

## **Future of Acute Hospital Services in Worcestershire**

### **The approach to consultation and engagement**

#### **1. Introduction**

This document sets out the broad framework and approach to the formal public consultation to be undertaken on the Future of Acute Hospital Services in Worcestershire which aims to secure long-term clinically and financially sustainable health services for acute hospital services in Worcestershire.

The consultation will be delivered in line with the legal and statutory requirements set out in the legislation in the NHS Act 2006 as amended by the Health Act 2009 and the Health and Social Care Act 2012.

#### **2. Background and context**

Acute Hospital services in Worcestershire have been under review for more than four years. In March 2013, the previous process, the Joint Services Review came to an end and a new process, the Future of Acute Hospital Services in Worcestershire was initiated.

Under FOAHSW an Independent Clinical Panel was appointed to examine and clinical sustainability of the two options for acute health services in Worcestershire. The Independent Clinical Review Panel published its report on January 21<sup>st</sup> 2014. The report rejected both options and recommended a modified option one as the way forward. This modified version of option one was accepted by the three Clinical Commissioning Groups and Worcestershire Acute Hospitals NHS Trust and put to the West Midlands Clinical Senate for review. The West Midlands Clinical Senate supported the majority of the model but asked for further work to be undertaken on the proposed model of care for the emergency department. This work has now been completed and the revised clinical model has been approved by the three CCGS and endorsed by Worcestershire Acute Hospital's Trust Board. There is a clinical consensus on how acute hospital services in the county should be delivered in the future.

Work is now being undertaken on financial modelling with a view to putting the option to public consultation as soon as possible.

#### **3. Statutory and legal requirements of consultation**

The basic principles of consultation are:

- the consultation will be carried out with an open mind as to the final

recommendation

- consultees will be given enough information to enable them to respond in an informed way
- consultees will have enough time to respond (deemed to be 12 weeks)
- all the responses will be fully considered by the Programme Board before any final decision is made.
- The consultation will be scrutinised by Worcestershire County Council's Health Overview and Scrutiny Committee. Worcestershire County Council will decide whether a Joint Overview and Scrutiny Committee should be established in co-operation with neighbouring authorities. The HOSC will have the power to refer any decision made by the local NHS to the Secretary of State should they disagree with it.

#### **4. Consultation objectives**

The objectives of the consultation are:

1. To meet the legal and statutory requirements of a consultation
2. To consult with key stakeholders in as thorough and appropriate a way as possible and take all reasonable steps to secure a written, cogent response to the recommendations from these key stakeholders, clearly demonstrating that these stakeholders have been given every opportunity to submit such a response, within the constraints of the consultation process
3. To demonstrate that the consultation has fulfilled the engagement-specific principles of the 'four tests', to the satisfaction of the Secretary of State.  
The four tests are:
  - There should be clarity about the clinical evidence base underpinning the proposals
  - The proposals have the support of the commissioning GPs involved
  - The proposals genuinely promote choice for their patients
  - The consultation demonstrates strengthened engagement with the public and patients.
4. To achieve an appropriate and reasonable balance between the legal and statutory requirements for consultation, and the needs, expectations and demands of the populations, staff and stakeholders affected.
5. To ensure the consultation is as accessible as reasonable and possible to key stakeholders, including NHS staff, patients and the public.
6. To ensure that by the end of the consultation process the Programme Board has a good and thorough understanding of the issues raised and feedback given by those who have been consulted with.

#### **5. Audience and stakeholders**

A wide range of people including but not limited to: local commissioners, NHS

and other provider organisations in the area and other NHS and health related regulatory bodies, such as NHS England and the Care Quality Commission, local authorities, local MPs, Overview and Scrutiny Committees, Health and Wellbeing Boards, Healthwatch and Health Education West Midlands will be consulted with.

Consultation activity will also aim to secure engagement with the widest group of stakeholders as time and resources allow. This group of stakeholders will include:

- Patients, and their relatives and carers
- Staff
- The public and local communities
- Seldom heard groups
- Voluntary and charitable organisations
- Patient groups
- Trade unions and staff representatives
- Pressure Groups
- Young people

## **6. Equality Act Compliance Review and engaging ‘seldom heard groups’**

A combined Health Impact and Equality Act Assessment of the proposals is underway. The purpose of this is to ensure that groups recognised as being ‘seldom heard’ and reflecting the nine protected characteristics outlined in equalities legislation are appropriately engaged and consulted thus ensuring their views on the options being considered are heard.

Healthwatch, the Patient, Public and Stakeholder Advisory Group to the Programme Board and local councils will be asked to provide details of groups and networks to engage with during consultation, including those recognised as ‘seldom heard’ and reflecting the nine protected characteristics and this will inform our approach.

## **7. Timeline**

The Cabinet Office has published guidance which states that the public consultation can be anywhere between two and 12 weeks long with more complex consultations needing the longer timeframe.

Following the conclusion of the consultation, the Programme Board, the Governing Bodies of the Clinical Commissioning Groups and the Worcestershire Acute Hospitals Trust Board will consider the feedback and use this to inform their final recommendations.

## **8. Consultation materials and resources**

The following elements will help to deliver the consultation. The consultation will

be supported by awareness raising activity, via traditional and online/social media, through newspaper adverts, posters, postcards etc which will signpost people to information about the consultation and how to respond to it through a variety of channels.

## **8.1 Consultation document**

At the heart of the consultation will be a full consultation document. This document will set out:

- the reasons for the review
- the scale of the challenge
- a summary of the recommended clinical model of care
- the process that has been undertaken to review all previous options
- an overview of what this means for patients and the public using Worcestershire Acute Hospitals' services, using case studies and real life examples to bring the proposals to life.

In addition the consultation document will include a series of questions to seek people's views (see section on consultation feedback below).

Every reasonable effort will be made to ensure that consultation materials can be accessed in different formats and languages upon request. If the timetable allows we will apply for a 'crystal mark' from the Plain English Campaign for the consultation document, which would endorse it as a clear and easily understandable document. Every effort will be made to ensure the consultation document and accompanying materials are clearly written and easily understood.

## **8.2 Consultation document distribution**

A range of consultation materials will be distributed to the following locations across WAHT's catchment area:

- GP surgeries
- Pharmacies
- Dental surgeries
- Optician outlets
- Libraries
- Town halls
- NHS hospital sites
- Community centres
- Leisure centres

A selection of materials will also be made available in other neighbouring localities that might be affected by the recommendations areas namely, South Warwickshire, South Birmingham, Shropshire and Herefordshire. This will be based on advice from NHS organisations and local authorities in those areas.

All consultation materials will be available online, via the consultation website, from launch day on (date to be confirmed)

### **8.3 Supporting materials**

A consultation of this kind requires a host of other materials to be produced to support the consultation document and engagement events. The need for this material will be anticipated as much as possible before the commencement of the public consultation, but it is likely that some additional material will need to be produced at very short notice during the consultation period itself.

Materials may include:

- factsheets for individual localities
- factsheets for NHS acute provider organisations (by site)
- factsheets for specific services
- briefings and presentations for relevant meetings ‘myth busters’ to counter inaccurate or exaggerated claims
- posters and newspaper adverts providing engagement event details and where people can find out more information
- postcards to help raise awareness of the consultation and to signpost people to further information and how to respond.

Some of these will only be available electronically via the consultation website, for online use or for individuals/organisations to download and print as they wish.

### **8.4 Engagement events and meetings**

Consideration has been given to the spread, frequency and format of engagement events and meetings – these will primarily fall into five categories:

- Large scale engagement events.
- Deliberative events – invited representatives, experts and stakeholders, at independently moderated meetings considering specific issues, such as maternity services, transport, clinical sustainability, etc ...
- Requests to attend meetings / events organised by others – established meetings e.g. Local Authority Meetings, Health Overview and Scrutiny Meetings, NHS Public Board meetings, etc...
- Seldom heard engagement – focus groups, targeted engagement (specifically following feedback from Healthwatch and the Patient Public and Stakeholder Advisory Group)
- One-to-one meetings – specifically with key stakeholder organisations and individuals

A meeting and event tracker will ensure all engagement events, planned and

requested, are acknowledged, captured and representatives can be assigned to attend as available and as appropriate.

Materials and supporting tools for the broad range of events and meetings, for example display materials, briefings, presentation slide packs will be developed.

As part of this consultation plan proposed dates, times and venues of public engagement events will be published. Additional engagement work with a range of groups and communities will be undertaken as part of the combined Health Impact and Equality Act Assessment work.

### **8.5 Online and social media**

The nature of the consultation is such that there is likely to be higher dependency on online communications and engagement.

A dedicated consultation website will include as a minimum:

- Document library containing all the published consultation materials, reports and factsheets.
- Consultation engagement event calendar detailing dates and venues
- Online consultation feedback mechanism (see below for more detail).

The consultation will also use social media, to communicate to social media communities, with the purpose of pointing the public to the website and to consultation events to make their response to the consultation.

### **8.6 Media – proactive and reactive handling**

The approach to the media is designed to be informative and make the consultation process accessible and understandable.

There will be proactive approaches to local media, designed to help them plan their coverage of the consultation and raise awareness and understanding of the recommendations and how to respond to them. Activities will include general updates, interviews, features, letters to editors, direct communication with readers. There will be some embargoed pre-launch activity to ensure the widest possible awareness is generated at launch.

Press briefings will be organised for all types of media to mark the launch of the consultation and to supply them with the full narrative and key messages. This is an opportunity to promote the consultation to a wide audience so that people can learn about and consider their response within the necessary timescale.

Adverts will be placed in local papers aiming to encourage patients and public to take part in the consultation.

## **9. Spokespeople**

The spokespeople will include representatives from the three CCGs and the Acute Trust. This is to ensure that the largest number of meeting opportunities and requests can be fulfilled. Support will be provided to spokespeople to ensure they are well briefed and can respond effectively and articulate the proposals to a high standard to promote as wide an understanding and response to them as possible.

## **10. Collecting and analysing consultation responses**

An independent organisation will be appointed develop the consultation questionnaire and to independently collect and analyse all consultation responses.

Respondents will be able to provide a response to the consultation in a variety of different ways including online or hard copy sent back using a freepost address. Specific details explaining how people can respond to the consultation are set out in Annex Two to this plan.

In addition, consideration is being given to those respondents for whom English is not their first language, for example translation of the consultation questionnaire or interpretation through the use of a telephone-based interpretation facility.

### **10.1 Consultation Enquiries Unit**

The consultation is likely to prompt a large number of enquiries as well as requests under the Freedom of Information (FOI) Act, all of which are required to be responded to in a timely fashion.

A Consultation Enquiries Unit will be in place for the duration of the consultation period, supported by appropriate resources. It will be the point of contact for any person who has an enquiry about the consultation.

A dedicated telephone number ?????????? and email address [future.hospitals@worcestershire.nhs.uk](mailto:future.hospitals@worcestershire.nhs.uk) will be available. The unit will be managed Monday to Friday between 0900 and 1700. Each enquiry will be acknowledged, logged on a database and responded to by the appropriate team member in a timely fashion.

## **11. Budget**

Every effort will be made to ensure value for money is achieved during this consultation. However, this desire must be balanced with the reality of significant time constraints, breadth and depth of consultation requirements as well as specialist skills needed to deliver it. There may be a need to commission additional and often specialist support and expertise from external parties.

## **12. Risk and mitigation**

The risks to the delivery of the consultation will be regularly assessed (with input from the Project Board’s Patient Public and Stakeholder Advisory Group), using a risk matrix to multiply consequence by likelihood of occurrence, thereby providing a risk rating. The top five risks to the delivery of the consultation will be assessed using this approach and then mitigating actions will be implemented to minimise these risks. The risk register will be reviewed regularly and a risk log opened, with escalation to the Programme Board as appropriate and necessary.

### 13. Evaluation

Evaluation of consultation activity and delivery against objectives will consistently run throughout the consultation period with a focus on key outcomes.

Weekly consultation team meetings will ensure regular review, as will collaboration with NHS communications and engagement professionals in the local health economy through a Communications Liaison group which will provide the information and ability to quickly respond and react to arising issues.

### 14. Phases for the consultation

- There will be a preparation phase for the production of documentation and materials.
- There will then be three distinct public phases to the process, which will have different elements of activity

	Date	Activity
<b>Preparation</b>		Preparation of materials for publication and launch
<b>Phase 1</b>		Public Consultation
<b>Phase 2</b>		Review of responses Final drafting of proposals for the future
<b>Phase 3</b>		Formal Clinical Model for the Future of Acute Hospital Services in Worcestershire published

#### Preparation Phase

##### Purpose

- Produce key messages and briefing materials
- Identify key issues and themes which it is anticipated will generate significant interest and produce messaging and narrative for them



- Identify all stakeholders
- Write to all stakeholders to alert them to the start of consultation
- Identify and book venues for the public meetings and community roadshows.
- Prepare for the launch and consultation.
- Organise the media launch
- Continue to generate public awareness and promote public understanding of the dates of the consultation launch and consultation activities
- Ensure independent oversight of the engagement process.
- Issue a press release to mark the start of the consultation.
- Publication of all documents on the website.
- Emailing of all documents to stakeholders.
- Involve Healthwatch in the development of materials.
- Involve Healthwatch in the plans and seek their reassurance that the proposed communications and engagement activities will enable the people of Worcestershire to join the debate and be able to influence the future of acute hospital services in the county.
- Use the Patient and Public Advisory Group to provide independent input into the consultation and engagement activities.

### Approach

- To understand the proposed clinical model, identify and agree key themes and messages and produce and test narrative content
- Preparation of the CCGs through briefing and testing their comfort with the materials.

### Materials/Events to be developed

- Frequently Asked Questions
- Presentation
- Press release

## **Phase 1 – Public Consultation and engagement**

### Purpose

- To engage and consult with the residents of Worcestershire and the surrounding areas and to gather their views on the future of acute hospital services in the county
- Manage media interest and enquires

- To promote the consultation to stakeholders and residents.
- To promote understanding of the consultation process, how to participate in it, how to respond to it and awareness of public meeting dates and venues.
- Monitor themes and issues arising and develop and implement responses as necessary
- Ensure effective running of the consultation and public, stakeholder and media awareness of its timetable, events and how to participate
- Identify and develop responses to unplanned issues/events
- Manage the conclusion of the consultation period and provide information about the post consultation period.

### Approach

- To use all available communication channels – website, email, twitter, media to promote the consultation and participation in it.
- To manage media enquiries and provide briefings and consultation materials.
- Use the period to identify key emerging themes of interest and/or challenge and develop appropriate responses and materials – briefings, factsheets, presentational aides, etc...
- Prepare for the public, staff and stakeholder meetings
- As the consultation progresses shift emphasis from participation in events to generating and receiving responses.
- Providing information on how to respond and the reducing time available to respond.
- Development of strategy and materials for post-consultation phase

## **Phase 2 – Analysis of responses and refinement of proposal**

### Purpose

- Understand the views of the residents of Worcestershire and the surrounding areas
- Use the responses to refine the final proposal for the future of acute hospital services in Worcestershire

### Approach

- Use the Patient and Public Sub Group to oversee the review of responses to the consultation
- Share themes with stakeholders as they emerge

## **Phase 3 – Publication of the final model for the Future of Acute Hospital Services in Worcestershire**

### Purpose

- Publish the final report
- Ensure local residents are aware of the report and how it will affect them

### Approach

- Publication of the final report on the web
- Copies of final report to be e-mailed to all stakeholders

### **Weekly Consultation Plan**

<b>Week -1</b>	Briefing of key stake-holders Adverts placed announcing start
<b>1</b>	Press release start of consultation E-mail documents to all groups/individuals Internal comms in all partner orgs Mail out all documents GP packs distributed to surgeries Radio phone in
<b>2</b>	Community roadshows to hand out information at Alex, Kidderminster and WRH Community meetings Press release next week's activities
<b>3</b>	Community meetings Press release (update so far) Press release next week's activities
<b>4</b>	Public meeting Worcester Racecourse Community meetings Community roadshow (Malvern Hospital) Press release next week's activities
<b>5</b>	Community meetings Community roadshow (Bromsgrove POWCH) Redditch public meeting (Palace Theatre) Press release next week's activities
<b>6</b>	Community meetings Press release (update so far) Radio phone in Roadshow Tenbury hospital

	Public meeting Malvern (Cube) Press release next week's activities
<b>7</b>	Press release (halfway stage) Community meetings Community roadshow (Evesham Hospital) Public meeting (Bromsgrove) Press release next week's activities
<b>8</b>	Community meetings Public meeting (Kidderminster)
<b>9</b>	Community meetings Press release (hospital roadshows) Public meeting (Evesham)
<b>10</b>	Community meetings Roadshow (Alex) Roadshow (WRH) Roadshow (Kidderminster) Radio phone-in
<b>11</b>	Press release (two weeks left to have your say) Community meetings
<b>12</b>	Community meetings Press release (final days) Consultation closes
<b>13</b>	Press release (thanks for taking part, what happens next)