<u>מ</u>



Hull Clinical Commissioning Group

Item:

Report to:	Primary Care Joint Commissioning Committee			
Date of Meeting:	24 February 2017			
Subject:	Primary Care Blueprint Communications and Engagement Update			
Presented by:	Sue Lee, Head of Communications and Engagement			
Author:	Sue Lee, Head of Communications and Engagement			
STATUS OF THE	REPORT:			
To appro	ove To endorse			
To ratify	To discuss			
To consi	For information x			
To note				
ORGANISATIONAL RESPONSIBILITY AND CASTING VOTE IMPLICATIONS: NHS England NHS Hull CCG x Not Applicable PURPOSE OF REPORT: The purpose of this report is to provide an update on communications and engagement activity for the Hull Primary Care Blueprint. RECOMMENDATION: It is recommended that the Primary Care Joint Commissioning Committee note the				
content of this report and gain assurance that the work detailed within the Communications and Engagement action plan is on track.				
REPORT EXEMPT FROM PUBLIC DISCLOSURE No X Yes				
If yes, grounds for exe (FOIA or DPA section	•			

CCG STRATEGIC OBJECTIVE (See guidance notes below)	ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE (See guidance notes below)
The report links with 21st Century Primary Care Workforce and to ensure that patients receive clinically commissioned, high quality services.	 21st Century Primary Care Workforce Patients receive clinically commissioned, high quality services

IMPLICATIONS:				
Finance	At present communications and engagement activity has been funded from existing communications and engagement budgets. Additional financial resources may need to be identified in order to conduct some of the activity identified in the future.			
HR	None at this stage.			
Quality	None at this stage			
Safety	None at this stage			

ENGAGEMENT:

Initial engagement on the development of the Strategic Commissioning Plan for Primary Care has been undertaken with GPs, practice staff and other relevant bodies ie. LMC Executive. This committee approved the outlined the communications and engagement approach in February 2016, and work is ongoing with all identified stakeholders including patients and the public.

LEGAL ISSUES:		
None		

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report. (An EQIA will be completed as part of the development of the action plan)	х
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the development of joint commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

PRIMARY CARE BLUEPRINT - COMMUNICATIONS AND ENGAGEMENT UPDATE

1. INTRODUCTION

The purpose of this report is to provide an update on communications and engagement activity for the Hull Primary Care Blueprint.

2. BACKGROUND

The CCG's Council of Members approved the Primary Care Blueprint in October 2015 and the associated Communications and Engagement Plan was approved by the Primary Care Joint Commissioning Committee in February 2016.

The plan detailed a two stage approach, with the first stage mainly focussed on widespread communication of the vision and rationale for the proposals.

Key aims of this stage of activity are:

- Awareness raising of the challenges experienced by GP practices in Hull
- Communicating our vision and plans for the future of primary care in Hull to our stakeholders and wider public
- Involving patients, practice participation groups and other parties in shaping the future of primary care in Hull
- Targeted engagement of patients and the public with messages relevant to the
 access behaviour; a baseline will be determined using the People's Panel. Then
 more targeted work through particular clinics with patients who use primary care
 frequently, infrequently and urgently.

The second stage, which is just starting to emerge, will be the development of a specific tailored approach for each of the groupings, or for a specific project ie. Digital Access. This approach will be dependent on the impact for patients within that grouping or project, and will need to be flexible in terms of timings and methodologies, to allow for the differing pace of change and the level of engagement activity required.

3. INFORMATION

A Communications and Engagement Working Group has been established (chaired by Jason Stamp) and this group oversees the delivery of the activities within the plan.

3.1 Communications activity

Whilst discussion with key people within the practices has been ongoing for some time, one of the initial actions was to ensure that <u>all</u> staff within practices were fully briefed, as once the public communications started reception and other staff may be asked questions by patients. A comprehensive briefing newsletter was developed in August for all practice staff and articles have been included within the GP News and Views e-newsletter which is circulated bi-monthly.

For the public facing materials a campaign name and branding were agreed: My City, My Health, My Care with the strapline The Future of GP services. An initial newsletter was written, attractively designed and 10,000 copies distributed widely via GP surgeries, other primary care settings, community groups, libraries, schools and the CCG's wider distribution networks.

Information was also included in a double page article within the Annual Report and a dedicated area of the CCG's website was also developed with many of the practices also including information on their own websites.

3.2 Face to face engagement

The CCG has taken many face to face opportunities to raise public awareness, including a stand and questionnaires at Health Expo in June, a stand and inclusion in the presentations at our AGM in September and information was shared as part of the Urgent Care Consultation roadshows during October and November 2016.

Hull City Council Elected Members have also been kept abreast of developments via regular briefings at the Health and Wellbeing Overview and Scrutiny Commission, and the newsletter was praised by Commission Members as an easy to understand and well-presented publication.

3.3 Engagement Toolkit

Following the sessions that were held last year with Patient Participation Group Members, it was felt that the production of a toolkit to support discussion and feedback within PPG meetings and with other community groups would be beneficial. This approach would allow guided discussion to take place without the necessity of a member of CCG staff being present.

A Protected Time for Learning session was held in October 2016 to remind practice staff of the reasons for engaging with patients, the legal requirements, engagement techniques etc. as well as outlining the premise of the toolkit and gain input into its development.

An automated presentation and question set has now been produced and tested with the CCG's Ambassadors (members of the public who volunteer to support our Engagement activity). The toolkit has been refined following their feedback and also trialled at a PPG support session held recently with practice managers.

The toolkit is now in the final stages of refinement and its wider roll out is planned from March 2017 onwards.

3.4 People's Panel Survey

In September and October 2016m Hull People's Panel members were surveyed for their views on GP Services.

1,731 responses were received and results showed that a large number of people (86%) would be happy to see another doctor at their own practice if it meant getting seen quicker. Around half would be happy to see another doctor at another practice and the majority of residents (82%) would consider using the telephone to get advice from a healthcare professional at their GP practice.

Currently the most popular way people make appointments with their GP is either over the telephone (93%) or in person (46%). A smaller proportion makes appointments online (19%). However, significant numbers of people who don't currently make appointments online would actually prefer this to their current method (26%) and a further 44% would consider it as a method if available.

This insight will be very important in identifying key messages for the future. Result can also be broken down into postcode area so will be helpful in tailoring particular geographical activity.

(A copy of the full survey results is available on request).

3.5 Patient Participation Group (PPG) support sessions

As mentioned above, a specific session has been delivered in early February 2017 to support practices in setting up a PPG where they do not have one, setting up virtual groups where this might be of benefit, re-invigorating existing groups and the sharing of best practice with each other. The session was attended by about 26 practice managers and staff who all indicated that they would find a follow up session helpful and this has been planned for late March / early April.

3.6 Specific communications and engagement support

The CCG Communications Manager provided support for the closure of Chestnut Farm Practice following the retirement of Dr Kham, this included production of materials including a patient letter, Q and A sheet, media release and news briefings.

The Communications and Engagement Team also provided support for initial development plans for Springhead Medical Practice which was led by Citycare. This has included co-production of news release and Q and As, plus attendance at two engagement events for the patients and the local community. In light of the engagement feedback, new site options are now being reviewed and further engagement and communications work will be required in the coming months.

3.7 Future work

Over the next few months a second edition of the My City, My Health, My Care newsletter will be produced. The Engagement Toolkit will be refined and distributed widely, and engagement work will commerce to support the development of a Multispecialty Community Provider (MCP).

Specific support is now being given to the North 2 grouping as they move towards more a formal joint working agreement. A communications plan is also being developed to support the Digital Access Programme working with the practices participating in this programme.

4. RECOMMENDATIONS

It is recommended that the Primary Care Joint Commissioning Committee note the contents of this report and gain assurance that the work detailed within the Communications and Engagement action plan is on track.