

# Communication & Engagement plan

**1. Project Title: Redesign of Chronic Pain Services**

**2. Project Lead: Steve Laville**

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**3. Complete Equality Impact Assessment**

(for support with this contact Sharon Moore [Sharon.Moore@wsybcusu.nhs.uk](mailto:Sharon.Moore@wsybcusu.nhs.uk))

**4. This project is: citywide**

**5. Describe your project**

**a. Describe the engagement (what are you changing and why?)**

Chronic pain is defined as any long term, persistent pain that has lasted for longer than six months. In Leeds over 3500 people with chronic pain are managed by hospital and community services. Many more people are managed by their GP in primary care. The project is aiming to move away from an interventional model (“search and fix”) into a more appropriate and evidence based model of supported self-management (“understand, control and cope”). This is because the nature of chronic pain is that it cannot be successfully cured through interventional treatment. However, by better informing, empowering and supporting patients, they can better determine their own goals, priorities and treatment strategies, and could significantly improve their management of their condition and quality of life. Cancer is commissioned separately and as such is not included in this service change.

**b. Outline the aim of the project**

The aim of the redesign is to create a new service model with a new focus on supported self-management.

**c. Outline the objectives of the project**

- Review current pain services (pathways, patient experience etc)
- Develop new pathways based on the review and clinical evidence
- Implement the changes

**d. Outline expected outcomes from the project**

- Chronic pain patients will have far better knowledge of their condition
- Chronic pain pathways will be clearer to patients and staff
- Chronic pain patients are able to better manage their condition
- Chronic pain patients will have treatment plans determined through their own priorities and health goals
- Chronic pain patients will report improved outcomes
- More appropriate access so that patients see the right clinician at the right time in the right location
- Appropriate development of GPs in the understanding and management of chronic pain.

**e. How will you use patient involvement to affect the outcome?**

- Seek the views of patients so that we can understand:
  - Their experience of current services

- what information they need to understand their condition;
- how they would like to access information;
- how we can support them to meet their health goals and priorities;
- what might prevent patients from accessing services; and
- what might stop them from participating in their personal pain management plan
- This feedback will be used to develop the project and measure success.

**f. How does the project support LWCCG strategic objectives?**

- Strategic Objective 2: Quality and Safety - To transform care and drive continuous improvement in quality and safety
- Strategic Objective 3: Best use of resources – To use commissioning resources effectively and responsibly

**g. How does the project support the NHS Constitution?**

- Ensures that patient choice, waiting times and access are maintained and improved where possible;
- reviews referrals to reduce unnecessary procedures and cancelled operations;
- reduces unnecessary hospital outpatient follow-up appointments;
- reduces unnecessary diagnostic tests; and
- develops more alternatives to hospital appointments.

**h. What is the level of service change?**

This project will affect all patients and carers currently using chronic pain services. This service is a citywide service based at a number of locations affecting large numbers of the population. Public are potential future users of the service. This has been assessed at **level three**.

**i. If this is classed as a 'major change' (level 3 or 4) consider the following guidance**  
N/A

## 6. Pre-consultation information

**a. Have we done something similar before?**

Throughout August 2010, patients living across the Bradford and Airedale district who were using pain management services, or who had previously used pain management services, were surveyed to establish their experiences of what had worked well, what had not worked well, and what needed to be improved within pain management services.

Themes identified from PALS and Patient Opinion Feedback

- Patients having to chase up referrals to the pain clinic
- Waiting times

**b. What learning can you use from previous events/projects?**

There were a number of themes of improvement identified services.

- Better provision of information
- Training for GPs so that they understand the needs of people with chronic pain
- Reduce waiting times throughout the service
- Improve care pathways
- Increase the frequency between pain relief injections for those patients who respond positively to this form of pain management
- Involving patients in care planning and treat them as individuals
- Better awareness of aware non-medical methods of pain management
- Although not explicitly stated, there was a sense that the NHS should do more to support the continuation of local support groups.

**7. What timescales are you working to?**  
(include planning implementation, evaluation and feedback)

Complete draft communications and engagement plan	11.7.14
Circulate plan to PAG	11.7.14
Brief scrutiny board (if level 3 or 4)	End July
Carry out engagement	18.7.14 – 10.10.14
Complete engagement report	17.10.14
Take business plan to CCC	Quarter 3 2014-2015
Procurement process	Quarter 3 2014-2015
Commencement	Quarter 4 2014-2015

**8. Engaging with your stakeholders**  
(consider using a stakeholder mapping tool)

**a. Who is the change going to affect and how?**

- All existing chronic pain patients, where chronic pain is defined 'long term or persistent pain that has lasted for more than six months'. All these patients will be moved onto the new model of care.
- This would include some people with arthritis, fibromyalgia and back pain.
- It will include people with mild, moderate and severe chronic pain
- The change will not affect cancer services because....
- children
- This engagement is concerned with patients, carers and the public so wider stakeholders such as GPs and providers will not be included in this engagement exercise. However, these stakeholders will be engaged in other areas of this service change.

**b. Who will you need to engage with?**

**To engage with the following...**

group	who	how	By who
<b>Chronic pain patients</b>	People who attend chronic pain clinics around the city	We will provide clinicians with paper copies of the survey to share with patients in clinic	LWCCG engagement team
		We will attend clinics across the city to fill in survey with patients or work with a commissioned agency to hold focus groups or drop in Q&A sessions	<ul style="list-style-type: none"> <li>• LWCCG engagement team</li> <li>• Leeds Involving People (LIP) and staff at Commissioning Support Unit (CSU) may support this part of the engagement</li> </ul>
	People who attend chronic pain groups in Leeds	We will contact the Fibromyalgia support group run by physiotherapy department at Chapel Allerton Hospital asking them to share the survey through their existing communication channels We will also ask the group if they have any regular activities involving patients where they could present the survey on our behalf.	The LWCCG engagement team will email the group and ask the organisers to disseminate the patient survey

		We will contact Leeds & West Yorkshire Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis (CFS/ME) Service run by Leeds and York Partnership NHS Foundation Trust (LYPFT) asking them to share the survey through their existing communication channels We will also ask the group if they have any regular activities involving patients where they could present the survey on our behalf.	The LWCCG engagement team will email the group and ask the organisers to disseminate the patient survey
	People who attend chronic pain related self-management programmes	We will email the expert patient group and organise a focus group We will email arthritis care and organise a focus group	LIP/CSU to make initial contact and carry out focus group LIP/CSU to make initial contact and carry out focus group
	People who attend voluntary, community and faith (VCF) sector services for support with their chronic pain	We will contact key groups and share the survey and information about the project. Key groups will include: <ul style="list-style-type: none"> <li>British pain society</li> <li>Arthritis care</li> <li>Pain UK</li> </ul>	VCF sector
	People of working age with chronic pain	We will contact the NHS occupational health department and ask them to share the survey with staff who attend with chronic pain	Occupational staff
	Patients collecting pain medications from pharmacies	We will ask a number of pharmacies to hand out the survey to people collected medications for pain	Pharmacy staff
<b>The above will be supported by:</b>	<ul style="list-style-type: none"> <li>Continuous promotion on CCG's social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media</li> <li>Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners</li> </ul>		
<b>Public</b>	All residents in Leeds live in one of the three CCG areas. We will ask our partner CCGs to share the survey using their in-house communication channels	We will contact the other CCG's to share the survey and related documents <ul style="list-style-type: none"> <li>with their networks</li> <li>on their website</li> <li>via social media</li> <li>internal staff/member practice bulletins</li> </ul>	All Leeds CCG engagement representatives with material and suggested text developed by LWCCG communications and engagement team
	VCF sector services	We will email VCF sector services on our network and ask them to share the documents with their service users and through the following (if available): <ul style="list-style-type: none"> <li>websites</li> <li>social media</li> <li>internal/in-house publications</li> </ul>	VCF sector with material and suggested text developed by LWCCG communications and engagement team
	Patient reference groups	We will email the engagement documents	<ul style="list-style-type: none"> <li>LWCCG engagement team</li> </ul>

		directly to GP practice managers in LWCCG practices. We will also email the document to leads at the other CCGs to disseminate to practice managers	<ul style="list-style-type: none"> <li>Other CCG to circulate locally</li> <li>Practice managers to disseminate at practice level</li> </ul>
	Wider public	We will contact Healthwatch and ask them to share the engagement documents with its members through: <ul style="list-style-type: none"> <li>Weekly newsletter</li> <li>Website</li> <li>Social media</li> </ul>	Healthwatch with material and suggested text developed by LWCCG communications and engagement team
<b>Carers</b>	We will engage with carers, friends and family due to the nature of their relationship with people with chronic pain	We will contact Carers Leeds and ask them to share the engagement documents with its members and also look into the possibility of holding a one-off focus group or attending an existing group	Carers Leeds with material and suggested text developed by LWCCG communications and engagement team
<b>To inform the following...</b>			
<b>group</b>	<b>who</b>	<b>how</b>	<b>By who</b>
<b>People with protected characteristics as defined by Equality Act 2010</b>	Black and minority ethnic (BME) communities	We will contact key BME VCF sector groups in Leeds	VCF sector
	Carers	We will contact Carers Leeds and ask them to share the engagement documents with its members	Carers Leeds
	Children and young people	We will not be informing this group as they are not included in the engagement as the service is for adults, people aged over 18 who are eligible for adult services will have the opportunity to take part through the routes identified in this plan	N/A
	Older people	We will contact key older people VCF sector groups in Leeds	VCF sector
	People with disabilities	We will contact key disability VCF sector groups in Leeds	VCF sector
	Users of mental health services	<ul style="list-style-type: none"> <li>We will contact mental health VCF sector groups in Leeds</li> <li>Work with LYPFT as outlined above</li> </ul>	VCF sector
	Lesbian, gay, bisexual and transgendered people	We will contact key LGBT VCF sector groups in Leeds	VCF sector
	Gypsies and travellers	We will contact Leeds GATE	VCF sector
	Homeless people	We will contact homeless organisations in Leeds	VCF sector
Underpinning principles for contacting people with protected characteristics	<ul style="list-style-type: none"> <li>All the above will have access to material and suggested text developed by LWCCG communications and engagement team</li> <li>The bulk of the above activity will be done by email and on social media</li> <li>If we are requested to provide documentation in alternative formats we will do so, because of the complex and diverse nature of our communities we will not proactively produce materials in a range of formats from the outset</li> </ul>		
<b>Partners</b>	Leeds City Council (including public health and adult social care)	We will contact LCC with details of the engagement through social media and	LWCCG comms team

		also ask, if appropriate, for the information to be shared internally and through the Citizens Panel	
<b>Political</b>	<ul style="list-style-type: none"> <li>Members of Parliament (MPs) for Leeds</li> <li>Leader of Leeds City Council</li> <li>Councillors (Leeds City Council wards)</li> <li>Overview and Scrutiny Committees</li> <li>Health and Wellbeing Board</li> <li>Local Area Committees</li> </ul>	We will contact LCC with details of the engagement this will be a briefing note that is emailed with a link to the survey	LWCCG comms team
<b>Providers</b>	<ul style="list-style-type: none"> <li>LTHT, LCH and LYPFT</li> <li>Private/independent sector/ community interest providers incl. Care UK and Local Care Direct</li> </ul>	We will contact all partners with information for them to disseminate using in-house channels such as newsletters, websites and social media	LWCCG comms & engagement team
<b>Media</b>	<ul style="list-style-type: none"> <li>Local media</li> </ul>	We will send out a press release about the engagement and include the media in Twitter and Facebook activity. We will share our video introducing the engagement	LWCCG comms & engagement team

**c. What methods will you use to engage with your stakeholders?**

Outline in the action plan at the end of this document

We will use a variety of ways to engage with our stakeholders. This will help us to communicate in ways which are appropriate for our different communities. We will use the following methods to engage:

- We will develop an online questionnaire which will be accessible through our website
- We will produce paper-based questionnaires which can be shared with people who do not use the internet
- We will add information about the engagement to our website. This will include links to the paper and online survey
- We will produce a 'podcast' style video to introduce the engagement. This can be used on our website, in bulletins and in our social media campaign
- We will use Twitter, and to a lesser degree Facebook, to raise the profile of the engagement
- We will hold focus groups with people who use self-management programmes for their chronic pain
- We will write a press release to engage people via the media
- We will link use existing patient videos to raise the profile of the engagement such as: <http://www.youtube.com/watch?v=4b8oB757DKc>

**9. What resources do you need for the engagement?**

**a. What additional staffing do you need?**

May need additional facilitation support from Leeds Involving People and/or the CSU – especially engaging with people with protected characteristics

As a citywide project the engagement teams at the other CCGs can support this work

**b. If the information is complicated or is targeted at people with learning disabilities have you considered 'easy read' literature?**

Alternative formats will be available, on request, to people with additional needs

**c. Outline the your budget**

Due to the limited time available we will not be having the survey designed by a designer. Some additional costs may be incurred through commissioning the CSU to carry out additional engagement  
Chris to look into outsourcing printing

Resource	Cost
Additional engagement from the CSU/LIP	£?
Outsourced printing	£?
TOTAL	£?

**10. What are your consultation/engagement questions?**

**a. What do you want to find out?**

- We want to understand people’s experience of current pain services (what works and what doesn’t)
  - We want to introduce the new service and find out if people have any thoughts on the proposal
  - We want to find out how we can support people to manage their pain
  - We want to understand how patients and carers would like to access the service in the future
  - We want to understand the demographic profile of people who have been engaged so that we can identify gaps

**b. What questions will you ask?**

See draft patient survey (attached separately)

**c. How will you pilot the questions to ensure they are suitable?**

The questions will be shared with the steering group and with representatives from the CCG PAGs

**d. How many people do you need to speak to?**

Based on the estimated number of people in Leeds who chronic pain services (10000) we aim to engage with 200 people. We do however feel it is a risk to identify a set number of respondents and that this figure should be used as a guide. However if the quality of the data returned is deemed sufficient and helps us to develop key themes and a better understanding of the needs of people with chronic pain we must use this alongside existing evidence and insight from other similar exercises across the country.

**e. How will you demonstrate that you have consulted with a representative sample?**

We will request equality monitoring information from people who get involved. This will be matched to the demographic profile of Leeds to demonstrate a representative sample

**11. Results**

**a. Who will collate the results?**

The engagement team at LWCCG

**b. Who will analyse the results?**

The engagement team at LWCCG

**c. Who will write the report?**

The engagement team at LWCCG

**d. How will you use the feedback – what will you do differently?**

The feedback from patients will be used to develop the chronic pain pathways. It will help us to understand barriers to services for patients and what patients need to manage their pain effectively.

## 12. Feedback and Evaluation

**a. How and when will you feedback to your participants?**

We will feedback to patients after the engagement report is written in Oct 2014

**b. What will you feedback?**

We will share the engagement report with will contain feedback and recommendations.

**c. Will there be ongoing feedback or a follow-up event?**

Yes. Once the new service has been procured we will contact people involved to share how their feedback affected the outcome of the project.

**d. Have you filled in the PPI events Record log**

This is the responsibility of the engagement lead.

## Action Plan July 2014 – Oct 2014

	Action	Target audience	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	Patients and the public	Chris Bridle	asap	Completed 24.7.14
2.	Write communications and engagement plan	Staff Patient reps PAG	Chris Bridle Steve Laville	11.7.14	Completed
3.	Write patient survey	Patients Carers Wider public	Chris Bridle Steve Laville	11.7.14	Completed
4.	Send updated plan to the LWCCG PAG and reps from the other PAGS	PAG members	Chris Bridle	11.7.14	Completed
5.	Write engagement covering letter	All	Chris Bridle	15.7.14	
6.	Add survey to snap survey	All	Matt	17.7.14	
7.	Create video to introduce the project and add to website	All	Matt Steve Laville	w/c 21.7.14	
8.	Add engagement onto website	All	Matt	17.7.14	
9.	Press release	Media public	Matt	w/c 21.7.14	
10.	Social media plan	All identified partners both those who we plan to engage with and those who we will inform Patients and their carers Wider public	Matt	w/c 21.7.14	
11.	Email out link PDF of survey and link to online survey	<ul style="list-style-type: none"> <li>• Other CCGs (to share with PAG, practices and networks)</li> <li>• LWCCG patient network</li> <li>• LWCCG VCF sector network</li> <li>• LCH/LTHT/LYPFT networks</li> <li>• Citizens panel</li> <li>• Political partners</li> <li>• Chronic pain clinics</li> <li>• Chronic pain support groups</li> </ul>	Chris Bridle	w/c 21.7.14	

		<ul style="list-style-type: none"> <li>• Expert patient groups</li> <li>• Arthritis care</li> <li>• Occupational health</li> <li>• Healthwatch</li> <li>• Carers Leeds</li> <li>• Providers</li> </ul>			
12.	Mail-out covering letter and paper surveys	LWCCG network members who do not have access to email	Chris Bridle	w/c 21.7.14	
13.	Drop off paper surveys to health centres and GP surgeries	<ul style="list-style-type: none"> <li>• GP practices</li> <li>• Community</li> <li>• Public</li> <li>• patients</li> </ul>	Chris Bridle	w/c 21.7.14	
14.	Organise and run drop-ins at Chronic Pain clinics across the city	Patients and carers	Chris Bridle Patient rep LIP/CSU	July-Aug	
15.	Organise and run focus groups at self-management programmes across the city	Patients and carers	Chris Bridle Patient rep LIP/CSU	July-Aug	
16.	Add to patient newsletter in early-Sept	<ul style="list-style-type: none"> <li>• West Leeds CCG network members</li> <li>• Public</li> <li>• patients</li> </ul>	Matt	Sept	
17.	Add to staff e-bulletins and share content with partners identified in the plan	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Colleagues at partner organisations</li> <li>• Patients and carers (from coverage in partner bulletins)</li> </ul>	Matt	July-Aug	
18.	Write engagement report	<ul style="list-style-type: none"> <li>• stakeholders</li> </ul>	Chris Bridle Patient rep	w/c 13 <sup>th</sup> October	
19.	Send engagement report to stakeholders	<ul style="list-style-type: none"> <li>• All stakeholders</li> <li>• People who contributed to the project</li> </ul>	Chris bridle	w/c 20 October	
20.	Write followup report and send to patients	<ul style="list-style-type: none"> <li>• People who contributed to the project</li> </ul>	Chris bridle Patient rep	April 2015	

## Appendix A – Stages of engagement

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
<b>Major variation or development</b> Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			<b>Category 4</b> Formal consultation required (minimum 12 weeks)
<b>Significant variation or development</b> Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		<b>Category 3</b> Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
<b>Minor change</b> Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	<b>Category 2</b> More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base	
<b>Ongoing development</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	<b>Category 1</b> Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	