

# Nottingham North and East CCG Patient and public Involvement report



## Communications and engagement 17/18

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## 1) How we involve the patients and the public

Patients are at the heart of everything we do and it's important that they are involved not just in decisions about their care, but also in the decisions that shape the health services delivered locally.

Communicating and engaging with our patients and local people is central to achieving our aims to deliver the health services Greater Nottingham patients' need, within the funding available to us.

During 2017/18, we have enhanced our processes and strengthened our relationships with the local community in order to ensure that we were listening and acting on patient and carer feedback at all stages of the commissioning cycle.

As a result, the feedback we have received has directly informed the decisions that have been made and examples of this can be found in this report.

During 2017/18 we have started to work closer than ever before with our partners, in particular our neighbouring CCGs. Our commissioning activity has increasingly been done in partnership with the other CCGs across Greater Nottingham (the area to the South of Nottinghamshire that covers the city, Gedling, Hucknall, Broxtowe and Rushcliffe).

In 2016/17 we launched a joint financial recovery programme with our neighbouring CCGs to address our collective financial challenges. In 2017/18 we aligned more closely, creating a single staffing structure and a Joint Commissioning Committee. Our alignment is referred to as the Greater Nottingham Clinical Commissioning Partnership. This partnership comprises the following organisations:

- NHS Nottingham City CCG
- NHS Nottingham North and East CCG
- NHS Rushcliffe CCG
- NHS Nottingham West CCG.

While the Clinical Commissioning Partnership is not a statutory body, the Joint Commissioning Committee established as part of this partnership has delegated authority from each of its constituent CCG's Governing Bodies for many of the statutory functions of a CCG. This closer alignment of our commissioning activity has meant a closer alignment of our patient and public involvement. Much of the engagement we have done over the last year, and the engagement we will do over the current year and beyond, we will do in partnership across the Greater Nottingham area.

We have an good relationship with our local Healthwatch. Healthwatch Nottinghamshire was recently established as a merged organisation comprised of

the city and county Healthwatch organisations. In our work as a Clinical Commissioning Partnership in Greater Nottingham and as a partner of the Nottingham and Nottinghamshire ICS we continue to work strategically with Healthwatch, ensuring they are involved in planned for any changes to services. At an operational level we meet regularly with Healthwatch to discuss our commissioning activity and engagement and to ensure that we work in partnership to involve people.

We have good relationships with the Health Overview and Scrutiny arrangements of the City and County Council in Nottingham and Nottinghamshire and have established regular informal meetings to discuss upcoming changes to health services and associated engagement and consultation.

Our local partnerships continue to be a key strength in our engagement. We recognise that we cannot reach every community in our locality without working with others. That is why our approach has retained a real focus on working with local voluntary and community sector (VCS) organisations to help us understand and engage with as wide a range of people as possible

We also strive to engage with hard to reach groups. We work in partnership with our neighbouring CCGs in Nottinghamshire, community health providers and Nottingham University Hospitals NHS Trust. With these partners, a forum has been established to ensure operational ownership in advancing and mainstreaming equality and to make effective use of resources. The forum has mapped a database of 'seldom heard' groups who are targeted during pieces of engagement work. We also measure all our equalities and diversity data from patient engagement campaigns.

2017/18 was an unusual year as we faced two periods of purdah resulting in the need to carefully consider how to manage new communications and engagement campaigns. As a result, we used this time to ensure our engagement and communications principles and processes were robust enough to face the level of service change we expect to be implementing in 2018/19 through our financial recovery programme.

This was also the year when we started the conversation with the Greater Nottingham public around the aims and objectives of the Greater Nottingham Transformation Partnership - more detail about which can be found below.

## 2) Our processes

### **Integrating our engagement framework with the wider system**

How our organisation works is changing as we work in closer alignment with our partners and with our CCG neighbours. We have established a Joint Commissioning

Committee for the Greater Nottingham Clinical Commissioning Partnership, which has delegated authority to carry out many of the functions of our Governing Body.

Nottingham City and Nottinghamshire are also developing as an Integrated Care System (ICS). This means that all local NHS organisations and Local Authorities will be working together to plan and deliver healthcare for our populations. ICS's will have more freedom to manage local services and determine how funding should be used.

These developments mean significant changes for how we plan and deliver services. We have recognised that this has implications for the arrangements we have for involving patients and the public. We are currently working with our partners to review the models and frameworks that exist for patient and public engagement across the whole of Nottingham and Nottinghamshire.

In 2017/18, we implemented an updated and robust EQIA process across the Greater Nottingham patch. In response to the Financial recovery Plan, this EQIA process has been invaluable particularly when assessing QIPP and financial recovery schemes.

The approach has been to manage the communications and engagement on a scheme-by-scheme basis, with a consistent approach applied each time, starting with a screening process.

The process for determining the scale of communications and engagement work required has been based on the following:

- The **scale** of the change
- The **impact** of the change on patients
- The likely level of **controversy**

Schemes broadly fall into one of three categories of approach depending on the above factors. These are:

- Informing – Communicating the changes to people
- Engaging – Targeted engagement with affected people or their representatives
- Consulting – Formal consultation with affected groups and the wider public

Commissioners must ensure that arrangements for involvement are fair and proportionate. The Gunning Principles have been applied in assessing the category of involvement. This process has meant that we have a robust engagement approach to our Greater Nottingham QIPP and financial recovery schemes.

Our engagement over the period 2017/18 reflects a number of key priorities.

### **Financial recovery**

Collectively, the Greater Nottingham CCGs had a target for achieving financial significant financial savings in 2017/18. This means that the CCGs are making difficult decisions about what services are commissioned and how they are commissioned. These decisions are underpinned by a financial recovery programme that identifies how savings can be found. As these decisions may impact on the services that patients receive, we have prioritised patient and public engagement to inform these decisions.

### **Health and care system transformation**

Nottingham North and East CCG is part of a wider health and care system that includes NHS providers; local authorities and voluntary and community sector organisations. The local health and care system in Nottinghamshire is undergoing large scale change, as are all systems in the country. We have therefore prioritised talking to our population about these changes over 2017/18.

### **Engaging with seldom heard communities**

While we are increasingly commissioning as an aligned Clinical Commissioning Partnership with our neighbouring CCGs and working as part of the broader health and care system across the county, we have continued to prioritise engagement with the seldom heard communities who whilst they may meet in the City of Nottingham, they live across both the city and county of Nottinghamshire.

### 3) Greater Nottingham Integrated Care System patient and public engagement

#### Engaging on system transformation

Greater Nottingham Transformation Partnership Events Programme

#### Background

As a partner of the Greater Nottingham Transformation Partnership we are working with other organisations across Greater Nottingham to transform the way health and care services are provided. This work is about addressing the following challenges:

- Health and wellbeing – Life expectancy and healthy life expectancy in parts of the area are low, particularly in the city
- Quality of care – We have high mortality rates for people with long-term conditions; people who are frail tend to stay in hospital longer than they need to and we do not identify and treat health conditions early enough
- Affordability – We have a significant funding gap that will continue to grow if we don't change how we provide health and social care
- Culture – We have not always worked well in delivering change across the whole system, which is needed to address our challenges.

As part of our programme of transformation we have worked with our partners to deliver a programme of engagement over the period of 2017/18 and 2018/19.

#### Engagement activity

Recognising that people need to be both informed about how health and social care are changing and involved in shaping these changes we have held four public events. This programme has been co-produced with the Greater Nottingham Citizen's Advisory Group (CAG). The CAG is a patient group established to ensure that engagement is carried out to support transformation plans. The CAG co-produced the events programme and took a lead role in running the events themselves, acting as facilitators and Chairs.

Each event involved providing information on how the system was changing and included small group discussions on different elements of health and social care such as self-care and prevention and quality of care. Participants were invited to share their own experiences and to discuss how we can build a health and care system that addresses the current challenges.

#### Findings

Each event focused on some of the core elements that would be needed in a transformed health and social care system. Some of the key themes from the discussions were:

- While the concept of self-care is broadly supported, there is some scepticism that the system has properly defined what this is and people feel that resource needs to be provided to support people
- Education is seen as key in prioritising prevention of ill health and most people feel more should be done with children, families and schools
- A sense of a system difficult to navigate comes across regularly in people's experiences of care
- There is a general sense of frustration that information about health and health services is not simple or effective.

### **What happened next?**

As well as the conversations through the events programme, similar engagement has been carried out across the health and care system in Nottinghamshire. Feedback through this engagement has produced consistent themes that are being incorporated into transformation plans. In particular, a Nottinghamshire-wide Clinical Services Strategy has developed a set of core principles that will drive major service change over the coming years. The CCG, as part of the Nottingham and Nottinghamshire ICS, is contributing to developing this conversation through further engagement on this strategy.

All four Greater Nottingham Clinical Commissioning Groups have supported the development of a communications and engagement plan for the Greater Nottingham Transformation Partnership.

## **4) Governance and assurance information**

We work to empower patients to shape services and the care that they receive and this is supported by robust Patient and Public Involvement Governance structures.

Over the last year, we have continued to make significant steps to develop a robust approach to communications and engagement and have worked with our patient representatives and stakeholders to develop relationships and deliver communications and engagement activity which has had an impact on both strategy and public perception.

We aim not only to involve as many patients as possible but also to actively seek out the views of those most affected by service change and those hard to reach communities.

We build our engagement approach around understanding patient experience and listening to patients in the environments where they are most comfortable. Our engagement manager regularly participates at local support and community groups.

We have strong governance arrangements which include patients being involved with all aspects of our commissioning decisions.

### **Patient and Public Involvement Committee**

We have a Patient and Public Involvement Committee, which is accountable to the Governing Body as a Committee with delegated responsibility. This committee provides assurance that commissioning decisions made by the CCG have been informed by robust plans for patient, public and service user involvement. It also ensures that patient choice, equality and diversity and tackling health inequalities is central to decision making.

Feeding into this group are:

### **The PPI QIPP group**

The PPI QIPP Group discusses service changes, changes in prescribing, campaigns and opportunities to deliver savings along with improved care. Agenda items may also include service changes and proposals that are being delivered through Greater Nottingham Transformation Partnership. This group meets bi-monthly on the last Tuesday of the month.

### **Patient Participation Group (PPG Group)**

The PPG Group covers any items that are relevant to our local PPGs. The meeting is managed and chaired by a PPG representative in order to ensure that it is relevant to what is happening in practices. The CCG may be invited to present an item to the group and uses these meetings to gain input from and feedback into the PPGs. This group meets bi-monthly, alternating with the QIPP Group on the last Tuesday of the month.

Some of the engagement that our groups have been involved in shaping are:

- Extended Access
- Waster and Over the counter medicines
- Gluten free prescribing
- Dementia services
- Urgent Care Strategy
- The Accountable Care System
- Gynae services
- Antibiotic resistance
- Patient transport

## 5) Review of patient and public involvement arrangements in Greater Nottingham

### **Background**

How our organisation works is changing as we work in closer alignment with our partners and with our CCG neighbours. We have established a Joint Committee for the Greater Nottingham Clinical Commissioning Partnership, which has delegated authority to carry out many of the functions of our Governing Body.

Nottingham City and Nottinghamshire are also developing as an Integrated Care System (ICS). This means that all local NHS organisations and Local Authorities will be working together to plan and deliver healthcare for our populations. The ICS will have more freedom to manage local services and determine how funding is used.

The Greater Nottingham Clinical Commissioning Partnership is currently undertaking a review of its formal arrangements for patient and public involvement. Each CCG currently has its own model for engagement, including a patient committee that feeds into its Governing Body. The PPI Committee is Nottingham North and East's patient committee. As the CCGs move to greater integration of their commissioning functions, we have recognised a need to review and re-shape our arrangements for patient and public involvement.

A review of these engagement arrangements was launched in 2018, which is supported by an independent research agency and a steering group comprised of patient representatives from each CCG's patient committee, including the People's Council.

### **Engagement activity**

A brief was produced for the review and informed and shaped by the steering group. This brief provided a guide for the independent research carried out. This research involved interviewing key stakeholders and patient representatives across the Greater Nottingham area as well as comparing existing models for engagement within the CCGs and national practice.

A report summarising the findings of the review was produced and presented to the steering group, who are shaping the CCG's response in terms of what arrangements will be established.

### **Findings**

The review has identified the following key points:

- The Joint Commissioning Committee, where most decisions on commissioning activity are made, does not have a formal mechanism for feeding in patient and public voice

- The direction of travel for the Nottingham and Nottinghamshire ICS will be to have one single CCG by April 2020
- While engagement needs to be considered at all levels of the future ICS, the steering group identified its priorities as providing a way to feed patient and public voice into the Joint Commissioning Committee and working with others to design a wider framework for engagement across the whole health and social care system
- Good practice was identified within Greater Nottingham. There is a model established in Mid Nottinghamshire, the other area of Nottinghamshire covered by the ICS, that can be replicated. This would provide a good bridging step to support the Joint Committee until a single CCG was established in April 2020.

### **What happened next?**

The steering group are currently working to establish a Greater Nottingham patient committee that can support the Joint Commissioning Committee until the CCGs across Nottinghamshire formally merge in April 2020. A wider forum event is planned to get input from a broader range of patient representatives and stakeholders on how this group should be formed.

## **6) Some examples of our 2017/18 engagement activity and the impact of participation**

### **6.1) Weekend and extended hours engagement campaign**

In line with NHS England's 'General Practice Forward View', we are working towards implementing extended hours and seven day local GP services across the Nottingham North and East area during 2018/19.

To support this, and to ensure we deliver the services patients need, we carried out a range of engagement activities with local people throughout the Summer to establish what they wanted from an extended GP service and to look at ways we can further improve access.

In June 2017, we launched a three-month patient engagement campaign to discover local views on General Practice (GP) extended hours access. Using a printed and online survey, we followed a multi-channel approach to patient engagement promoting via GP Practices, Summer locality events, social media and media relations. 506 patients responded.



**THE BIG  
HEALTH  
DEBATE**

### What patients told us about GP access:

- 91% of respondents say there is a need for weekend GP services and 96% say there is a need for extended weekday hours.
- Feedback indicated that there is a certain amount of flexibility in planning services over the weekend and extended weekday hours.
- Public transport links and options will play a big part in the extended services being successful
- Most respondents said that they did not require support to see a GP or nurse at the weekend. However, comments were made about needing support due to disability or mobility issues and several respondents predicted they may need support in the future. We need to bear in mind the ageing population and take note that this need may increase and consider it in any plans.
- The feedback regarding Skype/Facetime, online consultations and symptom checker shows us there's a split between those that are keen to embrace these technologies to access services and those that are not. There are many comments highlighting concerns and safety issue around this.
- Throughout the planning of extended services, patients, carers and the public indicated they wanted to be involved and engaged, and where that it is not possible that they are kept informed.

### How are we acting on patient feedback?

We established a working group, which includes patient and GP representation and have looked at the patient engagement feedback in detail. The intelligence within the engagement report was presented to the Primary Care Commissioning Committee in order that this could be used as part of wider decision making. Plans are now in progress to design the new extended hours service which we hope will be in operation by October 2018. We intend to involve patients in the development of this service and will look at how best to deliver it bearing in mind patients' wishes around a hub model.

Further details, including the full engagement report, can be found on the Nottingham North and East website.

### 6.2 The Big Health Debate engagement: should over the counter medicines for minor ailments on prescription?

This was an engagement campaign that actually took place in January/ February 2017 and, as



such, was included in the 2016/17 Annual Report. However, as part of the decision and feedback on this engagement activity, we promised to return to patients six months later to examine the impact of the changes on patients.

**Background**

The three South Nottinghamshire NHS Clinical Commissioning Groups (Nottingham North and East, Nottingham West, and Rushcliffe) undertook a six-week patient and stakeholder engagement (Dec16/Feb17) campaign to ask people whether over the counter medicines should be prescribed for minor ailments, such as a cold, headache, sore throat, hay fever etc.

During the course of the engagement, the CCGs received 403 responses from patients, public and professionals across South Nottinghamshire, and also ran seven public events across the South Nottinghamshire area. Feedback from the public engagement, stakeholders and financial and clinical evidence was collated and the following was agreed by the South Nottinghamshire County CCGs:

- As part of its self-care strategy, NHS Nottingham North and East, NHS Nottingham West and NHS Rushcliffe recommend people to visit their local pharmacy to purchase medicines and treatments for minor, short term conditions.
- It is advised that all prescribers, including GPs and non-medical prescribers, prescribe by directing individuals to purchase recommended, readily available, over the counter medicines, treatments and products.

While we know that these changes save the three CCGs on average around £30,000 a month, we didn't know what the impact on the patients has been.

So, in November 2017, we embarked on a self care roadshow around all our 20 GP Practices. We set up displays in waiting rooms and, along with promoting Winter self care messages, and repeat prescribing habits, we also took the opportunity to talk to patients about the impact of the new Over The Counter medicines recommendations.



**What patients told us about the impact**

Eighty four per cent of the 168 people we talked to said they hadn't noticed any difference since the recommendations had changed. Patients were mostly positive about the changes and were pleased with the savings that had been made.

The engagement report can be found on our website.

### 6.3 Big Health Debate: waste medicines

As part of the self-care roadshow practice tour, we also took the opportunity to talk to people about medicine waste - asking a series of questions to examine their understanding of repeat prescribing processes and to also understand patients' repeat prescribing habits.

The questionnaire aim was to find out about patient's experiences and habits around prescribing so we can begin to address why so much money is spent on medicine that is wasted.

#### **What patients told us:**

- More patients are beginning to use on-line services to order their repeat prescriptions but the majority still go in person to the GP practice. Could be due to lack of understanding or awareness of access to on-line services and it would therefore be interesting to correlate this data with the number of patients registered to use on-line services at each of the practices.
- The majority of respondents only receive medication that they have requested; this is reassuring as it shows that people are aware and taking responsibility to only order what they require when requesting repeat medicines.
- Majority of respondents said yes that their doctor or pharmacist explains why they are prescribed each of their medicines which would suggest that patients are being encouraged to take responsibility for managing their illness and long term conditions.
- Over half of the respondents said their usual pharmacy doesn't offer them a medicines review to discuss their medicines. This may be because patients don't have regular contact with their pharmacy or that patients don't see the importance of a health review unless their condition deteriorates or changes.

#### **How are we acting on patient feedback?**

We will be looking at repeat prescribing in more detail as part of our FRP challenge and the feedback from this engagement activity will feed into a wider engagement plan. In tandem with this, we also created a set of pdfs and digital communications collateral and shared it with our PPGs for use on practice noticeboards, community boards, web and social media.

#### **Integrated Personal Commissioning (IPC) Engagement**

The three south Nottinghamshire CCG engagement teams took the lead on the design, implementation, support and monitoring of an IPC Co-Production Group that was a vital part in establishing IPC in Nottinghamshire.

IPC is a partnership programme between NHS England and the Local Government Association (LGA). It is a nationally led, locally delivered programme that is

supporting healthcare empowerment and the better integration of services across health, social care and the voluntary and community sector.

The focus of this work was to ensure patients and carers with lived experience of personal, integrated and personal health budgets were at the centre of the work. Much time was invested in contacting and engaging with local groups and communities to encourage involvement.

Leading on this strategy and in conjunction with the NHS England Lived Experience advisor and Self Help UK who were commissioned to facilitate the IPC Co-Production group, a strategy for the Co-production group was developed. This strategy outlines the role of the IPC Co-production group in Nottinghamshire, the context in which it will sit and a structure for how to establish and develop this group. The IPC Co-Production group will be part of promoting, actively informing decisions and designing the implementation of IPC across Nottinghamshire

Now the strategy is fully implemented the IPC Co-production group is thriving through monthly meetings run by Self Help UK.

#### **6.4 Engaging on disinvestments that impact our population in Summer 2018**

##### **Prescribing of gluten free foods**

In 2017 a national consultation was held on whether gluten free foods should be available on prescription for people with coeliac disease. The outcome of this consultation was guidance for commissioners that gluten-free prescribing should be restricted to bread and mixes only.

The guidance also advised that commissioners should carry out local consultation to establish the appropriate approach for their own populations.

Across Nottinghamshire as a whole a range of changes had been implemented that had resulted in three different sets of restrictions across the county.

In line with the national guidance, and in recognition of the differences in prescribing approaches locally, the Greater Nottingham CCGs launched a joint consultation exercise in 2018. A six-week consultation was run to gain feedback on the following options:

- Limit prescribing for all patients in Greater Nottingham to four units of long life bread and flour each month
- Stop all gluten-free prescribing, except for children
- Stop all gluten-free prescribing

People were also invited to make alternative proposals.

## **Engagement activity**

We undertook the following activity throughout the consultation:

- A full Equality and Quality Impact Assessment (EQIA) was developed to identify the potential impact of each of the options within the consultation
- A consultation document and other materials were developed
- The consultation approach was approved by the local Health Scrutiny Committees
- Feedback was invited directly from local patient groups, Councillors and MPs
- A series of drop-in events were held to enable options to be explained and discussed
- A survey was available online, through the drop-in events and for completion by telephone.

The impact assessment identified potential impacts relating to deprivation and ability to pay for gluten-free food. As the city has higher levels of deprivation than other areas of Greater Nottingham, four drop-in events were organised in deprived areas of the city.

We also worked with Coeliac UK to ensure that patients with coeliac disease were directly targeted.

A total of 466 responses were received during the consultation. This included:

- 462 direct responses to the survey
- 1 MP enquiry
- A letter from Coeliac UK
- A letter from clinicians representing the Department of Dietetics and Nutrition at Nottingham University Hospitals NHS Trust
- A letter from the British Specialist Nutrition Association Ltd.

## **Findings**

Some of the key concerns articulated in the feedback to the consultation were around access to and affordability of gluten free foods. There was an understandable difference in levels of support for restricting gluten free prescribing between those with coeliac's disease and the wider population.

## **What happened next?**

Following the consultation, gluten free prescribing was stopped. However, we have committed to review this decision in 12 months' time.

## 7) Events

We have an annual campaign and events programme which includes attendance at events like the Arnold Carnival, Gedling Show, Hucknall Summer Fair, Healthwatch, Nottingham Deaf Society's Health Event and also attend PPG events, youth councils and school events.

We also hosted our Annual Public meeting at the Bonnington Theatre in Arnold, which looked back at our year, presented our Annual Accounts and looked at plans for the future.

The engagement team also regularly attends local community meetings and presents on NHS news and engagement at groups like the Hucknall Partnership Group, locality PPG groups, Hucknall Carers, Renew 34 and more.

At these events, we have received feedback about a wide range of issues from primary care access to medicine waste to the STPs and future of the NHS.

Some of the issues raised during these events demonstrated the importance of having the right services locally, community services issues like the importance of the continued provision of MacMillan nurses, more information about self-care and support to make more informed decisions about healthcare needs.

We have also supported the Accountable Care System events as outlined in the Greater Nottingham section.

We are always looking at new ways we can communicate and engage with local people in ways that avoid them having to come to us. One of the areas, we have invested some time into is social media and we have an active NNE Facebook page as well as the NHS South Notts Facebook account we manage with our colleagues at Nottingham West and Rushcliffe CCGs.

## 8) How we reach diverse, potentially excluded and disadvantaged groups

We work in partnership with neighbouring CCGs in south Nottinghamshire including NHS Rushcliffe CCG and NHS Nottingham West, and Nottingham University Hospitals NHS Trust and a forum has been established to ensure operational



ownership in advancing and mainstreaming equality and to make effective use of resources. The forum has mapped a database of 'seldom heard' groups who are targeted during pieces of engagement work.

As mentioned earlier, we also try and talk to people where they are or prefer to be so we go out into our communities to reach people via community and self help groups.

The CCG regularly promote engagement opportunities and formal consultation being undertaken via our website, facebook page, through our member database and partner organisations, feedback following the consultation and engagement activity is again promoted through these channels which would include how patient/public views have been considered and decisions made

### **What we have learned from talking to our population**

Over the last year, and on behalf of the Greater Nottingham CCGs, Nottingham City has developed a programme to engage seldom heard communities. The work with new and emerging communities from Eastern Europe and Africa has provided some key insights into issues that exist for specific communities. This has told us that some issues, for example two-way cultural understanding between different communities and primary care, are common among those who we do not traditionally engage with. It has also told us that some issues are quite specific to certain communities.

## **9) Additional communications campaigns**

In addition to the communications campaigns which supported the engagement activity, we have also run a number of campaigns throughout the year to promote engagement campaigns, national communications campaigns, local service changes and NHS messages. Examples include:

- We continue to use technology for engagement and deliver patient information and services on a range of digital channels, including the CCG website, social media, regular e-bulletins via Mailchimp and surveys via Survey Monkey.
- Media management of GP Practice issues
- We are utilising social media much more as a way to engage with patients and deliver our messages. Our social media has grown over the last 12 month and we also manage the NHS South Notts Facebook page. We utilise these social media channels to push our messages out but also to encourage people to engage with these messages, comment and feedback. The key areas for debate over the last year have been over the counter medicines, big health debate and urgent and emergency care.

- Over the year, we have delivered regular branded – NNE Patient Connect - bulletins to the patients on our distribution list to let them know about involvement opportunities and our local events.
- We send out regular media releases to ensure that the public are up-to-date with developments and campaigns
- We have supported a wide-range of public health and awareness week campaigns via our digital communications channels and media relations
- We have promoted events and consultations, developing messages, designing collateral and supporting the Patient Engagement Manager with the event set up and plans.
- We have taken regular editorial space in each of the Gedling Contacts Magazines published over the year with four pages in Winter and Summer, two in Spring, to promote our services and get key messages out to every resident in Gedling.
- We have provided our GP Practices with media packs at key points of the year with some key messages and stories for their websites, relevant posters for their noticeboards and images and suggested tweets and posts to share on their social media.
- Media training for our GPs and CCG staff.

### Key 2017/18 Campaigns

#### Stay Well This Winter

We supported the National Stay Well this Winter campaign with local targeted advertising, poster and leaflet campaign and digital promotion. We particularly targeted parents of under 5s with adverts in the local magazine for parents 'lots for tots'.





### Other campaigns

- Care management plans
- Video case studies to promote community –based services
- New COPD leaflets for patients to monitor their condition
- Posters, leaflets, feedback boxes, media relations and social media promo to promote each engagement activity
- Patient case studies to promote healthcare in the community



## 10) Compliance with Statutory Guidance on Patient and Public Participation in Health and Care

In April 2017 NHS England published revised statutory guidance for CCGs and NHS England commissioners. In addition, further to the publication of this revised guidance NHS England developed a new approach to the assessment of patient and public participation as part of its statutory annual assessment of CCG performance. This assessment relates to the ten key actions listed within the guidance and involved a desktop review of each CCG based on the following information:

- Corporate Annual Reports
- CCG websites
- Documents and information published on CCG websites

The assessment took place in July 2017 and resulted in an overall **Green** RAG rating with improvements recommended in three areas: Practice; Feedback and Evaluation; and Equalities and Health Inequalities.

The CCG are reviewing processes to ensure they are compliant with the guidance “Planning, assuring and delivering service change for patients” which was released March 2018.

## 11)How to get involved

- Sign up for regular electronic bulletins from the CCG by visiting our website at <http://www.nottinghamnortheastccg.nhs.uk> and going to the 'Join our Health Forum' page, or call 0115 883 1838. This forum is used to promote vacancies for patient involvement on task and finish groups when services are being looked at for planning, decommissioning or changes being made.
- Contact your GP practice for further details of their patient participation group.

## Keep up to date

- Go to [www.nottinghamnortheastccg.nhs.uk](http://www.nottinghamnortheastccg.nhs.uk)
- Find us on Facebook: /NHSNNE
- Look out for our news articles in Contacts magazine, which goes to all residents in Gedling Borough