

Communication and Engagement Plan

OOH and NHS 111 service

To support communication and engagement with healthcare professionals and users of the service to gain current experiences and views to help shape the future service.

1. Overview

- OOH and NHS 111 services are working more closely as part of the plan to create an Integrated Urgent Care System for Staffordshire and Stoke-on-Trent
- National specification for Integrated Urgent Care Systems commenced on 1 April 2019 – in Staffordshire and Stoke-on-Trent a temporary measure was put in place
- Mobilisation of Integrated Urgent Care System will take shape from 1 October 2020.

2. Aims and objectives

The plan is to establish the ways in which we communicate the opportunity for people to share their experiences of the current service and help shape the future service. This will include liaising with healthcare professionals who use the professional NHS 111 line, as well as patients and potential users of the services.

The purpose of this plan is to:-

- Identify key audiences and appropriate level of communication
- Identify any communications risks and seek to address them
- Incorporate mechanisms for monitoring and evaluating the effectiveness of the communications
- Identify the appropriate methods of delivery for communication including timescales

3. Feedback summary

- A similar piece of engagement took place two years ago for the south of the county. Lessons were learnt from this engagement including the approach of two surveys to capture views from the users/patients and experiences from healthcare staff separately about the NHS 111 professional line. Another example being carried forward is the length and structure of the surveys. We aim to launch both surveys w/c 17 June for 4 to 5 weeks, ending 21 July 2019, with room for extension depending on the value of responses and interest.
- The commissioning and contracts team have gathered insight from users from the OOH and NHS 111 service, as well as the Urgent Care Centres, using the CCGs' Datix system.
 - This soft intelligence is from the period of January 2018 to May 2019 and covers the following themes:
 - Access and waiting e.g. access to appointments and waiting time issues for a call back, or to see a clinician in person
 - Better information / more choice
 - Building closer relationships e.g. comments about poor attitude of staff, or some patients feeling they were discharged too quickly
 - Safe, high quality and coordinated care e.g. comments on clinical care/treatment
 - A number of compliments were also received about the service highlighting positive care and treatment a patient received.
 - This feedback has helped shape some of the questions in the survey, in particular from the public. This will enable us to capture the most up to date and relevant experiences of the current service and to help shape the future service. It means we also know from this research what is important to users.

4. Key audiences

The key audiences that need to be communicated with include:

- **Member practices:** Healthcare professionals from primary care that use the professional NHS 111 line
- **Healthcare professionals:** Other healthcare professionals that use the professional NHS 111 line outside of the GP practices, such as paramedics, district nurses and care home staff
- **Patients/users/public:** People that use, or could use Out of Hours and NHS 111 services
- **Targeted groups:** High users of the service include families with young children and people with long term conditions

5. Key messages

- The Integrated Urgent Care service will bring NHS 111 and OOH services together to provide a single point of access for patients, paramedics, healthcare professionals and care homes for urgent primary care advice and appointments.
- A key aim is to close calls at the point of delivery through NHS111 and not advise patients to access alternative services; as a result, the service will deliver a 'consult and complete' model of care meaning patients will receive a complete episode of care resulting in either advice, a prescription or an appointment.
- Where an appointment with a clinician is required these shall be direct booked, this will eliminate the need for patients to call their practice for an appointment as recommended by NHS111. Additionally, the service will deliver simplified, timely and consistent access to rapid response community offerings with the ability to direct book patients into appointments.
- Access to NHS111 via an on-line portal for patients wishing to take a digital approach.

6. Risks

We have identified one potential risk which could affect the rate of engagement for this service. We are aware of negative feedback from users – either through the providers or via patient forums such as PPGs and the CCG's face to face engagement model. These themes are captured on the Datix system and were outlined in section 3 of this plan.

Our aim is to learn from the users' experiences and capture their thoughts to improve the service. Users can do this by taking part in the engagement activity and sharing their views.

This could result in a large number of responses to the survey. During the engagement period, we have agreed close monitoring of the number of responses and offered any community groups to get in touch separately to share their collective view. A report of the views captured will be analysed and used as part of the new service specification.

We have considered various methods to capture experiences from the key target audiences – these are detailed in the table below:



7. Communications: Approach and Delivery

Comms team = PG/JS/JN/TS/Media/EII

CCG admin support = CP/MS

Commissioning team = SE

Audience	Communication	Description	Timescales	Lead	
Public	Public/patient online survey	PG draft with commissioning team.	by w/c 10 June	PG/SE	
		Feedback on survey and comms plan	Feedback by 12 June	SE	
		EII team to draft on SNAP tool.	Survey with EII by 14 June	PG	
		Online survey launch	w/c 17 June	EII	
		Analysis report	Use data from survey tool to develop analysis report highlighting what the results showed and the next steps.	16 August	SE
			Use analysis report to shape new service specification	21 August	SE
	Press release and copy (for web and newsletters) with patient/public online survey link	Media team to draft. Dr Steve Fawcett to be quoted as lead clinician in process	10 September	PG	
			w/c 17 June	PG / media	
			w/c 17 June	JN	
			w/c 17 June	TS	
Social Media – Facebook, Twitter, Instagram	Messages to direct people to press release and online public/patient link	w/c 17 June to 21 July (including “Last chance...”)	JS draft TS action		
	Create visual for survey for FB & Instagram	w/c 17 June	TS		

Audience	Communication	Description	Timescales	Lead
Patients, carers and families	Share copy with online public/patient online survey	<ul style="list-style-type: none"> Practice websites Practice Facebook pages/Twitter CCG public newsletters Direct email to members of Patient Groups PPGs via Your Voice newsletters 	3 July 3 July 26 June w/c 17 June By 28 June	P. Care P. Care JN MS / CP JN
	Share printed copies of the survey with current users	OOH reception areas to hand out surveys to users during appointments. Collect completed surveys Commissioning team to enter data from printed version to online version to aid analysis process	w/c 24 June 24 July 26 July	SE SE SE
	Share copy with public/patient online survey with specific users of the service: <ul style="list-style-type: none"> Families with young children People with long term conditions 	Contract team to identify any specific groups <ul style="list-style-type: none"> Target social media groups of young families Voluntary sector to share surveys to specific groups identified e.g. Diabetes UK, Age Concern, Breathe Easy and British Lung Foundation 	By 12 June w/c 24 June w/c 24 June	SE JS/TS JS
Healthcare professionals using the service	Create HCP online survey Analysis report	PG draft with commissioning team. Feedback on survey and comms plan EII team to draft on SNAP. Online survey launch Use data from survey tool to develop	by w/c 10 June Feedback by 12 June 14 June w/c 17 June 16 August	PG SE PG EII SE

Audience	Communication	Description	Timescales	Lead
		<p>analysis report highlighting what the results showed and the next steps.</p> <p>Use analysis report to shape new service specification</p> <p>Share analysis report on CCG websites</p>	<p>21 August</p> <p>10 September</p>	<p>SE / KP</p> <p>PG</p>
	<p>Direct comms with HCP using the service:</p> <ul style="list-style-type: none"> • Paramedics (WMAS) • MPFT (Jenny Collier) – District Nurses (jennie.collier@mpft.nhs.uk) • Care Homes – Amanda Tomlins (Amanda.tomlins@northstaffs.nhs.uk) • GPs via Practice Newsletter (via GP comms inbox) 	<p>Share stakeholder briefing with HCP survey via key contacts listed, and during regular already scheduled meetings.</p>	<p>17 June – 21 July</p> <p>17 June – 21 July</p> <p>17 June to 21 July</p> <p>w/c GP newsletter 3 July</p>	<p>SE</p> <p>SE</p> <p>SE</p> <p>JN</p>
Healthwatch (Staffordshire and Stoke-on-Trent)	Copy with public/patient online survey link with request to share with members	Offer copy and social media messaging	w/c 24 June	JS
Third Sector	Share copy with public/patient online survey with VAST to share amongst wider voluntary groups	Offer copy and social media messaging	w/c 24 June	JS
MPs	Press release with link to online survey		w/c 24 June	Media