



South Kent Coast
Clinical Commissioning Group

Communications and Engagement Strategy 2012-15

October 2012
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1. Introduction

For the first time in the history of the NHS, clinicians have been placed at the forefront of commissioning services for their local populations. This means that decisions will be based on need, and priorities will be set through integrated working across the community.

We anticipate that South Kent Coast (SKC) Clinical Commissioning Group (CCG) will become a statutory NHS body in April 2013. In order to achieve this status we will:

- Achieve full authorisation through the development of effective structures and mechanisms to enable and promote meaningful and sustainable communication and engagement with key stake holders and partners, patients, the public and local community groups, GP practices and CCG staff.
- Successfully deliver our vision, mission and the commissioning intentions set out in the Annual Operating Plan for 2012/13.
- Establish ourselves as a dynamic organisation, promoting system-wide partnership working with key strategic stakeholders.

We are committed to delivering the highest quality of care within our financial resources and we know this will be achieved through collaboration, co-operation and excellent communication.

This Communications and Engagement Strategy aims to ensure the patient and community voice is embedded into our commissioning cycle and sets out the way we will work in order to become a valuable, high performing and successful local NHS.

Dr Darren Cocker
Clinical Chair

Hazel Carpenter
Accountable Officer (Designate)

2. South Kent Coast Ten Commitments

Through the development of our clinical commissioning group we have identified ten areas which form the basis of our approach to achieving our goals. These include:

1. Effective Patient and Public Engagement

The CCG has developed a framework for patient and public engagement to provide an infrastructure to ensure patient and community views are integral to the commissioning work of the CCG.

We are creating a series of engagement events which will ensure we listen to our local community and act upon the information gathered at these events. We will ensure that patients and members of the clinical community have easy access to each other, and everyone has a say. This includes diverse groups and communities who are sometimes unrepresented, including BME communities, young people and people with learning disabilities.

The newly formed HealthWatch will be a very important partner, and we are excited at the prospect of a lay member with the specific role of patient and public involvement joining our governing body shortly.

We are in the process of building a South Kent Coast Health Network. Individuals and organisations local to Dover, Deal and Shepway will be welcome to join this network and to play an active part in shaping the delivery of our local services.

South Kent Coast has practice participation groups (PPGs) which represent individual patient at specific GP surgeries. These groups are important to the CCG who would wish to promote their activities and work closely with them to ensure that the views of local patients can influence wider CCG commissioning decisions. The CCG Communications and Engagement Group will support local GPs, Practice Managers, PPGs and their members to get more actively involved in the work of the CCG and the commissioning decisions it makes on their behalf.

2. Aligning Patient Experience and Patient and Public Engagement

Listening to and acting on patient and community views are a key part of our commissioning role. The CCG Communications and Engagement Group will work closely with the Quality Team to develop a single process by which the views of patients, carers, the community and stakeholders are captured so that the governing body is well informed and can make decisions based on the best interests of the local community. These will include national patient surveys; regulator reviews and reports, contract deliverables, PALs and complaints information, (see Appendix 1 - Handling patient concerns and complaints), blogs, media stories, partner information, practice participation groups and HealthWatch.

3. Building GP practice engagement

Engagement of the entire community of clinicians and staff of our 31 member practices is crucial to the long term success of South Kent Coast CCG. The CCG Communications and Engagement Group will work with the governing body, locality and clinical portfolio leads, practice staff and CCG staff to create and support the implementation of a clinical engagement strategy.

We have established a Directory of clinical specialist interests which identifies GPs and Practice nurse areas of specific clinical interest and expertise and is a useful database for identifying individuals who can contribute to our service improvements, research and the dissemination of good practice. We are planning to include all practice staff in the directory.

South Kent Coast has brought Deal, Dover and Shepway localities together as one CCG. There remains relevance to locality meetings, but four times a year clinicians across the patch will meet together as well as at Protected Learning Time events. As members of the CCG it is vital there are opportunities for cross-fertilisation of best practice, innovation and service improvement.

4. Partnership and collaborative working

The CCG Communications and Engagement Group will support the CCG in its new role as health commissioner across South Kent Coast. We will promote and facilitate the work of the CCG with Kent County Council Health and Well being Board and the South Kent Coast Health and Wellbeing Boards and contributing service reviews and programme development with all providers of our local services. The CCG Communications and Engagement Group will also work closely with the new South Kent Coast Health Network.

We are keen to create robust relationships across our community and this includes the voluntary sector, local businesses and other public services.

5. Stakeholder perceptions

The national authorisation process sets out an expectation that the CCG will regularly monitor the perception of its stakeholders in terms of its effectiveness as a commissioner and their views of how they can influence the decisions making process.

In the first instance South Kent Coast will undergo a 360 degree survey with key local stakeholders. The results of this survey will be fed back to the CCG in late October, just prior to the submission to the NHS Commissioning Board. This approach could be repeated in subsequent years.

We are committed to receiving and responding to feedback in our pursuit of delivery high quality services to the population we serve.

6. Raising our profile

One of our first priorities is to make sure people are aware of South Kent Coast CCG. As we are responsible for commissioning at least 70 per cent of the NHS services for our local population it is essential that they are known and easily accessible.

We have a programme of events over the next few months in order to share our aims and objectives, to explain the range of options for engagement and to develop our plans and priorities collectively.

An important element of raising our profile will be our website. This will be going live in January 2013 and we will welcome regular feedback, suggestions for content and comments on the design and style.

7. Creating and developing a CCG brand, story and key messages

The launch of any new organisation means the development of an identity. We are in the process of developing an identity that reflects South Kent Coast's vision, values and aims. The CCG Communications and Engagement Group will work with the governing body, practice commissioning leads, staff, members of the public and key stakeholders to design and test our branding (logo and corporate style), and importantly to develop a core script, a narrative or story which explains in a nutshell what South Kent Coast is all about and what it is going to achieve. They will also test the 'our story' with key stakeholders to ensure it is clear, appropriate and easily understandable depending on the audience.

8. Promoting annual achievements

As a statutory body we are committed to publishing our annual report and accounts. In addition to this we will include details of the outcomes of our Quality Improvement, Productivity Programme (QIPP) on our website and through additional communication channels. We remain committed to sharing best practice and constantly learning how to improve our local NHS.

9. Managing the reputation of the NHS locally

We are very aware that the NHS will face many challenges in the years ahead. CCGs are taking on significant responsibilities at a time when the NHS has to deliver more for less. Difficult decisions will have to be taken and justified. We will ensure that we are proactive in the management and presentation of news stories. The Communications and Engagement Group will support the CCG in handling all internal and external communications.

10. Appropriate communications and engagement capacity and capability

South Kent Coast needs the people with the right skills and experience and the infrastructure in place to deliver its requirements as set out in the national authorisation guidance. This will be secured, and the appropriate level of resource deployed to deliver a full range of communications and engagement service. This will

include reputation, stakeholder and relationship management, media and crisis management, corporate, brand and digital communications, staff and practice communications, social marketing and patient and public engagement.

We have also established and are developing the South Kent Coast Health Network which will ensure patients and public are appropriately involved in making decisions about how local health services are planned and designed. (See Appendix 2).

3. Background

The NHS White Paper Equity and Excellence: Liberating the NHS¹ and the subsequent Health and Social Care Act 2012 sets out the Government's view of the future of the NHS. The vision builds on the core values and principles of the NHS-a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.

There are three main principles which will underpin the South Kent Coast Clinical Commissioning Group strategy. They are:

- Putting patients at the heart of everything the NHS does
“No decision about me without me”
- Focussing on continuously improving things that really matter to patients-the outcomes of their healthcare
- Empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services.

Health services will be provided in a way that promotes and adopts the NHS Constitution².

South Kent Coast CCG will have its own constitution which will be endorsed and signed by all member practices. It is critical that we communicate regularly and effectively with all our stakeholders.

Domain 2 of the authorisation requirements states:

The emerging CCG engages meaningfully with patients, carers and their communities in everything it does, especially commissioning decisions, and acts upon this input.

In order to deliver this requirement SKC has five objectives:

- To establish SKC's reputation as a high performing, credible, clinically led organisation

- To adopt a collaborative approach towards integrated commissioning, building on the strong relationships with our partners and in particular the Health and Well-Being Board(s)
- To establish effective methods for clinical leadership and practice engagement in order to be a truly clinically led commissioning organisation
- To instigate a process and plan for public and community engagement in our commissioning decision making so that the patient voice can be heard and acted upon
- To develop and secure communications and engagement capacity and capability.

4. Vision, mission and values

SKC CCG serves large parts of the population covered by Dover and Shepway District Councils. This comprises 200,404 registered patients living in an area along the south Kent coast extending from New Romney to Deal.

We are committed to the NHS Outcomes Framework priorities of:

- Preventing people from dying prematurely.
- Enhancing the quality of life for people with long-term conditions
- Helping people to recover following episodes of ill health or after injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Tackling health inequalities

At stakeholder events in March 2012, we tested our vision, mission and values with over 200 members of the public, carers, voluntary and community organisations, providers, partners and clinicians and then adopted the following:

Vision

To have the best health and care for our community

Mission

- To listen to local people and understand their needs so that we can commission high quality, good value, accessible services through working with our partners and community
- To think and work differently whilst promoting individuals' responsibility for their own health.

Values

SKC CCG is fully committed to the principles that apply to all aspects of public life. This will be visible in relevant documents, GP practices and additional communications. (See appendix 3 – The Nolan Principles)

In addition, SKC has developed an Ethical Framework³ upon which commissioning decisions and intentions are based.

Our strategy is designed to ensure that SKC meets its legal duty, as set out under Section 242(1B) of the NHS Act 2006, to involve users when making changes to local services and will ensure compliance with the Equality Act: Public Sector Equality Duty.

5. Model and approach to communication and engagement

We are committed to:

- Ensuring healthcare meets the needs of our local population by involving them in any changes that affect patient services
- Improving the quality of care for individuals by including them in decision-making cycle aligned with the Annual Operating Plan
- Basing all commissioning decisions on quality, health outcomes and value for money
- Adapting engagement activities to meet the specific needs of the different patient groups and communities
- Publishing information about health services on the SKC website

Our approach to communication and engagement will be influenced by three main objectives:

- Listening to and acting on the views of our community by involving and engaging with as wide a range of the public as possible
- Target services effectively to areas of particular need by using information and research about different communities' needs
- Increase our reach into communities where evidence shows further engagement is needed.

In order to achieve these objectives our approach to communication and engagement will build on the existing good practice created by the newly formed South Kent Coast Health Network.

There will be three core elements:

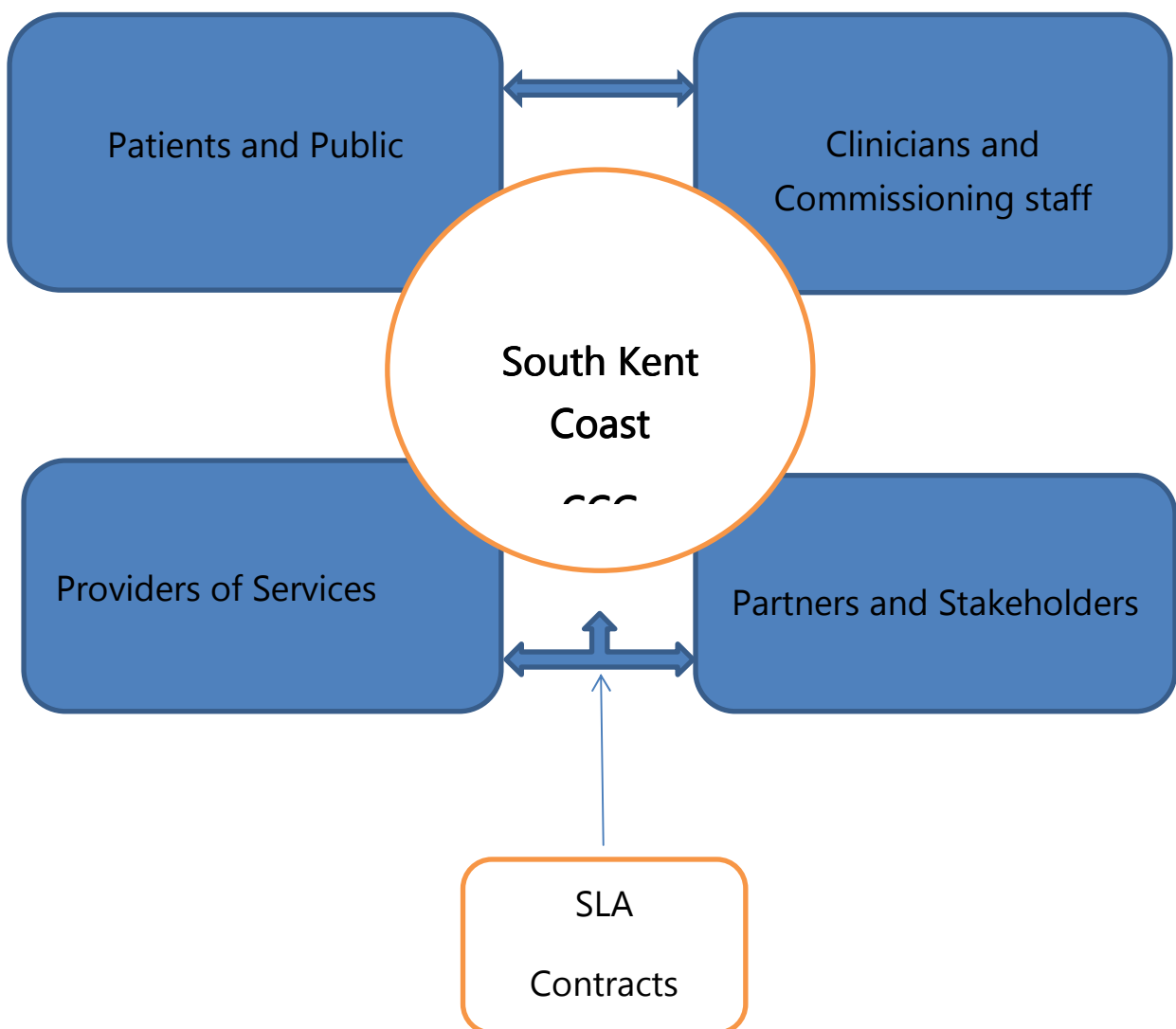
- A model for patient, public, staff and stakeholder engagement
- A framework for delivery
- Guidelines on implementation and evaluation

Engagement is central to the way SKC will fulfil its obligations which are set out in the CCGs Constitution.

Appendices four and five list the routes to engagement and our stakeholders. Appendix six illustrates the way in which patients' and stakeholders views will feed into the decision making process. It illustrates how clinical engagement will feed into the decision making process. It also shows how the insights we gather about patient choice and in practice consultations will be incorporated into our plans and decision making.

6. Communication and engagement framework

South Kent Coast CCG has created a wide range of stakeholder and partnership relationships, built as a result of the insight and commitment to the development of the organisation as a clinically led for the benefit of the local population. The diagram places stakeholders in to four categories and indicates the immediate communication pathways.



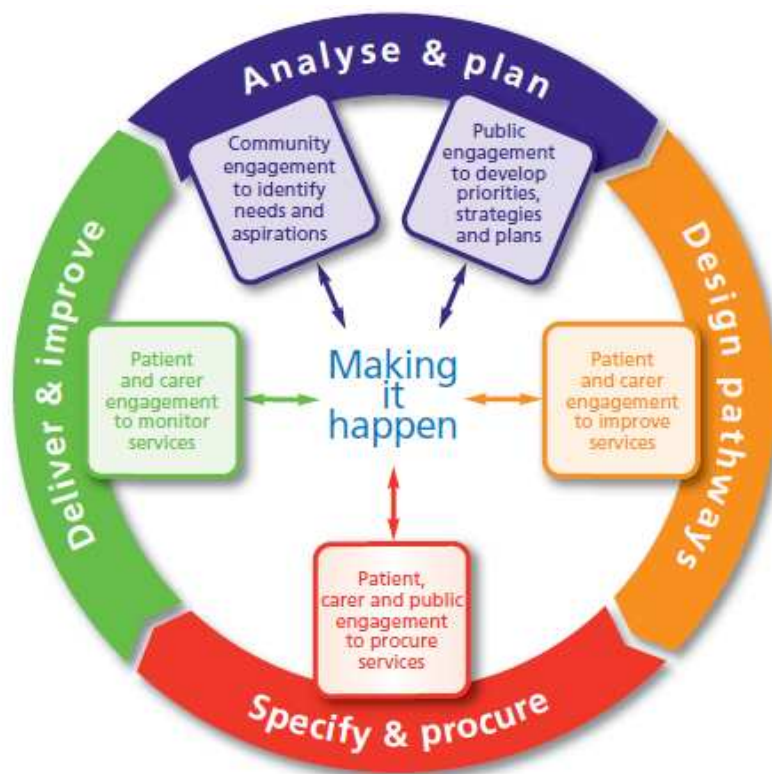
7. Decision making and the Annual Operating Plan commissioning cycle

Commissioning is the process by which the health and social care needs of local people are identified, priorities determined, and appropriate services purchased.

The best way of obtaining the value and positive health outcomes for local people is by understanding their needs, and then specifying and procuring high quality services within a finite budget.

Through comprehensive engagement we will:

- Provide commissioners with meaningful and timely insights about the views of patients, clinicians and the public to assist evidence based decision making
- Ensure patients, clinicians and the public, including marginalised groups, know how to contribute to and influence the work of the CCG
- Patients, clinicians and the public will feel listened to, and will see the results of their involvement
- Engagement will build trust
- Decision-making will be open and transparent.



www.institute.nhs.uk/engagementcycle

A communications and engagement programme will be built around the commissioning cycle. For example, there were two events for the public in March 2012. Several clinical engagement sessions have been held subsequently. The next stage of engagement will be to gather the views of clinicians on their current priorities and aligning these with the reflections from the public engagement sessions. There will be further public engagement events in September followed by

clinical and commissioner sessions in order to feed in to the development of next year's Annual Operating Plan.

It is expected that the Communication and Engagement Group will drive this annual cycle of engagement.

8. Conclusion

South Kent Coast will be dependent on its local community to shape our local NHS, to take part in decision-making and to influence ways in which high quality care can be provided within a tight economic envelope. This will be ever increasingly challenging as people live longer, many with co-morbidities and finances become even tighter.

We will need to work together in order to give the best to people living across Dover, Deal and Shepway.

References

1. The NHS Constitution, Department of Health, March 2012
2. Equity and Excellence: Liberating the NHS, Department of Health, July 2012
3. The Ethical Framework, South Kent Coast CCG
4. The Annual Operating Plan 2012-13, South Kent Coast CCG

Appendix 1 - Handling patient concerns and complaints

1. Becoming aware of concerns and complaints

Patients and carers have a number of ways of raising a concern or complaint to SKC CCG about the healthcare they have received in the SKC area, by:

- email or letter
- commenting on our website or emailing a member of staff
- contacting our Patient Advice and Liaison service (PALs)
- through local HealthWatch
- patient surveys (both by providers and our own).

Regardless of how a concern is raised, SKC CCG is committed to making sure that issues are examined in a confidential, impartial and speedy manner. We recognise that complaints can highlight areas for improvement in delivering a quality service and embrace the opportunity to take these onboard wherever possible.

Staff receiving a complaint or concern must verify that the complaint is being made either by the patient or with permission of the patient affected before any further action is taken.

All details taken are confidential, and staff are given mandatory training on the importance of making sure that only non-identifiable patient information is shared with colleagues.

2. Process – resolving issues

All concerns and complaints are handled as appropriate either by our PALs team or by the Director of the service / contract involved on an individual and confidential basis. If a formal complaint is made, it is passed on to the Head of PALs and Patient Complaints within Kent and Medway Commissioning Support Service (KMCS). They have a system and structure in place to ensure that the complaint is handled within 28 days.

If an informal or easily resolved issue is flagged to a member of the SKC CCG team, it is left to the discretion of the staff member to resolve the issue as they see fit. However to make sure that the Executive team has a full picture of service issues a simple system has been devised to ensure that issues are reviewed in full and resolved satisfactorily:

All concerns and complaints are flagged to the Head of Quality, Safety and Safeguarding. Where appropriate, a clinical/medical opinion will be sought.

We receive regular reports from our PALs service, which allow us to pinpoint areas of concern (for example when more than one complaint is made about a particular service or provider). Serious Incidents are also reported to the people mentioned above but on a case by case basis. Whilst these both have their own rigorous review systems, the basic details are logged to make sure a full picture is seen.

A monthly Quality and Patient Safety Committee is held in the CCG where the issues are reviewed and the actions taken to resolve them examined. The group includes patient representatives to make sure that the patient's perspective is maintained whilst the issues are reviewed. This group also reviews patient survey findings and makes recommendations on the next steps/actions needed to address issues raised. In SKC CCG we will also consider this feedback through our patient and public feedback forum, The SKC Health Network.

The recommendations and findings from the group will be reported to the SKC CCG Governing Body on a regular basis.

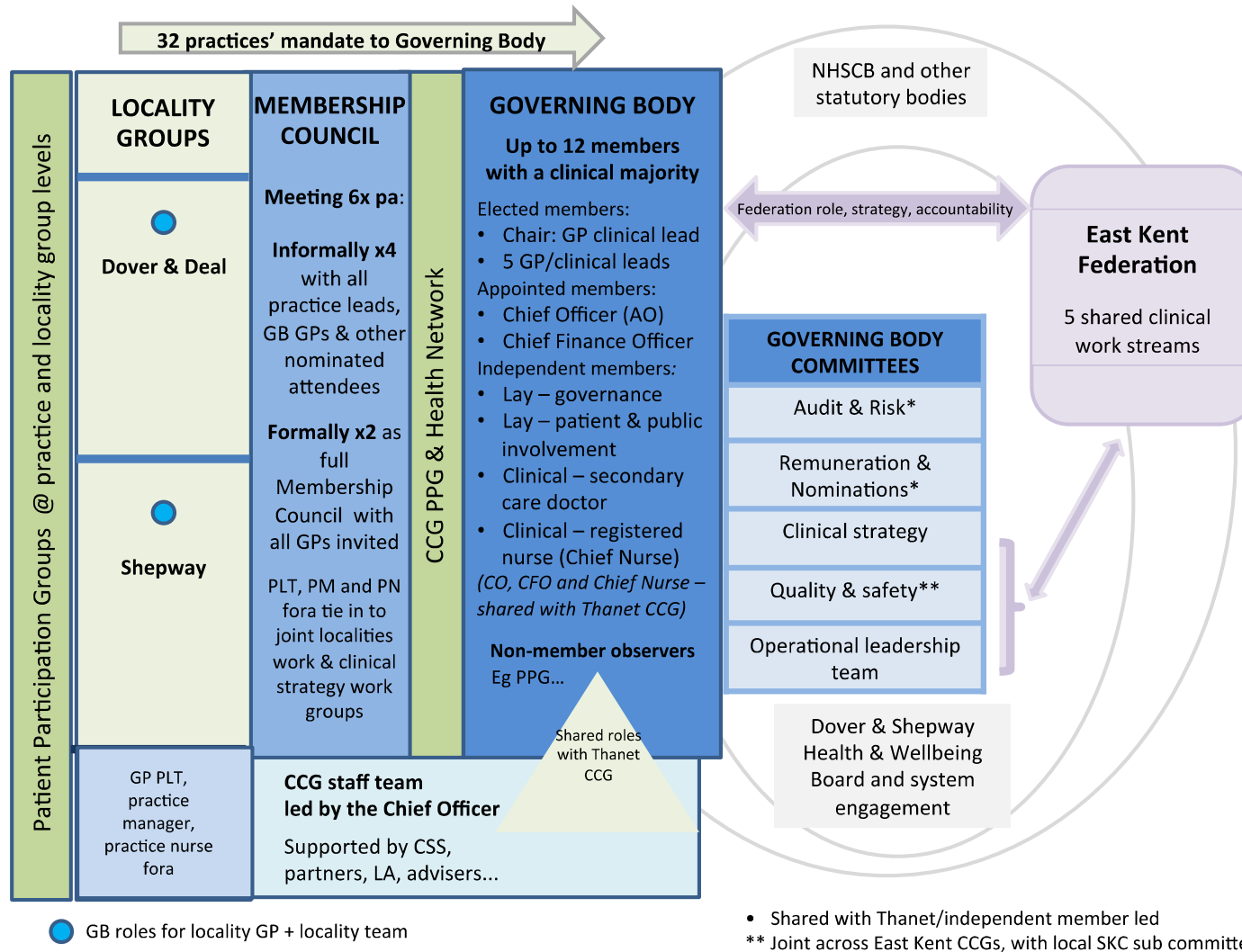
3. How we make people aware of our remedial actions

Where appropriate we will ensure patients receive an apology and information about actions taken and lessons learnt. Clearly, it is important to respect the privacy of a patient making a complaint, and we place the utmost importance on this. Therefore unless a specific request is made for a public apology we will not comment on individual cases in the press.

However, in the case of public surveys, feedback from a patient advisory group or a comment made on the website we are committed to making sure that we give a full and fair response to the issues raised. The response will be delivered to the group that has brought it to our attention, and where appropriate our actions will be promoted within the service affected.

A section on complaints will be included in our annual report, and on our website.

Appendix 2 – Feeding patients’ and stakeholders views into the decision making process



Appendix 3: The Nolan Principles

Selflessness	Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends
Integrity	Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties
Objectivity	In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit
Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
Openness	Holders of public office should be as open as possible about all decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	Holders of public office should promote and support these principles by leadership and example

Appendix 4 - Examples of Methods for Engagement

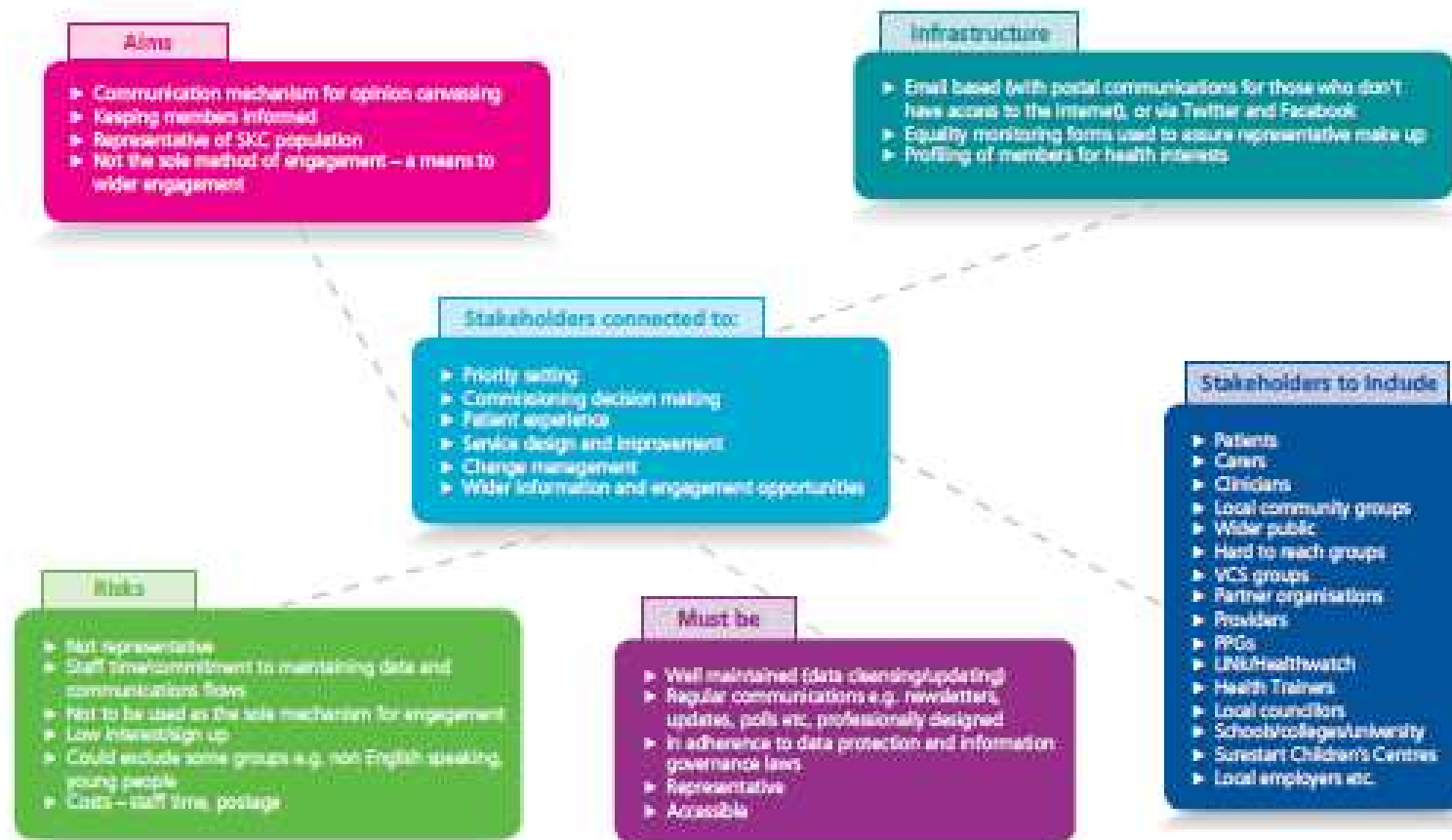
- Surveys
- Workshops
- Key note events
- Meeting and presentations at groups own meetings
- Focus groups
- Feedback after engagement direct to those who have engaged by direct mailing or
- email
- Staff briefing
- Media
- Social media
- Own publications – internal and external
- Website □ “Talking Health”
- Intranet
- Local newsletters
- LINKs newsletters
- Membership of project groups and programme boards within PCT
- Sounding Boards (Mental Health)
- Facebook
- Twitter
- Road shows
- Direct email including via partner organisations and others
- Phone one to one conversations
- Membership forums and community forums
- Exhibitions
- AGM and Governing body via Q&A sessions

Appendix 5 - Stakeholders

Patients and the Public across South Kent Coast
Core NHS Stakeholders
SKC Governing Body Members
GP Commissioning Leads
GPs
Practice nurses
Practice managers
CCG Commissioning Team
Cluster Staff
Federation
Strategic Health Authority
Key Additional Stakeholders
Kent and Medway Commissioning Support
LMC/LDC/LPC/LOC
Dentists, Pharmacists and Optometrists
EKHUFT
Kent Community Health Trust
Kent and Medway Partnership Trust
South East Coast Ambulance Trust
Social Services
Public
Patients
Carers
PPGs
KCC-commissioning
KCC-provision
Dover and Shepway District Councils
Overview and Scrutiny Committees
Health and Well-being Boards
MPs
Councillors
Parish Councils
Case Kent-
Media-Local
Media-National

Press-Local
Press-National
Local Area Teams
NHS Commissioning Board
Department of Health
Communities and Local Government
Monitor
Care Quality Commission

Appendix 6 - Patients and stakeholder views in the decision making process through the Health Network



South Kent Coast Health Network – Recruitment Plan

Aim

To develop the South Kent Coast Health Network (as above) to become a representative, virtual (with postal option for those not on email) health network of patients, carers, stakeholders, partners and wider community members. To provide a mechanism for communication, engagement, feedback and opinions to be voiced or developed further.

Task	Action Required	Lead	Timescale	Status
Identify a suitable week for recruitment drive	Identify a suitable week – week commencing the 3 rd December 2012	Hannah Price and SKC Comms and Engagement Sub Group	End of September	Complete
Identify funding to support marketing materials (£3k)	Ensure funding available.	Hannah	End of September	Complete
Design and cost promotional materials	<ul style="list-style-type: none"> • 2 pop ups • Recruitment leaflet/form (5,000) • Fridge magnets – choose well (1,200) • Press release/twitter info 	Hannah/Les	Mid November	Complete
Plan recruitment event diary	Begin researching, contacting and booking attendance at existing events, local services, groups, community spaces, markets etc. CCG team to be involved including clinicians, CCG support staff, PCT Communications and Engagement staff, PPG representatives, practice managers, health trainers etc	Hannah/Debbie	Mid November	Complete
Approach major supermarkets for a pitch at their stores	Contact to be made with local supermarkets to enquire about having a stall in the entrance to their stores	Hannah/Debbie	Mid November	Complete
Advertise recruitment week	Press release out to all local newspapers	Hannah/Madeline	Mid November	Complete
Run recruitment week	Recruitment stand at various locations across the CCG	CCG Members	Week beg 3 rd Dec	Complete
Prepare profile of SKC CCG population to identify and engage	Consult public health data to identify the make-up of the SKC community. Develop an action plan to target	Hannah	Mid Jan	Underway

underrepresented groups *	recruitment (not necessarily within the recruitment week) to ensure traditionally underrepresented groups are represented on the network.			
Identify key partners**	Work with the CCG to identify and ensure the key strategic partners and stakeholders are identified and invited to join the network.	Hannah	Mid Jan	Underway
Identify and utilise existing and digital engagement opportunities to promote the network and recruit	e.g. via DDC, CVS, community newsletters and web sites, local Facebook and Twitter groups, children's centres, schools (primary via FLO's and book bags and secondary via email) etc.	Hannah	Mid Jan	Underway
Welcome newsletter	Write and send the first Health network newsletter to members introducing them to the Network, the role of the CCG and how they can get involved with commissioning intentions.	Hannah/Madeline	End of Jan	
Develop annual plan	Develop annual plan of engagement and involvement with Network members.	CCG communications and engagement Sub Group	End of Jan	

***Underrepresented groups to include:**

- Children and young people
- Rural communities
- Mental health
- Learning disabled
- Long term conditions
- Low income households
- BME groups
- Older people
- Disabled (inc children)
- Working age
- LGBT community
- Carers
- Religious and faith groups
- Homeless
- Wider voluntary, community and support groups
- Patient participation groups

****Key Partners and stakeholders to include:**

- Dover District Council
- Shepway District Council
- Health and Wellbeing Boards
- Kent LINK/Healthwatch
- KCC commissioning
- KCC provision
- EKHUFT
- Kent Community Health Trust
- Kent and Medway Partnership Trust
- SEC Ambulance Trust
- Social Services
- Overview and Scrutiny Committees
- MPs
- Councillors
- LATs
- NHS Commissioning Board
- Local providers (VCS/private sector)

Appendix 7 - Communications and Engagement Activity Plan

	Objective	Action	How will we measure our success?	Timescale/progress
STAFF AND SKC CCG MEMBERS				
1	To agree internal communications process and mechanisms	Agree roles and responsibilities/ sign off process	Effective and timely messaging to staff and SKC CCG members	November 2012
2	To engage staff and SKC CCG members in role, vision and priorities of the SKC CCG	Intranet with news area	Staff and SKC CCG members are good ambassadors of the SKC CCG	Design underway for autumn 2012 launch
3	To raise awareness of SKC CCG brand/ vision/values	Use intranet Emails to staff SKC CCG members from AO/COO as appropriate Face-to-face events	High level of engagement and commitment	From autumn 2012.

4	To raise awareness of SKC CCG decisions/ progress	Communicate governing body decisions via e-bulletin (monthly?)	High level of engagement and commitment	From September 2012
5	To raise awareness of roles and responsibilities of individuals	Use intranet/ e-bulletin/ direct emails to communicate, especially as new staff join	Staff are kept up-to-date with developments	From Sept 2012
6	To engage staff and SKC CCG members in role, vision and priorities of the SKC CCG	Explore possible use of other channels / opportunities for wider for staff engagement e.g. <ul style="list-style-type: none"> • staff consultation / engagement group • forums for dialogue with staff / trade union representatives • face to face staff briefings • staff conference • staff support e.g. health and wellbeing • staff suggestions 	High level of engagement and commitment. Staff become good ambassadors of the SKC CCG.	January 2013
7	To ensure patient feedback is able to influence decision-making process, implementing principles of the legislation	Biannual report of patient opinion and GP feedback for use in contract reviews	Decisions reflect engagement and patient experience intelligence.	For further discussion – autumn 2012.
CLINICIANS				

8	To ensure effective ongoing dialogue with clinicians across the local health economy	Clinical Club – create regular forum for consultant GP engagement across SKC, Ashford, C4G and Thanet	Engagement in priorities and decisions of SKC CCG/ East Kent Federation; agreement around areas of major service change.	January 2013
9	To ensure effective dialogue among GPs/SKC CCG	Use half-day GP event for engagement on decisions/ feedback	Engagement in priorities and decisions of SKC CCG; agreement around areas of major service change.	In progress
10	To engage clinicians in QIPP/operating plan delivery	CLINICAL LEAD to communicate directly with GPs via email/ face-to-face opportunities	Engagement in priorities and decisions of SKC CCG; agreement around areas of major service change.	From September/October 2012.
11	To engage clinicians in ongoing/upcoming reviews	Identify opportunities for engagement	Agreement about appropriate approaches reaches before external engagement begins	In progress
PUBLIC AND PATIENTS				
12	To help patients/public and stakeholders understand role and priorities of the SKC CCG, and how they can get involved	Develop a proactive media plan	Measure and monitor media coverage	Identify media opportunity – ongoing Develop media analysis method

				and reporting process – Timing TBA
13	To ensure SKC CCG is accurately represented in the media, in a way that helps inform patients and public	Establish process for 24/7 media handling/ crisis communications	Process in place and understood by SKC CCG members/staff Professional media handling in all situations	Media protocol to go to governing body in November Communications and Engagement team 24/7 rota already in place – ensure SKC CCG governing body and staff are aware
14	To ensure SKC CCG is accurately represented in the media, in a way that helps inform patients and public	Carry out media training for key spokespeople	Key spokespeople are able to respond to requests for media interviews in a professional way	Arrange media training for autumn
15	To ensure media is used in most effective way	Establish mechanisms for media monitoring and evaluation	Clear reporting will help governing body prioritise communications and engagement needs	October 2012 onwards
16	To effectively communicate the SKC CCG's priorities and engage public in self-care	Use Your Health magazine to increase awareness of services, encourage healthy lifestyles and drive behavioural change	Regular feedback surveys	First edition distributed in SKC area – Summer 2009. Next one scheduled for Autumn.

17	To help patients/public and stakeholders understand role and priorities of the SKC CCG, and how they can get involved	Develop public-facing website	Surveys and feedback. Use polls on the site to test public responses.	Design and build underway for launch November 2012
18	To effectively communicate the SKC CCG's priorities around appropriate use of services and affect change	Develop social marketing campaign to reduce A&E attendance and increase awareness of primary care services	Attendance/ take-up to be reviewed – social marketing needs to be seen as part of the solution, not the only solution.	January 2013 onwards
19	To effectively communicate the SKC CCG's priorities and engage public in self-care	Use social media (primarily Twitter) campaigns to highlight key messages	Feedback and take-up	January 2013 onwards
20	To help patients/public and stakeholders understand role and priorities of the SKC CCG.	Identify and devise campaigns linked to commissioning intentions/ operating plan	Surveys built into campaign to test awareness and understanding.	In progress through stakeholder events.
21	To help patients/public and stakeholders understand role and priorities of the SKC CCG and how they can get involved	Commissioning events	Attendance from wide range of stakeholders. Sign-up to future engagement activity.	September 2012 onwards
22	To enable patients/public and stakeholders to get involved with decision	Establish the SKC Health Network (see Appendix 6).	Membership from wide range of stakeholders. Involvement in future CCG engagement activity.	December 2012 onwards.

	making and have their say.			
KEY STAKEHOLDERS				
23	To apply principle of 'no decision about us without us'	Stakeholder engagement event	High level of attendance and engagement and positive feedback	Successful events held March and September 2012 Further events to be planned for 2013 around business cycle.
24	As above and to ensure best practice in ongoing engagement	Develop newsletter/e-bulletin for stakeholders	Key stakeholders (e.g. HOSCs, MPs, etc.) demonstrate understanding of and support SKC CCG decisions and rationale.	Spring 2013
25	To adhere to requirements of legislation and demonstrate best practice in engagement	Liaison with Health Overview and Scrutiny Committees	HOSC members support SKC CCG decisions and engage in a positive way.	Methods of engagement to be discussed and confirmed autumn 2012.
26	To adhere to requirements of legislation and demonstrate best practice in engagement, ensuring 'no decision about us without us'.	Establish mechanism to engage with LINK/HealthWatch	Good working relationships and support for SKC CCG priorities and decisions.	In progress
27	To demonstrate best practice in engagement,	Create opportunities for face-to-face engagement with	Voluntary sector is supportive and	In progress

	ensuring 'no decision about us without us'.	voluntary sector organisations	keen to work with SKC CCG	
28	To ensure close working and supportive relationships	Commissioning intentions workshop with GPs and key stakeholders	GPs and key stakeholders and engaged and supportive	In progress
29	To enable patients/public and stakeholders to get involved with decision making and have their say.	Establish the SKC Health Network (see Appendix 6).	Membership from wide range of stakeholders. Involvement in future CCG engagement activity.	December 2012 onwards.

Appendix 8 – Capturing patient insight and feedback

Develop systems and processes for capturing patient experience and insights to inform commissioning decisions	Reports on patient experience and insights to be a standing agenda item on the Quality Committee	From March 2013
	Work currently underway with commissioner and provider engagement leads, Kent LINK, Public Health Observatory and Business Intelligence to: - identify and share existing insight/experience work across Kent - agree future shared information gathering, building on what is already known - create a shared database of insights intelligence	December - March 2013
	Engage with voluntary organisations and Shadow HealthWatch to explore opportunity for wider insight gathering/sharing	January - March 2013
	Agree, extrapolate and report on key questions from the national Ipsos Mori survey at CCG and Practice level – showing results by and across all Practices - and share with CCG and its constituent Practices	March 2013
	Work with Practices and their PPGs in using this information – as well as Practice-conducted surveys – to complete and implement action plans to address areas for improvement	March -September 2013
	Work with PPGs in developing their skills in developing local surveys and capturing and using Practice-level patient insights (from national and local surveys), to include patient choice	March -September 2013
	Provide support and development to PPG Chairs so they can feedback PPG insights/experience to the CCG, for future commissioning decisions and performance monitoring	March -September 2013

	Identify and establish special interest groups, based on emerging top commissioning priorities, to capture experiences of existing services and collect views that will influence commissioning decisions	January -September 2013
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