

October 2013

## Draft Communications, Engagement and Consultation Plan

### Communications to tell the story

A schedule of communications will take place between October and December in order to inform clinicians and staff within our organisations, partner organisations, patient/community groups and the public about the forthcoming consultation. The objective will be AIDA – to get attention, leading to interest, leading to people’s desire to take part, and leading to action – i.e. attending an event or completing a feedback form.

### Message principles and process

- All messages will be agreed and issued jointly by WCCG and RWT;
- Communications will be shared across ‘owned and earned channels’ – the free things like internal newsletters and social media, but also through local media and information cascades within community and patient groups.
- All written pieces will include a quote from clinical leads from both organisations.
- All messages will uphold the NHS communications values:
  - Clear and professional: demonstrating pride and authority in what we do.
  - Cost-effective: showing that budgets have been used wisely.
  - Straightforward: avoiding gimmicks and over complicated design or wording.
  - Modern: portraying the NHS in a way that is up to date.
  - Accessible: understood by the target audience and easily obtainable and, where appropriate, available in other languages, symbols or formats.
  - Honest: avoiding misleading information or false promises.
  - Respectful: showing respect for our audience, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations.

### Activity

There will be the following communications messaging activity (please note timescales will be determined when the project timeline are confirmed).

Audience	Date	Action	Key message
Public	Oct 13 – March 14	<i>(Part of another strategy)</i>  <i>Choose well campaign will run across various media – twitter, web, press, radio and phone app.</i>	<ul style="list-style-type: none"> <li>• <i>Encourages residents to choose the right service for their urgent and emergency care.</i></li> </ul>

Internal	Late Oct 13	<p>Joint message to GPs and staff within the CCG, social care and public health – this will be run through respective internal communications channels:</p> <ul style="list-style-type: none"> <li>• Team W (GPs – 23 Oct)</li> <li>• Practice Managers Forum (29 Oct)</li> <li>• CCG intranet</li> </ul>	<ul style="list-style-type: none"> <li>• Explain the review, reasons for undertaking it and set out overarching consultation approach.</li> </ul>
Stakeholder /public	Late Oct/early Nov 13	<p>Message to key stakeholders including councillors, providers, neighbouring CCGs and patient groups through the CCG's <b>Partner News</b> newsletter</p>	<ul style="list-style-type: none"> <li>• Explain the pressure we see as we head into winter;</li> <li>• Urge people to 'choose well' and why it's important;</li> <li>• Explain the review, reasons for undertaking it and set out overarching consultation approach.</li> </ul>
Public	Late Oct 13	<p>Media release featuring a quote from key clinical leads, linked to pressures or something else seasonal/topical</p>	<ul style="list-style-type: none"> <li>• Explain the pressure we see as we head into winter;</li> <li>• Urge people to 'choose well' and why it's important;</li> <li>• Explain the review, reasons for undertaking it and set out overarching consultation approach.</li> </ul>
CCG staff	13 Nov 13	<p>Team meeting</p>	<ul style="list-style-type: none"> <li>• Presentation to reiterate the review, share feedback from Health and Wellbeing Board, and explain the consultation process/timescales.</li> </ul>
Stakeholder /public	Mid November 13	<p>Filming key clinical leads and members of public</p>	<ul style="list-style-type: none"> <li>• Ask public about their experiences and pull-out key issues and themes;</li> <li>• Film clinical leads explaining the proposed solutions.</li> </ul>
GPs	27 Nov 13	<p>Team W presentation</p>	<ul style="list-style-type: none"> <li>• Presentation to reiterate the review, share feedback from Health and Wellbeing Board, and explain the consultation process/timescales.</li> </ul>
Public	Late Nov 13	<p>Web content</p>	<ul style="list-style-type: none"> <li>• Main banner on web home page to dedicated to the forthcoming urgent care strategy.</li> </ul>

Public	Early Dec 13	Media release	<ul style="list-style-type: none"> <li>• Promoting season messages around access;</li> <li>• Trailing the consultation, inviting people to have their say on urgent care through a 12 week public consultation.</li> </ul>
Public	Late Dec/Early	Express and Star advertorial in the 'new year, new you' promotion	<ul style="list-style-type: none"> <li>• We will promote the consultation events and invite people to complete a survey.</li> </ul>
<b>Consultation runs 6 January – 6 April</b>			
Public	Jan 14	12 Hours in A&E – live tweeting	<ul style="list-style-type: none"> <li>• Live tweeting from A&amp;E to highlight the pressures, problems, mis-use and heart-warming stories over a 12 hour period;</li> <li>• Promote opportunities for people to have their say.</li> </ul>
Public	w/c 6 Jan 14	Media release	<ul style="list-style-type: none"> <li>• Promote the start of the consultation. Offer an interview with clinical leads or senior management figures to explain the vision for urgent/emergency care and how people can get involved.</li> </ul>

### Communications tools

The following communications tools will be developed in order to support understanding of the changes we are proposing and reasons for making them:

- Consultation document that explains the problems, proposals for change and how to take part;
- Single page fact sheet that summarises the consultation document for sharing across staff/stakeholder/public groups;
- FAQ database – this will be added-to when new questions arise;
- Social media including Facebook, Twitter and Netmums – these will offer debating forums where views can be captured;
- Videos – include interview with key clinical leads and patients/members of public (talking heads);
- PowerPoint pack to help PPGs, patient and community groups to cascade information on the consultation;
- Web site ([www.wolverhamptonccg.nhs.uk/urgentcare](http://www.wolverhamptonccg.nhs.uk/urgentcare)) containing information, all key documents and also survey;
- Blog by clinicians and staff at urgent/emergency care centres allowing feedback and discussion with members of the public;
- Web survey, replicating the survey at the back of the consultation document

- A6 post cards promoting the consultation in ‘light engagement’ venues such as school nurseries, libraries and other community venues;
- Advertising in local media, billboards and cinemas will be explored.

### **Consultation methodology (all to run within the consultation period)**

- 3 locality ‘round table’ meetings – South East, South West and North East – primarily aimed local residents;
- One city-wide event at a central venue – aimed at partners/stakeholders, patients and public;
- Drop-in sessions/a stand at the key urgent and emergency care centres through-out the consultation period;
- Information will be shared throughout all of the CCG’s engagement groups (see below), providing advice and the opportunity for people to take part:
  - Joint Engagement Assurance Group (JEAG)
  - GP Practice Partnership
  - Patient and Public Partnership
  - Clinician and Allied Professionals’ Forum
  - Community Leaders’ Forum
  - GP Locality Groups
  - PPG Locality Groups
  - Patient Partners (members scheme)
- We will consult the Wolverhampton Equality Forum to ensure our consultation is accessible for hard-to-engage groups;
- The consultation will meet the requirements and principles contained within the One City Community Engagement Strategy.

### **Key stakeholders**

- Service users and public
- Carers Service
- GPs and practice staff
- Staff (broken down to staff group if necessary i.e. frontline, commissioning etc)
- Management: senior managers, Governing Body members
- Other Primary Care colleagues (dentists, pharmacists, opticians)
- Local committees (Medical/Dental/Pharmaceutical/Ophthalmic)
- Wolverhampton Public Health
- City Council including councillors
- Other civic partners such as police, fire and ambulance
- Businesses/employers e.g. Chamber of Commerce
- Overview and Scrutiny Committee (OSC): Carl Craney ([Carl.Craney@wolverhampton.gov.uk](mailto:Carl.Craney@wolverhampton.gov.uk))
- Health and Wellbeing Board: Earl Piggott-Smith ([earl.piggott-smith@wolverhampton.gov.uk](mailto:earl.piggott-smith@wolverhampton.gov.uk))
- Local Councillors and MPs – contact the Communications and Engagement Team for the latest list of these including information on their key areas of interest
- Healthwatch Wolverhampton (Chair: Maxine Bygrave - [mbygrave@me.com](mailto:mbygrave@me.com))
- Other NHS partners (providers, neighbouring CCGs, NHS England)
- Media
- Third and voluntary sector
- Community and social groups (e.g. residents’ associations)

- School, college and university students
- Nursery schools

### **Feedback Requirements**

Further to the consultation process, a feedback document will be developed for patients and stakeholders to update them on the outcomes of the consultation process.

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