



## **Patient Engagement Strategy 2014-2017**

### **Introduction**

We have taken two clear messages from the Francis report in developing our communication and engagement strategy: we must listen to patients and we must listen to staff, and we must act on what we hear. Patients, staff and stakeholders must feel they are being treated as partners; they must be confident their feedback is listened to and see how this is impacting on their own experience of the Service and the experience of others. This strategy proposes we must listen in a more consistent way, and we have processes in place to show people how we taken action on what we have heard.

This document outlines the part of the overall communication and engagement strategy which focuses on patients and communities.

The aim of our engagement strategy is for the London Ambulance Service to become more of a listening organisation. For patients, this means we must ensure we have robust processes to listen to their views and experiences, and take action as a result.

This strategy will support us to put in place activities showing that we are accountable to the people we serve and are transparent in how we operate. We aim to engage meaningfully with patients and local communities so their views influence how we improve the patient experience, and so the patient has a voice in changes to the service we provide and in strategic decision-making. Key to delivering this will be our media and social media plan, which forms a sub-set of this strategy.

It is essential to measure and evaluate our communications and engagement activities. We will introduce processes to engage and collect the views from patients and communities so we can record, analyse, prioritise and act on them. We also need to understand if the engagement we are doing is having the desired effect on behaviours and perceptions. We spend around £300m providing services run by our 4,500 staff, for patients via our commissioners. Future business growth and survival of the organisation is contingent on these groups having high satisfaction rates – unless we measure it we can't improve it.

The patient engagement part of the strategy has been developed with patient representatives and other stakeholders. It will be evaluated after 18 months to test its effectiveness.

## Patient and communities engagement plan

Consistent with the other aspects of the overall communication and engagement strategy (staff and stakeholders), our approach in our patient engagement plan has four key components:

1. **Take action on insight** and feedback from local views and experiences - record, analyse, prioritise and take action on feedback from people's experiences of the Trust.
2. **Communicate our story, (strategic narrative) and co-design plans for change** - communicate where the organisation is going to and engage on and communicate the organisations' plans to get there. Engage on change, being clear what can be influenced and adapted by patients' views.
3. **Positively influence perceptions and behaviour** - as a result of bespoke communication on strong relationship management.
4. **Communicate accountability** to the people we serve, including our patients and communities. The concept of *You Said: We Did* - evidence that action is being taken as a result of listening to people's experiences and views on plans for change and the future.

The plan outlined in the sections below will ensure that the London Ambulance Service meaningfully engages with patients so their views influence how we improve the patient experience, and the patient has a voice in changes to the service we provide and in strategic decision making.

We will strengthen our existing processes to ensure we hear and take action as a result of the patient voice on experience and decisions about service change. We will also ensure that the Board and senior leadership commit to changing the culture of the organisation to think about patient engagement in a different way: "nothing about us without us".

### i. Take action on insight

#### **Map and document the full range patient experience evidence we have access to**

To generate comprehensive insight, to triangulate and inform our service improvement (Friends & Family Test, Community Outreach, Healthwatch, Social Media, Complaints, Incidents etc.)

#### **Increase the amount of patient experience data we collect by:**

- **Working with local providers and commissioners**  
As part of collecting more data on patient experience – investigate the feasibility of working with providers and clinical commissioners to ask them to include LAS specific questions into their Friends and Family Test and other patient survey questions.
- **Working with Healthwatch to share their data**  
Test the feasibility and willingness within Healthwatch groups in London to co-design a patient feedback approach with them, including a process for coding issues and data sharing that relate to The London Ambulance Service as they are identified at source.

- **Pro-actively seeking feedback through social media**  
To include sites such as Patient Opinion, NHS Choices, Healthwatch
- **Undertaking an annual telephone survey**  
With a random sample of patients who have used the service

#### **Insight and Feedback Report and Action Plan to Board – twice yearly**

Develop a process to provide a thematic analysis of qualitative and quantitative intelligence gathered through those patient experience sources above and look at how we present the data in a meaningful way e.g. by borough or by disease/condition. The system should also enable us to track our progress against criteria that are important to the organisation e.g. dignity and respect. These criteria should be co-designed with patient representatives. Through this reporting, establish a prioritisation process to identify specific areas for improvement.

#### **Publish the findings and actions from feedback**

On the website and through other media and social media in the form of ‘You Said, We Did’.

## **ii. Communicate the strategic narrative**

#### **Develop our community outreach programme**

We will use our existing public education community programme for public engagement as well. We will target specific groups for education and involvement activity. This will focus on communities who use our services more frequently, those have higher health inequalities or groups whose voices are seldom heard.

#### **Engage with the Community Involvement Officers (CIOs)**

As part of local management teams at seven stations, part of their role is to lead on local community engagement. CIOs provide a local ‘link’ between the LAS and external stakeholders and patient groups, gathering intelligence and contacts relating to local issues. They are able to increase the Trust’s capacity to get involved in stakeholder and patient engagement.

#### **Foundation Trust Membership**

Continue to use engage with the substantial 9,000 FT membership group. To engage and involve them as a strong public voice to test plans for change and strategic decisions. This currently involves eight events a year and a quarterly bulletin.

#### **Establish a volunteer Community Champions network**

Work with the Foundation Trust membership and the corporate team, to establish Community Champions to act as ambassadors for the Service, sharing information, informing people about the service, engaging with specific groups and communities. These roles will need clear boundaries, role descriptions and specific tasks.

## **iii. Positively influence perceptions and behaviour**

**Individual Participation** – encourage and work with patients so they feel they are in control of their own care and treatment. Continue our public education activities, e.g. CPR training.

### **Link with organisations who have trusted relationships with specific patient groups and communities**

We will look at our patient case mix and target organisations who represent those patients who frequently use our services, for example Asthma UK, Age UK, Mind. We will talk with these groups and find out what their members are telling them about their patient experience and how we could improve it.

### **Work with CCGs to tap into existing Patient Navigators programmes**

Patient Navigators act in a similar way to Citizen Advice Bureau staff; they are not clinicians but can advise patients at GP practice level, on the range of alternative and additional support that could be put in place for them outside traditional primary care provision, for example befriending services, social care. The aim would be to test the feasibility of the LAS working with existing Patient Navigators so we can refer some of our patients to these services. We would recommend testing this in one borough with one CCG initially.

### **Co-design targeted information for specific communities**

With reference to our mapping exercise of patient groups and communities identified above - based on seldom heard and high users of the service. We would describe the service, and what happens when you need to use an ambulance.

### **Staff training and induction**

Use Patient Stories to help to illustrate the whole patient pathway and how the ambulance experience fits in and its impact on the patient and carers. Use patients to deliver elements of staff training and induction.

## **iv. Communicate accountability**

### **“Nothing About us Without Us” – patient engagement in service change – a process and a culture**

We need to develop a culture and processes to ensure that service change involves patients or their representatives from an early stage and when plans can be influenced by their views. We must also be clear from the outset what is open to influence and what is not. We would then feedback to patients how we have taken their views on board and adapted our plans: *You Said: We Did*.

### **Establish a Patient Representative Reference Group**

The group would meet bi-annually and engage virtually on strategic decisions and changes to the service.

### **Patient representatives on assurance committees within the Service**

Continue to have the patient voice represented on assurance committees throughout the service (e.g. Infection Prevention & Control Committee, Mental Health Committee, Patient & Public Involvement Committee, Safeguarding Committee, Clinical Audit & Research Steering Group, Clinical Safety, Development and Effectiveness Committee, Community First Responder Group and Equality & Inclusion Committee).

## **v. Media and Social Media**

Media and social media form an increasing part of our public engagement. Social media use is a vital part of our communications mix because it's visible to all and can help shape opinions. This is an opportunity for us to talk to people directly but also be open to scrutiny from the media and be transparent about the good and the not-so-good news. We have therefore included our media and social media plan in this section and also reference it in the patient engagement section.

## *i. Take action on insight*

### **Media and social media evaluation**

We will evaluate the impact and outcome of the major resource the communications teams invests in responding to media enquiries from across London. The team receives over 70 calls a week on average from local London media as well as regional media. We will undertake an exercise to evaluate the outcome of the response related to the coverage and assess the risks of reducing this resource and re-investing it in the generation of more pro-active media, social media, staff or stakeholder communications. We will also seek to support Cluster leads in breaking down this evaluation for their local areas media and social media coverage.

### **Local newspaper editors' views**

As part of this evaluation we plan to bring together local newspaper new editors to discuss our limited resource and with them, prioritise how we respond to calls and improve efficiency so we are not responding where we are unlikely to secure coverage.

### **Monthly evaluation media and social media**

We will introduce a broad analysis report of media and social media coverage each month. This would supplement the daily communications update and provide a more strategic analysis of output versus outcome for the communications team to review resourcing based on outcome.

### **Social media evaluation**

Effectively evaluate social media: we need to identify who is interested in the Service and what in particular they are interested in. We have a corporate Twitter, Facebook, Linked-In, Storify, Flickr, Vine accounts. We will establish if these are the correct channels for our key audiences. With so many options we need to target our social media to the channels that best reach our patients, public, communities and stakeholders. Our plan will also determine our style, approach and social media personality that can influence how the Service is perceived.

### **Website review**

As described previously, we will review the website to better understand how the media as well as our patients and communities currently use this facility, and enhance it as a result of the review.

## *ii. Communicate our story - the strategic narrative*

### **Direct engagement with patients and communities through social media**

Through social media we have our own publishing tools to communicate directly with our patients, and communities. As a result of our evaluation around which platforms to target we will use these to engage directly with the public.

### **Empowering staff to be social media ambassadors**

We propose encouraging local teams to create their own accounts on Twitter and to communicate and engage with local communities. We would co-design a "Twitter-license" process with staff to ensure that staff who corporately tweet are trained and were supported to do so, understanding the risks and the

benefits. We have already researched other sectors such as Lego and regional Police forces who run similar training programmes. We will review the staff social media policy in response to this.

### **Weekly London Ambulance Service Blog**

We will pilot a regular blog, written by different members of staff from across the Service, hosted on our website. We believe that this would give us a voice to communicate key issues in a new way and in a less formal style that is not currently available to us. This may lessen interest in other negative blogs and help us fill the void.

### **Evaluation of filming projects to fit with corporate objectives**

We are often approached by production companies for filming projects. We need to fully understand the contribution these will make to achieving the Service's corporate objectives, the business outcome and resource inputs required before we embark upon these.

### *iii. Positively influence perceptions and behaviour*

#### **Good news grid – media and social media**

A forward plan for positive stories. Stories to be issued through all integrated channels. Stories will be sourced through standard items on meeting agendas throughout the organisation. Communications will be strict with the definition of a “good news story” and will develop criteria. Stories will be tailored where possible for local media and social media channels.

#### **Timely responses**

Evidence shows that a timely response to media interest and approaches on social media takes the sting away and reduces the likelihood of a formal complaint.

#### **Behaviour change campaigns**

Communications will undertake three behaviour change campaigns each year that help deliver the corporate objectives of the organisation. For example in 2014/1015 these will be:

- “Shockingly Easy” campaign targeted at local businesses to buy, accredit and train people how to use defibrillators to save more Londoners lives
- A communications plan to support HR's recruitment campaign
- Alcohol campaign – to work with the GLA on a joint campaign to change public behaviour around the reduction of pressure on ambulance services as a result of seasonal alcohol abuse.

#### **Using the media and social media to position the London Ambulance Service as an essential and credible voice on London health issues**

Use media and social media to re-position The London Ambulance Service as a health leader in London. In this way we can influence London's future in a way that benefits our patients, staff and organisation. We aim to do this by positioning the London Ambulance Service as an essential and credible voice on London health issues.

We propose to look for suitable opportunities to influence the development of policy and plans outside the London Ambulance Service by responding to consultations and development of reports from our point of view. This gives us an opportunity not just to input into the consultations themselves but also to be seen to

be doing so by sharing these responses through the media and social media

### **Making use of data**

The London Ambulance Service has access to a huge amount of London-wide and local data that can be used in many different ways to support viewpoints we may wish to state publically. We need to use this information more to help London Ambulance establish itself as “the expert “ in health related matters in London.

#### *iv. Communicate accountability*

### **Responsive media and social media channels**

We will also continue to advertise Board meetings through social media to encourage attendance and in the future to make it easier for more stakeholders to attend or virtually attend.

### **Public Board meetings in public are audio or web transmission**

It is proposed that to further increase accountability we help more Londoners access our Board meetings. We will investigate options around web cameras and audio recording.

### **Using media and social media to publish: You Said: We Did**

As part of regular reporting to the Board we should be able to demonstrate how the organisation has listened and adapted in the light of staff, stakeholders and patients views.

### **Relationship management**

Strong relationship management of top journalists in London, and map and prioritise the development of relationships with our top social media influencers.

## **Evaluation**

Our strategy will be consistently evaluated, using the following model:

- **Inputs** – the activity carried out
- **Outputs** – how many people had the opportunity to see or hear the activity
- **Out-takes** - what was the effect on them? did their behaviour/perception change as a result of our activity
- **Outcomes** – did we achieve our overall objective?

For patients and communities, we will collect patient experience data in a more analytical way, and triangulate it with our complaints reporting. We will theme and prioritise it for operational action. We will develop key indicators based on this insight data and look to measure these for improvement once we have taken the appropriate operational action. A twice yearly report to the Board will demonstrate these findings and remedial action taken as necessary.

Media and social media are usually intermediary audiences, in that we target them so they will deliver the message to the end audience on our behalf. We will look at how effectively the intermediary was engaged by our activity and how effectively the intermediary communicated the message to the end audience.

We plan to review our media coverage in more depth – by sample-testing how our media responses generate negative, neutral and positive coverage and if our key messages are contained within it. This will

influence where we focus our press office attention in the future. We will also look at analytics for our website to determine audience and interest so we can target these elements of the site for improvement.

We will do the same with social media analysis, looking at what behaviour or perception we are trying to change with each initiative, and how we measure that, and understanding what our followers are interested in, so we can focus our efforts in the right area. We will use social media analysis tools like SproutSocial to help us do this.

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