



*Doncaster*

*Clinical Commissioning Group*

Communication,  
Engagement and  
Experience  
'Talking Points'  
Strategy  
2014/15 – 2016/17

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## 1. Introduction

Clinical Commissioning Groups (CCGs) were established in April 2013 as statutory bodies under the Health & Social Care Act 2012. A CCG's function is to commission local healthcare services in England and in doing so to act effectively, efficiently and economically. NHS Doncaster Clinical Commissioning Group (CCG) commissions healthcare services for approximately a 309,000 population across Doncaster. Our commissioning responsibilities include:

- Planning services based on the needs of the local population
- Securing services that meet the needs of the local population
- Monitoring the quality of care provided

The aim of this document is to set out our strategy for communication and engagement with patients and their carers, members of the public, local partners and staff, and for recording and acting on the experience for patients.

**Our mission is to be:** A high quality and accountable Clinical Commissioning Group (CCG), encouraging responsive partnership engagement in a transparent climate of ongoing learning in order to create a patient-centred yet financially astute and corporate approach to commissioning.

**Our vision is to:** Work with others to invest in quality healthcare for Doncaster patients.

**Our values are that:** The needs of patients are paramount, and NHS Doncaster CCG will drive forward continuous improvement through relationships based on integrity and trust.

Effective patient engagement runs like a golden thread through our mission, vision and values and is a core element of our work. Having high quality patient and public engagement is the key to unlocking many benefits for good patient experience, better value for healthcare resources and trusted relationships in the community.

We believe patients should be involved at every stage of their pathway of care. It is a fundamental right, now enshrined in the NHS Constitution that patients have a right to make a choice and to receive the information and support they need to make an informed choice.

Effective engagement, supported by clear, easy-to-understand information, makes it easier to create change and savings because clinicians, managers and lay people work together to achieve commonly valued objectives. The NHS needs to make millions of pounds in savings in the coming years. Along with rising expectations, an ageing population, advances in technology and growing patient expectations there has never been a greater need for effective and trusting partnerships, shared problem solving and effective engagement and communication.

Clearly we need to have a good understanding of the needs of our communities in order to communicate and engage with them in a meaningful way. Good engagement generates insights about the experience of our patients, carers and public to develop foresight for our organisation (commissioning aspirations, market

intelligence, provider capabilities). This intelligence is very valuable and can help make us a smarter health investor able to achieve better value for our healthcare resources.

## 2. The legislative background

The Health and Social Care Act 2012 incorporates Section 242(1b) of the NHS Act 2006 which places a legal duty on NHS bodies to consult with individuals.

Section 14U of the Health and Social Care Act 2012 requires CCGs, in exercising their functions, to promote the involvement of patients and their carers and representatives in decisions about their own care (shared decision-making). This duty is intended to address the commitment outlined in the White Paper *Equity and Excellence: Liberating the NHS* to the policy of “no decision about me without me” and would apply to any decisions at all stages of that individual’s health care, from preventative measures, diagnosis of an illness, and any subsequent care and treatment they receive.

Section 14Z2 of the Health and Social Care Act 2012 refers to public involvement and consultation by Clinical Commissioning Groups. Clinical Commissioning Groups must make arrangements to ensure that people for whom services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Section 244 of the NHS Act 2006 requires health organisations to request the appropriate Local Authority’s Health Overview and Scrutiny Committee to review and scrutinise proposals which result in a service change. Where such changes are considered to be ‘a substantial variation’ there is a requirement to carry out a formal process of public consultation.

The duties to consult and engage are reinforced within the updated NHS Constitution (2013) and the NHS Pledges.

### 3. Our population

NHS Doncaster CCG recognises that good commissioning happens when patients and the public are at the heart of the decisions being made. This means that, for health services to be improved, understanding and acting on what matters to people is of the highest importance – involving them as partners to help design and commission services. It is our ambition to make sure that patients and the public can contribute to improve the quality of healthcare services and the experience of patients in Doncaster.

We have many challenges as the health of people in Doncaster is generally worse than the England average.

- Deprivation is higher than average and about 14,100 children live in poverty.
- Life expectancy for both men and women is lower than the England average. Life expectancy is 9.4 years lower for men and 6.3 years lower for women in the most deprived areas of Doncaster than in the least deprived areas.
- In Year 6, 19.1% of children are classified as obese. In 2012, 30.4% of adults are classified as obese, worse than the average for England
- Smoking in pregnancy (at time of delivery) is worse the England average, as is the rate of smoking related deaths
- Alcohol related harm hospital stays are worse than the England average.  
*(Public Health England – Doncaster Health Profile 2014)*

This strategy sets out NHS Doncaster CCG's vision for engaging and communicating with, and consulting and developing services in partnership with the population of Doncaster.

### 4. What are we trying to achieve

#### Our strategic aims

In summary, the objectives and actions detailed in this Communication, Engagement and Experience Strategy aim to:

- Ensure that patients, public and staff are engaged with commissioning decisions at every level from the patient's involvement in his or her own care – “no decision about me without me” - to statutory engagement through bodies such as HealthWatch.
- Respond to patient feedback and work with providers of healthcare in Doncaster to make sure that we learn the lessons from patient experience to bring about continuous improvement.

This Strategy will be underpinned by the Communication and Engagement 'Talking Points' Delivery Plan and accompanied by a dynamic action plan which will be performance monitored within the NHS Doncaster CCG governance structure to ensure that we are moving forwards effectively.

In terms of Communication, Engagement and Experience, NHS Doncaster CCG is working to achieve the following outcomes:

- **Better Information** - Information and feedback is turned into easy to understand *Talking Points* for us to communicate to our public, stakeholders and communities and so trigger engagement opportunities.
- **Engaged Communities** - Proactive engagement with our public, stakeholders and communities (including the more seldom heard communities) through a range of engagement methodologies directly influencing CCG commissioning.
- **Experience of appropriate and responsive services** – We receive as near to real-time as possible patient experience from those accessing our commissioned services to help us check the quality of the services we commission.

### 3.1. Better Information

Figure 1 below shows the Commissioning Cycle as the blue circle with different methods of engagement forming the inner circle.

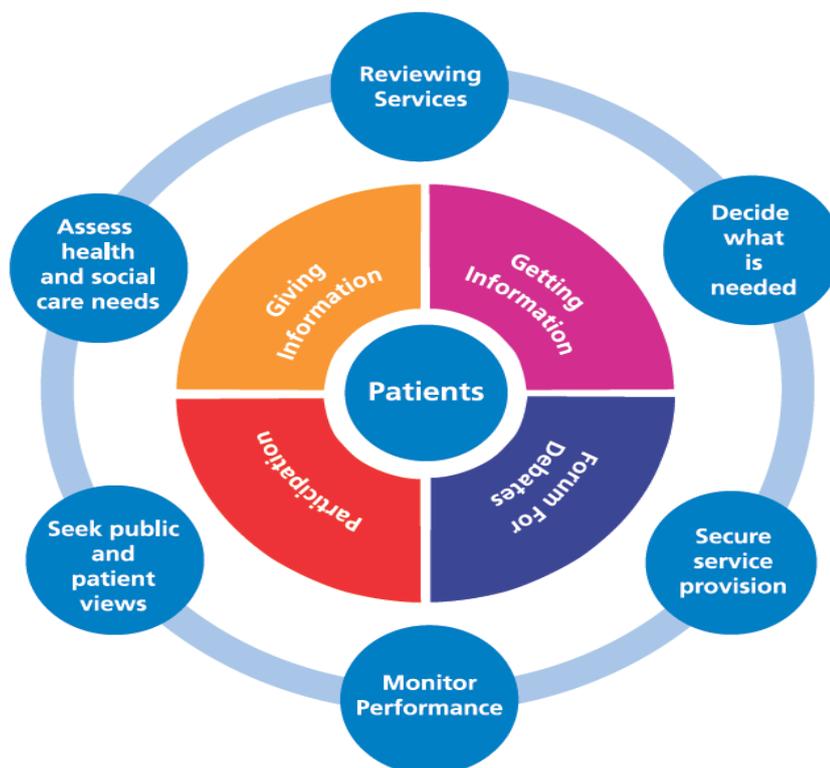


Figure 1

Patients and members of the public should be involved in commissioning services at each stage of the cycle in ways described by the inner circle. The NHS has routinely been very good at giving information and getting information, but has not been as good at having regular forums for debate and participation.

We will use *Talking Points* to communicate with and provide information to our population available in the right format, in the right place and at the right time.

A variety of communications methods will be used to target the different stakeholders. Some of the tactics we will use include digital media (website, social networking, video technology, email), newsletters, press releases and briefings, presentations, and partner publications.

We will look at ways of providing a much more joined-up approach to communications and engagement by working more effectively with our partners in Doncaster. Many benefits can be gained by sharing resources to achieve common aims, such as behavioural change. These partners include Doncaster Council, South Yorkshire Police, South Yorkshire Fire & Rescue, the two Doncaster based NHS Foundation Trusts, Yorkshire Ambulance Service and the Voluntary Sector.

In respect of internal communications, our staff are our greatest asset. They will have an important role to play in the future development of NHS Doncaster CCG and we need to ensure they are kept engaged and informed through the Colleague Engagement Group, the internal newsletter '*The Reporter*', staff briefings, the intranet and chairman's blog.

We will publish feedback on our engagement in the format of '*We Asked, You Said. We Did*' to ensure that our public are aware of our actions following on from engagement/consultation.

Brand identity is very important. It is more than just a logo and amounts to a promise of consistent quality and value that customers or stakeholders can expect. It conveys a lot of information quickly and concisely and is something that people can associate with as being trustworthy and reliable. We have developed a corporate image based on the requirements of the NHS brand. We will ensure our stakeholders understand the role and vision of NHS Doncaster CCG and will continue to position the organisation within the local health community as a credible, reliable and qualified body to manage the health spend for Doncaster.

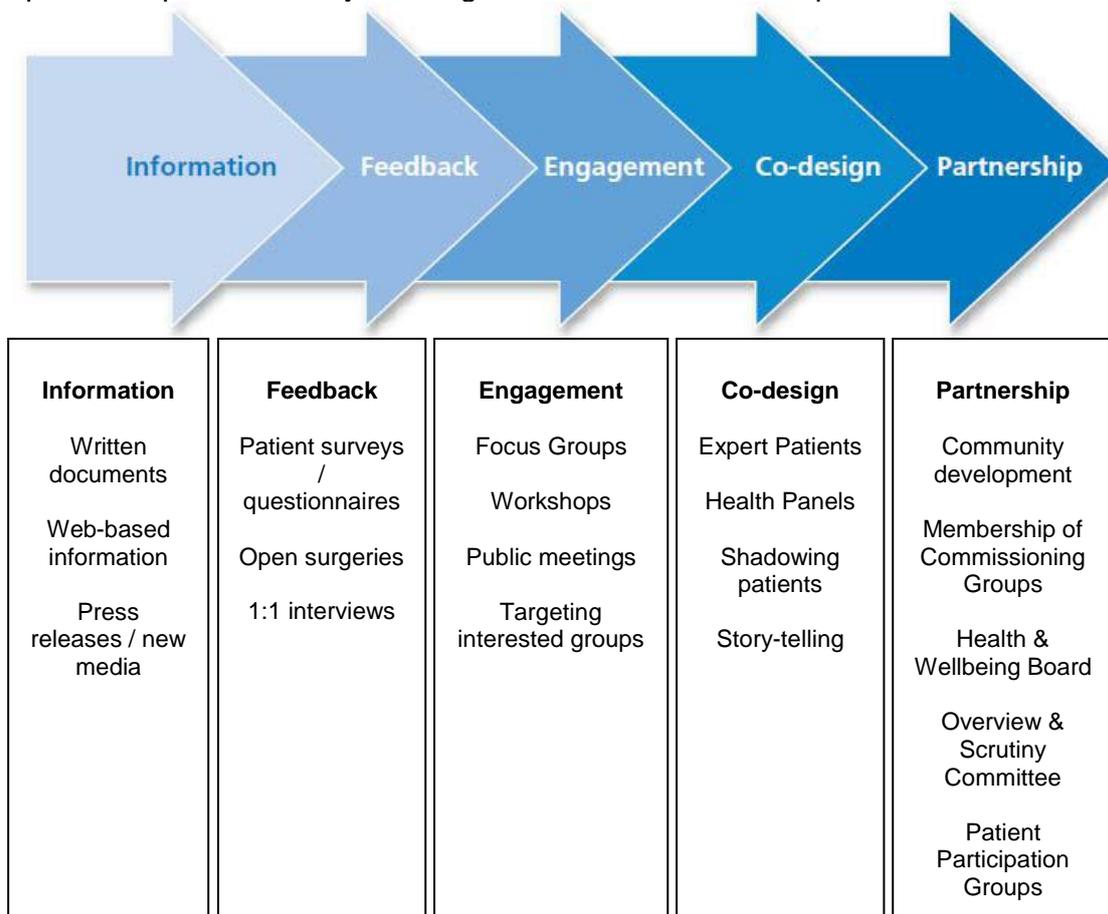
NHS Doncaster CCG aims to become a trusted symbol of quality underpinned for stakeholders by strong values. The corporate identity – brand – that we will portray to all our stakeholders will be:

- Customer focused
- The Patient's champion
- Transparent, open and honest
- Trustworthy and clinically sound
- Able to listen and act upon what we are told
- Cost effective
- Clinically qualified commissioners of top quality health care
- Leader of the NHS locally

We will develop a number of key messages that underpin our work to explain our transformational programmes of work to our stakeholders.

## 4.2. Engaged Communities

Patient engagement can be seen as a continuum stretching from giving information to true partnership as shown by the diagram below and the examples listed.



Individual involvement is very important. People must have a say in their own health through shared decision-making, by giving them choice about how, where and when they can be treated, and by ensuring they have sufficient information to make informed decisions.

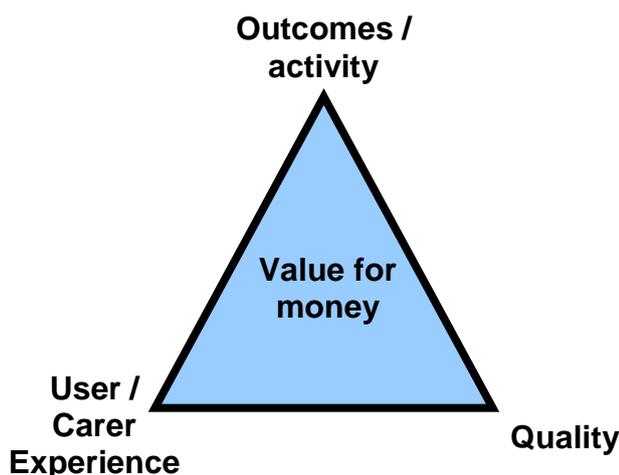
We aim to engage with statistically significant numbers of people. For example, for subjects which affect the whole population this would be a minimum of 600 individuals. We also aim to ensure our engagement is inclusive and representative of our population, so we will engage through our networks and we will also utilise face to face engagement in venues where we can access those that might otherwise not be represented.

We have developed our Communication and Engagement 'Talking Points' Delivery Plan which will be monitored by the Engagement & Experience Committee which reports to the Governing Body.

NHS Doncaster CCG also publishes a Patient & Public Annual Statement of Involvement which details each engagement, a summary of what this told us, and what we did with the information.

#### 4.3. Experience of appropriate and responsive services

We need to ensure that patient and public experience is embedded into all our decision-making processes, so that user/carer experience is one of the elements that we consider alongside quality, outcomes and overall value for money when making decisions as detailed in the diagram opposite.



We will aim to employ different engagement methodologies to best suit each area within our commissioning cycle:

- Consultation – on our strategic plans and priorities.
- Engagement – on how we specify outcomes, redesign pathways or services and procure services
- Validation – of the quality and performance of the services we commission

We will record and use anonymous patient experience data from a variety of sources (including complaints, MP letters, enquiries, Patient Opinion and NHS Choices, issues logs and engagement activities). We will then use the data to inform our commissioning decisions.

The key strategic themes emerging from the totality of the patient experience data recorded during 2013-14 are:

- Access to Services (whether this is the location, the one-stop nature of services, the opening times, the physical access, or safety aspects of locations).
- Patient service - including empathy, dignity and respect, and communication.

The key emerging themes are being embedded within the commissioning cycle and used as the cornerstone of engagement work moving forwards.

## 5. How will we achieve this?

### 5.1. Internal capacity and capability

The communication, engagement and experience team comprises:

- Lay Member for Public & Patient Engagement and Equality
- Clinical Lead for Public and Patient Engagement and Equality
- Chief of Service with strategic responsibility for communication, engagement, experience and equality
- Head of Communications
- Patient Experience Manager
- Equalities and Engagement Officer

Other communication and engagement services are contracted for externally such as:

- Community infrastructure engagement and support
- Design and print
- Website management

### 5.2. Stakeholder Analysis

Target group	Segmentation	Potential methodologies
<p><b>Patients and the Public</b></p> <ul style="list-style-type: none"> <li>• High interest with high influence on health services in their area</li> <li>• Require regular information on how NHS Doncaster CCG is working for the better of their health</li> <li>• Need to understand the role of NHS Doncaster CCG and the impact its involvement in commissioning has on their health services</li> </ul>	<ul style="list-style-type: none"> <li>• Patients</li> <li>• Public</li> <li>• Patient groups / voluntary groups</li> <li>• Carers</li> <li>• Seldom heard groups – disabled people, gypsy and travellers, BME groups and vulnerable adults</li> </ul>	<ul style="list-style-type: none"> <li>• Media</li> <li>• Website</li> <li>• Social media</li> <li>• Council publications</li> <li>• CCG campaign activity</li> <li>• Online surveys</li> <li>• Face to face engagement</li> <li>• PPG Network</li> <li>• In Touch Membership Scheme</li> <li>• HealthWatch Doncaster</li> <li>• Voluntary Sector links – currently through Doncaster CVS</li> </ul>
<p><b>Clinicians</b></p> <ul style="list-style-type: none"> <li>• High interest and high influence levels.</li> <li>• Require regular information. Key involvement in the decision making process.</li> <li>• Need to understand NHS Doncaster CCG's vision and corporate values</li> </ul>	<ul style="list-style-type: none"> <li>• Member Practices / GPs in Localities</li> <li>• Practice Staff</li> <li>• Hospital Consultants</li> <li>• Nurses</li> <li>• Allied Health Professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Locality meetings</li> <li>• Newsletter</li> <li>• Briefings</li> <li>• Website</li> <li>• Governing Body meetings</li> <li>• Presentations</li> <li>• Chairman's Blog</li> <li>• Practice Manager meetings</li> </ul>

Target group	Segmentation	Potential methodologies
		<ul style="list-style-type: none"> <li>Membership Engagement Forum</li> </ul>
<p><b>NHS Doncaster CCG staff</b></p> <ul style="list-style-type: none"> <li>Need to understand NHS Doncaster CCG's vision and their role in helping to deliver. Need to feel valued.</li> </ul>	<ul style="list-style-type: none"> <li>Employees</li> <li>Governing Body</li> <li>Staff Side</li> </ul>	<ul style="list-style-type: none"> <li>Staff newsletter – 'Reporter'</li> <li>Intranet (StaffNet)</li> <li>Staff briefings</li> <li>Chairman's Blog</li> <li>Email</li> <li>Staff survey</li> <li>Colleague Engagement Group</li> </ul>
<p><b>Partner organisations</b></p> <ul style="list-style-type: none"> <li>Relatively high interest and influence levels</li> <li>Need to understand and support the role of NHS Doncaster CCG, its vision and strategic direction. Partners are linked to patient choice and need to be on board with what NHS Doncaster CCG is trying to achieve</li> </ul>	<ul style="list-style-type: none"> <li>Doncaster Council – Health and Wellbeing Board, Team Doncaster</li> <li>Local Representative Committees (LMC, LPC, LDC, LOC)</li> <li>Secondary Care providers</li> <li>Independent providers</li> <li>Community providers</li> </ul>	<ul style="list-style-type: none"> <li>Briefings</li> <li>Website</li> <li>Face-face meetings</li> <li>Spotlight (Council Newsletter)</li> <li>Email</li> <li>Health and Wellbeing Board</li> <li>Team Doncaster Strategic Partnership</li> </ul>
<p><b>Media</b></p> <ul style="list-style-type: none"> <li>High interest and medium influence levels</li> <li>Need easy access to the organisation and regular flow of information to suit deadlines</li> <li>Good vehicle for spreading positive stories to other stakeholder groups</li> <li>Health agenda of major interest to local media</li> <li>A reduction in reporters working in local media, means they are much more office based and have a reliance on gathering information via press offices and/or spokespeople</li> <li>Stories should be human interest / case studies</li> </ul>	<ul style="list-style-type: none"> <li>Doncaster print and broadcast</li> <li>Regional print and broadcast</li> <li>Trade journals</li> <li>Community Newsletters</li> </ul>	<ul style="list-style-type: none"> <li>News releases</li> <li>Spokespeople / interviews</li> <li>Facility visits</li> <li>Features</li> <li>Local media – weekly article from Chair</li> </ul>
<p><b>Political</b></p> <ul style="list-style-type: none"> <li>High interest with a medium level on influence</li> <li>Represent local people so</li> </ul>	<ul style="list-style-type: none"> <li>Doncaster MPs</li> <li>MEPs</li> <li>Mayor of Doncaster</li> <li>Overview and</li> </ul>	<ul style="list-style-type: none"> <li>Presentations and meetings</li> <li>Reports (e.g. Annual Report, Governing</li> </ul>

Target group	Segmentation	Potential methodologies
<p>will be very interested in how NHS Doncaster CCG develops for the future</p> <ul style="list-style-type: none"> <li>• Need to have an assurance that the local NHS will work well in the future</li> <li>• MPs are members of (shadow) cabinet in government so will seek reassurances that the systems works effectively</li> <li>• Need regular information and briefings</li> </ul>	<p>Scrutiny Committee</p> <ul style="list-style-type: none"> <li>• District Councillors</li> <li>• Parish/town councillors</li> </ul>	<p>Body Reports)</p> <ul style="list-style-type: none"> <li>• Website</li> <li>• Social media</li> <li>• Media</li> <li>• Facility visits</li> <li>• Team Doncaster Strategic Partnership</li> <li>• Health &amp; Wellbeing Board</li> </ul>

### 5.3. Delivery

The vision described in this strategy forms the basis of the operational delivery plan overseen by the Engagement and Experience Committee and its supporting Management Group.

### 5.4. Reporting

The public will be informed of progress via:

- Reports produced from each engagement activity
- *We Asked, You Said, We Did* quarterly reports on the website
- In Touch newsletter
- The minutes of the Engagement and Experience Committee published through NHS Doncaster CCG's Governing Body papers
- The annual Statement of Involvement
- Routine engagement activity

## 6. Review

This Strategy will be reviewed as a minimum every 3 years.