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North of England
Commissioning Support

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Stockton NHS Healthcare Centre (Tithebarn) Registered Patient List: Summary Communications and Engagement Plan

March 2017



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Document Reviewers

Name	Position

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1. Background

The Communications and Engagement Team of NHS North of England Commissioning Support (NECS) is supporting NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group ('the CCG') to actively engage the local population in the catchment area of Stockton NHS Healthcare Centre (Tithebarn).

The current contract for services is due to end on 31 March 2017. Following a recent review of the service, the CCG agreed that a primary care service should continue within the Hardwick area. This was proposed to be continued as a branch surgery of another, existing GP practice, with the catchment area extended beyond Hardwick.

The CCG invited local practices to apply to provide the branch surgery, with opening hours between 8am and 6pm, Monday to Friday. Unfortunately no applications were received.

The CCG has therefore extended the existing contract for a further three months, with Elm Tree GP practice providing GP services from Stockton NHS Healthcare Centre on a temporary basis from 1st April 2017 until 30th June 2017.

The final option to maintain GP services at Stockton NHS Healthcare Centre beyond June 2017 is to secure a provider to run a part-time branch service. The temporary extension of the contract will allow time for further engagement with patients to gain their views on the times and days that a part-time branch service would best meet their needs.

If the CCG is unable to secure a provider for a part-time branch service, there may be no option but to disperse the current patient list. However, this is not the preferred option, and the CCG will do its utmost to secure a provider for a part-time branch service.

2. Legal Duties and Requirements

2.1 NHS Act 2006 (As Amended by Health and Social Care Act 2012)

The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) sets out the range of general duties on clinical commissioning groups and NHS England.

Commissioners' general duties are largely set out at s13C to s13Q and s14P to s14Z2 of the NHS Act 2006:

- Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:
 - In planning commissioning arrangements
 - In the development and consideration of proposals for changes to services
 - In decisions which would have an impact on the way in which services are delivered or the range of services available; and
 - In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

2.2 S.244 NHS Act 2006 (as amended)

The Act also updates s244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority 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.

2.3 S.3a NHS Constitution

The NHS Constitution sets out a number of rights and pledges to patients. In the context of this project, the following are particularly relevant:

Right: You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Pledge: The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.

(Section 3a of the NHS Constitution)

2.4 “The Four Tests” – NHS Mandate

NHS England expects ALL service change proposals to comply with the Department of Health’s four tests for service change (referenced in the NHS Mandate Para 3.4 and ‘Putting Patients First’) throughout the pre-consultation, consultation and post-consultation phases of a service change programme.

The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners.

As a proposal is developed and refined commissioners should ensure it undergoes a rigorous self-assessment against the four tests

3. Risk and Mitigation

General risk and mitigation for this type of engagement includes:

Risk:

Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved

Mitigation:

- Plan developed and stakeholder mapping undertaken to identify relevant stakeholders and partners
- Ensure all stakeholders receive appropriate updates and feedback
- Ensure appropriate stakeholders are invited to participate in a way that is accessible to them
- Ensure clear communication of messages through robust communications plan, including updates on CCG website, stakeholder bulletins and through My NHS

Risk:

CCG does not engage with marginalised, disadvantaged and protected groups

Mitigation:

- Stakeholder mapping identifies relevant groups and organisations.
- Information and resources to be produced in different formats as required

Risk:

Lack of response to survey / “buy in” from public and stakeholders

Mitigation:

- Engagement plan identifies relevant groups and methods of engagement to ensure meaningful participation
- Ensure adequate publicity and support

Risk:

Managing expectations of members of the public

Mitigation:

- Ensure adherence to communications plan and advise CCG of any issues that arise

4. Equality Analysis

The CCG has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010.

In summary, in the exercise its functions, the CCG must have due regard to the need 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

To ensure that the CCGs are fully meeting this duty, an equalities analysis has already been undertaken as part of the original engagement process.

5. Stakeholder Mapping

The CCG needs the right information to inform decisions for its communities. The CCG continually strives to maintain and strengthen its strong working relationships with stakeholders.

The CCG is proud of the strong working relationships it has developed with:

- Patients, carers and members of the public
- Local Authorities
- Local HealthWatch organisations
- Health and Wellbeing Boards
- Key voluntary and community sector organisations.

A detailed stakeholder map will be developed to ensure that relevant stakeholders are aware of, and have the opportunity to participate in, the engagement.

As well as the organisations and partners above, this will include:

- GP Patient Participation Groups
- Community Health Ambassadors
- Local Pharmacies
- Statutory authorities and regulatory bodies (such as overview and scrutiny committees)
- Government (such as MPs and local Councillors)
- Health partners (such as NHS England)

6. Documentation and Resources

Development work will include consideration of required documentation and resources.

This will include, but is not limited to:

- Patient letter
- Survey
- Posters

7. Standards and Formats of Information

All information produced as part of the engagement activity will be made available in different languages and formats as required.

8. Overview of Proposed Engagement Activity

The following table gives an overview of proposed engagement activity

Activity	Overview
Patient letter and survey	A letter and survey will be sent to all patients registered at Stockton NHS Healthcare Centre (Tithebarn). The letter will also include the dates of the patient information sessions. A link will be provided for those patients who wish to complete the survey online.
Events	Two patient information sessions will be conducted within the practice catchment area.



9. Data Analysis

Data analysis will be conducted to help the CCG ensure that the part-time branch service is open on the days and times that appropriately meet the needs of the patients.

10. Reporting and Feedback

A full engagement report will be produced at the end of the engagement activity detailing preferences on practice opening days and times.

Appendix 1: Communications and Engagement Plan

Activity	Who is Responsible	When	Notes
Develop draft communications and engagement plan	NECS	16 March 2017	
Agree communications and engagement plan	CCG Primary Care Committee / Exec Team	21 March 2017	<i>PCCC agreed delegation to Exec to sign off and approve engagement plan and recommended bidder Stockton NHS Healthcare Centre - ensure engagement plan for SHC shared with members and LMC – engagement directly with local ward councillors to ensure they are aware and can encourage engagement</i>
Letter to registered patients aged over 16 including survey  HaST_SHC_PtLetter and FAQ_v2_DRAFT_  HaST_SHC_Survey_v1_DRAFT_140317.d	NECS	22 March 2017	
Patient Information Sessions	NECS/CCG	6 April 2017, 5.30pm to 7pm at Hardwick Community Centre Whessoe Road Hardwick Stockton-on-Tees TS19 8LB 26 April 2017 2.30pm to 4pm at Hardwick Community Centre Whessoe Road Hardwick Stockton-on-Tees TS19 8LB	
Briefing to Stakeholders with a copy of the poster to cascade within their	NECS	22 March 2017	

networks/community			
Data Analysis and Reporting	NECS	26 April – 3 May 2017	