

Engagement and communications strategy: 2017-21

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Version Control table

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Introduction

Our vision

We are 'working together to build a healthy future for everyone in Hammersmith and Fulham'. We will bring together patients, members of the public and local health service professionals and work towards common goals. These common goals include improving healthcare and patient [outcomes](#), reducing [health inequalities](#), and ensuring a sustainable health service.

Hammersmith and Fulham Clinical Commissioning Group (CCG): who are we?

We plan and buy ([commission](#)) health services for people living in Hammersmith and Fulham. These services include community services; hospital services; mental health services; [urgent care and emergency services](#); and GP services including out of hours primary care services. The CCG is a membership organisation made up of 30 GP practices. The membership includes GPs, practice nurses, practice managers and other practice-based staff. Members elect representatives from the 30 practices to the Governing Body. The majority of these are GPs. In addition, four [lay members](#) are appointed to the Governing Body. We have a patient population of 190,000. We work with our community to ensure improved, patient-centred care, to reduce [health inequalities](#), to raise quality and standards in a way which is efficient and financially sustainable, and to empower patients to manage their care and conditions.

Why we engage

Patients and carers are at the heart of everything we do. Our approach to [commissioning](#) is to work in [partnership](#) with our patients, residents, partnership organisations, GP practices and staff to deliver patient-centred, clinically-led, and evidence-based healthcare. The [CCG](#) has a responsibility to ensure that local services meet local needs. We do this by proactively seeking patient and public input, and widely advertising how local residents and community groups can [influence](#) and help to shape our work.

Commissioning across North West London

There will be an increasing movement towards commissioning services across the eight North West London CCGs to avoid duplications, reduce inequalities, ensure consistency of care across the boroughs, and increase efficiency. The eight CCGs are: Central London CCG (Westminster), West London CCG (Kensington & Chelsea), Hammersmith and Fulham CCG, Hounslow CCG, Ealing CCG, Hillingdon CCG, Harrow CCG and Brent CCG. Our 2017 – 2021 engagement and communications strategy will need to adapt and respond to this changing environment.

How did we produce this strategy?

The CCG co-produced its 2017-2021 engagement and communications strategy. This strategy emerged from our [Patient Reference Group](#) task and finish group meetings and a range of stakeholders, including: patient, carer and public representatives; Public Health; [Healthwatch](#); our [community and voluntary sector](#) partners; [Sobus](#); our GP practice membership; and Governing Body [lay members](#). We also used feedback obtained from other sources, such as our 360 stakeholder survey. We have kept the strategy succinct based on input from the stakeholder groups listed above. Their view is that a short, live document is more effective than a lengthy document which sits on a shelf. This document is for both internal and external use, setting out how we will measure success in engaging with our staff and local communities.

Looking back: 2015-17

The CCG's 2015-16 strategy had a number of [outcomes](#) including:

- The ability for GPs to raise issues on behalf of patients with organisations who provide health care through a log.
- CCG annual updates to stakeholders and local community groups on "[you said, we did](#)" in response to issues raised at outreach engagement events.
- Learning from CCG funded small grant projects managed by [Sobus](#) and delivered by the [community and voluntary sector](#).
- Examples of [co-production](#) with young people of a non-health professional training package and set of tools for schools and other professional bodies to support young people's mental health and emotional wellbeing.

The 2017-21 strategy builds on the successes of the 2015-16 strategy, as well as moving the CCG towards more consistent and effective engagement, co-production and communications with patients, carers and stakeholders.

The CCG's response rate to its annual 360 stakeholder survey rose from 59% in 2016 to 63% in 2017. There are areas in which the 2017 survey shows improvements from the 2016 results: the extent to which stakeholders feel engaged by the CCG; stakeholders' rating of their working relationship with the CCG; the sense that our leadership has the necessary blend of skills and experience; and stakeholders' feeling that they have been given the opportunity to [influence](#) the CCG's plans and priorities. The CCG's 2017 staff survey demonstrated some key areas for improvement, including a more active approach towards appraisals and objective setting and ensuring that staff members are well-signposted and equipped to manage their emotional and physical wellbeing. This is reflected in our 2017-21 [outcomes](#) for internal communications.

Looking forward: our ambitions for 2021

By April 2021 we want to achieve:

- Effective co-production embedded throughout the CCG to deliver patient centred, [clinically led](#) and evidence based healthcare.
- Increase in patient, carer and public representatives co-producing with commissioners on [procurement](#), service design and redesign to improve healthcare.
- Residents and stakeholders understand CCG objectives and priorities for local health care
- Everyone thinks, writes and speaks in clear, concise English in everyday language.
- Effective [social media](#), video and photography to promote key messages and co-production opportunities.
- Real time patient feedback to triangulate intelligence on [patient experience](#) to improve safety and quality of local health services.
- Effective signposting for residents to navigate local health care services.
- Effective partnerships with [stakeholders](#) to promote [prevention](#) and [self-care](#).
- People with [long term health conditions](#) managing their care.
- Organisations providing health and social care to demonstrate effective co-production with patients and carers to improve health and social care services.

Engagement principles

We reviewed evidence of good practice and worked together with local community and voluntary sector organisations, patients, and GPs to co-produce the following principles. We will:

1. Build trusted relationships

- Work together on effective two way communication with patients, carers, and local partners (including community and voluntary sector, GP practices, Public Health, the London Borough of Hammersmith and Fulham and [providers](#)).
- Ask people how they want to be involved and ensure that face to face engagement and small group discussion is an option wherever possible.

• 2. Engage early: embed engagement from start

- Embed engagement from the start, with early notification of patient and public involvement opportunities.
- Improve CCG processes to recruit, train, place, support and value patient, carer and public representatives on [procurement](#), service design and redesign work, and move towards co-production being an embedded process by April 2021.
- Engage early with GP practices, Public Health, Local Borough of Hammersmith and Fulham, [Sobus](#), [Healthwatch](#) and other key partners (particularly groups able to circulate key messages further afield).

3. Improve accessibility and consistency of engagement

- Provide accessible communications and engagement in other languages and [accessible formats](#) where requested (see [Accessible Information Standard](#)) as well as digital and [social media](#) to meet the needs of both patients and community groups.
- Proactively seek views from [seldom heard groups](#) or groups with poor health outcomes.
- Embed consistent and accessible communications and engagement across the CCG.
- CCG staff to produce all information and documents in clear, concise English.

4. Promote effective, transparent engagement and co-production

- Provide transparent and clear requests to local people, GP practices and other partners to work with the CCG and demonstrate how their contributions affected CCG decisions.
- Measure and evaluate engagement, communications and co-production effectively and transparently.
- Move the CCG towards [NWL key principles of co-production](#) and NHS England/[Coalition for Collaborative Care principles of co-production](#) by 2021 (see next page for details)

NB: It is worth noting that the CCG's co-produced engagement principles loosely align with the [Gunning principles](#).

Co-production model ([Coalition of Collaborative Care](#))

What is co-production?

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and [consultation](#). It is a cornerstone of [self-care](#), of person-centred care and of health-coaching approaches.

Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

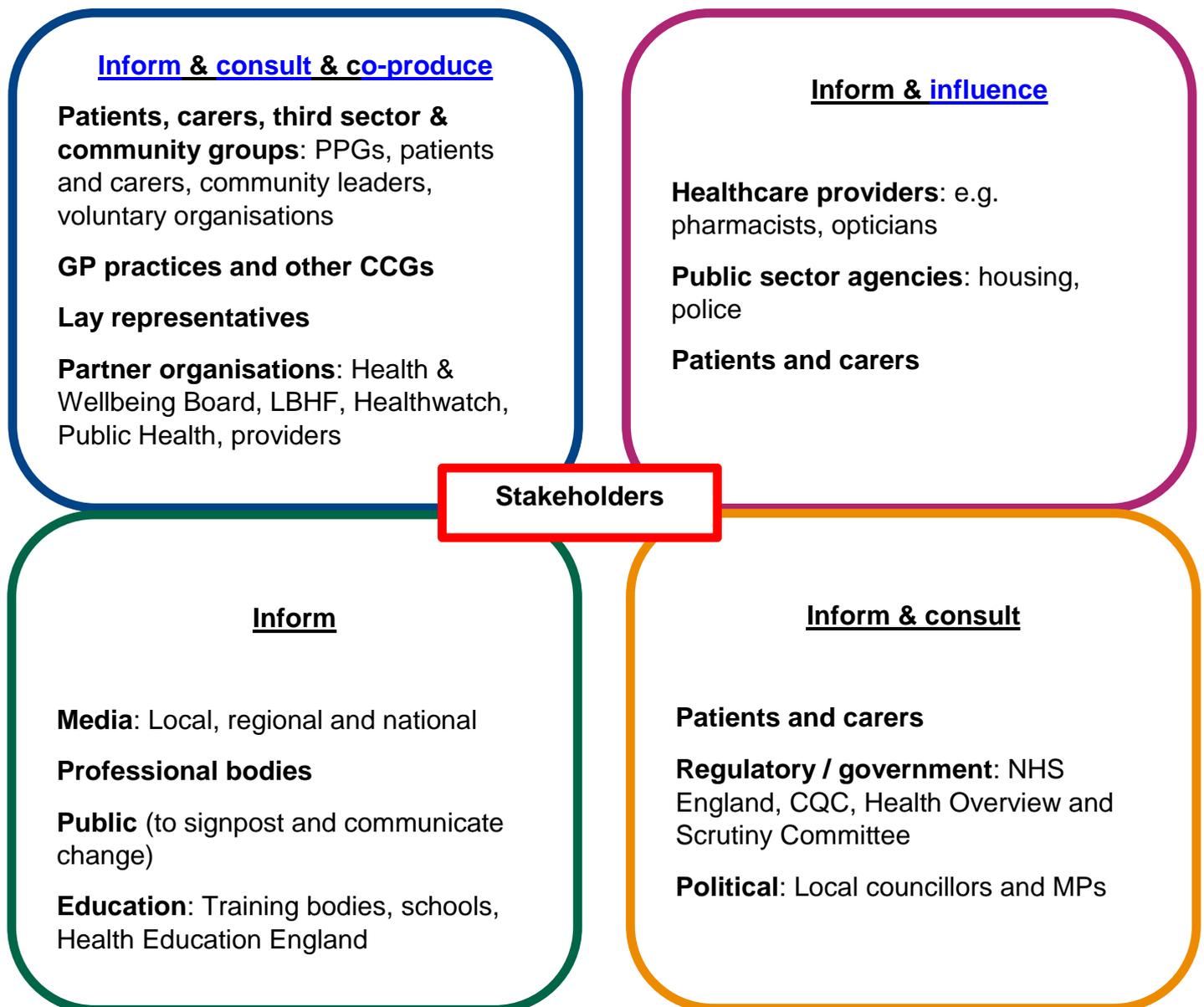


How to do it?

1. Get agreement from senior leaders to champion co-production.
2. Use open & fair approaches to recruit a range of people who use health and care services, carers and communities, taking positive steps to include underrepresented groups.
3. Put systems in place that reward and recognise the contributions people make.
4. Identify areas of work where co-production can have a genuine impact, and involve citizens in the very earliest stages of project design.
5. Build co-production into your work programmes until it becomes 'how you work'.
6. Train and develop staff and citizens, so that everyone understands what co-production is and how to make it happen.
7. Regularly review and report back on progress. Aim to move from ["You said, we did,"](#) to "We said, we did".

Audience and stakeholders

Building trusted relationships is vital to the success of our strategy. We must understand who our key stakeholders are and their role in the delivery of the CCG's vision and objectives. The CCG also recognises that there are different levels of engagement with our stakeholders, from [informing](#) or [influencing](#), to [consulting](#), to full [co-production](#), and this is acknowledged below. We intend to use the most appropriate approach towards engagement depending on the requirements and needs of each particular piece of work.



Tools and routes

Effective communication and engagement is essential to support the CCG principles and objectives. We will use various tools, engagement and communication routes to achieve this. This is not an exhaustive list, and may evolve over time, but here is a snapshot of the tools and channels currently available:

<p>Patient and public engagement</p>	<p>Patient Reference Group (PRG) meetings and emails to PRG network Monthly engagement sessions with community groups Focus groups / workshops Surveys Small grant projects</p> <p>Areas to be explored / expanded: GP practice SMS Patient and Public Engagement Network database Patient Participation Groups</p>
<p>External communications</p>	<p>Print: Local newspapers Leaflets/flyers/posters/booklets</p> <p>Social media / digital: HFCCG Twitter, NWL Facebook, Video content</p> <p>Via stakeholders Via GPs and frontline staff Via PRG members</p> <p>Newsletters Sobus Local Authority Healthwatch H&F stakeholder newsletter Young H&F Foundation</p> <p>Areas to be explored: YouTube, “NextDoor” and podcasting GP practice SMS GP promotional screens & leaflets: to trial updating on monthly basis</p>
<p>Internal communications</p>	<p>Weekly bulletins and all staff emails Monthly all staff meetings, team meetings and lunch and learns InSite (the CCG’s in-house “home” page) Communal area posters, Workplace Wellbeing Board and whiteboard Team away days Organisational development working group and Time to Change meetings Induction and staff training processes</p>
<p>GP engagement</p>	<p>Primary care team email address and team phone numbers Members’ meetings and network meetings Weekly email bulletins and communications with locality leads Practice manager forums</p>

Messages

Consistent high-level messages support our communication and engagement strategy. They also provide the CCG with a clear voice to local residents and [stakeholders](#) on key issues. The CCG, together with its partners, will co-ordinate consistent repetition of key messages to our audiences and stakeholders.

Our high-level key messages are:

1. We will work with our patients, local residents and students at local primary and secondary schools in helping them to stay healthy and well, including by promoting useful [self-care](#) and healthy lifestyle advice and information.
2. We will support people to take control of managing long term conditions, including through effective signposting of local health services and advertising opportunities for patients to help shape local services and [outcomes](#).
3. We will help to ensure better outcomes and experiences for older people and for children and adults with mental health needs.
4. We will work with [providers](#), patients and the community to improve safety, quality and sustainability in all services.
5. Charing Cross Hospital is not closing. There will be no reduction in the hospital's A&E services during the current STP, which runs until April 2021. We will work jointly with stakeholders to agree future models of care.

Delivery, monitoring and evaluation: 2017-2021

We have an action plan for 2017-2018. During each of the next three years we will publish an action plan for the year ahead based on CCG objectives, priorities, as well as feedback from the CCG, patients and our stakeholders. We will report quarterly to the [Patient Reference Group](#) and the Governing Body on progress against the annual action plan, as well as goals and [outcomes](#) for where we want to be in April 2021.

Action	Outcome	Outcome measures	What should this look like by 2021?
Patient & public engagement and communications			
1. To develop a commissioners' engagement toolkit and ensure it is being used across the CCG by December 2017.	100% of HFCCG project initiation documents to include completed engagement form by January 2018.	Tracking number of project initiation documents which include completed engagement form.	<p>All H&F commissioners to be receiving annual mandatory training on equalities and how to support and value patient and public representatives.</p> <p>Small group of patient and community representatives to be involved in assessing engagement screening documents.</p> <p>Commissioners to feel confident in principles of good engagement and co-production, and to consider patients and carers as being a key asset in forming solutions. Documented evidence to show what effect patient, public and GP practice membership engagement and co-production has had in shaping all decisions made by the CCG which have any impact on out-facing services.</p> <p>Effective engagement reflected in the fact that local healthcare services commissioned by the CCG effectively meet needs of local people including protected characteristic and seldom heard groups.</p>

<p>2. To notify relevant groups of engagement opportunities at least four weeks in advance and put in place an accessible evaluation form for patient and public representatives to rate their involvement experience by September 2017. To establish effective training and support mechanisms for patient and public representatives by September 2018.</p>	<p>80% of engagement opportunities to be advertised at least 4 weeks in advance by September 2018.</p> <p>80% of engagement opportunities to be advertised on GP TV screens by September 2018.</p> <p>80% of patient representatives to report satisfaction with involvement support by September 2018.</p>	<p>Held to account through quarterly reports and Patient Reference Group.</p> <p>Develop evaluation form for involvement and track satisfaction rates; track numbers of individuals applying for engagement opportunities.</p>	<p>Strong links and relationships established with wide range of local community groups to help get out key messages and opportunities to seldom heard groups, including, but not limited to: students at local schools (primary and secondary); LGBT community groups; community and voluntary sector organisations; older people’s forums; BME forums and community groups. Needs of specific groups, such as survivors of domestic abuse, for safe spaces to be key in shaping engagement approaches and partnership working where needed.</p> <p>360 survey results to reflect success of activity referenced above. Local residents and key stakeholders to report feeling that the CCG has strong, visible leadership and is transparent, open and honest about the challenges and opportunities it faces.</p> <p>Patient and public representatives involved in procurement and other CCG activity to have access to a wide range of training and support which they feel accurately reflects their needs.</p> <p>To be working effectively in partnership with providers on all of the above.</p>
<p>3. To ensure that documents are available in variety of languages and formats where requested.</p>	<p>100% of documents translated into other formats where this is directly requested by September 2018.</p> <p>At least three key strategic documents to be translated into accessible</p>	<p>Measure % of documents translated into other languages and formats where requested.</p>	<p>The CCG already has user involvement groups specifically tailored to persons with learning disabilities. However, by 2021 our more “mainstream” groups, such as Patient Reference Group, should have made appropriate adjustments in order to be accessible to all.</p> <p>More significant strategic documents to be translated into Easy read and other accessible formats.</p> <p>Patient Reference Group to be more representative of the borough’s range of population groups.</p> <p>Local residents clear on CCG’s commissioning priorities and key self-care</p>

	<p>formats so that meaningful engagement can be carried out with a wider range of local groups by September 2018.</p> <p>PRG members to report that the CCG's website is more accessible by September 2018.</p>		<p>messages and feel they have helped to shape them.</p> <p>Clear system in place for obtaining support of translators and interpreters where needed for engagement. Wider range of people therefore able to help shape more of the CCG's decisions.</p>
<p>4. To develop and implement a tiered and structured system for obtaining intelligence from GP practices, PPGs, Healthwatch and community groups, and reporting back on "you said, we did" activity, by November 2017. This to include the NWL S&T team as well as H&F CCG. CCG to issue clear local messaging and positive news stories.</p>	<p>Minimum of 3 new "you said, we did" examples to be circulated and posted to CCG website every 3 months by January 2018.</p> <p>Minimum of 3 annual positive news stories and/or patient stories actively shared by September 2018.</p>	<p>To measure numbers of "you said, we did" activities logged – Engagement Committee and Patient Reference Group to review bi-monthly.</p>	<p>To have embedded a culture of co-production through consistent staff training and any necessary alterations to decision-making structures and processes.</p> <p>"You said, we did" activity to have shifted towards "we said, we did" activity due to general movement towards co-production.</p> <p>Reporting on "we said, we did" activity to be mandatory and written into all commissioners' objectives.</p>
Internal communications and engagement			
<p>1. To ensure that staff members are well-signposted for their physical, mental</p>	<p>80% of CCG staff members to report familiarity with</p>	<p>Measure using 2018 staff survey results, OD</p>	<p>Staff survey results to reflect a culture where staff are well-supported around time management and prioritisation; flexible working; mental, physical and emotional</p>

health and emotional needs by October 2017.	signposting document by October 2018.	working group feedback, team meeting feedback and lunch and learn evaluations.	needs; and feeling valued and recognised.
2. To ensure that staff are effectively engaged and informed on organisational changes.	100% of staff to report a greater and earlier understanding of organisational changes by September 2018.	Measure using 2018 staff survey results, OD working group feedback on the London Healthy Workplace Charter progress and team meeting feedback.	Staff survey results to reflect a culture where staff feel they are involved in organisational decision-making and well-informed on organisational change.
3. To encourage and facilitate an active approach towards yearly appraisals, objective setting and constructive feedback through effective staff communications and engagement by June 2018.	100% of staff to have completed their objectives and latest appraisal by June 2018.	Measure by monitoring numbers of appraisals and sets of objectives completed, and via 2018 staff survey results and OD working group feedback.	Appraisal and objective-setting system to reflect support for staff wellbeing, including signposting and encouraging use of tools such as Mind's "Wellness Action Plans" where helpful.
4. To communicate across CCG that if staff members wish to set up internal events, at least two weeks' notice and clear information should be given. To become policy from end of September	100% of events to be advertised 2 weeks in advance by June 2018.	Measure by engagement team monitoring how many events have a 2 week or longer build up.	Clear, robust and well-understood system in place for events management within the CCG, which aligns with national awareness weeks and days and is joined up with work going on across North West London.

2017.			
GP practice communications and engagement			
<p>1. To increase readership of the GP weekly bulletins by ensuring that information sent across to GP practices is concise, clear and targeted. GP weekly bulletins to be merged with monthly newsletter and transferred to Newsweaver or MailChimp by November 2017 for clearer format and monitoring purposes. Provider issues log to be reinstated in newsletter.</p>	<p>Monthly readership to have consistently reached 100% of practice managers by June 2018.</p> <p>Minimum of 1 "you said we did" action to be reported in GP weekly bulletins per month by September 2018.</p>	<p>Measure by transferring weekly bulletins onto MailChimp and monitoring readership rates; checking at network meetings that members are aware of latest updates.</p>	<p>Effective digital two-way communications system to be set up (e.g., via Newsweaver software) so that GP practice staff can comment back directly on specific issues in real-time.</p>
<p>2. To increase frequency of updates on key topics (e.g. primary care delegation) to quarterly from end of September 2017.</p>	<p>80% of GPs / practice managers to report satisfaction with this at members' meeting by September 2018.</p>	<p>Measure by monitoring numbers of updates on key topics, and monitoring membership understanding of key topics via network meetings.</p>	<p>Interested GP practice staff to be involved in co-production of updates and engagement approaches both for items sent to practices and to patients and the public.</p>

<p>3. To increase opportunities for effective two-way communication by having monthly “discussion topics” which span across members’ meetings and email bulletins, and by increasing visibility of clinical leadership, from end of September 2017.</p>	<p>2019 360 survey results to show increase in number of GPs feeling CCG is communicating effectively and that clinical leadership is visible.</p> <p>CCG Managing Director to have booked in visits to all 30 GP practices by December 2017.</p>	<p>Measure by 2019 360 survey results and membership understanding of topics as shown at network meetings.</p>	<p>GP practice communications to be more focused by aligning with key themes based on national awareness weeks and local priorities. Two-way communication to empower GP practice staff to suggest and influence approaches and topics.</p>
<p>4. To ensure more opportunities for small group discussions and sharing of good practice at members’ and network meetings from end of September 2017.</p>	<p>2018 360 stakeholder survey to reflect improvement in GP practice satisfaction as to how CCG engages.</p>	<p>Measure by monitoring numbers of workshop sessions, and by reviewing members’ meeting evaluation forms and attendance.</p>	<p>GP practice staff to help input into and co-produce meeting approaches and content.</p>

Appendices

Appendix A: Legal responsibilities

The Health and Social Care Act 2012 amended existing duties under the NHS Act 2006; these amendments include two complementary duties for CCGs with respect to patient and public participation.

Individual participation duties: CCGs must promote the involvement of patients and carers in decisions which relate to their care and treatment.

This requires collaboration between patients, carers and professionals, recognising the expertise and contribution made by all. The duty requires CCGs to ensure they commission services which promote the involvement of patients across the spectrum of [prevention](#) or diagnosis, care planning, treatment and care management.

Public participation and consultation: The second duty places a requirement on CCGs to ensure public involvement and consultation in commissioning processes and decisions.

This includes involvement of patients, carers and the public in:

- The planning of commissioning arrangements, which may include consideration of resource allocation, needs assessment and service specification;
- Proposed changes to services that may impact on patients.

Policy and Guidance

Clear guidance for how CCGs can achieve their duties for both individual and public participation can be found within the following documents:

[Patient and Public Participation Guidance – NHS England](#)

[Patient and Public Participation Policy – NHS England 2015](#)

CCGs also have legal obligations in regards to equalities and reducing [health inequalities](#). In particular, they must have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

More information and guidance can be found from NHS England [here](#)

Appendix B: JSNA & inequalities

Hammersmith and Fulham is a small but densely populated and vibrant borough with a population of 183,000. The age profile of the borough is common to other inner city areas in that it has a very large young working age population and smaller proportions of children and older people. Compared to London, the borough has the 5th lowest proportion of children, 4th highest of young working age residents and 9th lowest of retirement age.

Whilst life expectancy for men in Hammersmith and Fulham is lower than London and England, it is consistently higher for women. Those living in areas of high density social housing in areas such as College Park and Old Oak, Hammersmith Broadway, Wormholt and White City are around twice as likely to report bad/very bad health compared to those in areas with low density, across all ages. There are approximately 3,450 rough sleepers across the boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster.

Hammersmith and Fulham has high levels of migration in and out of the borough, leading to the population being socio-economically and culturally diverse. Although the proportion from White British groups is similar to London (and accounts for less than half the population), a quarter are from 'other white' backgrounds. This is reflected in the range of European languages spoken in the borough. In 2011 one third (32%) of the population were from Black, Asian and minority ethnic (BAME) groups, up from 22% in 2001. Hammersmith and Fulham has a small Asian population but a similar Black population to the London average and larger than average proportions from the 'Mixed' and 'Arab' categories.

According to the Child Poverty JSNA Report 2014, 30% of children in Hammersmith and Fulham are estimated to live in poverty. The Childhood Obesity JSNA 2016 advises that prevalence of obesity remains high for children in the borough. In year 6, 38.4% of children are overweight or obese, which is slightly higher than the London average of 37.2%.

The annual JSNA is carried out by the local [Public Health](#) Department in partnership with the London Borough of Hammersmith and Fulham, the NHS, and community representatives. It is founded on a strong evidence base of need. It provides a comprehensive local picture of health and wellbeing needs and how they may develop in the future and is focused on the needs of the population, not individuals. The full JSNA can be found online at www.jsna.info and should be referred to in order to understand the full, complex picture of health and wellbeing of people who live in the area Hammersmith and Fulham CCG covers.

Appendix C: 10 tips for clearer writing from Plain English campaign. To be followed alongside the H&F CCG style guide

Ten tips for clearer writing

These are recommendations, not rules: be flexible! You can discuss all these (and more) on the course.

Think of your audience, not yourself.

Don't try to impress people by using your language to show off: keep it as straightforward as possible. Imagine you are speaking to someone, and write in that more relaxed way.

Use short sentences.

A good average sentence length ('ASL') is 15 to 20 words. Use shorter ones for 'punch'. Longer ones should not have more than three items of information; otherwise they get overloaded, and readers lose track.

Be careful with jargon.

Jargon is very useful, but only if people are familiar with it. Be prepared to explain your jargon words and acronyms — will your audience know them? (See the A to Z.)

Use 'active' verbs mainly, not 'passive' ones.

Using the active is shorter and clearer; using the passive can be longer and sometimes confusing. Try to write 90% in the active. The other 10% — yes, you will find the passive more suitable.

n 'A report will be sent to your doctor.' (passive) n 'We will send a report to your doctor.' (active)

Don't underline.

It is tempting to do this, but it achieves very little. It can be distracting, making the text harder to read. Proper spacing does the job. And ...

Use lower case bold for emphasis, not block capitals.

Block capitals are hard to read, so don't put text in upper case. Use lower case bold. For headings, if need be, use large lower case bold.

Put complex information into bullet points.

Plan and draft your writing. If you have a lot of information to convey, make it easier for the reader by breaking it up into logical 'stepping stones'.

Use everyday words.

Big words, foreign phrases, bursts of Latin and so on usually confuse people. Consequently, it is a sine qua non of plain English not to write too polysyllabically! So, for plain English, use everyday words.

Write small numbers.

In text, write numbers one to nine as words; with 10 and upwards, put the figure. But be flexible. Probably with medicines it is clearer to write 'Take 2 tablets 4 times a day.'

Use the 'personal touch'.

Any organisation, however grand, can quickly become 'we'. Then the 'customer', 'client' or 'patient' simply becomes 'you'.

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Appendix D: Template for involving patients and the public

Volunteer Opportunity

Patient representative for [insert name of service]

Hammersmith and Fulham CCG is responsible for the **planning and commissioning** of health care services in the borough. They commission a range of providers to offer health services to local people.

Hammersmith & Fulham CCG is currently looking for **enthusiastic, approachable and reliable volunteers** to support with [insert task] for the [insert name of service] service.

What will the volunteer role involve?

- **Training** in how to review and evaluate provider bids
- Detailed **reading and reviewing** of bids from all providers
- Sitting on a **steering group** to mark each bid individually and discuss marks with the group
- As a **team** agree on a preferred provider for the proposed service

[/Please change content according to nature of role]

What are we looking for?

- Experience as a **patient or carer** of the X service
- A willingness to **contribute to discussions**
- Good **communication and listening** skills
- Ability to maintain **confidentiality**
- Support for the work of the **CCG**
- A **positive attitude**
- An awareness of your own **health and safety** and that of others
- **Respect** for others, treating people equally

What can we offer you?

An opportunity to:

- **Share your experience** with the local CCG
- Receive **training, support and guidance**
- Meet **new people**
- Make **a difference**
- **Learn** something new

If you are **interested** in the role or would like to **know more**, please contact:

Name

 <Insert Telephone no.>

 <Insert Email address>

If emailing, please copy in Bethany.golding@nw.london.nhs.uk

Appendix E: Link to commissioners' engagement & Equality Impact Assessment (EIA) screening tools

The WLCCG and HFCCG engagement leads have pulled together a short [online pre-engagement form](#) for completion by commissioning colleagues. The form, which should only take 10-20 minutes to complete and is received by the respective CCG engagement lead once submitted by the commissioner, asks for people's CCG, name, job title, email address and work phone number, then has just eight simple questions:

- Give a short summary of what your project is and what you are hoping to achieve?
- Do you know of any engagement / relevant research which has already taken place for this piece of work?
- Where is the piece of work taking place (borough)?
- Why are you engaging? – What is the rationale for engagement within your piece or project?
- Which community/patient groups do you want to engage with? Why these groups?
- What are the desired outcomes of your engagement?
- What are your timeframes for achieving your outcomes?
- What's your planned level of staff resource and budget for engagement?

The questions have example answers to support commissioners in filling this out. The online form is also very flexible and, if necessary, adjustments can be made to this based on commissioners' feedback as we go along. The form will also contain links to useful data sources such as the online JSNAs and the ONS.

Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs (referred to collectively as "[CWHHE](#)") also have a shared [Equality and Health Inequalities screening tool for commissioners to complete](#). The screening tool requires commissioners to answer a series of questions about a service change / proposed policy / proposal relating to evidence on how it will affect each of the nine protected characteristic groups, carers and other identified groups, and, where a potential negative impact has been identified, how this will be mitigated. The questions also cover the potential impact of the service change / proposed policy / proposal on [health inequalities](#).

Appendix F: North West London key co-production principles

Regardless of professional position or lived experience – we come to the table as equal partners.

- Lay people are involved from day one of the process and where possible chair or co-chair meetings.
- We are all ‘assets.’ All contributions are valid and we are all equally heard.
- We use discussion papers in our meetings and working groups and invite open contributions from all members. If we do have an agenda for any meeting, it is co-produced.
- We agree mutual responsibilities and expectations at the start of every new group coming together – where possible roles are equally shared among all members and issues resolved by voting.
- We all have an equal responsibility to contribute our ‘assets’ towards goals, aims and objectives of the programme and attend at least 80% of meetings.
- We use language that everybody understands and provide a glossary where there is a risk that this might not be the case.
- We are all from one community. We speak collectively of ‘us’ and ‘our’ – not of ‘they’ and ‘them’. We strive to remove paternalism and keep our written communications plain and simple – avoiding jargon.
- We are pioneers. Where necessary we seek to innovate, prototype and problem solve, using blue-sky thinking. We allow ourselves to imagine the ideal solution and not be hampered by the need to adapt what we have or by self-imposed constraints. We are brave.
- When we find reasons ‘why not’ we always counter these with discussions around reasons why ‘we could’.
- Our thinking is always person-centred – putting the person not the system at the heart of the process. We adhere to the agreed ‘I’ statements with regards to outcomes for people who use services and carers.
- We always ask who has not contributed to our discussions – and why.

Appendix G: Glossary

360 survey	The Ipsos MORI 360 degree stakeholder survey is carried out each year on behalf of NHS England, allowing a range of stakeholders to provide feedback on their working relationships with their CCG. Stakeholder groups include member practices, Healthwatch, community and voluntary sector leaders and the Local Authority.
Accessible format	Accessible formats are alternative versions of documents for people such as blind and partially sighted people or people with learning disabilities. Accessible formats include easy read documents, large print, audio, braille, electronic text, and accessible images amongst others.
Accessible Information Standard (AIS)	The Accessible Information Standard defines an approach to identifying, recording and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a learning disability, sensory loss or impairment such as sight or hearing.
Any qualified provider (AQP)	Any qualified provider (AQP) is on a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations. This means that when patients are referred, usually by their GP, for a particular service provided by AQP they can choose from a list of qualified providers.
CCG	Clinical Commissioning Groups, or 'CCGs', are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs plan and buy (commission) health services for local people.
CCG membership	Clinical Commissioning Groups, or CCGs, are membership organisations of local GP practices.
Clinically led	CCGs are clinically led because GPs and other clinical leaders play key roles in contributing to proposal developments and decision making about healthcare for the local population.
Co-design	People who use services are involved in designing services, based on their experiences and ideas.

Commission	To commission (buy) is to plan, agree and/or monitor services.
Commissioner	Commissioners are the people who work with local partners to buy, plan, agree and monitor services.
Commissioning	This is the buying, planning, agreeing and monitoring of services.
Community and voluntary sector	The 'community and voluntary sector' covers a wide range of groups and organisations, including social enterprises, local, national and international charities, and community-led groups.
Consult	<p>Typical methods of consultation include:</p> <ul style="list-style-type: none"> • Public meetings • Writing to all affected service users and their families/carers • Poster campaigns in NHS buildings • Information in the local media <p>The greater the impact of proposed changes and the more people they are likely to affect, the more detailed the public consultation.</p> <p>For information on the CCG's statutory consultation responsibilities, please see Appendix A.</p>
Co-production	Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.
CWHHE	'CWHHE' represents five CCGs working together. The five letters stand for: Central London CCG, West London CCG, Hammersmith and Fulham CCG, Hounslow CCG and Ealing CCG.
Easy read	The easy read format helps people with learning disabilities understand information easily. Easy read uses pictures to support the meaning of text. Easy read can also be helpful for people who are not fluent in English.
Engage	To engage is to provide people who use services with opportunities to express their views and influence some decisions.

Engagement screening document	An engagement screening document records answers to questions commissioners can ask to work out whether they should engage on a proposal.
Engagement toolkit	The engagement toolkit is a set of resources and prompting questions to support commissioners in undertaking effective engagement.
Facebook	Facebook is a free social networking site which allows users to create profiles, upload photos and video, and send messages.
Health inequalities	Health inequalities are differences in health status or in the distribution of health outcomes between different groups. For example, differences in access to care between older people and younger people.
HealthWatch	Healthwatch acts as an independent consumer champion for health and social care. Local branch Healthwatch Central West London is an independent charity and membership organisation working to ensure your voice counts when it comes to shaping and improving local health and care services. They work with and support people and organisations in the boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster. They also provide information to help people access and make choices about their health and well-being services.
Influence	To influence is to have an effect on something, such as a decision-making process.
Inform	We keep people informed by telling them about services and explaining how they work, as well as telling them what decisions have been made and why.
Instagram	Instagram is a mobile, desktop, and Internet-based photo-sharing application and service. On Instagram, you can share pictures and videos.
Lay members	Lay members bring an essential independent perspective to the clinical commissioning group (CCG) governing body – being separate from the day-to-day running of the CCG means that they can see it as it is seen from the outside.

Local Authority	The Local Authority is responsible for providing a range of public services. This includes: public health, education, social care, roads and transport, economic development, housing and planning, environmental protection, waste management, cultural and leisure services.
Long term health conditions	A long term condition is defined as a condition that cannot, at present, be cured (e.g. diabetes and heart disease) but can be controlled by medication and other therapies.
Next Door	Next Door is primarily a private social network for neighbourhoods. Each neighbourhood is geographically defined and only people living in that neighbourhood can join their local site. Each new member has to verify their address so we know they genuinely live or work in that neighbourhood. In Hammersmith and Fulham many community organisations, voluntary groups, local faith leaders, small businesses, the local football clubs, and other members of the community have also signed up to make connections with their neighbours. Next Door also provides a platform for any geographically-defined public service.
OD working group	The CCG has an Organisational Development Working Group, which has a representative from every team and is chaired by our Head of Governance and Engagement. The purpose of the group is to act as a forum where informal staff queries/concerns can be raised and addressed, internal initiatives to improve staff wellbeing, such as the London Healthy Workplace Charter , can be driven forward, and staff survey results can be reviewed and action planned.
Outcomes	Outcomes are what has changed as the result of actions taken, or could also be what people experience as a result of treatment and interactions with their local healthcare services.
Partnership	Partnership is a relationship between two or more individuals or organisations based on working together to achieve a specific goal.
Patient and Public Engagement Network	The Patient and Public Engagement Network is one of the CCG's ways of widening our patient and

	public engagement to incorporate a more diverse range of local residents, and to ensure that we are sending people just the information that interests them. H&F residents can fill in a form online or in hard copy at one of our local events telling us about which areas (e.g. diabetes, mental health, primary care) they are interested in receiving opportunities to get involved.
Patient centred health care	Patient-centred healthcare describes healthcare that is designed and delivered with the patient at the centre.
Patient experience	Patient experience is when patients describe what actually happened in the course of receiving care or treatment, both the objective facts and their subjective view of this.
Patient Reference Group (PRG)	The H&F Patient Reference Group has made up of local patients and representatives from voluntary and community organisations, and exists to ensure that the patient voice influences the CCG's decision making.
Podcast	A podcast is a digital audio or video file or recording, usually part of a themed series that can be downloaded from a website to a media player or computer.
Prevention	The NHS spends more than £15.5 billion per year treating illness which directly results from alcohol and tobacco consumption, obesity, falls, and unhealthy levels of physical activity. Much of this treatment is avoidable. NHS organisations need to work together with local partners to strengthen and implement preventative interventions, such as providing advice and care to tackle excessive alcohol consumption and smoking, creating healthy environments in health and care settings, and intervening earlier to keep people healthier for longer.
Procurement	Procurement is the formal process or method for commissioners to buy health services from one or more organisations or any qualified provider to meet the needs of their local population.
Project initiation documents	A project initiation document is the first document produced when a commissioner is considering a

	new proposal. It contains information such as project goals and scope. It will also include information on engagement needs for the proposal to ensure commissioners plan to engage early.
Protected characteristics	The Equality Act 2010 lists nine protected characteristic groups: age, disability, gender reassignment / affirmation, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. The CCG has a duty under section 149 of the Equality Act 2010 to: eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not.
Providers	A provider in this context is an organisation / entity which provides healthcare under NHS service agreements.
Real time evidence	Feedback received from local people during or immediately after their experiences with local healthcare services.
Seldom heard groups	Groups of people who are under-represented during engagement activity. This could be for a number of reasons, including because the organisation is not reaching out proactively and ensuring that any barriers to the group's engagement are removed or overcome.
Self-care / management	People have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system.
SMS	SMS, or 'short message service', is a text messaging service. Texts or SMS can be sent from one mobile phone to another. GP practices are able to text local residents to inform / remind them about their appointments or other important information.

Snapchat	Snapchat is an image messaging and multimedia mobile app.
Sobus	Sobus is a Community Development Agency for Hammersmith & Fulham. Its aim is to provide a wider range of support services for local charities, community groups, social enterprises and start-up businesses.
Social media	Websites and applications that enable users to create and share content or to participate in social networking.
Stakeholder	A person with an interest or concern in something (particularly a business or organisation) and/or is affected by the activity of that business / organisation.
Time to Change	“Time to Change” is a growing movement of people changing how we all think and act about mental health. The campaign is run by charities Mind and Rethink Mental Illness, and its aims are to: improve public attitudes and behaviour towards people with mental health problems; reduce the amount of discrimination that people with mental health problems report in their personal relationships, their social lives and at work; and make sure even more people with mental health problems can take action to challenge stigma and discrimination in communities, workplaces, schools and online.
Urgent care and emergency services	Urgent care and emergency services covers a range of services available to residents, including: <ul style="list-style-type: none"> - advice from NHS 111 if you urgently need medical help or advice but it’s not a life-threatening situation; - getting help from a walk in centre, minor injuries unit or urgent care centre for a minor illness or injury at times you can’t wait to see your GP; - mental health emergency services (such as the West London Mental Health Service Single Point of Access line). - calling 999 if someone is seriously ill or injured and their life is at risk; - visiting Accident and Emergency in a genuine

	life-threatening emergency.
You said, we did	“You said, we did” is a way of showing what actions an organisation has planned or taken in response to feedback.
YouTube	YouTube is a video sharing service that allows users to watch videos posted by other users and upload videos of their own.