery of the OCCG's strategic objectives as described in the *Oxfordshire Clinical Commissioning Group's strategy for 2014/15 -2018/9*.

## **2. Background**

It is important for the public to understand the context in which OCCG is operating. Oxfordshire is one of the lowest funded CCG's in England. With people living longer, and living their lives with multiple long term conditions, and with many people using health services more, and having higher expectations of what health services can provide, it is essential that the CCG uses its money to make decisions that allow the health services it commissions, to support and treat those in most need.

With this backdrop of rising demand and tightening resources, OCCG is committed to working with patients, the public and other stakeholders to design services that are good quality, affordable and sustainable for the future. This includes supporting self-care and helping people to stay healthy.

In order to deliver OCCG's strategy of having a healthier population in Oxfordshire, with fewer inequalities and to continue to commission high quality health services which are sustainable in the future; OCCG is examining opportunities to shift care and resources into

different parts of the health and social care system. OCCG seeks to ensure the services it commissions reduce the amount of avoidable time spent in hospital by providing better integrated care in the community.

### **3. Developing our engagement methods**

Over the past two years, OCCG has developed a pro-active approach to patient and public engagement, designed to ensure that the commissioning process and decision making is informed by public participation. OCCG uses a number of approaches to engage patients, the public and stakeholder<sup>1</sup> groups in Oxfordshire in a format they find accessible, and that they prefer to use, to get involved and share their views.

The different approaches to engage patients and the public in Oxfordshire include face to face and online methods. Face to face opportunities include public meetings focus groups and workshops so that we can generate rich discussions about services and projects under review for development.

We hold our Governing Body meetings in public every other month in different geographical areas within Oxfordshire and engage with the public through a question and answer time.

We continue to develop our good relationships with Healthwatch Oxfordshire and voluntary sector partners. They directly inform our work and also help us to cascade out information to their members and encourage feedback.

We work closely with Oxfordshire County Council (OCC) and many of our providers including Oxford University Hospitals NHS Trust (OUH) and Oxford Health NHS Foundation Trust (OHFT) to collaborate on projects such as reducing delays in discharging people from hospital; proposing changes to services for people with learning disabilities and reviewing children and adolescent mental health services. We also work with OCC and provider organisations to facilitate getting information out to their members and stakeholders and encouraging feedback.

An emergent area of public involvement developed by OCCG is the creation of Patient Advisory Groups (PAGs) associated with specific areas of the patient journey when the OCCG reviews current services and plans to commission redesigned services. Patients who have experience of using specific relevant services under consideration are recruited to be part of PAGs, to ensure there is patient involvement in the projects from the beginning through to designing patient feedback on changed services to inform future commissioning decisions. The CCG has developed PAGs to support the redesign of musculoskeletal services, audiology, ear nose and throat, dermatology, diabetes and bladder and bowel services. We will continue to use this patient experience method to inform service redesign going forward.

Another way OCCG has set out to ensure patient and public involvement is by supporting the development of Public Locality Forums in each of the six OCCG Localities – City, North,

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<sup>1</sup> Stakeholder - A person or external organisation that may be affected by, or able to influence, a decision taken by Oxfordshire Clinical Commissioning Group.

North East, South East, South West and West. Each Locality has a different approach; these range from Forums made up solely of representatives of Patient Participation Groups<sup>2</sup> whilst others have wider membership that includes carers, advocacy groups and district councillors. A letter of intent has been developed between OCCG and the Public Locality Forums that sets out a plan to ensure an effective and long term partnership. The Forums aim to ensure that the views and concerns of their patients and communities can be fed into plans at both a Locality (through the Clinical Locality Groups) and County wide level within OCCG.

OCCG has an objective to ensure equality of access, experience and outcomes in healthcare for all groups in Oxfordshire. Through its Quality and Access Team work has been undertaken to build relationships with ethnic minority community groups and with groups from marginalised communities. OCCG will continue this through target outreach work. When appropriate we ensure documents are translated into other languages and where possible provide materials in easy read and audio versions.

Another approach is our use of OCCG's online consultation tool Talking Health, to encourage public participation among those who perhaps have less time to attend meetings and events. This platform has a membership of more than 2,500 registered members of the public. When members of the public register on Talking Health, they can express their subject preferences. This allows us not only to inform them about consultations that are relevant to their specific interests, but also to communicate with them in the way they prefer – for example, via email or post. Talking Health has enabled us to run consultation projects quickly and easily. We have been able to create surveys and discussion groups and allow participants to comment directly on proposed strategies or policies. We have managed this engagement online, building up a record of evidence and producing reports on feedback from the public.

#### **4. Objectives**

The objectives of the communications and engagement strategy are:

##### **1. Continue to build meaningful engagement and enable those living in Oxfordshire to contribute to commissioning decisions on health services made by OCCG.**

This will be achieved by:

- Using a wide variety of methods and approaches to engage stakeholders, based on stakeholders' preferences where possible and practical.
- Working with the Public Locality Forums to identify patients/service users for taking part in specific projects; for the Public Locality Forums to be the eyes and ears of patients; and for the forums to share effective intelligence with OCCG on services we commission.
- Actively engaging and building relationships with ethnic minority community groups and with groups from marginalised communities.

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<sup>2</sup> Patient Participation Groups are groups of patients working with their registered GP practice to improve services and to promote health and improved quality of care.

- Actively promoting the Talking Health engagement site to those demographic groups currently underrepresented in the Talking Health community so that Talking Health more closely reflects the diversity of the population demographics for the county.
- Working closely with key partners such as Healthwatch, NHS providers (including GP practices), voluntary organisations, County and District Councils to share information to the public and capture feedback.
- Establishing a system to aggregate opinions on OCCG's stated priorities, from a variety of sources.
- Provide feedback (via the Patient and Public Involvement Report to OCCG Governing Body public meeting) on a six monthly basis and ensure this is shared with locality forums, Patient Participation Groups, partner organisations and other user groups.
- Creating and reviewing a coordinated provision of patient feedback from the Public Locality Forums, Talking Health, Datix<sup>3</sup> and complaints to identify themes.

What will success look like?

- Information will be publically available showing the feedback from patients and service users that demonstrates the link between the feedback from stakeholders and the changes to services – 'You said, we did'
- User experience data will be analysed for changes in the number and type, and trends of the concerns being raised.
- Increased Talking Health membership by, for example, 10% per annum in the diversity of population groups currently underrepresented.
- There will be a coordinated approach to public engagement across all health and social care commissioning bodies to reduce the fragmentation of information

## **2. To be responsive to public and patient expectations of the transparency of OCCG.**

This will be achieved by:

- Developing a protocol describing what stakeholders can expect from OCCG. (For example Governing Body meetings in public every 2 months, describe Freedom of Information (FOI) scheme and making FOI request, media desk handling, Talking Health, public engagement feedback mechanisms).
- Ensuring a Patient and Public Involvement Report is presented at OCCG Governing Body public meeting every six months showing engagement activity undertaken and how it has informed commissioning decisions and / or the strategic direction of OCCG. The report will include information from the Public Locality Forum and work undertaken in partnership with OCCG partner's organisations.

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<sup>3</sup> Datix is patient safety software which allows GPs, practice managers, healthcare workers and pharmacists to provide feedback and highlight potential issues or concerns to OCCG. By using a single system, we can collate the information in one place, allowing us to identify trends and address potential patient safety and quality issues. The Datix feedback system is available to more than 600 GPs, providing valuable data to support improvements in patient care.

- Ensuring clear mechanisms in place for the public, locality forums, and other stakeholder groups to input into the development of OCCG's priorities development and service design.
- Ensuring clear mechanisms capture issues raised by patients and the public in Oxfordshire.

What will success look like?

- There will be an OCCG information protocol in place, published on the OCCG website and communicated to stakeholders.
- Members of the public and patients will be able to engage with OCCG in a number of different ways.
- More people will engage with OCCG and input into the development of the health services we commission.

### **3. To continue to develop a culture within OCCG that promotes open communication and engagement with patients and the public.**

This will be achieved by:

- Communicating the organisation's priorities internally and externally in simple, consistent messages as often as possible.
- Ensuring the organisation's vision and values, statutory requirements of OCCG for public engagement and OCCG's public engagement aspirations are known by every member of staff through staff induction and staff briefings.
- Delivering a proactive and reactive media relations service to the press.
- Staff induction / training on public engagement and regular updates on engagement activity at staff briefings.
- Each OCCG project initiated will define internal and external stakeholder engagement analysis and plan as appropriate. This being fed back into project management best practice and into the OCCG's communication's function.

What will success look like?

- Simple descriptions of OCCG's priorities will be incorporated into introductions to corporate documents and presentations.
- There will be staff induction / training on public engagement and regular updates on engagement activity at staff briefings and in the staff newsletter.
- Each OCCG project will include internal and external stakeholder engagement analysis and then be planned appropriately. The results will be fed back into the project management and communication's functions.
- Increased positive coverage of OCCG in local media.

## **5. Our stakeholders**

OCCG has many stakeholders, many of whom need to be involved and communicated with in different ways. In order to ensure communications and engagement activities are tailored around individual stakeholder needs, it is important to analyse the various audiences. For specific projects individual plans would include a stakeholder analysis; identification of key messages and actions for each identified audience including channels of

communication and consideration given to how and who is best placed to deliver the messages.

We will do this by identifying groups and / or individuals for each stakeholder as appropriate, undertaking analysis of the stakeholder's needs so we can understand who we need to communicate with and how.

Below gives the categorisations for our stakeholders:

- Public (e.g. patients, carers)
- Commissioners (e.g. GPs, OCC staff)
- Local Providers (e.g. OHFT, OUH)
- Public Sector Partners (e.g. OCC, district councils)
- Voluntary & Community Organisations (e.g. Oxfordshire Citizens Voluntary Action, Oxfordshire Rural Community Council)
- Professional (e.g. Local Medical Committee)
- Political Partners (e.g. MPs, Councillors from parish to county level)
- Scrutiny (e.g. Healthwatch, Oxfordshire Joint Health Overview and Scrutiny Committee)
- Media (Oxford Mail, BBC)

## 6. Key messages

OCCG has already agreed and set out its corporate vision and objectives and its core values in *Oxfordshire Clinical Commissioning Group's strategy for 2014/15 -2018/9*. These have been developed into key messages which underpin all of its communications and engagement activities.

The high level key messages for OCCG are as follows:

- *We are Oxfordshire Clinical Commissioning Group. We buy health services on behalf of everyone living in Oxfordshire. To do this successfully we need to work with local people, Oxfordshire GPs, hospital clinicians and other partners (including local government and the voluntary sector).*
- *We are committed to:*
  - *putting patients' needs first*
  - *working with the people of Oxfordshire to develop quality health services fit for the future*
  - *working with GPs, hospital clinicians and other partners to tackle health inequalities*
  - *giving you a chance to have your say on the health priorities which matter to you.*
- *We believe you can make a difference to the way in which our health services are delivered.*

## 7. How will we deliver the strategy?

The process for implementing the strategy is outlined below:

1. Give a 'face' to the organisation by developing a pool of spokespeople (managerial and clinical) and maximise opportunities to promote the people behind the OCCG.
2. Develop new ways of engaging with our stakeholders, exploring routes and building dialogue with a more diverse range of patients and public.
3. Work closely with black, ethnic and minority community groups and faith leaders through OCCG's Equality and Access Co-ordinators.
4. Deliver a pro-active media campaign to publicise the ways in which the public can be involved in the work of OCCG. This will include the continued development of 'Talking Health' as an innovative online engagement and consultation tool and working with partners to leverage their communications channels.
5. Continue to develop and embed the use of Patient Advisory Groups for planning specific service changes in services commissioned by OCCG.
6. Hold twelve public meetings (two in each Locality) per year with the Public Locality Forums.
7. Hold OCCG Governing Body meetings in public six times a year and hold an annual public meeting every year.
8. Produce an external newsletter to share information with the public about the work of the CCG.
9. Develop and publish a protocol for engagement.
10. Develop our online platforms (OCCG's website, Facebook, Twitter, You Tube) and ensure information received is used in service redesign where applicable.
11. Develop and embed Experience Based Co-design (EBCD - see Glossary) within service change where appropriate.
12. Support the continued development of public and patient engagement in the six Localities by working in partnership with the Public Locality Forums.
13. Plan communications and engagement on a project by project basis to support specific work streams within the OCCG. Each project will have its own tailored communication and engagement plan and activity. Where possible, a lay representative will be identified to join the project team to provide a patient perspective and communicate with other relevant stakeholders before the project is underway.
14. Develop a more active digital / online presence to identify and develop new engagement opportunities through Twitter and Facebook and other online platforms.
15. Produce a consultation response report following each consultation, analysing the responses received and how the consultation responses will be used to inform the related project. This response report will be published on Talking Health and made available to survey respondents.
16. Build OCCG's reputation and visibility through proactive and responsive media handling.
17. Join up and coordinate OCCG's public engagement activities with Oxfordshire County Council.
18. Undertake a campaign to recruit members to Talking Health concentrating on a wider demographic that currently registered.

19. Develop a training and induction programme for OCCG staff to ensure they are aware of statutory duties around public engagement and ways in which they can be supported to engage the public.
20. Develop and regularly run a survey which will benchmark engagement reach and test understanding among patients and the public. Undertake an annual review.
21. Close the loop - 'You said, we did'. At the point that a patient and public engagement project is completed, all feedback will be collated into a report and published on Talking Health. This enables respondents and the wider public to see the full findings of the consultation. We will also aim to go back out to all respondents and let them know how OCCG used the feedback received and integrated it into project decisions or the strategic direction of the organisation. We will also aim to show how public input has helped the CCG to improve the services.
22. Follow-up 'closing the loop' by showing how OCCG has improved the delivery of services

## **8. Measuring the success of the strategy**

We intend to measure the success of implementing the Patient and Public Engagement Strategy by:

- Undertaking a benchmarking review with stakeholders around public engagement and undertake an annual review.
- Reviewing the quality / quantity of information received and the diversity of those stakeholders.

## **9. Monitoring**

The OCCG Lead Director for Communications and Engagement will have overall responsibility for the Strategy. A number of elements will be delivered through the Central Southern CSU Communications and Engagement Service, as specified in the SLA and monitored regularly through SLA and customer meetings, a six monthly performance report is received by OCCG from the Central Southern CSU Communications and Engagement Service. OCCG Governing Body will receive a report outlining engagement activity at its meeting in public on a six monthly basis; the Lay Representative on the Governing Body for patient and public involvement receives an update on activity and progress on a bi-monthly basis and an annual review with stakeholders will take place to measure the effectiveness of the strategy.

## Appendix 1: Duty to involve & statutory obligations

The NHS Plan (July 2000) sets 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 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.

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 Health and social Care Act 2012 introduced significant amendments to the NHS Act 2006, supporting two legal duties for Clinical Commissioning Groups and commissioning in NHS England, to enable:

- Patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;
- The effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

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

More information about these documents is available on the Department of Health website: <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

## Appendix 2: Terms used in this strategy

**Audience** – Stakeholders who share similar characteristics or interests

**Conversion rate** - Those press releases distributed that receive coverage.

**Engagement** - What does public engagement actually mean? For the purpose of this strategy it means the involvement of OCCG seeking out, listening to, developing their understanding of, and interacting with, the public.

**Experience Based Co-Design** – This when patients share their view at the beginning of a project of a particular experience; they tell the story of their patient experience on film. The purpose of the filming is to share patient experiences with clinicians during the development of the full business case and full pathway redesign. The intention is to remind clinicians that the process is patient centred, to reaffirm the holistic needs of patients to clinicians and to demonstrate what makes a ‘good’ service.

**Health and Wellbeing Board** – Established under the Health and Social care Act 2012 as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Each top tier and unitary authority has had its own health and wellbeing board since April 2013.

**Healthwatch Oxfordshire** – The successor organisation to the Public Involvement Network.

**Objectives /strategy / tactics** – *Objectives* describe where the organisation wants to go; *strategy* is how the organisation is going to get there; *tactics* are the operational activities to deliver the strategy.

**Patient Advisory Groups** - PAGs are active patient groups, promoting partnership between patients and the CCG in the development of services. Patients who have experience of using specific relevant services under consideration are recruited, to be part of PAGs, to ensure there is patient involvement in the projects from the beginning.

**Patient Participation Groups** - Patient Participation Groups are groups of patients working with their registered GP practice to improve services and to promote health and improved quality of care in their local area.

**Profile** – The extent to which OCCG attracts public notice; that is, OCCG’s prominence in the health and social care sector in Oxfordshire and nationally.

**Protocol** – Guidelines for the way that business is conducted to ensure a uniform approach and manage expectations.

**Public Locality Forum** – There are six Public Locality Forums, one in each of the six OCCG Localities. Each Forum has its own membership and Terms of Reference which facilitates OCCGs public and patient engagement. The aims of the forums are to ensure that the views and concerns of their patients and communities can be fed into plans at both a Locality and County wide level within OCCG.

**Stakeholder** - A person or external organisation that may be affected by, or able to influence, a decision taken by Oxfordshire Clinical Commissioning Group

**Stakeholder engagement** – A topic-focused dialogue between stakeholders and the organisation, to find out which issues matter most to the stakeholders. The purpose is to improve the information used in the organisation’s decision-making.