

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

### **Consultation and engagement plan**

#### **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 two 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 has been accepted by the three Clinical Commissioning Groups and Worcestershire Acute Hospitals NHS Trust and for the first time there is now a clinical consensus on how acute hospital services in the county should be delivered in the future.

#### **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 and the

Governing Bodies of the three Clinical Commissioning Groups before any final decision is made.

- The consultation will be scrutinised by a Joint Overview and Scrutiny Committee which will be established by Worcestershire County Council in co-operation with neighbouring authorities. The joint OSC will have the power to refer any decision made by the local NHS to the Secretary of State should they disagree with it.

#### 4. The demands on the NHS in Worcestershire are changing

Worcestershire has a large population of 567,000, who present a challenging mix of conditions to the local health economy. 19.3% of the population are aged 65 or over, higher than the national average of 16.5%, and 8.9% of the population aged over 75, compared to the national average of 7.7%.

The Office for National Statistics have projected that the population of Worcestershire will reach almost 594,000 by 2021, with the percentage of the local population aged 65 and above continuing to grow at a rate in excess of the national average.<sup>1</sup>

Life expectancy in Worcestershire is better than the England average. Life expectancy at birth is 79.6 years for men and 83.3 years for women, compared to 79.2 years for men and 83.0 years for women nationally, and has risen by approximately three years over the last decade.<sup>2</sup>

This however masks some variation between the three main CCG commissioning districts within Worcestershire, with life expectancies at birth in the NHS Wyre Forest region falling to that of the national average, as opposed to the NHS South Worcestershire region where life expectancies are almost a year longer for both sexes.

**Table 2: Average life expectancy at birth in the three commissioning districts of Worcestershire**

<b>Gender</b>	<b>England Average</b>	<b>NHS Redditch and Bromsgrove</b>	<b>NHS South Worcestershire</b>	<b>NHS Wyre Forest</b>
Males	79.2	79.7	80.0	79.2
Females	83.0	83.2	83.8	83.0

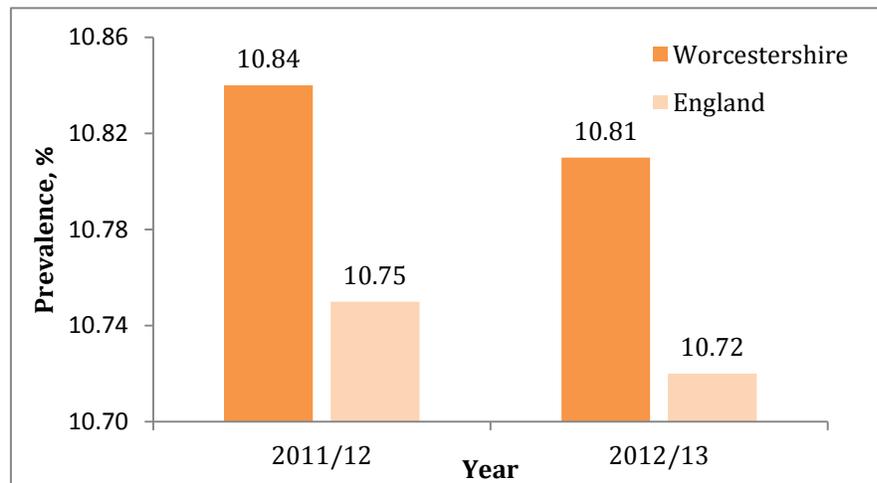
<sup>1</sup> Office for National Statistics Census Information, 2013

<sup>2</sup> Office for National Statistics, 2014

There is evidence that despite life expectancy increasing the number of long term conditions suffered by the aging population is also increasing, affecting the quality of life in these additional years.<sup>3</sup>

These effects are exacerbated by the high levels of obesity found within Worcestershire, which is known to be a high risk factor in developing long term conditions such as hypertension and diabetes.

**Figure 1: QOF prevalence rates for obesity %**

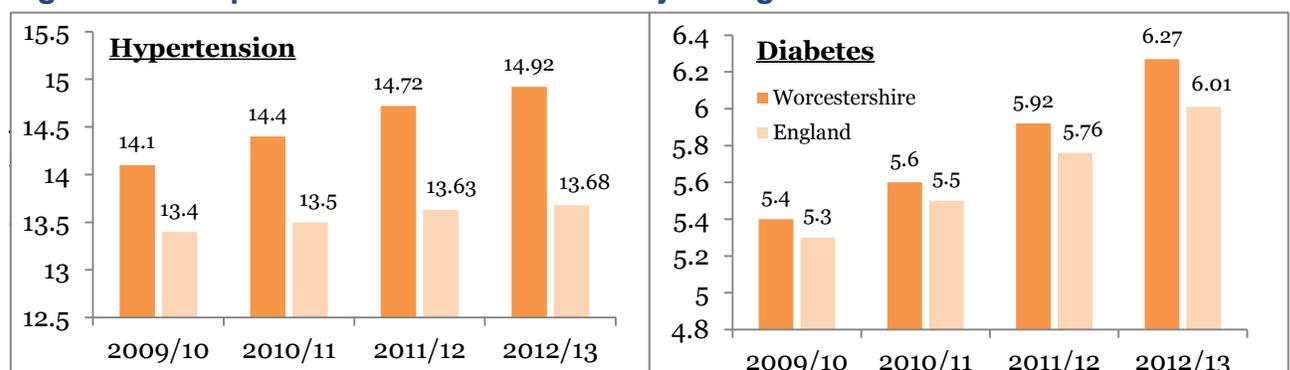


There are a number of long term conditions that have a higher prevalence in Worcestershire than the national average. Levels of hypertension have consistently been in excess of the national average, yet it is one of the key determinants for the health of older adults due to its influence on conditions such as stroke, diabetes and coronary heart disease.

Equally, levels of diabetes, coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) have increased year on year in Worcestershire, with the prevalence of all of these disorders (except COPD) at levels in excess of national averages.

The prevalence of CHD has continued to increase over the last four years, despite falling national trends. This puts extra strain on healthcare resources within Worcestershire, and will require proactive management by the local Health Economy in order to slow down, and eventually reverse these local trends.

**Figure 2: QOF prevalence rates for four major long-term conditions %**



The increase in the number of residents over the age of 65, alongside an increase in life expectancy, will have a large impact on the demand for acute hospital services in the coming years, as well as altering the requirements for the provision of primary, secondary and community care within Worcestershire.

Fortunately there is more that can be done to prevent illness and provide good healthcare for older people outside of hospital. For a number of years both commissioners and providers have been working together to design services to address this, particularly looking at services to help older people stay active, well and living in their own homes for as long as possible.

This is consistent with national guidance:

*“...a health strategy centred on high-cost hospitals will be inefficient and unaffordable compared to one focused on prevention and supporting individual well-being in the community”.*

**Department of Health: Our Health, Our Care, Our Say.  
2006**

The rise of the internet, mobile communications, and “telehealth”<sup>4</sup> all provide other ways for patients to access advice about their health and communicate with health and social care professionals. This creates more opportunities to support patients in their own homes and receive services, traditionally based in a hospital, through more local facilities such as GP surgeries.

Current projects in Worcestershire include initiatives to put primary care at the heart of urgent care (including the introduction of Integrated Community Hubs, patient centred meetings, and new paediatric emergency pathways), the extension of ‘virtual wards’, development of community services integrated teams, quality improvements in Care Homes, and a Social Impact Bond on Loneliness.

## **5. 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

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<sup>4</sup> Using technology such as the internet to remotely monitor and care for people’s conditions  
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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.

## **6. 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 Deaneries 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

## **7. 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 and Public Advisory Group of the Programme Board and local councils were 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 informed our approach.

## **8. 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.

## **9. 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.

### **9.1 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 models of care
- the process that has been undertaken to review all previous
- 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.

## 9.2 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, Solihull and Herefordshire. This will be based on advice from NHS organisations and local authorities in those areas.

A process will be in place to ensure a weekly 'stock check' is undertaken with additional copies being distributed if needed throughout the consultation period.

Due to the wide geographic area to which the consultation is relevant, distribution of consultation materials will need to be staggered – it will not be logistically possible due to the production time constraints to distribute the full consultation document across all localities and some neighbouring areas in time for the consultation launch. It is anticipated that by the third working day of the consultation all of the above named outlets will have received copies of the materials, and if this isn't achieved every effort will be made to ensure delivery to these locations swiftly.

The consultation document will be available online, via the consultation website, from launch day on 03 September 2014

## 9.3 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
- factsheets for specific evaluation criteria
- 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.

#### **9.4 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. These will include community roadshows on a branded bus which will visit smaller towns across the county and in neighbouring counties where appropriate and open public meetings. Attendance at local events including shows and carnivals etc could also be included. Details are contained in Appendix 1
- 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 and Public 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. It is envisaged that the roadshow bus will visit all the major towns in Worcestershire as a minimum to enable as many people as possible to take part. 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.

### **9.5 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 is being developed and 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, notably Twitter and YouTube, 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. Activity will include live chats via Twitter 'twit chats' with key spokespeople to engage with the public and other stakeholders.

### **9.6 Film**

A series of short filmed interviews will be produced to support the written consultation material as it is recognised that the content of the consultation document will be fairly complex and long. Ensuring we make these as accessible as possible so people can make an informed response is critical. They will tell the story of the consultation document and its recommendations through filmed interviews with key clinicians.

They will be used on the consultation website and promoted via social media mechanisms. In addition they will be shown at engagement events and meetings as a modern and more captivating medium than traditional PowerPoint presentations.

### **9.7 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 and publicising public roadshows.

## **10. 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.

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

An independent organisation has been appointed 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 Appendix Two to this plan.

A helpline will be set up for those who require support in completing the consultation questionnaire, or have any questions about the process.

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.

### **11.1 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. FOI requests will be managed by the normal CCG and Hospital Trust FOI procedures.

A dedicated freephone number (tbc) and email address will be available. The unit will be managed Monday to Friday between 0900 and 1730. Each enquiry will be acknowledged, logged on a database and responded to by the appropriate team member in a timely fashion.

## **12. 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 will be a need to commission additional and often specialist support and expertise from external parties.

### 13. 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.

### 14. 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.

### 15. Phases for the consultation

- There will be a preparation phase for the publication of the Independent Clinical Review Panel report, on 21 January 2014, for the production of documentation and materials.
- There will then be four distinct public phases to the process, which will have different elements of activity

<b>Preparation</b>	Period prior to 21 January 2014	Preparation of materials for publication and launch
<b>Phase 1</b>	21 January 2014 to 03 September 2014	Publication of the ICRP report and subsequent further modelling of its recommendations Preparation of public consultation materials
<b>Phase 2</b>	03 September - 25 November 2014	Public Consultation
<b>Phase 3</b>	26 November 2014 – 25 December 2014	Review of responses Final drafting of proposals for the future
<b>Phase 4</b>	January 2015	Formal Future of Acute Hospital Services in Worcestershire published

## **Preparation Phase**

### Purpose

- Produce key messages and briefing materials from the draft report
- Identify key issues and themes arising, which it is anticipated will generate significant interest and produce messaging and narrative for them.

### Approach

- To understand the ICRP recommendations, 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
- ICRP report
- Presentation
- Press release

## **Phase 1 – Publication of the ICRP and further modelling of its recommendations**

### Purpose

- To publish the ICRP report
- To gain wide public, stakeholder and media awareness of it
- To prepare for public consultation and produce consultation materials

### Approach

- Identify all stakeholders
- Write to all stakeholders to alert them to the start of consultation in the summer and to ask them if they wish to receive a presentation at one of their meetings
- Identify and book venues for the public community roadshows and the roadshow bus. The roadshows will be held in prominent community

- centres and CCG and hospital staff will be present to explain the plans and answer questions
- 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.
  - To 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 Public and Stakeholder Advisory Group as Engagement Group to provide independent input into the consultation and engagement activities. Membership to be independent.

#### Materials/Events to be produced

- The ICRP report and annexes will be published online.
- Hard copies of the report will be required.

#### Other communications on the day

- Staff Briefings - global email sent to all staff and all documents to be published on staff intranets.
- Stakeholders – phone calls to key players including MPs, OSC and Healthwatch

### **Phase 2 – 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 launch to stakeholders and residents.

- To promote understanding of the consultation process, how to participate in it, how to respond to it and awareness of community roadshow 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
- Anticipate and develop responses to issues
- 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 roadshows, 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 3 – 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 Public and Stakeholder Advisory Group to oversee the review of responses to the consultation
- Share themes with stakeholders as they emerge

## **Phase 4 – Publication of the report into 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

## Appendix One – Details of public consultation events

Below are the dates, times and venues for public events during the consultation period:

Date	Event	Time	Venue
Week 2	Community roadshows	10am-4pm	Redditch, Kidderminster and Worcestershire Royal Hospitals
Week 3	Community roadshows	10am-4pm	Redditch, Kidderminster and Worcestershire Royal Hospitals
Week 4	Community roadshow	10am-4pm	Malvern Hospital
24-09	Public meeting	6.30pm	Worcester race course
Week 5	Public meeting	6.30pm	Redditch Palace Theatre
01-10	Community roadshow		POWCH
Week 6	Community roadshow	10am-4pm	Tenbury Hospital
07-10	Public meeting	6.30pm	Kidderminster Town Hall
Week 7	Community roadshow	10am- 4pm	Evesham Hospital
Week 8	Public meeting	6.30pm	Bromsgrove BHI Parkside
Week 9	Bus tour	All week	Add routes
Week 10	Community roadshows	10am-4pm	Redditch, Kidderminster and Worcestershire

10-11	Public meeting	Droitwich	Royal Hospitals Sacred Heart Church Hall
Week 11	Public meeting	6.30pm	Evesham Town Hall

Venues for roadshows have been chosen to meet best practice accessibility criteria.

## **Appendix Two - How to respond to the consultation from 03 September – 25 November 2014**

Once the consultation begins on 03 September 2014 there are a number of ways people can respond to the consultation:

- By completing and returning the pull-out sheet within the consultation document by freepost to Freepost (tbc)
- By completing an on-line response form at [www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk)
- By calling the consultation response form Freephone helpline (tbc)
- By attending a roadshow and submitting their views or a response to the consultation in person to a member of staff
- By submitting their views via a patient or public representative group such as Healthwatch

The consultation summary will also be made available in different formats on request:

- Braille
- Audio/Easy Read
- Different languages via interpretation service

For more information about the consultation or to request consultation documents, from 03 September 2014 please:

- Call our Freephone number: (tbc)
- Email us: [futurehospitals@worcestershire.nhs.uk](mailto:futurehospitals@worcestershire.nhs.uk)
- Visit our website: [www.worcsfuturehospitals.co.uk](http://www.worcsfuturehospitals.co.uk)

Write to us at: (tbc)

### Complaints

Complaints about this programme can be made via the CCGs or the Hospital Trust's complaints' procedures.