

## **Communications and Engagement plan**

### **Gamete and Embryo Cryopreservation Policy**

May 2019

#### **Purpose**

This communications and engagement plan highlights the process to be undertaken to consult with patients, carers, providers and members of the public on the proposed new Gamete and Embryo Cryopreservation Policy on behalf of the East Midlands Affiliated Commissioning Committee (EMACC). It will seek to assess the impact of the policy by asking for people's views on the proposal before a final decision is made.

Clinical Commissioning Groups (CCGs) have also recently received guidance from NHS England advising that they should consider in their policies all patient groups who may have their fertility compromised as a result of NHS funded treatment, including those patients who are due to receive treatment as part of gender reassignment.

#### **Background**

Nineteen East Midlands CCGs have established a joint committee (EMACC) which enables the CCGs to work collaboratively on the development and maintenance of:

- Policies for services which CCGs have responsibility for commissioning; and
- New policies identified as being appropriate for identical implementation on a regional scale.

The nineteen CCGs are:

1. NHS Southern Derbyshire CCG
2. NHS North Derbyshire CCG
3. NHS Erewash CCG
4. NHS Hardwick CCG
5. NHS Nottingham City CCG
6. NHS Nottingham West CCG
7. NHS Nottingham North & East CCG
8. NHS Rushcliffe CCG
9. NHS Newark & Sherwood CCG
10. NHS Mansfield & Ashfield CCG
11. NHS Corby CCG
12. NHS Nene CCG
13. NHS West Leicestershire CCG
14. NHS Leicester City CCG
15. NHS East Leicestershire & Rutland CCG
16. NHS Lincolnshire West CCG

17. NHS South West Lincolnshire CCG
18. NHS South Lincolnshire CCG
19. NHS Lincolnshire East CCG

## Scope

The Gamete and Embryo Cryopreservation Policy will be in scope in this communications and engagement plan. Other policies will not be covered by this plan however there will be some reference made where there is an overlap.

This communications and engagement plan covers all 19 CCG members of EMACC as listed above and will be referred to as EMACC collectively. Demographical areas covered by the 19 CCGs will be known in this plan as 'the region' by definition. The EMACC Equality Impact Assessment for this policy is being coordinated by NHS Midlands and Lancashire CSU (who provide support to the Leicestershire CCGs) and will be considered as part of this plan.

## Legal and statutory duties

As public bodies CCGs have a duty and a commitment to listen and engage with patients, service users and members of the public to ensure we understand their views on health and social care, the areas of health and social care which they are satisfied or dissatisfied, and how they would like to be engaged or informed going forward.

***The Health and Social Care Act (2012)*** introduced significant amendments to the NHS Act (2006). This guidance supports two legal duties, requiring clinical commissioning groups and commissioners in NHS England to enable:

*Patients and carers to participate in planning, managing and making decisions about their care and treatment through the services they commission*

*The effective participation of the public in the commissioning process itself, so that services reflect the needs of local people.*

***The Equality Act 2010*** prohibits unlawful discrimination in the provision of services on the grounds of nine 'protected characteristics'.

The 'public sector equality duty' requires CCGs to have 'due regard' to the need to:

- *Eliminate discrimination that is unlawful under the Equality Act 2010*
- *Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it and;*
- *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it*

*There must be clear and early confidence that a proposal satisfies **the government's four tests** of service change, the first of which is 'strong public and patient engagement'.*

This plan details the approach that EMACC will take to ensure it not only meets these legal and statutory requirements, but also to ensure it develops a sustainable structure to enable ongoing meaningful engagement with patients, carers and members of the public as the policy develops.

This structure will aim to put public, patient and carer views at the heart of the decision making, so that the commissioners can develop a policy which meets the needs of the local population.

### **Objectives of the communications and engagement plan**

The objectives of this plan are to ensure robust mechanisms are put into place to ensure we:

- Engage with Healthwatch and the LGBT community on the early draft of the proposed Gamete and Embryo Cryopreservation policy on context, wording and any factors we need to consider.
- Consult on the final draft of the proposed policy as set out in this plan before any changes or decisions are made;
- Describe how we will reach different members of the community including those who are seldom heard;
- Be able to demonstrate that we are listening;
- Make changes based on what we learn from this feedback

It will also look at how it will strive to develop an environment where any future co-production opportunities are encouraged.

### **Wider communications and engagement considerations**

The engagement and consultation activity will need to take into account other projects that are running alongside. We will coordinate messages wherever possible across the region with the use of a toolkit to offer clarity and avoid communication and engagement duplication.

### **Previous engagement on the Gamete and Embryo Cryopreservation Policy and other related policies**

Some of the 19 East Midlands CCGs currently have a Gamete and Embryo Cryopreservation Policy in place, and some have no policy. This plan will seek views on all changes to existing policies where they are in place. All existing policies have

been reviewed in the development of this regional policy. In addition CCG Individual Funding Request Teams have fed in issues they have encountered in managing requests for cryopreservation in order to maximise the usefulness of the document.

There are also other mechanisms already in place where individuals are feeding general information about services back to commissioners and providers. These will be utilised, and include:

- NHS Choices
- Care Opinion (independent online feedback website)
- CCG and provider complaints and PALs/PILs services
- Contract data
- Quality visit reports
- CQC reports
- Healthwatch enter and view reports/ visit information/insight
- Previous engagement and consultation activities
- Health trust public memberships
- Patient Participation Groups at GP practices (and their existing forums)
- Other existing patient support group activity

### **Key messages/lines to take**

- The nineteen CCGs in the East Midlands are consulting with patients and other key stakeholders about a new regional Gamete and Embryo Cryopreservation Policy.
- The policy describes the circumstances in which gametes (cells used in reproduction – egg or sperm) and embryos (fertilised eggs) can be frozen for use at a later date.
- Many of the existing CCG policies apply only to patients who are about to undergo cancer treatment.
- It is proposed that the new policy will include patients who are about to undergo gender reassignment treatment / surgery.
- The consultation will last for four weeks.
- If approved, the policy will ensure a standard approach is used for patients throughout the East Midlands.
- Patients can let the CCGs know their views using an online survey: <https://www.surveymonkey.co.uk/r/GameteCP>
- Paper copies of the survey are available from any of the CCGs in the East Midlands.

### **Spokespeople**

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**Direct Line: 0115 804 3040 Target audiences: stakeholder mapping**

We use stakeholder mapping (a strategic business tool) to identify and assess the effect of a different individual or a group of stakeholders on our organisation. It examines the power stakeholders can exert, the relative likelihood of them using that power and their level of interest regarding CCGs activities.

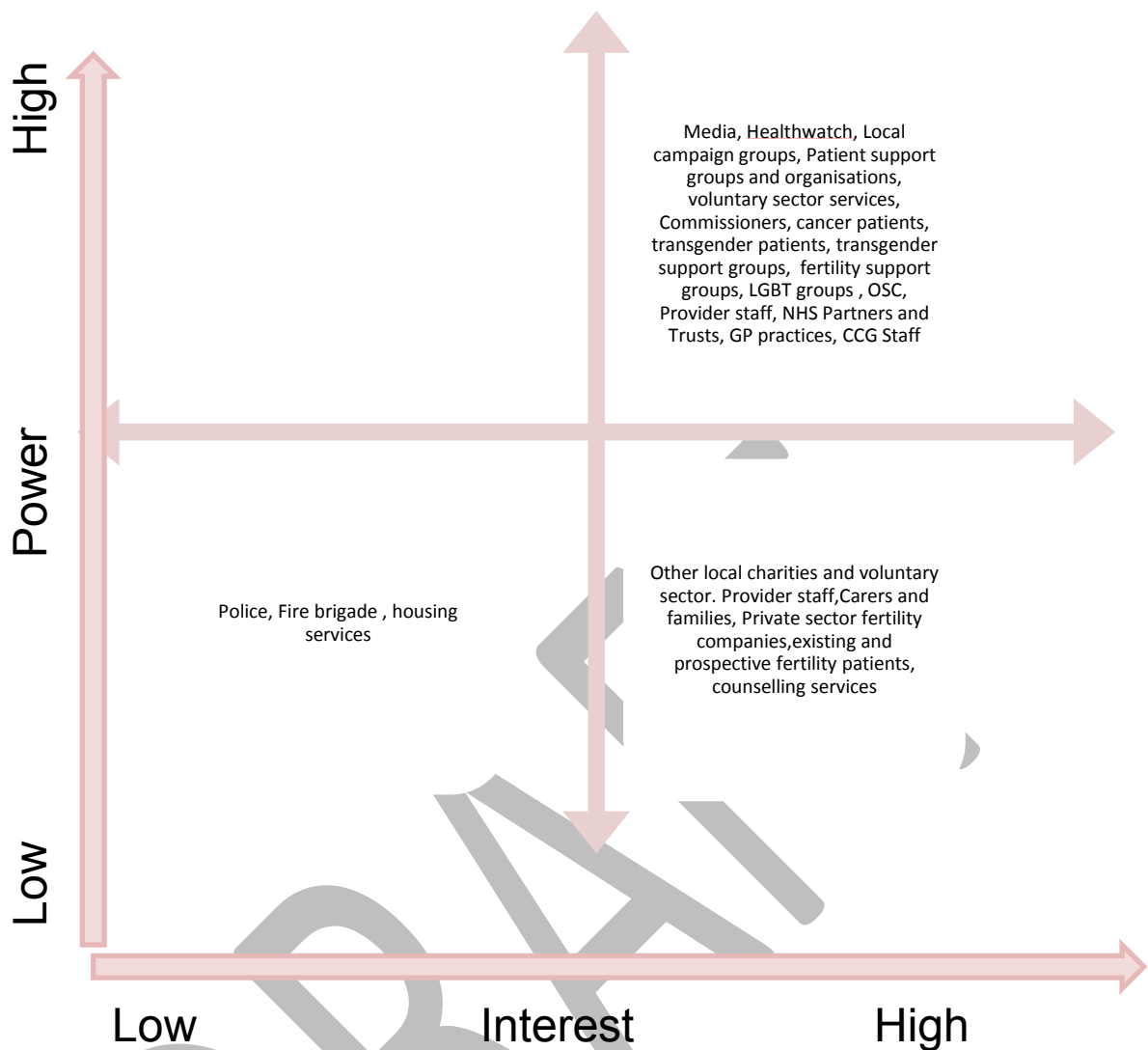
We need to be able to assess who needs to be told about the important decisions we make, who these decisions are likely to affect and how they are going to affect them, as well as having plans in place to brief key partners such as hospitals, police, councillors, mental health trusts, GPs and the voluntary third sector.

It is vital we establish any threat to the organisation early as to limit any reputational damage and instead work with stakeholders to ensure they feel reassured and included at all stages of engagement and in consultation.

Stakeholders include:

- Staff
- Health partners and other key stakeholders
- The media
- The voluntary sector and umbrella organisations
- Patients, carers and their representatives
- Members of the public

**Stakeholder Map for the Gamete and Embryo Cryopreservation Policy**



### Communications and engagement risks

The following communications and engagement risks have been identified as part of this plan:

Identified risk	Mitigation
Messages are not coordinated across the region in a timely manner and mixed messages are communicated.	Enough notice will be given to comms and engagement leads with messages and templates by way of a toolkit.
Confusion over EMACC, its membership and where responses will be sent to.	Regular communications will be sent to each CCG. Comms and engagement leads will be given a toolkit to implement locally and coordinate meetings as directed. Evidence of this will be collated periodically.
Lack of coordination of important meetings and timelines including sign off processes	Enough notice will be given to comms and engagement leads to coordinate meetings. EMACC and Leicester City CCG will lead the project on behalf of

	each CCG.
Negative feedback is received from stakeholders about the proposals	All feedback needs to be reviewed throughout the engagement and consultation period and any issues addressed as they arise.
Stakeholders complain that they have not had sufficient time to let us know their views.	A 4 week consultation period will take place. An action plan will detail how we will reach a wide range of stakeholders including patients, carers and members of the public.
Influential stakeholders campaign against the changes	If this arises, face to face meetings will be offered to address any issues as necessary to give time to explain the proposals in full.
Engagement activity raises the profile of other contentious policies or highlights inadequacies of existing in a knock-on effect	FAQs will be produced as part of the toolkit. Issues will be addressed as they arise. Outside of EMACC policies, CCGs will need to prepare local messages to combat negative feedback with regards to other policies before the consultation progresses (such as the IVF and Surrogacy policies).
Public complaints about consultation/engagement fatigue	We will work closely with other project/comms leads to ensure a joined up approach wherever possible.

## Methodology

After agreement from each member CCG, EMACC will undertake early engagement on the policy with groups of people who may be most affected by the changes to the policy. The aim will be to ensure we write a policy that uses the correct terms, considers all of the circumstances and offers clarity to anyone who needs to refer to the policy. A final draft will then be subject to a four week consultation when the views of the regions' stakeholders will be sought.

A survey will ask people for their views on the policy as a whole and how they may be impacted by the policy. It will particularly aim to involve existing and recent patients who have used the current Gamete and Embryo Cryopreservation Policy where possible.

Each CCG should conduct its own consultation within the four week period, using a variety of methods. All of the feedback will be captured centrally where possible and will be analysed collectively by representatives of EMACC and Leicester City CCG at the end of the period. **The minimum requirement for each CCG is to:**

- Agree local stakeholder list (to include local provider organisations and NHS trusts, LGBT communities and Healthwatch)

- Promote the consultation using a variety of communications channels including websites and through social media, using the toolkit provided.
- Manage requests for the production of information in alternative formats
- Log all engagement and communication activity onto the template provided
- Log all responses received via hardcopy onto the weblink provided

***Any local requests, concerns or complaints should be managed by each CCG.***

## Engagement principles

Each CCG will;

- Make all public information accessible, in line with the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.
- Ensure stakeholder mapping considers seldom heard groups and smaller communities from across the region.
- Provide alternative formats of the information on request.
- Attend relevant public events and groups where and when necessary.
- Ensure that any public meetings that are held have meeting notes recorded including a record of comments and questions.
- Publish any public meeting minutes on the CCG website.
- Provide language interpreters (including BSL) at public meetings and common language translations where necessary and on request.
- Include equality monitoring data on surveys and feedback forms.

Leicester City CCG, on behalf of EMACC will:

- Engage with the local LGBT community and Healthwatch in Leicestershire on an early draft of the policy before consultation commences.
- Provide a toolkit for each CCG to use to launch the consultation.
- Provide a weblink on the Leicester City CCG website for other CCGs to link to.
- Issue a press release and manage enquiries from the media, keeping relevant communications leads informed.
- Liaise with CCG comms teams on issues arising as necessary during the consultation period.
- Be a point of contact for comms and engagement queries.
- Analyse all of the feedback at the end of the consultation period.

**Administration and coordination of tasks will be the responsibility of each individual CCG. Leicester City CCG engagement, communications and equality leads will be able to offer support and advice where necessary.**



## Toolkit

A toolkit of information and templates has been developed for each CCG to use. The below highlights the toolkit content provided for each audience.

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Audience category	Detail	Toolkit content provided
<b>Internal</b>	Commissioning staff Primary Care staff Secondary Care staff Consultants Providers Partners	GP Newsletter content emails from GP lead in each CCG, Public survey Presentation for PLTs, locality meetings Comms and engagement plan Web/intranet content
<b>Stakeholders</b>	Overview and Scrutiny Committee MPs/Councillors/Voluntary and Community Services	FAQs Stakeholder briefing/presentation Draft email content Consultation document
<b>Patients and the public</b>	Patient Participation Groups Patient support groups Current and future patients Members of the public Media	Survey Social media messages Web and email content Press release Consultation document Easy read documents

The below table highlights examples of potential opportunities for discussion about the consultation. These will be decided by each CCG, however the minimum requirement is highlighted on page 7.

<b>Audience</b>	<b>Method</b>
CCG staff <ul style="list-style-type: none"> <li>Board GPs and lay members</li> <li>Other CCG staff</li> </ul>	Stakeholder briefing Verbal update
GPs, practice managers and other practice staff	Toolkit to include: GP Newsletter content, emails from GP lead in each CCG, surveys (as required)..... Presentation for PLTs, locality meetings
Hospital Consultants	Verbal Toolkit to include presentation at team meetings/ locality meetings, emails, newsletter and intranet content. One to one meetings if appropriate
All relevant providers	Provider meetings, correspondence
Partners: health and social care organisations	Stakeholder briefing presentation
Other stakeholders: <ul style="list-style-type: none"> <li>Other potential providers and their staff</li> <li>Voluntary sector organisations</li> <li>Patient support groups and patient representatives</li> <li>Carer groups</li> </ul>	Stakeholder briefing with offer of one-to-one discussions at existing meetings. Presentation Q&A Press release Website content Deliberative briefings with workshops (with existing patients and carers) Online and hard copy survey Drop-ins to existing dermatology clinics Individual meetings with service user groups, voluntary sector on request Toolkit for onward communication
MPs, Councillors, Healthwatch, Health Overview and Scrutiny, Health and Wellbeing Boards, LMC, Patients Panel	Stakeholder briefing plus offer of one-to-one meeting. Presentation Q&A Toolkit for onward communication
Patients and the public	Press release, Q&A (reactive use), local and social media, email to membership of each CCG, local NHS Trusts and Providers, CCG websites, email to community and voluntary sector, email to

	Patient Participation Groups and other patient groups Deliberative briefings Online and hard copy survey GP waiting room screens Video
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## Evaluation

The Leicester City CCG engagement team will be responsible for producing a consultation report which evaluates the impact of the engagement/consultation at the end of the consultation period. This will be presented to EMACC and published publically on the each CCG website.

EMACC will need to demonstrate that it has considered and incorporated the feedback from the report in the developing plans.

## Measuring success

Success will be measured throughout the project duration for its effectiveness by analysing the following:

- Number of people involved in consultation activities/completing the survey
- Number of letters/comments/calls
- Demographic representation of those who have responded
- Number of published articles and social media mentions
- Nature of decisions taken as a result of feedback
- Evaluation of specific events and activities

Efforts will be made to ensure we adapt to early responses and tailor our approach as necessary.

## Feedback to those involved

All queries to the engagement and consultation will receive a response and will be published via the CCGs websites with the overall feedback report.

## Costs

No specific costs have been identified in this plan. Each CCG will be responsible for the costs of any local consultation activity undertaken.

## Contact details

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## Appendix 1: Timelines & action plan

### Engagement/consultation action plan: Gamete and Embryo Cryopreservation Policy

	Objective	Actions	Time scale	Responsibility
1	Identify necessary engagement/consultation and comms actions to discuss the proposals with the public	<ul style="list-style-type: none"> <li>• Write comms and engagement plan</li> <li>• Write action plan with timescales</li> <li>• Prepare engagement and documentation and draft surveys</li> </ul>	By 18.04.19	Leicester City CCG Engagement lead
2	OSC and other dates NHS England and NHS Improvement	<ul style="list-style-type: none"> <li>• Check dates for committees, boards and meetings to produce overall timeline</li> <li>• Agree timeline and CCG sign off process</li> <li>• Get onto agendas for meetings</li> </ul>		Leicester, Leicestershire and Rutland Planned care project lead
3	Analyse and assess any equality impacts/requirements as per the EIA	<ul style="list-style-type: none"> <li>• Discuss with E&amp;I lead and adjust stakeholder map to reflect findings</li> </ul>		Leicester City CCG Engagement lead and MLCSU Equality lead
4	Plan engagement and consultation activity: Produce and share toolkit with CCGs and coordinate activity	<ul style="list-style-type: none"> <li>• Write comms content</li> <li>• Share plans with comms/engagement colleagues across region and coordinate launch</li> </ul>		Leicester City CCG comms and engagement leads
5	Launch engagement phase	<ul style="list-style-type: none"> <li>• Arrange meetings with local Healthwatch and LGBT centres (City only) and share response with EMACC for consultation draft.</li> </ul>	Week 1-2	Leicester City CCG comms and engagement leads

		<ul style="list-style-type: none"> <li>Consider feedback and make changes where necessary</li> </ul>		
<b>6</b>	Launch public consultation	<p>TBC</p> <ul style="list-style-type: none"> <li>Co-ordinate messages across region.</li> <li>Update website, create links and update social media platforms</li> <li>Release press releases</li> </ul>	Week 2	All CCGs
<b>7</b>	Conduct consultation activity	<ul style="list-style-type: none"> <li>Attend existing forums and meetings where possible.</li> <li>Align with existing engagement activity</li> <li>Send reminder alerts/emails</li> </ul>	Week 2-4	All CCGs
<b>8</b>	Close consultation	Update website and upload all responses onto Survey Monkey link	Week 4	All CCGs
<b>9</b>	Analyse findings	<p>Compile consultation report Present to EMACC</p>	Week 4 - 6	Leicester City CCG Engagement lead
<b>10</b>	Publish findings	<ul style="list-style-type: none"> <li>Produce a 'you said, we did' for the CCGs websites and publish the consultation report</li> <li>Share across region with stakeholders</li> <li>Write press release</li> </ul>	Week 6+	City CCG comms and engagement lead

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