

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Meeting Date: 6 September 2012

Report Sponsor:

Shaun O'Connell
Management GP
Shadow Governing Body

Report Author:

Alex Trewitt
Communications Manager
Pat Sloss
Engagement Manager
North Yorkshire and Humber
Commissioning Support Unit

1. Title of Paper: Communications and Stakeholder Engagement Strategy

2. Strategic Objectives supported by this paper

1. Improve healthcare outcomes
2. Reduce health inequalities
3. Improve the quality and safety of commissioned services
4. Improve efficiency
5. Achieve financial balance

3. Executive Summary

This document provides an overview of the approach and methods that NHS Vale of York CCG will use to engage and communicate with its stakeholders.

4. Evidence base

The engagement element of this strategy has been developed in conjunction with members of the NHS Vale of York CCG Patient and Public Engagement Steering Group. The communications element has developed by members of the NHS Vale of York CCG Communications Steering Group.

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|--|
| <p>5. Risks relating to proposals in this paper</p> <p>Not applicable</p> |
| <p>6. Any statutory / regulatory / legal / NHS Constitution implications</p> <p>Detailed in section 4.0 of this strategy</p> |
| <p>7. Equality Impact Assessment</p> <p>Not applicable</p> |
| <p>8. Any related work with stakeholders or communications plan</p> <p>Not applicable</p> |
| <p>9. Recommendations / Action Required</p> <p>The Shadow Governing Body is asked to approve the Communications and Stakeholder Engagement Strategy</p> |
| <p>10. Assurance</p> <p>Not applicable</p> |

Communications and Stakeholder Engagement Strategy

Draft version 0.6, August 2012

Communication and stakeholder engagement strategy 2012/13

Version 0.6, August 2012

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1.0 Introduction

This strategy outlines the engagement and communications approach, processes and activities that we, NHS Vale of York Clinical Commissioning Group (CCG), will employ during 2012/13 and beyond.

It has been written in accordance with our vision, mission and values and seeks to support their delivery.

Our vision is:

“To achieve the best health and wellbeing for everyone in our community.”

Our mission is to:

- commission excellent healthcare on behalf of, and in partnership with, everyone in our community;
- involve the wider clinical community in the development and implementation of services;
- enable individuals to make the best decisions concerning their own health and wellbeing;
- build and maintain excellent partnerships between all agencies in health and social care;
- lead the local health and social care system in adopting best practice from around the world;
- ensure that all this is achieved within the available resources.

Our values are:

- **Communication** – Open and clear communication at all times, inside and outside the organisation, is essential for us to succeed. We recognise that the messages we send out need to be clear to everyone who receives them.
- **Courage** – We have the courage to believe that our community has the capacity to understand complex health issues and that it can be trusted to participate in making decisions on the allocation of health resources.

- **Empathy** – We understand that not all ills can be cured. We understand the suffering this causes and we work to reduce it.
- **Equality** – We believe that health outcomes should be the same for everyone. We will reduce unnecessary inequality.
- **Innovation** – We believe in continuous improvement and we will use the creativity of our stakeholders and staff.
- **Integrity** – We will be truthful, open and honest and will maintain consistency in our actions, values and principles.
- **Measurement** – We recognise that successful measurement is a cornerstone of successful improvement.
- **Prioritisation** – We will use an open and transparent process to arrive at value driven choices.
- **Quality** - We strive to be the best that we can be and to deliver excellence in everything we do.
- **Respect** – We have respect for individuals, whether they are patients or staff colleagues. We respect the culture and customs of our partner organisations.

2.0 Overarching objectives of this strategy

The objectives of this strategy are to:

- provide a robust communication and engagement framework for us to follow, in line with the requirements for authorisation and wider policy;
- empower our members and staff to appreciate the need for communications and engagement as part of their role within the CCG;
- ensure a clear and consistent voice between our CCG and its various stakeholders;
- facilitate dialogue between our CCG and its stakeholders to ensure they are part of the decision making process and uphold the our commitment to ‘no decision about me, without me’;
- develop and maintain mutual goodwill and understanding between our CCG and its stakeholders, resulting in the formation of a positive reputation amongst stakeholders;

- ensure that information about our CCG and its business is readily available and accessible to those who need it;
- ensure that we are able to fulfil our statutory duties;
- position our CCG as the leader of the local NHS.

3.0 Communication and engagement governance

The patient and public engagement element of this strategy has been developed by the NHS Vale of York CCG Public and Patient Engagement Steering Group which comprises the following members:

| | |
|---------------------------|--|
| Prof Alan Maynard (Chair) | Vale of York CCG |
| Sian Balsom | York CVS/ & nominated rep for North Yorkshire and York Forum |
| Chris Edmondson | Lay Member |
| Sarah Harrison | North Yorkshire LINK |
| Helen Mackman | Lay Member |
| Carol Pack | York LINK |
| Juliana Sharp | Lay Member |
| Pat Sloss | Yorkshire and Humber CSS |
| Dr Cath Snape | Vale of York CCG |
| Graham Tissiman | Lay Member |

Communications Steering Group

A Communications Steering Group has also been established which is responsible for delivering the communication elements of this strategy. The members of this group are:

| | |
|--------------------|----------------------------------|
| Dr Shaun O'Connell | (Vale of York CCG) |
| Dr Cath Snape | (Vale of York CCG) |
| Dr David Hayward | (Vale of York CCG) |
| Rachel Potts | (Vale of York CCG) |
| Alex Trehitt | (North Yorkshire and Humber CSU) |

4.0 Policy context for this strategy

The context in which we operate will significantly influence the delivery of communications and engagement in the future. National and local policy acknowledges and promotes the need to improve involvement in and communicating core values, actions and strategies to local communities.

4.1 The Health and Social Care Act 2012

CCGs are required by law to:

- involve the public in the planning and development of services;
- involve the public on *any* changes that affect patient services, not just those with a “significant” impact;
- set out in their commissioning plans on how they intend to involve patients and the public in their commissioning decisions;
- consult on their annual commissioning plans to ensure proper opportunities for public input;
- report on involvement in their Annual Report;
- have lay members on their governing body;
- have due regard to the findings from the local HealthWatch;
- consult Local Authorities about substantial service change;
- have regard to the NHS Constitution in carrying out their functions;

- act with a view to securing the involvement of patients in decisions about their care; and
- promote choice.

4.2 Developing Clinical Commissioning Groups – Towards Authorisation

This guidance advises that the proposed content of the authorisation process is built around six domains, one of which is 'meaningful engagement with patients, carers and their communities'. As part of being granted authorisation, we are required to demonstrate capability across each of the domains.

4.3 NHS Operating Framework 2012/2013

The Operating Framework for 2012/2013 outlines that the need for good systematic engagement with staff, patients and the public is essential so that service delivery and change is taken forward with the active involvement of local people.

4.4 The Equality Act 2010

The Equality Act 2010 promotes that patients should have equal access to care when they need it. To support development of commissioning plans and decision making, it is essential that particular attention is paid to effective engagement and communication methods for disadvantaged, vulnerable groups and for people who currently struggle to access services.

Communication needs of staff, patients and members of the public should be carefully considered and engagement is important to ensure we understand the impact of its decisions on different people.

4.5 The NHS Constitution

The NHS Constitution came into force in January 2010. It places a statutory duty on NHS bodies and explains a number of rights which are a legal entitlement. One of these is the right to be involved directly or indirectly through representatives:

- in the planning of healthcare services;
- the development and consideration of proposals for changes in the way those services are provided; and
- in the decisions to be made affecting the operation of those services.

4.6 The York and North Yorkshire Compacts

A national Compact has been in place since 1998 involving national and local government and the voluntary/community sector. It outlines a way of working that improves their relationship for mutual advantage. The Coalition Government renewed the Compact agreement with the civil society organisations in England in December 2010. Both York and North Yorkshire have a Compact agreement supported by the unitary Local Authorities and the voluntary and community sector. Within both Compact agreements there is an overarching statement which set out the principles, undertakings and commitments to work together for mutual advantage. This is underpinned by specific codes of practice on key areas of collaboration. We will explore the potential for becoming a signatory of both Compact agreements.



5.0 Priority areas for patient and public engagement

We want to involve people at every stage of the commissioning cycle, using their knowledge and experiences of local health services. This will cover:

- **assessing the needs** of our population to help us determine what and where services need to be provided;
- **reviewing existing service provision** to identify gaps in provision and potential for improvements;
- **deciding priorities**, identifying which areas of work will be done;
- **Designing services** and ensuring our community is engaged at the beginning of any service development;
- **producing an annual plan** to provide details of spending, future plans and how the public have been engaged;
- **managing performance** and monitoring performance against plans;
- **seeking public and patient views** on their experience of local health services.

5.1 How we will get there

Assessing needs - the Joint Strategic Needs Assessment (JSNA) will be the main method for assessing current and future needs at a population level and will be the responsibility of the Health and Well Being Boards that cover our CCG locality. Working with these Boards, we will develop robust processes to ensure public and patient engagement is integral in the development of the JSNA.

Reviewing existing service provision

- a. Complaints, concerns and experiences will be used to identify areas of development.
- b. Patient surveys of current services ensuring all specifications/contracts for new services include patient feedback as part of an evaluation process.
- c. Develop a system for accepting ideas (see appendix 1 for proposed PPE structure)

- d. Discussions with relevant 'joint working groups' e.g. mental health, older people, children and young people, carers.
- e. Public and Patient Forum, open to everyone, will be held twice a year.

Deciding priorities

Deciding priorities will be the role of the CCG Governing Body (which includes lay representation) and needs to be transparent to the public. This should include:

- a. An explicit review of alternatives.
- b. Discussions with relevant 'joint working groups'.
- c. Involvement of the CCG Public and Patient Forum (see appendix 1).

Designing services

- a. Every service design process includes patient and public engagement (PPE), taking into account patients, public, interest groups and geography.
- b. PPE is identified in initial project plans within business cases.
- c. Discussions with relevant 'joint working groups' e.g. for mental health, older people, children and young people and carers.

Managing performance of services

- a. Ensure all new services include patient feedback as part of the evaluation process.
- b. Robust links with Health and Wellbeing Boards.
- c. Discussions with relevant 'joint working groups'.

Annual Plan

- a. Plan to be written in plain English
- b. Widely circulated using joint distribution where possible.
- c. Available online and in different formats.
- d. Discussed at Patient/Public Forum.

‘No decision about me without me’

All services will ensure genuine patient centred care with patient participation, e.g. implementation of informed decision making and encouraging use of decision making tools where appropriate.

Future developments

Progress on delivering this strategy will be reviewed and reported on annually. This will provide an opportunity to take into account relevant local and national issues that may be arising, e.g. personalisation.

6.0 Structure to delivering public and patient engagement (see appendix 1)

We have established two key mechanisms for facilitating engagement with patients and the public:

- **Patient and Public Engagement (PPE) Steering Group**

The remit of the group is to oversee and monitor engagement, develop, implement and review progress on the PPE strategy. The group also provides guidance to CCG commissioners, thus ensuring PPE is embedded in all commissioning activities.

The specific activities used to engage will vary depending on the different topics for review.

- **Public and Patient Forum**

The Public and Patient Forum will be held twice a year. The Forum is open to the public, all stakeholder and patient reference groups. It will receive reports from the PPE Steering Group on work being undertaken by the CCG as well as being encouraged to contribute to discussions on CCG activities.

We will use the ‘Patient Engagement Continuum’ as a way of identifying a number of ways of engaging with the public (see appendix 2) and the Patient

Experience and Engagement Commissioning Cycle (appendix 3) will be used to identify at what points we work with patients and stakeholders in the commissioning process

7.0 Our approach to clinical engagement

Clinical engagement is critical to ensure we gain support from our clinical colleagues for the decisions we make as an organisation.

Our engagement with clinicians will be ongoing and the way in which we facilitate engagement will vary depending on the nature of the issue.

However, we have already established two key mechanisms to ensure the opinions of local clinicians are heard and considered as part of our commissioning cycle, both of which are detailed below.

GP forum

The GP Forum is held once a month and is open to all GP Practice staff across the Vale of York.

Each Forum focuses on a particular theme which gives attendees the opportunity to discuss the issue in detail and feed back their ideas to the group. Themes discussed at GP Forums held so far have included:

- Reducing non-elective admissions and managing patient flow
- Telehealth
- NHS Constitution
- Prescribing

Occasionally, the GP Forum will be held in the format of a 'consultation café' whereby secondary care consultants are available to discuss specialist areas with attendees. Our first consultation café proved very successful and gave attendees the opportunity to discuss specialist areas such as:

- Gynaecology

- ENT
- Urology
- Cardiology

The outcomes of the Forum are fed into the commissioning cycle and reported via the monthly GP Practice Update.

Project specific steering groups

There is a need for us to facilitate engagement with organisations that have a role to play in the successful delivery of specific CCG-led projects.

This will involve the creation of specific steering groups comprising representatives from partner organisations to ensure they are integral to the development of the project.

Vale of York CCG

- Patients at the centre – Kenneth
- Partnership working
- Clinical engagement



8.0 Communicating with our stakeholders

We have a wide range of stakeholders with whom we need to communicate with. Wherever possible, we will establish mechanisms to facilitate dialogue with them to ensure we can respond appropriately to their needs.

The following table highlights the **priority** stakeholders along with recommendations for when they should be communicated with (note that the method of communication is covered in section 11).

| Stakeholder | When to communicate with them |
|---|--|
| GP practices within the CCG | <p>Staff working within GP Practices are considered to be primary internal stakeholders. They must therefore be kept informed of issues and developments in a timely manner and be made aware of issues before they become public knowledge.</p> <p>As GP Practice staff have direct contact with patients, they should be seen and treated as CCG ambassadors who have a high level of influence over shaping public perceptions toward the CCG.</p> |
| Political stakeholders (including Overview and Scrutiny Committees) | <p>Political stakeholders have a significant level of influence over the success of CCG projects and can also play an important role in terms of reputational management amongst members of the public.</p> <p>Political stakeholders should be communicated with at a personal level, which will largely be achieved through members of the CCG building trusting relationships with them.</p> <p>The level of communication required with political stakeholders should always be considered at the start of any</p> |

| | |
|---|--|
| | <p>new project or service redesign.</p> <p>The more information and justification that can be given to them about the need for change, the more supportive they may be.</p> <p>Political stakeholders should always be copied into proactive press releases to ensure they are informed prior to stories hitting the media.</p> |
| <p>Partner organisations (providers, voluntary sector, local authority etc)</p> | <p>Building an open and trusting relationship with our partners can help ensure their support during times of change.</p> <p>They also play a key role in cascading information to the 'end users'.</p> |
| <p>Patients and the public</p> | <p>Patients and the general public need to have access to information about issues that will impact upon on them. This can help create a mutual understanding and appreciation for why the change needs to be made.</p> <p>Facilitating two-way communication with patients and the public is essential if we are to uphold our commitment to being a responsive organisation.</p> |
| <p>Media</p> | <p>We need to build credible links with the media to ensure they view the CCG as a trusted partner – someone they can come to for an expert view on health related matters.</p> <p>This will be achieved by responding quickly to their enquiries and being flexible in our approach to dealing with them.</p> <p>Monitoring media trends will also be important to support the CCG in being proactive on particular issues.</p> |

9.0 Positioning and brand values

The emergence of this new organisation brings with it the opportunity for a fresh start.

Although the public perception of the NHS brand is generally positive, there are reputational issues associated with the PCT which the CCG will wish to steer away.

A favourable reputation is often achieved through consistency – both in terms of how the organisation behaves and how it interacts and is seen by people.

Consistency in voice will be achieved through having the communications steering group, as it will essentially act as a gatekeeper for all public facing information relating to the CCG.

However, internal communications within the CCG is paramount to ensuring there is as little dissonance between how the CCG brand is perceived internally and externally.

It should be noted that to build a successful brand externally, it needs to ‘cook’ from within by staff acting as ambassadors for the brand and fully appreciating its values.

The ultimate vision for the CCG brand is to be recognised as a trusted local leader of the NHS. Its voice must be authoritative, while at the same time showing empathy for local people’s needs.

During 2012/13, the communication strategy aims to raise the profile of Vale of York CCG and begin to realise this vision.

10.0 Branding and visual identity

For the foreseeable future, Vale of York CCG should brand itself as a ‘non-statutory NHS organisation’, therefore using the following logo:



**Vale of York
Clinical Commissioning Group**

As the CCG is branded under the NHS, all associated correspondence and literature should comply with the NHS branding guidelines, a copy of which can be accessed here: <http://www.nhsidentity.nhs.uk/>

The organisation should always be referred to as either ‘NHS Vale of York Clinical Commissioning Group’ or ‘Vale of York CCG’. The abbreviation ‘VOYCCG’ should never be used.

Over time, a ‘house style’ will be developed that differentiates the CCG from other NHS organisations. This house style should bolster the CCGs brand values and make it instantly recognisable – something which can be challenging in such a complex and multi-faceted environment as the NHS.

A series of corporate templates and corresponding brand guidelines will be produced to ensure proper use of the NHS Vale of York CCG brand.

10.1 Tone of voice

We will aim to communicate in plain English at all times – both in written and verbal communication. The use of acronyms should be kept to a minimum or at least explained within the document.

To support this, communication should follow guidance provided by The Campaign for Plain English, available at <http://www.plainenglish.co.uk/free-guides>.

11.0 Methods of communication

The following section outlines the key methods of communication we use to communicate with various stakeholders, along with a description of how each will be used.

11.1 Internal communication with GP practices

An online survey of staff working in GP practices was undertaken to establish the most effective way to communicate with them.

The key findings from the 97 surveys received were used to determine the following key methods of communicating with GP practice staff:

Weekly email updates

The purpose of the weekly email update is to ensure practice staff only receive information from the CCG that is relevant to them. This will ensure they are not bombarded with information which increases the likelihood of them reading the information.

The email update will be sent every Monday to Practice Managers and Commissioning Leads with each GP Practice. These updates will include any operational issues and actions that need to be undertaken that week. Where necessary, the email will contain information from third parties too, and third parties should be encouraged to send information in this way rather than directly to individual practices.

The updates will not include any general information about CCG development or wider issues such as feedback from the monthly GP forums. The updates can however include reminders about upcoming events.

Monthly practice updates

A practice update will be created in PDF format and sent to Practice Managers for onward cascade to all practice staff.

The primary objective of this update is to feed back on the monthly GP Forums, as well as to provide an update on the development of the CCG and wider issues affecting GP Practices.

Practice Liaison Representatives

We have identified four CCG Board members to act as GP Practice Liaison Leads.

The role of the Liaison Leads is to act as conduit between GP practices and the CCG Board. Each of the four Leads is responsible for a small number of GP Practices.

Intranet

An intranet is currently being developed which will act as a repository of information for GPs and Practice staff.

The intranet will be part of the CCG website and accessible from anywhere – not restricted to those connected to the N3 network.

Over time, we will look to establish an online forum which will facilitate sharing of best practice and discussion about key issues.

11.2 Media management

The media plays a key role in helping shape a positive reputation and should be treated as partner with which we must build a constructive relationship.

A separate media management protocol has been developed which outlines roles and responsibilities, particularly with regard to reactive media management.

In terms of proactive media management, a forward plan of press releases will be developed taking into consideration the achievement of key milestones in our development and, later on, the implementation/change of new services and initiatives.

Although every effort will be made to sell-in these stories to the media, even if they are not picked up, they will still provide a useful timeline of achievements to be placed on our website.

A key feature of our media approach will be the continual reference to our Patient and Public Engagement Steering Group. Making this group visible will help to demonstrate that decisions have not been in isolation and give a level of ownership to the members of these groups.

11.3 Online presence

Having a strong online presence is important because it:

- facilitates dialogue;
- allows communication in 'real time' and is especially useful in crisis situations;
- reaches a range of audiences – both young and old;
- enables you to communicate in innovative ways, such as through the use of video;
- is an effective way to build a list of contacts who want to be kept informed of information relating to the CCG.

Corporate website

In the interim, we will have a dedicated section hosted within the existing NHS North Yorkshire and York website.

However, over time, a new standalone website will be launched at:

www.valeofyorkccg.nhs.uk

Social media

The role social media can play in reaching those who are deemed 'hard to reach' should not be underestimated.

An official profile for NHS Vale of York CCG will be established on Facebook, Twitter and YouTube. These will be managed by a select number of members from the communications steering group.

Facebook and twitter feeds will be used to further promote stories featured on the proactive media list, and also used to promote upcoming events. YouTube will be used to feature video briefings and films such as the Public and Patient Forum.

11.4 Stakeholder communication

Stakeholders, such as political representatives and partner organisations, will be made aware of issues in a timely manner. The nature of the issue will dictate the level of communication required, for example, they should be informed of a serious incident before it hits the local press.

Timely stakeholder communication will be made possible by maintaining an up to date stakeholder database.

Quarterly stakeholder update

A quarterly stakeholder newsletter will be produced which will act as the main vehicle of communication for keeping a wide range of stakeholders informed of developments within the CCG.

A plan for how and where this will be distributed will be developed.

11.5 Other forms of external communication

Depending on the nature of what needs to be communicated, it may be necessary for us to employ other forms of communication in addition to those detailed above.

The following methods should be considered as part of any communication initiative:

- Advertising in local press and community magazines such as 'Your Local Link'
- Posters and leaflets
- PowerPoint presentations
- Profiling opportunities in local, regional and national media and events – this will be key to positioning NHS Vale of York CCG as a trusted health expert, thus bolstering the vision to be recognised as the local leader of the NHS.

12.0 Key communication priorities for 2012/13

The following key communication priorities have been identified for 2012/13:

- Ensure that the communication requirements contained within the 'CCG readiness for authorisation' checklist are fulfilled;
- Develop and launch a dedicated website for the CCG;
- Build a positive relationship with local media outlets (such as York Press, BBC Radio York, Selby Times, Pocklington Post), to be achieved through regular briefings and profiling opportunities;
- Develop a distinctive visual design style for the CCG to be used across all corporate materials;
- Build internal communication networks with GP practices and other organisations to ensure they are kept informed of CCG developments;
- Ensure communication protocols are embedded to ensure appropriate and timely communication with stakeholders

- Monitor the effectiveness of communication activities to help inform the communication strategy for 2013/14.

13.0 Evaluating our communications

In order to ensure effectiveness, all methods of communication will require some form of ongoing evaluation.

Surveys, particularly using online solutions such as Survey Monkey, are a good way to collate ongoing feedback on particular methods of communication and brand awareness.

The communications steering group will periodically review each of the aforementioned methods of communication to ensure they are achieving the desired results; for example, by gauging the satisfaction of GPs in terms of how informed they feel.

14.0 Budget

An annual budget will be allocated in order to help plan communication activities and ensure money is spent in the most effective way.

This will be particularly important as the CCG begins to agree strategic priorities as communication is likely to play a key role in achieving them. For example, if the management of long term conditions becomes a key strategic priority, communication materials may be required to explain any changes to patients. This will inevitably have cost implications.

15.0 Progress made so far

Our CCG has made excellent progress so far in this transition year. Below is a description of some of the highlights from our communication and engagement activities.

Public and patient forum

We have so far held two very successful Public and Patient Forums, both of which attracted significant numbers of patients and voluntary sector representatives.



The last Forum, held in June, focussed on giving attendees a feel for how difficult the prioritisation process is and the challenges faced by the CCG in doing this.

Feedback obtained from attendees was very positive and many said they now appreciate the complexities of commissioning and that there is not an infinite pot of money to pay for all the health services people want.

One aspect of the Forum we hope to improve in the future is encouraging more young people to attend and give their views.

Engaging GP Practice staff

Another aspect of engagement and communication that has been particularly effective over the past 12 months is with colleagues from our constituent GP Practices.

Our monthly GP Forum has been very well attended and has facilitated some very interesting and productive discussions around topics such as Telehealth, non-elective hospital admissions and prescribing.



Our monthly Practice Update has also been well received and we have now been producing it for 12 months. Each edition includes an update from Dr Mark Hayes, Chief Clinical Officer, about the CCGs progress towards authorisation and the challenges being faced by the local health economy.

The Update also highlights actions GP Practices can take to support the CCGs priorities, and includes a specific section around prescribing.

CCG team building exercise

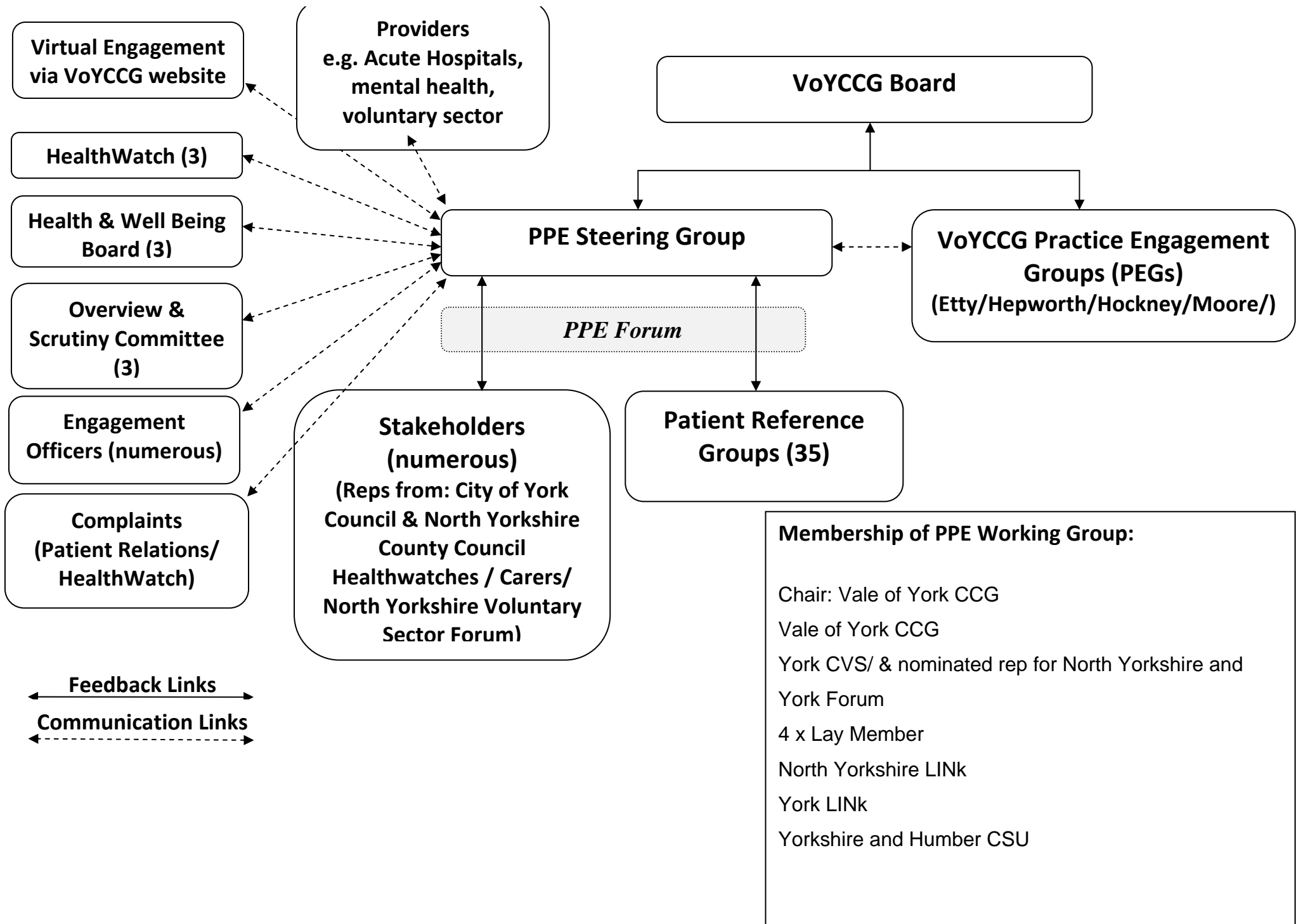
In July, the CCG held a team building exercise to give members and newly aligned CSS representatives the opportunity to meet each other and get everyone thinking about CCG priorities.

The afternoon involved a number of facilitated sessions which aimed to get people thinking about the CCGs vision, how they contribute towards achieving it and also to think about any specific areas that need to be improved.

The session was very productive and resulted in attendees leaving with a shared appreciation for each others' role and feeling more engaged in the vision of the CCG.

APPENDICES

Appendix 1: Structure to delivering public and patient engagement



Appendix 2: Patient Engagement Continuum

| 1. INFORMATION GIVING | 2. INFORMATION GATHERING | 3. CONSULTATION | 4. PARTICIPATION | 5. COLLABORATION |
|--|---|--|---|---|
| <p>Purpose: To provide people with information to assist their understanding</p> | <p>Purpose: To collect information about attitudes, opinions and preferences that will assist understanding and as a consequence decision-making.</p> | <p>Purpose: To obtain feedback on specific policies, business cases or proposals</p> | <p>Purpose: To involve people actively at all stages to ensure their concerns are understood and considered, and to give them some influence on and ownership of decisions.</p> | <p>Purpose: To bring people into active partnership[and agree sharing of resources and decision-making</p> |
| <p>Examples: Fact Sheets Newsletters Websites</p> | <p>Examples: Surveys Questionnaires Focus Groups</p> | <p>Examples: Consultation papers Public meetings Subject surgeries</p> | <p>Examples: Workshops Stakeholder dialogue</p> | <p>Examples: Local Strategic Partnerships Advisory Panels</p> |

Appendix 3: Patient Experience and Engagement Commissioning Cycle

For full details on the cycle visit:

http://www.institute.nhs.uk/tools/the_engagement_cycle/the_engagement_cycle_introduction.html



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