Haringey Clinical Commissioning Group
Communication and Engagement Strategy

V2.1

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Version control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
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<td>V1</td>
<td>24/08/12</td>
<td>V1 signed off by Communications and Engagement Subcommittee and Governing Body (August 2012 meeting) with a review date set for January 2013</td>
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<tr>
<td>V2</td>
<td>15/01/13</td>
<td>Development of section 7 with more detail: ‘How we will collect and use feedback to inform our decision making’. This includes an updated engagement cycle diagram and additional diagram to show how patient feedback is systematically fed into the CCG’s decision making committees.</td>
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<td>- V2 approved by Communications and Engagement Subcommittee on 23/1/13 (will be shared with governing body members by email)</td>
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<tr>
<td>V2.1</td>
<td>20/2/13</td>
<td>Minor text amendments to section 7.1</td>
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<td>- V2.1 approved by the Communications and Engagement Subcommittee on 20/2/13.</td>
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1. Background and introduction

Under the Health and Social Care Act (2012), responsibility for commissioning most health services will transfer from Primary Care Trusts (PCTs) to newly formed Clinical Commissioning Groups (CCGs)—groups of local doctors and other healthcare professionals, who will work with the public and other stakeholders to plan and buy healthcare for their local communities.

Haringey CCG is currently working in shadow form. This continues until April 2013 when Haringey PCT is disbanded and the CCG becomes the statutory body for commissioning local health services. The CCG will be using this ‘shadow’ period to develop its longer term engagement strategy, ways of working and relationships to support patient and public engagement.

2. Vision, values and purpose of Haringey CCG

Enabling the people of Haringey to live long and healthy lives with access to fair, well coordinated and high quality services.

This is the vision of Haringey CCG. We want to work in partnership with local people and stakeholders to achieve our aims of:

- Commissioning high quality, valued and responsive services, working in partnership with the public to make the best use of available resources;
- Promoting well being, reducing health inequalities and improving health outcomes for local people; and
- Improving the health and quality of life for people by commissioning integrated health and social care delivered closer to home.

Our values of engagement, efficiency, innovation, openness, quality and inclusiveness lie at the heart of everything we do and underpin our approach to communications and engagement.

3. Our approach

Haringey CCG recognises the need for real and sustainable improvements in the health and wellbeing of our population. We believe that in order to achieve our aims we need to work with our stakeholders, understand our community and engage with patients and the public, to listen to their views and to involve them in decisions about improving health services. We know that this is an area where we need to develop and learn, and we will be continually trying to improve our practice.

Effective engagement can help us to make the best use of public resources, as well as improving health outcomes. We want to focus on promoting health and preventing ill health. This means working together with local people, voluntary and community
groups and other agencies and helping to develop healthier communities which have strong networks, friendships and trust.

We understand that there are many ‘voices’ and views in Haringey. In making commissioning decisions we will have to strike a balance between that range of views and clinical effectiveness and financial considerations. We will be transparent about how we reach decisions that reflect that balance. We understand that it is easier to hear some voices than others and we will work with community and voluntary organisations and HealthWatch to ensure that we hear from the people who are less often heard.

We will listen to patient and carer stories and experiences and ‘walk’ the patient pathways in order to gain a full picture of the quality of local services. An example would be the stroke pathway which involves visiting services that are provided for people who have had strokes and need urgent care in hospital, to the support to getting back home and the services available in the community. We will work with expert patient groups, patient groups for specific conditions such as diabetes, patient networks such as the maternity network, and carers groups.

We do not want to duplicate the work of other agencies and are working in partnership with the local authority. The CCG is well represented on the shadow Health and Wellbeing Board, has been involved in the development of the Health and Wellbeing Strategy and the programme of Health and Well Being Board development. The CCG has also had representation at the development workshops and consultation events of Haringey Healthwatch.

We are committed to engaging and communicating with our member practices and are developing our channels of communication. This includes holding GP engagement events and developing a GP intranet to facilitate communication between the CCG and member practices. We will also build on the success of the four GP collaboratives (groups of GPs who have been working effectively together since being established in 2009) who contribute to commissioning decisions and successfully set up associated patient participation groups.

4. Our communication and engagement objectives

We aim to ensure that the following is achieved by Haringey CCG:

1. Patients and the public understand how to contact Healthwatch and the CCG and make their views known. They have confidence that they will be listened to, that their opinions will be valued and that they will receive timely feedback on the outcome.
2. Patients and the public are empowered to manage their own health and wellbeing, understanding how to access the services that they need.

3. Key stakeholders have worked in partnership with the CCG to shape the development and commissioning of health services.

4. The opinions of our stakeholders are listened to and inform the quality and experience of local services.

5. There is a relationship of trust between the CCG and our stakeholders.

5. Our key stakeholders

The people and stakeholders that we will engage and communicate with to help us achieve our objectives are:

Patients and the public and their carers
People who live in Haringey or who are registered with a GP working in the borough. Carers of people in Haringey.

Constituent GP practices
All of the primary care practices working in the Borough.

Commissioning partners
Organisations with whom we work closely, such as the London Borough of Haringey elected members and officers, neighbouring CCGs as well as commissioning support services.

Patient representative groups
Organisations that represent the views of patients in Haringey such as HealthWatch, the Haringey Local Involvement Network (LInk) and Patient Participation Groups.

Community organisations
Voluntary and community groups who work with and represent local communities such as the elderly, carers, young people and people with mental ill health.

Providers
Our main local providers such as Whittington Health, North Middlesex University NHS Trust and Barnet, Enfield and Haringey Mental Health Trust and the London Ambulance Service.

Professional bodies
Local medical, dental, pharmaceutical and optical committees in Haringey.
Governing bodies
Including the Department of Health and the NHS Commissioning Board.

Our staff
People who work for Haringey CCG.

Local media
Local newspapers, radio stations and other media in Haringey.

Members of Parliament (MPs)
Haringey’s MPs

We will develop a full database of all our stakeholders in Haringey.

6. Our success

We will know that we have been successful in our communications and engagement when:

Patients and the public understand how to contact Healthwatch and the CCG and make their views known. They have confidence that they will be listened to, that their opinions will be valued and that they will receive timely feedback on the outcome.

• Each practice / group of practices has a patient participation group (PPG) and information is given to all patients about the group
• There is a clear process for collecting opinions from practice groups to inform our CCG Governing Body
• Practice patient participation groups are the basis of a Haringey network
• People understand how to contact and use HealthWatch and its services

Patients and the public are empowered to manage their own health and wellbeing, understanding how to access the services that they need.

• Information about local services is easily and widely available and in a number of formats
• Patients understand the choices that are available to them and are helped to make those choices e.g. using expert patient groups.

Key stakeholders have worked in partnership with the CCG to shape the development and commissioning of health services.

• We have an up to date list of key stakeholders and can show how they have been involved in commissioning decisions.
• We have worked with local stakeholders and member practices to help shape our commissioning priorities
• We can show that we have engaged effectively with key stakeholders and member practices on service developments.

The opinions of our stakeholders are listened to and inform the quality and experience of local services.
• We can show that information gained through engagement has informed the way that services are delivered and improved patient experience.
• We have open and transparent processes for collecting and using the opinions of stakeholders to manage the quality of health services locally.
• Service users report improvements in these services

There is a relationship of trust between the CCG and our stakeholders.
• We have been authorised by the NHS Commissioning Board to commission health services on behalf of the local community.
• We work collaboratively with stakeholders such as the Health and Wellbeing Board and HealthWatch to commission and deliver joined up health and social care services and can show examples of joined up commissioning
• We can give examples of listening to and acting on feedback from stakeholders.

7. How we will collect and use feedback to inform our decision making

We have developed an engagement cycle diagram (figure 7.1, page 7) which illustrates how the CCG collects routine feedback and uses it to inform commissioning decisions, identify quality and safety issues and improve service quality.
Figure 7.1: Haringey CCG’s engagement cycle
How we will engage and involve people in commissioning

1. We will do this through the Joint Strategic Needs Assessment (JSNA) which:
   - Is updated annually
   - Reflects service users’ views in each chapter

2. We will have an annual review of our strategic priorities every autumn. Through this review, we will engage stakeholders in the development of our commissioning intentions and priorities for the following year.
   - We will hold an annual stakeholder event in the autumn to:
     - Feedback on current priorities and delivery
     - Involve stakeholders in the development of commissioning priorities for the following year
   - We will always share our priorities on our website – www.haringeyccg.nhs.uk
   - Our website will always have a comments section so that people can give their views.
   - We will receive going feedback through Haringey network meetings (which will take place three times a year: summer, autumn and spring).

3. We will involve patients, carers and expert patient groups in the design of pathways
   - Our Quality Committee will hear stories on patient experience and will ‘walk the pathway’ with patients
   - Our Quality Committee will receive on going feedback through complaints, patient surveys, patient participation groups (PPGs) and the Haringey network.

4. We will always commission for quality and ensure that patients’ views are taken into account in the procurement of services:
   - Healthwatch representatives and, where appropriate, expert patients, will be involved in developing service specifications, tender documents and key performance indicators. Where appropriate, they will also have the opportunity to sit on procurement panels and be involved in the choice of successful provider.
   - The commissioning support unit (CSU) is developing a central database of patients who would like to be involved in procurements for Haringey CCG.

5. We will use a variety of patient experience data to understand how different services are performing. This includes patient stories, patient experience surveys, complaints information, comments on social media and visits and investigations by advocacy groups.
   - This information will be channelled through the Quality Committee and will also feed into the contract monitoring process.
   - The Quality Committee also receives information on patient experience of hospitals and other service providers.

1. Engaging communities to identify health needs & aspirations
2. Engaging the public in decisions about commissioning strategies & delivery
3. Engaging patients in service design & improvement
4. Patient centred monitoring & performance management
5. Patient centred procurement & contracting

Patient participation groups
- Pan-Haringey patient network
- Healthwatch
- Health and Wellbeing Board
- Overview and Scrutiny Committee
- Havoc
- Community groups
- Expert patient groups
- Partnership boards
- Haringey CCG’s Quality Committee
- Clinical Quality Review Committees
- Neighbourhood assemblies

Specifying outcomes & procurement services
Strategic planning
Managing demand & performance
7.1 The methods we will use to collate and monitor feedback

As shown in figure 7.1 above, we will use a wide range of methods to collate and monitor feedback including:

- Analysis of complaints, compliments, patient experience surveys (triangulated with performance data) and Friends and Family test data (from April 2013). This will be provided by the CSU in regular reports to the CCG’s Quality Committee.
- Provider patient experience reports, including near time patient feedback. These reports will be presented to clinical quality review groups by providers.
- Feedback from patients through the website and social media, for example, comments on NHS Choices or through the feedback/comments portal which is now available for the public on www.haringeyccg.nhs.uk. This will be analysed by the Communications and Engagement Subcommittee and reported to the Quality Committee.
- Feedback from patient participation groups (PPGs) will be fed to the CCG through Haringey network meetings. This feedback will be analysed by the Communications and Engagement Subcommittee and reported to the Quality Committee.
- Relevant Healthwatch feedback from their independent consumer champion of health and social care role will be fed into the Communications and Engagement Subcommittee, of which they are a member. The Subcommittee will feed this information into the Quality Committee.
- Comments from partnership boards e.g. Health and Wellbeing Board and the Older People’s Partnership Board. These will be captured by the CCG’s Lay Member with PPE responsibility who sits on the boards and chairs the Communications and Engagement Subcommittee and sits on the Quality Committee.
- Expert patients are involved in informing pathway design and procurement.
- Patient stories and ‘walking the pathway’ will be regularly heard by the Quality Committee e.g. the stroke pathway example mentioned on page 3 of this strategy.
- Learning from Serious Incidents/inquests will be monitored by clinical quality review groups and reported to the Quality Committee.

Case study: our aspirations for EMIS Web/Vision 360

In a patient consultation, a GP hears a negative story from a patient about a recent visit to a local hospital for diagnostic tests. The GP can, immediately, type that feedback into a portal on EMIS Web/Vision 360 which gets sent to the CCG. The GP can also use this portal to record any information gleaned from patients about why they have made certain choices about different providers. The CCG’s Performance Manager captures this information – and, depending on its severity, escalates or shares with the Quality Committee on a monthly basis for discussion, action and to inform decision making.
Insight about patients’ choices from consultations with their GP will be fed to the CCG through:

- An insight portal which is being developed for EMIS Web/Vision 360. GPs will be able to enter insight in real time. This insight will be collated by the CCG’s Performance Manager and reported into the Quality Committee on a monthly basis for action, discussion and to inform decision making.

- GPs sharing insight and intelligence, including insight about patients’ choices, at collaborative meetings, clinical cabinet and on a provider to provider basis e.g. through clinical quality review groups and through an intranet discussion area which is being developed. This insight will be fed to the CCG’s Performance Manager, collated and reported into the Quality Committee for action.

- Having common people on key committees and decision making committees e.g. same GPs on Governing Body, Quality Committee, Communications and Engagement Subcommittee, Clinical Cabinet and Collaboratives.

- The Quality Committee will triangulate insight and intelligence from GPs about patient choices with other data e.g. complaints, compliments, national patient experience surveys, near time patient feedback and friends and family test data from providers, and use to improve quality and inform decision making through regular reports to the Governing Body.

Case study: anecdotal patient feedback resulting in service quality improvements

Patients in Haringey were experiencing problems with podiatry and physiotherapy services from a local provider. GPs became aware of the issues through patient consultations and brought the insight to collaborative meetings to discuss with fellow GPs and CCG officers. The same issues were also fed into the Quality Committee by the CCG’s lay member with patient and public engagement responsibility who had gathered the insight at community meetings and through hearing patient stories. A meeting was quickly called with the provider to discuss the issues, and we were assured that actions would be taken. However, we continued to receive feedback from patients through these channels which showed us that no improvements had yet been seen by patients. This continuous real time feedback allowed us to keep on top of whether improvements had actually been made and informed our subsequent discussions and push back with the provider - which has now resulted in real service improvement. Progress was reported back through the Quality Committee and clinical quality review groups to the collaboratives; possible because of the shared membership of GPs on these key committees.
The CCG Chair and Vice-Chair are visiting every practice in Haringey and will capture any anecdotal feedback from GPs about their patients’ views, experience and choices and are feeding this into the appropriate CCG decision making committee.
Figure 7.2: Systems for monitoring and acting on patient feedback
7.2 Ensuring patient feedback is systematically linked into decision making and contract monitoring

Figure 7.2 illustrates the system by which feedback and insight will be systematically fed into the CCG’s decision making committees to improve services and quality. The diagram shows how:

- The Communications and Engagement Subcommittee provides regular reports to, and shares some membership with, the Quality Committee (both committees meet monthly).
- There are clinical quality review groups for each provider who monitor contracts and meet monthly. Each review group has representation from Haringey CCG Governing Body members and GPs. The Quality Committee receives minutes from all clinical quality review groups. There are shared GPs on the clinical quality review groups, the Quality Committee and the Governing Body.
- The Quality Committee provides reports to every Governing Body meeting, therefore informing decision making and change. Quality reports will include complaints information, patient feedback and insight and updates on Serious Incidents.
- The CCG’s Director of Quality and Integrated Governance sits on the Quality Committee and will provide reports to the senior management team at their weekly meetings. Senior management team meetings include the Director of Commissioning and will therefore inform service and pathway redesign.
- The CCG has a policy to ensure Serious Incidents are escalated as they arise through the Director of Quality and Integrated Governance.

7.3 Channels for feeding back to patients and stakeholders

The CCG will use a number of communications channels to communicate and feedback to all its stakeholders. These channels are summarised in section 8 of this strategy. In addition:

- All formal complainants will receive an individual response to their complaint, as per timeframes set out in the CCG’s complaints policy.
- Healthwatch have a seat on the Communications and Engagement Subcommittee and speaking rights at the CCG’s Governing Body meetings. Their feedback on local services and patient experience will be fed into the subcommittee. The subcommittee will feed this information into the Quality Committee and report back to Healthwatch about actions that have been taken, and the reasons for any action not taken. Healthwatch will in turn provide feedback to those who have taken part in their consultation and engagement
exercises and report back to them what has been done with, and resulted from their views.

- We will publish the annual complaints report and annual patient experience report (both will come from the CSU to the Quality Committee) on our website which will show the actions taken to improve services and make changes in response to feedback from patients (‘you said, we did’). These documents will also be shared with voluntary sector colleagues for publicising through their networks e.g. through Havco.
- We will use the CCG website and the quarterly Health Panel newsletter, plus other communications channels we are developing (see action plan in appendix 1 and section 8 below), to update patients and stakeholders on changes and improvements resulting from patient experience surveys and complaints.
- The CCG will feed back to patients through Haringey network meetings which will include representatives of GP practice PPGs and the voluntary sector.

8. Tools and channels

The tools and channels we will use to achieve success are shown below:

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<thead>
<tr>
<th>Stakeholder groups</th>
<th>Channel / tool</th>
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| Internal – CCG staff | Staff intranet  
Team meetings  
Staff induction  
E-newsletter  
All staff emails  
Notice boards  
CCG Governing Body meetings |
| Constituent GP practices (members) | CCG intranet  
Locality meetings  
Text messaging |
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<tr>
<th><strong>Engagement events</strong></th>
<th><strong>Patients and the public and their carers</strong></th>
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<tbody>
<tr>
<td>GP e-newsletter/bulletin</td>
<td>Patient Participation Groups and the Haringey network</td>
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<tr>
<td>CCG Governing Body meetings</td>
<td>Carers groups</td>
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<td>Haringey CCG website</td>
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<td>Leaflets/posters in public areas</td>
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<td>Health panel newsletter</td>
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<td>Local media</td>
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<td>Social media</td>
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<td>Freedom of Information Act publication scheme</td>
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<td>Complaints and compliments</td>
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<td>Surveys</td>
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<td>Outreach (walk the wards)</td>
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<td></td>
<td>Using council communications channels</td>
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<td>CCG Governing Body meetings</td>
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<td><strong>Commissioning partners</strong></td>
<td><strong>Website</strong></td>
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<td></td>
<td><strong>Meetings</strong></td>
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<td><strong>Engagement events</strong></td>
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<td></td>
<td>Joint Health Overview and Scrutiny Committee</td>
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<td>Health and Wellbeing Board</td>
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<td>NCL Clinical Cabinet</td>
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<td><strong>Community organisations</strong></td>
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<td></td>
<td>Voluntary sector/LINk/HealthWatch channels</td>
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<td>Local professional committees</td>
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<td>Performance meetings</td>
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<td><strong>Governing Bodies / MPs</strong></td>
<td><strong>Briefings</strong></td>
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<td><strong>Meetings</strong></td>
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<td>Meet and greets with the editor and the CCG Chair</td>
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9. **How we will take the strategy forward**

A detailed action plan to implement this strategy is shown in appendix 1.
The Haringey CCG Communications and Engagement Subcommittee will oversee the implementation of this strategy, giving regular updates to the CCG Governing Body via the Quality Committee.

We expect this strategy and our approach to communications and engagement to change and develop over time as the CCG develops and we receive feedback from our stakeholders. We will listen to feedback, learn and adapt our approach.

We will review this strategy annually.