360 degree stakeholder survey

Summary of Results and Action Plan 2016/17

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Background and context

Clinical Commissioning Groups (CCGs) need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. These relationships provide CCGs with on-going information, advice and knowledge to help them make the best possible commissioning decisions.

The CCG 360 degree stakeholder survey allows stakeholders to provide feedback on working relationships with CCGs to help with ongoing organisational / relationship development; as well as to feed into improvement and assessment conversations between NHS England and CCGs.

The survey was conducted using both online and telephone methodologies, with fieldwork beginning on 16thJanuary and ending on 28thFebruary 2017.

East Surrey CCG stakeholder participants for 2016-17

47 of the CCG's stakeholders completed the survey (an overall response rate of 85%).

Headline results

NHS East Surrey CCG results at a glance…

- The perception of the **extent of stakeholder engagement** is above the national average and has continued to improve over the past few years (to 83 per cent in 2016-17) – slide 14
- Satisfaction of the **way in which the CCG has engaged** during the past 12 months was rated higher than both the national and the CCG cluster average (77 per cent) – slide 15
- **Working relationships** with the CCG were also rated higher than both the national and the CCG cluster average (83 per cent), but lower than last year (dropping from 90 per cent) – slide 16
- 64 per cent respondents felt there was **clear and visible leadership** of the CCG and 62 per cent respondents felt there was **clear and visible clinical leadership.** Encouragingly, the majority of these were GP Practices. However, both questions show a reduction from last year and are below the national and CCG cluster average (but above the 2015 results) - slide 22/23
- Just 51 per cent of respondents felt confident in the leadership of the CCG **to deliver its plans and priorities** and 55 per cent felt confident in the leadership of the CCG **to deliver improved outcomes for patients.** This is a reduction from last year and below the national / CCG cluster average (but still above the 2015 results) - slide 24/26
- While 91 per cent felt able to **raise concerns about the quality** of local services with the CCG -slide 28, only 72 per cent felt the CCG would **act on the feedback** - slide 29
- Following the national trend, just 49 per cent of respondents felt the CCG's **plans and priorities** are the right ones slide 34
- Just 49 per cent felt satisfied with the steps taken by CCG to **engage with patients and the public** and that the CCG **acts on the views of patients and the public when making commissioning decisions –** both below the national / CCG cluster average (new question) slide 37/38

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National v. local picture

In total, 13,691 stakeholders were invited to take part in the survey nationally. 8,516 of these stakeholders went on to complete the survey, giving a final response rate of 62.5%.

The local picture very much reflects the national feedback, with key themes emerging as:

- While there is stability at the national level, this is not reflected at the CCG level. Rather, a similar number of CCGs have seen their scores increase as have seen their scores decrease.
- Stakeholders remain positive about their CCGs' engagement with them. Performance on these measures has remained stable since 2016
- Stakeholders feel comfortable raising concerns about service quality. They are less sure, however, that feedback is acted upon by the CCG
- As was the case in 2016, the majority of stakeholders report having confidence in the leadership of CCGs. However, confidence in several aspects of CCG's overall leadership has fallen slightly since 2016, continuing a longer term decline. Across these three measures, around half of all CCGs (between 108 and 119) saw their scores decrease, while a smaller number (between 81 and 93 CCGs) saw an improvement (only 4-6 of which were significant rises).
- Over half of stakeholders (58%) are satisfied with the steps taken by their CCG to engage with patients and the public. In all these questions, a relatively large proportion are neutral or did not give an opinion suggesting that CCGs could do more to communicate how they are engaging with patients and the public.
- While GPs are still, on the whole, positive about the engagement they have received from their CCG, they are consistently among the least positive

Using the survey as a lever for improvement

- Strong encouragement for CCGs to publish their individual survey reports on their websites;
- CCGs should ideally also publish alongside their survey reports, actions to improve results over the next year;
- CCGs to make full use of available guidance and resources to strengthen engagement with stakeholders, including the most recent patient and public participation statutory guidance;
- Share stakeholder engagement learning and experience e.g. through the on-line Learning Environment
- CCGs to redouble their efforts to engage GPs and be seen to be organisations which listen and then act

Action plan

Our actions fall into three core themes:

- Taking on board/acting on feedback and suggestions
- Communicating about engagement with patients and the public
- Requirement to generate confidence for overall leadership to deliver improved outcomes for patients and their plans and priorities

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Marking success

How we will feedback the results of the 360 survey and our action plan	Audience reached	Action owner(s)	Timeline
Include results information in CCG newsletter	General public, staff, media, East Surrey practices, other CCGs, Healthwatch	Head of comms and engmt	July 2017
Include action plan in internal (CCG staff) Grapevine newsletter	CCG staff	communications officer	September 2017
Include action plan in internal (membership) Health Bulletin newsletter	East Surrey member practices	communications officer	September 2017
Share summary and action plan with the Practices Commissioning Committee	East Surrey member practices	Dr Elango Vijaykumar, chair	Autumn 2017
Publish full results on the ESCCG website Publish action plan on the ESCCG website	General public, media	Head of comms and engmt	July 2017 September 2017
Discuss verbally in Stand Up	CCG staff	CCG chair	June 2017
Share summary and action plan in PRG meetings	Patients	Patient Experience Lead	October 2017
Send follow-up report to stakeholders	Stakeholders	CCG chair (supported by communications team)	December 2017

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Driving improvement

Area for development	Action(s)	Action owner(s) and support	Timeline
Reduction in feeling of clear and visible clinical leadership (Healthwatch & patient groups/NHS providers/wider stakeholders)	**Raising the profile of clinical leaders externally by increasing local media activity, including**: 1. intro of new AO 2. proactive campaigns planning 3. CCG clinical leaders (GP) columns in local media 4. establish noticeboard in Surrey Mirror using content driven by working with SCC and SASH 5. Use clinical leads and lay members as spokespeople wherever possible 6. building on and encouraging the use of leadership social media profiles	AO and Head of Communications and Engmt Communications Team Clinical leads, supported by the Communications Team communications officer Communications Team / clinical leads Leadership, supported by Head of Communications and Engagement	July 2017 Ongoing Four by April 2018 End of 2017 Ongoing Ongoing
	Raising the profile of clinical leaders internally by launching targeted internal communication channels: 1. Grapevine (staff) featuring welcome columns 2. Health Bulletin (membership)	communications officer communications officer	September 2017 September 2017

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	Continuing visual presence of clinical leaders by attending 1. regular PRG meetings 2. Rant n Rave	Patient Experience Lead CCG Chair attends Rant n Rave and the PRG meetings and 2-3 clinical leads on rotation in addition to anyone specific to any of the items for presentation/discussion	Ongoing
	Improving insight into the membership's priorities and key messages/activities by attending the Practices Commissioning Committee meetings	Communications Team, supported by Head of Primary Care Strategy and Primary Care Development Manager	Regular meetings - ongoing
	Working closer with Surrey networks via the County Council HWB communications group	Communications team, namely communications officer	Regular meetings - ongoing
Reduction in confidence in the leadership of the CCG to deliver its plans and priorities and in the leadership of the CCG to deliver improved outcomes for patients. (GP practices/Healthwatch & patient groups/wider stakeholders)	**Sharing regular updates** through new forthcoming membership targeted internal comms channel – the Health Bulletin	communications officer, supported by Head of Primary Care Strategy and Primary Care Development Manager	Fortnightly
	Sharing regular updates and columns pieces in revamped public newsletter	Communications team supported by Heads of Service and wider CCG team	Quarterly
	Promote regularly through social media	Communications officers	Ongoing
	Work with engagement team to create a plan around **including clinical leaders in public engagement**	Head of Communications and Patient Experience Lead, supported by clinical leaders	April 2018

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49% of respondents felt the CCG's plans and priorities are the right ones (same as national trend). (GP practices/Healthwatch & patient groups/wider stakeholders)	Undertake a **communications campaign** to ensure all stakeholders understand the CCGs' priorities and reasons why they're important (social media, newsletter, GP e-bulletin, PRG meetings, targeted press work). 1. Ongoing/planned campaigns	Communications team, supported by Head of Commissioning	April 2018
	2. Social campaign – did you know? 3. Use CCG Commissioning Strategy communications and engagement as "hook"	Communications Officers Head of Communications and Engagement supported by Head of Commissioning	January 2018 April 2018
	Horizon Scanning for PCC to ensure membership is briefed at the start of the Commissioning Cycle when a commissioning/ change idea is identified to allow for early clinical engagement/ opportunity to get involved	Membership and Clinical Support Officer, Julia Frampton	Monthly in line with PCC meetings
91% felt able to raise concerns about the quality of local services with the CCG but only 72% felt the CCG would act on feedback (GP practices/Healthwatch & patient groups)	**Quarterly updates** online and in external and internal newsletter channels (x3) reporting how feedback has been used in service planning and implementation, using '**You Said, We Did'**. Also share to social media; in blogs/columns; and at PCC/PRG meetings	Patient Experience Lead supported by the Communications team	Ongoing

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Just 49% felt satisfied with the steps taken by the CCG to engage with patients and the public and that the CCG acts on the views of patients and the public when making commissioning decisions. (Healthwatch & patient groups/wider stakeholders)	1. All **commissioning teams to create feedback reports on engagement** undertaken as part of commissioning cycle	All commissioning teams / supported by Head of Commissioning	Ongoing
	2. Internal **promotion of refreshed public and patient involvement guidance from NHS England** via Grapevine	Communications officer	October 2017
	Share **more news and updates about engagement work** in public newsletter and online/on social media to increase our reach	Patient Experience Lead supported by the Communications team	Ongoing
	Look at **stakeholder mapping** - identifying different patient types (age, protected characteristics and condition group). Map existing patient engagement activity against these, and plan future engagement in line with our priorities	Patient Experience Lead	April 2018
	Develop a **targeted approach for reaching young people and those of working age**.	Patient Experience Lead	April 2018
	Develop **engagement narrative around CEP, and report feedback to Governing Body to evidence development of project based on patient feedback**; and how the proposal was designed with patient engagement along with metrics to monitor patient satisfaction after implementation.	Patient Experience Lead	September 2018

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