



Partners in improving local health



North of England  
Commissioning Support

# DRAFT Communications Plan

The Path to Excellence  
*Phase 1a Consultation*



<b>Project title:</b>	The Path to Excellence - consultation
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<b>Customer:</b>	South Tyneside and Sunderland NHS Partnership
<b>Date:</b>	18 February 2017
<b>Version:</b>	Draft
<b>Document number:</b>	

## Change Record

Date	Author	Version	Summary of Changes
18 Feb	Emma Taylor	Draft	Draft version
27 Feb	Senior Officers	Draft	Draft version – dates for planning purposes

## Reviewers

Name	Position
Helen Fox	Communications manager
Caroline Latta	Senior communications and engagement locality manager

## Distribution      This document has been distributed to:

Name	Title	Date of issue	Version
Caroline Latta		22 Feb 17	Draft
Governance Group		23 Feb 17	Draft

## Background

The Path to Excellence listening exercise started in October 2016. The NHS partnership in South Tyneside and Sunderland has engaged with hundreds of patients, families and stakeholders to understand public views, needs and experiences relating to NHS stroke, obstetrics, gynaecology and paediatric (phase 1a) services in the area. Also included is the travel and transport impact assessment.

The Path to Excellence is a five-year programme to improve healthcare across South Tyneside and Sunderland and is part of the region's sustainability and transformation plans.

It has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined up, sustainable care that will benefit our population both now and in the future.

A task and finish group has been established to oversee the development of the communications and engagement programme and that will provide advice to help shape the design of the consultation programme. The membership of the group includes HealthWatch to ensure objectivity, as well as communications, engagement and patient experience professionals from all health and care organisations across the two areas. Chaired by the senior communications and engagement lead, it has strategic input from the health group programme manager and CCG commissioning managers. The members provide informal advice and support to devise and develop best practice communications and engagement plans and operational activity to drive service review activity forward.

The next step is for the partnership to use the public views gathered during the listening exercise to inform the case for change and develop proposed new models of acute care/ scenarios that are as robust as possible, based on best clinical evidence, will make the best use of resources and offer patient choice.

There are several areas of interrelated statute, case law and national policy in relation to NHS reconfiguration and consultation. The NHS South Tyneside and Sunderland Partnership have a duty to consult on any proposed services changes to ensure a transparent and robust process.

The main services covered in the consultation include a number of services delivered by South Tyneside General Hospital and Sunderland Royal Hospital:

- Stroke services covering emergency operations, hospital care, rehabilitation services and community-based stroke teams.
- Maternity services from pregnancy to post-delivery care, these services include community midwives, outpatient and ultrasound clinics, delivery suites and postnatal clinics.
- Gynaecology, which includes a general outpatient service, surgical wards, a day-care surgical centre and fertility services.
- Paediatrics includes emergency care, children's wards, neonatal intensive care, special care and outpatient services.

The challenge is to make what are very complex issues as simple as possible for the public to understand, while ensuring underpinning good communications and engagement processes providing the right information for people to make an informed opinion. This in turn allows decision makers to understand public feedback in a systematic way, therefore fulfilling legal duties around major service changes and consultation.

The communications programme team were asked to advise on a suitable communications approach that would provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

This communications plan does not refer to the listening and engagement work currently being undertaken to gain insight and understanding on patient views, ideas and experiences to support further consultation around any possible future, proposed changes to the following clinical areas:

- Trauma and orthopaedics
- General surgery

## Objective(s)

This plan sets out the actions the partnership will take in relation to the public consultation. The specific objectives are:

- To effectively engage the local population, partners and other stakeholders
- To give the local population, partners and stakeholders the opportunity to consider and comment on the scenarios for new models of acute care services
- To use the comments and feedback from the local population, partners and stakeholders to inform consideration by the CCGs and providers as to how it should provide services to best meet the needs of the population
- To inform CCG commissioning responsibilities in relation to the services under review and inform providers in the delivery of those services
- To ensure that the consultation is accessible to local people, patients, partners and key stakeholders, that they are aware of the survey and events and have the opportunity to participate fully, should the wish to do so.

## Plan development

The plan was developed in coordination with the Governance Group and The Path to Excellence Communications and Engagement Task and Finish Group.

A draft version of this plan is being shared with the Joint Overview and Scrutiny Committee for comment.

We have also developed links with NHS England and NHS Improvement (the arm's length bodies who will provide assurance on proposals against NHS policy) and the Consultation Institute as part of its assurance and quality function.

The Consultation Institute will provide independent quality assurance of our pre-engagement and consultation process with a view to issuing a certificate of compliance of either good or best practice.

## Stakeholders and audiences

The key stakeholders that need to be considered by this process include:

### **Public and patients of South Tyneside and Sunderland**, with particular emphasis on:

- Patients who have used inpatient care at South Tyneside General Hospital or Sunderland Royal Hospital
- Patients who have used outpatient care at South Tyneside General Hospital or Sunderland Royal Hospital
- Older people
- Family members and carers
- MY NHS members with an interest in stroke, maternity, gynaecology and/or paediatrics
- People who have responded or taken part in the path to excellence engagement events

### **Primary care**

- GP practices

### **Secondary care**

- South Tyneside NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- South Tyneside General Hospital
- Sunderland Royal Hospital
- Other NHS Providers
- NEAS
- Northumbria Tyne and Wear NHS Trust

### **Voluntary sector groups and providers**

- Key third sector groups

**Partners:**

- The Path to Excellence Governance Board members
- The Path to Excellence Task and Finish Group
- The Path to Excellence Travel and Transport Task and Finish Group
- MPs – Emma Lewell-Buck, Stephen Hepburn, Julie Elliott, Sharon Hodgson, Bridget Phillipson
- Council Leaders, Chief Executives and portfolio holders at South Tyneside and Sunderland Councils
- Overview and Scrutiny Committees
- Health and Wellbeing Boards
- South Tyneside HealthWatch, Sunderland HealthWatch
- Local Medical Committees
- NHS England
- NHS Improvement

## **Communications and engagement activity**

A comprehensive programme of communications and engagement activity is planned for the consultation. This will include:

- Media releases
- Public relations activity e.g. consultation launch
- Briefings with local media outlets e.g. BBC, the Gazette, the Echo
- Social media activity and paid for advertising – Facebook, YouTube and Twitter
- Videos/Podcasts/Blogs
- Facebook Live events
- Information on The Path to Excellence and partner/provider websites
- Syndicated Information for internal newsletters, e-bulletins and paid for media supplements
- Parish Council/local area committee newsletters
- Articles and/or advertising in local authority publications
- Paid for advertising in local media outlets
- Posters, leaflets, brochures including distribution/mail drop
- MP and Councillor briefings – regular updates provided by Partnership Chief Executives

Please note these are proposals which are currently subject to detailed planning – see Appendix 1.

An overview of proposed methods is contained within the table below. The consultation methodology is attached in Appendix 2.

Consultation Activity	Overview – formal consultation phase – formal 12 week time frame
Engagement using social media	A programme of social media engagement will be developed including mechanisms such as Facebook, Twitter, You Tube etc.
Consultation phase launch event	Invitations sent to a cross-section of relevant stakeholders to attend launch events
Consultation road shows	A series of consultation road-shows will take place across the area. These will target public places such as shopping centres, supermarkets etc. Information about the consultation and options for changes to services will be made available, with the opportunity to participate in the consultation, or to do so later at home or online
Formal public events consultation events across the two areas (with a clear rationale of number against population weighting)	Agreed number of public events will take place across the consultation period. There will be a weekday evening event in each locality and a weekend daytime event in each locality. The weekday events will each be held on different days of the week to maximise the opportunity for people to attend who may be able to attend on specific weekdays due to other commitments such as work
Information stall and presence at local public events	Key local public events will be identified and, where possible, information stalls will be set up at events containing information about the consultation phase. Those attending the event will have the opportunity to participate in the consultation, or to do so later at home or online
Information and consultation narrative documents / questionnaires provided online and in public places	Information and consultation documents will be available online and will also be distributed across a variety of public buildings and  A door to door leaflet drop will also be planned as appropriate
Survey – paper and on-line (Independent)	Promoted at all opportunities and against key lines of enquiry of specific issues, questions or areas of care
Independent market research - on street	Sampled against socio economic profile to ensure robust numbers for a full population picture.



Consultation Activity	Overview – formal consultation phase – formal 12 week time frame
Focus groups – run by CVS organisations	<p>Targeted focus groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010 and also the service areas under consideration i.e. stroke, maternity groups etc.</p> <p>Facilitated and self-directed focus groups with community and voluntary sector organisations</p> <p>Focus groups in public places such as libraries</p> <p>Focus groups with GP Patient Participation Groups</p>

## Timescales

The timing of the consultation will be dependent on receiving assurance from NHS England. The launch date will be dependent on the pre-consultation business case being signed off by NHS England and NHS Improvement.

A minimum two weeks advance notice would be given to allow time for communications project leads to plan and create the consultation document and to schedule production and publishing of communications and marketing materials.

The consultation will run for a minimum period of 12 weeks as per the communications calendar to allow people time to get involved.

## Key messages development

A full formal consultation narrative will be developed, that will detail:

- The background to the listening phase and how that progresses as a thread into the consultation phase
- The case for change (builds from listening into formal consultation)
- The options/scenarios for change
- The rationale for the options/scenarios and why some options were not included, or developed, as part of the consultation

- How people can participate in the consultation phase and give their views.

Those engaged throughout the dialogue period will be from a variety of backgrounds, and will have different experiences, skills and needs. For this reason, the consultation narrative will be made available with different levels of detail and in different languages and formats as required.

Support will be offered to those who need it to ensure that they are able to understand the information contained within the narrative, and to ensure that all participants have enough information to give informed consideration to the options/scenarios contained within the consultation narrative. This will also ensure that the consultation meets the standards set out in the Gunning Principles.

The narrative content will ensure integrity, accessibility and transparency of information. It will clearly inform those participating in the consultation of the rationale and case for change, the options for change and any potential impact that change might have on those using, or likely to use, hospital services under consideration.

## Dialogue development

A variety of communications and engagement activity will be used to ensure that the consultation dialogue activities are fully accessible to the diverse and varied population.

An overview of proposed communications and consultation activity that could be delivered is given in Appendix 1.

To deliver this engagement activity effectively, across the consultation dialogue period, a substantial amount of development work is currently underway.

Development activity around areas includes:

- Identification of resources, venues and suppliers
- Stakeholder mapping
- Consultation narrative and questionnaire/survey work

- Clinical engagement
- VCS engagement to deliver focus groups
- PR, marketing and advertising
- Use of digital technologies, dedicated web pages, on-line survey, social media
- Public events, drop-ins, information sessions, Facebook Live etc.
- Production and distribution of consultation materials
- Ensuring mechanisms are in place for analysis and reporting of data streams from both phases of dialogue activity.

## Standards and formats of information

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required, to reflect the needs of the population.

This may include, but is not limited to:

- Large print
- Audio
- Braille
- Different languages
- Computer disk
- Interpreters at public events

Suppliers will be identified as part of the development work to provide these formats of information when they are required.

## Documentation and resources

This will include, but is not limited to:

- Consultation narrative documents including summary documents
- Slide decks

- Online and paper survey questionnaires
- Posters, leaflets and flyers – print and digital
- Video and audio for online and social media
- Stand-up banners
- Venues for public events
- Catering

## Budget / resources

Any costs associated with this communications plan has to come out of the path to excellence budget.

## Appendix 1 - Communications tactics and consultation methods for the Path to Excellence

**NB. It is very important to note that dates in this draft plan are for planning purposes only and will be subject to change. Final dates will be confirmed and communicated in advance to stakeholders.**

**Planning:** Consultation document writing to start as soon as business case signed off by governing body

**Consultation timings:** May to September 2017 – NB. Please note that the timeline is in draft and dates may need amending based on the final strategic timeline.

This appendix sets out the different communications tactics and methods for engagement which could be used for the next phase of the consultation process.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the CCGs and Foundation Trusts are hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its duties to involve and consult. They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution.

Tactic	Audience	Cost	Timing	Actions / update / purpose	Responsibility	Status
<b>Other recommendations for further evidence</b>						
• Travel impact assessment					NECS comms	In progress
• Equalities analysis					CCG but input from NECS comms	In progress
• Estates review					CCG to commission	
• Procurement market testing					CCG / NECS procurement	
• Demand and financial modelling					CCG	
• Clinical senate					CCG	

Clinical engagement						
• Briefing pack	Clinicians			NECS comms will develop pack to include presentation, briefing note and feedback mechanism	NECS comms	
• Clinical engagement	Clinicians			All clinicians and management to attend pre-consultation briefing sessions Session 1 took place 17 February	NECS Comms/CCGs/Trusts/	First session complete
• Acute care providers	Clinicians			Providers to undertake engagement with own employees	Individual providers	
Pre-meetings with key stakeholders						
• Briefing for pre-meets	Stakeholder				NECS comms	
• Face to face meeting with MPS (Dave Gallagher)	MPs		5 <sup>th</sup> May 10.30-11.30am at Sunderland CCG	Regular briefings with MPs about path to excellence work Provided by Partnership Chief Executives Dedicated sessions can be arranged	Dave Gallagher Jan Thwaites (0191 5128474)	
• Phone conversation with scrutiny committee about consultation plans	Councillors		Before consultation starts APRIL- tbc	Will determine how they wish to be involved – aim to set up meeting cycle e.g. attend during consultation, for feedback and then when decision has been made	NECS Comms	
• Meeting with JOSC	Councillors		Tbc	Dedicated sessions can be arranged	NECS Comms	
• Meetings with HealthWatch	South Tyneside & Sunderland HealthWatch		Before consultation starts APRIL - tbc	Sunderland Health Forum dates - May 2017 TBC	NECS comms	

Material preparation required for consultation						
• Email re deferral of consultation	Stakeholder		Feb		NECS Comms Providers	
• Briefing paper for pre-brief (see pre-meeting section)	Stakeholder		April		NECS comms Signed off by Gov Group	
• Briefing required to send to OSC, MPs, health and wellbeing boards	Stakeholder		April		NECS comms Signed off by Gov Group	
• Email update for public who requested to be kept up to date	Public		April		NECS comms	
• Email to distribute focus group expressions of interest	VCS		March	Email to request initial expressions of interest to run focus groups	NECS Comms	
• PowerPoint presentation slide deck			w/c 24 April – 1 May		NECS comms Signed off by Gov Group	
• General email	Public		w/c 24th April	Email that can be distributed by partners/CSV groups	NECS comms	
• Letter to Trust Members			w/c 24 April	Letter	NECS Comms Trust lead	
• Consultation document			w/c 24 April - 1 <sup>st</sup> May	Consultation doc to include: <ul style="list-style-type: none"> <li>• The background to the consultation</li> <li>• The case for change</li> <li>• The options for change</li> <li>• The rationale for the options and why some options were not included, or developed, as part of the consultation</li> <li>• How people can participate in the consultation and give their views</li> </ul>	NECS comms Signed off by Gov Group	
• Summary consultation document			w/c 24 <sup>th</sup> April		NECS comms	

• Easy read consultation doc			early May		NECS comms + external supplier	
• Questionnaire			w/c 24 April		NECS comms Signed off by CCGs	
• Focus group pack			w/c 24 April	Will include guide to circulate to VCS with initial expression of interest email	NECS comms Signed off by CCGs	
• Flyer			end April	To raise awareness of the consultation, survey, events etc.	NECS comms Signed off by CCGs	
• GP distribution			early May		NECS comms	
• Infographic			end April		NECS comms	
• Poster			end April		NECS comms	
• Press release			end April	Will include briefing with local media outlet	NECS comms Signed off by CCGs	
• Copy for website			end April	To raise awareness of the consultation, survey, events etc.	NECS comms	
• Tweets, FB posts			end April	To create a drumbeat of activity on social media to raise awareness of the consultation and how to get involved	NECS comms	
• Video			end April	What is path to excellence consultation, why we are doing this, why we need your views, how to get involved	NECS comms	
• Audio podcast					NECS comms	
• Pop up banners			end April	For use at events	NECS comms	
<b>Proposed promotion methods for consultation</b>						
• Printing of materials			w/c 24 April	Require printing of some of the tools above	NECS comms & external supplier	
• Distribution of flyer to GP practices			w/c 1 May		CCG locality managers	
• Upload of poster to GP screens			24 April		NECS comms	



• Adverts in Gazette and Sunderland Echo, promoted content and online			w/c 24 April	To promote launch events and raise awareness	NECS comms & Gazette Sunderland Echo	
• Digital advertising (targeted to key demographic and key word searches) + promotes video			w/c 24 April		NECS comms & external supplier	
• Article in Community News and Vibe magazine			24 April		NECS Comms	
• Syndicated Information use by partners			24 April		NECS Comms	
• Contingency						
<b>Consultation engagement tactics</b>						
• Launch x 2	Public		10 May tbc	South Tyneside and Sunderland	Leadership	
• Deliberative event 1 – obstetrics, gynaecology and paediatrics	Public		24 May tbc	Sunderland	Subject specific clinical staff	
• Consultation discussion 1	Public		7 June tbc	South Tyneside	Directors	
• Deliberative event 2 – stroke	Public		10 June tbc	Sunderland	Subject specific clinical staff	
• Consultation discussion 2	Public		14 June tbc	Sunderland	Directors	
• Deliberative event 3 – obstetrics, gynaecology and paediatrics	Public		28 June tbc	South Tyneside	Subject specific clinical staff	
• Consultation discussion 3	Public		1 July tbc	South Tyneside	Directors	
• Deliberative event 4 – stroke	Public		5 July tbc	South Tyneside	Subject specific clinical staff	
• Consultation event 4	Public		12 July tbc	Sunderland	Directors	

- Deliberative events

There are three main areas of care under review, these are:

- Stroke
- Obstetrics and Gynaecology
- Paediatrics

A deliberative event is where participants are asked to give their views and those facilitating such an event are trying to find out why participants think in a certain way.

Facilitators are trying to find out the background and context of the views that are being presented by participants.

During a deliberative event, discussion and debate by participants is encouraged. This allows those running the event to find out if everyone shares the same view and encourages contributions from those participants who may have alternative experiences or views.

Deliberative events give people the opportunity to have a voice, but no-one voice is allowed to dominate the discussion. This means the resulting record is not 'skewed' by one opinion or polarised where this cannot be justified in the light of the background or context which emerges as part of the discussion.

Consensus is not necessary; as conflict is regarded as good as long as it is respectful.

Each and every comment and opinion is recorded and participants are encouraged to say how they feel about what they have heard at numerous points during the event. When someone makes a comment this is accepted and welcomed – this includes all individual viewpoints.

Participants are consistently given the message that everyone in the group needs to know that their comments are valued, even when they differ from other participants, commissioners, or staff views which may have been presented at the time.

Typically, participants are asked:

- How do you feel about what you have heard?
- How do you feel about the scenarios [if these are presented to them]?
- Do you have any stories or examples that you think are positive, negative, highlight a concern?
- Think about the last time you or someone you know needed attention [in the context of the service being asked about]
- What would you want to see more of / less of NOW
- If you haven't experienced good or bad service provision, what do you hope quality looks and feels like when you do need to use the service?
- How should the service work in an integrated way?

The feedback from the event is then themed, often with as many direct quotes as possible and, if appropriate, a graphic illustrator also providing themes and illustrations created during the event for the report. Graphic illustration is a useful tool for participants to be able to reflect on their discussion during the event as it progresses.

There is a very close relationship between Obstetrics, Gynaecology and Paediatrics therefore it is recommended that two different types of deliberative events are held that bring Obstetrics, Gynaecology and Paediatrics together with Stroke being done separately.

Staffing requirements: Subject area specialists for each area of care only, along with event staff to run the facilitation.

<ul style="list-style-type: none"> <li>Facebook Live events x 2</li> </ul>				<p>Two evening events will take place – Check Governance/Director/Clinical diaries to determine timings.</p> <p>This will allow people to participate in a Q&amp;A section via Facebook. There will be two evenings where this takes place and there will be 2 mini slots for 10 minutes with a break in between (half an hour).</p> <p>The events will be promoted via FB boosts and included as part of the get involved section.</p>	NECS comms	
<ul style="list-style-type: none"> <li>Survey/questionnaire</li> </ul>				<p>A survey provides an easily accessible way for people to give their views. It will be available in both paper form and online.</p> <p>An independent organisation with expertise in complex survey design will support the survey development. This is also to provide assurance that questions will not be leading. The survey will have its own output report of findings.</p> <p>The same organisation will conduct the full analysis of all the feedback gained from all the methods in this paper for a final consultation feedback report.</p>	NECS comms + independent org	

<ul style="list-style-type: none"> <li>Targeting protected characteristics</li> </ul>				<p>Advise commissioning organisation...</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>If any of the participants would like to discuss any of the scenarios, then an invitation will be given for in-depth interviews to take place if required.</p>	<p>NECS comms + independent org</p>	
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<ul style="list-style-type: none"> <li>Focus groups conducted via VCS organisations</li> </ul>				<p>An offer will be made to interested voluntary and community sector organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made and this will be facilitated by NECS comms.</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>The focus group offer includes:</p> <ul style="list-style-type: none"> <li>Focus group pack</li> <li>Payment of £100 plus reasonable event expenses</li> <li>Output report of each focus group feedback</li> <li>Data monitoring information</li> </ul>	<p>NECS comms + VCS organisations</p>	
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<ul style="list-style-type: none"> <li>Focus groups for GP participation groups</li> </ul>				<p>Many GP practices in South Tyneside and Sunderland have patient participation groups. The pack will be circulated to these groups via practice managers.</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>The focus group offer includes:</p> <ul style="list-style-type: none"> <li>Focus group pack</li> <li>Output report of each focus group feedback</li> <li>Data monitoring information</li> </ul>	<p>NECS comms email practice manager</p>	
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<ul style="list-style-type: none"> <li>CCG run focus groups</li> </ul>				<p>The CCGs will run six focus groups to ensure a cross-representation of the population of South Tyneside and Sunderland.</p> <p>They will be recruited on-street and will need to be incentivised.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p>	<p>NECS comms + external supplier</p>	
<ul style="list-style-type: none"> <li>In-depth interviews</li> </ul>				<p>This is an option for people who would like to discuss the different scenarios in more detail and within the mid-consultation review will be used as a discussion point with people if there are particular emerging concerns to investigate in more detail.</p> <p>A discussion guide will be structured in-line with the survey and focus group guides. In-depth interviews are carried out on a one to one basis and allow the opportunity for much more detailed and personal experience to be gained.</p> <p>Data monitoring will be undertaken.</p>	<p>NECS comms</p>	

<ul style="list-style-type: none"> <li>Roadshows in shopping centres</li> </ul>				<p>Roadshows will be set up in the main shopping areas in South Tyneside and Sunderland.</p> <p>It will be set up so that potential discussions can take place along with distribution of material.</p>	NECS comms + external supplier	
<ul style="list-style-type: none"> <li>Attendance at relevant existing meetings, groups and networks</li> </ul>				<p>These need to be mapped</p>	<p>P2E directors, clinical and comms leads required to attend</p> <p>NECS comms to facilitate meeting dates</p>	
<ul style="list-style-type: none"> <li>Submissions received from groups, teams and individuals</li> </ul>				<p>All of the above does not preclude the right of groups, individuals and groups to make their own submission. The CCG recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.</p>	CCG to advise if anyone receives anything to send to NECS comms – CL, ET	
<b>Mid-consultation review</b>						
<ul style="list-style-type: none"> <li>Mid-consultation review</li> </ul>			w/c 19 June (no events this week)	A mid-consultation review	NECS comms + consultation institute + CCG	
<ul style="list-style-type: none"> <li>Additional engagement tactics?</li> </ul>				As a result of mid-consultation review, may need to include further tactics	NECS comms	
<ul style="list-style-type: none"> <li>Mid-report required</li> </ul>				High level report required to identify any emerging themes. May require further engagement into that particular area	NECS comms	
<b>Consultation feedback report</b>						
Feedback report			September/October – date tbc	Best practice states that the report needs to be from an independent source	NECS comms + independent supplier	



NHS England assurance						
<ul style="list-style-type: none"> <li>Link with Jill Simpson</li> </ul>				Regular meetings already in place with NHS E around consultation	NECS comms (CL)	

Author

**Emma Taylor**

Senior Communications Officer

NHS North of England Commissioning Support (NECS)

18<sup>th</sup> February 2017

DRAFT

## **Appendix 2 - Path to Excellence - Methods for Engagement to use in the formal consultation**

This appendix sets out the different methods for engagement which could be used for the formal consultation phase of the Path to Excellence. It has previously been shared with joint scrutiny and now acts as an appendix to this overall plan on:

- Stroke
- Obstetrics and Gynaecology
- Paediatrics

These methods have been discussed in the Path to Excellence Communications and Engagement Group who have been overseeing the engagement process.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its statutory duties to involve and consult.

They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution, as well as the Empowering Communities principles for person centred care.

There will be a detailed communications plan to ensure appropriate publicity to promote the launch of the consultation and attendance at events and take up of the surveys, deliberative events, focus groups etc.

Key documents will also be produced and published including:

- Full pre-consultation business case for change (technical document submitted to NHS England)
- Public facing consultation document
- Summary consultation document (shorter version of above)
- Slide pack
- Focus group discussion guides on each area of care
- Deliberative event case studies on each area of care
- Survey – paper and on-line

## Formal public launch events

As part of the consultation process, formal public events will take place across the South Tyneside and Sunderland area.

There will be six events in total – two consultation launch events (one in each area) and four consultation discussion events – two in each area during the consultation period.

The purpose of these events is to set out the high level case for change across all the areas of care under review.

While efforts will be made to specifically target services users, carers and people with a specific interest, it is important that efforts are made to involve the wider public and stakeholders at these events.

The launch events will take place on the first day of the consultation period and will provide an opportunity to gain publicity for the issues under consultation, and encourage people to take part. One will take place in Sunderland and one in South Tyneside.

Event format:

- Cabaret style two hour event
- Introduction and presentation led by CCG and trust clinical leaders to explain the background to the process, the case for change and outline each of the scenarios
- Expert panel (membership TBC) question time, independently chaired, cross section of experts to field questions and comment

- Notes taken of comments people make and report written
- Promotion of other ways to give feedback and views i.e. survey, focus groups and deliberative events

Staffing requirements: Medical Director, Chief executive, accountable officers, Clinical Chair (and support staff)

## **Formal public discussion events**

There should be formal consultation discussion events during the consultation period – four events in total.

The objective is to present information about the consultation, the scenarios and gain dialogue and feedback on scenarios for change being put forward.

Event format:

- Cabaret style two hour event
- Introduction and formal presentation led by CCG and trust clinical leaders to explain the background to the process and outline each scenario
- Facilitated table discussions on scenarios using a structured discussion guide in-line with other engagement methods, notes captured on flip chart so visible to participants and report written for each event
- Roving experts for points of clarification
- Promotion of other ways to get involved to feedback views

Staffing requirements: Director level leadership, medical director, directors of commissioning (and support staff)

## **Subject specific deliberative events**

There are three main areas of care under review, these are:

- Stroke
- Obstetrics and Gynaecology
- Paediatrics

A deliberative event is where participants are asked to give their views and those facilitating such an event are trying to find out why participants think in a certain way.

Facilitators are trying to find out the background and context of the views that are being presented by participants.

During a deliberative event, discussion and debate by participants is encouraged. This allows those running the event to find out if everyone shares the same view and encourages contributions from those participants who may have alternative experiences or views.

Deliberative events give people the opportunity to have a voice, but no-one voice is allowed to dominate the discussion. This means the resulting record is not 'skewed' by one opinion or polarised where this cannot be justified in the light of the background or context which emerges as part of the discussion.

Consensus is not necessary; as conflict is regarded as good as long as it is respectful.

Each and every comment and opinion is recorded and participants are encouraged to say how they feel about what they have heard at numerous points during the event. When someone makes a comment this is accepted and welcomed – this includes all individual viewpoints.

Participants are consistently given the message that everyone in the group needs to know that their comments are valued, even when they differ from other participants, commissioners, or staff views which may have been presented at the time.

Typically, participants are asked:

- How do you feel about what you have heard?

- How do you feel about the scenarios [if these are presented to them]?
- Do you have any stories or examples that you think are positive, negative, highlight a concern?
- Think about the last time you or someone you know needed attention [in the context of the service being asked about]
- What would you want to see more of / less of NOW
- If you haven't experienced good or bad service provision, what do you hope quality looks and feels like when you do need to use the service?
- How should the service work in an integrated way?

The feedback from the event is then themed, often with as many direct quotes as possible and, if appropriate, a graphic illustrator also providing themes and illustrations created during the event for the report. Graphic illustration is a useful tool for participants to be able to reflect on their discussion during the event as it progresses.

There is a very close relationship between Obstetrics, Gynaecology and Paediatrics therefore it is recommended that two different types of deliberative events are held that bring Obstetrics, Gynaecology and Paediatrics together with Stroke being done separately.

Staffing requirements: Subject area specialists for each area of care only, along with event staff to run the facilitation.

## Preparation for key staff and clinicians

In order to support NHS staff who will be involved in the events, a development session took place on Friday 17<sup>th</sup> February. The objective of the session is to explain the context for consultation and content/format for events.

## Timetable of events DRAFT

**NB These dates are not yet confirmed and are for planning purposes only at this stage.** They have been planned to give a balance across both areas:

Event type	Venue	Time	Confirmation	Staffing
Launch Event	South Tyneside	Afternoon 1-3pm		Leadership
Launch Event	Sunderland	Evening 6-8pm		Leadership
Deliberative event 1 – Obstetrics, Gynaecology and Paediatrics	Sunderland	Evening 6-8pm		Subject specific clinical staff
Consultation discussion event 1	South Tyneside	Afternoon 1-3pm		Directors
Deliberative event 2 - Stroke	Sunderland	Morning 10am- 12pm		Subject specific clinical staff
Consultation discussion event 2	Sunderland	Evening 6-8pm		Directors
Deliberative event 3 – Obstetrics, Gynaecology and Paediatrics	South Tyneside	Morning 10am- 12pm		Subject specific clinical staff
Consultation discussion event 3	South Tyneside	Evening 6-8pm		Directors
Deliberative event 4 Stroke	South Tyneside	Afternoon 1pm-3pm		Subject specific clinical staff
Consultation discussion event 4	Sunderland	Evening 6-8pm		Directors

## Consultation survey

A survey provides an easily accessible way for people to give their views. It will be available on-line and paper based. Paper versions will include a pre-paid envelope for ease of return. Support will be offered to those who may need to help to complete the survey.

The survey will take account of the following groups:

- Service users/patients
- Carers
- Professionals/ health providers
- Members of the public

An independent organisation with expertise in complex survey design and registered with relevant professional bodies will support the survey development and analysis. This is to ensure that it is independent from the NHS organisations leading the consultation.

A shorter 'on street' version of the survey will also be developed so that a demographic sample of the population can be recruited to give their views and provide a robust sample of opinion on the key issues.

The survey will be tested via the communications and engagement task and finish group.

This is also to provide assurance that questions will not be leading. The survey will have its own out-put report of findings.

The same organisation will conduct the full analysis of all the feedback gained from all the methods in this paper for a final consultation feedback report.

## Focus group pack for Voluntary and Community Sector use

An offer will be made to interested Voluntary and Community Sector (VCS) organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made.



This is a successful method used in the listening period and is endorsed by the Deciding Together group. Responses from key groups are to be encouraged. It would be desirable to have a group with current in-patients – and while this may be difficult the Deciding Together group would like this to be pursued.

The focus group pack will include a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.

The discussion guide will be structured in-line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.

The focus group offer includes:

- Focus group pack
- Payment of £100 plus reasonable event expenses
- Requirement to provide an output report of each focus group feedback to the Path to Excellence
- Requirement to request data monitoring information from participants and provide that data back to the Path to Excellence

Particular efforts will be made to ensure that VCS groups with protected characteristics groups are involved in the engagement and take part in activity.

## **Attendance at relevant existing meetings, groups and networks**

These have been mapped and requests will be made for the consultation to be highlighted and appear as an agenda item.

## **Submissions received from groups, teams and individuals**

All of the above does not preclude the right of groups, teams and individuals to make their own submission.

The Path to Excellence recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.

Please note ALL feedback, reports and submissions will need to be received on the last day of consultation in order to be included in the analysis of the feedback for the full consultation.

## **Post consultation feedback**

As outlined above, an independent organisation will analyse the feedback from all the engagement activity.

A draft feedback report will be published and this will be formally presented back to stakeholders for comments. Also two public events will take place where the independent organisation will present the findings.

Publication will include:

- Full draft report
- Summary of the draft report
- Slide pack of the draft report

At this stage, stakeholders will be briefed on the time line for the next stages for decision making.