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Version 4.0

Patient and Public Involvement and Communications Plan –Graham Road and Clarence Park GP Surgeries Proposal

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1. Purpose

Our duty to involve patients and the public:

- 1.1 We are committed to involving patients, service users, carers and the public at all stages of the planning we undertake to provide effective and efficient services that meet the needs of our local population. This is supported in legislation, through the NHS Clinical Commissioning Groups (CCGs) and NHS Trusts statutory 'duty to involve.' The right of patients to be involved in the planning and development of health services is also set out in the NHS Constitution and the NHS Standard Contract.
- 1.2 With the BNSSG CCG now having delegated authority for the commissioning of Primary Care Services since April 2018. This means that the CCG also has a responsibility for ensuring that GP Practices wishing to undertake proposals that will have an impact on the manner in which services are delivered to patient and/or the range of services that patients receive, comply with their duty to involve.
- 1.3 This Patient and Public Involvement and communication plan sets out how the company that provides GP services from Clarence Park and Graham Road Surgeries will meet their duties as they put forward a case for change for a proposal to change services that will have an impact on patients receiving services from both of these practices.

2. Background and what do we already know from public feedback?

- 2.1 We want to ensure the views and experiences of patients, service users, families and carers, and the wider public are heard and that they continue to influence the design and implementation

of service improvements throughout the delivery of our work programme associated with our vision document '*Healthy Weston: joining up services for better care in the Weston area*'. Healthy Weston is concerned with the whole system of health care across Weston, Worle and the surrounding Villages. Primary care services within the area are part of this wider system.

2.2 Since 6 February 2017, following an initial public engagement period concerning the sustainability of services for Weston General Hospital and the subsequent broadening of the scope to become the Healthy Weston Programme which launched in October 2017, feedback from engagement, public dialogue and co design informed us that people wanted a broad conversation to talk about the future of healthcare services in the round, rather than just focusing on one specific issue at a time. Within the feedback we received there has been a strong focus on Primary Care GP services.

2.2 A variety of Healthwatch North Somerset reports, as well as the more specific Independent Healthwatch North Somerset report 2017, and the Healthy Weston Evidence Centre report 2018, provides views which include peoples' experiences of accessing primary care services.

2.3 Key themes include:

- Core services should be provided as locally as possible and access to GP primary care services should be improved
- We want health inequalities in the area to be reduced especially for central and south wards in Weston-Super-Mare and for Worle
- We would like clarity on how services will respond to a growing population, including the new build houses in the area
- Professionals should be better at sharing information so that people don't have to negotiate organisational boundaries or have their needs assessed multiple times
- We would like help to understand and navigate the 'system'
- Before any significant decisions are made, local people must be fully consulted

2.4 Sources of the above themes include:

- BNSSG Primary Care Strategy Feedback Report
- Healthy Weston Evidence Centre report 2018
- Healthwatch North Somerset Report on the future of services from Weston General Hospital 2017
- Healthwatch North Somerset Weston-super-Mare Central Ward Engagement Project Report April 2016

3. Principles for this Patient and Public Involvement and Communications Plan

This plan is rooted in the following set of principles:

- The involvement and engagement is proportionate to the scale of the project

- The proposal to change is positioned as part of the wider vision for Healthy Weston, and in the context of the ongoing narrative and Commissioning Context – i.e. ‘Primary care at scale’
- All communication and engagement requires clear and consistent use of terminology and to be presented in plain English to patient and public audiences
- The engagement process, supported by the BNSSG CCG, will be led by the Company that runs the Practices with clinicians to explain the patient and clinical benefits, and building on what we have heard from patients and the public about primary care services in the Healthy Weston area
- The engagement will focus on the potential impact on patients, service users, their families and the wider public – explaining the ‘so what?’ How will the change benefit patients and the practice e.g. more appointments, sustainability for the future etc..
- The engagement process will use established channels, and utilise existing opportunities, ensuring any gaps are filled with bespoke activity.
- Using accessible formats and opportunities to engage with relevant communities.
- Seeking, responding to, and using insight and feedback to influence the decision making process for the proposal, including mitigating patient and public concerns
- Engaging with patients, the wider public and key stakeholders to inform them about what’s happening and timelines
- Pragmatism – given the constraints of the project timetable and available resource.
- Well-documented - all engagement and communications activity to be accurately logged.

4. Patient and Public Involvement Aim and Objectives for this plan:

Building on these principles the following aim and objectives have been designed.

Aim: To engage with the practice patient population and with the wider public and key stakeholders to inform and to gather views concerning the Clarence Park and Graham Road Proposals for change.

By delivering the following objectives:

- Informing practice patients, their families and carers, and the wider local public, about the proposal by creating a ‘Case for Change’ document which clearly, and in plain English, outlines the reasons why the Company wants to make the changes including clinical and patient benefits, affordability and sustainability
- Providing the target population, with opportunities to contribute their views and any concerns about the proposal as feedback to influence the final decision making process.

- Undertaking an Equality Impact Assessment to identify cohorts of people who might be disproportionately disadvantaged by the proposed change e.g. people with mobility, or sensory impairment, older people, people living in poverty etc.
- Creating a Patient and Public Involvement and Communications Plan which includes:
 - a stakeholder map;
 - a description of the communication materials required; and
 - a calendar of engagement events and activities
- Evaluating the engagement process to ensure inclusivity, reach and effectiveness
- Collecting, recording and analysing feedback and submitting this to the decision makers
- Providing the target population with a 'You said...We did' style of report at the end of the process, which will be published on the Practice and CCG websites.

5. Stakeholder Map

The Equality Impact Assessment which is in appendix has helped to target the following communities for engagement.

Users and Partners:

Patients, service users, their families and carers

People who work during day/night workers

Care home - patients

People with lived experience of mental ill health/substance misuse

Wider public (Weston, Worle and surrounding area)

Communities with protected characteristics such as older people, parents with young children, people from Black, Asian and Minority Ethnic communities, people with disabilities and sensory impairments, people from Lesbian, Gay, Bisexual and Trans communities etc.

Staff working at the practices

Neighbouring clinicians, including GP providers as well as provider colleagues

Other providers:

North Somerset Community provider, Weston Hospital,

Other providers, Local Authority /social care

Care home provider forum

Support Alliance – Carers Networks

Avon, Somerset and Wiltshire Police

South West Ambulance Service

Relevant Voluntary, Community and Social Enterprise Sector (VCSE) organisations e.g. Somewhere to Go, YMCA, Positive Steps etc.

Walliscote Road School/Notice Board

Healthwatch North Somerset

Voluntary Action North Somerset

Boards, Regulators & Leaders:

BNSSG CCG Primary Care Commissioning Committee (decision making committee)
 North Somerset Health Overview Scrutiny Panel
 Health and Wellbeing Board (People and Communities Board)
 Regulators – Care Quality Commission
 MPs and local ward councillors
 Local authority leaders (e.g. Director of Adult Social Services, Director Children’s Social Services, Director of Public Health)
 Media

6. Communications materials:

Communications materials to support the delivery of this plan will include:

- An overarching narrative - the case for change; that tells the story we want to tell and set of agreed messages that will be used throughout all communications materials produced such as:
- Standardised presentation information packs for both public and staff audiences
- Visuals to help people understand the narrative
- Tailored messages for health and care staff
- Tailored messages for stakeholder organisations
- Online survey, web copy information, articles for newsletters and publications
- Meeting invitations and content for events, Accessible information for people with particular communication needs as requested; e.g. BSL signers, Easy Read, audio and large print formats
- Materials for press briefings and media releases
- Social media copy e.g. Facebook, Twitter etc.

7. Calendar of Engagement events:

Date	Activity	Who	Status
w/c 10 Dec 19	<ul style="list-style-type: none"> • Development of PPI and Communications Plan • Arranging dates and venues for public meetings • Starting an Equality Impact Assessment • Website copy published • Drafting case for change 	Mary Adams (MA) Mark Graham(MG) MA MA/MG MG MG /Linda	In progress
w/c 17 Dec 18	<ul style="list-style-type: none"> • MA attending PPG Chairs Meeting – update on what’s happening 	MA	Completed
W/c 24 Dec 18	<ul style="list-style-type: none"> • Holiday Week 	All	Completed
w/c 31 Dec 18	<ul style="list-style-type: none"> • Drafting Case for Change • Preparation of communication materials <ul style="list-style-type: none"> ○ Website copy ○ Invite to public meetings 	MG/Linda Buczek (LB) MG	Completed

	<ul style="list-style-type: none"> ○ Posters ○ Letters ○ Text to signpost to website ○ Social media <ul style="list-style-type: none"> ● Staff engagement planning 		
w/c 7 Jan 19	<ul style="list-style-type: none"> ● Drafting Case for Change ● Targeted outreach work planning ● Survey development ● PPG meeting ● Preparation of communication materials <ul style="list-style-type: none"> ○ Website copy ○ Invite to public meetings ○ Posters ○ Letters ○ Text to signpost to website ○ Social media ● Staff engagement planning 	MG/Linda MG/MA MG/MA/Comms	
w/c 14 Jan 19	<ul style="list-style-type: none"> ● Preparation/submission of HOSP briefing paper ● Planning outreach meetings ● Online survey 	LB/MG	
w/c 21 Jan 19	<ul style="list-style-type: none"> ● Preparation of paper for HOSP ● Share papers with CCG – Primary care leads ● Letters to key stakeholders 	MG/LB MG/LB	
w/c 28 Jan 19	<ul style="list-style-type: none"> ● North Somerset Health Overview Scrutiny Panel – briefing 31 Jan 19 	Colin Bradbury(CB)/MG	Date change – NS HOSP 28/02/19
w/c 4 Feb 19	<ul style="list-style-type: none"> ● Public meetings – Clarence Park Baptist Church - 12.30 – 14.30 and 18:30 until 14:30 	(RR)/ MG/MA	
w/c 11 Feb 19	<ul style="list-style-type: none"> ● Monitor survey results ● Respond to requests for community meetings ● Collate and analyse feedback from public meeting ● Record feedback into a database 	MG/MA MG/MA LB LB	
w/c 18 Feb 19	<ul style="list-style-type: none"> ● Monitor survey results ● Respond to requests for community meetings ● Collate and analyse feedback from public meeting ● Record feedback into a database 	MG/MA MG/MA LB LB	
w/c 25 Feb 19	<ul style="list-style-type: none"> ● Monitor survey results ● Respond to requests for community meetings 	MG/MA MG/MA	

	<ul style="list-style-type: none"> • Collate and analyse feedback from public meeting • Record feedback into a database 	LB LB	
w/c 04 Mar 19	<ul style="list-style-type: none"> • Monitor survey results • Respond to requests for community meetings • Collate and analyse feedback from public meeting • Record feedback into a database 	MG/MA MG/MA LB LB	
w/c 11 Mar 19	<ul style="list-style-type: none"> • Monitor survey results • Respond to requests for community meetings • Collate and analyse feedback from public meeting • Record feedback into a database 	MG/MA MG/MA LB LB	
w/c 18 Mar 19	<ul style="list-style-type: none"> • Monitor survey results • Respond to requests for community meetings • Collate and analyse feedback from public meeting • Record feedback into a database • Public meeting/s – 19 March 2019 (pre-Purdah) Clarence Park Baptist Church 	MG/MA MG/MA LB LB NC/MG/MA & support	
w/c 25 Mar 19	<ul style="list-style-type: none"> • Engagement closes 31 March 		
1 April 19	<ul style="list-style-type: none"> • Analysis of all feedback to support business case and decision making process • Submission to Primary Care Commissioning Committee 30 April 2019 09:00 – 12:00 	LB/MG/MA	

8. 'You said' ... We did' report

8.1 We will be produce a 'You said' report based on the feedback we hear during the consultation process. The reports will summarise what we have heard from people This will be used to inform the decision making process. The report will be published on the Bristol, North Somerset and South Gloucestershire (BNSSG) CCG website and on the practice website once they are complete. After the decision has been made, this will be followed up with a 'You said...We did' report which will confirm any changes and provide the rationale for any such change.

8.2 The report will include an evaluation of the Patient and Public Involvement process.