

**WOLVERHAMPTON CCG**

**Governing Body**  
**10 April 2018**

**Agenda item 13**

<b>TITLE OF REPORT:</b>	<b>Communication and Participation update</b>
<b>AUTHOR(s) OF REPORT:</b>	Sue McKie, Patient and Public Involvement Lay Member Helen Cook, Communications, Marketing & Engagement Manager
<b>MANAGEMENT LEAD:</b>	Mike Hastings – Director of Operations
<b>PURPOSE OF REPORT:</b>	This report updates the Governing Body on the key communications and participation activities in February and March 2018.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report is intended for the <b>public</b> domain
<b>KEY POINTS:</b>	<p>The key points to note from the report are:</p> <p>2.1.1 <b>Minor Eye Conditions Service (MECS)</b>                  2.1.3 <b>Winter Campaign</b>                  2.1.4 <b>Extended Easter opening in Primary Care</b></p>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b> and <b>discuss</b> this report</li> <li>• <b>Note</b> the action being taken</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<ul style="list-style-type: none"> <li>• Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions.</li> <li>• Works in partnership with others.</li> </ul>
2. Reducing Health Inequalities in Wolverhampton	<ul style="list-style-type: none"> <li>• Involves and actively engages patients and the public. Uses the Engagement Cycle. – Commissioning Intentions.</li> <li>• Works in partnership with others.</li> <li>• Delivering key mandate requirements and NHS Constitution standards.</li> </ul>
3. System effectiveness delivered within our financial	<ul style="list-style-type: none"> <li>• Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients</li> </ul>



envelope	that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework.
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## 1. BACKGROUND AND CURRENT SITUATION

To update the Governing Body on the key activities which have taken place December 2017 and January 2018, to provide assurance that the Communication and Participation Strategy of the CCG is being delivered effectively.

## 2. KEY UPDATES

### 2.1. Communication

#### 2.1.1 Minor Eye Conditions Service (MECS)

The MECS campaign has continued its web and social media presence following its launch in autumn last year. We have seen a lot of interest in our MECS campaign, both from public and patients.

Two more events have been held to promote the MECS service:

- On 16 February, staff spent the day at Morrisons in Bilston. Even though it was a cold day, staff were able to engage with more than 200 people during the event. The literature, materials and stress balls were really popular!
- 23 March saw staff sharing information about the MECS service at Asda, Molineux.

All the MECs printed materials, postcards, posters and window stickers have now been distributed to opticians and GP practices.

MECS continues to be a popular subject on Twitter, with figures from early March showing that we've sent out 232 tweets, had 90 likes and 108 retweets.

#### 2.1.2 Press Releases

Press releases since the last meeting have included:

- Be prepared – stock up your medicine cabinet now!
- Stay Well roadshows in Wolverhampton to help residents stay well over winter
- Visit your pharmacist first with minor health concerns
- Keep children well this half term
- Cold weather warning for Wolverhampton residents: UPDATED
- Child abuse – if you think it, report it
- Why Wait? - Eating Disorders Awareness Week
- Cold weather warning: people urged to take care in Wolverhampton
- Easter 2018 Pharmacy opening in Wolverhampton
- City makes pledge to become Autism Friendly
- Easter 2018 GP opening in Wolverhampton

#### 2.1.3 Winter Campaign – Stay Well

The winter campaign has continued its national focus on stay well messages.

Press releases and tweets have been issued on the Black Country footprint for the STP and locally we had two public events in February at Morrisons in Bilston and Wolverhampton Swimming and Fitness Centre. Planetary Road.



Unfortunately, due to snowy weather, our planned engagement with youth membership of Healthwatch Wolverhampton was cancelled. We await the new date to return to that meeting to share with young people the importance of accessing the appropriate local health services.

#### 2.1.4 **Extended Easter opening in Primary Care**

We are working with our colleagues in Primary Care and Pharmacy to promote their extended opening hours, for cover over the Easter holidays. There were a series of newspaper advertising, web advertising, leaflets and information on our website to inform people of GP opening over the holiday time and beyond.

For the full details please see our webpage: <https://wolverhamptonccg.nhs.uk/news/606-easter-2018-gp-opening-in-wolverhampton>

## 2.2. **Communication & Engagement with members and stakeholders**

### 2.2.1 **GP Bulletin**

The GP bulletin is a fortnightly bulletin and is sent to GPs, Practice Managers and GP staff across Wolverhampton city.

### 2.2.2 **Practice Nurse Bulletin**

The March edition of the Practice Nurse Bulletin included the following topics:

- Practice Makes Perfect Forum
- Healthy Lifestyles Service (HLS) and GP Smoking Cessation
- Public Health - PGD
- Training
- NHS STP news
- Café Neuro – Wolverhampton
- Changing Our Lives – campaign about postural care
- CCG Bulletin
- Public Health changes

### 2.2.3 **Members Meeting**

The GP Members Meeting took place on 31 January. Members discussed how Team W meetings could work more effectively for them in the future. They also received updates on QOF+ schemes, Primary Care Workforce and Targeted Pier Review work. Following the updates, Members debated and put forward their views on the two national NHSE Primary Care Prescribing consultations. Their contributions to the consultation have now been submitted to NHSE.

We have started planning for the next members meeting in early May.

### 2.2.4 **Practice Managers Forum**

The PM Forum has not met yet this year, but has started planning for discussion topics and the schedule of meetings in 2018.



### 2.2.5 Annual Report

We have started to compile this year's Annual Report.

## 3. CLINICAL VIEW

GP members are key to the success of the CCG and their involvement in the decision-making process, engagement framework and the commissioning cycle is paramount to clinically-led commissioning. GP leads for the new models of care have been meeting with their network PPG Chairs to allow information on the new models, and provide an opportunity for the Chairs to ask questions. All the new groupings have decided to meet on a regular quarterly basis.

## 4. PATIENT AND PUBLIC VIEWS

Patient, carers, committee members and stakeholders are all involved in the engagement framework, the commissioning cycle, committees and consultation work of the CCG.

Reports following consultations and public engagement are made available online on the CCG website. 'You said – we did' information is also available online following the outcome of the annual Commissioning Intentions events and decision by the Governing Body.

- 4.1 The PPG Chair / Citizen Forum meeting took place in March with an attendance of 16 members. The meeting commenced with a primary care update from Sarah Southall, it was noted that there are still changes to the groupings being made. This was followed by feedback from each of the practice / forum representatives. It is clear that there remains some significant variations in how the PPGs operate and get engagement and members that are struggling were encouraged to speak to PPG chairs that are having some successes. As agreed at the January meeting the group were presented with an amended version of the Terms of Reference. This amended version saw a split between members in terms of content and length. It was agreed that a small working group would meet in April to go through the differences of opinion.

It was also agreed that Dee Harris would return again to provide more detail about the urgent care centre referral pathways with staff from this service on hand to answer any questions. The update on the urgent care centre was presented in a more pictorial form which helped the members to understand the complexity of the entry routes into the service.

A presentation on the falls service was deferred until the next meeting. The last few minutes of the meeting were used to discuss the May meeting and the opportunity for the group to be consulted on the CCGs commissioning intentions.

## 5. LAY MEMBER MEETINGS – attended:

- 5.1 Primary Care Commissioning Meeting  
CCG Governing Body Meeting



CCG Governing Body Development meeting  
Quality and Safety Meeting  
1:1 Induction meetings



## 6. KEY RISKS AND MITIGATIONS

N/A

## 7. IMPACT ASSESSMENT

7.1. **Financial and Resource Implications** - None known

7.2. **Quality and Safety Implications** - Any patient stories (soft intelligence) received are passed onto Quality & Safety team for use in improvements to quality of services.

7.3. **Equality Implications** - Any engagement or consultations undertaken have all equality and inclusion issues considered fully.

7.4. **Legal and Policy Implications** - N/A

7.5. **Other Implications** - N/A

**Name: Sue McKie**

**Job Title: Lay Member for Patient and Public Involvement**

**Date: 28 March 2018**

**ATTACHED:** none

## RELEVANT BACKGROUND PAPERS

NHS Act 2006 (Section 242) – consultation and engagement

NHS Five Year Forward View – Engaging Local people

NHS Constitution 2016 – patients’ rights to be involved

NHS Five year Forward View (Including national/CCG policies and frameworks)

NHS The General Practice Forward View (GP Forward View), April 2016

NHS Patient and Public Participation in Commissioning health and social care. 2017. PG Ref 06663



## REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	n/a	
Public / Patient View	n/a	
Finance Implications discussed with Finance Team	n/a	
Quality Implications discussed with Quality and Risk Team	n/a	
Equality Implications discussed with CSU Equality and Inclusion Service	n/a	
Information Governance implications discussed with IG Support Officer	n/a	
Legal/ Policy implications discussed with Corporate Operations Manager	n/a	
Other Implications (Medicines management, estates, HR, IM&T etc.)	n/a	
Any relevant data requirements discussed with CSU Business Intelligence	n/a	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Sue McKie</b>	<b>28 March 2018</b>

