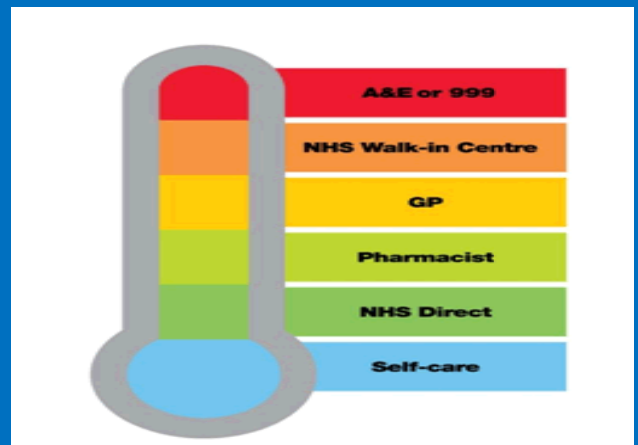


Cardiology, Acute Surgery & Urgent Care

Consultation Plan



Document Control

Purpose of the document

The purpose of this document is to provide a comprehensive communications and engagement plan for the urgent care consultation across Sandwell and West Birmingham which will run from January 2015 – March 2015.

Version History

Version	Issue Date	Brief Summary of Change	Author
1.0	21.11.14	Initial consultation plan	J Salter-Scott

Approval

Name	Date
SWBCCG Governing Body	

Documentation Amendments Post Approval

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1.0	21.11.14	Initial consultation plan	J Salter-Scott

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1. Introduction & Overview

NHS Sandwell and West Birmingham CCG and the wider Right Care Right Here Partnership have identified a need to undertake a public consultation on planned service changes to cardiology, acute surgery and urgent care.

Right Care Right Here

For over 10 years health and social care partners have worked together under the Right Care Right Here partnership to achieve major transformational change. The partnership is committed to improving people's health and the quality of health and social care services provided to them, by:

- Delivering Midland Met Hospital, a new specialist acute hospital in Smethwick by 2018
- Expanding the level of provision of services in community settings, bringing appropriate elements of care closer to home
- Ensuring that people have the opportunity to benefit from healthier lifestyles
- Ensuring that services are extensively redesigned to meet the needs of the local population.

Journey so far

In 2006 Right Care Right Here launched a comprehensive consultation with patients and wider stakeholders to understand how to develop a sustainable, high quality health and social care system for Sandwell and West Birmingham. Following this consultation, partners have undertaken a number of service transformations with more planned for the future, highlights include:

- £150million has been invested in providing new first class healthcare facilities across Sandwell and West Birmingham
- A range of new health centres, including the Neptune Health Centre, Glebefields Centre and £35m Birmingham Treatment Centre. These developments bring services closer to home for patients, and give them more choice about where and when they receive care
- Services such as dentistry, podiatry, speech and language therapy, minor injuries, and respiratory clinics have, in a number of areas, become community based, working alongside GP practices to offer a huge improvement in the way services are delivered
- Stroke services were transformed, centralising hyper acute stroke surgery onto the Sandwell General Hospital site in March 2013. Already we have seen improvements to patient outcomes with more patients admitted to a stroke unit within four hours, increased scanning and thrombolysis
- The Community Orthopaedic Service provides additional triage and preparation to ensure that everything that can be done has been done, before an operation
- New primary care facilities have been opened, with more under construction.

Midland Met Hospital

Our key strategic priority within the Right Care Right Here Partnership is to deliver a new state of the art Midland Met Hospital for local patients. In July 2014 the Treasury and Department of Health gave approval for the new development. This is the culmination of work over the last decade. The

hospital, due to open in 2018, will be the centrepiece of a new and exciting future for healthcare within our community, which will truly see the needs of patients put at the heart of everything we do.

Refocusing the Right Care Right Here partnership

Following the approval of the Midland Met Hospital earlier this year, work has been underway to strengthen and renew the RCRH partnership. In order to prepare for 2018 and the launch of the Midland Met Hospital, significant work is needed to:

- Reconfigure services from two hospitals onto one site
- Develop capacity within primary care and the community, to support a smaller hospital
- Integrate health and social care services.

Over the next four years all partners will be working to deliver this vision.

Continued improvements to quality

In parallel to this, NHS Sandwell and West Birmingham Hospitals NHS Trust and the CCG are continually working to improve the quality of care for local patients.. Two key specialties have so far been identified as needing transformation prior to the Midland Met Hospital:

- Cardiology
- Acute surgery

Best practice shows that these services need to become specialist centres, able to deliver:

- Timely access to treatment
- Skilled care from specialist teams
- Quality and consistent care across both Sandwell and West Birmingham
- Consultant led service 24 hours a day 7 days a week.

During 2015 RCRH want to carry out a consultation on these specialties.

Developing a sustainable urgent care system

Both nationally and locally, urgent care systems are facing increasing pressure and demand. Since 2006 local NHS partners have attempted to adapt urgent care services to meet this demand, including:

- Launch of the NHS 111 telephone triage service
- Working with primary care to improve access to GP appointments
- Front end GP triage at emergency departments
- Instigation of walk in centres.

Despite this work, it is clear that a long term strategy is needed to develop a sustainable urgent care model for Sandwell and West Birmingham. From listening to patients and clinicians we know that the system is confusing; with too much fragmentation amongst services and opening times. Patients are unsure which service to access to best meet their needs.

In response to the latest national guidance, local performance challenges and patient concerns the Right Care Right Here partnership have agreed that a new model for urgent care is needed for Sandwell and West Birmingham. During early 2015, the partnership wants to consult with patients and wider stakeholders on the proposed future model for urgent care.

Consultation scope

As a result, the Right Care Right Here partnership have identified three key priorities to consult on during early 2015

- Cardiology
- Acute surgery and orthopaedic trauma
- Urgent care and emergency care

To minimise confusion for patients and wider stakeholders, we are looking to undertake a single consultation with three strands between January and March 2015. This will be a partnership approach under the Right Care Right Here brand.

2. Our Key Messages

Key messages need to be developed to communicate effectively with patients, their carers, their communities and wider stakeholders including staff and the media. Spokespeople and presenters will receive a comprehensive set of Q&A to support the delivery of the key messages.

The following key messages, which continue to be developed, will be appropriate for all audiences:

- All proposed changes are in line with the RCRH transformation health and social care programme
- The CCG are reviewing services following national and regional clinical best practice to improve local services
- The CCG wants to commission consistent, high quality, consistent care for its population
- All partners are committed to a whole system approach, ensuring a 24 hour, seven day a week urgent and emergency care service
- No decisions have been made, the consultation may show that the current units provide the optimum care for our area
- Changes will only be made if there is a benefit to patients
- The proposed changes will improve consistency in practice
- The proposed changes will improve patient experience
- Sandwell and West Birmingham is a great place to work – the proposed changes aid in the recruitment and retention of specialist staff to the area
- This is not about cutting funding local services, there is no planned reduction in funding
- Walk in Centres are not closing
- People in Sandwell and West Birmingham deserve high quality health services
- Our proposals have been developed with clinicians, patients, their carers, their communities and our wider stakeholders

3. Our Strategic Approach to Communications and Engagement

- To develop a comprehensive communication and engagement plan, this will enable the CCG to fully engage all its stakeholders in the urgent and emergency care consultation.
- To enable our patients, carers and their communities to participate in the consultation.
- To test support for the proposal.
- To meet the ‘four tests’ set out by the Secretary of State for Health¹
 - Support from GP commissioners
 - Strengthened public and patient engagement
 - Clarity on the clinical evidence base
 - Consistency with current and prospective patient choice

Test	Requirement	Consequence
Support from GP commissioners	Commissioners will need to consider the engagement/involvement that may need to take place	We will need to ensure appropriate, proportionate engagement and communication activities with the clinical community
Strengthened public and patient engagement	The CCG must make arrangements under Section 14Z2 of the NHS Act 2006 to secure that individuals to whom services are being or may be provided are involved (whether by being consulted or informed).	We will need to ensure that we deliver a comprehensive and inclusion consultation that meets our statutory duty
Clarity on the clinical evidence base	This should be a clinical lead process, ensuring clinicians contribute to the gathering of evidence, considering current service reconfigurations and how they fit with the latest developments in clinical practice.	We will need to be clear about our approach to clinical leadership and engagement. Being clear about the clinical evidence and rationale for change.
Consistency with current and prospective patient choice.	Local commissioners will need to consider how the proposed service reconfigurations affect choice of provider, setting and intervention; and the choice this presents the	We will need to ensure that we sufficiently understand local views, experiences and opinions in relation to services and choice of service so that it is reflected within the clinical model.

¹ May 2010, Secretary of State: Four Tests NHS Reconfigurations

	<p>patient compared with existing service provision. In the meeting the choice test, commissioners will want to make a strong case for the quality of proposed services and improvements in patient experience.</p>	
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4. The Principles that will Guide our approach

- An objective, sincere and rigorous consultation which complies with all relevant legislation, policy and good practice
- An open, transparent, consistent and evidenced consultation process which stands up to external scrutiny
- An inclusive approach to consultation including identification of key stakeholders including but not exclusively - clinical staff, patient, their carers and their communities and other stakeholders including Health Overview and Scrutiny, Healthwatch
- The use of a variety of audience-appropriate methods of consultation to ensure equity in both opportunity and access to participation
- The provision of good, up-to-date, honest, consistent and timely information to ensure informed participation in the consultation process
- Consultation opportunities that are well publicised to maximise involvement
- Genuine and equal consideration given to all feedback including views and/or suggestions on alternatives to preferred option
- Feedback given to consultation participants on next steps and outcomes in a timely manner following the conclusion of the consultation period, with clear, demonstrable links made between views and the resulting impact and influence
- Skilled and informed staff to support the consultation process to ensure objectivity and impartiality throughout.

5. Why have a Communication and Engagement Plan

An effective communications and engagement plan should give confidence to patients, their carers, their communities and wider stakeholders – including staff. The plan will set out the approach to our communication and engagement activity. It will be robust, clear and transparent and stand up to challenge and scrutiny.

There are an increasing number of high profile programmes that have been subject to close scrutiny and Judicial Review.

The reputational risks are significant, as is the potential impact on the CCGs relationship with its patients, carers, their communities and wider stakeholders. It is also a very time consuming and costly process.

Part of the governance around the proposed changes to Cardiology, Acute Surgery and Orthopaedic Trauma and Urgent Care and Emergency Care are linked to the wider work around communications

and engagement for the Right Care Right Here transformation programme. The Right Care Right Here Executive is the programme sponsor and the health economy wide Strategic Resilience Group, which have oversight for the programme.

An Operational Group has been established to drive forward the programme and to deliver the consultation. It will have links to the Urgent Care Strategy Project Board, which will have patient representatives as part of its membership and Term of Reference.

6. Our Communications Approach

Strong and clear communication underpins effective engagement and is intrinsic to each other. Our approach to communication will support all our key messages from simple information sharing to active collaboration.

Communications is a two way process, listening and responding – listening means valuing people’s views, acting appropriately on feedback.

The RCRH Executive and the operational group is committed to a consistent, systematic approach to its plans around communication and engagement and will utilise a range of approaches to ensure that communications and engagement with patients, their carers, their communities and wider stakeholders is timely, targeted and measured.

Effective communications and engagement requires careful planning and preparation. The communication for the work around the proposals outlined in our consultation document for Cardiology, Acute Surgery and Orthopaedic Trauma and Urgent and Emergency Care has been and will continue to be pro-active and engaging in its style and approach. The power of communication is not to be underestimated. It is important that our plans ensure that we work with opinion formers, politicians and the media to ensure that information is accurately conveyed.

We have developed a number of clear communications objectives that will underpin our work:

- The CCG will have clear communication objectives that are based on SMART (specific, measurable, attainable, realistic and timely) principles. Our overarching, strategic, objectives are:
- To make clear the case for change for the redesign of urgent and emergency across Sandwell and West Birmingham so that all audiences are clear about why change is needed
- To improve local understanding about urgent and emergency care so that our audiences feel able to contribute to what has been described by our patients as a complex system
- To provide a range of opportunities, between January 2015 and March 2015, for our stakeholders to tell us what they think of our future proposal for urgent and emergency care services across Sandwell and West Birmingham
- To ensure that our stakeholders understand how their views will be fed back and influence the internal discussion on the future of urgent and emergency services across Sandwell and West Birmingham

Media Enquires

To avoid unnecessary concern in the public, we will adopt a proactive approach to our media campaign.

Media statements will be prepared in the event of any media attention. Key spokespeople will be trained. All media enquiries will be handled by the Communications Lead for the Urgent and Emergency Care Review, working closely with the clinical leads for urgent care.

Media spokespeople

- Dr Manir Aslam, Co-Clinical Lead for Urgent and Emergency Care
- Dr Sirjit Bath, Co-Clinical Lead for Urgent and Emergency Care
- Dr Chetan Varma, Trust's Clinical Lead for Cardiology
- Mr Ed Harper, Trust's Clinical Lead for Emergency Surgery

Potential Communication Channels

A range of communication channels will be used to ensure effective communications with different stakeholders takes place. Examples include:

- The internet - Websites
- Internal communications - the intranet
- Social Media – Twitter/Facebook
- The Media – local newspapers, radio
- External communications – stakeholder bulletins
- Consultation documentation and supporting materials

Underpinning all our communications will be the key messages which encapsulate our approach, which is clinically led and patient focused. The development of key messages helps to ensure consistency in communication and information.

Understanding our stakeholders, tailoring communications and engagement appropriately is crucial to the success of consultation.

7. Our Engagement Approach

There are a variety of ways of finding out what people think about our proposal. It is important for us - to not become fixed on a single approach, 'one size doesn't fit all' when it comes to engagement.

Some methods are quite simply and cost relatively little; others can require lots of planning and can be costly. This plan is proposing a mixture of both.

Levels of involvement – it is helpful to see different levels of involvement as a continuum from just giving information to full 'meaningful' involvement.

Giving Information - Consultation Documentation, Media, Social Media

Obtaining Information - Semi-Structured Interviews, self-completed questionnaires, telephone interviews, F2F interviews, open surgeries, radio & live phone-in's

Forums for Debate - Public meetings, focus Groups, attendance at local forums,

Working in partnership with our CCG & CSU communication and engagement specialists, we will ensure that we build on what already exists out in our localities, neighbourhoods and communities. Engagement often works best when you engage the individual, their carer and their communities in place where they feel comfortable and supported.

Best Practice in Consultation

Our experience team of communication and engagement specialists will follow best practice guidance. We will adhere to best practice standards on consultation in terms of being clear about our proposal, making the consultation accessible and easy to understand, allowing sufficient time for people to respond, and taking on board what people say.

We will ensure that:

- Those patients, carers and communities whose first language isn't English have the understanding, knowledge and ability to tell us their views.
- The nine protected characteristics under the Public Sector Equality Duty have an opportunity to participate.
- That newly settled migrant communities and other communities whose voice is seldom heard have an opportunity to share their views.
- There are mechanisms in place to engage staff
- We encourage as wide a debate as possible on our proposal for change – ensuring that our patients, carers, their communities and wider stakeholders feel informed, involved.
- Capture feedback and insight through a range of methods and approaches.
- Feedback and insight contributes/informs the decision making process.
- The outcome and recommendation from the consultation be communicated back to all participants in a timely manner, enabling a response should that be the case.

Planning for Consultation

The consultation process is a legal requirement and should be part of an on-going process to involve patients, carers, their communities and other stakeholders. Successful consultation involves people from an informative stage; it begins to develop a dialogue, builds confidence in the process as people feel informed and involved.

CCGs have a responsibility under Section 14Z2 (Public Involvement and Consultation by Clinical Commissioning Groups). CCGs must make arrangements to secure that individuals to whom the services are being or may be provided are **involved** (whether by being **consulted** or provide with **information** or in other ways):

- a) In the **planning** of the commissioning arrangements by the group,
- b) In the **development and consideration of proposals** by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact in the **manner** in which the services are delivered to the individuals of the **range** of health services available to them, and

- c) In **decisions** of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Consulting on a new model(s) can often be controversial and unwelcome by the local population, particularly if the plans being proposed are proposing significant change. It is important that the CCG as the local commissioner of health services, are seen to be fair, open and transparent. In order for this to be the case we are intending to commission the services of an independent consultation partner to assist with the delivery of the consultation activity, and most importantly to collect, collate, analyse and feedback the outcome of the consultation in an independent report.

Framework for Consultation

Our approach to consultation is adapted from *DH Strengthening Accountability Guidance, 2003*. We will ensure that:

Timing -

- We have built in sufficient time and resources to commission an independent organisation to write, conduct, analyse and report on the outcome of the consultation.

Clarity -

- We explain which patients, carers, communities and stakeholders the consultation will be aimed at.
- We have undertaken an EQiA of the impact on the nine protected characteristics.
- We are clear about what we are consulting on and whether we have a preferred option.
- We will set out the deadlines for responses to consultation.

Documentation -

- It's simply and concise.
- Well set out – sets out background and context.
- Includes a Frequently Asked Questions sheet and a Glossary of Terms.
- Gives clear details for returning completed consultation questionnaires.
- Provides contact details of someone (SWBCCG Engagement Lead) who will respond to questions and someone independent to the consultation process (independent consultant/organisation appointed to lead the consultation).
- Is available in different formats including paper format and on participating CCG websites.

Communication –

- We will make every effort to communicate effectively who are, who are potentially interested.
- Draft a press release or make other similar announcements about the consultation.
- Utilise a range of methods and approaches to publicise the consultation.
- Make sure that information given orally is properly recorded.

Considering the responses –

- Ensure that we build in sufficient time for the obtaining responses.

Analysing the responses –

- Responses to be analysed and reported by an independent consultant.
- Responses and an account of the views expressed, along with the rationale for the decision to be made widely available.

Monitoring and evaluating consultation –

- Ensure a single consistent approach.
- Check that the plans for consultation are on target and that identified gaps across patients, carers, their communities and wider stakeholders are taken into account.
- How consultation responses have influenced service change and the decision.

8. Measuring Success: Monitoring and Evaluation of the Communications and Engagement Plan

The Communication and Engagement Plan identifies planned future activity, however, the report on the listening exercise is part of suite of documents available.

The Operational Group will continue to measure success of our plan and approach through a range of approaches, including:

- On-going feedback from all our stakeholders
- Patient experience feedback
- Our EQiA
- Evaluation of the consultation (external analysis)
- Evaluation of the consultation documentation
- Media Analysis (size, content, tone and coverage)
- Google analytic for usage of websites
- Twitter/Facebook feedback

As a living document the Communication and Engagement Plan will be reviewed on a regular basis, to ensure it reflects our current plans.

9. Risks

Risk	Mitigating Actions
Tight timescales may delay the consultation	Having clear, robust plans in place as early as practically possible, to offer the necessary assurance to NHSE and other strategic partners
Patients, their carers and their communities do not engage effectively or disengage from the process/consultation	<p>Early an on-going involvement crucial, consultation an extension of the listening exercise. Ensure robust plans in place and produce regular feedback on the progress of the consultation.</p> <p>Recruit RCRH ambassadors (inc. key roles for example, local elected members to ensure</p>

	maximum visible of the benefits of the programme and local participation.
Lack of open and honest discussion due to fear of negative publicity and claims of pre-determined actions	Having clear and robust plans in place. Identifying each stage of the process & ensuring early involvement of key stakeholders to ensure understanding from the onset about the scope of the consultation.
Challenge that due process has not been followed	Ensure that all activity is tracked and recorded and that an evidence log is created and kept up-to-date.

10. Conclusion

The communications and engagement plan is by no means exhaustive. It has been developed based on previous plans which have been locally implemented and evaluated, and which have been held up as best practice by NHS ENGLAND, its predecessor the Birmingham and Black Country Strategic Health Authority and the Gateway Review Team for internal reconfiguration of Stroke and TIA Services and Maternity Services across Sandwell and West Birmingham.