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# Communications and engagement Caroline Thomsett, Communications Lead, NAPC Thursday 29 June 2017



# Primary Care Home programme

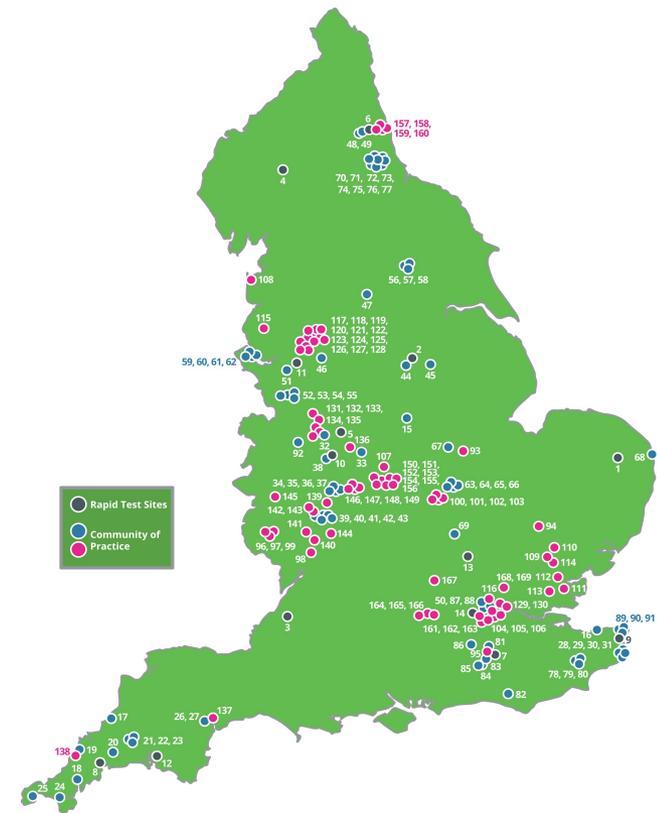


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- Rapidly expanding programme – now more than 170 sites
- Communication and engagement – vital element of the programme – building a comms team at NAPC

## Current work:

- Building the PCH brand – awareness, narrative, what differentiates us from other programmes & new models, as well as bringing the programme to life
- Communication and engagement support for sites



# Communications & Engagement support for PCHs



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Engagement is one of the six PCH enablers:

| PCH Enablers                                          | Development Criteria <span style="float: right;">Increasing Maturity </span>                                      |                                                                                                                                                   |                                                                                                                                                            |                                                                                                                        |                                                                                                                                            |                                                                                                                       |                                                                                                                                  |                                                                                                                                                                     |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Engagement                                   | All partners from constituent practices are engaged and committed                                                 | There is a programme of patient and community engagement and mobilisation                                                                         | Local providers are engaged and committed (Secondary, Community, Mental Health, Primary care)                                                              | The STP and CCG are engaged and committed to the development of the PCH                                                | The Local Authority (e.g. Health and Well Being Board) is engaged and supporting development of the PCH                                    | There is engagement and support from NHSE regional teams                                                              | Local ALBs (e.g. HEE) are engaged and involved in PCH development                                                                | The development of the PCH is co-produced with all stakeholders                                                                                                     |
| <b>B</b> Population Health Needs and Data             | Population in scope is right size to scale and right size to care (30-50k)                                        | Existing population health data/analysis and data sources identified (e.g. CCG, CSU, LA)                                                          | Population segmented (patient cohorts) based on shared traits/health and care needs                                                                        | Patient cohorts stratified based on risk                                                                               | Focus on health and social needs, including the social determinants of health                                                              | Health and wellbeing, care quality and resource utilisation outcomes agreed for priority patient cohorts              | Priority patient cohort service and programme budgets identified                                                                 | Population and patient cohort priorities and outcomes understood by all stakeholders (e.g. patients, staff, providers)                                              |
| <b>C</b> Development of PCH Service Models            | Current provider services for identified priority patient cohorts mapped                                          | Services included within the scope of future PCH model agreed with key stakeholders                                                               | Strategic clinical, financial, organisational priorities for the future provision of care to patient cohorts co produced (e.g. patients, staff, providers) | Per patient cohort: Future PCH service models focusing on preventative population health planning and provision mapped | Per patient cohort: Future PCH service models prioritising primary and community care for ongoing physical, mental and social needs mapped | Per patient cohort: Future PCH service models for urgent and emergency care that are accessible and responsive mapped | Use of integrated IT to support self care and continuous personalised care across providers                                      | Care and information is integrated across providers, delivering personalised care for the whole population. 30 – 50k                                                |
| <b>D</b> Development of the PCH workforce             | Current workforce models for priority patient cohort services mapped                                              | Design future PCH workforce models based on future PCH service models with voluntary sector, mental health, primary, community and secondary care | Identify and agree the local leadership and cultural behaviours to support PCH workforce development with stakeholders (e.g. patients, staff, providers)   | Agree multi-professional education and training needs to support patient cohort teams working together                 | Build the environment for effective MDT working and improving staff satisfaction                                                           | Implement PCH workforce and MDT recruitment and retention strategy for priority patient cohorts                       | Ongoing engagement of patients, providers and MDT PCH workforce development of PCH services to priority patient cohorts          | Stakeholders aligned around ongoing PCH workforce and MDT development, built around new PCH service models                                                          |
| <b>E</b> Alignment of strategic and financial drivers | PCH strategic priorities and outcomes (clinical, financial and organisational) for 30 – 50k population identified | Patients and staff are engaged in the co production of the PCH strategic service priorities and outcomes                                          | Local providers are engaged in the co production of the strategic service priorities and outcomes                                                          | STP, Local Authority and CCG are in engaged in the co production of the strategic service priorities and outcomes      | Accountabilities and responsibilities for services within the PCH model agreed                                                             | Population budgets delegated to PCH based on needs of population and agreed service models                            | Contractual models and incentives to ensure appropriate allocation of resources within the PCH to deliver agreed outcomes agreed | Governance framework and organisational form to support PCH service, workforce and accountability models agreed                                                     |
| <b>F</b> Evidence and Evaluation                      | Logic model co produced with GP partners and patients                                                             | PCH priorities and outcomes for wellbeing, care quality, resource utilisation and staff satisfaction agreed with patients, staff, providers       | Measures for tracking PCH progress against outcomes agreed                                                                                                 | PCH priorities and outcomes co produced and agreed with STP, Local Authority and CCG                                   | Local authority, CCG and local providers supporting sharing and analysis of data to enable evaluation of priorities and outcomes           | Evaluation of PCH priorities and outcomes underway and intelligence shared across patients, staff and providers       | Evaluation data informing decision making and investment at STP, Local Authority and CCG level                                   | PCH activity and investment is focused on areas that are delivering improvements in population wellbeing, care quality, resource utilisation and staff satisfaction |

## PCH Key Characteristics

- 1 Provision of care to a defined, "optimal" registered population size of 30,000 to 50,000
- 2 Focus on personalisation of care with improvements in population health planning, provision and outcomes
- 3 Integrated, multi-disciplinary workforce, with a strong focus on partnerships spanning primary, community, secondary, third sector, mental health and social care
- 4 Financial drivers aligned with the health needs of the whole population.



# PCH enabler – engagement



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The success of primary care home is dependent on its stakeholders

- Patient engagement
- Staff engagement – no squad without
- All partners, local community and other stakeholders part of the PCH



- NAPC providing support to develop overarching **communications and engagement strategy** for your PCH – best practice template
- Comprehensive strategy including governance framework of your PCH, audit of where you are now, objectives, positioning, audience.
- Further support on reviewing your strategy will be available
- Stakeholder mapping tools – putting these on Kahootz (sharing platform)
- More to come with engagement included as part of regional events

# PCH enabler – engagement



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Interview with...

Maria Howdon

Head of Membership  
Development

Thanet Health Clinical  
Commissioning Group



# Communications & Engagement support

Introducing a range of communications support – also include:

- New monthly newsletter – June edition out (information and for sharing)
- Brochure regularly updated
- Primary care home brand with guidelines and toolkit
- Platform for sharing learning and best practice – initially via the new care models platform kahootz
- A standard slide deck for you to use about programme
- Case studies/videos/posters

The image displays three key communication assets:

- Primary Care Home Case Study Poster:** A colorful poster from NAPC (National Association of Primary Care) detailing the 'Primary Care Home Case Study' in Larwood and Bawtry. It lists 35,000 population, 2 GP practices, and a partnership involving primary care, acute care, and community trusts. It outlines challenges, what they did (integrated teams), and the impact (5% reduction in prescribing costs, 87% of staff satisfied).
- Website Screenshot:** A screenshot of the 'FutureNHS collaboration platform / Primary care home' workspace. It features sections for 'About Primary Care Home', 'The approach', and 'What are the benefits?' for both the practice and the patient.
- News Article:** A news snippet dated 31 March 2017, titled 'Thousands of patients benefit from NAPC's Primary Care Home programme: new report shows drop in emergency hospital admissions and waiting times for GP appointments'. It highlights that the PCH programme is delivering benefits for patients, staff, and the wider health system.

# PCH comms toolkit - branding



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- Developing the primary care home brand
  - distinct identity and more
- graphic design and positioning - around teams coming together as a complete care community with focus on local population health
- Started developing toolkit - primary care home brand that you can carry with your materials – either stand alone or next to current existing brands that you have
- Sites and branding – questions around developing a brand...



# Developing your own brand..



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Branding – much more than logo,  
colourful image

- Your 'relationship' with your stakeholders

You position brands at three levels:

- What are the **attributes** – lowest level
- What are the **benefits** – associating the brand with desirable benefits
- **Beliefs and values** – strongest brands go beyond attributes or benefits, positioned on strong beliefs and values, engaging customers on a deep emotional level
- Powerful brands – unique compared to everything else around, emotions



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# Developing your own brand..



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- 1) **Brand vision** - desired future of the brand/purpose/values that underpin the brand
- 2) **Organisational culture** - needs to be appreciated as can enhance/hinder the brand
- 3) **Brand objectives** - clear targets of what the brand is likely to achieve
- 4) **Audit brandsphere** - audit of the current environment
- 5) **Brand essence** - what are the central characteristics that will define the brand
- 6) **Internal implementation** - how the organisation is structured to deliver the core aspects of the brand, delivery of the brand's functional and emotional values
- 7) **Brand resourcing** - naming of the brand, communication vehicles



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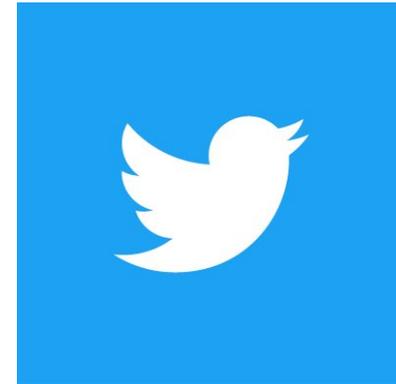


# PCH – sharing & social media



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Lets get out there &  
shout about  
#primarycarehome



- Share our successes – within the community of practice
- Share our successes through the media
- In the news? Let me know, share, tweet & retweet
- Remember to mention primary care home – as we continue to build awareness of the programme and encourage others to follow
- Get on Twitter – include @NAPC\_NHS in your tweets and hashtag

#primarycarehom  
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Coming up

- Series of blogs
- Roy Lilley – articles on PCH for Academy of fabulous stuff



# Comms pack/tips



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1. Simplicity – Healthwatch Harriet
  2. Make it real – impact on the patients
  3. Avoid the jargon – plain English
  4. Engagement, engagement, engagement
  5. Get it out there!
  6. Five Year Forward View heralded new relationship with patients
  5. Sharing the media coverage – ahead if poss
  6. Tweet! Tell everyone what you are doing, be proud of your successes
- #primarycarehome**

# What support do you need?



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Visit us at

[www.napc.co.uk/primary-care-home](http://www.napc.co.uk/primary-care-home)

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