Communications and Stakeholder Engagement Plan

NHS Newcastle North and East Clinical Commissioning Group
1. Introduction

The White Paper, Equity and Excellence – liberating the NHS (Department of Health, July 2010) set out major organisational change for the NHS, including the development of GP consortia and a new NHS Commissioning Board and the phasing out of primary care organisations and strategic health authorities. Following a process of public consultation, GP consortia were renamed clinical commissioning groups (CCGs) to reflect a broader clinical membership.

Following the passing of the Health and Social Care Act in March 2012, the CCGs will come into place as statutory organisations on 1 April 2013.

The groups will have a strong focus on patient and public involvement and on partnership working with the local authorities and the community and voluntary sector (including the emerging HealthWatch).

They will be responsible for commissioning all hospital and community healthcare apart from the services provided by independent contractors such as GPs, dentists, pharmacists and optometrists and the specialised services, which are commissioned on a larger geographical, sometimes national, basis due to the level of clinical expertise, required.

During 2012, preparations will continue for the clinical commissioning groups to take on their new responsibilities. This will include undertaking a robust authorisation process which must be successfully completed before they can take on their full range of responsibilities.

This plan focuses on NHS Newcastle North and East CCG and supports the transition. The NHS North of Tyne communications and engagement team working closely with colleagues from NHS Newcastle North and East CCG have developed it. It will be superseded by a full communications and engagement strategy once the CCG becomes fully operational. The full strategy would take into account handling its business in public, through board meetings, and the way in which the CCG engages with its patient population going forward.

NHS Newcastle North and East CCG recognises that to be a successful organisation, which will include ensuring that patients are at its heart, it will need to have excellent communications and robust mechanisms for involvement which take into account the diverse communities in the area served. It also recognises it is vital that it develops strong two-way communications with its member practices to ensure they have the information they require to be effective members of the CCGs and that they are able to feedback and play a key role in the development of commissioning plans.
2. Context for NHS Newcastle North and East Clinical Commissioning Group

Newcastle Primary Care Trust and the two Newcastle CCGs commission health services for a population of 286,000, with a total budget of £396m in 2011/12. Hospital services are largely provided by Newcastle upon Tyne Hospitals NHS Foundation Trust.

NHS Newcastle North and East CCG comprises 18 practices serving a population of 152,000, and together with Newcastle West is co-terminus with Newcastle City Council.

NHS Newcastle North and East CCG has six key objectives:

1. To have strong patient and public engagement from which includes feedback and input from wide and diverse communities as possible and to ensure those involved are fully empowered within decision-making processes
2. To reduce avoidable elective referral
3. To reduce avoidable emergency admissions
4. To prescribe efficiently and effectively
5. To transform community services through better commissioning and contracting
6. To redesign inappropriate and ineffective pathways of care

During the transitional period members of NHS Newcastle North and East CCG meet as a committee of the single NHS North of Tyne board and its lead GP is a co-opted member of that board.

NHS Newcastle North and East CCG are working closely with NHS Newcastle West CCG and NHS Gateshead CCG and will have shared management arrangements. This will also support very close partnership working and initiatives where possible.

2.1 Health and demographics

The health and demographics of the population served are important considerations when developing plans for communications and engagement and clearly there needs to be different approaches for different communities of interest.

The health of people in Newcastle upon Tyne is generally worse than the England average – and for NHS North and East CCG practice populations of the city there are communities that sit alongside each other that have marked differences in health equality. For example, people who live in Jesmond and Gosforth experience better health than those who live in more deprived wards such as Walker and Byker. Life expectancy is lower by 13.7 years for men and 10.8 years lower for women in areas such as Walker when compared to parts of Jesmond. In Walker the level of people with limiting long-term illness is as high as 30.9%, compared to 21.6% for the population of Newcastle as a whole.

However, over the last 10 years, all causes mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen but they remain worse than the England average so much more work to reduce these health inequalities needs to be done.

According to local authority registers 4,274 people across the city have a sensory impairment, which includes those who are deaf, have a hearing impairment, are blind, have a visual impairment or who have dual sensory impairments.
Of the population aged 18-64, in 2008 it was estimated that 16,364 people were living with a moderate or severe physical disability.

The number of births increased from 2,920 in 2005, to 3,150 in 2006 and from this 2006 baseline, Newcastle is projected to experience a 12.8% rise in the number of births by 2016.

About 12% of the Newcastle population is aged between 20 and 24 reflecting the large student population at the city’s two universities. Those areas with a concentration of younger adults include North Jesmond, South Jesmond, South Heaton, Ouseburn – all areas covered by NHS Newcastle North and East CCG.

Along with the rest of England, the population in Newcastle is ageing with 83,800 people aged 50 plus and according to Office of National Statistics projections, the number of people aged 65-74 will grow by a third between 2008-2028. But the biggest percentage increase is in the oldest people. There are currently 5,400 people living in Newcastle aged over 85. By 2029 this will increase by over two thirds to 9,000. Those areas with a concentration of older people tend to be further away from the city centre and include Parklands in the north of the city.

Newcastle also has an increasing black and minority ethnic (BME) community (10.7% of the total population) – the majority live in the area covered by Newcastle West CCG. The largest BME group is Asian or Asian British, comprising 5.7% of the population, 1.4% is mixed ethnicity, 2.3% Chinese or other and 1.3% Black or Black British.

It is estimated that between 13,500 and 18,900 people in Newcastle would identify as lesbian, gay or bi-sexual based on Government estimates of between 5 and 7% of the population.

People living within the north and east of Newcastle enjoy excellent access to NHS services. They mainly receive their hospital services within the city at Newcastle upon Tyne Hospitals NHS Foundation Trust, which in addition to routine hospital services for the local population provides a very wide range of highly specialist healthcare. The trust has been undergoing an extensive building programme which has resulted in a new children’s hospital, new cancer and renal centres and a state of the art trauma unit. There are several NHS walk-in services across the city and good provision of GP services. There is also a mental health hospital in Newcastle.

Since the new trauma unit opened at the Royal Victoria Infirmary, which is in the city centre, there has been a marked increase in A&E attendances. This has resulted in substantial marketing activity around appropriate use of urgent care services which has included substantial communications with younger people, including the large student population.

The increasing number of older people is the focus of multi-agency discussions in terms of planning appropriate care and support to meet their needs. This will be the focus of a major conference hosted by NHS Newcastle North and East CCG in September 2012.

The high level of ill-health means that a continuing focus will be on initiatives to improve the health and well-being of the local population and the CCG will be an active participant on the health and well-being board.
2.2 Equality and diversity

NHS Newcastle North and East CCG has an equality strategy (2012/13) which acknowledges the new Equality Act 2010 which provides a new cross-cutting legislative framework to:

- protect the rights of individuals and advance equality of opportunity for all
- update, simplify and strengthen the previous legislation
- deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The equality strategy sets out our commitment to taking Equality and Human Rights into account in everything we do, whether that is commissioning services, employing people, developing policies, communicating, consulting or involving people in the work of the CCG. There are many groups in the city, such as the Elders’ Council, the Health and Race Equality Forum (HAREF), Deaflink, Newcastle Blink Society, Newcastle Disability Forum and other community and voluntary sector organisations who have been actively engaged in giving their views on local health services and the CCG intends to continue to build and strengthen these links in the future.

Effectively implemented, the EDS will help demonstrate how we are commissioning services that are fair, equal and diverse that effectively meets the needs of all groups in our population and contributes to improved outcomes for patients.

It will also help the CCG to demonstrate that it is an employer that recognises the importance of embedding equality among our workforce; develop a working culture where employees feel they can work in an environment free from discrimination and, recognition that differences among individuals can be an asset to an organisation.

The CCG will:

- Publish equality objectives every four years
- Publish information annually to demonstrate NHS Newcastle North and East CCG compliance with the general equality duty
- Publish information relating to people affected by NHS Newcastle North and East CCG’s policies and decisions such as service users.

All information will be published on the CCG website making it accessible to the public.

The Equality Strategy 2013/14 has been developed based upon the legacy documents from NHS North of Tyne, and will implemented in the first year of the CCG post authorisation by North East Commissioning Support (NECS).

3. Communications and public engagement objectives

1. To continue to raise awareness of Newcastle North and East CCG and its vision and values, leadership and governance arrangements with internal (member practices, CCG staff and colleagues working in NECS) and external audiences, this includes people who are usually resident within the area and are not registered with a member of any clinical commissioning group.

2. To support NHS Newcastle North and East to ensure that the patient and public voice is at the heart of the organisation and its business and that the appropriate engagement and involvement arrangements are in place to enable NHS Newcastle
North and East to meet statutory requirements in relation to the duties to involve and consult for commissioners (currently sections 242 and 244 of the NHS Act 2006 and also the NHS Constitution). These include ensuring that there are:

a. effective engagement, involvement and consultation mechanisms in place, and
b. arrangements in place for feeding back to key stakeholders about how their involvement has impacted on the development of services commissioned by NHS Newcastle North and East

3. To ensure that all existing local mechanisms for engagement and involvement are optimised to avoid duplication, including emerging structures for the health and well-being board

4. To ensure that all patient experience feedback is used to help shape commissioning plans, including from surveys and complainants. Please see appendix 4.

5. To ensure that NHS Newcastle North and East plans effectively for any announcements/decisions that may result in an adverse reaction from the media, key stakeholders and the public

6. To develop excellent working relationships with the local, regional, national and specialist media.

4. Stakeholders and audiences

(Please note the list below is not in any order of priority)

4.1 Internal

- Board members of NHS Newcastle North and East
- All member practices
- NHS North of Tyne
- NHS North of Tyne joint negotiating and consultative committee (staff side)
- CCG staff
- Commissioning support organisation staff

4.2 External

- NHS Commissioning Board
- NHS North of England
- Other local NHS organisations including NHS Newcastle West CCG and NHS Gateshead CCG whom there are joint management arrangements and local NHS trusts
- Local representative committees, including Newcastle and North Tyneside local medical committee

4.3 Newcastle City Council, including,

- Newcastle health and well-being board
- Overview and scrutiny committee
- Adult care services
- Children and young people’s services
- Local ward councillors through ward committees

Newcastle local involvement network (LINk) and the emerging Local HealthWatch
4.4 Key community and voluntary sector groups, such as,

- Newcastle CVS,
- The Health and Race Equality Forum,
- Deaflink,
- Newcastle Blind Society,
- Newcastle Disability Forum,
- Elders Council and Involve North East (previously Community Action on Health)

4.5 Member Practices

- Practice patient groups through member GP practices
- Patients and the public
- People who are usually resident within the area and are not registered with a member of any clinical commissioning group

5. Key messages

NHS Newcastle North and East CCG:

- Is committed to ensuring that a strong patient and public voice is heard which includes feedback and input from as wide and diverse communities as possible, ensuring those involved are empowered in decision making
- Will commission high quality healthcare services to reduce avoidable emergency admissions and reduce avoidable planned referrals
- Will prescribe drugs, treatments and medicines in the best way possible and ensuring best use of available resources
- Will ensure that local people receive seamless care from the NHS at the right time in the right place
- Will work with partners to proactively improve health and health outcomes for local people while reducing their dependence on hospital care through the development of appropriate care closer to home

6. Risks

NHS Newcastle North and East CCG is committed to developing excellent communications and effective engagement and involvement mechanisms with its population and recognises that failure to do so will result in the following risks:

- Missed opportunity to optimise the goodwill that exists around the public perception of their family doctor taking the lead in managing the local NHS
- Missed opportunity to engage with member GP practices to support the CCG’s organisational objectives
- Missed opportunity to optimise the goodwill that exists among organisations and partners keen to work with NHS Newcastle North and East
- Lack of awareness about NHS Newcastle North and East and its vision and values
- Failure to meet statutory requirements in relation to the duties to involve and consult and missed opportunities in terms of engaging local people in the development and delivery of health services
• Adverse reaction from media and other stakeholders due to failure to communicate and engage effectively which could damage the reputation of the CCG and public confidence

The CCG recognises that it must ensure there is appropriate capacity and capability to deliver effective communications and engagement.

7. Tactics

A range of tactics will be used to ensure effective communications and engagement. Opportunities are already being taken to proactively promote NHS Newcastle North and East CCG’s agenda, including ensuring that partners are aware of the vision and values of the CCG and how they can become involved in the business planning cycle.

It will be important to feedback to stakeholders how their involvement has helped to shape developments or why it has not been possible to make any changes they may have requested. Given the development of close working between Newcastle West CCG it is anticipated that some of the following activity will take place at city-wide level and some at locality level. It is also possible that some activity will be coordinated across the whole of Newcastle and include the population served by Gateshead CCG.

Tactics will include;

1. Regular two-way communications with member practices to ensure they are up to date with developments and have opportunities to feedback
2. Engaging key groups and individuals, who have a stake in the local health economy to raise profile and ensure two-way communication
   a. Regular meetings with MPs
   b. Attendance at overview and scrutiny committee and health and well-being board
   c. Identifying and attending meetings of groups with local influence ie specific issue patient groups
   d. Presence whenever possible at LINk open meetings (once every two months and also at special meetings) and in the future at HealthWatch meetings
   e. Attendance at key community and voluntary groups
   f. Involvement in policy-led groups established by other partners for specific issues
   g. Proactively seeking involvement in specific projects and patient and public forums/groups
3. Ensuring effective pro-active and reactive relationships with the media (in line with media relations protocol)
   a. Build on the good relationship that exists with the national, regional, local and specialist press by
      i. A regular flow of proactive press releases and features
      ii. Responding positively to requests from the media on NHS Newcastle North and East business and other health related news issues
      iii. Meetings with editors and health correspondents
4. Using patient experience feedback, for example, from surveys and complaints to improve healthcare.
5. Identifying issues ie decisions or announcements, which could result in adverse reaction from key partners, the public or the media and developing a reactive or proactive communications plan, as appropriate
6. The use of social and new media in line with NHS values (protocol to be developed)
7.1 Supporting material and protocols being developed:

- Bulletin for member practices
- Bulletin for other stakeholders
- Range of templates with NHS Newcastle North and East CCG corporate identity
- Articles in council magazine City Life (distributed to all households and business premises)
- Easy read summary of ‘clear and credible plan’
- Press releases/media features
- Updated information on website
- Leaflet and poster re NHS Newcastle North and East CCG and how to be involved
- Leaflets on specific issues, such as the promotion of new services by member practices/localities, as required
- Protocol on holding meetings in public
- Guidance on Equality Impact Assessment for communication and engagement activities
- Forward plan for campaigns to make best use of GP practice notice board space
- Use of new and social media protocol
- CCG media relations protocol

Positive discussions have taken place with practice managers over a more joined up approach for public information campaigns which will result in greater coordination and the reinforcement of important messages over appropriate use of services and how to improve health and live healthier lifestyles. As such, a plan has been developed to help with this coordination and is included as Appendix 2.

8. Evaluation

Initially the evaluation will focus on the level of engagement with and feedback from partner organisations and the independent media evaluation currently commissioned by NHS North East on behalf of local organisations. However, in the coming months there will need to be further consideration of how communications and engagement are evaluated.

All communications and engagement should have evaluation measures as part of the project planning. It is important to involve key stakeholders in specific evaluations to maximise its effectiveness. Aspects for robust evaluation include looking at how insights gained from communications and engagement are used to inform the decision making of the commissioning process, ensuring the process of communications and engagement are appropriate and proportionate, and that stakeholders’ (including patients and the public) experiences of being involved with commissioning decisions are positive.

However, whatever evaluation measures are used to achieve the above, it must be seen in the context of other issues. This means that there is no one simple cost effective evaluation measure that can be used to track the effectiveness of strategic communications and public engagement.

Bespoke market research could be commissioned around specific objectives although the cost of this - to be statistically robust - could be prohibitive in today’s economic climate.

Initially a good starting place for evaluation could be to focus on the level of engagement with and feedback from patients, the public and partner organisations through simple surveys or
focus groups as part of on-going business to test how people feel about specific issues.

The independent media evaluation currently commissioned by NHS North East on behalf of local organisations gives metrics around positive and negative press coverage and also tracks issues that are making an impact in the media can be used also.

Further consideration needs to be given in the coming months about how communications and engagement effectiveness are systematically evaluated. This is likely to be across a range of measures, which are triangulated against each other and include sources such as the GP patient satisfaction survey, positive and negative media coverage, other sources and surveys, numbers and issues tracking of complaints, and MP and stakeholder enquiries.

Updated August 2012
Authors – Caroline Latta and Tracey Stuchlik

Appendix 1 NHS Newcastle North and East CCG
Appendix 2 NHS campaigns plan for NHS Newcastle North and East CCG constituent GP practices
Appendix 3 story planning grid
Appendix 4 communications and public engagement action plan
Appendix 1

NHS Newcastle North and East Clinical Commissioning Group – media relations policy

1. Background

As a CCG and future statutory body, we need to be accountable for the decisions that we make. Part of this accountability is responding to requests from the media for information, whenever this is needed.

This is further complicated at this time of NHS transition, where GP and CCG leads start to become names known to the media and can be contacted via their practice. This can lead to delays in information being passed on and risks fragmenting a co-ordinated response to the media, who may also be trying to contact other individuals or NHS organisations.

If the media feel that we do not respond to inquiries in an interested or timely manner they will stop contacting us, which means we may not get opportunities to provide balance to a negative story. As such we place a big emphasis on good relationships with editors and journalists and give priority to media inquiries, as well as ensuring journalists are well briefed on opportunities for positive media stories.

Newcastle is the regional capital for media so Newcastle based organisations are often the first port of call.

This policy is intended to support the CCG and its member practices (when media inquiries relate to CCG business rather than individual practice matters) to develop sound relationships with the specialist, national, regional and local press.

2. Handling incoming media inquiries

During office hours, all incoming media calls relating to NHS Newcastle North and East CCG, including requests for information, interviews or statements, should be channelled through to the NHS North of Tyne public engagement and communications team, who will speak to someone from the CCG if necessary to agree a response.

This will ensure that the inquiry is handled promptly, that the response comes from the most appropriate person and/or the correct information is supplied. It also ensures a consistency of approach across the CCG and other partner NHS stakeholder organisations. It also provides assurance to the person receiving the inquiry to know that it can be passed straight onto colleagues with expertise in media relations.

Should a journalist contact a member of the CCG during the evening or weekend, he or she should direct the journalist to the out of hours media arrangements for calls to be received and directed to an appropriate officer.

The communications staff in NHS North of Tyne and NHS South of Tyne and Wear operate a shared on-call rota and details of these arrangements are available on the office voicemails of the communications and public engagement team and on the NHS North of Tyne website.
Regional and local journalists are reminded of these arrangements during the year, particularly in advance of long bank holidays. (Most regional and local journalists already have the mobile telephone numbers of the communications team.)

All inquiries should be responded to positively with the aim of providing as much information as possible on any issue. While it will not always be possible to give as many details as the journalist would wish, for example, because of patient confidentiality or because the matter impinges on personnel procedures, as a general rule responses should be as open and as detailed as possible.

As a general rule, the CCG should never refuse to comment on any issue – no matter what the issue, it should always be possible to provide a statement and if information has to be limited (as above) an explanation should be given to the journalist about why this is the case. To say ‘no comment’ is bad practice, leads to mistrust and misses the opportunity to provide context or balance to a story.

In formulating a response, consideration should always be given to the likely impact on partner organisations. If necessary, any partner organisation that may receive a call as a result of the CCG response, should be contacted so that they are aware of what has been said.

If it is agreed that a member of the CCG will be interviewed by the media, he or she should always be properly briefed by the public engagement and communications team before this takes place. The briefing should include as much context as possible (i.e. information about the issue in question, why the media are interested, what line is being followed by the journalist and who else is commenting, or in the event of a radio or television interview, who else is being interviewed) and key messages for use in the interview.

In the event of a media inquiry about an issue that is likely to result in substantial interest, the public engagement team and communications team would also notify the North of England Strategic Health Authority’s communications team. This is to provide early warning to the SHA so that they can be prepared to give a response should they be required to do so, assess the implications for other parts of the NHS, and contact the Department of Health media centre, which may also be asked for a comment.

All inquiries and responses are logged by the public engagement and communications team on an electronic data base for ease of reference and monitoring purposes.

3. Contentious issues

The public engagement and engagement team should be briefed as early as possible, with as much information as possible, on any contentious issue that is likely to result in media interest. This includes advice on how the issue could be communicated to partners and stakeholders.

This also applies during out of hours, for example, when a member of the CCG is contacted about issues that are likely to attract media interest, they should contact the on call communications personnel.
Such early warning will help the CCG to determine and plan an approach – either proactively releasing information to the media (and other stakeholders if required) or preparing a statement for reactive use. Public interest/safety should always be the ultimate deciding factor(s) in consideration over whether or not to be proactive in such circumstances. In any event, whether or not a decision is taken to be proactive, the SHA’s communications team should be briefed as outlined above.

4. Major incidents

For major incidents there is a procedure to be followed, as outlined in the NHS North of Tyne Emergency Plan. This sets out clearly the steps to be taken in terms of involving the public engagement and communications team at the earliest opportunity and what the role of the team should be in the handling of the incident around providing information to the public.

5. Spokespeople

It is important that the right person fronts contentious or major issues and that if the issue if prolonged over a period of time there is consistency in terms of who is seen by the public to be responding through the media. For such matters, a member of the CCG executive team would usually do media interviews.

6. News releases

News releases are a quick and easy way of disseminating information about the work and decisions of the CCG. All ideas for news releases should be channelled through the public engagement and communications team, who will write and distribute any agreed releases as appropriate. The team would also provide professional advice on the likely media interest in a particular issue.

Embargoes should only be used in exceptional circumstances. In the interests of fairness, news releases should be sent to all media outlets that might be interested in the story. Partner organisations, both within and outside the NHS, which are likely to be contacted as a result of a news release should be advised in advance of the release being sent out.

As a matter of routine, news releases should be sent to executive board members, local authorities, hosts of local involvement networks (LINks) and MPs and posted on websites. If necessary, for example if the announcement is to have a major impact on staff, arrangements should be made in the communications plan for handling the issue in question to ensure staff do not hear about it first through the media.

7. Media training

Media training opportunities should be made available for any person who is likely to be called upon for radio or television interviews.

8. Dealing with any inaccurate coverage

A good working relationship with the media, particularly with local and regional journalists, provides a valuable opportunity to share information about the CCG’s work.
While every organisation would wish to have a good working relationship resulting in regular positive coverage, all that can be expected is fair and balanced reporting and an opportunity to respond to criticism.

From time to time relationships with particular media outlets, or with individual journalists, can become strained or an issue may result in negative coverage. On such occasions, it is even more important to continue to work closely with journalists and provide as much information as possible. This should ensure that balanced and accurate coverage is achieved and that one-sided articles are avoided.

Only if articles are blatantly one-sided or factually incorrect should the matter be raised with the media. In such cases, an initial discussion should always be held with the North of Tyne communications and public engagement team before any contact with the media is made. Also, for such situations, the communications and public engagement team should provide fast rebuttal to the newspaper or TV or radio station in question about inaccuracies.

As a general rule, individual members of staff should not contact the media to complain about media coverage. If they are unhappy about a particular article or story that has been broadcast they should raise this with the public engagement and communications team, who would then pursue the matter if appropriate.

**9. Board meetings held in public**

If there is a future requirement for the CCG to meet in public then notification of the date, time and location of board meetings should be carried out via news releases and details on the CCG website.

This can be reinforced once a year by letters/emails to key interest groups and individuals with details of dates and venues. Ideally, in keeping with good practice, if budgets allow they should also be advertised in the local press.

It is usual practice that the media are welcome to attend business meetings of public bodies such as the NHS Newcastle North and East CCG board, which are held in public. After the meeting, journalists who wish to speak to board members in more detail should be offered interviews and the opportunity to clarify issues.

Following decisions made at board meetings, if there are newsworthy items to report, press releases should be sent to the media.

Papers of all board meetings should be available in advance of the meetings on the CCG website.
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August 2012
Appendix 2
NHS campaigns plan for NHS Newcastle North and East Clinical Commissioning Group constituent GP practices

1. Background

There are many different sorts of NHS campaigns that come from a variety of national, regional and local NHS organisations. NHS Newcastle North and East is working with NHS North of Tyne, the current commissioners of healthcare, other local clinical commissioning groups (CCGs) in the North East and the North East Strategic Health Authority to support a consistent approach to campaigns.

There is also a strategic direction across the NHS Commissioning Board and its regional presence as NHS North of England to take a ‘do once’ approach to campaigns. This do once approach is already evident in the North East where there is a proven track record of regional NHS organisations collaborating on specific publicity campaigns – this helps ensure consistency of messages, gains economies of scale for funding and maximises the impact campaigns can have in raising public awareness.

This approach ensures that campaign issues are aligned to strategic priorities such as appropriate use of urgent care – for example Choose Well and Think Pharmacy First, or the introduction of a new service such as 111.

2. A co-ordinated approach to campaigns for GP practices

GP practice waiting rooms provide an ideal location to promote the key local NHS campaigns to users of primary care services and act as a shop window for the NHS. Newcastle West GP practice managers have identified the need to improve the quality of information in GP waiting rooms as they receive large amounts of information from different organisations and Newcastle North and East practice managers want to build on this work. Practice managers across the city would also like support on how they should prioritise NHS campaigns amongst all the campaign information they receive.

Size of space that is available is variable across practices and this campaigns plan aims to make best use of the space and resources that are available for practices to use. Some practices also have the life channel – essentially health TV - which can be utilised both for specific issues relating to the practice or broader campaigns which are paid for. A co-ordinated approach can also provide aligned campaign information for use on electronic message boards, websites and other communications channels within the GP practice.

To help co-ordinate this it is proposed that each practice has a named key link campaigns person who will have responsibility to keep reception notice boards up to date and act as a point of contact. The named person will become a campaigns champion within their practice, and take the opportunity to give feedback on resources that would be helpful to general practice. It is proposed that practices can also share this information with their patient participation group to gain support for the campaigns and further feedback.
3. Campaign resources

Taking account of feedback from practice managers, each campaign resource kit sent to primary care will include:

- Campaign start and end date
- Photo to show how best to display the materials on a notice board
- Suggestions for support by the wider practice team
- Short messages for use on websites, electronic notice boards, newsletters etc
- Information on how to request more resources
- A short evaluation form for feedback

The campaign kits will be send through the post to the named campaigns link person and also send electronically through email so to include artwork etc for websites etc.

Table 1
Forward list of NHS campaigns – Summer 2012 to July 2013. Please note this list may be subject to changes and is to be completed

<table>
<thead>
<tr>
<th>Campaign</th>
<th>Dates and key information</th>
<th>Support from practices</th>
<th>Resources available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose well – Olympics (minimising inappropriate use of A&amp;E and 999)</td>
<td>July 2012 Visitor choose well information in city hotels</td>
<td>Highlight to existing patients that visitors can see the GP Accept visiting patients</td>
<td>Website and electronic notice board copy</td>
</tr>
<tr>
<td>Think pharmacy first – hay fever and summer health</td>
<td>July 2012</td>
<td>Display materials on notice board Use copy on websites and newsletters Liaise with local pharmacies to ensure use of scheme – encourage prominent display of materials. Continue to proactively identify patients who would qualify for the scheme.</td>
<td>Posters and leaflets Website and electronic notice board copy and artwork</td>
</tr>
<tr>
<td>NHS Newcastle North and East– who we are and how we will make a difference</td>
<td>August 2012</td>
<td>Display materials on notice board Identify opportunities to promote within the practice</td>
<td>Poster and leaflet explaining the CCG Short copy for use on website and newsletters</td>
</tr>
<tr>
<td>Think pharmacy first head lice</td>
<td>September 2012</td>
<td>Liaise with local pharmacies</td>
<td>Poster and leaflets</td>
</tr>
<tr>
<td>Campaign</td>
<td>Dates and key information</td>
<td>Support from practices</td>
<td>Resources available</td>
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<tr>
<td>Liaise with local pharmacies to ensure use of scheme – encourage prominent display of materials. Consider links with local schools and children's centres to promote direct access to pharmacy Practice nurse links to school nurses</td>
<td>September/October/November 2012</td>
<td>Short copy for use on website and newsletters Letters for local schools to send home with children for parents.</td>
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<tr>
<td>Flu campaign – promoted alongside pneumococcal immunisation</td>
<td>September/October/November 2012</td>
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<tr>
<td>Student GP registration (optional)</td>
<td>September 2012</td>
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<tr>
<td>Older people's conference</td>
<td>September 2012</td>
<td></td>
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<tr>
<td>Patient recruitment for practice participation groups TBC</td>
<td>September – to time with large footfalls over flu clinics</td>
<td>Standard proforma Leaflets, posters and display information Website and electronic notice board info</td>
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<tr>
<td>Think Pharmacy First – winter coughs and colds</td>
<td>October 2012</td>
<td></td>
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<tr>
<td>Alcohol awareness week</td>
<td>October 2012</td>
<td>Work in partnership with Balance on resources</td>
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<tr>
<td>Choose well – Christmas</td>
<td>December 2012</td>
<td></td>
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<tr>
<td>Stop smoking</td>
<td>January 2012</td>
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<td>111</td>
<td>February 2013</td>
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</table>
Appendix 3 – story planning grid

1. Main local media

Journal, Chronicle, BBC Radio Newcastle, BBC Look North, Tyne Tees Tonight, Metro Radio, Real Radio, Newcastle Chronicle Extra

<table>
<thead>
<tr>
<th>Issue/story</th>
<th>Lead/contacts</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Your health in your hands’ campaign – series of linked stories to highlight the difference CCGs will make to clinical commissioning groups</td>
<td>CL/TS</td>
<td>1 to 7 September – complete 24 hour blood pressure monitoring used as a case study</td>
</tr>
<tr>
<td>Older people’s conference</td>
<td>AS/CL/Dr Cummings</td>
<td>11 September - on going</td>
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</table>
## 2. NHS Newcastle North and East Clinical Commissioning Group – communications and engagement table of activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Lead</th>
<th>Comments</th>
<th>Latest update</th>
<th>Date completed</th>
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<tbody>
<tr>
<td><strong>Internal communications and engagement activities</strong></td>
<td></td>
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<tr>
<td>Draft communications and public engagement plan discussed and accepted at executive board</td>
<td>June to September</td>
<td>Tracey Stuchlik/ Caroline Latta</td>
<td>To ensure high level sign up</td>
<td>May 2012</td>
<td>On-going</td>
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<td>July 2012</td>
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<td>August 2912</td>
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<tr>
<td>Engage with practice managers and other key stakeholders on C&amp;PE plans Including: Practice managers LINK CVS</td>
<td>June/July/August</td>
<td>TS/CL</td>
<td>To ensure involvement and feedback and awareness of vision and values etc.</td>
<td></td>
<td>On-going</td>
</tr>
<tr>
<td>Engage with key NHS partners including: Newcastle Hospitals NEAS Northumberland, Tyne and Wear NHS Trust</td>
<td>All year</td>
<td>All CCG leads</td>
<td>On-going over several meetings Updates as part of ongoing business and also to ensure awareness of vision and</td>
<td></td>
<td>On-going all year round</td>
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<td>Activity</td>
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<td>Lead</td>
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<tr>
<td>Attendance at key Newcastle City Council meetings including:</td>
<td>All year</td>
<td>Dr Relton Cumming</td>
<td>On-going over several meetings</td>
<td></td>
<td>On-going all year round</td>
</tr>
<tr>
<td>Health and well-being boards</td>
<td></td>
<td>s and other key CCG</td>
<td>Updates as part of on-going business and also to ensure awareness of vision and values etc</td>
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<tr>
<td>Overview and scrutiny committee</td>
<td></td>
<td>leads</td>
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<tr>
<td>Engage with practices on how they will feed in and feedback on issues</td>
<td>August/Sept</td>
<td>TS</td>
<td>To ensure two way communication s, horizon scanning and buy in to commissioning issues</td>
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<tr>
<td>Develop key contacts lists of GP and CCG staff for fast news updates</td>
<td>August 2012</td>
<td>CL</td>
<td>To update practices on media and contentious issues</td>
<td>List of PMs and key staff plus executive board</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Seek local GP led stories on how CCGs will make a difference</td>
<td>On-going</td>
<td>CL and Sam Start</td>
<td>To help bring the new NHs management arrangements</td>
<td>August 2012 stories being developed include:</td>
<td>Ongoing</td>
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<td>Activity</td>
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<td>Lead</td>
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<td>Blood pressure monitoring Heavy menstruation initiative</td>
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<td>to life and help make them more tangible to people</td>
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<tr>
<td>Develop NHS Newcastle North and East news sheet/bulletin</td>
<td>August/Sept ember 2012</td>
<td>Sam Start</td>
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<tr>
<td>Schedule regular editions times around key meetings</td>
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<tr>
<td>Agree media relations protocol with GP practices</td>
<td>August/Sept ember 2012</td>
<td>TS/CL</td>
<td>Need to ensure that member practices are supported in case of media enquiries that could affect the CCG</td>
<td>Two policies developed for consultation – August and September 2012</td>
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<tr>
<td>Practice board meetings update</td>
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<td>Executive team meetings</td>
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<tr>
<td>Activity</td>
<td>Date</td>
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<tr>
<td><strong>Stakeholder communications and engagement activities</strong></td>
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<tr>
<td>Ensure this strategy is consistent with Newcastle West and Gateshead CCGs C&amp;PE plans and they are linked up at the three boards</td>
<td>September 2012</td>
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<tr>
<td>Arrange regular cycle of meetings with local MPs to update on key issues</td>
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<tr>
<td>Work with groups including the Newcastle local involvement network to map local channels/communications routes/local stakeholders of influence</td>
<td>August/September</td>
<td>TS/CL</td>
<td>Working with partners to maximise all the channels available across the city to use for information and messages</td>
<td>On-going</td>
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<tr>
<td>Work with council colleagues to map their channels</td>
<td></td>
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<tr>
<td>Ensure all corporate template documents are consistent and include a communications and engagement for consideration.</td>
<td>September 2012</td>
<td>CL and Michael Barlow</td>
<td>Graphics manager updating all corporate templates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop key contacts lists of stakeholders</td>
<td>September 2012</td>
<td>AS</td>
<td></td>
<td>On-going</td>
<td></td>
</tr>
<tr>
<td>Map all stakeholder, community and voluntary groups of influence and their meetings – arrange attendance where appropriate or info to be sent for their meetings.</td>
<td>September 2012</td>
<td>AS</td>
<td></td>
<td></td>
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<tr>
<td>Activity</td>
<td>Date</td>
<td>Lead</td>
<td>Comments</td>
<td>Latest update</td>
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<tr>
<td>Work closely with health and wellbeing board, particularly around processes for engagement and involvement – see below</td>
<td>September 2012</td>
<td>Sam Harrison/TS</td>
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<tr>
<td>Link this C&amp;PE strategy to the work of the comms and engagement sub group of the Newcastle health and wellbeing board.</td>
<td></td>
<td>Sam Harrison</td>
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<tr>
<td>Work through this mechanism to link up with city council and children’s services</td>
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<tr>
<td>Update core NHS Newcastle North and East briefing with news/developments for stakeholder and reactive use i.e. respond to parliamentary/ministerial briefing requests</td>
<td>August 2012</td>
<td>ss</td>
<td></td>
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<tr>
<td>Communications and marketing activity to support patient group recruitment.</td>
<td></td>
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<tr>
<td>Start to consider how patient groups can be called upon to help influence commissioning intentions.</td>
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</tbody>
</table>

**Public communications and engagement activities**

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<tr>
<th>Activity</th>
<th>Date</th>
<th>Lead</th>
<th>Comments</th>
<th>Latest update</th>
<th>Date completed</th>
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</thead>
<tbody>
<tr>
<td>Include NHS Newcastle North and east updates in existing communications channels including: City council’s City Life</td>
<td>March – April 2013</td>
<td>SS</td>
<td></td>
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<td>May 2012</td>
</tr>
<tr>
<td>Syndicated information for stakeholder groups ie community and voluntary sector</td>
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<tr>
<td>Syndicated information for NHS providers and council to</td>
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<td>Activity</td>
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<tr>
<td>include in internal communications to staff.</td>
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<tr>
<td>Develop media relations protocol for engagement with GP practices</td>
<td>August 2012</td>
<td>CL</td>
<td>To ensure the media is handled appropriately and protect reputation of</td>
<td>On-going</td>
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<td></td>
<td>Sept 2012 to engage with PMs</td>
<td></td>
<td>the CCG and member practices.</td>
<td></td>
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<tr>
<td>Arrange visits to meet key newspaper editors and journalists</td>
<td>On-going</td>
<td>CL</td>
<td>CL briefing to BBC staff July 2012</td>
<td></td>
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</tr>
<tr>
<td>Regular flow of press releases issued to update the press and public on CCG developments (see appendix)</td>
<td>On-going</td>
<td>CL/SS</td>
<td>Need CCG and practices to help identify stories</td>
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<tr>
<td>Develop website and keep copy up to date.</td>
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<tr>
<td>Ensure engagement activity is included such as Newcastle LINk, health and well-being board.</td>
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<tr>
<td>Develop social media protocol for GP practice use</td>
<td>September 2012</td>
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<tr>
<td>Implement GP practice campaigns planning to support better use of information in GP practices.</td>
<td>September 2012</td>
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Appendix 4 - Arrangement for Managing Complaints

As part of ensuring individual patient engagement we will build on the PCT complaints procedures already in place and ensure that we commission effective complaints management in line with national guidelines and best practice. This will include,

a. Ensuring that patients, carers and the public have confidence in the complaints procedures by ensuring that complaints are dealt with in a straightforward, speedy and compassionate manner and that information received as a result of a complaint is reviewed to ensure lessons are learnt, and acts to reduce the risk of recurrences and to improve services.

b. Ensuring that our Quality, Safety and Risk Committee receive regular reports on complaints and that lessons learned feed into our service improvement plans will do this.

c. The Patient Advice and Liaison Service (PALS), which ensures that patients, carers and the public’s queries, concerns, requests for advice or signposting are dealt with in a straightforward, speedy and compassionate manner and helps to improve services by listening to what matters to patients, carers and families and making changes, when appropriate.

i. It is therefore important that information from these requests will be used by the CCG, where appropriate, to learn lessons, prevent recurrences, identify needs and improve services.

ii. This will be done by ensuring that our Quality, Safety and Risk Committee has regular reports on those matters dealt with by PALS and that lessons learned feed into our service improvement plans.

Complaints can be made

i. In person at NNECG headquarters, Newcastle North & East CCG, c/o Bevan House, 1 Esh Plaza, Sir Bobby Robson Way, Newcastle upon Tyne, NE13 9BA.

ii. By post to NNECG headquarters, Newcastle North & East CCG, c/o Bevan House, 1 Esh Plaza, Sir Bobby Robson Way, Newcastle upon Tyne, NE13 9BA.

iii. On email, ncs-pct.newcastlenorthandeastccg@nhs.net