NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Communications and Engagement Strategy

September 2016 to September 2017

Author: Rebecca Driver, Director of Engagement

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Enquiries to:	Rebecca Driver on 01502 719598

Communications and Engagement Strategy September 2016 to September 2017

1. Introduction

1.1 NHS Great Yarmouth and Waveney Clinical Commissioning Group (the CCG) recognises that communications and engagement is at the heart of everything we do. Good communications and engagement can help build public confidence and trust in the local health services, and support the work of our essential healthcare professionals. With the right information to hand when they need it, patients will be empowered to make the right choice for them and be better able to take control of their own health.

The Health and Social Care Act 2012 sets out the Government's plans to reform the NHS. A cornerstone of these plans gave clinicians responsibility for commissioning healthcare, through new Clinical Commissioning Groups (CCGs). This strategy has been developed to support clinical commissioning through effective communication and engagement.

NHS Great Yarmouth and Waveney CCG operates under the locally chosen name of HealthEast and is an outward facing organisation, with patients as the focus of all we do. Our challenge is to work with our patients and wider public, and our practice population, to achieve a consistent input into our work and our commissioning decisions. We are focused on getting views from the consulting room embedded in our commissioning plans. We want to know what patients and our public think about the quality of their local health services, that they can influence how they are commissioned, and that people in Great Yarmouth and Waveney have a good understanding of the challenges facing the NHS now and in the future. As a new organisation, communications and engagement are central to all we do. This strategy sets out our principles and priorities for the next year. In particular we will:

- value the patient voice, and develop a culture that listens, hears, and uses these insights to inform commissioning and service transformation
- harvest the experience and views of local clinicians – built on patient stories – about services, and systematise these to provide a rich resource to improve the design and delivery of patient care
- gather the views of our population about our priorities and plans using a wider range of engagement exercises and methodologies than just consultation, seeking greater involvement throughout the process

Our success will be measured on the effectiveness of our relationships with our member practices. We will nurture that member relationship, and our ambition is to become an excellent Clinical Commissioning Group (CCG), working with excellent practices across our patch. It's important that our members own the CCG, through strong systems of peer

support and co-design. All of this will be driven by the quality of our engagement and communication with our member practices.

The CCG has the following communications and engagement objectives which are central to delivering our ambition and our vision (see section two):

- Develop consistent key messages and a brand identity that can be communicated to all audiences

- Deliver the CCGs strategic objectives by working with other NHS and social care teams, stakeholders, partners and patients in strategic planning and service transformation

- Deliver a cultural shift in primary care from providing clinical advice and support to delivering leadership and management, arranged around clusters of GP practices

- Deliver patient/public involvement in all our commissioning decisions

- Deliver engagement that aligns with our approach to achieving improvements in quality, innovation, productivity and prevention (the QIPP agenda)

- Develop consistent, regular and high quality communications channels reaching clinicians, staff, stakeholders, the public and patients

- Influence and improve key stakeholders and public perceptions of the new healthcare system in Great Yarmouth and Waveney, developing innovative communications across an integrated care system

- Secure the CCG's reputation for effective public and patient engagement, and promote its success beyond the boundaries for Great Yarmouth and Waveney

1.2 This strategy is a dynamic document, regularly reviewed, which demonstrates our continuing commitment to delivering this challenging agenda. Organisations commissioning healthcare have a responsibility to communicate and consult with NHS staff including clinicians as well as with patients and the public. Our aim is to achieve sustained engagement in the CCG's work in the long term.

2. What is the CCG's vision?

2.1 This strategy supports the delivery of our Five Year Strategic Plan. It will ensure we stay in touch and communicate well with the needs of our population.

2.2 Our commissioning vision is threefold, and takes its theme from our ambition to do 'better' for the local people who we serve.

We will commission for:

- **Better Health**
- **Better Care**
- **Better Value**

…for everyone in Great Yarmouth and Waveney.

These three themes map to the three challenges we face, of demography, quality and finance.

This vision has been agreed by our Governing Body, and with stakeholders through our System Leadership Partnership, and with patients and communities through a variety of specific events.

2.3 We will support this vision by:

- Being in touch with patients/public and responding to their expressed wants when possible/affordable

- Developing innovative methods of care which test new pathways to meet patients' needs and expectations

- Commissioning services centered around satisfying patient clinical need and arranged so that the organisation is clinically led with integrated managerial functions following and supporting clinical development

- Promoting services integrated across organisational and professional boundaries so that patients receive seamless care, costs are not duplicated and efficiencies of scale and scope are achieved

- Working with local authorities through Health and Wellbeing Boards to set health targets of importance, and to carry out joint and integrated planning and commissioning with other partner organisations to achieve those targets

3. Scope – who is this strategy for?

3.1 Understanding our target audiences

For communications purposes we have set out our main target audiences. A range of audiences have been identified and we will communicate with these at differing levels, making sure we use a wide range of communications channels.

Key audiences

Patients, carers and the public
Internal: members, staff, clinicians and the CCG Governing Body
External: clinicians, staff and decision making bodies
Stakeholders e.g. the NHS, County, District and Borough Councils, MPs and opinions formers, the voluntary and independent sectors and suppliers, the media

4. How has this strategy been developed?

4.1 This is an integrated stakeholder engagement and communications strategy for the CCG. The principles of communication both within and between ourselves and our partners, patients, carers and stakeholders are set out here. We have based some of this strategy on the work completed on communications and engagement in NHS Great Yarmouth and Waveney, which included some key pieces of work which form the foundation for the work plans here. And as a new organisation, the CCG is engaging widely on the details of this strategy and will continue to do so.

4.2 There have been a number of events which have informed this strategy:

- Great Yarmouth and Waveney System wide Clinical Summit – September 2010
- HealthEast Accelerated Design Event (ADE) – March 2011
- Retained GPs Development Event – 25 April 2012
- HealthEast Board Development Session – 2 May 2012
- HealthEast Membership Meetings (quarterly)
- Clinical Leads and Protected Time for Learning Meetings (monthly and bi-monthly)
- HealthEast Patient and Community Event – May 2012
- HealthEast Patient, Community and Carers Event – March and September 2013
- HealthEast Patient, Community and Carers Event – February 2014
- Publication of the Francis Report - 6 February 2013
- The Big Listen – March 2014
- Sign up to Safety Nov 2014
- Frail elderly clinical summit – 17 September 2014

This strategy also supported the CCG authorisation process and on-going assurance process, with a focus on Domain 2: 'Meaningful engagement with patients, carers and their communities'.

5. Our principles for communications and engagement

5.1 We will make the very best use of existing communication channels and products, both in NHS organisations in Norfolk and Waveney, and in partner organisations, such as working with colleagues in the local county, district and borough councils. The principles that will underpin our day to day work are:

Being open and accountable	▪ Being open, honest and accountable and explaining the reasons for what we do ▪ Responding to questions promptly and fully
Corporate	▪ Having a clear, easy to recognise corporate style or 'brand' in all we do ▪ Working in partnership with other agencies to plan and coordinate communication ▪ Internal communications support our staff to communicate effectively with all our partners and stakeholders and the public ▪ Promoting our achievements and building credibility and trust in our work and the services we start to commission
Planned and focused	▪ Communications and engagement work supports our strategic objectives ▪ Communications vary depending on the audience to meet their needs ▪ Making sure that HealthEast have the appropriate communications skills and expertise to deliver
Two-way	▪ Internally and externally, encouraging feedback at all levels and showing where services and systems have changed to reflect this
Clear and Caring	▪ Using clear language in plain English with no jargon so that everyone can understand what we are saying (translated when required) ▪ Being sensitive and respectful to the needs and aspirations of others ▪ Avoiding jargon and acronyms
Timely and targeted	▪ Making sure we reach the right audiences at the right time, and ensuring what we do is accessible to those receiving it
Cost effective	▪ Using the resources available to us prudently to deliver the maximum benefit, cost-effectively

Sustained	▪ Using good communications and engagement consistently with clear, strong messages, often over a period of time to achieve impact

6. The national and local perspective – what we know

6.1 National drivers

There are a series of key national drivers for the need to conduct patient and public engagement in the commissioning of services including:

- The Health and Social Care Act 2012
- The Public Health White Paper and the development of Health and Wellbeing Boards
- Local Involvement Networks (LINks), becoming HealthWatch from April 2013
- The Local Government and Public Involvement in Health Act 2007 and the The Cabinet Office Code of Practice on Consultation (2004)
- The NHS Constitution (2009) gives a legal right to staff and patients to know what they are entitled to and how to access this
- The Equality Act 2010
- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Transforming Participation in Health and Care September 2013
- Local Authority Health Scrutiny June 2014
- Sign up to Safety Report Nov 2014
- Guidance for NHS commissioners on equality and health inequalities legal duties Dec 2014
- Planning, assuring and delivering service change for patients Nov 2015
- Planning and delivering service changes for patients December 2013

6.2 Local drivers

- Delivery of the Integrated Plan
- Delivery of the QIPP and Reform Plan
- Meeting the requirements of the System Leadership Partnership and Health and Wellbeing Boards
- Patient Related Outcome Measures (PROM) data
- Delivery of the Quality Premium
- Delivery of the CCGs Out of Hospital Strategy (Dec 2012)
- The CCGs Five Year Strategic Plan (June 2014)
- The CCG One Year Operational Plan 2016/17

6.3 Legal requirements

There are a range of legal requirements on commissioning bodies that directly impact on the duty of the NHS to consult with the patients and the wider public.

Section 14Z2 of the Health and Social Care Act 2012: Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the 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

© 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.

In plain English, the CCG is required to involve the public in decisions that we are going to make about the services that will be provided to them. Simply informing the public that we have decided to close services, e.g. community hospitals, even if there are very strong arguments in favour of closure, does not meet the language of the statute.

Since 1 April 2016 when the CCG took on devolved commissioning for primary care this responsibility also fell to GP practices who are required to involve the public in decisions that they are going to make about the services that will be provided to them.

Other legal requirements

There are a range of legal requirements on commissioning bodies that directly impact on the duty of the NHS to consult with the patients and the wider public. CCGs are required to comply with this legislation and policy too. In summary these are:

- Equity and Excellence: Liberating the NHS 'no decision about me without me'
- Health and Social Care Act 2012, sections 13Q and 14Z2, which mirror the Real Involvement guidance, Section 242, and apply to CCGs
- Section 11 of the Health and Social Care Act 2001
- Formal consultation, incorporating the four reconfiguration tests (August 2010)
- Requirement to carry out impact and equality assessments

- Everyone Counts: Planning for Patients 2014/15 to 2018/19
- Transforming Participation in Health and Care September 2013
- Local Authority Health Scrutiny June 2014

7. Internal communications

7.1 The Communications and Engagement team will be key to communicating effectively with patients and the general public. This will promote an understanding of the CCG's vision. All staff will receive timely and consistent messaging on all areas of our work and openness and feedback will be encouraged. Internal communication and staff engagement is crucial to the success of the organisation and will have a vital role to play in achieving the CCG's business objectives.

Through well-managed internal communications, we will deliver a common understanding of our goals and values and bring the new CCG brand to life through our staff. In addition, internal communication and engagement will help to keep staff motivated, inspired and committed. Good internal communication will help retain staff, as well as attract more staff to the organisation.

7.2 Our internal communication and engagement objectives

- Use internal communications channels to make sure the CCG team have a good understanding of the organisations vision, goals, strategic vision, and the savings challenges we must deliver, plus our quality ambitions

- Use communications to develop an informal, non-hierarchical 'matrix' feel to the organisation, creating an honest and open working environment where staff and our members can be heard, listened to and valued

- Ensure that as an organisation, we make decisions quickly and empower our managers to do so too

- Establish systems and processes to make information easily available

- Evaluate the effectiveness of our internal communications and engagement through an annual communications audit as part of the staff survey

7.3 Where we are now

The CCG has an in-house Communications and Engagement team which is focussed on improving, monitoring and evaluating our internal communications.

7.4 Who are our audience and how will we communicate and engage with them?

Stakeholders – Internal	Methods
▪ The CCG Governing Body ▪ HealthEast Executive ▪ All CCG staff ▪ Clinical Leads ▪ Protected Time for Learning ▪ Retained GPs ▪ Retained Nurses ▪ All primary care staff (our Members) ▪ Independent contractors like dentists, opticians and community pharmacists ▪ The Clinical Executive Committee	▪ 'What's Happening?' Bulletin to everyone in primary care and all commissioning staff ▪ Monthly, face-to-face staff briefings ▪ Retained GPs weekly teleconference ▪ CCG Website ▪ Members and staff password protected website ▪ Regular updates from CEC included in What's Happening? ▪ Media coverage summaries ▪ Ad hoc immediate electronic bulletins on key issues ▪ Face to face ▪ Annual staff survey incorporating an internal communications and engagement survey ▪ Staff appraisal process ▪ The CCG Style guide ▪ The Staff Involvement Group ▪ The Staff Health and Wellbeing Group

7.5 Success Criteria

- Series of high quality internal communications methodologies in place that are valued by staff and members
- Engaged, well informed and well motivated staff
- Staff have clarity on the CCG's vision and strategic direction, and able to share and engage externally

8. External communications

8.1 237,000 people are served by the CCG, as the commissioning organisation for Great Yarmouth and Waveney, we have been working hard to raise our profile with our

external stakeholders to establish ourselves as the new leaders of the local NHS. We will also fulfill our responsibility by informing people about the ways we are spending public money and engaging patients in the healthcare commissioning (buying) process.

8.2 The demographic breakdown of the population will be considered carefully in order to make sure we communicate with all groups effectively. We will focus on making sure our communications reach all groups in the community, including those who are seldom heard. This is in line with the requirements of the Equality Delivery System 2, which we are committed to championing and delivering on.

8.3 Stakeholders

We need to communicate with stakeholders effectively. Key stakeholders are listed below. Stakeholders are people, groups or organisations who have an interest in, or can be affected by our work. To deliver our vision and our strategic objectives, we will work closely with them to ensure we engage them fully in our work at every level. Their varying degrees of interest and influence need to be taken into consideration when communications channels are being set up.

Through our System Leadership Partnership, which has representatives from across the system from health and social care, plus patient representatives and voluntary groups, we are working on local integration. We expect that this group will become our own local Health and Wellbeing Partnership, one of the requirements of the new NHS under the recent legislation.

The CCG has also engaged local authorities with the establishment of its geographical area (from Great Yarmouth and Gorleston, to Lowestoft and the Waveney Valley), and we achieved the full support of our two County Councils, and our local district and borough councils in this process.

8.4 Key external stakeholders for HealthEast

Stakeholders	**Methods for engaging with all stakeholders**
NHS/Partners ▪ Department of Health ▪ NHS England and the Area Team for Cambridge, Suffolk and Norfolk ▪ Commissioning Support Unit (CSU) ▪ Other CCGs, particularly in Norfolk and Suffolk ▪ Independent and salaried contractors: GPs, dentists and	▪ System Leadership Partnership and Health and Wellbeing Boards ▪ Board to Boards and Executive to Executive meetings ▪ CCG Governing Body meetings

pharmacists ▪ Optometrists ▪ Contracted NHS provider Trusts ▪ East Coast Community Healthcare ▪ IC24 our out of hours provider ▪ County councils, borough and district councils ▪ Private and voluntary sector providers ▪ Health and Wellbeing Boards (Norfolk and Suffolk) and the System Leadership Partnership ▪ Health Overview and Scrutiny Committees (GYW, Norfolk and Suffolk) ▪ Local Professional Committees ▪ Media ▪ East of England Ambulance Service **Patients and the public** ▪ People who use local health services and their carers ▪ Patient Participation Groups (PPGs) ▪ Seldom heard groups who traditionally experience difficulties accessing NHS services ▪ Our residents in Great Yarmouth and Waveney ▪ Interest groups ▪ Voluntary, community and third sector organisations ▪ Charitable organisations ▪ Norfolk and Suffolk HealthWatch ▪ Governors of local Foundation Trusts ▪ Lay representatives on local Boards **Local Government** ▪ Politicians: local MPs / local councilors ▪ Norfolk and Suffolk County Council (councilors and officers) ▪ District Councils	▪ Attendance at key meetings, forums and events ▪ Websites ▪ Publications ▪ Patient and public involvement activities including surveys and feedback ▪ Newsletters –targeted to specific groups ▪ Emails ▪ Media campaigns and advertising ▪ Specific targeted engagement events ▪ CCG officers attending partnership events and forums on a regular basis ▪ Market research and insight projects ▪ The CCG's Joint PPG Forum ▪ The CCG's Patient and Public Experience Group

▪ Town and Parish Councils	

We need to understand our stakeholders interests and needs. **Appendix One** shows our stakeholder analysis.

8.5 Seldom-heard groups in Great Yarmouth and Waveney

There are a range of seldom heard groups in our community. The CCG will ensure all external communications are inclusive and take place through a range of channels that reach all groups, taking into consideration all barriers to communication, including language and access to computers. We are committed to engaging with patients, carers and the public in all stages of the commissioning cycle. This is essential and will make sure we always develop innovative, patient-centered services. As commissioners, we will make sure that the views of patients and the public are listened to, heard and acted upon. We are particularly focused on accessing seldom heard and vulnerable groups, namely:

Key seldom heard groups in Great Yarmouth and Waveney

- Migrant Workers
- Gypsy, Traveller and Roma communities
- Looked After Children
- Individuals within the criminal justice system
- Asylum seekers and refugees
- Black and Minority Ethnic (BME) Groups
- People with Learning Disabilities
- People with long-term mental health problems.
- Lesbian, Gay, Bisexual and Transgender people
- Homeless and insecurely housed people
- Young people and children

In 2009, NHS Great Yarmouth and Waveney commissioned a full research project from the University of East Anglia on these groups, and the findings of this report continue to inform our engagement work with these communities today. The report sets out the blueprint for engagement with these groups and also gives a database of contacts within these categories. It was supported by the appointment of a dedicated Health Visitor for seldom heard groups in East Coast Community HealthCare (ECCH), who continues to be a key contact for HealthEast's work. Along with the other Norfolk CCGs we are working alongside the newly-formed Norfolk Equality and Diversity council who will act as one voice for all individuals and communities covered by the Equality Act 2010 and will hold us and other public sector organisations to account for our work in this area.

Along with the other Norfolk CCGs we are joint members of INTRAN which is a multi-agency partnership providing language services throughout the Eastern region.

8.6 Success criteria

- Series of high quality external communications methodologies in place
- Engaged, well informed and well motivated stakeholders
- Clarity externally on the CCG's brand, vision, goals and strategic direction
- Rapid development of an integrated care system

9. Identity and branding

9.1 It's essential that patients and the public find it easy to navigate their way through the services available to them. The CCG is the custodian of the NHS brand and all it stands for in Great Yarmouth and Waveney, and our communications will support this.

When producing any material for publication, the CCG will take account of the NHS Branding and Accessibility Guidelines to make sure that all our information is accessible to a wide variety of audiences. This includes use of our website and any social media we may develop, and the need to produce our literature in a range of formats if required.

9.2 As commissioners, it is also important to develop a local brand for the NHS in Great Yarmouth and Waveney. This is critical for the public and our patients, but importantly also for our staff, both those we employ now, and future employees. We are challenged in some areas on the recruitment of NHS professionals to posts locally. We will work with our partners in health and social care to promote the local NHS brand across the wider economy, and this will be a key aspect to our recruitment strategies.

10. Reputation management

10.1 This is a priority area for the CCG. Patient's confidence and satisfaction is often driven by their experience of healthcare either as a patient or carer, from friends and family, or what they read and hear in the media. The issues that concern people about their local NHS, like quality and safety, customer care, good quality information and good communication between services will be at the heart of what we do. One of the key drivers of patient satisfaction and public confidence is how much people know about their local health service. The more they know, the more likely they are to feel encouraged to access services and respond positively to the information and advice they receive.

Our reputation will be built on the experience of our patients, public, members, partners and stakeholders, through their accumulated experience of the CCG, through a wider range of mechanisms, from face to face conversations, to media coverage. We will also use the Friends and Families test to secure information from our providers about their perceptions of services received to inform commissioning. This strategy will help to secure a positive reputation for our CCG, built on trust and excellent relationships. This trust will be particularly important in the financially challenging times that lie ahead, when

we can expect scrutiny from local authorities, the media and our communities when we face difficult commissioning decisions.

11. Crisis communications and emergency planning

11.1 The CCG understands that pre-empting and handling crises successfully and minimising risk to the organisation through negative media coverage is a key part of effective communications management across Great Yarmouth and Waveney.

We also have a duty to communicate well with the public during a crisis so that they are well informed and able to respond to an emergency situation, and therefore to minimise the impact of this on all NHS services. We have an experienced in-house team who can deliver communications support in an emergency situation when required. We also have a CCG "Director on call' arrangement.

We are a key partner in setting up and running the Norfolk Health Communications Group which has a specific focus on how health would communicate in a crisis in the new NHS landscape. Our Head of Communications and Engagement has developed the Norfolk Health Communications Guidelines, which have been ratified by the Local Health Resilience Partnership and commended.

Day to day, the organisation is open to considerable communications risks through commissioning decisions and other developments within the organisation. These will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur. The lead for this is the Director of Engagement.

12. Media relations

12.1 The media is a critical influence on people's opinions of public services. They are seen as independent and credible, and are a key influencer nationally and locally. For this reason, good strong relationships with, in particular, the local and regional media, are essential. Working closely with our local media colleagues, we can promote the CCG's work and use the media to explain how CCGs work, and the transformation service change we are seeking to deliver. We can also manage difficult stories more effectively.

We will engage with the media, keeping them informed of good news stories and being responsive when they seek a statement or comment. We aim to give good access to the senior management team and senior primary care staff. We will work to develop a strong media profile over the period of this strategy.

We will always deal with enquiries in an open and honest manner in accordance with the Freedom of Information Act (2000), and with regard to Caldicott/Data Protection principles.

12.2 Success criteria

- The Chief Executive holds key briefings with local media
- Good, local, positive media coverage about the CCG
- National exposure
- Deliver on-going full media training to key CCG staff including retained GPs – to ensure trained and confident staff, briefed and ready to do media work

13. Patient and public engagement

13.1 The CCG is committed to engaging patients and carers in the planning and decision making processes at every stage of the commissioning cycle. We are also committed to making sure our providers are equally dedicated to involving and engaging patients and carers in their services and any service changes.

We have developed efficient and effective ways of harnessing public voices so that commissioning decisions are shaped by people's expressed needs and wants.

We have produced consultation and engagement guidelines which set out the details on when and how we will consult and have been written in accordance with statutory and legal requirements. This ensures we have robust arrangements for working across our boundaries, and with other CCGs if necessary, to play our part in major service reconfiguration where appropriate. Over the next five years, as the pressure on money to buy services in NHS finances becomes tighter and commissioning decisions more difficult, the CCG will be dedicated to making sure we effectively engage, consult and feedback, communicating clearly about how we are investing tax payers' money.

The CCG also recognises the need in particular to work with HealthWatch both in Norfolk and Suffolk as key stakeholders at all stages in the development and consideration of proposals. We are already working closely with local Health Overview and Scrutiny Committees and involving them early in the commissioning cycle to make sure that they are involved in and briefed about emerging service models.

In the CCG we will work alongside HealthWatch in Norfolk and Suffolk to:

- Provide evidence about local communities and their needs and aspirations
- Give us ongoing feedback on the quality and delivery of services
- Share the views of local people with us as commissioners of services
- Help regulators access local information and the public view
- Keep Health Overview and Scrutiny Committees (HOSCs) informed about issues

13.2 How we will deliver engagement

The CCG has recruited a small but robust engagement team, led by the Director of Commissioning and Engagement, and we will use a comprehensive set of tools for

engagement. Alongside learning from patient engagement in the internal structure of the CCG, our engagement repertoire will include small scale qualitative work with small groups of patients and other interested parties eg carers, and quantitative, large scale representative involvement with the general public. We will also use and develop the Patient Participation Groups (PPGs) in GP practices. The sections below set the 'how' out in more detail.

13.3 Knowing and understanding our local population

Working closely with our partners in public health, and through our identified public health lead for our CCG, we have a wide range of demographic information about our population which informs commissioning. This is primarily included in the Joint Strategic Needs Assessment. But from an engagement perspective, it's essential that we identify our local population, patients and communities, and that we engage with our most hard to reach and vulnerable groups, their carers and advocates (see section six). We link closely with a range of groups which helps us stay closely in touch – these are set out in **Appendix Two.**

Our Programme Boards and other work streams e.g. Medicines management and primary care development have extensive clinical engagement from a wide range of providers and are actively influencing commissioning intentions, with service user representation. These Boards and work streams are led by clinicians and they are developing locally sensitive clinical pathways which reflect clinical and cost effectiveness and will ensure the delivery of our local QIPP challenge. Our Programme Boards and work streams are the primary way through which we involve and seek advice from healthcare professionals from secondary, community, mental health, learning disabilities and social care.

Empowering patients means doing much more to give control to patients through the extension of choice and the provision of high quality information to support decisions. It also means doing more to make sure the views of patients and communities are built into everything we do, through the creation of Health and Wellbeing Boards to bring together commissioners of NHS, public health and social care services, and through the creation of national and local HealthWatch to champion patients' interests at all levels of the system. Within the CCG this means continuing to build on relationships that already exist with HOSCs and HealthWatch in Norfolk and Suffolk and the Health and Wellbeing Boards.

13.4 Examples of the CCG in our communities

We have a clearly defined and well understood, geographical patch, and we want to get the public and our communities involved in different ways in our work, supporting them to help us make local and relevant commissioning decisions. Community development, getting residents to work together to improve their health, is very important to us, and is led through our System Leadership Partnership. We all know that disadvantaged neighbourhoods often have pockets of ill health and make high demands on the resources of the NHS and other local services. By boosting prevention, early intervention

and support in their neighbourhoods, the health and wellbeing of the whole area can benefit substantially.

One clear example of this in action already is our on-going work in Gorleston with our Connected Care Project, with the national charity Turning Point. This helped us to work with trained community advocates to listen to the issues faced by patients with long term conditions. This work is being taken forward now in an integrated way with our partners, we have now developed a project with Lowestoft District Council and Age UK to introduce Community Navigators into the Kirkley area of Lowestoft and working alongside the Out of Hospital Team.

14. Engagement and commissioning

14.1 The NHS Health and Social Care Bill 2012 has the vision and ambition of future patient involvement, engagement and experience. In particular:

- 'no decision about me without me'
- greater involvement of patients in decision making

- more choice over care and treatment

The emphasis is very much on patient centered care – patient experience is prioritised as a key health outcome in its own right.

To deliver this the CCG is committed to ensuring that patients, carers and the public are engaged with throughout the commissioning cycle. This is a great benefit and will enable us to develop innovative, patient-centered services. An example of our engagement work with a community in Reydon, Suffolk, is attached at **Appendix Three.**

At our bi-annual Patient, Carer and Community Events, we collect proposals from patient representatives about their priorities for commissioning in the coming year, and share our Vision and priorities. These views are embedded in our Five Year Strategic Plan, alongside the views of our GP community.

14.2 What matters to patients – the patient's dozen*

We know from local and national research what matters most to patients and their representatives. As a CCG, we will keep focused on these priorities for our patients and their carers, and as commissioners we will monitor these:

'The Patient's Dozen'
1. Getting better, feeling better (outcomes of care) **2. Getting the right care from the right people (clinical quality)** **3. Being treated as a human being (humanity of care)**

4. **Information, communications, having a say (shared decision-making)**
5. **Being supported (practical and emotional)**
6. **Support for carers**
7. **A safe, clean , comfortable place to be (environment of care)**

   The above should be at each stage of our care. The following relate to what those stages might be.

8. **Right treatment at the right time (access 1)**
9. **Right treatment in the right place (access 2)**
10. **Smooth transitions (continuity)**
11. **Continuous care (after care)**
12. **Support for independence**

*Reference 'Smart Guides to engagement' January 2012, David Gilbert

To help deliver on this we have produced a leaflet 'Your healthcare records: A guide for patients' which we have promoted widely amongst our GP practices, patient participation groups and our provider organisations. This guide is aimed at making patients aware of the information that we hold about them and how we access it. It covers patient rights, what they need to do and who to contact if they have any questions.

14.3 Building patient leadership

We are committed to building leadership capacity in the CCG – clinical, managerial and lay leadership, and this will underpin our decision making process.

We will build lay leadership from the top of the organisation, through the appointment in of three Lay Directors to our Governing Body. We also have a Joint PPG Forum and the Chair has a seat on our Governing Body. We have also developed a group of up to 60 lay representatives from across our patients and carer forums, and partner and third sector agencies, to represent the patient and carer voice. We recognise that empowered clinical leadership must go hand in hand with strong patient and public leadership, with patients working with the organisation as 'critical friends'. These patient representatives will provide constructive challenge, and we expect this community enablement will be a key part of making sure the CCG is very different from previous commissioning arrangements. Without the public on board, the QIPP challenge will be much harder to achieve.

To support this, we are working very closely with our local patient and carer representatives. Our Accountable Officer meets every month with the Chairs of Norfolk and Suffolk HealthWatch. Our Director of Commissioning and Engagement meets regularly with the Chair of our Great Yarmouth and Waveney Patient Advisory Group. We also have a very strong network of Patient Participation Groups (PPGs), which are helping us to listen and hear the views of patients better. And we have started to set up

strong links with local disadvantaged groups eg migrant workers, travellers and looked after children.

We also have close links with lay representatives in our providers, for example, the Governors at the JPUH, and the Lay Directors and Staff Directors in our community Social Enterprise, East Coast Community Healthcare. This gives us access to a wider pool of local talent and patient leadership.

Looking ahead to leadership development, we plan to develop learning with our key patient and public representatives, probably on a co-production basis with other patients and carers, focusing on what matters most to them.

14.4 Choice and how we will promote it

Choice and improving choice is a key part of improving patients' experience and satisfaction with the services they receive. We are committed to involving patients, carers and their relatives in becoming empowered to make decisions about their care and treatment. We will promote choice through working closely with our Public Health colleagues, through our Programme Boards and work streams and patient and community groups, and through communicating with the public in a variety of ways. It's very important that people know choice is available to them, and most importantly, feel empowered to exercise choice.

Some examples of choice in action in HealthEast include:

- We secured a fund from NHS Midlands and East in late 2011 of £120,000 for our PPGs to invest in innovative patient focused developments of their choice in practices, and this work in ongoing.
- We have a team rolling out Personal Health Budgets to people with long term conditions giving patients choice, flexibility and control over how their health and well-being needs are met.
- We commission a tailor-made exercise referral service for patients with long term conditions
- Through our PPG Forum, our Public and Patient Experience Group and our work with our Patient, Carer and Community meetings, we will ensure that insights about patient choice in practice consultations are part of our planning and decision making processes
- Promoting the elements of choice and performance embedded in the NHS Constitution through our regular communication channels and our main providers

14.5 Patient experience: What we expect from all our providers

We expect providers to seek the views of patients/users, carers, the public, especially vulnerable groups. We expect local practitioners including practitioners in the third sector and user-led organisations to seek the views of patients throughout the commissioning

cycle from health needs assessment, through to reviewing service provision, designing services and performance monitoring of contracts.

Patient experience and feedback are inherent parts of service design, delivery and improvement. It's our patients who are, in the end, the ultimate judges of what's best. They are the ones who experience the whole pathway. We expect our providers to review and improve the experience for their service users. The CCG expects a variety of feedback options will to be looked at by providers of services, possibly including patient ratings or comments on web sites and patient opinion through quality observatories. Feedback given by patients must be considered by the provider organisations and used to improve service quality and patient experience, and this should be accounted for in provider Quality Accounts.

So monitoring our patients' experience is critical and we will use the following methods to do so:

- Use of real time feedback e.g. SMS texting, kiosks, Patient Experience Trackers, Facebook
- Patient feedback websites
- Patient and Practice surveys
- Patient experience groups (HealthWatch/Patient Advisory Group)
- Use of the 'Friends and Family test' in all our main providers as a means to collect real time data.
- Complaints, PALS (Patient Advice and Liaison Service) and SIs (Serious Incidents), monitored through our Quality and Patient Safety Directorate
- Regular planned and unannounced visits to care providers with a focus on quality and patient safety
- 'Deep Dives' on specific quality issues
- Regular reports eg Care Quality Commission
- The development of our successful Big Listen event which involved CCG staff, local patient and carer representatives, providers and Healthwatch visiting services across the patch and seeing care in action. This programme of work is being led through our Patient and Public Experience Group.

When we are monitoring information, we will always focus on four key questions:

1. Do we have the data we need to make intelligent commissioning decisions?
2. Do we understand what the data is telling us?
3. What are the implications of using this data in commissioning?
4. Do we have mechanisms in place to make sure we can change commissioning decisions in response to the intelligence?

Through our contracts with providers, we will put this patient-centered intelligence to good use by making sure this feedback is included in contracts, and regularly monitored with clear outcomes.

14.6 Listening, learning and responding to patients and the public

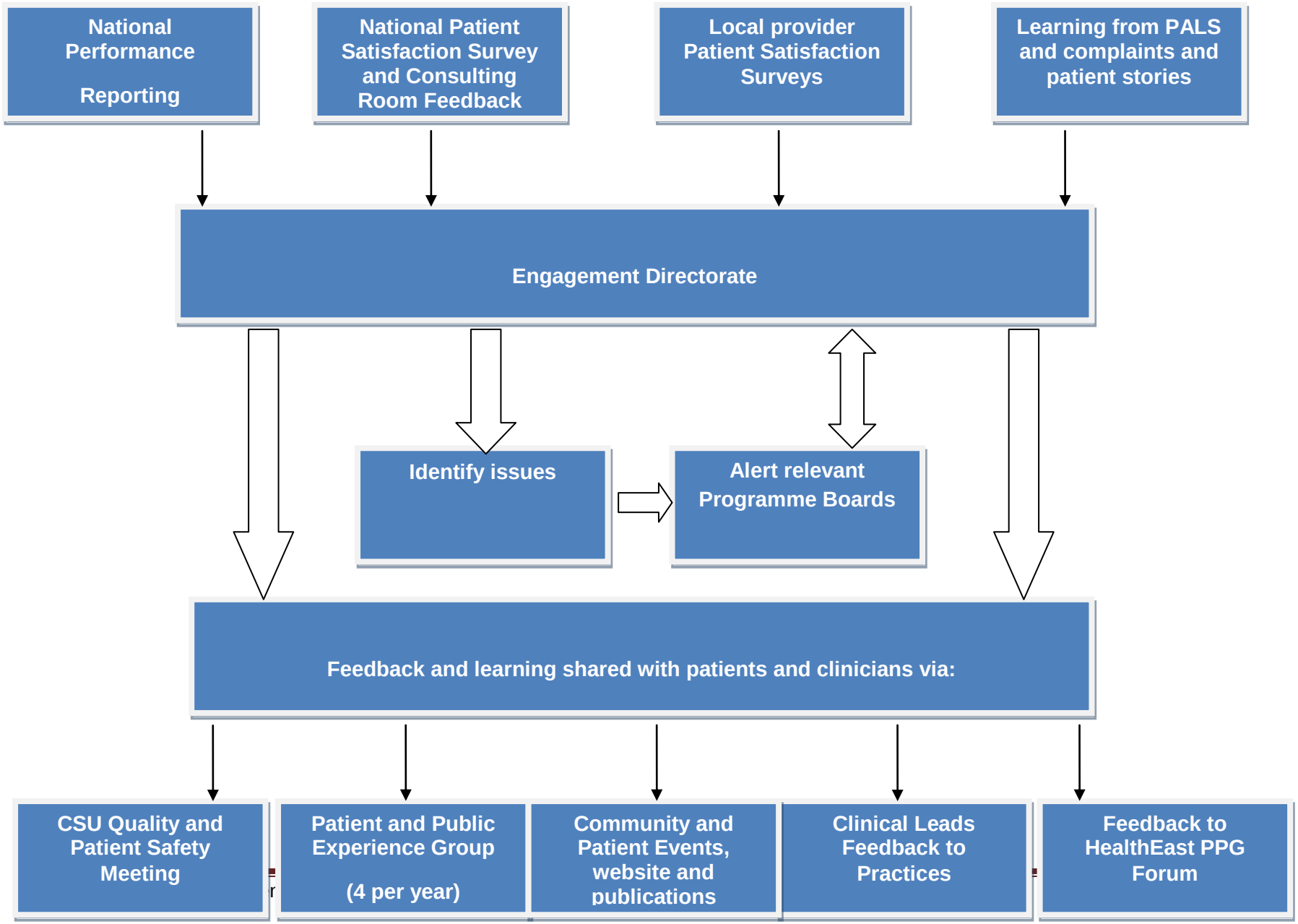
We recognise that as a CCG, we will not be able to improve and change services unless we bring the public with us. Shared decision making brings legitimacy to the process. So as a CCG we are committed to engaging, listening, learning and responding to our patients and our communities. A key part of this work is our Patient and Public Experience Group which meets quarterly (see **Appendix Three** for Terms of Reference, Membership). The PPEG assess feedback from our providers, but also listen to the views of our PPGs, our Patient Advisory Group, lay members on our Board. We will also use learning from the consulting room through our retained GPs and membership.

Our complaints, PALS, Serious Incidents (SIs) and national quality visits eg Care Quality Commission, are coordinated and managed through our new in-house Quality and Safety team. A summary of how we handle patients' concerns and complaints is attached at **Appendix Four.**

We have established a group of patient, carer and community representatives to meet bi-annually to inform the commissioning cycle. The first meeting of the CCG's Patient, Carer and Community Event took place on 21 May 2012, attended by 62 patient and carer representatives. We worked with the group to collate their views about what our commissioning priorities should be for 2012/13 and beyond. Since then we have held a further successful events and their views have been woven through our Five Year Strategic Plan ensuring that the public voice is at the centre of all that we do.

This feedback loop for commissioning is illustrated in the Patient Engagement Monitoring Flowchart below.

Patient Engagement Monitoring Flowchart



Looking ahead, we know that the financial climate for the NHS will be challenging, and we may not always be able to respond to all the needs of the community. Indeed there will be times when difficult decisions about priorities need to be made as we allocate increasingly limited resources. We will always ensure patient's views are taken into account and to explain who and why we reached the decision we make.

We will use the following mechanisms to publish a range of data, including the outcomes of our engagement work.

How we will share information with the public
Website
Media
Publications eg inserts/adverts into the local papers telling the public about our work and seeking their views, plus details of feedback we've received and what we're doing differently as a result
Meetings with patient, voluntary and other representative groups to listen and feedback

14.7 Success criteria for engagement and commissioning

We have challenging criteria to measure our success:

- Evidence of up to three new initiatives in our three main contracts (JPUH, Norfolk and Suffolk Health and Care and ECCH) which have been included as a direct result of patient feedback and engagement, and which have measurable outcomes
- Strong evidence of public and patient engagement in the CCG's work, with evaluation of the success of this
- Specific patients and public representatives closely engaged in the CCG's work, eg through formal committees
- Empowered and functioning PPGs across the area
- Active patient involvement in our Programme Boards and work streams in service redesign and pathway mapping

14.8 Working together with our partners

Many other partner organisations alongside the CCG will be conducting consultation and engagement activities. Implementation will be carefully planned to avoid duplication and clashing with other events. We commit to work with partner organisations where there may be scope for collaboration.

14.9 Monitoring the impact of engagement

Ultimately, engagement is not always going to generate the final decision; in most cases it will be used to inform the commissioning decisions. Engagement and consultation is not simply about counting votes. Whilst it is important to obtain large-scale quantitative feedback, it is also important to hear the voices and opinion of minority groups. The CCG will assess the level of impact that any proposed change in services might have on different groups. Even if there is a majority opinion for one option, we need to be aware of any disproportionate negative impact that the same option might have on some parts of the community. Engagement should seek to build the big picture. There are various ways of measuring the impact of engagement:

- Patient satisfaction surveys
- Public perception surveys to explore to what extent the public feel they can influence the development of the local health service.
- Patient Related Outcome Measures (PROM)
- Complaints
- HealthWatch – will visit services at the request of the CCG to see if requested changes have been implemented and will talk to patients on the wards and so can provide useful and fast feedback
- Mystery shopping

More detail on measuring impact and evaluation is included under section 17.

15. Clinical and membership engagement

15.1 Clinical engagement is critical and essential to achieving the CCG's strategic goals and objectives. Clinicians provide frontline services to our staff and patient and public engagement cannot proceed without agreement for developments being achieved with local clinicians first. We have a host of examples of clinical and membership engagement in action already across Great Yarmouth and Waveney, set out in section 15.2 below.

The CCG is a membership organisation, meaning that all practice staff are Members. This has its own specific challenges both to communicate to, and engage with our Membership. We have a quarterly Members meeting led by the Chief Executive and Chair of the CCG which facilitates this relationship. The CCG sees practices playing a full part in activities as vital to our success, crucially providing the unique clinical view on which clinical commissioning is founded.

However, it is important to remember frontline staff too, from receptionists and medical secretaries to administrators and managers. They too have clear views and an ambassadorial role to play. So engagement work from formal consultations to service shifts must encompass clinical and operational engagement. However, the CCG will

have a ‘gate keeping’ role to ensure the relevance of information flow to clinical audiences and that they do not become overwhelmed by volume of briefs.

We recognise the need to establish systems to secure two–way accountability between Members. We are aiming for excellence in our engagement with Member practices, and we will develop a strong system of peer support and co-production. This is an area where we need to deliver significant cultural and behavior change. We have embedded this concept in our ‘principles of clinical transformation’, which says as a value that we will ‘systematically foster strong and mature relationships between clinicians from all sectors and organisations. We will develop a culture of responsibility both for and to each other for the quality of care we commission and deliver. We will hold one another to account for patient benefit through honest relationships.’

While this will be challenging, we have a well developed local model of openness and accountability for quality of care and use of NHS resource in our approach to prescribing and medicines management. Practice data has been shared across the area for some years and clinicians are used to seeing their data and their colleagues’ data presented in a comparative style. We are seeking to expand this approach beyond prescribing to other areas of quality and commissioning focus, underpinning it with an explicit outlier policy which makes it clear that our initial approach is supportive and formative, rather than punitive or contractual. Finally this cultural change is supported through the sharing of our Practice Charter (see **Appendix 5**).This is a set of ‘rules for engagement’ which lays out what practices can expect from the Governing Body, and the Governing Body from practices, and how practices interact as a unified body. This has been shared with all practices, along with a summary of our Constitution, and we have worked closely with our Local Medical Committee (LMC) on this document and our Constitution.

15.2 Clinical and membership engagement in action in the CCG

The work of our Clinical Executive Committee

Our Clinical Executive Committee (CEC) is led by the Chair of the CCG and reports to the NHS Great Yarmouth and Waveney Governing Body as a formal subcommittee. This committee ensures clinical input into all areas of our work, promoting clinical engagement and acting as a governance structure to make sure there is clinical input into new and existing services which reflect best practice and value for money. Its membership includes clinicians.

Seeking member practices views

Our GP practices in Great Yarmouth and Waveney are all Members of the CCG, and critical to our success. We’re focused on member practices being closely involved in decision making and we’ve published our Practice Charter. We have strong GP and practice manager representation on our CEC and on the Governing Body. Alongside

this we have our regular Great Yarmouth and Waveney Clinical Leads Forum, where a representative from every practice attends, and our monthly PTL (Protected Time for Learning) sessions, plus our practice manager meetings and a range of regular informal practice visits.

We now have retained GPs and retained Nurses working with us in the CCG. This is a tremendously valuable resource to help us with commissioning decision making, and being clear on our commissioning intentions, both now and in the next couple of years.

CCG members are involved in quality priority setting

We have met with all our Clinical Leads across Great Yarmouth and Waveney to identify and agree our commissioning priorities

We recognise the need to engage with member practices to help them understand the quality challenge in both primary and secondary care to develop an appropriate response for our population and our area, and to translate that into real action and real quality improvement.

Member practices involved in decision making processes

Our clinical leads meetings are fully representative; each practice sends a GP to these meetings and in addition there is a lead practice manager from both of our main geographical areas at each meeting, Yarmouth and Waveney. These groups guide strategic development prioritisation, and practical implementation of pathway redesign, and meeting the QIPP challenge via system transformation. Retained GPs inform this process through the programme boards and specific work areas. Our CEC includes representation from GPs across the patch and our key providers and is the delegated authority for decision making from the Governing Body of NHS Great Yarmouth and Waveney CCG. Thus clinical leadership is not only accountable at Governing Body level, but involved at executive level in all spend decisions, and monitors delivery of the QIPP challenge and priority setting for each commissioning year. The CCG Governing Body, which also includes member practice representation at clinical and managerial level, leads strategic planning for the CCG, with extensive clinical involvement in decision making.

Some examples of member practices being involved in decision making include when our Clinical Leads met to agree the CCGs commissioning priorities. We have approved new care pathways in Neurology, Urology and Cardiology, where clinicians were directly involved in planning and designing pathway change to deliver direct benefits to patients.

Member practices understand at a high level our local plan and priorities

Our clinical leads groups have been involved in shaping and approving our overall strategic plans at both a health system and Programme Board level. Specifically, the out of hospital strategy, urgent care strategy and frail elderly strategy were discussed in detail at the clinical leads groups, and amended in the light of clinical leads feedback prior to their presentation to the Clinical Executive Committee and Governing Body. In addition, in the planned care arena, our overall approach to the QIPP challenge was developed through discussion with the clinical leads, informing our 'excellent GP, not specialist GP' ethos when addressing our high volume specialities of dermatology and ophthalmology.

Member practices receive timely information to inform their involvement in planning and monitoring delivery of those plans

Practice level data is being sent to all 25 of our member practices on a monthly basis. We also use PTL meetings and Clinical Leads forums to share more specific data, for example recently data on the management of patients on the Gold Standards Framework pathway.

Systems are in place to sustain two – way accountability between members

We recognise that this is an area for significant cultural and behavior change. While this will be challenging, we have a well developed local model of openness and accountability for quality of care and use of NHS resource in our approach to prescribing and medicines management. Unblinded practice data has been shared across the area for some years and clinicians are used to seeing their data and their colleagues' data presented in a comparative style. We will seek to expend this approach beyond prescribing to other areas of quality and commissioning focus, underpinning it with an explicit outlier policy which makes it clear that our initial approach is supportive and formative, rather than punitive or contractual. Finally this cultural change is supported through sharing our Practice Charter.

Effective and transformational Programme Boards: Our Programme Boards have extensive clinical engagement from a wide range of providers and are actively influencing commissioning intentions, with service user representation. These Boards are led by clinicians and they are developing locally sensitive clinical pathways which reflect clinical and cost effectiveness and will ensure the delivery of our local QIPP challenge.

- Through our strong relationships with primary care, clinicians are effectively engaged at all stages of the commissioning cycle, from the development of the estates strategy and specific projects eg in Reydon, Halesworth and Lowestoft, and the development of strategies eg our new frail elderly strategy developed through our unplanned care board, which has the involvement of no less than six of our retained GPs

- Our Commissioning work actively promotes clinical engagement with particular reference to patient safety, clinical quality and the monitoring of existing provider contracts

We have four clusters across our patch – Lowestoft, Great Yarmouth, Gorleston and South Waveney and we anticipate aligning our communications and engagement work with each of the clusters to ensure strong clinical buy in.

16. Equality and diversity

16.1 The CCG has adopted NHS Norfolk and Waveney's Equality and Diversity Strategy 2 (EDS), and this was approved by our Governing Body in June 2012. This will ensure that equality will be a key part of the CCG's core business and that we deliver on the duties of the Equality Act 2010 and Human Rights Act 1998 when we redesign and review business priorities, taking into account the nine protected characteristics in all we do (age, disability, gender and gender reassignment, marriage and civil partnerships, pregnancy and maternity, race including nationality and ethnicity, religion or belief/lack of belief, sex and sexual orientation). We will also ensure that all staff in the CCG have equality as part of their personal objectives, and the requirement to complete mandatory training in this area.

We are keen to work with and engage Black, Minority and Ethnic groups where possible and some of the work that we are doing includes:

- Working with the cross-county gypsy, roma and traveller liaison group to produce a health DVD. Members of the traveller community have agreed to take part in the film and explain why they think it is important to engage with healthy activities i.e. measles vaccinations.
- Engaging people with learning difficulties in a consultation on the future of health services in Lowestoft by going to clubs/drop in centres and talking to them on a 1:1 basis.
- Carrying out focussed engagement work with people with learning difficulties via advocates to help inform the shape of future services in the community.

17. Evaluation

17.1 Evaluation and review of this strategy will be on-going and in 'real time'. The effectiveness of channels and products will be continuously monitored and changes and adjustments made as and when necessary.

Robust systems for measuring outcomes will be put in place by the CCG. We will further develop our own measures of success based on qualitative data, collected through patient and carer representative panels, market research insight work and public and Member engagement exercises.

We anticipate developing a brand audit of public and stakeholder perceptions of the CCG. The results of this brand audit will measure the progress and reputation of the CCG and whether we are achieving our vision. The survey results will be used to set priorities for communications and engagement for the year ahead, and we will work with our providers to support these to give a consistent approach across the integrated health community.

The media has significant influence upon the views of the public and we analyse all media coverage.

- Analysis of the CCG website – unique visitors; number of visits; page hits; interaction and responses
- Event bookings and attendances
- Feedback from our quarterly meeting with Patient, Carer and Community representatives
- Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes
- Analysis of patient advice and liaison service enquiries (PALS)
- Analysis of complaints and compliments trends
- Relationships with patient participation groups
- Feedback from other patient groups including HealthWatch
- Audits of our performance including public and stakeholder market research projects
- Local and national staff surveys
- Our own media evaluation and reporting
- Feedback from the Friends and Family Test in all contracts
- Ongoing feedback from our Gorleston Connected Care work and our new Community Navigators in Kirkley

The above evaluation will be ongoing, and we will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.

18. Budget and resources

18.1 The effective implementation of this strategy will require financial resources.

18.2 Staff

Communications and engagement will be led by the Director of Commissioning and Engagement, with support from the Head of Communications and Engagement, the Communications and Engagement Officer, and administrative support.

18.3 Non pay engagement budget

Responsibility for engagement sits firmly within the CCG. The budget we have for this work is as follows:

	£
Consultations, engagement and public relations (including patient travel):	28,600
Market research insight work:	7,500
Advertising:	20,000
Licenses, INTRAN etc.:	10,000
Websites:	5,000
Total:	**71,100**

19. Review

19.1 This strategy will be reviewed on an annual basis, the next review is due in September 2017, to ensure it continues to meet the emerging needs of the CCG.

Appendix one **Stakeholder Mapping**

Group	Audiences	Analysis
Staff	CCG staff Governing Body Clinical Executive Committee Primary care Members Clinical Leads Retained GPs Retained nurses	This group commissions services and has a broad influence over a range of groups, including patients. They need regular information to allow them to do their job properly, and they need to understand what the organisation expects of them. Above all, staff need to be valued. They have the potential to be very effective ambassadors of the CCG, and with the right engagement, can be powerful in communicating our vision and strategic direction. The risks with staff emerge when they become critical in public of the CCG, resistant to change or feel de-motivated.
Patients, carers and the public	General public Existing patients and their carers Seldom heard groups Children and young people Patient and public representatives Neighbourhood groups	Patients, carers and the public are central to all the CCG does. Not only are they tax payers, but they receive the services we commission and they have a strong voice and influence. They need to receive high quality, safe services, with a good patient experience. This group needs information to help them make informed decisions at what can be a vulnerable time, and information about how we spend their money on their behalf. They must have the opportunity to engage, to be listened to and above all heard, and to hear the results of this through high quality feedback and improved commissioning decision which take account of their views. Used effectively, this group will help the CCG to achieve our vision, and become ambassadors for the local NHS as their share their good experiences. Patients, carers, the public and their representatives are a rich and valuable source of tremendous feedback about the services we commission. The risk associated with this groups

		include the potential to disengage from health services, leading to accusations of wasting public money and failure to deliver, plus potential to accuse the CCG of not being a listening organisation.
Partners and providers	Acute Trusts Community providers including Social Enterprises Mental health and learning disability providers Health and Wellbeing Boards (Suffolk and Norfolk) Independent contractors: GPs, dentists, pharmacists, ophthalmologists Prisons System Leadership Partnership Local Authorities Out of hours providers Independent providers eg Spire and All Hallows Local professional committees ie LMC Local Children's Centres	Providers deliver services and commission new initiatives. They must be informed and engaged with the CCG's vision and understand where they fit into it. Providers and partners have a right to know our short, medium and long term intentions and to influence our views through their knowledge and expert option. Through collaborative working this group will be supportive, and we can create a more joined up approach to develop a seamless experience for patients. And staff from providers will be engaged to also influence commissioning. Without this, we risk confusion amongst our local population, and the possibility of mixed messages leading to conflicting projects and work programmes.
Media	Local print and broadcast Information websites Community television Regional and national print and broadcast Local hospital radio	The media have a high profile with the local population and are highly influential in opinion forming. They have the potential to add negativity to create a good story. However, used well, the media are a key route to getting our messages out and to informing the public. The CCG needs to use them effectively with a strong focus on human interest stories, information for local people, strong public health messages that are easy to understand and contact with the real people in the NHS ie staff and our patients. Used well, the media has the potential to provide

		accurate and timely information to our public and to really get our message across. The risk is to our reputation if not managed well, and the possibility of one part of the story being told.
Government	NHS England local area team Department of Health Care Quality Commission	Government is the policy driver and also sets performance targets and standards for commissioners. They need to be assured of our development as the new commissioners. We also have a duty to keep them informed on hot topics or issues which may cause concern. If relationships work well, this group can be supportive, promote our successes nationally and share best practice with us. Otherwise the risks to us are that concerns about our commissioning practice may be raised in public, a more assurance demanded.
Political	Health Overview and Scrutiny Committee (HOSC) Members of Parliament (MPs) Councillors Norfolk and Suffolk County Councils Great Yarmouth Borough Council Waveney District Council	Political representatives are one of the key opinion formers, and therefore highly influential. They champion the views and interest of their local constituents, and present a risk to us if they are not in agreement with the CCG or fail to be kept in the loop. We need to engage with them to make sure they understand and support the strategic direction of the organisation, and assure them about our continuous improvements and the safety and quality of commissioned services. Working well, political representatives can provide excellent support, and an independent voice, and influence issues in parliament.

Appendix two Local community groups that the CCG works with

The CCG has close working relationships with the following groups which reflect our diverse communities, across two county council boundaries. This list expands for specific locality based projects:

- Patient and Participation Groups (PPGs) – supported by the CCG
- Our PPG Forum – supported by the CCG
- MESH, Make it Happen and Comeunity
- Great Yarmouth Neighbourhood Management Boards
- Norfolk and Suffolk Gypsy and Travellers Steering Group
- VOICE – co-funded project with Age Concern and NHS Suffolk
- Great Yarmouth and Waveney Disability Forums
- Great Yarmouth and Waveney Patient Advisory Group
- Great Yarmouth Visually Impaired User Group
- Waveney Community Cohesion Partnership
- Suffolk County Council's Stronger Communities Network
- Suffolk County Council's CSP Disability Health Action Group
- Norfolk and Suffolk LINk and transition to HealthWatch
- Stroke Network
- Diabetes Network
- Suffolk Family Carers Partnership Board
- Range of groups through our Programme Boards including children's and young people's forums, and our young person's mental health forum.
- Specific groups on estates development eg Reydon Healthy Living Centre, Halesworth Health and Lowestoft.
- Hospital League of Friends
- Happi project Steering group
- Joint Traveller and Gypsy Steering Group

Appendix three

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

1. Constitution

The Patient and Public Experience Group reports into the Governing Body of NHS Great Yarmouth and Waveney Clinical Commissioning Group. The purpose of the Patient and Public Experience Group is to be a critical friend of the CCG providing a strategic overview of patient experience and public feedback and ensuring that it is embedded into the CCG and used to influence the planning, commissioning and review of high quality integrated care, making sure it meets the needs of patients across Great Yarmouth and Waveney by:

- Listening to the views of our Patient Participation Groups (PPGs), our Patient Advisory Group (PAG) and the Lay Directors that sit on the Governing Body and making sure that they are able to influence the CCGs commissioning intentions.

- Monitoring patient experience and feedback information gathered from a wide variety of sources including PALS, patient surveys, real time feedback (online, Facebook, tweets etc.), net promoter scores, practice surveys, complaints and compliments. Where required taking action through the Director of Quality and Commissioning when areas of concern arise.

- Ensuring that all feedback is taken into account in the CCGs annual commissioning intentions.

- Taking a proactive approach to specific listening opportunities e.g. leading 'The Big Listen' across Great Yarmouth and Waveney to assess the everyday experience of patients and carers in local health care providers. Ensuring that action is taken to achieve the recommendations which come out of the event.

- Leading specific projects of work on behalf of the CCG with a focus on patient and public involvement. Such as patient and carer workshops.

- Leading the implementation of NHS England's 'Transforming Participation in Health and Care' (September 2013) locally across Great Yarmouth and

Waveney.

- Requesting market research insight work into key work areas as required.

- Promoting and assessing a 'you said, we did' culture within the CCG.

- Working alongside both Healthwatch Norfolk and Suffolk to embed the patient voice in healthcare services in Great Yarmouth and Waveney.
- Inform the CCGs Programme Boards of any feedback and key findings from the group which will be included in contracts, with regular monitoring to achieve clear outcomes.

2. Membership

Director of Commissioning and Engagement, GYWCCG
Lay Director, GYWCCG (Chair)
Director of Commissioning and Quality, GYWCCG
Deputy Chief Nurse GYWCCG
Head of Quality and Safety, GYWCCG
Senior Quality and Safety Coordinator GYWCCG
Head of Communications and Engagement, GYWCCG
Norfolk Healthwatch representative
Suffolk Healthwatch representative
Chair of GYW PPG Forum
Patient representatives
Chair of GYW Patient Advisory Group
JPUH Governor
Patient Liaison Manager, East Coast Community HealthCare CIC
Secondary Care Clinician GYW CCG Governing Body

Third sector representatives including:
DIAL – Lowestoft and Waveney
Age Concern Great Yarmouth
Age UK Suffolk

NOTE: Issues relating to children, young people and maternity will be addressed through the Programme Board for this work stream in Great Yarmouth and Waveney CCG.

3. Confidentiality

There is an expectation that confidentiality will be maintained when issues requiring this are discussed, although any information presented will be anonymised to comply with information governance guidelines.

4. Frequency of meetings

- The Group will meet quarterly. Meeting dates to be arranged at the

beginning of the year.

- The meeting venue will be Beccles House.

- The CCG will coordinate and service the meeting

5. Expenses

Expenses of patient representatives will be reimbursed in accordance with NHS Great Yarmouth and Waveney CCG's volunteer's expenses policy

6. Authority

This group is integral to NHS Great Yarmouth and Waveney CCG's engagement commitment to patients and our local population. It will present an annual report to the Governing Body. It will also link to the Patient Safety and Quality committee as required.

7. Duties

The PPEG will monitor the CCG by asking four key questions:

1. Do we have the data we need to make informed commissioning decisions?
2. Do we understand what the data is telling us?
3. What are the implications of using this data in commissioning?
4. Do we have mechanisms in place to make sure we can influence commissioning decisions?

8. Programme Boards

Feedback and key findings from the group will be shared with programme boards and will be included in contracts, with regular monitoring to achieve clear outcomes.

Date produced:
22 May 2012
Date Revised:
18 September 2012
11 December 2013
13 November 2014
14 January 2015
9 December 2015
21 January 2015

Author:
Rebecca Driver,
Director of Commissioning and Engagement
Date of next review:
December 2016

Appendix four

Handling patient concerns and complaints: A summary

1. Becoming aware of concerns and complaints

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

- email or letter
- commenting on our website
- contacting our Patient Advice and Liaison service (PALS)/Complaints Team (part of our Quality and Safety Team)
- through HealthWatch
- contacting Great Yarmouth and Waveney Patient Advisory Group
- the Patient Participation Group (PPG)
- patient surveys (both by providers and our own)

Regardless of how a concern is raised, the 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 on board 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

If an informal or easily resolved issue is flagged to a member of the CCG, 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 handled as appropriate either by our PALS/Complaints 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 PALS/Complaints Team. They have a system and structure in place to ensure that the complaint is handled within 28 working days.

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

We receive regular reports from our PALS/Complaints Team, 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 and Quality Issues 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 bi-monthly Quality and Patient Safety Committee is held in the Cluster/CSS 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 HealthEast we will also consider this feedback through our Patient and Public Experience Group.

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

How we make people aware of our remedial actions

Clearly, it's 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 bought it to our attention, and where appropriate our actions will be promoted within the service affected. (You asked, we did posters etc.)

Appendix five

A Practice Charter for Members

Clinical Commissioning Groups (CCGs) will assume responsibility for commissioning health services for their population from April 2013. CCGs will be a different sort of body to any previously seen because they are membership organisations with the members being the constituent GP practices. This elevates the responsibility and accountability held by GP practices to a level significantly greater than ever before - they will be responsible for all aspects of commissioning - clinical, financial and operational.

The actual day to day operation of commissioning duties will be carried out by an executive team, overseen and guided by a Governing Body. The Governing Body will be chaired by a GP and composed of practice Members as well as lay and senior executive members (together known as the Board).

The Board will act on behalf of all the Member practices and Members retain ultimate responsibility as the constituent members of the CCG.

The interests of Member practices are therefore bound together very tightly. So it is vital that all practices support the Board and executive team and adopt an agreed range of mutually supportive and progressive behaviours. This approach will lead to the improved health of the population through strong, consistently high quality commissioned services, and will, of course, in turn strengthen the position and local autonomy of the Member practices themselves.

To achieve this, the Board, executives and Members will need to be clear about their relative roles and responsibilities. The formal description of how member practices and the CCG interrelate in governance terms is enshrined within the CCG Constitution. Unfortunately, because of its formal nature, it is rather lengthy and so the Board has agreed this short document, to be known as the **Practice Charter***,* which describes how we hope to work together. This is easy to read, and briefly lays out what the Governing Body and its executive team will do for member practices, and what practices should do in support of the Governing Body and in relation to commissioning responsibilities and CCG operational arrangements.

Working together cooperatively will help us to achieve high quality commissioning, through which patients will receive the highest care possible within resources available and the CCG will achieve any targets for performance set by the NHS Commissioning Board.

Members can expect that the CCG Governing Body and executive team will on their behalf:

- Provide strategic leadership and consistency of approach to maximise high quality, affordable care for our patient population
- Seek to maximise resources available to the people and practices of Great Yarmouth and Waveney
- Produce high quality commissioning plans, in conjunction with member practices, taking heed of what clinicians say and advise
- Provide information on commissioning activities and performance, to practice level, so that members can follow how the CCG is performing
- Be open and fair in all that they do
- Create an environment and meetings structure so that practices and clinicians can fully contribute to guiding how commissioning takes place and on important decisions of priority setting and strategy. Individual clinicians will be encouraged to participate in CCG business
- Seek out the views of and then listen to patients and the local public
- Manage budgets to get the most out of available resources
- Set and pursue targets appropriate to our population
- Liaise with other local CCGs to maximise where working together can be beneficial to our practices/patients or will yield economies or manage risk
- Work with the local office of the NHS Commissioning Board to coordinate commissioning undertaken by them to fit in with the overall aims of the CCG for Great Yarmouth and Waveney's population
- Support and develop member practices, seeking to ensure equity at all times
- Act as the public voice for the people and practices of Great Yarmouth and Waveney with regard to all health issues
- Work with other local public sector stakeholders to provide integrated care for patients
- Create a robust, high performing CCG, working on behalf of the member practices

In return Members will:

- Support the Governing Body in its efforts to represent them and make the CCG successful
- Support the Governing Body's decisions and agreed strategies and plans after suitable and active member input
- Play a full part in the life of the CCG through contribution to meetings and responding to requests for opinion and feedback so that the individual views of each practice are accurately represented in Governing Body decision making and service transformation.

- Work with colleague practices to create better solutions for patient care, sometimes sharing resources and sometimes agreeing joint operational approaches to issues
- Recognise that different groups of patients will have different needs but all will receive appropriate attention when services are commissioned
- Put high quality and consistency of services for patients at the head of their priorities
- Support the aim of achieving equity of care across the Great Yarmouth and Waveney area
- Work within organisational and practice level budgets – not spending the allocations of other practices
- Communicate fully with clinical colleagues – sharing information up and down
- Agree to open and honest sharing of information across the CCG
- Support a patient 'voice' and input to commissioning, however challenging, and support the development of active Patient Participation Groups (PPGs) in every practice
- Recognise the role of the Clinical Leads Forum as the prime setting where each practice has a voice on all aspects of commissioning. In particular, those relating to patient care. This will ensure decisions are informed by the authentic voice of member practices meetings engagement of practices
- Hold themselves, colleagues, and the Governing Body and officers of the CCG to account for the health outcomes of the population of Great Yarmouth and Waveney via constructive peer to peer challenge

HealthEast June 12 Practice Charter final for publication/RD/practices