

## Public Consultation Communications and Engagement Plan

### 1 Background

The NHS Long term plan requires all areas in England to offer patients standardised and timely NHS services under the Urgent Care Treatment Centre name. Dartford, Gravesham and Swanley CCG are looking to apply the national mandate locally and to build on wider NHS improvements underway across Kent to provide better Primary Care services, more specialist services in the community and ensure patients avoid unnecessary trips to hospital.

### 2 Objectives

The primary objectives of our Public consultation (re: the creation of a new Urgent Treatment Centre) are:

1. Meaningful engagement: To inform local people and stakeholders to about our proposals for change and actively listen to their feedback
2. Inclusive engagement: To pro-actively reach out to groups in the DGS communities identified as “seldom heard”
3. To ensure patient feedback received is diligently recorded so that the CCG Governing Body has the information from patient engagement it needs to make a final decision.

### 3 Key Audiences

Our key audiences are:

- Public/patients/ residents
- GP practice staff
- Staff at CCGs,
- Local council (HOSC councillors/ councillors in affected areas / MPS)
- Healthwatch
- Staff in affected sites (Darent Valley Hospital, Gravesham Community Hospital, Fleet Health Centre)
- DGS PPG Chairs/ Local Practice Participation Groups
- Voluntary sector

### 3.1 Seldom heard groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with protected characteristics. We have identified other groups in Dartford, Gravesham and Swanley that are seldom heard and therefore we will be pro-actively working to ensure that we consult with their groups and communities namely

- Age UK Dartford
- Age UK Gravesend
- Dartford Elders Forum
- Gravesham 50+ Forum
- Local faith communities and venue including the local Gurdwara and Christian churches
- Gravesend Rethink Mental Health Group (meeting)
- Charities supporting disabled children and their families (e.g. We Are Beams)

We are also exploring commissioning Healthwatch Kent to undertake a dedicated piece of work to reach additional groups within the DGS.

### 3.2 Patient Insight

**From the data obtained to date**, the highest number of attendances at the DVH site is for patients with postcodes in the Gravesham area, closely followed by the Dartford area: The highest number of attendances at the Minor Injuries Unit (MIU) is for patients with postcodes in the Gravesham area, closely followed by the Dartford area. The highest number of attendances at the MIU is for patients with postcodes in the Gravesham area, closely followed by the Dartford area.

The age bands for patient attendances at DVH in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 0 – 4 years
- 29% of attendances are made by those under 20 years of age
- 47% of attendances for those aged between 20 – 64 years
- 25% of the 65+ age group

The age bands for patient attendances at the MIU in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 10 – 14 years
- 27% of attendances are made by those under 20 years of age
- 56% of attendances for those aged between 20 – 64 years
- 17% of the 65+ age group

The age bands for patient attendances at the WIC in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 0 – 4 years
- 30% of attendances are made by those under 20 years of age
- 62% of attendances for those aged between 20 – 64 years
- 8% of the 65+ age group

The Public Consultation team intends to take account of the insight obtained from patient data in our selection of venues for community outreach, choice of times for engagement and prioritisation of groups. For example, as working age patients are a significant percentage of patients using current urgent care services, our the timetable for Public consultation activity will some weekends and evenings

#### **4 Our approach**

Our approach to the Public consultation is pro-active, proportionate and responsive to those the proposed changes will affect the most – individuals, families and carers living in the Dartford, Gravesham and Swanley areas. The consultation will run for a period of 12weeks. During this period the focus of our public consultation activities will be a combination of

- A community outreach roadshow,
- Public meetings
- Selected focus groups
- Wide distribution and display of Public Consultation materials,
- A social media campaign (to promote message, events and the completion of the Public Consultation questionnaire)
- Dedicated work with Healthwatch Kent to undertake enhanced engagement with “seldom heard” groups (tbc)

- Partnership with community gate keepers e.g. DGS PPG Chairs Group, faith group leaders and voluntary sector organisations to spread the word and invite feedback
- Fortnightly e-updates to stakeholders and staff (Inc those in Darent Valley, Fleet Medical Centre and Gravesham Community hospital) during the Public Consultation period: these updates will also promote our consultation timetable and activities.
- Press and social media (Whats app, Twitter and Facebook)

The majority of the consultation activity will take place during the first 8 weeks of the consultation, at which point we will review our activity to date to identify whether additional Public Consultation activity is required. We are currently booking 24 sites evenly spread across the three affected areas – Dartford, Gravesham and Swanley where we will undertake outreach community engagement activity where there is a heavy footfall as well as organise some public events. We are looking to undertake Public Consultation activity across a broad spectrum of time of day and week to ensure we maximise the groups we are likely to reach: Our plan includes some weekend, evening, morning and afternoon activities. A detailed description of planned consultation activities is outlined later in the document **(6)**. We will also work with HR and Communications colleagues at Kent Community Health Foundation Trust (KCHFT) and Darent Valley Hospital and the practice manager at Fleet Health Centre to ensure that staff at the affected sites are informed and included in the Public Consultation activities. These sites are also included in our schedule of community outreach. Part of our messaging includes the invitation to local groups to ask the Public Consultation team to come and talk to their group. We have especially earmarked the last 4-5 weeks of the Public Consultation for this activity. However, the team is committed to work flexibly and responsively to meet as many requests as we can within the constraints of our capacity and resources.

## 5 Key messages

- We are creating a new Urgent Treatment Centre to bring services from the Walk in Centre and Minor Injuries under one roof
- We want patients to get the care they need when they need it
- We want to take pressure off our local A&E department so that they can treat the most poorly people, who often have life threatening conditions
- You views matter: There are several ways you can take part in the consultation: *by email, post, face to face, attending a public event, inviting us to your group, via social media and phone.*
- Our proposals are part of wider improvements to NHS services

## 6 Summary of Public Consultation activity

Consultation Phase	Activity
Pre-Public Consultation	<ul style="list-style-type: none"> <li>• Briefings (and FAQs) sent to Communications colleagues in Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre to cascade to staff</li> <li>• Liaise with Council, housing associations and GP surgeries re: the display of posters in waiting rooms ready for launch</li> <li>• Articles uploaded on Staff Zone and GP Zone</li> </ul>
Launch Day Monday 29 July	<ul style="list-style-type: none"> <li>• Consultation materials uploaded on DGS CCG website (including Public Consultation Plan, Easy to read version, Pre-Consultation Business Case, travel analysis and all supporting documentation)</li> <li>• Briefing and FAQs (Frequently Asked Questions) for gate keeper staff e.g. receptionist staff at affected sites</li> <li>• Start of Social media campaign with schedule of daily tweets on Twitter handles and post on Facebook page</li> <li>• Email to residents, patients and stakeholders and PPG representatives on the CCG mailing lists informing them of the Public Consultation.</li> <li>• Press release to local media sent previous Friday (embargo lifted)</li> <li>• Email/ Letter to local MPs and relevant Councillors</li> <li>• Public Consultation materials on display in Gravesham Community hospital, Darent Valley hospital and Fleet Health Centre and DGC Civic Centre</li> <li>• Email to all CCG staff (and FAQs for reception staff)</li> <li>• Briefing for internal staff weekly briefings (e.g. Pitt stop)</li> </ul>
29 July – 4 August	<ul style="list-style-type: none"> <li>• Distribution of printed information as widely as possible (including to local libraries in Dartford, Gravesham and Swanley)</li> </ul>
29 July – 23 Sept	<ul style="list-style-type: none"> <li>• 21 outreach sessions/ events in 1st 8 weeks: 3 Public Consultation events in each area (Dartford, Gravesham and Swanley) during the course of Public Consultation period</li> <li>• Articles for staff newsletters (in CCG, Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre) and GP newsletter</li> </ul>
September (after summer hols)	<ul style="list-style-type: none"> <li>• Update to HOSC/ relevant Councillors and MPs Materials to head teachers to cascade to local parents in schools (in most affected areas)</li> </ul>
29 July – 21 October	<ul style="list-style-type: none"> <li>• Fortnightly staff briefings / updates at internal meetings in CCG, Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre</li> </ul>

29 July – 21 October	<ul style="list-style-type: none"> <li>• On-going (daily) communications and engagement through social media channels</li> </ul>
14-21 October	<ul style="list-style-type: none"> <li>• On-going emails, phone calls and liaison with stakeholders, colleagues in affected organisations and PPG chairs/ community leaders to remind people to provide feedback before end of consultation</li> </ul>
21 October	<ul style="list-style-type: none"> <li>• Consultation closes</li> <li>• Thank you communications to all contacts on CCG mailing list and to advise re: next steps</li> </ul>

## 7 Evaluation

The following tools will be used to evaluate the Public Consultation

- A comprehensive Engagement log of activities undertaken and feedback from patients, public members and stakeholders to provide an appropriate audit trail and inform analysis.
- Social media analytics – to gather data regarding the impact of social media posts during the 12 week Consultation period.
- Patient feedback from public meetings evaluating the quality of the interaction and how useful they found information received.
- Number of participants to Public Consultation from “seldom heard” communities