

NHS England and Public Health England North East Manchester Diabetic Eye Screening Programme

STAKEHOLDER COMMUNICATIONS & ENGAGEMENT PLAN

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1. Background Information

NHS Pennine Acute Hospital Trust's NE Diabetic Eye Screening Programme is commissioned by NHS England Lancashire and Greater Manchester Sub-Regional Team to deliver the National Diabetic Eye Screening service to the diabetic population of three CCGs, which are, Heywood, Middleton and Rochdale, Oldham and Bury. Since 2008 this has historically been delivered using a community based mobile service, utilising the movement of digital cameras from 16-17 clinic sites across the three LA Boroughs.

As part of the Quality and Assurance process for this screening service, regular visits are undertaken by the External Quality Assurance Team for Diabetic Eye Screening. Following the EQA visit in 2012 several recommendations were set out in the EQA Action Plan pertaining to quality and safety in reference to service delivery. Unfortunately due to a lack of dedicated programme management the delivery timescales have not been met and there is slippage in projected completion dates.

In November 2013, there was the intention to work through the outstanding recommendations of the EQA plan, particularly patients who had raised concerns about not being seen at the same site every year, fitness for purpose of the existing sites regarding accessibility and the service having to use sites based on availability. In addition, the lack of N3 connection was a key factor due to the frequent occurrence of sync failures which prevented the service being able to focus on the quality aspects essential for the service to improve. The recurrent problems with the frequent movement of the cameras resulted in patients appointments being cancelled on the day due to technical failures with the digital cameras.

In February 2014 following a serious incident in the programme, which was due to networking problems and the safe transfer of data, action needed to be taken to ensure that screening in the programme was safe, of the highest quality and adhering to the National Standards. It was critical that IT issues were addressed as soon as possible to maintain screening, previous service provision of 16-17 mobile sites were reduced as an **interim** measure to 6 static community based sites with N3 connections meeting the requirements of the Equality Act 2010.

The commissioners recognise that communication and engagements with patients who use this service was limited at the time of implementation of **interim** measure and are now seeking to rectify this by implementing the following three stages:

- A. **Pre-Engagement** - with service users to inform the development of the business case for change and proposed options for a formal engagement process with patients/public and other key stakeholders, taking into account any patient insight/experience feedback which has been gathered by the

provider to date. This work to be undertaken in June 2015 and is dependent upon all parties playing an active role. Staff engagement, undertaken by Pennine Acute, will also need to take place during the pre-engagement phase.

- B. **Formal Engagement** - on the commissioners proposed options is planned to commence following purdah in Mid-May 2015 and will last for 8 weeks (subject to OSC approval). Prior to formal engagement launch a presentation to the relevant Health Overview and Scrutiny Committees (3) needs to be scheduled to seek approval on commissioner's intentions and option plans and the communication and engagement plan. It is relevant at this stage to acknowledge that the three OSC's may decide on a different level of engagement and may call for a formal 12 week consultation process to be undertaken.
- C. **Post-Engagement** – Audit and evidence of feedback from stakeholders produced for the commissioner to inform final decision. Commissioner will then seek to inform all participants of the outcome. A final Equality Impact Assessment to be produced. Projected timeframe for this is early August 2015, dependent upon the outcome of the engagement process.

2. Outline Project Plan with Timelines for Delivery



NHS England Diabetic Eye Screening Programme

Milestones	March	April	May	June	July	August	Sept
Develop Project Plan & Agree Key Milestones							
Form Communications & Engagement Sub-Group							
Develop & Agree TOR							
Organise & Plan Meeting Schedule							
Mapping Key Stakeholders & Creating Database							
Write & Agree Communications & Engagement Plan.							
Determine Communication Channels & Produce Relevant Materials							
Sent out 2,000 patient questionnaires as part of the pre-engagement process. Undertake staff engagement. Present findings to the commissioner to inform the Case for Change proposal.							
NHS England commissioner to present options paper to a Joint Health Overview & Scrutiny Committees for approval and sign off							
Launch full Engagement With Patient, Public & Key Stakeholders							
Produce Consultation Feedback Report For Commissioners With Full Analysis							

3. Delivery of Patient, Public and Stakeholder Engagement

An initial approach will be made to the three CCG Accountable Officers in Bury, Oldham, Heywood, Middleton and Rochdale (HMR) to be undertaken by the Lead Commissioner in April 2015, to determine collaborative arrangements during the process. A regular bulletin of progress will be shared with CCG Boards via email to the Accountable Officer (or other relevant member of staff as determined by each CCG). In terms of the engagement of key stakeholders, the stakeholder groups that are being targeted are: Patients, public and locality key stakeholders, HealthWatch organisations across the three CCG localities, Third Sector organisations, Health and Wellbeing Boards, OSC Committees and local MPs at the discretion of each local CCG. The pre-engagement work will begin immediately following purdah (May 9th) with a projected formal engagement stage beginning in early June 2015.

A formal Communications and Engagement Sub-Group will be formed in April and Chaired by the Strategic Engagement Lead, members to include the following:

➤ Lead Commissioner (GMAT)	Audrey Howarth
➤ Strategic Engagement Lead (NWCSU)	Hilda Yarker
➤ Strategic Communications Lead (NME)	Amanda Stocks
➤ Head of Communications (PAT)	Andrew Lynn/Toby Jenkinson
➤ Programme Manager (PAT)	Tanveer Kausser
➤ Directorate Manager (PAT)	Rachel Scott
➤ HealthWatch Managers	Kate Jones
	Mafooz Bibi
	Peter Denton
➤ Senior Equality and Diversity Lead	Andy Wood
	Naheed Nazir
➤ Operational Programme Support	Ruth Molloy/Simon Platt
➤ Project Officer Support	Helen Kavanagh
➤ Patient Representatives x 3	Janet Lees
	Marian Cornes
	Geoff Goldberg
➤ Bury CCG	Alison Mitchell
➤ Oldham CCG	Via Email
➤ HMR CCG	Phil Burton

Members of the Communications and Engagement Sub-Group have a significant role to play in ensuring all agreed actions are undertaken in a timely manner in order for the process to progress. All members are encouraged to send a representative to the meeting if they themselves are not available. All members are responsible for delivery of key actions they agree to undertake.

The table below highlights the responsible lead for each engagement activity. The Project Officer will be responsible for the distribution of all communications via the development of a robust database.

The Communications and Engagement Sub-Group will form part of the overall governance structure of the programme and will report directly into the NHS England Screening and Immunisation Executive Group within the Lancashire and Greater Manchester Sub-Regional Team.

The first meeting of the Communications and Engagement Sub-Group will be held at the Greater Manchester Sub-Regional Team offices at:

3 Piccadilly Place
4th Floor
Manchester
M1 3BN

A discussion will take place at the first meeting to determine the most convenient venue for all future meetings. Meeting schedule will be every two/three weeks, all members are encouraged to attend or send a deputy.

Equality Impact Assessment

An initial Equality Impact Assessment (EIA) has been undertaken by Pennine Acute Trust in advance of **interim** measures being implemented. A further EIA will need to be undertaken during the pre-engagement phase of the programme in order to inform the business case for change and the options presented at formal engagement.

Central Communications, Provider and Locality Lead Support

- Central communications will be provided by the Strategic Lead for Communications within the NHS England North & Midlands Hub to ensure timely responses to any potential reputational damage, respond to MPs correspondence and strategic sign-off on all direct media responses. The production of all generic communication material, including the development of a web-based platform for patient and public engagement responses during the formal engagement phase will be provided by NWCSU. This will include the production of an online survey for utilisation during the formal consultation period. All social media communications will be the responsibility of NWCSU.
- Locality Communication and Engagement leads will form an integral part of the pre-engagement and formal engagement process. Once approval is sought from each of the CCGs the C&E leads from Oldham, Bury and HMR will be invited directly to form part of the C&E sub-group. Their input will be fundamental to the successful delivery of the programme within the specified timeframe. Access to local information in respect of key stakeholders, third sector, patient groups/forums etc will form part of a developing database which will be utilised for all communication and engagement activity.

- Provider communications will also form an integral part of the pre-engagement and formal engagement process as well as undertake staff engagement to inform the preferred options for consideration. In addition provider communications will support the sub-group in providing a **helpline** during the formal engagement process to support patients who do not have online access to complete the survey
- HealthWatch and Patient Representatives on the C&E sub-group will form an integral part of the pre-engagement, formal engagement and post-engagement process. Their role is to ensure transparency of the process, provide representative input on behalf of patients and the public to the communications and engagement plan, and alert the C&E sub-group to wider opportunities for PPI engagement. Support the delivery of 3 local events to launch the formal process to enable as many individuals as possible to respond.
- Senior Equality and Diversity expertise on the C&E sub-group is intrinsic to the programme to ensure full compliance by the commissioner and provider to the Equality Act and to undertake a full EIA service during the process.

4. Leadership for Communications and Engagement

Pre-Engagement

Activity	Action	Lead Officer	Timeframe
C&E Sub-Group	Invite attendees, schedule meetings, write 'draft' plan for consideration and sign off, provide project officer support.	Hilda Yarker	March/early April
Key Stakeholders	Begin mapping of all key stakeholders, develop generic database for all communications activity.	C&E Sub-group supported by Project Officer. Support from CCG C&E Leads, Provider, HealthWatch and Patient Representatives.	Early May
Undertake pre-engagement via a structured questionnaire disseminated by Pennine Acute. Questionnaire to be sent to 2,000 diabetic patients. Members of the C&E sub-group to	An early engagement event has already taken place at the end of February, hosted by HW Rochdale and summary report provided to the commissioner by HW Rochdale.	Hilda Yarker/Audrey Howarth with support from HW and locality C&E Leads.	May

disseminate online survey details as widely as possible during the pre-engagement phase.			
Pre-Engagement Feedback from the survey.	Survey results produced and submitted to the commissioner to inform business case and options for future service delivery model.	Hilda Yarker	July
Staff Engagement	Pennine Acute undertake staff engagement and produce a report for commissioner to inform business case for change and options for future service delivery model.	Pennine Acute	July
Submit Plans to Joint Health Overview and Scrutiny Committees (Prepare all documentation for consideration and approval from Joint OSCs. Ensure place on the agenda in advance of submission.	Audrey Howarth/Hilda Yarker	July

Formal Engagement

Activity	Action	Lead Officer	Timeframe
Following Joint OSC approval undertake an official launch of the formal engagement process holding 3 events across the 3 localities.	Invite all key stakeholders to 3 location events within the same week to launch the formal engagement process	Hilda Yarker/Audrey Howard/Tanveer Kausser	July/Aug
Ensure all communications mechanisms are functional and in place in time for the launch events	Communication leads to collaborate and embed/test agreed communication methodologies in time for launch events	Operational Communication Leads	July/Aug
Establish Freephone telephone helpline	Pennine Acute to establish a Freephone telephone helpline to gather patient/public feedback during the formal engagement period.	Andrew Lynn, Toby Jenkinson/Tanveer Kausser This needs further discussion with PAT as not enough resource to fund helpline for all 38k pts	June/July
Monitor responses.	Provide a weekly response report to monitor progress and determine if further communication is required to increase numbers.	Audrey Howarth/ Hilda Yarker/Tanveer Kausser/ Helen Kavanagh	August/Sept
Ensure wide communication to advertise the engagement opportunity.	To ensure a wide reach across the three localities utilise regular communications bulletins, social media and face to face opportunities to promote engagement.	Communication Leads, HealthWatch, 3 rd Sector, Patient Representatives.	August/Sept
Strategic Communications	Prepare responses to media enquiries	Amanda Stocks/Andrew Lynn	August/Sept

Post-Engagement

Activity	Action	Lead Officer	Timeframe
Collate all feedback and analyse findings.	Produce final engagement report for commissioner.	Hilda Yarker	End of consultation (yet to be determined)
Final outcome report	Commissioner to produce outcome of the service review.	Audrey Howarth	TBC
Feedback to patients/public & key stakeholders	Communicate the outcome of the formal engagement process and service review	Pennine Acute	Following final outcome.
Inform Joint OSC's of final outcome of the process.	Submit final report and outcome of the review.	Audrey Howard	Following final outcome.
Implement new service.	Commissioner and Provider to implement new delivery model based upon final decision.	NHS England/ Pennine Acute	TBC
Equality Impact Assessment	NHS England commissioner to undertake an EIA	Andy Woods/Naheed Nazir	TBC

5. Range and Reach for Stakeholder Engagement

Target Audiences

The approach to communication and engagement aims to be comprehensive and robust. The aim of the sub-group is to work closely with key organisations that can easily communicate with a range of audiences within their networks as follows:-

- DESP Service users
- Third sector providers
- Voluntary Patient Groups
- Charities
- HealthWatch Organisations
- Council for Volunteer Service network
- Greater Manchester Clinical Senate
- Chairs and Chief Officers of Clinical Commissioning Governing Bodies
- CCG Directors of Commissioning
- GP's member practices of CCGs.
- Local Authority Health Joint Overview and Scrutiny Committees
- Local parish councillors and borough councillors
- Members of Parliament for constituent localities
- Directors of Public Health
- Health and Wellbeing Boards
- Relevant media

Engagement Channels

Stakeholder engagement will be carried out through a range of channels to promote and explain the purpose and progress of the review, including:

- Attendance at Joint Health Overview & Scrutiny panel
- Presentation to CCG Directors of Commissioning
- Presentation to LA Directors of Public Health
- Presentation to Clinical Senate
- 3 Locality Events to launch formal engagement phase
- Focus Group with Service Users
- Targeted communication to service users
- Service User Survey (Online)
- Staff Event
- Staff Survey (Online)
- Targeted letters and emails

- Newsletters information within Hospital Trust membership publications
- Internal staff briefings
- Web based consultation information and online survey
- Dedicated phone line (to be confirmed with Pennine Acute)?
- Targeted media communications.
- Audio version (to be discussed with the commissioner)?

The following key messages will be covered in all communications to all stakeholders and will form part of the outline business case for change and options proposal:

- The need for change
- Why is this a priority
- Who it would affect
- What are the benefits
- What this would mean to current service users
- How would be implemented
- What are the timescales
- What can you influence
- What are your views on this proposal

In order to be effective the communications and engagement plan may need to adapt over time to reach our target audiences in the most effective way. Progress against the key milestones will be monitored.

Local Patient and Public Meetings

It is recognised in planning the formal engagement launch events, the local knowledge of the CCG Communication and Engagement Leads, HealthWatch and 3rd sector colleagues will be intrinsic to the success of these planned events. In addition, the ability of the provider to ensure robust engagement with a significant patient cohort is also intrinsic to the success of the review.

Clinical Engagement

- Board Level
CCG Chief Officers and Governing Body boards will be provided with regular updates on the progress of the review via an e-bulletin.
- GPs Practice Managers will also receive a copy of the e-bulletin for internal dissemination.
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- Public Health/Health and Wellbeing Boards
Health and Wellbeing Boards will also receive a copy of the e-bulletin to ensure they are regularly kept up to date with progress, (subject to being fully briefed by the project and having agreement from Directors of Public Health who sit on Health and Wellbeing Boards).

Political Engagement

Overview and Scrutiny/Health Select Panels will be sent the overview paper, full documentation summaries, and the link into the service review document in addition to a formal presentation to determine the length of the formal engagement process.

Informing local MPs will be at the discretion of the CCG, many of whom have meetings with MPs and this could be included for information as part of those discussions, to be advised by CCG Communications and Engagement Lead?

6. Leaving Feedback

Patient/Public and wider stakeholder respondents will be able to leave their feedback via either of the following ways:-

- Online – by visiting the Pennine Acute website and follow the link to an online survey and where they can read in more detail about the full service review.
- If people do not have access to the internet a freephone helpline number will be provided on all of the documentation. This service will be provided via Pennine Acute?
- For patients who have sensory impairment and if English is not their first language or they require the information in an alternative format, they will need to contact the freephone number for assistance.

7. Audit and Evidence of Stakeholder Engagement

Audit and evidence of engagement is an essential requirement in any engagement process. The CSU will hold this on behalf of the commissioner.

The audit trail requirements are established to support any potential challenge on who was included in the engagement and when, this will act as robust evidence to the process and is required to be available upon request.