

## **EQUITABLE ACCESS TO PRIMARY MEDICAL CARE SERVICES PROGRAMME CONSULTATION**

### **Background**

This Government driven programme plans to deliver at least 100 new GP practices in the areas with poorest provision and 150 GP-led health centres across England by April 2009. The focus is on achieving a fair and personalised NHS, as advocated by the Darzi Report, while upholding the values of safe and effective primary care services. Under this programme, the PCT will establish three new GP practices in some of our most deprived wards and a GP-led health centre to serve the whole PCT population by April 2009

### **Communication and Engagement**

In line with the legal requirements of Section 11 and Section 242, the PCT has drafted a Communications and Engagement Strategy and a consultation plan which set out how we aim to effectively engage with a range of different stakeholders to establish an open dialogue that can have a meaningful impact on the commissioning and development of these new facilities and the range and quality of services they provide.

The Equitable Access in Primary Care Programme is intended to improve access to primary care and deliver more personalised care to meet the needs of individuals and communities, especially those in more disadvantaged or deprived areas.

The needs and preferences of local people will inform the PCT's commissioning decisions and build upon ongoing improvements in the standards of primary care services through effective communication and engagement that will inform the service specifications and performance metrics.

### **Constraints and formal requirements**

As this is a nationally driven programme, there are given deadlines for each stage, particularly the procurement process. Also, the pre election period precluded starting a public consultation before the 1<sup>st</sup> May. Consequently, the public consultation will begin on 2<sup>nd</sup> June and finish on 24<sup>th</sup> August 2008 so that the views of local people will inform the tender specification for the new services.

The SHA also has to sign off the consultation plans, but have initially approved the draft Communications and Engagement Strategy and Consultation Plan.

### **Pre Consultation work**

The OSC was briefed in March on the Equitable Access Programme and a substantial variation form has been completed. The three PCTs will present their consultation proposals to the OSC on 23<sup>rd</sup> July

### **Purpose of this briefing**

This briefing is intended to:

- locate the Equitable Access Programme within the context of BEN's wider commissioning strategy to improve access and quality of services and the patient/carer experience
- highlight the constraints imposed by the national programme deadlines, the SHA deadlines for signing off the PCT project specification, consultation plans and Invitation to Tender, and the pre election period on the timing of the consultation
- reassure the PCT Board that there is a robust communications and engagement strategy for this programme and a clear agreed plan for it's implementation which has been reviewed by the SHA and the OSC.
- Formal evaluation of the consultation will be undertaken and this will inform the specification. Due to the time constraints imposed by the national programme of issuing the ITT, the Board is asked to delegate responsibility for sign off of this evaluation to EAPMC board chaired by Jonathan Tringham.

Annette Hearnden  
Patient and Public Involvement Manager Localities  
6th May 2008

# **Equitable Access to Primary Medical Care Services Programme Communications and Engagement Strategy May 2008**

## **1. Introduction**

This document sets out the communications and community engagement strategy for the development of three new GP practices and a GP-led health centre in Birmingham East and North PCT as part of the Equitable Access to Primary Medical Care Services Programme.

This Government driven programme plans to deliver at least 100 new GP practices in the areas with poorest provision and 150 GP-led health centres across England by April 2009. The focus is on achieving a fair and personalised NHS, as advocated by the Darzi Report, while upholding the values of safe and effective primary care services. BEN was identified as needing 3 extra GP practices and 1 GP led Health Centre

The rationale for this strategy is to set out ways in which the PCT can effectively engage with a range of different stakeholders to establish an open dialogue that can have a meaningful impact on the commissioning and development of these new facilities and the range and quality of services they provide. As part of this engagement process, the PCT will undertake a 3 month consultation exercise, meeting all statutory PPI requirements.

## **2. Aims**

The aims of this strategy are consistent with the Government's objectives for ensuring equal access to primary care which is responsive to the needs and preferences of local communities. It also locates this development in the context of the PCT's wider commissioning strategies in terms of improving access and choice. It will:

- Enable a two-way dialogue between the PCT and the local population, creating opportunities for them to identify their needs, preferences and to raise any queries, concerns or suggestions as part of the consultation process. This will help us to improve the service we provide so that it better meets the needs of the community we serve
- Keep all stakeholders up to date with developments.
- Ensure statutory consultation requirements are met in accordance with Sections 242 and 244 of the consolidated NHS Act 2006
- Ensure local GPs and clinicians have adequate information about the proposed developments and create opportunities for them to raise any queries, concerns or suggestions as part of the consultation process.

- Engage PCT staff to ensure they know what is planned and the key messages to give patients and local people, and provide the opportunity for them to raise any queries, concerns or suggestions as part of the consultation process
- Develop proactive ongoing communications and engagement across BEN.

### **3. Key Messages**

BEN PCT sees this as a positive development which will increase the range and choice of local services to our local community.

The key messages are:

- This scheme marks a significant investment in primary care services and an increase in local health care services, nationally these new facilities form a £3.5million investment from the Government
- There will be three additional GP practices across the BEN PCT patch, as well as a new GP-led health centre.
- New services will increase primary care capacity in those areas of the PCT most in need.
- These new services will ease workload on overburdened practices and improve quality of services
- The PCT is aware of the need to provide services that are sensitive to the diverse needs of the community.
- Increased primary care capacity will help to tackle health inequalities and variation in life expectancy across the PCT
- Access to and choice of services will be improved by the investment in the new facilities.
- Patients will be given more choice about where and when they receive medical care.
- Members of the public can help shape the services that will be offered in the new facilities.
- Money released from GP practices whose lists reduce in size will be reinvested into primary care.

### **4. Location of these new primary care services**

The locations for the new GP practices are Hodge Hill, Washwood Heath and Kingstanding. These areas were chosen to improve access to primary care and deliver more personalised care to meet the needs of individuals

and communities in more disadvantaged or deprived areas who currently experience health inequalities, deprivation and high GP to patient ratio.

The new GP led health centre will be located in Erdington/Tyburn which is central for access to all of BEN population and has good public transport links.

## 5. Communications and Engagement Activity to date

In the initial stages of the programme, a news release was sent out to local media outlining the proposals. It received a good level of coverage in the main local papers and on radio. A subsequent news release identified the locations for these new facilities. These have initiated national and local interest including Freedom of Information queries

The Chief Executive wrote to all GPs in BEN to explain the proposals and confirm that more information would be forthcoming in the future.

There is a representative from the LMC on the Equitable Access Board to ensure that there is a dialogue about the issues and concerns of local GPs. The PCT recognises that this programme may be seen as a business threat by some GP practices in the localities where they are being placed. This strategy aims to address these concerns and outline the overriding benefits of extra GP practices across the patch which include greater choice and better access for patients, a wider range of primary care services that meet the needs of the local population.

## 6. Priorities for the next phase

The PCT has identified the wards in which the GP practices will be located based on criteria including GP to patient ratio, access issues, deprivation levels and health inequalities. The new health centre will be located centrally to facilitate ease of access for all of the BEN population. The pre-consultation phase began in February and the consultation programme will begin on 2<sup>nd</sup> June, lasting for 12 weeks until 23<sup>rd</sup> August.

An action plan is attached to this strategy outlining proposed communications and community engagement activity during the pre-consultation and consultation period.

The BEN PCT communications team will liaise with the Primary Care Commissioning team to manage any potentially negative media enquiries and rebut any inaccurate coverage.

## 7. Methods of Communication and Engagement

### 7.1 Staff

- **Staff Briefings** – these will be given to key staff groups who liaise directly with GP practices so that they understand the programme and are able to give the same consistent messages and information to GP and practice staff as the programme develops.
- **Staff Brief** – Details for the consultation will be included in the May Staff Brief and regular monthly updates can be provided if appropriate.
- **Cascade** – Details of the programme of work was featured in April's *Cascade*. Future editions will contain information about the consultation.
- **Intranet** – Information about the consultation and wider developments will be available on the BEN PCT intranet.

- **All staff emails** – this method can be used for any immediate news that needs to be disseminated quickly.

## 7.2 Patients and the Public

- **Verbal and written consultation briefings** will summarise key proposals and developments to ensure that patients, carers and local people get consistent information and key messages as the programme progresses
- **Consultation document** - this will provide detailed information on the EA Programme, what this means for BEN PCT and our local population and how local people can share their views and what they can influence including services provided, how these are provided, options for new services and opening hours in the new facilities
- **Consultation leaflet** – this will summarise key issues and ways in which people can share their views and what they can influence including services provided, options for new services, opening hours in the new facilities
- **Community meetings** – these will provide the opportunity for the PCT to explain the proposed changes and why they are needed and for local residents to get involved in discussions about the proposed developments, to share their views and any potential concerns or suggestions. Meetings will be held across the patch and at varying times of the day. The PCT will also meet with any interested groups who request a separate meeting. This feedback will inform the service specification, the tender process and the proposed contractual mechanism in procuring these additional primary care services. As the PPI Forum has now closed down, the Chair of the BEN PPI Forum will sit on the Equitable access Board to represent the views and concerns of local people and potentially carry this development forward to the new LINK
- **Leaflets and posters** - can be provided for local GP practices
- **PPI Committee and Patient Focus Group** – These key groups will continue to be informed of the developments and will be encouraged to shape communications and engagement materials and activities.
- **Mailings** - A letter outlining the consultation process will be sent to key contacts, including local groups and community organisations. This will be accompanied by the appropriate consultation briefing or leaflet.
- **Internet** – all documentation will be available via the ‘Get involved’ section of the BEN PCT website.
- **Translation, Braille, large print versions** – Information will be provided in different formats on request
- **Health News** – details will be included in the summer 2008 Health News
- **Carers Insight** – details will be included in the next edition of this carers newsletter

## 7.3 GPs and Clinicians

- **Consultation with independent contractors** – A representative from the LMC sits on the PCT’s Equitable Access Board. GPs and practice based staff across the patch will be consulted directly, mirroring the timescales of the public consultation.
- **GP emails** – All major developments will be emailed directly to GPs, particularly if information is being released to the public.

- **Meetings** – Meetings will be held with local GPs and Locality Groups to explain the background to the project and the proposals that are subject to consultation and get feedback.

#### **7.4 Strategic Health Authority and Overview and Scrutiny Committee**

- The PCT is liaising with the SHA on an ongoing basis to seek advice and support in developing a robust and effective communication and consultation process
- the OSC will be updated on a regular basis and their feedback included as part of the consultation. A presentation on the EA Programme will be given to the OSC on 23<sup>rd</sup> July.

#### **7.5 Media**

- **Proactive media coverage** - The press will be updated on a regular basis of any major developments. The BEN communications team will issue an initial press release about the consultation, including details of public meetings and any developments that occur throughout the consultation process. Media interviews can also be arranged with the local press to ensure accurate and effective press coverage. Suitable

spokespeople for the development will include Jonathan Tringham and Donna MacArthur.

- **Reactive media enquiries** – all media enquiries should be directed through the BEN communications department.

**Media Monitoring – the BEN communications team will provide a press cuttings service to monitor media coverage in the local, national and trade written press and where possible the broadcast press.**

#### **7.6 Stakeholders**

- The key stakeholders who need to be consulted in developing these new primary care facilities are:
  - Patients, carers and local people who can potentially use the new services, including, where possible, migrant communities and others who are seldom heard
  - GPs and practice staff
  - The Birmingham Health Overview and Scrutiny Committee
  - The Local Medical Council (LMC)
  - The PPI Forum/LINK (taking account of transition arrangements)
  - The West Midlands SHA
  - PCT staff who work with GPs and practice staff

The PCT will liaise with Heart of Birmingham and South Birmingham PCTs to share ideas and good practice in consultation activity and give a presentation on their approaches to the OSC in July

#### **8. Action Plan - See attached**

## 9. Evaluation and Feedback

An independent analysis of all responses given during the public consultation exercise will be undertaken and reported on and this will inform the tender specification and contract mechanism.

We aim to feedback the outcome of this public consultation exercise to all stakeholders, particularly to local people, GPS and staff. We also aim to evaluate the effectiveness of the communications and engagement processes and implementation of the EA Programme in terms of whether it is genuinely delivering user-defined outputs and outcomes.

Evaluation of the communications and engagement process will incorporate:

- Monitoring press coverage
- Analysis of responses, feedback and review of the methods used for different groups
- Monitoring attendances at public meetings
- Reviewing concerns and questions raised and how these were addressed

Evaluation of implementation of the EA Programme will involve:

- Involving users in identifying what needs to be assessed/monitored
- Monitoring usage of the new primary care services
- Measuring patient and carer satisfaction with the new primary care services
- Monitoring the impact on usage of current primary care facilities

Feedback will be given via:

- The Equitable Access Programme Board
- The PCT's website
- BEN Patient Focus Group
- BEN PPI Committee
- Updates to key stakeholders as required
- Local media networks
- Health news
- Cascade
- Other routes as appropriate/feasible to meet specific needs

## 10. Resources

Communications and engagement activities will be undertaken in partnership between the PCT's Communications and Involvement Team and the Primary Care Commissioning Team.

## Equitable Access to Primary Medical Care Services

### Draft Consultation Plan Template

The table below indicates the staff, patient and public groups for participation in BEN PCTs local consultation and offers a template in which to plan meetings and events and record the proposed output.

The template is offered as a management tool and the content and its sequence is open for amendment as the work progresses. The suggested consultation routes are not exhaustive and are open to agreement by the E. A. Project Board, the SHA and the OSC.

Brief description of activity, appropriate consultation materials	Time-scale	Who is involved?	What are the expected outcomes?	How will these outcomes be fed into the Consultation Exercise?	Update	Contact name
Establish PCT EA Board to oversee effective procurement and consultation processes	Feb 08	Relevant PCT staff, LMC rep, PPIF rep, LIFT rep	Ensuring implementation of the procurement and consultation process	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	EA Board established Feb 08. TOR agreed	EA Project Team
Involvement of PPI Forum Chair and transition host for LINKs	Began March 08 - Ongoing	PPI Forum Chair, Transition host organisation	Chair on EA Board informing implementation process. Raising awareness, disseminating consultation materials,	Views will be recorded in EA Board minutes and as above	Began March 08	EA Project Team
Briefing outlining programme to local Health Overview and Scrutiny Committee  Complete OSC Substantial Variation Form	Began March 08 - Ongoing	OSC Link Officer	Verbal notification of project and consultation activity as per Section 244 of consolidated NHS Act 2006	Views will be recorded and fed into Project Team and, form part of consultation report and inform tender specification and contract mechanism	OSC notified early March 08  Substantial Variation form completed April	AH  AH
Press Release	Feb 08 - Ongoing	Local print and broadcast media, members of the public as readers, viewers and listeners	Raising awareness of EA Programme and funding for 3 new GP practices and one health centre for BEN	Views will be recorded and fed into Project Team and will form part of Consultation Report	First release Feb 08 Release re GP & health centre locations March 08	SB
Interface with local LIFT	Began Feb 08 -	BaSS representative to attend EA Programme	Raising awareness and ensuring an interface with	Views will be recorded as part of EA Board minutes	Achieved Feb 08	EA Project Team

Brief description of activity, appropriate consultation materials	Time-scale	Who is involved?	What are the expected outcomes?	How will these outcomes be fed into the Consultation Exercise?	Update	Contact name
representatives	Ongoing	Board	projects that could provide a site for a new practice			
Staff briefings.  Reports in PCT staff brief by email and at site briefings  Articles in PCT staff magazine 'Cascade'	Began March 08 Ongoing  As above	PCT staff including locality and community teams  All PCT staff	Raising awareness and ensuring staff have enough knowledge of programme to respond to questions, reiterate key messages and make informed comments.	Views will be recorded, fed into Project Team and consultation report and inform tender specification and contract mechanism	Began April 08  Began April 08	SB & EA Project Team  As above
Briefings on staff intranet	As above	All PCT staff			Began April 08	As above
Letter from PCT Chief Executive to GPs	March 08	BEN GPs and practice staff	Raise awareness of GPs and practice staff , invite questions and listen to concerns and comments & agree potential solutions	Views will be recorded, fed into Project Team and consultation report and inform tender spec and contract mechanism	Achieved	SC/SB
Verbal & written briefings & updates to GPs and practice staff & 1:1 meetings	Began March 08	As above			Ongoing	FA
LMC representative on EA Board	From Feb 08	LMC representative	Representing the interests of existing GPs and practices throughout the programme	As above	Ongoing	BM
Presentation and Discussion at PCT Board	Began March 08	PCT Board, members of the public in attendance	Raising awareness and ratifying progress	Views will be recorded and fed into Project Team.	Achieved	JT
Written briefings to PCT PPI Committee and PCT Patient Focus Group	Began March 08	Key PCT staff and patient/public representatives	Raising awareness and gathering initial views, especially in shaping communications and engagement materials	Views will be recorded and fed into Project Team and, form part of consultation report and inform tender specification and contract mechanism	Began March 08 - Ongoing	AH & EA Project Team
Interviews for local radio	Began March 08 - Ongoing	Listeners to local radio	Raising awareness of EA Programme and funding for 3 new GP practices and one health centre for BEN	Views will be recorded and fed into Project Team and, form part of consultation report and inform tender specification and contract mechanism	Initial interviews given March 08	JT
Review of current evidence/intelligence about patient/public primary care needs/preferences to	April 08 - Ongoing	Eg feedback from PCT's 'Big Conversation' consultation, QOF	Greater understanding of needs and preferences of GPs & local people as well as any questions, issues or	Help to anticipate local issues and effective ways of consulting with our community to ensure their voice is heard &	Began March 08 -Ongoing	EA Project Team and relevant PCT staff

Brief description of activity, appropriate consultation materials	Time-scale	Who is involved?	What are the expected outcomes?	How will these outcomes be fed into the Consultation Exercise?	Update	Contact name
support development of consultation leaflets/briefings		reports, PPIF survey, GP Practice consultation	concerns they may raise about changes to primary care services	their concerns are addressed		
Ongoing liaison with SHA  Communications & Engagement Strategy and Consultation plan sent to SHA April 08	Began Feb 08 Ongoing	SHA Consultation Lead  Parliamentary Office	Agreement of consultation programme, taking account of Sect 11, sect 242 & pre-election guidelines	Views will be recorded and fed into Project Team and, form part of consultation report and inform tender specification and contract mechanism	Parliamentary team advice led to revised consultation period. SHA approved initial draft strategy & plan	AH and EA Project Team
Inform relevant Local Representative Committees  LMC rep sits on EA Board	Began Feb 08 Ongoing	LMC, LPC, LDC, LOC as appropriate	Raising awareness of the programme and how views, concerns can be shared	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	Interests of existing GPs & practices represented	BM
Information to local community, inviting views, questions, concerns.  Finalise consultation document & questionnaire, leaflet, verbal and written briefings as appropriate <b>Consultation documents to printers</b>	From June 08 – Ongoing  <b>23rd May 08</b>  <b>27<sup>th</sup> May</b>	Patients, carers, local people	To explain background to programme and the proposals that are subject to consultation. To record all comments, concerns and questions raised	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	Consultation briefings and leaflets under development. PPI database & NHDOs identifying key community contacts	EA Project Team & PCT PPI & Communications team
Mailshot of briefings, consultation leaflets and flyers for public meetings to Community Network. Letter from C.Exec for wider mailing. Details of how to obtain the full consultation document, and how to feedback or ask questions will be disseminated.	<b>From 30 May 08</b> - Ongoing	Local community contacts and third sector organisations to link into existing groups, especially the seldom heard who do not access healthcare services	Raising awareness of the programme and proposals subject to consultation as well as forthcoming public meetings and other opportunities for involvement To identify how to engage transitory/migrant communities, those not using services in innovative ways To record all comments,	Views will be recorded and fed into Project Team, form part of the consultation report and inform the tender specification and contract mechanism	As above.	As above

Brief description of activity, appropriate consultation materials	Time-scale	Who is involved?	What are the expected outcomes?	How will these outcomes be fed into the Consultation Exercise?	Update	Contact name
			concerns and questions			
Presentation and discussion at Community based meetings at a range of times and locations as required  Verbal and written briefings and consultation leaflet	From 2 <sup>nd</sup> June 08 - Ongoing	Local people	Raising awareness of the programme and the proposals that are subject to consultation as well as forthcoming public meetings and other opportunities for involvement. To record all comments, concerns and questions raised	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	As above	As above
Presentation and discussion at relevant Neighbourhood Consultative Forums  Verbal & written briefings and consultation leaflet	From June 08 - Ongoing  <b>Need dates confirmed by 23<sup>rd</sup> May</b>	Councillors, community leaders, members of the public	Raising awareness of the programme and the proposals that are subject to consultation as well as forthcoming public meetings and other opportunities for involvement. To record all comments, concerns and questions raised	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	As above	As above
Presentation at OSC meeting  Presentation and eggs of consultation materials	<b>23<sup>rd</sup> July 2008</b>	OSC members	Raising awareness of the programme and the proposals that are subject to consultation as well as forthcoming public meetings and other opportunities for involvement. To record all comments, concerns and questions raised	Views will be recorded and fed into Project Team, form part of consultation report and inform tender specification and contract mechanism	Awaiting feedback from OSC	Senior Project Team members
Liaise with other local PCTs to ensure consistency in communications about the EA Programme	Began April 08	EA project team members, Communications and PPI team members	Agreeing key messages and stakeholders to ensure consistency within Birmingham initially	Views will be recorded and fed into PCT Project Team.	Began April 08 - Ongoing	EA Project Team & PCT PPI & Communications team
Informal analysis of feedback	From Feb 08	All those involved in the consultation	A range of needs, preferences, views, concerns	Views will be recorded and fed into Project Team, form part of	Initial feedback is informing	As above

Brief description of activity, appropriate consultation materials	Time-scale	Who is involved?	What are the expected outcomes?	How will these outcomes be fed into the Consultation Exercise?	Update	Contact name
<p>Independent analysis of feedback</p> <p>A report on the outcome of the consultation process will be sent to the PCT Board</p>	<p>Sept 08</p> <p>Sept 08</p>		<p>and questions from a variety of sources that will help to define what services are required how these can be delivered</p>	<p>consultation report and inform tender specification and contract mechanism</p>	<p>evolution of consultation materials</p>	
<p>Feeding back to stakeholders</p> <p>Updates &amp; reports posted on PCT website, sent to participating groups, via the LMC, Patient Focus Group, local media networks, the PCT's 'Health News', the SHA &amp; the OSC</p>	<p>From Feb 08</p>	<p>All those involved in the consultation</p>	<p>Feedback will be provided to different participants in appropriate formats, ensuring that any key issues questions raised have been addressed.</p>	<p>The consultation will be evaluated internally and externally to assess the effectiveness of the communications and engagement processes and the implementation of the equitable access programme in BEN in terms of delivering user-defined outputs &amp; outcomes.</p>		<p>As above</p>

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