Darlington Darzi Practice Consultation Communications and Engagement Plan

This document outlines the communications and engagement plan for engagement and consultation with stakeholders on potential future commissioning models of care for services currently provided by the Darlington Darzi practice.

Objectives

This plan aims to:

- encourage responses to and involvement in engagement activity and the formal consultation,
- promote the engagement opportunities and the consultation via all appropriate communications channels,
- effectively manage and co-ordinate stakeholder engagement,
- engage with patients over the options for the future commissioning of services provided by Darlington Darzi Service,
- to gather patients'/other key stakeholders' feedback on primary care services in the area and how these can be improved.

Tactics

Key actions:

- Write to registered patients at each household
- Reminder letter
- Attendance at Darlington overview and scrutiny committee meeting
- Briefing of Darlington LINk
- Display of information in practice and local venues
- Media release
- Advertising
- Briefing of community and voluntary networks
- Website information
- Engagement sessions at Darzi practice / other appropriate venue
- Support from PALS for additional information/ views

Supporting material to be developed:

- Consultation document
- Letter to patients
- Reminder letter to those patients who have not responded
- Briefing

- Posters for practice and local venues
- Translations and tapes of letters as required
- Q&A sheet / briefing for patients via PALS

Equality impact assessment

Communication of the potential change and the potential need to re-register will be targeted to patients (by household) of those registered with the practice. The practice will be asked to provide specific information on vulnerable groups and numbers of BME patients registered with the practice that may need advice/ translation of materials in languages other than English.

Particular consideration will be given to engaging with people and groups who are hard to reach because of:

- physical inaccessibility, for example older or frail people
- language
- cultural perceptions and traditions
- work / shift patterns

To overcome barriers that prevent or discourage participation or involvement, there will be provision of interpreters, visual aids, and adapting facilities for disabled people, flexibility over timing, location and transport and use of appropriate locations where possible.

Communications and engagement activity

Activity	Task	Who's responsible	Timescale	
Consultation preparation				
 Develop key messages and question areas Liaise with review team members to develop: Briefing paper Presentation Prepare key messages and question areas for inclusion in communication with identified stakeholders and awareness-raising with members the public 		MB – lead Review Team	w/c 11 th June	
Brief PALS team	Provide briefing information and consultation timetable	MB - lead	w/c 18 th June	
Communications with staff	 Issue information through InTouch Provide information for communications teams within CDDFT, TEWVFT and Darlington Borough Council. 	MB – lead		
Operational planning	 To include: Development of questionnaires Development of focus group questions Response mechanisms and handling e.g. written, telephone, email, meetings Advertising - scheduled for w/c 25th June, w/c 9th June and w/c 23rd June Response handling, analysis and reporting 	MB - lead	w/c 12 th June	

Engagement sessions and focus groups – preparation	 Set dates and book venues Confirm dates for those attending Draft invitation letter Book advertising Finalise and confirm mailing list to include: > GP practice patients > Key community, voluntary and service user group representatives > Relevant local organisations > Carers groups > Community groups Prepare presentation using available resources Prepare facilitators' recording materials > Draft and issue press release with contact details 	MB / SP	w/c 11 th June
Prepare consultation document	 Ensure this meets four reconfiguration tests 	MB / WS	w/c 11 th June
Prepare to send out letter and consultation document to key stakeholders	 Prepare covering letter and response form Identify list of stakeholders as key consultees – see stakeholder map Indicate deadline for responses Provide full list of consultees, stakeholders and contacts 	MB – lead	w/c 18 th June
Prepare to send out letter and consultation document to practice patients	 Prepare covering letter and response form Indicate deadline for responses Provide details of all engagement opportunities e.g. focus groups, sessions 		
Formal 6 week consultati	on on main options – to start Monday 25 th June	• •	
Send out letter and consultation document to key stakeholders	See stakeholder map	MB - lead	w/c 18 th June
Raise awareness of the	Make information available via PCT and LINk websites	MB - lead	w/c 18 th June

engagement opportunities e.g. questionnaire, engagement sessions	 Include information in stakeholder briefing to range of key partners including councilors, community based contacts, area action partnerships and voluntary groups etc. Request OSC to circulate information to members Include information to GPs, dentists and pharmacists in independent contractor briefing Supply information to Darlington GP practices via DCCG GP intranet and e-briefing Briefing to Darlington GP practice patient groups Provide information for communications teams within CDDFT, TEWVFT and Darlington Borough Council. 		
Engagement	 Identify 6-8 key groups which whom meetings will be arranged with identified voluntary and community sector organisations, including those working with individuals / groups who may be termed 'easy to overlook' and who may provide insight into areas of local public health concern Focus groups with patients Deliver at least four engagement sessions based at Dr Piper house or other appropriate venue 		w/c 18 th June and ongoing to 3 rd August
Post consultation			
Reporting	 Collate and analyse responses Prepare report to Mike Guy, NHSCDD Medical Director Prepare report to OSC Send report to all consultees including GP practice registered patients Make report available on PCT website Include information in stakeholder briefing Include information in independent contractor briefing 	MB / WS	w/c 23 rd July for issue w/c 6 th August
Awareness-raising of the	Issue press release reporting on outcomes and when	MB - lead	w/c 6 th August

consultation outcomes through local media	 final decision will be made Make information available via PCT and LINk websites Include information in stakeholder briefing to range of key partners including councilors, community based contacts, area action partnerships and voluntary groups etc. Include information to GPs, dentists and pharmacists in independent contractor briefing Supply information to Darlington GP practices via DCCG GP intranet and e-briefing Briefing to Darlington GP practice patient groups Provide information for communications teams within CDDFT, TEWVFT and Darlington Borough Council. 		
Feedback to stakeholders	 Provide feedback on outcomes of questionnaire and related involvement and how these have been used to inform the decision 	MB – lead	w/c 6 th August

Stakeholder Map – Darlington Darzi Practice

Stakeholder	Stakeholder characteristics	How Affected?	How Influential?
Patients / Carers	May be concerned about the quality and continuity of the service they receive	Patients may need to register with an alternative practice	Their views are vital to inform commissioning model and future commissioning
Existing Darlington Darzi Staff	None identified	Could potentially lose the service or they could see a change to the service they provide	Very influential
Other GP practices in Darlington	CCG will facilitate communications with member practices	If dispersed, practice could see an increase in patients – some practices may be affected by termination of walk-in-centre	Very influential from CCG viewpoint
Main providers – Chief Executive and senior clinical staff	To be kept informed	Review could impact on clinical strategies and service delivery	Very influential
Local Authority Partners	To be kept informed	Not directly affected	Influential
OSC	Required to consult OSC for their views	May be directly affected by review or its outcomes but assures governance, transparency and fairness within the review	Very influential with regard to the type of engagement required for the review
Local Medical Committee	Advisable to consult LMC for their views.	Not directly affected by review or its outcomes but they will be used as a forum to collate views from local practices	Very influential
Formative Health and Wellbeing Board	To be kept informed	Review could impact upon wider local commissioning decisions	Very influential
Clinical Commissioning Groups	To be kept informed	Review could impact upon wider local commissioning decisions	Very influential

Local MPs	Advisable to consult MPs for their views and keep informed	Not directly affected by review or its outcomes but represent views of local population	Very influential
LINK	Important to consult LINK for their views – access to many wider groups	Not directly affected by review or its outcomes but represent views of local population	Very influential
Voluntary, community and patient groups	Network based and highly aware – will support awareness raising.	May be directly affected due to impact on patients and carers	Will influence views of patients and the public. May have spokespeople / Chairs with local political influence. Can provide media spokespeople on local issues.
Hard to reach groups	Experience more difficulty in accessing mainstream services.	May be directly affected if they use the service as an unregistered patient	Important to get their views
PCT	Accountable for decision making	Outcome of review affects PCT commissioning decisions	They will have final decision on the future to the service provision
Members (Councillors)	Advisable to consult councillors for their views	May be directly affected by review or its outcomes and represent views of local population	Influential