

Appendix Four:

GP Service Contract Changes Communications and Engagement Outline Plan

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Author: Clare Delap

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1. Introduction, background

As part of delivering the Medway Model, and to respond to contractual changes within GP services the CCG needs to on occasion engage with patients on major changes to the location of GP practices. It is key that we listen to the views of patients, clinicians, staff, local communities and public representatives as we make our decisions around future primary care services.

This plan has been drafted in response to engagement and a HASC decision in the summer of 2018.

In May 2018 the Primary Care Commissioning Committee considered options for offering services over three sites rather than five. The CCG sent letters to patients registered at affected practices and their elected representatives and attended meetings to gain feedback on the proposed changes. Potential providers were also consulted. There was support for extending hours and the CCG received a range of views on future GP services. Most of the feedback was not in favor of the two GP practice closures that would be the consequence of reprocurring the contracts in the way the CCG intended.

On the 21st of August 2018 Medway Council HASC deemed the proposal to move from three to five sites a substantive variation and requested that the decision be deferred to allow more time for public consultation and engagement.

On 29th August 2018 the Primary Care Commissioning Committee at Medway CCG decided to postpone the decision to merge the five GP sites into three to allow for further engagement with patients and stakeholders. The PCCC decided to procure services for all five sites to ensure there is no break in GP provision when the current contracts end. A decision on the number of sites will be taken by the PCCC following the period of further engagement in the future.

2. Statutory Duties

Section 242 of the Health and Social Care Act, 2012, states that CCGs must involve and consult patients and the public in the planning of commissioning arrangements and in the development and consideration of proposals for changes in the way services are delivered.

The Act also updates Section 244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The CCG is bound by the Act and associated guidance to carry out formal public consultation around any significant service change. Commissioners should be assured they have taken appropriate involvement for each stage of the process. Engagement requires:

- An effective public communication and media handling plan.
- A detailed plan for reaching all groups who will be interested in the change, including those that are hard to reach
- Staff involvement plans.

- Clear, compelling and straightforward information on the range of options being tested.

In April 2017 revised guidance for CCGs set out 10 key 'actions' for CCGs to demonstrate they meet their statutory duties – this includes promoting and publicising public involvement, feedback and evaluation, advancing equality and reducing health inequality, involving the public in governance.

The NHS Constitution re-enforces the rights of local people to be involved in decision making about health and social care and the 2010 Equality Act requires that particular consideration is given to people with protected characteristics.

3. Objectives of Engagement

The feedback received in 2018 indicates how important GP services are to local residents, and shows the strong links between GP services and other local community services including services provided by the community and voluntary sector. Local residents expect the NHS to provide quality local care services across Medway now and in the future. However we know that there are low levels of public understanding about how primary care services are provided, which services are available and how to access them and how GP contracts operate.

People have told us that we need to provide a clearer rationale for changes to contracts and further explanations around the impacts of these changes for patients. Engagement will take account of the feedback received so far and provide adequate time for consideration and enough scope for discussion and development of views. As well as looking at specific options engagement will examine the rationale for making decisions around the commissioning of GP services going forward – it will help create an architecture based on local priorities which can be used as a basis for future decision making.

It is important that we set the arguments in a wider context alongside a longer term set of goals – we want to enable patients to have more contact in primary care with a wider range of professionals and specialists in the future – in order to do this primary care needs to work differently.

We aim to:

- Set out clearly the rationale for any change in a way which is easy to understand
- Increase public understanding of the GP practice system in Medway – the challenges faced in the future
- Increase public understanding and discussion of new ways of accessing primary care services – for instance using other health care practitioners
- Find out what matters most to local residents using GP practices and primary care services so that we can establish principles for the commissioning of local care services going forward which focus on what matters most to local people
- Provide clear options and give people time to feedback
- Explain clearly the benefits of different GP of GP for instance arrangements for local people – the APMS contracts allow increased choice for instance

- communicate effectively to all stakeholders, appropriately for their differing needs and requirements, and using a variety of methods and media formats
- feedback on what people have told us so far and let people know how we have acted on their views
- explain how these changes fit into the Medway Model and associated realignment of services
- work with populations who may be harder to reach or engage with or who are protected under equalities legislation
- continue to engage with local people and with staff who deliver services throughout each stage of procurement – as we take the procurement of local GP services forward so that they are focused on providing the best possible quality care for local people across Medway

4. Who we want to engage with

It is important that we hear from as wide a range of local people as possible – including those who have identified themselves as having an interest and a view on these issues previously and also those who may not have engaged so far. It is likely that it would be appropriate to widen the scope of the engagement to all residents of Medway who may wish to give their views as the potential changes may have an effect on other GP practices.

We aim to engage with:

- Patients on the lists of any affected GP practice
- Current practice staff
- GPs across Medway
- All residents in Medway - where appropriate
- Patient groups and representatives including Patient Participation Groups
- Communities who are traditionally less listened to within the health and social care system
- Local councillors
- Members of the HASC and the Health and Well Being Board
- Local MPs
- Healthwatch Medway
- Voluntary and community sector organisations
- Clinicians and frontline staff – including those in the acute sector, GPs and practice nurses and those delivering social care
- Local media – to disseminate information as widely as possible

A full list of stakeholder groups together with a rationale for engaging each of them can be found in Appendix 1.

5. Equalities and Diversity

The public sector equality duty, as defined by S.149 of the Equality Act 2010 sets out that the CCG must have due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

During our engagement we will ensure that all groups with protected characteristics have the opportunity and are targeted to take part in all phases of engagement.

The surveys we undertake will help us monitor who we are reaching – we are able to ask people about ethnicity, gender etc. so that we can tell whether we need to target particular population groups going forward.

We know that some include populations with high levels of deprivation, others contain populations with high levels of young adults or high numbers of students. During the engagement in the summer of 2018 it was emphasised that we should do more to target those who are likely to be socially isolated, those living in deprived areas and those who have long term health problems or disabilities.

Through the Involving Medway partnership we are targeting directly specific communities who might not come to organised public meetings or interact with officials. We are planning to hold targeted focus groups with:

- People from minority ethnic communities
- People living with long term conditions
- Carers and young families living in more deprived areas

6. Engagement to date

6.1 Engagement on Health and Care services in Medway

Between 2016 and 2018 Medway CCG has carried out a series of public engagement activities related to the delivery of primary care services including:

- Asking about people's priorities for a new proposed healthy living centre in Chatham
- Meetings about the Medway Model – a new way of delivering care across the Medway Towns
- Engagement around developing a new urgent care service
- The reconfiguration of adult community health services – early engagement to develop our plans
- Discussions on our plans to extend access to GP services in Medway - offering more appointments at different times

There are some consistent messages across this engagement. People told us that:

- It is difficult to get GP appointments in Medway
- Often GPs don't have enough time
- People don't mind seeing a health professional other than their own GP to get an appointment more quickly but there are concerns about consistency for some patients
- Health services should be better joined-up – less complicated referrals & fewer contacts with different services would be better
- It is too difficult to find information about services
- There should be more emphasis on mental health and wellbeing and on keeping people healthy
- There are concerns around whether we can deliver services going forward – whether we will have the workforce to make the changes
- Getting to Medway Maritime Hospital is not easy for everyone and parking at the site is a problem
- There are concerns about where some services are located – that getting to health services is particularly difficult for people with mobility problems and that people living in some parts of Medway are poorly served by public transport
- People like the idea of the Medway Model delivering joined up care closer to home, but they are concerned whether we will be able to deliver this given the pressures in the services and concerned that this is not an exercise in taking services away from people.

We will take these messages into account as we develop the proposals for engagement.

6.2. Feedback from DMC Balmoral - Gillingham HLC and Twydall Branch Surgery, Boots Pentagon: Chatham, St Marys Island : Chatham, Sunlight Centre: Gillingham

In July and August 2018, the CCG sent letters to the PPGs and to patients registered at the five practices and their elected representatives and attended meetings at the Sunlight Centre and Twydall, to gain feedback on the proposed changes.

Most of this feedback was not in favour of the two GP practice closures that would be the consequence of reprocurring the contracts as set out in the letters and at the public meetings.

There were specific concerns about the impact on other community services at the Sunlight Centre, the impact on vulnerable populations and concerns around security and capacity in existing sites. People were worried about the distance between sites if one were to close – for people with mobility problems this would be a particular issue.

7. Our approach to engagement

We will ask all those affected and where appropriate with the wider public about what matters most to establish principles for commissioning GP practices going forward and creating a rationale for changes. We will set out our proposals clearly and explain in detail how this will affect patients in these areas and beyond. Engagement will also raise awareness about local primary care services, about what will be offered at local healthy living centres and provide messages about new and improved access to GP services.

Wherever possible the engagement will be a joint operation between the CCG and Medway Council.

Prior to the engagement we will hold a series of targeted, closed meetings with stakeholders who have been identified as having a specific concern – for instance the trustees and the community groups using the same premises as GP practices, PPG Chairs and Healthwatch Medway. These discussions will feed into the development of the public engagement document and help us better articulate the rationale.

The engagement will be accompanied by a public communications campaign encouraging people to have their say and also advertising the range of services available within primary care and providing information for the public on GP services.

We will brief MPs, local councillors and also the press prior to launch of the engagement.

An engagement plan would consist of a number of the following elements:

An engagement document designed and written in an accessible format together with additional formats such as large print. The document will set out the proposed changes in a clear way and describe the impact on all patients & residents in Medway, it will include a summary of the messages to date and a link to some frequently asked questions.

The document will include a survey with specific sections for Medway residents, clinicians and the patients in the five affected practices.

Printed copies of the engagement document made available through GP surgeries, healthy living centres, libraries and council offices .

Public listening events where we will present the changes and answer questions and hold facilitated discussions on options going forward – the public meetings will also focus on gathering views on the principles for GP commissioning going forward – what do local people want from their GP services in the future.

A public communications campaign – providing information to the public about what is on offer within GP practices, other primary care practitioners and within the community and about how GP services provide services

Target focus groups with partners Involving Medway in the areas directly affected focusing on communities less likely to attend large meetings including people from minority ethnic groups, families and carers – we will have a particular focus on isolated communities

Drop in sessions at each practice affected run jointly with the PPGs in each practice (we will offer Medway Time Credits for all the PPG volunteers working on this area)

Targeted engagement with students – run by students themselves who are trained as community health researchers – to find out what the priorities are for students in Medway in terms of GP practices and how they would view proposed changes in numbers of practices

Engagement with GPs and practice managers – through the monthly GP meeting and through local care team meetings – GPs are key stakeholders through their ownership

A reference group for developing GP services going forward – We will invite the PPGs, Healthwatch and other key groups to help evaluate the engagement - feeding back on whether we have engaged widely enough across local communities and asked questions in clear ways. We will also invite critical friends to become involved in an advisory capacity going forward – to advise the primary care commissioning group at the CCG going forward.

8. Engagement in the procurement decisions and during mobilisation

We will involve patients, family carers and members of the public to advise on the procurement of the new service. We envisage the panel having a direct role in decision making around the final procurement including being given the opportunity to interview potential providers about aspects of their proposals.

9. Data analysis, reporting and feeding back

We are committed to being open and transparent around what people tell us and what happens as a result. We plan to commission independent analysis of all the feedback which will be reported to the internal steering group, to the primary care commissioning committee and the CCG Board.

The public engagement results will be published in full, after a period of consideration the CCG Board will agree how to respond and will publish our decisions and rationale.

We will also seek feedback on the engagement itself – inviting the PPGs and our reference group to evaluate the engagement (see above).

10. Roles and responsibilities, resources requirements

The communications and engagement will be overseen by the local care steering group. The Head of Engagement is responsible for ensuring that communications and engagement is carried out in conjunction with the Head of Primary Care Transformation and the Primary Care Team who will provide expert content and the specific materials needed to construct engagement and communications.

The Primary Care Team will be responsible for developing the content of materials for events, for developing the case for change and the models of care for extended engagement and for organising market engagement events and liaising with practices.

We will procure additional support to develop a questionnaire or survey, analyse the results and write a report for the event. We will also consider procuring independent support to manage public listening events.

The Medway communications and engagement team will manage an overall communications strategy for the extended engagement.

The CCG outsources its PR function to Maxim PR who will provide communications support for press releases, web content, print and design. The in-house communications function will manage all website and social media activity and the CCG communications and engagement team will be responsible for all room bookings, managing invitations to events and coordinating dates for events.

Involving Medway will engage directly within communities, particularly those who are less listened to, will disseminate all messages to the wider community and voluntary sector and will manage the community health researchers – a volunteer peer research scheme.

Additional resources will be required to:

- Develop an engagement document which is clear and public facing (in partnership with the CCG)
- Design the document for publication and printing
- Create a public facing survey which asks clear questions professionally designed
- Send letters to every patient at the affected practices
- Design and facilitate effective public engagement listening events or meetings
- Collate and analyse all the feedback collected and write a report for the Board and for publication.

GP contract Engagement 2019 Appendices

Appendix 1: Sample Stakeholder Map

Stakeholder	Rationale	
Patients on the lists of the practices affected by the contract changes including family carers where appropriate	<ul style="list-style-type: none"> • Likely to be most affected by the changes • The CCG has a duty to engage with these group in particular • To respond to concerns or comments already made in earlier engagement 	
Existing staff in practices		
Provider GPs and other clinicians in affected practices		
PPGs – chairs & members of affected practices	<ul style="list-style-type: none"> • Represent the interests of patients in each practice • Already engaged with the practices & actively interested in patient care in each practice • To respond to concerns and comments already made in earlier engagement 	
Community Groups with a direct interest in the location of the practice	<ul style="list-style-type: none"> • Potentially affected by the changes where co-located • Represent the views and interests of some local residents • Have already raised comments & concerns 	
Local Councillors covering affected practices	<ul style="list-style-type: none"> • Representing the wider interests of local residents in each area • Have already raised comments and concerns 	
Pharmacy	<ul style="list-style-type: none"> • Potentially affected by the changes where co-located • Provides a local interaction with patients 	
Residents of Medway	<ul style="list-style-type: none"> • Any Medway resident can use these GP practices under the APMS contracts • Families may move into these areas in the near future 	

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	<ul style="list-style-type: none"> • There are possible consequences for other GP practices • To contribute to the future development of the Medway Model
Students living and studying in Medway	<ul style="list-style-type: none"> • Where directly registered with an affected practice` • Other students will have a wider interest as Medway residents
Isolated and vulnerable communities – people who are housebound and/or with limited mobility	<ul style="list-style-type: none"> • Are more likely to use primary care services but are often underrepresented in engagement or consultations • Have the greatest need of services but often do not access services adequately
Communities with protected characteristics in Medway	<ul style="list-style-type: none"> • The CCG has a duty to engage under equalities legislation • Are often underrepresented in engagement or consultations – experience barriers to getting engaged such as language • Often are affected by inequalities in health and are more likely to have unmet needs in terms of health
	<ul style="list-style-type: none"> •
Healthwatch	<ul style="list-style-type: none"> • Represent the voice of all Medway residents using healthcare services • Collect evidence about the experiences of health and social care services – in depth understanding
Voluntary and community sector – wider Medway	<ul style="list-style-type: none"> • Membership are likely to be affected by changes • Represent some of the most vulnerable and less listened to • Have an interdependency with primary care services – referrals, providers of key services

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HASC – all elected officials membership All local councillors in Medway MPs	<ul style="list-style-type: none"> • Represent the interests of all Medway residents • Scrutiny role • Understand the wider needs of the population in terms of health and care services
Local health campaign groups	<ul style="list-style-type: none"> • Have raised concerns, gathered views in earlier engagement • Represent and articulate a viewpoint about wider health decisions
Media – Medway Messenger & Kent-wide media	<ul style="list-style-type: none"> • Can invigorate discussion and debate around decisions • Provide information to all residents in Medway • Have already shown a strong interest in earlier engagement
Medway CCG Board	<ul style="list-style-type: none"> • Responsible for final decision on the contract • Must have a clear understanding of local views and experiences to support decisions
Medway council commissioners – lead officers for health and social care	<ul style="list-style-type: none"> • Partners in decision making and delivery of health and care for all local residents • Interdependency with other health and care services in Medway
GPs in Medway	<ul style="list-style-type: none"> • Have a strategic decision making role • Ownership over health decisions through the CCG
Medway Council Public Health – director and team	<ul style="list-style-type: none"> • Interdependency with other health and care services • Provide key advice and analysis to contribute to decisions made
Community safety partners – Police & Fire Service	<ul style="list-style-type: none"> • Partners in delivering care services

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	<ul style="list-style-type: none">• Can support some outcomes – ie improving community safety around some practices
Kent and Medway Sustainability and Transformation Partnership (STP)	<ul style="list-style-type: none">• Partners in local care models and improvement across Kent and Medway
NHS England	<ul style="list-style-type: none">• Oversight & scrutiny function

Appendix 2: Communications Plan

Audience	Communications Channels
Patients of the affected practices, including family carers where appropriate	
Patients of each of affected practices including housebound patients Family carers	<ul style="list-style-type: none"> • Personalised letter sent by direct mail • Flyers distributed through the five surgeries • Posters in each surgery
Residents of Medway	<ul style="list-style-type: none"> • Leaflets & posters distributed through libraries, GP surgeries, healthy living centres • Press – articles in Medway Messenger etc. • Paid for advertising – MM • Medway Matters • Paid for Facebook campaign and general social media activity
Students living and studying in Medway	<ul style="list-style-type: none"> • As above, including sharing information with student services for each of the universities • Offer to meet
Isolated and vulnerable communities	<ul style="list-style-type: none"> • Identify support groups (ie disability networks, mental health groups, etc) and share leaflets and letters • Offer to meet
Communities with protected characteristics	<ul style="list-style-type: none"> • Identify organisations and networks (ie religious groups, cultural support networks) and share leaflets and letters • Offer to meet
	<ul style="list-style-type: none"> •
Staff, care teams, clinicians	
Existing staff Provider GPs and other clinicians in five affected practices	<ul style="list-style-type: none"> • Drop-in sessions (possibly by PPG Chairs) • Videos of drop-in sessions • Flyers distributed in the surgery • Posters in each surgery
Medway CCG Board	<ul style="list-style-type: none"> • Personal briefings
Other GPs in Medway	<ul style="list-style-type: none"> • Updates via GP Bulletin
Kent and Medway STP	<ul style="list-style-type: none"> • Share all comms
NHS England	<ul style="list-style-type: none"> • Share all comms
Community and voluntary sector, patient representative groups	
Community groups co-located in a GP practice building Pharmacy	<ul style="list-style-type: none"> • Share all correspondence, ie flyers distributed to surgery • Other communications to be as per 'Residents of Medway'

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Patient participation Groups (PPGs) – chairs and members of affected practices	<ul style="list-style-type: none"> • Direct invitations and communications through email distribution list, including a possible request for involvement in briefing staff
Healthwatch Medway	<ul style="list-style-type: none"> • Share all leaflets and letters • Possible involvement in information collection?
Healthwatch – members	<ul style="list-style-type: none"> • Direct communications via email – distribution through Healthwatch manager
Voluntary and community sector – wider Medway	<ul style="list-style-type: none"> • Make use of Involving Medway’s contacts to keep groups informed
Community safety partners	<ul style="list-style-type: none"> • Share leaflets and letters • Provide face-to-face briefings if necessary
Political representatives	
MPs – Medway	<ul style="list-style-type: none"> • Letter from accountable officer pre-warning of upcoming engagement
Medway Elected officials – HASC & Health and Wellbeing Board	<ul style="list-style-type: none"> • Letter from accountable officer pre-warning of upcoming engagement • Briefing and progress reports at HASC meetings
Local councillors covering five affected practices	<ul style="list-style-type: none"> • Direct emails
HASC	<ul style="list-style-type: none"> • Share leaflets and letters • Provide face-to-face briefings
Medway council Public Health director and team	<ul style="list-style-type: none"> • Share leaflets and letters • Provide face-to-face briefings
Medway council commissioners	
Press & media	
Medway Messenger/KentOnline Kent Live KMTV KMfm BBC Radio Kent BBC South East ITV Meridian Maidstone Medway Magazine Village Voices Gravesham & Medway Life	<ul style="list-style-type: none"> • Pre-engagement briefing • Press releases • Press statements (proactive and reactive) • Media interviews (print, online, TV and radio)
Local health campaign groups [groups need identifying but will include Medway Health Campaign]	<ul style="list-style-type: none"> • Updates will generally be as per ‘Residents of Medway’ but a decision needs to be taken regarding engagement, perhaps invite the groups to individual briefings?

Appendix 3: Planned Engagement Activities

Engagement Tools	Description	Stakeholders
HASC Engagement and Consultation	<p>The HASC is interested in ensuring the delivery of the Medway Model and making sure that local residents are fully involved in the changes to primary care services going forward so that they work for local families.</p> <p>The Chief Operating Officer and the Director of Primary Care Transformation have agreed to brief the chair of the HASC and members with a key interest in this activity at regular intervals going forward.</p>	<p>HASC</p> <p>Elected local officials</p> <p>Council</p>
Online presence	<p>There will be a dedicated web page on the CCG website where we will publish the engagement document and information about opportunities to become engaged. This will be regularly updated with information about what people are telling us and reports from previous engagement.</p>	<p>The public in Medway and all interested patients and staff, community groups & volunteers</p>
Engagement document	<p>Written in an accessible format clearly set out for the public the document will contain:</p> <ul style="list-style-type: none"> • A clear case for change including the impact on patients and intelligence from combined impact assessment • Summary of engagement to date and key messages • Options & consequences of options • FAQs <p>We will use experts in public communications to advise us and to draft the document to ensure it is easy to understand and robust .</p> <p>Printed copies of the engagement document made available through GP</p>	<p>The public in Medway and all interested patients and staff, community groups & volunteers</p>

	surgeries, healthy living centres, libraries and council offices .	
Survey – online & printed versions	<p>The document and web page will include a survey with specific sections for Medway residents, clinicians and the patients in the five affected practices.</p> <p>Surveys will be used as stand-alone engagement for those who prefer to feedback online or by post and they will also be used as tools at community outreach events and by our partners – to accompany and support face: face engagement. The surveys will be formulated and tested by an independent expert advisor, and designed to be accessible and easy to understand.</p> <p>Printed copies will be distributed together with an integrated pre-paid envelope to encourage returns.</p> <p>We will monitor survey returns regularly and issue further publicity to keep interest going. Surveys will be analysed by so that ongoing results can be fed into developing engagement and reported regularly at key events/activities.</p>	<p>Patients and the affected practices and families</p> <p>Clinicians, GPs and staff</p> <p>The wider public in Medway</p>
GP Monthly & local care team meetings	<p>Local care team meetings take place bi-monthly within each hub locality in Medway attended by GPs and practice managers. Each month all Medway GPs and practice representatives meet for an extended session of planning and learning.</p> <p>We will run a dedicated session at GP monthly with both practice managers and GPs to gather their feedback on the proposals.</p>	<p>GP Partners</p> <p>Practice Managers</p>
Public listening events	<p>In order to provide as many opportunities for people to attend as possible, these will be held both during the day and in the evenings on different days of the week and hold them in different parts of Medway.</p>	<p>All, public, frontline clinical staff, community and</p>

	<p>Events will be widely publicised through our partners and we will work closely with Healthwatch and with our partners through Involving Medway to ensure that they are accessible.</p> <p>The format will include presentations from clinicians and senior staff, facilitated table discussions and opportunities to question the CCG. Results will be regularly reported to feed into further engagement activities.</p>	voluntary sector groups
Focus Groups and community outreach events	<p>A series of focus groups and local events will take place throughout the engagement.</p> <p>These involve attendance at coffee mornings, open days and forum meetings for specific groups and communities. Where appropriate a specific focus group will bring together a group of the individuals targeted.</p> <p>We will target communities where people are likely to be disadvantaged and target people with long term health conditions and disabilities.</p>	Patients, family carers, public, community and voluntary sector
Community health researchers	<p>Part of the Involving Medway project, a team of volunteer community health researchers are trained to gather views, experiences and stories from an agreed cohort of local people.</p> <p>We are planning to train a cohort of students as community health researchers in October/November 2018 – we will target this group to establish the needs and requirements for students going forward</p>	Isolated communities, people who are less likely to attend meetings, students

Appendix 4: Media Handling Plan

Media Handling Strategy

Media plan

A proactive approach to media relations is an important part of the overall communications and engagement strategy. The aim is to inform patients of the procurement process and minimise the spread of incorrect information and speculation by providing updates and responding to media enquiries as swiftly as possible.

- **Press**

The main newspaper in the area is the Medway Messenger. Owned by the KM Media Group, stories will often be shared with website Kent Online. Local TV channel KMTV, also owned by KM Media Group, is based extremely close to Medway CCG's offices.

Activity should include:

1. Press release naming the new provider for all five sites.
2. Briefings to key figures – including staff, engagement groups, political stakeholders, media – informing them of the importance of this process and reminding them why these proposals have been made, ahead of:
3. Press release announcing the beginning of the consultation process, launching the survey, calling for views and sharing any other engagement events and activities with the public.
4. Press release towards the end of the engagement period, reminding people of their last chance to give views.
5. Press release to announce the end of the public engagement period, including next steps.
6. Press release announcing decision.

- **Social media**

Medway CCG's Facebook page and Twitter account will be used throughout the process to push key messages, encourage people to register for events, complete surveys and to generally keep people informed.

As well as regular postings, Medway CCG will look to respond to any queries from the public submitted by social media. Press enquiries will be handled by the comms team.

The use of social media will coincide with the press plan outlined above.

We would launch a targeted paid for campaign on Facebook to encourage people to complete the survey. This will target people aged 18-49 who are more likely to be working and who are normally less likely to complete surveys.

- **CCG website**

The issues and questions will be featured on the front page of the CCG's website throughout the re-procurement process, enabling people to easily access further information, details of events and surveys.

- **Local authority newsletter**

Medway Matters, an A4 colour magazine produced by Medway Council, is distributed to some 118,000 residential addresses in Medway and published six times a year. This will be a useful way of keeping residents and stakeholders updated.

- **GP Bulletin**

Events, surveys and signposting to more information will be highlighted frequently in the weekly email newsletter to GPs.

- **Involving Medway**

Colleagues from Involving Medway will help target specific communities and hard to reach groups. Their network of voluntary organisations will be a useful resource to help to engage with the public, including sharing the survey.

- **Communications colleagues**

All press briefings/press releases will be forwarded to relevant communications colleagues within the local authority and relevant partners.

Key messages

- The current system has to change, not only to improve the patient experience but also to meet the challenges that lie ahead. People are living longer, with more complex health issues at a time when NHS budgets are being constrained.
- Improve public understanding about how primary care services are provided, which services are available and how to access them – and how the proposals will affect this.
- The proposal will be closely linked to the Medway Model, a new way of joining up local services to deliver a greater range of care closer to people's homes.
- It is important to engage with the CCG process to ensure your views are heard.

Strategy

Medway CCG's communications and engagement team will:

- Co-ordinate proactive and reactive media statements and press releases, ensuring the appropriate approval processes are adhered to.
- Co-ordinate media interviews with the CCG, identifying appropriate spokespeople and providing support/briefings in advance of any media interviews.
- Liaise with communications colleagues as appropriate, including NHS England and other CCG comms teams
- Monitor media coverage and provide regular updates to key contacts at the CCG.