

Path to Excellence – outline communications and engagement strategies for service changes

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1. Background

This draft outline communications and engagement strategy has been developed in order to provide South Tyneside and Sunderland Clinical Commissioning Groups with assurance around the plans and activities that would be developed and deployed to support future service changes in relation to urgent and emergency paediatric care or to maternity services.

It has been developed as part of the decision making process for phase one, Path to Excellence, in direct response to CCG governing body members request for

information around how risks might be mitigated around service changes during their first decision making workshop held in December 2017.

It should be noted that this paper is in draft format and would be further developed into a robust communications and engagement strategies with accompanying tactical action plans once the final decisions around options for change are made.

This paper is intended to provide CCG governing body members with high level assurances of the expertise, resources and commitment from the Path to Excellence NHS partners to ensure robust communications and engagement activity and in no way predetermines their final decisions.

2. Maternity changes – outline communications strategy

2.1 Objectives

A clear set of objectives are required in order to provide focus for communications activity – for example:

- To communicate effectively service changes around the maternity model of care to key stakeholder groups (depending on outcome)
- To support patient involvement in final maternity pathway and service design to ensure excellent patient experience
- To inform patient experience metrics for on-going monitoring of model
- To ensure clear information about travel and transport
- To involve maternity staff in shaping a successful marketing strategy for any future model of maternity care.

2.2 Benchmarking key insights already gained

The public consultation, prior engagement and patient experience work has yielded key insights that are important to women around maternity services. These insights should be reviewed and considered as part of communications planning and service mobilisation. For example, a strong feeling expressed during the consultation phase over the development of a potential free standing midwife led unit, would for it to feel like ‘a home away from home’ in a less clinical environment, opportunity for holistic therapies such as massage, and to become a central hub supporting pre-natal and ante-natal services and support.

This activity would also help frame how improvements can be made to on-going patient experience testing for the future model of care.

Other examples of best practice from the UK and worldwide maternity services communications and marketing will be drawn upon.

2.3 Stakeholder analysis

A full specific stakeholder analysis would identify key groups to target. For example:

- Current pregnant women and their partners
- Prospective mothers

- Staff groups including:
 - Obstetricians, midwives, health visitors, GPs, wider maternity staff
- Third sector groups, mother and baby groups, breast feeding support, National Childbirth Trust

Work will also take place to use existing patient data to create mosaic segmentation groups which provides insight into ways specific groups of people wish to receive information. Mosaic is an internationally recognised tool used in social research.

2.4 Governance arrangements

A task and finish group would be established and membership to include key maternity staff and patient representatives to develop the communications plan – this would link into the existing governance arrangements of the Path to Excellence in order to ensure oversight. Draft plans would also be shared with the Path to Excellence strategic stakeholder panel for their comments.

2.5 Communications and marketing tactics and tools

An action plan will detail the tactics deployed, along with justification and costings as required.

Mosaic analysis will help inform tactics and as women are patients they are in touch with the services which will ensure a high level of engagement – so that patient and their midwife are able to have supportive discussions about the patient pathway and the care needs.

Tactics and tools could include:

- Development of information packs – both paper, digital and video
- Posters, leaflets as required
- Regular information updates for key staff groups
- Wide publicity in targeted publications

2.6 Evaluation

As part of the communications plan, consideration will be given to metrics to evaluate the change in services. This could include:

- Measuring outputs and impact
- Patient experience metrics
- Existing metrics around patient choice – tracking uptake of services

2.7 Resources and timeline

A dedicated non-pay budget will be required to deliver the necessary public and NHS system awareness of any new model of maternity care.

This is estimated at £5,000 to cover necessary marketing materials and would be implemented over the course of 12 months to ensure successful embedding of any changes. A budget will be prepared and costed against the activity recommendations of the working group.

3. Paediatric changes – outline communications strategy

3.1 Objectives

A clear set of objectives are required in order to provide focus for communications activity – for example:

- To communicate effectively service changes around the paediatrics model of care to key stakeholder groups (depending on outcome)
- To ensure a clear public awareness campaign about any new service model and ensure alignment with wider NHS network communications around urgent and emergency care – Eg Think Pharmacy First, NHS Child Health App
- To ensure clear information about travel and transport
- To inform patient experience metrics for on-going monitoring of model

3.2 Benchmarking key insights already gained

The public consultation, prior engagement and patient experience work has yielded key insights that are important to parents about urgent and emergency paediatric services. These insights should be reviewed and considered as part of communications planning and service mobilisation.

For example, the strong desire to have better information about travel and transport.

3.3 Stakeholder analysis

A full specific stakeholder analysis would identify key groups to target. For example:

- Staff groups including:
 - Paediatric staff, health visitors, GPs, wider staff
- Third sector groups, mother and toddler groups
- Parents, families and carers
- Schools, nurseries and other organisations involved with children

As with maternity services communications planning, work take place to use existing patient data to create mosaic segmentation groups which provides insight into ways specific groups of people wish to receive information. Mosaic is an internationally recognised tool used in social research.

3.4 Governance arrangements

As with maternity, a task and finish group would be established to develop the communications plan – this would link into the existing governance arrangements of the Path to Excellence in order to ensure oversight. Draft plans would also be shared with the Path to Excellence strategic stakeholder advisory panel for their comments.

3.5 Communications and marketing tactics and tools

An action plan will detail the tactics deployed, along with justification and costings as required.

Mosaic analysis will help inform tactics and wider publicity will be needed in order to explain how services will be access

Tactics and tools could include:

- Development of information packs – both paper, digital and video
- Posters, leaflets as required
- Regular information updates for key staff groups
- Wide publicity in targeted publications

3.6 Evaluation

As part of the communications plan, consideration will be given to metrics to evaluate the change in services. This could include:

- Measuring outputs and impact
- Patient experience metrics
- Existing metrics around patient choice – tracking uptake of services

3.7 Resources and timeline

A dedicated non-pay budget will be required to deliver the necessary public and NHS system awareness of any new model of urgent and emergency paediatric care. This is estimated at £5,000 to cover necessary marketing materials and would be implemented over the course of 12 months to ensure successful embedding of any changes. A budget will be prepared and costed against the activity recommendations of the working group.