

**Improving Communications and Engagement  
with Member Practices**

**Governing Body meeting**

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**2 July 2015**

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<b>Sponsor</b>	Rachel Gillott, Interim Chief Operating Officer
<b>Is your report for Approval / Consideration / Noting</b>	
For consideration	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Possible staffing dependant on final recommendations	
<b>Audit Requirement</b>	
<p><b>CCG Objective</b>  5. Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)</p> <p><b>Principal Risk</b>  5.2 Inability to secure active participation particularly from member practices for delivering CCG priorities (Domain 1, 3,5)</p>	
<b><u>Equality impact assessment</u></b>	
Incomplete at time of production.	
<b><u>PPE Activity</u></b>	
This relates to the overarching PPE strategy.	
<b>Recommendations</b>	
<p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the content of this report and the range of engagement activities currently undertaken by the CCG and its staff.</li> <li>2) Agree to establish, and oversee the outputs from, a short-term Task and Finish Group to build on the content of this review and consider the suggestions contained in section 5.</li> <li>3) Nominate representatives to be members of the Task and Finish Group</li> </ol>	

## **Improving Communications and Engagement with Member Practices**

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### **1. Introduction**

NHS Sheffield CCG is a membership organisation, acting as a system leader in the strategic development and implementation of the clinical commissioning intentions of its GP practice constituency. As such, engagement with member practices is fundamental to its ongoing success as a commissioning organisation.

NHS Sheffield CCG recently participated in a 360 degree stakeholder survey which highlighted the need for improvements in our engagement impact. The results of this survey have been considered both by the Governing Body and Commissioning Executive Team. As a result, an initial review of our existing approach to engagement with member practices has commenced and remains a key priority.

This paper seeks to outline current activities undertaken as part of our everyday business and to review current methods of communication and engagement with member practices and GPs. It provides an outline of existing mechanisms and proposes a number of new ideas and suggestions to promote stronger membership engagement. These build on the CCG's Communications and Engagement Strategy (September 2013) and the Operational Communications Plan (July 2014). They seek to re-emphasise the need for member practices to be given a genuine opportunity to fully engage in and influence decision making about local health and care service commissioning and to continue to create a culture that encourages and facilitates member involvement in clinical commissioning.

### **2. Background and Context**

Improving engagement with practices and primary care colleagues is a key issue for CCGs as newly constituted membership organisations. A recent King's Fund survey (April 2015) found that from 2013 to 2015 the proportion of GPs highly engaged with their CCGs declined from 19% to 11% and those who felt they could influence their CCG's work declined from 47% to 34%<sup>1</sup>.

The CCG currently offers a wide array of communications and engagement mechanisms which offer opportunity for member practices to engage with, and have influence in, the development and delivery of commissioning intentions. A high level summary is given in Appendix 1. However, despite having an extensive suite of communication and engagement initiatives, and comparing well with some other CCG organisations, NHS Sheffield CCG has experienced a similar decline in perceptions of engagement and influence from its member practices. These have been reported anecdotally as well as formally as part of internal organisational debates (e.g. Governing Body). The recent 360

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<sup>1</sup> For full survey details visit: <http://www.kingsfund.org.uk/audio-video/primary-care-co-commissioning>.

degree survey of stakeholders across the Sheffield health and social care community also highlighted an opportunity for significant improvement.

Key findings from the survey were:

- 77% of practices who took the survey indicate there has been a great deal/fair amount of engagement by the CCG in the last 12 months (compared to 82% in 2014).
- Fewer practices (62%) are very/fairly satisfied with engagement by the CCG (this compares to 69% in 2014).
- Only 47% of practices who undertook the survey strongly/tend to agree that the CCG has listened to views when provided (compared to 58% in 2014).

The results also demonstrated that established efforts to engage practices were also recognised and received positively. Plaudits included:

*“Think the CCG has made a lot of effort, I think the main limitation to my engagement with the CCG is my lack of time.”*

*“I am very pleased with how Sheffield CCG behaves and operates. They are very inclusive, forward looking and have created an excellent partnership working environment.”*

*“They have regular locality meetings, regular stakeholder meetings, weekly email contact, frequent clinical engagement through Clinical Reference Group.”*

*“I am aware CCG has made efforts to engage with GPs. The problem we have with engagement is that we are just so busy just trying to ensure a safe service for patients we do not have time for anything else.”*

*“Engages via e bulletin, locality structure and members meetings and offers educational events, which reflect local priorities.”*

- In response, NHS Sheffield CCG has undertaken a thorough review of existing mechanisms to identify where improvements might be made in order to reverse the decline in practice engagement. By further improving engagement between member practices and NHS Sheffield CCG we intend to achieve: The cultural shift from current perceptions of ‘the’ CCG to ‘our’ CCG and a recognisable sense of ownership of local practices and GPs for clinical commissioning decisions
- NHS Sheffield CCG should be identified as the voice of its constituents; an organisation that clearly speaks with the mandate of its clinical commissioners
- Stronger clinical engagement from practices to secure clinical insights which add value to the commissioning process
- Extensive opportunity for clinical commissioners and their practice staff to influence decision making about local health service commissioning at the earliest opportunity

### **3. Emerging Themes**

Through the 360 degree survey and ongoing dialogue with practices the following themes for development of communication and engagement initiatives have been identified:

#### **The request for improved visibility and direct contact with CCG staff**

Practices would value more opportunity to meet with CCG staff within the practice environment. This would provide for further two-way dialogue as opposed to one-way

communication streams. This will promote better understanding of mutual concerns/issues and increased opportunity for consensus building. This does happen to varying degrees by individuals and teams within the CCG but it is recognised that further opportunities and improvement in this area can be made.

### **Improved opportunities to feed in ideas and influence new initiatives**

The Clinical Reference Group is a good method of doing this. Simple mechanisms are needed that allow GPs to feedback ideas and concerns into the CCG which demonstrably impact on the development of commissioning processes and intentions.

### **Communication and feedback are seen to be key to improving future engagement**

Some good examples have been delivered to seek feedback from member practices, the members council, locality councils and executives through Locality Managers are such examples. Communication needs to be a two-way dialogue; with clear and timely responses given to those offering feedback. Currently it is felt that feedback and ideas given to the CCG are not responded to and Locality representatives cannot provide sufficient updates on concerns raised and actions taken to resolve them.

### **Strengthening the role of the Localities as key routes to GP engagement**

The four localities are a fundamental component of our organisation, well established and with excellent relationships with our member practices. This role of the Localities needs to be harnessed and the opportunities they present to engage with member practices capitalised. A workshop with Locality Managers was held in early June to explore this further.

### **Supporting clinical engagement**

The CCG has a good track record of supporting clinical engagement. The value of the clinical input and leadership combined with strong managerial leadership has been recognised and is well embedded in our day to day operations and through our localities. Primary care is facing unprecedented demands on its resources. Clinical time to devote to commissioning within a practice environment is an increasingly scarce commodity. Further consideration needs to be given to ensure 'every contact counts' and we maximise all opportunities of practice interaction to support engagement in the wider commissioning agenda where appropriate. Also, new methods for supporting engagement need to be identified.

## **4. Our Response to Date**

Dedicated discussion time has been allocated to consider the issues arising in the 360 degree survey with Governing Body and at a Commissioning Executive Team meeting as well as a Locality / CCG workshop in June 2015. At the latter event, the potential for maximising future engagement of practices in clinical commissioning via the role of Locality Engagement Groups, GP Associations and Clinical Councils was discussed. It was recognised that true engagement should enable the CCG and practices to have a meaningful conversation about key priority areas.

Key outcomes from discussions to date and recommendations for:

- A rolling programme of Portfolio/Clinical Director input to each Locality's clinical council
- Improving ability of Locality Managers to remain up to speed with key issues in order to update practices on an ongoing basis via the Citywide Locality Group

- Engaging with Clinical Councils on a more proactive basis at an earlier stage of the decision making process.
- Every opportunity should be taken to engage with practices and could include, in addition to the Locality specific approach, the following:
  - The use of CRG to seek views on short, specific pieces of work
  - The development of presentations with voice, infographics, interactive PDFs, PREZI etc to explain priority issues and to be made easily accessible to all practices (via internet and intranet)
  - Using the PLI/Masterclass approach to engage with participants more effectively, whilst continuing to recognise and not lose the educational benefit of these initiatives
  - Development of a Practice Engagement Framework, similar to the public engagement framework, to ensure practice engagement will be embedded within the systems and processes of the wider organisation. It was suggested that the CCG OD Steering Group consider how this should be developed
  - A recommendation that each LEG ask practices at their next Clinical Council meetings why their 360 degree feedback was negative and to seek views as to how engagement might be best improved. It was considered that a Members Council meeting was probably the least useful consultative forum, although it was recognised that this had improved slightly recently.
- Regular updates from current practice issues to be incorporated within Governing Body agendas.

## 5. Future Engagement

Based on the above, we have generated new ideas on future engagement and communications initiatives. By listening and responding to practice feedback and by building on what is working well and innovating where we could do better we have sought to respond to the concerns of our membership. These ideas, for further consideration, are outlined below:

	What	How	When	Who
Engagement Opportunities	CCG Clinical Directors should play a key role in engaging member practices	Attending locality meetings to update on the portfolios' work and to encourage involvement	With immediate effect	Clinical Directors
		PLIs always attended by member of the Clinical Director team to improve visibility of senior leads	With immediate effect	Clinical Directors
	More opportunities for member practices to feedback and tell us what they want/what can be improved.	Bi-annual temperature check surveys in July and January (360 survey is in March/April)	Next 3-6 months	Comms team
		Spotlight interviews with member practices where they identify key issues for	Immediate	Comms team

		them published in Connect i.e. 'The word on the street is...'		
	Offer strategic events where practices can influence and input into commissioning decisions	5x "What's happening?" events held throughout the year (one per Portfolio) to set strategic commissioning priorities and report back on progress	TBC	Portfolios / PLI team
	Make use of existing events to support engagement	Have commissioning issues as routine agenda items on the Clinical Council for early input	Immediate	Clinical Directors
	Review format of existing opportunities for engagement e.g. Members Council	Continue to survey/engage current participants to elicit opportunities for improving engagement mode/style/content to reflect audience preferences  Develop an 'organisational' calendar of key commissioning events/processes/initiatives to provide insight into the working 'operating cycle' of commissioning functions to those outside the organisation	Immediate/ongoing  < 1 month	Current  Comms
<b>Building trusted relationships</b>	Raise profile of the Executive Team with member practices.	The Executive team to have a rolling presence at all locality meetings	Next 3-6 months.	Executive team
	Develop stronger relationships between commissioning and primary care teams	Ask practice manager(s) to deliver a Learning Lunch to CCG staff to improve understanding and awareness of primary care issues	With immediate effect	Comms

		Re-issue the offer of having regular face to face meetings with practices and support CCG colleagues to go into practices where a request is made	Next 3-6 months	Locality Managers
		Offer work shadowing at the CCG for member practice staff and find opportunities for CCG staff to shadow within practices	TBC	Coordinated via COO
	Ensuring our membership maintains awareness of CCG priorities throughout the year	First 15 mins of PLI events to provide key commissioning messages by senior CCG lead	Immediate implementation at all PLI events	Clinical Directors/Dir ector team
	Promote new entrants into clinical commissioning	Develop succession planning/talent management strategy for clinical commissioners  Develop 'commissioning training' initiative for clinical and non-clinical staff to support wider awareness of the commissioning function; use this to inform future induction processes for new CDs.	<3months  <3-6months	OD Steering Group
	'Contract for engagement' with explicit reference to responsibilities, behaviours and expectations for supporting clinical engagement	Development of "Rules of Engagement" outlining clearly the resource commitments to supporting clinical engagement as well as expectations/responsibilities of practices and of the CCG in clinical commissioning	<3months	Director Primary Care

		Develop a Practice Engagement Framework which articulates key actions and implementation milestones for improving engagement	<3months	OD Steering Group
<b>Developing comms</b>	Work with Locality Mangers using their knowledge and links to develop a Communications Action Plan	Regular meetings between locality managers and senior CCG leads to update on issues and opportunities and feedback on actions undertaken.	With immediate effect	Executive team
	Develop further communications tools to support intra as well as inter locality communications	Develop the intranet to include specific Locality intranet pages and discussions boards (this is currently being set up for North)	With immediate effect	Comms/ Locality support team
		Develop more visual communications (as opposed to text/narrative) to explain key commissioning messages	With immediate effect	Comms
	Extend Learning Lunch and Innovation workshop invites to member practices	Encourage attendance via bulletins; promote further engagement from Clinical Reference Group members Review the potential for Learning Lunches/Innovation events/initiatives to be undertaken within locality venues on a roving basis to support practice participation	With immediate effect  With immediate effect	Comms  Events organisers
	Raise the profile of Connect magazine and improve readership	More issues of Connect printed and made available at PLIs and Locality meetings	With immediate effect	Comms

	Promote a single point of access for practices who want to ask the CCG any questions	Use the membership office email address/phone number	With immediate effect	Comms/ Carol/Karen
	Strengthen the communications from each portfolio to practices	A quarterly or monthly YouTube video update for practices by each Clinical Director covering updates from each portfolio, showing how care has been improved.	Next 3-6 months	Clinical Team/ Comms
	Feedback to practices on improvements the CCG is making	You said we did on a bi-annual basis as part of the CCG survey	Next 3-6 months	Clinical Directors/ Comms

## 6. Next Steps

These suggestions require further exploration with our clinical commissioner and practice colleagues. It is proposed that a short-term Task and Finish group be established with representation from, and oversight through, the Governing Body Locality GPs. This group will be responsible for agreeing a final suite of recommendations for organisational approval and implementation.

## 7. Recommendations

The Governing Body is asked to:

1. Note the content of this report and the range of engagement activities currently undertaken by the CCG and its staff.
2. Agree to establish, and oversee the outputs from, a short-term Task and Finish Group to build on the content of this review and consider the suggestions contained in section 5.
3. Nominate representatives to be members of the Task and Finish Group

## Appendix 1

### High Level Summary of Communications and Engagement Mechanisms

#### Communications/Engagement

- Intranet, including a dedicated Practice Support area and discussion boards
- GP e-bulletin – weekly
- Practice Nurse e-bulletin – weekly
- APG Bulletin
- Accountable Officer's CCG written briefing for member practices – monthly
- Chair's Governing Body Blog - monthly
- Chair's Governing Body highlights video - monthly
- Connect magazine – bi-monthly
- Members Council meeting
- Locality meetings/communications
- Videos around specific campaigns
- Posters, credit cards and leaflets around specific campaigns/services
- Membership Office communications
- Clinical Reference Group communications; regular opportunities for members to engage in clinical discussion and contribute to decision making via emails
- Area Prescribing Group (APG) and Formulary Sub Group
- Feedback opportunities including intranet forums, survey monkey, hard copy surveys

#### Practice Support and Development

- CCG education programme: PLI events, masterclass series, training for practice managers. The Protected Learning Initiatives (PLIs) offered by the CCG have proven particularly successful in supporting CCG engagement with practices. These events are well received with an average of 250 delegates attending each session over the past year. Demand for these events continues, with a restriction in attendance limited only by venue capacity. The CCG has sought to develop new approaches to PLI events in 2015/16 in order meet the needs of practices and maximise their educational impact even further. For example, the CCG's first PLI aimed at practice nurses was held in May
- The MMT has a designated team member embedded in every GP practice across the city providing a direct conduit for feedback to the CCG on local prescribing issues. Senior managers offer representation to localities and attend most meetings. There is a direct MMT helpline available to practices which offers support with any queries around medicines usage. The MMT/PCDN team also offer support with local and nationally commissioned services such as the prescribing incentive scheme, the quality improvement scheme and person centred care planning. The team has also assisted practices and localities in developing their own bespoke services e.g. North Locality Medicines Optimisation Project and Prescribing Incentive Scheme
- Primary Care IT Group (includes Locality Manager representation)
- Commissioning IT Group
- Practice focussed Business Intelligence support staff

## **Direct Clinical Commissioning**

- 8 GPs on Governing Body – representative of the 4 Localities and elected members from the city's GP body.
- Clinical Directors leading and directing Portfolio's and associated workstreams (and clinical engagement associated with these) supported by sessional GP engagement and practice level clinical leads

### **LTC, Cancer, Older People & End of Life Care Portfolio:**

- Clinical Lead: Andrew McGinty
- Anthony Gore (Cancer , Survivorship and End of Life); Jenny Stephenson (Diabetes)
- Michael Boyle (Ambulatory Care, Continence); Olivia Horner (Care Homes)

### **Mental Health, Learning Disabilities, Dementia and Autism Portfolio:**

- Clinical Lead: Steve Thomas
- Karen O'Connor, Mike Jakubovic, Leigh Sorsbie

### **Children & Young People's Portfolio**

- Clinical Lead: Trish Edney
- Margaret Ainger, Nikki Bates, Karen O'Connor, Jenny Stephenson

### **Elective Portfolio**

- Clinical Lead: Charles Heatley
- Ollie Hart (MSK redesign), Michael Boyle (Urology), Anita Campbell (Rheumatology), Janet Cheliah (Gynaecology), Brian Hopkins (Cardiac); Aarti Bansal (working on CASES)

### **Urgent Care**

- St. John Livesey (Urgent care)
- Clinical leads/representative engagement in major programmes of work e.g. commissioning of MSK services, Right First Time Programme, Care Planning, Active Support and Recovery, End of Life Care etc.
- Clinical Leads in key commissioning functions including:

### **Clinical support for Safeguarding**

- Amy Lampard,
- Heather Inniss
- Helen McDonough

### **Cross Portfolio Projects**

- Geoff Schrecker, Claire de Mortimer-Griffin – lab results, e-discharge, ICE project, IT
- Richard Oliver – prescribing
- Helen Story – prescribing & formula development
- Howard Key – prescribing & formula development
- David Savage - prescribing
- Mike Tomson – Clinical Reference Group
- St. John Livesey, Julie Endacott – primary care quality

### **Clinical advice to Individual Funding Request process** (organised through the CSU)

- Dr Claire Freeman
- Dr Penny Harvey
- Dr Rebecca Wastling
- Dr Deirdre Leonard
- Dr Lucy Laurance

### **Education Steering Group**

- Dr Aarti Bansal
- Dr Helen Story
- Marie Therese Massey

## Operational Delivery

- **Objective Setting** – All staff within the commissioning teams, the PMO, and the locality support officers will have an objective to improve member practice engagement relating both to communication strategies as well as proactively seeking ideas and input to commissioning at the earliest possible point (where reasonable before decisions have been made).
- **Portfolio Team Communications** - The Portfolios, Programme Management Office, Locality Support Managers, Admin and Locality Managers come together every 6 weeks to find out more detail of initiatives/guidance/people/ organisations and understand it in the context of commissioning. A fixed agenda item is Key Locality Messages – this asks what are the key messages back to the localities from portfolios and what are the key messages from localities into the portfolios.
- **Locality Meetings** - Deputy Chief Operating Officer for Commissioning Portfolios and PMO has been attending GP Practice Manager Meetings and LEGs to help develop improved communications as well as to better understand the way in which the localities work. We are asking Locality Councils to consider the best mechanism for developing strong two way communication with practices and preferred ways of engaging.
- **Visiting Practices** - This will be an ongoing rolling programme of visits coordinated by each of the Locality Managers for the Deputy Chief Operating Officer for commissioning portfolios and the Programme Management Office.
- **Citywide Locality Group (CLG)** – Attendance by CCG senior colleagues to provide the interface link to the Commissioning Portfolios.