GPhC approach to communications and engagement
Agenda and structure

1. Background and context
2. Priorities
3. Strategic planning
4. Early activities
5. Next steps
BACKGROUND AND CONTEXT
Background

- Extensive communications work undertaken by Shadow GPhC

- Communications plan established to support transition

- Requirement to develop a new communications strategy to underpin annual business plan and three-year corporate plan
What makes communications strategic?

- The activities undertaken are for a purpose
- That purpose underpins and is reflective of the organisation’s vision and values
- Communications aims, objectives and activities can be linked directly to the business plan
- All activities are prioritised and appropriately resourced
- Proper account is taken of external impact including political, regulatory and policy environment
Dependencies

1. Vision and values – complete
2. Business/corporate plan – in development
3. Budget – in development
4. Organisational development (in and outside policy & communications) – in development
5. Research and evidence base – in development
Council’s commitment

• Vision and values
  – Commitment to engaging and communicating with our stakeholders
  – Securing the confidence of all stakeholders including patients and the public
  – Development of a clear communications and engagement strategy

• Principles of good regulation
  – Regulating in a responsive and transparent manner
Towards a communications strategy

Vision

Corporate plan

Communications strategy and plan
What we can do now

1. Ensure current communications are strategic (i.e. Renewal communications; education consultation)

2. Develop principles for communication and engagement

3. Undertake planning and resourcing of communications

4. Be explicit about next steps
Challenges (requiring a strategic response)

- A new organisation...
- ...and a new approach
- Moving from transition to operation
- Focussing on the future, while recognising the past
- A new political context
- Developing policy context
Regulatory context

Trust, Assurance and Safety

- Greater openness in the conduct of the regulatory bodies’ governance
- Proactive programmes to engage more widely with public, patient and parliamentary opinion

Fitness to practise adjudication for health professionals

- Confirmation of principles of separation in functions
- Links to review of the role of CHRE and possible future policy statement on health professional regulation from DH ministers

Regulation in a post bureaucratic age

- Role of professional standards and co-regulation
- Role of inspection and requirement for cross-regulator coordination of inspection regimes
COMMUNICATIONS PRIORITIES
Agree our approach to communications

- **Strategic** – reflecting our corporate objectives, statutory duties and vision and values
- **Transparent** – ensuring we are open about what we do
- **Flexible** – ensuring our approach reflects the nature of the issue we are communicating about
- **Segmented** – communicating in a manner which is suitable and convenient for the audience and not simply for us
- **Timely** – engagement at the start of a process or issue (for example in consultations)
Engaging our key interest groups

GPhC

Patients & Public
- Primary Care Organisations
- Other NHS bodies

Commissioning and funding bodies
- CHRE GCC GDC
- GMC GOC GOSc
- HPC NMC PSNI
- MHRA CQC NPSA

Healthcare Regulators
- Awarding bodies
- Pharmacy Education & Training Providers
- Council of University Heads of Pharmacy Schools
- British Pharmaceutical Students Association

Education and training bodies
- Individual registrants
- Pharmacists Defence Association
- UK Clinical Pharmacy Association

Registrants & Prospective Registrants
- Royal Pharmaceutical Society
- Association of Pharmacy Technicians UK
- Primary Care Pharmacists Association

Professionals bodies
- Company Chemists Association
- Association of Independent Multiple Pharmacies

Employers
- National Pharmacy Association
- Pharmaceutical Services Negotiating Committee
- Community Pharmacy Scotland
- Community Pharmacy Wales
- Institute of Pharmacy Management

Retail pharmacy businesses
- Royal Pharmaceutical Society
- Association of Pharmacy Technicians UK
- Primary Care Pharmacists Association

Service users
- Patients & Public
- Other NHS bodies

Other NHS bodies
- Other NHS bodies

Individual registrants
Establishing principles: PPE

1. PPE should be a process across the organisation and not a function within it
2. PPE should be integral to communications and engagement and not a ‘bolt-on’
3. The way in which we engage with and ensure active participation of patients and the public will reflect their needs, not our operational preferences
4. Although we will review governance structures for PPE, our commitment will be demonstrated by what we do and the outcomes we achieve
Engagement with the professions

• Ensure communications is evidence based:
  – Perceptions and attitudes
  – Preferred way to receive information

• Development of direct and indirect communications channels
  – Regular newsletter
  – Byline opportunities in the trade press
  – Formalised approach to speaking requests including a clear role for Council Members
  – Measure success of events programme
  – Development of our website and web strategy
Developing our public affairs work

- Assessing the changing role of the pharmacy professions (e.g. Through public health policy)
- Changing nature of the NHS...
- ...including divergence of health systems across Great Britain (e.g. Through Liberating the NHS (England))
- Analysing and reflecting divergent GB health systems
- Expectations of us as a regulator; a new government with a new policy agenda
- Ensuring we are engaging effectively with Parliament and Assemblies in Scotland and Wales
Approach to policy development

1. Early debate and Engagement across the sector
2. Identifying issues
3. Policy direction and pre-consultation
4. Policy formulation and consultation
5. Policy implementation
6. Evaluation, QA and ongoing IA

Key interest groups
EARLY ACTIVITIES AND NEXT STEPS
Early activities

1. Audit of current policies against Council’s support for the principle of transparency
2. Commission appropriate opinion and market research
3. Develop specific objectives and work plans for stakeholder engagement and PPE to reflect the approach to communications
4. Develop appropriate success measures
5. Ensure these reflect our resource capability
6. Engage Council Members in the development and, where appropriate, implementation of these work plans
## Next steps

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<tr>
<th>Timeframe</th>
<th>Headline activity</th>
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<td>November – December 2010</td>
<td>• Internal communications of principles and approach&lt;br&gt;• Commissioning of external opinion and market research&lt;br&gt;• Desk research and analysis including census data&lt;br&gt;• IT audit and review including website and CRM capability&lt;br&gt;• Audit of existing processes (inc. Publication of FtP information)&lt;br&gt;• Analyse impact of the Public Health White Paper&lt;br&gt;• Further work on the communications budget</td>
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<td>November 2010 – January 2011</td>
<td>• Build internal resource in Policy and Communications&lt;br&gt;• Ongoing development of comms strategy alongside business planning&lt;br&gt;• Workshop session with Council members in January as part of development of the communications strategy&lt;br&gt;• Develop plans for PPE, stakeholder engagement, public affairs, media and e-communications&lt;br&gt;• Tracking and ‘impact assessment’ of Health Bill</td>
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<td>January 2011 – March 2011</td>
<td>• Further engagement of Council Members in draft communications strategy&lt;br&gt;• Further work to engage in Scotland and Wales</td>
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<td>April 2011</td>
<td>• Communications strategy agreed underpinning business plans</td>
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GPhC approach to communications and engagement

Council meeting, 17 November 2010