



Merton

Clinical Commissioning Group

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 18th July 2013

Agenda No: 8.8

ATTACHMENT 15

Title of Document: Communications and Engagement – Update	Purpose of Report: To Receive and Note
Report Authors: Joanna Nurse - Communications and Engagement Lead Clare Lowrie-Kanaka - Patient and Public Engagement Co-ordinator	Lead Director: Jenny Kay – Director of Quality
Executive Summary: A summary of the Communications and Patient and Public Engagement activities since April 2013.	
Key sections for particular note (paragraph/page), areas of concern etc: Whole document	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to note the Communications and Engagement – Update	
Committees which have previously discussed/agreed the report: NA	
Financial Implications: NA	
Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing) NA	
Equality Analysis: NA	
Information Privacy Issues: NA	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) NA	

Communication and Patient and Public Engagement – Update

This report outlines progress to date with communications and patient and public engagement since the 1st April 2013.

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1. Communications

Since 1st April 2013, communications and engagement support for Merton CCG has been provided by the South London Commissioning Support Unit (CSU). In May, the CSU Deputy Director of Communications and the Communications Lead for Merton CCG met with Eleanor Brown (CCG Chief Officer) to agree a work plan for 2013/14, with each work project based upon corporate objectives. Many projects are ongoing, but below is a summary of progress against each:

Objective 1: Build up public and stakeholder confidence in Merton CCG and its leadership.

- **Communications and Engagement for the Development and Opening of the Nelson Health Centre**
Communications have had an initial discussion with the developers on joined-up stakeholder communications and how best to integrate the project as part of 'Better Healthcare Closer to Home'. A meeting with the developers' communications lead will be set up in September 2013
- **Better Services Better Value (BSBV)**
The Communications Team works with Merton CCG and the BSBV programme communications lead to ensure there is a joined up approach to media handling and stakeholder engagement. Communications has lead on handling media queries effectively and promptly; for example, after the May Governing Body meeting. Communications monitors for relevant media coverage and social media for comments by stakeholders, and ensures that BSBV representatives support public meetings where Merton CCG staff are playing an active part. We will also support communications around the public consultation later this year. We ensure that key messages around BSBV are also communicated to MCCG and membership via, for example, the staff newsletter.

- **Support on Specific Announcements and Projects**
 Communications has lead on the media handling and internal communications around high-profile announcements, such as the publication of the Serious Case Review for Child A. This has involved considerable planning, liaison with MCCG colleagues and external stakeholders such as NHS England and the London Borough of Merton. Communications has advised on the media approach, the briefing of a MCCG spokesperson and the facilitation of media training for that spokesperson. Communications will be able to support future high profile announcements and publications.
- **MMR Summer Catch-Up Campaign**
 Communications is not leading on this campaign, but will support by using our existing communications tools to promote the public health campaign.
- **CCG Prospectus**
 NHS England required all CCGs to produce a prospectus and publish it on their corporate websites by 31 May. This was completed by MCCG in time for the deadline, but it is very much a working document and will need to be refreshed and updated so that it remains a living document. Communications suggests a refresh of the prospectus in January 2014.
- **QIPP PLANS**
 MCCG's QIPP plans are still in development. However, Communications will meet regularly with Adam Doyle, the new Director of Commissioning, to ensure that communications are planned well in advance and integrated into project plans.

Objective 2: Meaningfully engage with patients, carers and communities to ensure their systematic involvement in the commissioning of health services for local people.

- **Consultations**
 Communications will support local consultations initiated by MCCG, and will make sure that MCCG responses to national consultations, such as those conducted by DH, are posted on the website as appropriate. Communications will also support the upcoming BSBV public consultation, making sure that it is publicised as widely as possible and that everyone in Merton has access to consultation documents.
- **Stakeholder/Community Newsletter**
 MCCG has expressed a preference to use existing local communications tools, such as those produced by the London Borough of Merton, rather than producing a separate newsletter of its own. MCCG already

contributes to the Young Merton Together newsletter, and is shortly meeting with the London Borough of Merton communications team to discuss further opportunities for working together.

Objective 3: Encourage strong clinical engagement from constituent practices and wider local professional groups to ensure that clinical insights have a tangible impact and add value to the commissioning process.

- **GP Membership Communications**

A joint CCG staff and membership newsletter will now be produced every six weeks, using an e-bulletin tool called News Weaver. This tool is very much designed around busy GPs, in that the stories are divided into red (urgent), amber (moderate) and green (not urgent), so that GPs pressed for time can focus on the items in the red section. We will aim to include a variety of stories for both GP members and staff, and we will encourage people to send in contributions so that they have a greater sense of ownership of the e-bulletin.

- **Annual Reports and Annual General Meetings**

The final annual report for the historic PCT has been completed, with support from Communications. Going forward, Communications will support the production and publication of CCG annual reports, and supporting with communications for AGMs.

Objective 4: Make sure we have open and transparent governance and leadership in our CCG

- **Merton CCG Website**

A corporate website was provided by the CSU ready for 1 April 2013, but there is plenty of scope for developing it further and improving it. Some of the content of the current website is not suitable for a patient audience, and uses too much 'NHS speak'. Communications is currently putting in place a programme for reviewing and improving the content, and this will be undertaken with MCCG colleagues over the coming weeks.

The CSU is also planning the upgrading of all CCG websites to the latest version of Sharepoint, which will make the site visually more appealing for readers: particularly the homepage. Communications will support this piece of work by helping MCCG to build up a good quality library of images, and a photographer will shortly be booked and briefed to carry out this piece of work.

- **Social Media**

Social media, if well managed, can be an effective tool for getting information out to stakeholders, and opening up conversations with publics. MCCG does have a Twitter account and we follow a number of local stakeholders, such as MPs. We have not so far tweeted as a CCG, and Communications would welcome ideas from the Governing Body, members and staff to increase our Twitter activity. The Twitter account is managed by Communications.

- **Media Handling and Media Relations**
The Communications Team leads on handling media queries, media liaison, communications planning and PR. So far, Communications has handled queries from the local media around the CCG and Better Services Better Value Programme. The Team also led for health on the communications planning for the publication of the Child A Serious Case Review and will be lead on planning for QIPP plans with Adam Doyle, Director of Commissioning and Planning
- **Stakeholder Correspondence**
Responsibility for leading on complaints sits with the CSU complaints handling team, but the CCG leads on responding to non-complaints correspondence. Communications has advised senior managers and directors on a suitable process for handling this type of correspondence appropriately, and will also provides a sense checking and proof reading support.

Objective 5: promote equality and provide evidence for the Equality Delivery System for protected groups through our work.

- Communications meets regularly with the CSU lead for E&D. They are now working together to improve the E&D content on the MCCG website and communications will support future E&D messages and initiatives, such as promoting and publicising E&D engagement activity.

Objective 6: promote effective engagement and communications across the CCG.

- **Branding and Visual Identity**
Communications is working with Clare Lowrie-Kanaka and Clare Gummett to develop a visual identity for MCCG. Communications has briefed the design supplier, and a design which is popular with all of us is being amended at present and will shortly be presented to EMT and then the

Governing Body. Clare Lowrie-Kanaka is advising on whether the design should also be shared with external stakeholders such as patient groups.

- **Staff Intranet**
The MCCG intranet is currently being developed by the CSU ICT team and MCCG, with Communications supporting with copy and editorial services. A sitemap has been agreed between ICT and MCCG, and the aim is to complete the intranet and make it available to staff and GP membership in the early autumn.
- **Staff Internal Communications**
The News Weaver e-bulletin will also be sent to staff, as outlined above. The intranet will also be a useful resource for staff, and will replace the need for all staff emails.

2. Patient and Public Involvement

NHS Health Hub Event – Mitcham Carnival 15th June 2013

This was a large promotional event for the MCCG organised by Clare Lowrie-Kanaka (CLK). The Carnival is an important annual event for Merton. It takes place in the east of the borough and is very well-attended. The Carnival attracted between 7,000 and 10,000 people.

The Health Hub brought together a wide range of health initiatives, providers and activities together with some voluntary sector groups such as: activity “taster” sessions including chair-based exercise, Cardio Pulmonary Resuscitation and general first aid and the Expert Patients Programme. 25 information stands promoted services such as:

- Dental
- Pharmacy
- Health Visiting and Immunizations
- End of Life Care
- Falls Service
- Livewell (stop smoking, alcohol and active lifestyles)
- Patient engagement
- Out of Hours
- Mental Health
- Older people
- BHCH
- Sexual Health
- Carers
- Community Rehabilitation
- Health Advocacy
- First Aid and safety in the home
- Children and young people’s safety

The Health Hub was, and should continue to be, a great opportunity for Merton health services and initiatives to work together to promote the importance of health and well-being.

Three MCCG Governing Body members attended the event Howard Freeman (Chairman), Eleanor Brown (CEO), and Clare Gummett (Board lay member – PPI)

Merton CCG Governing Body Seminar – June 2013

The Governing Body had a seminar on Passion, Commitment and Drive: How patients and the public can help us achieve our clinical goals.

- Patient and public engagement should be seen as integral to achieving the outcomes and clinical priorities for the CCG
- The CCG need not produce or rely solely on its own resources to achieve effective engagement. Collaborating with others, such as the London Borough of Merton, community groups and other CCGs, would extend it’s reach.

- Given the limited resources for engagement, ways of working will be more important than structures.
- A review of the commissioning cycle suggests patient and public engagement can add value to the work of the CCG, through strategic, operation and service levels.

Ways of ensuring patient and public involvement in decision-making to assure clinical quality and safety were discussed:

- All board papers should provide evidence of patient and public engagement, similar to how the CCG demonstrates its equalities impact obligations.
- All strategy and planning documents should include elements of patient and public engagement.
- All types of patient feedback were important. The integrated clinical quality report could include what is happening at different providers and across the health economy. Practice would inform Board members how to weight the different types of evidence. Possibilities include:
 - Patient experiences will be reported through surveys and the “Friends and Family Test”, but it was recognised that the CCG needs data for its local population, not just in aggregate form by provider. The CCG needs to demand better data from its commissioning support team through their reports and from providers through their contracts.
 - Patient stories could be heard at meetings of the board, its committees and executive or CRG meetings. These were seen as useful ways of illustrating current patient experiences and measures of quality and safety.
 - Board members to get out and about – to stay connected through visits to providers and listen to stories from groups of patients.
 - Establish how the board (in its governance role) best handles patient complaints and quality alerts. It was considered important for complaints to be used for making improvements in patient care, as well as resolving individual situations.
- The CCG is required to encourage shared decision-making, by promoting the involvement of individual patients, and their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment. Discussion focused on patient education as a means to shared decision-making, and the group was interested in best practices in this area, particularly the research evidence. The end-of-life strategy (“Coordinate My Care”) was cited as a good example of shared decision-making. A specific work plan might involve practices through the localities to introduce these best practices and encourage their take up. Further work is needed.
- Promoting self-management is another requirement of the CCG. The board heard about the current one-year funding for the Expert Patient Programme, its relationship to the QIPP agenda, and how the EPP can make an impact, but they acknowledged the need for a longer term strategy as well as funding.

Patient Participation Groups (PPG)

Some work to support the development of PPGs had been commissioned from Merton Voluntary Service Council during 2012 which, despite effort, had limited results. Currently there is evidence (DES) that PPGs exist in some form in 14 of the 25 GP Practices in Merton. Some are very active, some meet face to face, some via email, and all 14 have had at least one patient survey during the year.

Through an initiative by two Merton PPGs, a Merton PPG logo and strapline has been designed and is available to all GP Practices – funding provided by SMPCT prior to closure. Further work to develop effective PPGs in all GP Practices will need to be done over the coming months.

Expert Patient Programme (EPP)

Funding has been agreed for one year following a successful pilot programme in 2012, Interviews are taking place for an EPP Co-ordinator and EPP Administrator (both part-time roles). They will report to the PPI Lead and support the development of patient education and self-management in Merton.

The programme will target individuals and communities within areas of deprivation (which have a higher prevalence of long term health conditions), to reduce health inequalities.

A minimum of 4 courses will be delivered between now and 31st March 2014. Courses run for 6 weeks, take place once a week in community venues, for 2.5 hours.

Intraocular Optometry Pressures Repeat Readings Service

A patient workshop took place in June to seek views on Intraocular Pressures Repeat Readings Service.

Patients were invited (who regularly have their eyes tested and or had been referred to hospital) to the workshop to discuss and give feedback on the proposals to change the criteria for Intraocular Pressures services. This was to help us manage demand more efficiently within available resources and provide an improved service in the community.

10 patients participated in the workshop and all contributed throughout. All patients agreed the old pathway could be improved and the new pathway would remove unnecessary use of GP and hospital time. For more details contact PPE Lead.

Presentations

Merton Residents Healthcare Forum (MRHF): Clare Gummett gave a presentation on MCCG and our aims over patient and public involvement

Kids First: Eleanor Brown met with parents and carers to talk through their concerns about our services.

Age UK Merton: Eleanor Brown gave a presentation on MCCG at the Annual General Meeting to a wide range of older people and local community health and social care groups.

Raynes Park Community Forum: receive regular updates on from members of MCCG including Dr Howard Freeman, Dr Sion Gibby and Clare Gummett.

Correspondence

Feedback and enquiries are received from patients, carers and the public via the website, email, telephone, workshops, local meetings and at outreach events. There has been an increase in electronic feedback since the website went live.

Recent correspondence has included feedback on the 111 services and BSBV, and enquires on the Expert Patients Programme; BSBV; Patient Participation Groups and Healthwatch.

When correspondence is received an initial email or call is made to confirm receipt. Most correspondence can be dealt with immediately, however for those that need further investigation, a time scale is given. Individuals are kept informed of the progress until answered or resolved.

BSBV: following this item being discussed at the May Board meeting in Public, there has been a number of letters and e mails received by officers and members of the CCG that have been responded to.

Merton Residents Healthcare Forum: are in regular contact with both CLK and CG.

Healthwatch (previously LINK)

CG attended public meetings and steering group meetings of LINK and was invited to be part of the selection panel by LBM for Merton Healthwatch. The launch of Merton Healthwatch takes place on the 17th July 2013 and will be attended by the CCG's Chair and Chief Officer who are also making a presentation.

Meetings In Public

MCCG Governing Body Meetings

This is a meeting in public, not a public meeting. As such, it provides an opportunity for members of the public to ask questions directly to the Governing Body.

Health and Wellbeing Board

This Board brings together health, social care in the public and the voluntary sector. Merton CCG has four representatives on the Board, including the Chief Officer; the Chair; the GP Member and the Director of Commissioning and Planning. The meetings are held in public, the next meeting is due to take place in October.

Website

The website has been live since April 2013. It requires some work to make it an effective engagement tool, and the PPI Lead is working with the CSU Communications Team to progress this.

Prospectus

This was required by May 31st and is available on the website. It is fair to say it is a work in progress, and will require some further work. Two local patient groups were consulted on the content before its publication. Not all their

comments were incorporated, but are being considered for future public engagement information.

Future Planning

CG and CLK to attend the Practice Managers' Locality meetings to promote PPGs, Duty to Involve and encourage wider engagement and reporting of engagement with the public and patients.

A one-day conference in September/October on Patient & Public Involvement – to which members of PPGs, Practice Managers, GPs, EPP graduates, members of the engagement database and other local groups and organisations with a focus on patient participation – will be invited to learn more about what can be achieved and learnt through engaging with patients and the public.

Duty to Involve: 2012 to 2013 data has been collated, a report will be ready in August for sign off. Collecting data for 2013 to 2014 will be ongoing. A document and templates are to be produced to support and highlight the importance of engagement, equalities and communication, which will support the collection of information for the Duty to Involve Report.

Training: CLK with support from CG to design and implement training for the CCG on the value of engaging with patients, carers and the public to improve services and service planning.