EALING CLINICAL COMMISSIONING GROUP
PUBLIC AND PATIENT ENGAGEMENT
STRATEGY
2012-15
Summary

This document sets out how the Ealing Clinical Commissioning Group (ECCG) will fulfil its commitment to engage with patients, carers and local communities in a meaningful way; a process hereafter referred to as PPE.

The document sets out what we mean by engagement and how we intend to deliver PPE; in particular how we will engage and communicate with patients and public in commissioning and developing services in an open and transparent way. Through our PPE we shall demonstrate our accountability to the local community and show how working together we can deliver better services and outcomes for patients.

This strategy sits alongside the ECCG’s separate corporate communications strategy, which focusses on stakeholder engagement, media relations and internal communications. However many of the key messages and activity will span both the corporate communications and PPE plans (eg strategic planning for commissioning healthcare services), so the two strategies are closely interlinked.

To this end, our PPE strategy will address the following questions:

1. What are our objectives for PPE?
2. What outcomes do we expect and how will we demonstrate achievement?
3. How well do we know our community?
4. How will we deliver PPE?
5. How will we listen and respond to the voice of the practice population?
6. How will the views of individual patients be reflected in shared decision making and translated into commissioning decisions?
7. How will we respond to concerns and complaints?
8. How will we communicate with the public and how will we monitor patient/public perceptions of the responsiveness of ECCG as an organisation?
9. What have we done so far?
10. What are our plans for the future?
1.0 Our objectives

In considering and identifying our broad objectives for patient and public engagement we have taken account of our obligations, including those enshrined within the NHS Constitution¹ and as set out in "The Functions of Clinical Commissioning Groups (updated to reflect the final health and social care act 2012)" DH June 2012 ². A statement of our guiding principles in relation to patient and public engagement are incorporated with the CCG constitution currently under consultation³.

The ECCG intends:

- To demonstrate openness and transparency in its decision-making
- Be accountable for its decisions
- Ensure inclusion of patients and public from across its constituent communities and groups
- Address health inequalities
- Listen and respond to the patient voice
- Encourage and support shared decision making along the patient pathway including the provision of patient choice
- Incorporate PPE within the annual commissioning cycle (see appendix a) and in particular:
  - Strategic planning: Engaging with communities to identify health needs and aspirations, and engaging the public in decisions about priorities and strategies
  - Specifying outcomes and procuring services: Engaging patients in service design and improvement; and patient centred procurement and contracting

2.0 What will be the outcomes and how we will demonstrate achievement?

- Patients and public in Ealing know they have a voice in decision making
  - We can identify a range of methods for engaging and communicating with patients and the public
  - We shall keep a record of engagement and communication activity, assess its effectiveness, and incorporate learning in future plans

- Patients and public in Ealing know how they have impacted local NHS services

¹ :\Commisteam\data\PrimaryCareTeam\Primary Care Team\PPE & EDS\Authorisation\PPE strategy & authorisation\Supporting docs refs\NHS Constitution updated 2012.pdf

² :\Commisteam\data\PrimaryCareTeam\Primary Care Team\PPE & EDS\Authorisation\PPE strategy & authorisation\Supporting docs refs\dh_functions of ccgs.pdf

³
We can identify a range of mechanisms for communicating how PPE activities have made a difference to the commissioning and development of services.

- We shall keep a record of our communications to patients and public and ensure we close the feedback loop.

- Improved service quality through improved patient experience
  - We can show how we analyse and learn from patient experience feedback and use this to inform service and pathway design.

- A reduction in health inequalities
  - We can show how our understanding of our local communities impacts on service design and delivery and how we have engaged with representative groups and individuals.

- Patients have increased opportunities and awareness of how to exercise choice along the patient pathway.
  - We can show the ways in which we encourage patient choice

3.0 How well do we know our community?

ECCG serves a registered population of 390,000 and comprises membership of 79 GP practices. The Joint Strategic Needs Assessment and Joint Prevention Strategy are key sources of data and information to commissioners and patients and public about our community.

The Joint Strategic Needs Assessment provides a picture of Ealing’s emerging health needs, covers socio-economic factors, local risk factors for ill health and the potential impact of protected characteristics as identified by the Public Sector Equality Duty.

We have developed a Public Sector Equality Duty Action Plan which is linked to our objectives around PPE. For example current priorities for action within the Equality plan include; building strong relationships with diverse groups and communities to understand their needs, priorities and experiences. This correlates to the PPE objective of ensuring inclusion of patients and public from across our constituent communities and groups and address health inequalities.

Similarly the objective within the Equality plan to improve access to and provide a patient centred approach to delivering primary and community services correlates to the PPE objective of encouraging and supporting shared decision making along the patient pathway, including patient choice.

The Quality, risk and equalities committee, a sub-committee of the CCG Board, will provide oversight and assurance of our delivery of the equalities action plan whilst the PPE Strategy Committee, also a sub-committee of the Board, will provide oversight and assurance of our patient and public engagement. Information and reports will be shared between the 2 committees.

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The Joint prevention strategy (2012-16)\(^6\) considers the options for prevention to improve the health and well-being of adults living in Ealing. This is within the context of an overarching Ealing Community Strategy (to 2016) and Local Development Framework (to 2026) and a previous Health & Well-Being Strategy from 2010. It complements a Children’s Early Intervention Strategy.

Taken together these documents provide a wealth of information and data; they have informed the ECCG commissioning strategy\(^7\) and provide a valuable starting point for commissioners planning patient and public engagement in service development and re-design.

### 4.0 How will we deliver Patient and Public Engagement?

**Provision of strategic oversight and assurance**

The PPE Strategy Group will provide oversight and assurance to the ECCG Board. For draft membership and terms of reference *(see appendix b)*.

**Identifying constituent communities and groups**

The group has developed outline plans for engaging and communicating with strategic partners and diverse groups and communities. Based on an assessment of current relationships the following groupings have been identified as priority areas for development:

- Local community groups and the voluntary sector
- Politicians and council leadership team
- Patient participation groups (PPGs)
- Local citizen groups e.g. West London Citizens Alliance

We shall continue our partnership work with local authority colleagues through the Health and Well-being Board *(see appendix c)*, the Local Strategic Partnership “Ealing Together” and the Children’s Trust Board.

**Analysing and acting on information from PPE**

All plans for service development and re-design require evidence of engagement and communication planning in order to receive Board approval. A set of templates has been created\(^8\) as part of project management governance including stakeholder analysis, communication and engagement planning to ensure PPE is embedded within all service and pathway design and re-design work.

The outputs from PPE template planning will be a shared resource for all CCG members.

In order to provide transparency and accountability to the public, ECCG Board meetings will be held in public except where the CCG considers that it would not be in the public interest to do so; meetings dates, times and papers to be published on the ECCG website [http://www.northwestlondon.nhs.uk/ealing/](http://www.northwestlondon.nhs.uk/ealing/).

\(^6\) Commisteam01\data\PrimaryCareTeam\Primary Care Team\PPE & EDS\Authorisation\PPE strategy & authorisation\Supporting docs refs\ECG Commissioning Strategy.pptm

\(^7\) Commisteam01\data\PrimaryCareTeam\Primary Care Team\PPE & EDS\Authorisation\PPE strategy & authorisation\Supporting docs refs\ECG Commissioning Strategy.pptm

\(^8\) Commisteam01\data\PrimaryCareTeam\Primary Care Team\PROJECT MANAGEMENT\templates
The Quality, Risk and Equalities Committee monitors and acts on patient feedback, particularly relating to issues of quality including safety and patient experience. Learning will be shared with the PPE Strategy Group on a quarterly basis and used to inform decisions around service improvement; reports will also be posted onto the extranet as a source of shared learning across the CCG.

Themes emerging from PALS and complaints data is reported to the Quality, Risk and Equalities Committee. The PALS service will be superceded by Ealing HealthWatch which will take over responsibility for capturing feedback from patients and the public from April 2013. The ECCG will be working closely with HealthWatch to ensure this feedback is shared widely and acted upon.

It has not yet been decided how complaints will be handled – either directly by the CCG or through the commissioning support service. Whatever arrangements are in place the ECCG will ensure an annual report is published of complaints received and action taken as a result.

Ealing health and well-being board will approve a draft set of commissioning intentions on an annual basis.

5.0 How will we listen and respond to the voice of the practice population?

Practice participation groups (PPGs) have been established within 85% of practices. We shall engage with Practice managers using the established Practice Managers Forum, which meets quarterly, to identify emerging themes and issues identified in the PPGs and actions required. Each practice will also publish an annual report on the activity of their PPG.

We shall seek feedback from the PPGs as to how they wish to engage with the CCG going forward enabling the voice of the practice population to feed directly into the commissioning cycle.

The establishment of 7 Health Networks in Ealing provides further opportunities to encourage and support shared decision making along the patient pathway and to incorporate learning from practice populations in service development. These are currently in development and provide further opportunities to review practice performance and improve quality standards.

6.0 How will the views of individual patients be reflected in shared decision-making and translated into commissioning decisions

A range of systems are in place to convert insights about patient choice/s in practice consultations into plans and decision-making:

- **Referral Facilitation Service (RFS) and Choose and Book (C&B)**
  The RFS provides a peer review and booking service for Ealing GPs. Offering patients a choice of service provider is part of the minimum data set and is completed following a discussion between patient and GP as part of the consultation and referrals that do not include choice of provider are returned to the GP by the RFS.
  The RFS book appointments using the Choose and Book system which also provides patients with the opportunity to change the time and place of an appointment via the C&B website.
  A significant number of hospital and ophthalmology services are on C&B already and as more services become available GPs will be able to refer to them via the RFS, extending choice for the patient.
C&B generates a number of reports providing data to commissioners on the choices made by patients which in turn can be used as an indicator for how well a service is meeting patient needs.

- **Any qualified provider (AQP)**
  Part of the programme for extending patient choice is the AQP scheme which seeks to offer patients a range of approved providers. Patients and GPs can choose a service based on what is important to them; perhaps one that is closer to home, has a shorter waiting list or better outcomes. Following the national “Liberating the NHS: Greater Choice and Control” public consultation a list of priorities for commissioning on an AQP basis. In Ealing these are; Adult hearing services, diagnostic testing and continence services.

  (awaiting update from Avril on Ealing)

### 7.0 How will we respond to concerns and complaints?

**Ealing Local Involvement Network -LInk (and from April 2013 HealthWatch)**

This is the statutory involvement structure for Health and Social Care. The Council commissions support to the LInk and will tender in 2012 for HealthWatch. The CCG will ensure a productive and professional relationship with the LInk steering group and whatever structure is put in place for HealthWatch. Local HealthWatch will help ensure the views and feedback from patients and carers are an integral part of local health commissioning. They will also have a role in providing information about local care services and choices to be made in respect of those services. A separate paper on the working arrangements between ECCG and Ealing LInk is available.

The ECCG has created a leaflet entitled “Working together to keep Ealing healthy” which introduces the CCG and describes ways in which the public can provide their feedback including using an email address specifically for this purpose ecc@nhs.net.

### 8.0 How will we communicate with the public and monitor patient/public perceptions of our responsiveness as an organisation?

Project officers working on individual service changes will be guided by this PPE strategy, which contains a number of annexes to support their work. These are:

- **Stakeholder management and communication process** which sets out the different stages for planning and implementing engagement activity;
- **stakeholder analysis template** to help them identify who the key stakeholders are they need to work with; and
- **stakeholder communications template** which enables them to set out the details of each stakeholder group and the proposed engagement activity.

This will form part of the paperwork for each project that is signed off by the ECCG board before the project can go ahead.
In planning their work, project officers will also take into account related corporate communications activity under the corporate communications strategy – for example if it relates to a major service change, they may want to present their work to the Health and Adult Services Scrutiny Panel. The communications planner and the Public and Patient Engagement Group are the link between corporate communications and PPE, ensuring activity is integrated, and fits with and supports the strategic vision of ECCG.

ECCG will use a number of channels to communicate with public and patients:

Website: ECCG is developing its own website which will hold published documents and signposts and guides for local services.

GPs and GP surgeries: GPs will be an important channel for communicating information to patients, as well as displaying information in GP surgeries.

Stakeholder events: ECCG is committed to holding three events a year, and which are an opportunity to have conversations with patients and the public on services.

Ealing Council resident’s survey: Ealing Council carries out a biennial residents survey which usually includes a question about access to GP services. ECCG can use the results of this survey to gage how easy it is for residents to make an appointment.

Complaints: ECCG will monitor complaints and queries that come in through PALs and HealthWatch to identify and address patient concerns.

9.0 What have we done so far?

- ECCG held its first public engagement event on May 23rd 2012 to which key stakeholders and the public were invited to meet ECCG members and discuss plans for the future of health services locally. Participants also had the opportunity to join various work streams such as the planning of diabetic services and were invited to provide feedback as to how they would like the ECCG to communicate and engage with them in future. A feedback report can be found in appendix d.
- As a result of feedback received the ECCG is committed to holding a series of open public events a year varying the timing to include evenings and weekends and at a range of locations on a rolling basis covering the four Ealing quadrants; Ealing & Hanwell, Southall, Greenford, Northolt & Perivale and Acton
- The Commissioning Strategy Plan and the annual Commissioning Intentions are informed by a public and patient view.
- The public will be provided with information about ECCG Board agenda and consideration will be given to holding at least part of future Board meetings in public as evidence of our accountability to the public and transparency of decision making.
- New patient pathways and changes to existing ones are successfully implemented using the feedback and involvement of patients and the public as appropriate.
- To provide assurance to the Board, communications activity will be included as an element of the risk register, against which a report will be submitted monthly, showing progress around key strategic objectives.
The CCG has created a patient/public leaflet “Working together to keep Ealing Healthy”, introducing the CCG and its priorities

10.0 What are our plans for the future?

We are planning the next CCG public event for autumn 2012 and have identified action plans for engaging and communicating with the following groups as a next step.

(insert action plans)
- Local politicians/council leadership (PP)
- West London Citizens (JD)
- Voluntary sector/ECN (CC)
- LINk
  - Invite LINk representation onto the PPE committee
  - Review and refresh the Ealing LINk working together document to reflect new structures in the CCG and LINk/Healthwatch¹⁰
- Patient Participation Groups
  - Attendance at PM forum in September 2012 for discussion around PPE in general and PPGs in particular
  - Lay representative of the Board to meet with a sample of PPGs to explore effective means of future engagement with the CCG

Acute reconfiguration in NWL
There are a number of major changes planned in acute care. NHS North West London is working with clinicians across the cluster to carry out a major acute reconfiguration programme called ‘Shaping a healthier future’. This is in response to the growing pressures on the NHS as a result of people living longer and an increase of people with long term conditions that require on-going treatment. The aim is to create centres of specialist care and to locate more services in the community, as part of an out of hospital strategy. A major consultation programme has just been launched around a number of reconfiguration options. As part of the clinical team leading this work, ECCG will have an important role in local conversations with the public, patients and key stakeholders on how health care can be accessed and provided in the future for people living in Ealing. Communications and engagement activity relating to the acute reconfiguration is resourced and managed centrally across NWL, allowing ECCG to focus on engaging the public in developing services within its community.

In line with this, Ealing CCG has adopted the following five out of hospital care transformation themes:

- Easy access to high quality, responsive care to make out of hospital care first point of call for people,
- Clearly understood planned care pathways that ensure out of hospital care is not delivered in a hospital setting,
- Rapid response to urgent needs so fewer people need to access hospital emergency care,

¹⁰ \Commisteam01\data\PrimaryCareTeam\Primary Care Team\PPE & EDS\Authorisation\PPE strategy & authorisation\Supporting docs refs\ECCG & Ealing LINK working together revised 2011v2_Jan12.doc
• Providers working together, with the patient at the centre to proactively manage long term conditions, the elderly and the end of life care out of hospital,

• Appropriate time in hospital when admitted, with early discharge into well organised community care
Appendix A – Commissioning and Engagement Cycle
Appendix B – PPE Committee – Terms of Reference

NHS Ealing Clinical Commissioning Group

Patient and Public Involvement Committee

Terms of Reference

1. Introduction

1.1. The patient and public involvement committee (the committee) is established in accordance with Ealing Clinical Commissioning Group’s constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group’s constitution and standing orders.

2. Membership

2.1. The committee shall be appointed by the clinical commissioning group from amongst its governing body members and may include individuals who are not on the Executive Board and shall comprise not less than five members, three of whom should be Executive Board members:

<table>
<thead>
<tr>
<th>Clinical Members</th>
<th>Non-Clinical Members</th>
</tr>
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<tbody>
<tr>
<td>GP member of the Executive Board</td>
<td>Patient Representative on the Executive Board</td>
</tr>
<tr>
<td>Nurse Member of the Executive Board</td>
<td>Lay member for PPE on the Executive Board</td>
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<tr>
<td></td>
<td>Representative from HealthWatch</td>
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<tr>
<td></td>
<td>Representative from the Voluntary Sector</td>
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</tbody>
</table>

2.2. The Patient Representative on the Executive Board will be the chair of the committee. In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

2.3. The Chair of the Group may be a member

2.4. The Accountable Officer and Chief Finance Officer may be members of the Committee
2.5. The Chair may ask for any officer to attend a committee meeting, such officer will not be entitled to vote.

3. **Attendance**

3.1. Only members of the committee have the right to attend committee meetings. Other individuals may be invited to attend for all or part of any meeting as and when appropriate.

4. **Secretary**

4.1. The Chief Operating Officer will arrange for a Secretary to the meeting who will:

   4.1.1. minute the meetings
   4.1.2. provide administrative support to the Chair in developing agendas
   4.1.3. coordinate and issue papers
   4.1.4. Provide Guidance and advice on constitutional matters to the chair and for drawing the committee’s attention to best practice, national guidance and other relevant documents, as appropriate

5. **Quorum**

5.1. No business shall be transacted unless at least three of the chair and members are present, two of who should be Executive Board members.

6. **Frequency and notice of meetings**

6.1. The committee shall meet at least 4 times per year.

6.2. The agenda will be sent to members seven days before the meeting and supporting papers, whenever possible, shall accompany the agenda but will certainly be despatched no later than three clear days before the meeting, saving in emergency. The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

6.3. The agenda shall be deemed to be a formal notice specifying the business proposed to be transacted shall be delivered to every member or sent by post to the usual place of residence or work of each member before the meeting. Want of service of such a notice on any member shall not affect the validity of a meeting.

6.4. In the case of a meeting called by members in default of the Chairman calling the meeting the notice shall be signed by those members.

6.5. No business shall be transacted at the meeting other than that specified on the agenda or emergency motions allowed under the Standing Order (？ – to be checked)

6.6. A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 15 clear days before the meeting. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the chairman.

7. **Remit and responsibilities of the committee**
7.1. The Patient and Public Involvement Committee will consider all aspects of patient and public involvement including the quality of the engagement carried out, and be responsible for developing a patient and public involvement strategy for the Group.

7.2. The general areas of responsibility for the committee are to:

7.2.1. Ensure the relevance of the Statement of Principles in relation to Patient and Public Involvement.

7.2.2. Assurance the CCG that the Patient & Public Involvement Principles set out in the Statement are been applied throughout the workings of the CCG.

7.2.3. Ensure that meaningful Patient & Public Involvement is been effectively used to influence the commissioning processes.

7.2.4. Ensure that Patient and Public Involvement is a continual, on-going involvement process.

7.2.5. Ensuring that Patient and Public Involvement influences the CCG at all stages of the commissioning cycle (from planning to delivery & monitoring of services) and specifically in:

7.2.5.1. Strategic planning: Engaging with communities and involving the public in decisions about priorities and strategies.

7.2.5.2. Service (re)design: Involving users & patients in service (re)design and improvement.

7.2.5.3. Specifying outcomes and procuring services: Involving patients in specifying service outcome measures for improving service quality; and patient centred procurement and contracting.

7.2.5.4. Patient centred monitoring and performance management: Involving patients in the monitoring and performance management of commissioned services and in managing service demand.

7.2.6. Overseeing the quality of Patient and Public Involvement at all stages of the commissioning cycle (from planning to delivery & monitoring of services).

7.2.7. Overseeing the quantum and quality of stakeholder engagement with a variety stakeholders including (but not limited to):

- Patients
- Patient Groups
- HealthWatch
- The Local Authority
- Local voluntary groups
- Local health charities

8. Relationship with the governing body

8.1. The Committee shall present its approved minutes to the Governing Body and Executive Board.
8.2. The Committee shall write an annual report on the work and outcomes of the work of the Committee.

8.3. The Chair of the Committee will bring to the attention of the Executive Board and the Governing Body any matter that the committee considers a significant risk.

9. **Policy and best practice**

9.1. The committee will consider the impact of its decisions on the strategic aims of the CCG and the population of Ealing.

9.2. When considering individual matters the committee will:
   
   9.2.1. comply with current disclosure requirements;
   
   9.2.2. on occasion seek independent advice: and
   
   9.2.3. ensure that decisions are based on clear and transparent criteria.

9.3. Ensure that decisions are made in the knowledge of the impact on the nine protected groups as defined in the NHS Equality Delivery System.

9.3. The committee would have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

10. **Conduct of the committee**

10.1. The committee will make decisions based on evidence and in line with the values of the CCG and the Nolan Principles of Public Life.

10.2. The committee will review these terms of reference annually and report the outcome of the review to the Governing Body.
Appendix C – Shadow Health and Wellbeing Board structure

Ealing’s Shadow Health and Wellbeing Board

- Children’s and Young Peoples Board
- Ealing Safeguarding Children’s Board
- Shadow Health and Wellbeing Board
- Ealing Commissioning Consortia
- Ealing Executive Group

Operational delivery partnership boards

- Project groups
- Urgent Care Network
- Mental Health
- Long-term Conditions
- Learning Disabilities
- Carers Partnership
- Older People
- Safeguarding Adults
- DAAT

E.g. JSNA project group
Appendix d - ECGC Patient and Public Engagement Report

What engagement activity took place?

The CCG held a health fair for patients and public entitled “Keeping Ealing Healthy” on Wednesday 23rd May 3-6pm at Ealing Town Hall.

What were the objectives?

- To introduce the CCG and share the vision for healthcare locally including proposals to introduce more community based healthcare services to Ealing
- To listen to the public’s views about how healthcare in Ealing could be improved.
- To provide information on healthcare services e.g. diabetes, mental health, children’s services
- To find out how the public would like the CCG to communicate with them in future
- To invite the public to engage in an on-going dialogue with the CCG.

Who was invited?

A letter was sent to all Ealing GPs inviting them to the event and asking them to publicise the event through letters and flyers on display in their surgeries. The event was also advertised in the GP Bulletin issued to GPs and Practice Managers.

A letter was also sent together with a flyer to partner organisations including Ealing LINk and Ealing Community Services Network for onward cascade to member organisations and patient groups.

Invitations were sent to residents involved with Ealing Council Area Forums and individuals registered via the Council website as interested in being kept informed of forthcoming health and social care events. All members of Ealing Council and the Health Standing Scrutiny Panel were invited.

Attendance

Attendees were invited to sign in to the event and 171 people did so; however not everyone who attended signed in and we estimate in excess of 200 people attended overall.
In addition to individual members of the public representatives from the following organisations and patient groups attended:

- Patient Participation Groups
- LINK
- Tasha Foundation
- LBE
- DUIP
- Asian Cancer Group
- Ealing Residents Group
- Kingsdown Residents Association
- Age UK Ealing
- Crossroads Care West London
- Ealing Carers Centre
- Solace Centre
- Whitefriars Nursing Home
- St Mungo’s (provide services for rough sleepers in Ealing)
- Loud and Clear (support people with learning difficulties)
- Greenford Park Residents Association
- EACH (Ealing)
- Ealing Hospital (Community Learning Disabilities)
- Holy Trinity Southall
- Mind (Ealing and Hounslow)
- Older Peoples Forum
- Ealing Mencap
- Quadrant Residents Association
- Pringle Care Services
- Ealing SOS
- Diabetes Forum
- Care Concern
- GP surgery staff

Outcomes and learning
Attendees were given the opportunity to complete a form entitled “Your views Matter—how to get involved and make a difference”. This was designed to inform the CCG of preferred methods of communication, issues of particular interest and to allow attendees to provide the CCG with their contact details for future engagement. The form also reminded patients and the public of the CCG email and postal addresses for further feedback.

Preferred method of communication
Of those who attended 37 completed a feedback form. Respondents were asked to identify their preferred methods of communication and could select multiple options.
The CCG have noted the results and will continue to use as many methods of communication as possible and will explore the use of social media in particular Twitter and press coverage in the future. They have established an electronic mailbox which is monitored daily to respond to feedback from the public and also intend to hold a series of public events annually.

**Areas of particular interest to patients and public**
Respondents were asked to identify any aspects of health or health services which were of particular interest or of which they had particular experience. Responses were categorised as follows (in no particular order):

- General interest/commissioning
- Resources/funding issues
- Access to services including GPs and A&E, the homeless
- Services for older people
- Mental health services including dementia
- Support for carers
- Long term conditions including diabetes, asthma, chronic pain, arthritis, heart disease, stroke
- Palliative care
- Substance misuse
- Long term conditions
- Redevelopment of Ealing services, specifically around GP and hospital services
- Orthopaedic
- Support for those with learning difficulties

This information has been used to populate a contacts database which holds the contact details of respondents and which will be used to engage with patients and the public in the future for example when the CCG is developing or designing services.

**Closing the feedback loop**
The CCG have communicated with all those who gave us their contact details thanking them for attending and they shall also be sent a copy of this report.

**Rough sleepers now able to register with Acton GPs**
As a direct result of attending the event, St Mungos, a local charity supporting rough sleepers in Ealing made contact with the CCG and outlined the particular difficulties those rough sleepers without recourse to public funds have in registering with a GP in the Acton area. This has resulted in an agreement with 6 local practices to assist with patient registration from this group and the establishment of a further link with a new pan-London service called Street Med. This service is staffed by specialist nurses with a remit in part to work towards increasing access to primary healthcare for rough sleepers and reducing use of emergency services; a goal which is a goal shared with the CCG.

**Availability of GP members of the CCG at future events**

There was much public interest in meeting members of the CCG and this led to queues. The CCG will seek to ensure a greater number of GPs attend future events.

**Timing of future events**

In addition to the feedback noted above there were a number of emails received requesting that future events be held at time more suited to those working during the day.

As a result of this feedback the CCG have committed to holding future public events at varying times of the day and days of the week including weekends and in venues geographically spread across the borough.

The next CCG public event has been scheduled for September 2012 and will be held in the evening in the Greenford area (subject to venue availability).
Appendix E – Communications and PPE Engagement Plan for 2012/13

By end March 2012
- Ealing CCG Engagement Strategy approved and adopted.
- GP leads and practice managers to explore ideas for developing patients’ forums.
- Agree on a provider for Engagement support.

By end April 2012
- A programme of actions agreed for 2012/13 for engagement with patients and public
- Practices begin to organise collectively to support patients’ groups
- To identify a GP representative to be a member and attend relevant Partnership Boards.
- To ensure all current local clinical networks and those being formed have patient and / or public representatives engaged.
- Pre-consultation activity on the ‘Out of Hospital Strategy’.

May 2012
- ‘Keeping Ealing Healthy’ Stakeholder event for with voluntary sector to raise understanding of work of ECCG and working together with all organisations delivering health in Ealing

June 2012
- Full consultation programme begins on reconfiguration of acute services in North West London, including the ‘Out of Hospital Strategy’ to locate more hospital services in the community. This work will be led at the cluster level.
- Ealing CCG promoting its Out of Hospital strategy

By end December 2012
- A series of consultation events on the commissioning intentions. This will be planned in partnership with the LINk (and/or the emerging HealthWatch structures) and will use existing meeting structures wherever possible including Patient, User, Carer and Provider Forums and Partnership Boards.
- Support the London Borough of Ealing in the procurement of he support/delivery functions for Ealing Healthwatch.
Annex F: Stakeholder analysis template

High

Consult

Monitor

Engage

Inform

Low

Low

Interest

High

Consult – this group are mainly opinion formers who need to be kept satisfied with what is happening but not so much they become bored with the message. With high influence they can affect project outcomes but their interests are not the target of the project. This group may be a source of significant risk and they will need careful monitoring and management. Regular review of their position is required.

Engage – Key stakeholders who should be fully engaged through communication and engagement in order to satisfy. Need to construct good working relationships with these stakeholders, to ensure effective support for the project.

Monitor – This group needs to be monitored for communications and engagement but don’t inundate with excessive communication; unlikely to be the subject of project activities or management.

Inform – Keeping interested people/groups informed, talk to them to ensure no major issues are arising. People in this group can be helpful with the details of a project and may require initiatives if their interests are to be protected. Those in this section may need to have their influence increased depending on the subject/work programme.
Annex G: Stakeholder Management and Communication Process

Introduction

The objective is to set out the communications with stakeholders through the following stages of understanding for each project:

**Planning**
- Identify Stakeholders (who)
- Stakeholder mapping (why)
- Communications plan (what and how)
- Stakeholder map (prioritise)

**Awareness**
- Communication of aims and objectives
- Communication of benefits
- Benefits related to individuals current roles

**Understanding**
- Drivers for change, approach and plan going forward understood

**Support**
- Delivery governance models and roles confirmed

**Involvement**
- User groups representing project steering and challenging the direction and outcomes of the transformation

**Commitment**
- Senior stakeholders taking accountability for benefits delivery and championing progress

**Stakeholder and Communications Process**

<table>
<thead>
<tr>
<th>Who</th>
<th>Why</th>
<th>What</th>
<th>How</th>
<th>Prioritise</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify stakeholders</td>
<td>Define roles</td>
<td>Identify key messages</td>
<td>Identify channels &amp; feedback mechanisms</td>
<td>Identify detailed communication activities</td>
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<td></td>
<td>Map interest areas</td>
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<tr>
<td>Stakeholder Groups</td>
<td>Stakeholder interest mapping</td>
<td>Communications plan</td>
<td>Stakeholder map</td>
<td>Detailed comms plan</td>
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<tr>
<td>Detailed stakeholders</td>
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**Communications Strategy**
The stakeholder and communications plan needs to answer the following questions:

Who are the relevant stakeholders?
Why are these stakeholders interested and what level of influence do they have?
What information do these stakeholders need to know i.e. what are the key messages?
How do you communicate these key messages to stakeholders i.e. what are the best channels and feed-back mechanisms for each stakeholder group?
How do you prioritise communications with stakeholders? i.e. how do you map stakeholders in terms of interest and influence?
When do stakeholders need to be informed?
Annex H: Stakeholder Communications Template: complete for each project
Related documentation: Stakeholder interest map

<table>
<thead>
<tr>
<th>Stakeholder Name</th>
<th>Organisation</th>
<th>Contact information/role</th>
<th>What needs to be communicated to them (key messages)</th>
<th>Who should communicate</th>
<th>Objectives of communication</th>
<th>Method of communication &amp; feedback mechanisms</th>
<th>Detailed comms activities</th>
<th>Communication deadline</th>
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**Stakeholder matrix**
1. Address concerns
2. Enlist help and support
3. keep informed
4. Involve as needed