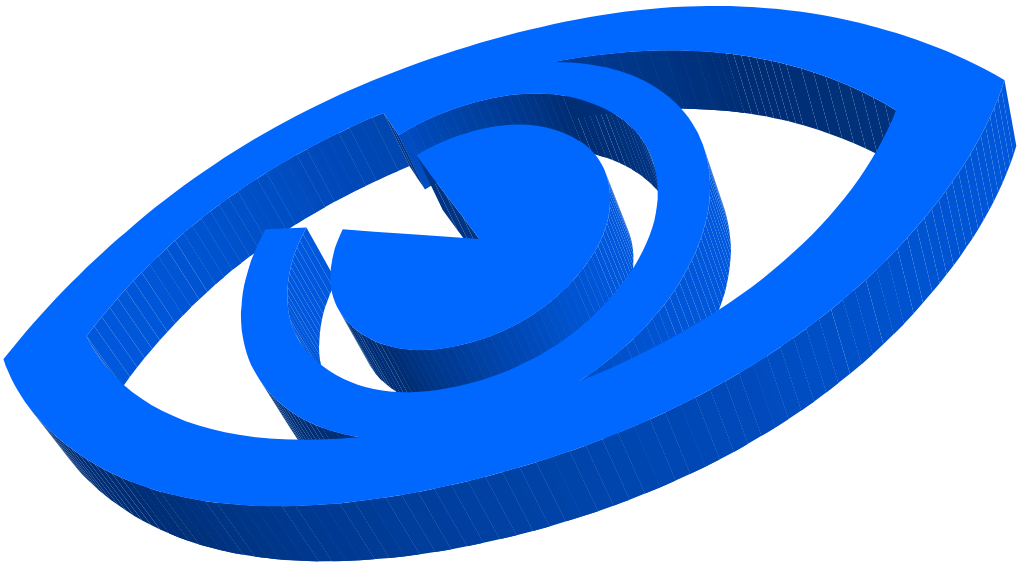
NHS

Prescription Pricing Authority

Corporate Communications Strategy



1. Introduction

This strategy sets out the Prescription Pricing Authority's approach to using internal and eternal communications to deliver customer focussed products and services. It sets these activities in the context of our need to market those products and services and to promote a coherent and consistent identity for the organisation. The strategy sets out a vision of how we will communicate with our stakeholders and what short and medium term objectives (three years) will be pursued, within the wider context of the five-year Corporate Strategy and the Corporate Business Plan.

The main reasons behind the strategy are:

- The need to quantify our relationships with stakeholders and so set out how these can be continuously improved.
- The need to communicate with stakeholders about the effectiveness of our current products and services.
- The need to fully engage stakeholders in developing new and improved products and services.
- The need to ensure that we maintain and project a clear and consistent identity for the PPA.

This Communications Strategy draws these elements together to address the following:

- Who are our principal stakeholders?
- What are our main products and services?
- How should we best focus our resources on promoting products to stakeholders and developing products with stakeholders?

2. Starting Point

The starting point is the Corporate Strategy[1] document and, in particular Key Challenge 5 - Working in partnership with stakeholders.

> **"To work in partnership with Government and stakeholders to improve our communications and influence policy development."**

Our approach to this Key Challenge is to improve our communications with stakeholders to enable them to make best use of our systems and services. By doing this, we should be able to influence Government policy for the NHS directly and through the actions of our stakeholders where we have the knowledge and expertise to add value to this process.

As well as considering the effectiveness with which we communicate the availability and best use of our existing products and services, we are also committed to developing a dialogue with stakeholders so that we develop our products and services with them. We want stakeholders to be fully consulted and their requirements taken into account in the design and implementation of the final products, within the funding and policy envelope.

We have committed in the Strategy to reaching out to work in partnership with stakeholder representative groups to influence policy in order to further the Government's aims and objectives for the NHS. This is one of the most important aspects, which will be informed by our communications strategy. It will be one of the underpinnings of our planned event next February to engage with stakeholders and to involve them in considering the future development of our products and services.

Because we are uniquely placed to advise Government on the operational implications of the policies that directly affect our services. We will continue to build on the relationships we have created with DH officials because they are an important dimension of our relationship with all those who access our services.

[1] Currently covering the period 2002-2007

3. Stakeholders

A survey of PPA stakeholders was conducted in 2000. This has been updated to reflect changed structures and relationships in the NHS (Appendix B). The outcome of this analysis is that the stakeholder groups that predominate are the Department of Health (DH), PCTs Contractors and, by virtue of their number, patients and the public. If we consider the nature of these stakeholder groups, we can see that there is common axis in our relationships with respect to the DH. The three principal relationships, each with a defining service, which must be addressed by our strategy are:

- Contractors – payment
- Prescribers – ePACT.net
- Public – LIS

We can represent our relations with these groups around a 'product space', which holds the key products and services for each stakeholder type. These are shown in Figures 1-3. The overall relationship with the DH can best be demonstrated by combining these diagrams as shown in Figure 4.

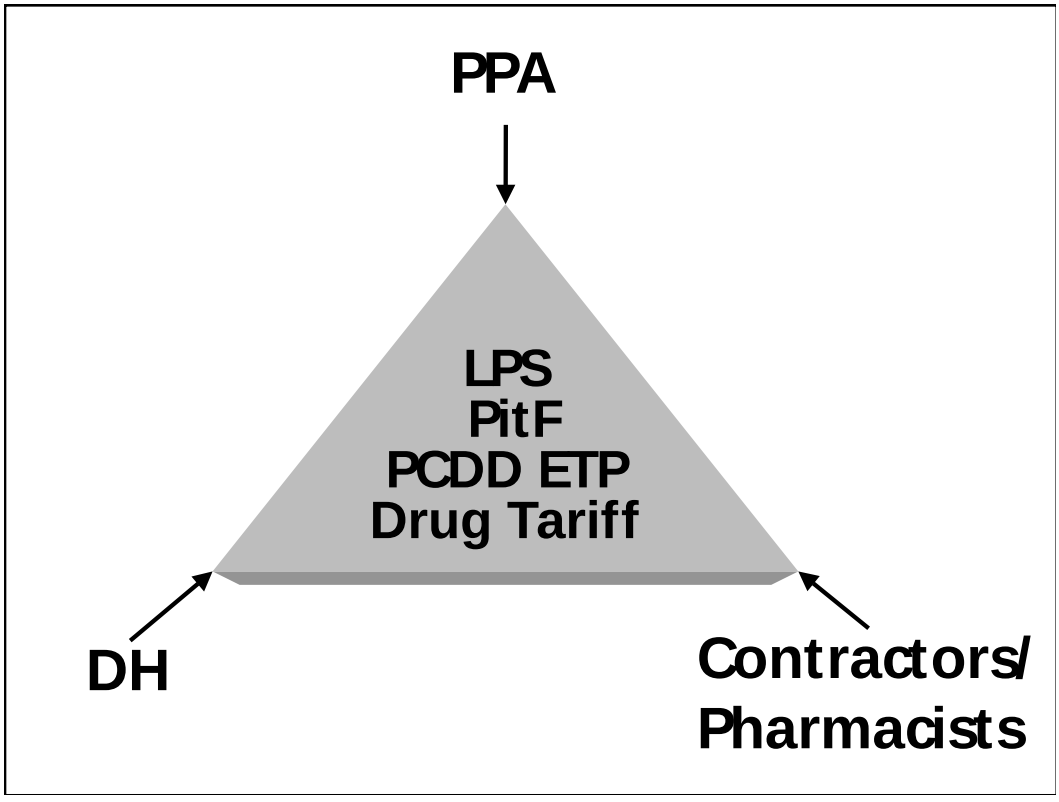


Figure 1

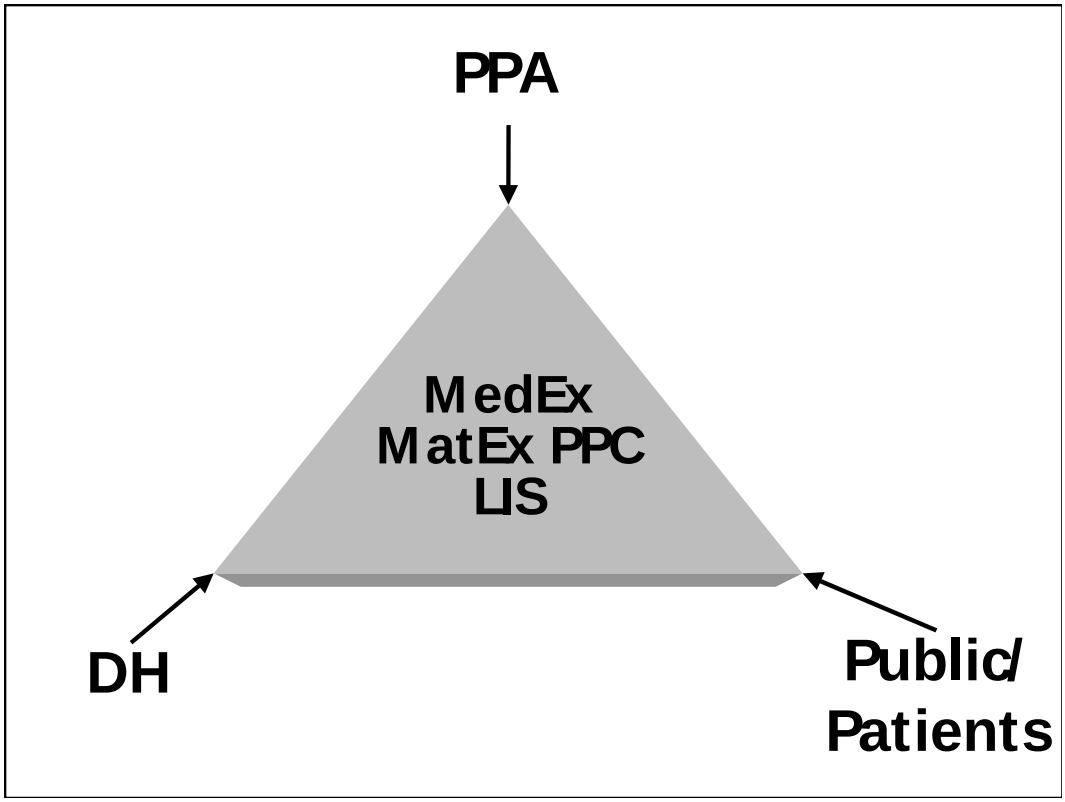


Figure 2

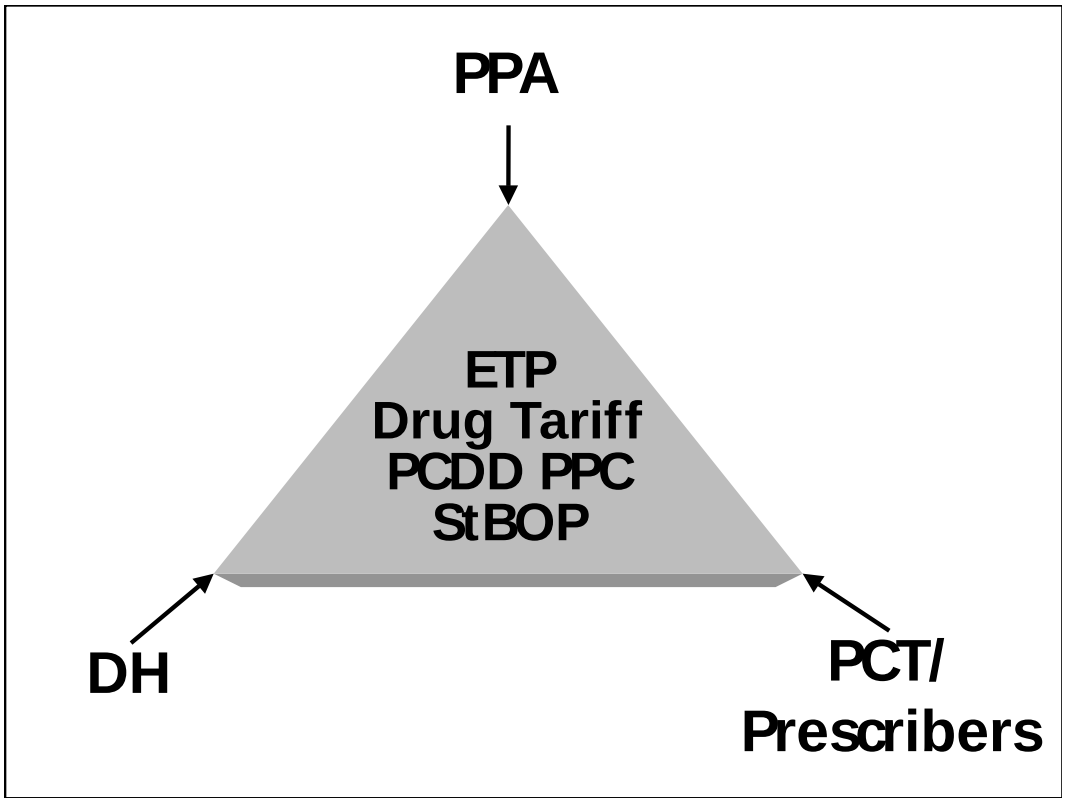


Figure 3

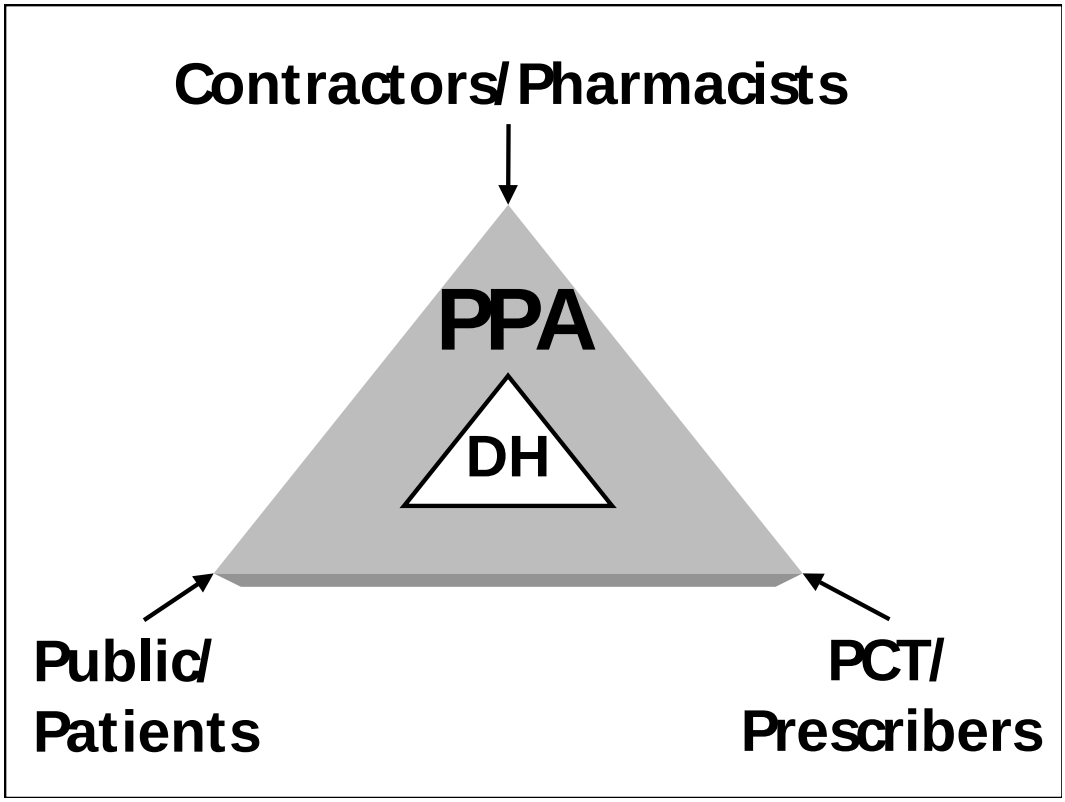


Figure 4

Each triangle defines a particular 'product space'. Our strategy is to influence policy by working to develop a common agenda for each of these. That is, to reduce the size of each triangle and bring PPA, government and stakeholders closer together in their understanding and awareness of current products and services and in the specification and direction of new and improved products and services.

By extension, it should be our intention, overall, to concentrate the interests and awareness of our portfolio of products and services from all the stakeholder groups represented in Figure 4.

The focus of our communications with stakeholders should be to 'market' our products and services in contrast to simply 'selling' them. The difference between these approaches is that 'marketing' is supplying someone with what it is they want or need while 'selling' is trying to persuade them into thinking they want or need what we already have.

The route to become marketing driven is straightforward. We must talk with our current stakeholders. Our aim should be to identify any products or services they would like, but can't receive from us right now. We need to identify any modifications that could be made to our products, or products they purchase from competitors which would make these products more beneficial to them.

We will conduct a comprehensive review of our current products and services. How many of these products or services can be adapted to offer the benefits stakeholders want?

The final step is training. All staff should become accustomed to listening to what the customer wants instead of trying to tell them what we think they need. This can only be achieved with a clear understanding of our capabilities to supply these wants. Above all, we need to focus on why the stakeholders have these particular wants. This implies that our identification of these wants with stakeholders must be part of a long-term process of discussion and development. We will aim to discover the underlying benefits they are hoping to receive. Only then can we use our experience and expertise to suggest the best means of delivering these benefits to them.

We are committed to undertaking a stakeholder satisfaction survey in each of the main areas of product and service provision. We need to do this to give us an established base-point from which to assess our products and services and the success with which we communicate about these.

Objective 1. We will establish a programme to survey users and potential users of our products and services annually to achieve a quantifiable evaluation of effectiveness and use.

Objective 2. We will develop a consultative mechanism with stakeholders, which aims to identify the perceived benefits and development opportunities of our products and services.

4. Activities and Objectives

Our main activities are described in the Business Plan under the headings; Delivery, Development and Foundation. Each of these implies a different set of attributes around which to communicate and a different mode of communication.

	Activities		
Mode	**Delivery**	**Development**	**Foundation**
Promote (Sell)	Performance Improvement Involvement	Specification Progress Performance	Prestige Experience Perception
Listen (Market)	Perception	Specification	Relevance
	↓	↓	↓
Influence	←	←	←

Figure 5

The outcomes of the Communications Strategy will link our activities to appropriate modes of communication.

- We want to promote the PPA and to raise our profile with stakeholders by 'selling' our existing products and services and by promoting our expertise and specialist skills.
- We want to develop a closer relationship with stakeholder by listening to the views and needs of service users and colleagues engaged in healthcare.
- We want to influence the development of our current services and related activities within the NHS to optimise their effectiveness and our ability to deliver comprehensive and effective services, which represent best value to the NHS.

Promoting the PPA more proactively will involve our existing communication channels together with a more targeted approach to conferences and exhibitions and a campaign aimed at achieving positive media coverage. As we have acknowledged in the current Strategy and Business Plan, we need to create the appropriate channels to enable our stakeholders to share their views with us across a range of stakeholder types and of products and services.

5. Markets

We generally define our stakeholders by type and particularly by profession. Thus, we talk in terms of dispensing contractors, pharmaceutical advisors, claimants under the LIS, etc. We actively promote the PPA and our products and services to these groups in a number of ways. We also have in place mechanisms to accept and respond to enquiries from these groups, usually concerning specific services they receive.

As soon as we start to consider how we communicate with stakeholders in the context of the products and services that we provide, we should think in terms of the marketing approach we want to take.

Different approaches to the market can be characterised as product orientated and market orientated. A product-orientated approach focuses on the product itself for example it may look at what is easiest to produce rather than customers needs. The advantages of product orientation are:

- Quality should be assured.
- The product is consistent (any changes are progressive).
- Future activities are more predictable.

We have traditionally taken a product orientated approach with the development initiative coming from the DH, directly linked to the mode of funding which is common.

However, the disadvantages of product orientation are characterised as:

- Respond less well to change.
- Changing user needs are not catered for.
- Movement in the market is ignored.

Conversely, a market-orientated approach is one that concentrates on its market and continually identifies, reviews and analyses stakeholders' needs. This may involve modifying the product to better suit the stakeholders or assisting them to identify solutions to their needs from our existing products and services. The advantages of market orientation include

- We will respond better to changes in market.
- We will understand stakeholders' requirements better
- New products should be more successful.

The key disadvantages of market orientation are that market research is expensive and the future is notoriously unpredictable. Added to that, we are operating in a regulated market in which we can't respond elastically to stakeholders and must be mindful of what we are required to do as well as what we are constrained from doing.

By using our 'product space' model of product and stakeholder relationships, we can define a hybrid method of marketing and communications which optimises the advantages of both these approaches.

6. Products and Services

Our products and services are at differing stages in their life cycle. We are already committed to developing some and to letting others be 'retired' as and when we can. Just as with our stakeholders, we need to catalogue our existing products and services, identify their 'market position', our potential freedom to develop them and their life cycle stage.

There will be additional benefits in a catalogue of all our existing products and services. This is relevant in meeting the controls assurance/risk management standard. If we follow good practice from that angle, it allows us to consider fitness for purpose, conformance standards, development and maintenance standards in addition to the basic information above.

> ***Objective 3.*** We will maintain a register of all our products and services, which records their 'market position', our potential freedom to develop them and their life cycle stage.

We can judge where our products and services stand in such a matrix by considering their actual take-up as a proportion of their potential users.

The product life cycle shows the take-up of a product over time and consists of four main stages a product can be at during its life:

- Introduction: This contains new products that have just been launched - these have to be explained to any potential audience and their take-up promoted.
- Growth: The product is still new – effort is still concentrated on promoting new users and to responding to the development feedback from the early adopters.
- Maturity and saturation: The user base stabilises. In some markets, competing products and services may emerge.
- Decline: The product may have become out of date or out of fashion.

Therefore, for each product and service, we should be able to identify how successful it currently is within its target market, by whom its development is controlled and where it sits within its own life cycle.

> ***Objective 4.*** For each product and service, we will record its reach as a percentage of its potential user base.

7. Channels

We directly communicate with stakeholders in relatively few ways. The web site and the quarterly publication of imPACT currently dominate our communications. Alongside these, we reach out directly to stakeholders through attendance at exhibitions and through presentations to conferences, etc. Allied to our 'promotional' activities, we provide direct response and reaction to stakeholders through helpdesks and through the corporate complaints mechanism.

In this area, there are two management tasks to carry out. Firstly, we will identify and keep under review all the channels of communication we use, in addition to the high profile ones. We should identify who these are aimed at as well as how these are defined and controlled within the PPA. We have also indicated that we want to work more directly with stakeholders in the future and to open up the PPA to increased participation from them. Secondly, for the highest profile channels, we will set improvement targets and continue to improve our delivery through these channels against the perceptions of our stakeholders.

Web Site

Our Web site is the portal to our electronic prescribing information systems, provides details of service availability and information on prescribing and dispensing issues. As we develop a greater number of direct services to wider groups of stakeholders, we need to ensure that these are accessible through this portal.

There are three specific development targets for the portal.

Firstly, we will develop content for the web site which is relevant, informative and kept up to date, covering the range of our products and services.

Secondly, we will identify and implement services that can be directly delivered through the portal.

Thirdly, we will aim to develop a site, which incorporates the range of services currently available via the Internet and the NHS net under a single address. Access to specific product, service and information via this portal would be controlled by an access control mechanism that is personalised to the user.

> ***Objective 5.*** We will continue to develop the PPA portal as the primary access to our products and services and to information about them.

imPACT

Our quarterly newsletter, imPACT, contains articles of relevance to our stakeholders. We have responded to a survey of readers last autumn, which brought some suggestions for improvement to the content, which we have implemented together with a changed design from the June 2002 issue.

Conferences and Exhibitions

We will provide an effective presence at a range of conferences and exhibitions, on an annual cycle. To ensure that we are achieving good value from this activity, we need to consider how to develop it in two ways.

Firstly, we will focus the messages we promote on the product space relevant to the conference or exhibition we are attending. Secondly, we will seek to provide wider participation in events, which interface with stakeholders to broaden the experience of the PPA and the range of products and services on view.

> ***Objective 6.*** We will develop team-based response to conferences and exhibitions, which is linked to core strategic messages and promotes a corporate perspective of the PPA's products and services.

Public Relations

To underpin our structured approach to communication through the web site, imPACT and our exhibition presence, we must take an active stance with respect to public relations work. At its simplest, this approach would follow some simple rules.

We will plan to anticipate our achievements or a tie-in with a particular event.

We will write positive and upbeat news releases, regularly. Make these interesting, pithy and ensure that journalists can follow these up.

We will provide a prompt and dependable response to media enquiries and link effectively to the appropriate sources of information for wider programmes of work, e.g. DH.

We will ensure that we identify and take up opportunities to promote our products, service and developments through conferences etc.

Objective 7. We will establish a proactive public relations approach by collating information circulating in the media which is of relevance to the PPA, responding to issues in those media and by monitoring the coverage we receive.

8. Internal Communication and Corporate Identity

Most organisations, whether public or private, understand the importance of strategic communication with customers and/or stakeholders. Hence, in the public sector, our communication strategy is aimed at better utilisation of government services through better stakeholder information.

However, we must also continue to address INTERNAL communication in the same way. Determining what should be communicated to staff, when it should be communicated and how it should be communicated may be left up to the decisions of individuals, when there seems to be a need. This may be during a crisis or major event that clearly requires addressing. Where communication is planned out, it is often around upheavals like significant corporate, organisational or technological change. However, once the initiating focus has been eliminated communication tends to go revert to a reactive process. Our explicit communication may be effective, but we should not ignore the effect of more indirect messages.

Since we consider internal communication in a broad sense, we need to identify the means by which we can affect corporate culture in the direction we want to go. Below are some examples of the wider communication tools to consider:

- Memos (internal correspondence), newsletter, brochures, wages slips enclosures, etc.
- Oral briefings
- General meetings, division and team meetings, one-on-one (face to face) manager to staff communication.
- E-mail, web sites and intranets
- Any management behaviour that sends messages, either intentionally or unintentionally about the values, principles, purposes of the PPA.
- Surveys, other forums such as staff meetings, individual meetings etc. getting information from staff
- Policies and procedures need to reinforce and be consistent with the messages being sent via other channels.

We need to match the tools we have at our disposal to the vision, values and behaviour of the organisation as a whole.

The way in which these are deployed needs to chime with the developing activities under IWL.

We should also consider, under this heading, the future impact of the European Directive on national information and consultation rules, which was set out in December 2001 following agreement between the European Parliament and Council of Ministers. This will come into effect in 2005. The Department of Trade and Industry has said that it will consult widely about the Directive's implementation in the UK.

Over time, new communication tools may become more obvious, or we may find that some tools are ineffective. So consistent with a continuous improvement approach we need to assess the effects of what we are doing, and redirect as needed. We can tap into existing annual surveys to assess whether progress is being made, and solicit additional ideas.

We will ensure that our communication centres on the shared values of the PPA as an employer and as a service provider. We should also seek to project a consistent and comprehensive view of the PPA and its products and services. Linked to this aim, we should seek to promote and project a consistent identity for the PPA based on the guidelines issued to all NHS organisations (Appendix A).

> ***Objective 8.*** We will ensure that all PPA activities are branded consistently within the NHS guidelines and that all materials are compliant with this by August 2003.

9. Conclusion

This strategy is designed to give direction to our contact with our stakeholders both directly through external communication with them and indirectly by developing a coherent and clear corporate identity that is shared and communicated internally within the PPA.

10. Summary of Objectives

1. We will establish a programme to survey users and potential users of our products and services annually to achieve a quantifiable evaluation of effectiveness and use.

2. We will develop a consultative mechanism with stakeholders, which aims to identify the perceived benefits and development opportunities of our products and services.

3. We will maintain a register of all our products and services, which records their 'market position', our potential freedom to develop them and their life cycle stage.

4. For each product and service, we will record its reach as a percentage of its potential user base.

5. We will continue to develop the PPA portal as the primary access to our products and services and to information about them.

6. We will develop team-based response to conferences and exhibitions, which is linked to core strategic messages and promotes a corporate perspective of the PPA's products and services.

7. We will establish a proactive public relations approach by collating information circulating in the media which is of relevance to the PPA, responding to issues in those media and by monitoring the coverage we receive.

8. We will ensure that all PPA activities are branded consistently within the NHS guidelines and that all materials are compliant with this by August 2003

Appendix A

PPA Corporate Identity

The NHS Identity Guidelines are about NHS communications and design. They give details on how to use a design style within the NHS that will help us to express and support our values and our direction: one NHS, working in partnership to bring quality and equality to our services.

The NHS logo and our logotype

The NHS logo

When reading this publication you should also refer to “The NHS Identity Guidelines” (NHS G 01) Sections 1-5.

The NHS logo is the cornerstone of our identity.

For stationery it may only be reproduced in NHS Blue (Pantone® 300) or, where this is not possible, black. It may not be reproduced in any other colour on stationery nor may it be produced as a tint of either of the two permitted colours. The NHS logo should not be altered in any way and should only be reproduced according to these guidelines.

Our logotype

A logotype is made up of two elements – the NHS logo and an organisation’s namestyle.

For national organisations serving the NHS, like the PPA, the namestyle appears below the NHS logo.

Logotypes should not be altered in any way.

Colour, paper stocks and typefaces

Printing colours on stationery

A logotype should be printed in NHS Blue (Pantone® 300) and black as shown in this appendix.

If this is not possible then it can be printed in black only. Printing the logotype in NHS Blue only should be avoided as it does not have the same degree of clarity as black.

Stationery should not require more than one- or two-colour printing.

Paper stocks

White paper should be used for all applications, or heavier weight cartridge or pulpboard for business cards. Standardisation on a good quality white material will show the NHS logo most clearly and allows for the most economic paper buying policy. In all cases it is recommended that a laser compatible material is used and that you consider environmental issues when choosing a suitable stock.

Typefaces

The NHS typeface is Adobe Frutiger.

When a professional printer prints stationery, Frutiger should be used for all typesetting. If the stationery is to be printed from a template in a word-processing package and Frutiger is not available then Arial is used.

Other typefaces may not be used.

How to produce our logo

The starting point for using the logo should be to use one of the graphic files available on the network. If this is not practical, particularly if an external designer or printer is typesetting the logo, then the sizing guidelines on the next page should be followed.

However, if the application of the logo is new or if you are in any doubt about the context, phone Planning and Corporate Affairs 0191 203 5314 (or Bridge House extension **5314**).

These examples show how the logo should appear – including the exclusion zone, which must always be respected.

1. Two-colour - for use where the background is white

X = practical minimum 8.5 mm on A4, gives a nominal overall size (including white space) of 40 mm x 120 mm) At this size, the logotype text should be:

Typeface: Frutiger Bold Italic
Size: 20 pt type
Colour: Black
Leading: 24 pt

2. Monochrome - for use where background is white or pale (note background 'shows through' NHS)

3. Reversed Out - for use where the background is black or dark

Appendix B

Stakeholder Analysis

Ranking	Stakeholder Category	No of Stakeholders	Process						"Hard"	"Soft"	Total Products/ Services	Cumulative % stakeholders	Cumulative % Products
			Drug Tariff	Compliance	Information	Benefits	Operations (Processing)	Impact (Sum of Influence)					
1	DH	1	5	5	5	5	5	25	3	7	10	2%	11%
2	PCT	350	2	4	4	2	4	16	8	8	16	4%	29%
3	Contractors	10,000	3	2		1	4	10	6	4	10	6%	31%
4	PSNC	1	4	2			4	10	2	0	2	8%	42%
5	Island Authorities	2			4		5	9	1	0	1	9%	43%
6	Prescribers	25,000		1	2	1	3	7	4	5	9	11%	53%
7	Hospital Trusts	100	1	1	3	2		7	3	6	9	13%	63%
8	Scottish Office	1	2		1	4		7	1	0	1	15%	64%
9	Welsh Assembly	1	5	1				6			0	17%	64%
10	Audit Commission	1		2	3			5			0	19%	73%
11	Welsh Office	1	2		1		1	4	1	0	1	21%	73%
12	Police	25		3	1			4			0	23%	73%
13	GPC	1		2	2			4			0	25%	73%
14	Drug supply chain	1					4	4			0	26%	73%
15	TSO	1	2			1		3	2	0	2	28%	74%
16	MP	600				3		3	1	0	1	30%	76%
17	Research Bodies (DH sponsored)	5			3			3	1	0	1	32%	76%

Ranking	Stakeholder Category	No of Stakeholders	Process						"Hard"	"Soft"	Total Products/ Services	Cumulative % stakeholders	Cumulative % Products
			Drug Tariff	Compliance	Information	Benefits	Operations (Processing)	Impact (Sum of Influence)					
18	Civil & Criminal Courts	200		3				3			0	34%	76%
19	StHA	28			3			3			0	36%	76%
20	Wholesalers/ Manufacturers	10	3					3			0	38%	77%
21	Pharmacy IT suppliers	5					3	3			0	40%	77%
22	Regional Offices	4			3			3			0	42%	77%
23	BNF	1	3					3			0	43%	78%
24	GMSC	1					3	3			0	45%	78%
25	Patients	50,000,000		1			1	2	3	1	4	47%	82%
26	District Auditors	100		2				2	2	2	4	49%	82%
27	Dentists	10,000				2		2			0	51%	82%
28	Opticians	10,000				2		2			0	53%	87%
29	GP IT Suppliers	5					2	2			0	55%	87%
30	NICE, etc	3			2			2			0	57%	87%
31	Data Protection	1			2			2			0	58%	87%
32	DSRU	1			2			2			0	60%	87%
33	DSS	1		2				2			0	62%	87%

Ranking	Stakeholder Category	No of Stakeholders	Process						"Hard"	"Soft"	Total Products/ Services	Cumulative % stakeholders	Cumulative % Products
			Drug Tariff	Compliance	Information	Benefits	Operations (Processing)	Impact (Sum of Influence)					
34	Post Office	1				2		2			0	64%	87%
35	Prescription printers	1					2	2			0	66%	87%
36	Suppliers		2					2			0	68%	87%
37	GIP	500				1		1	1	5	6	70%	87%
38	Claimants	1,000,000				1		1	3	2	5	72%	92%
39	Universities	10	1					1	0	1	1	74%	92%
40	Public	1,000	1					1			0	75%	92%
41	Lawyers	300			1			1			0	77%	92%
42	General Auditors	200			1			1			0	79%	92%
43	Drug Industry	10			1			1			0	81%	99%
44	DWP	1				1		1			0	83%	99%
45	Customs & Excise	1		1				1			0	85%	99%
46	Compliance	1				1		1			0	87%	99%
47	GMC	1		1				1			0	89%	99%
48	Inland Revenue	1		1				1			0	91%	99%
49	MCA	1			1			1			0	92%	99%
50	NHS STS	1			1			1			0	94%	99%
51	NI CSA	1		1				1			0	96%	99%

Cumulative % Products		99%	100%	
Cumulative % stakeholders		98%	100%	
Total Products/ Services		0	0	**91**
"Soft"				**Total**
"Hard"				
Process	Impact (Sum of Influence)	1	1	
	Operations (Processing)			
	Benefits			
	Information			
	Compliance	1	1	
	Drug Tariff			
No of Stakeholders		1	1	
Stakeholder Category		RPS	Scottish Executive	
Ranking		52	53	