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North of England  
Commissioning Support

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

## **Fens, Hartfields and Wynyard Road GP Practice Consultation: Communications and Engagement Plan**

July 2016



This document can be made available in different languages and formats on request

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# 1. Background

Fens Medical Centre, Hartfields Medical Practice and Wynyard Road Primary Care Centre are three of the 15 practices in the Hartlepool area and are based at the following sites:

- Fens Medical Centre, 434 Catcote Road, Fens Estate, Hartlepool, TS25 2LS
- Hartfields Medical Practice, Hartfields Extra Care Village, Hartfields Manor, Hartlepool, TS26 0US
- Wynyard Road Primary Care Centre, Wynyard Road, Hartlepool, TS25 3DQ.

Each practice has a contract which delivers essential, additional and enhanced services to a registered list of patients under an Alternative Provider Medical Services (APMS) contract.

These contracts have been extended several times at various points. They are now due to end on 31 March 2017.

In-line with NHS England policy entitled 'Managing the end of time-limited contracts for primary medical services', each contract for Fens, Hartfields and Wynyard Road practices has been reviewed, in order to determine:

- Quality of the existing service
- The need for each service in Hartlepool.

In 2014, an extensive engagement exercise was undertaken with stakeholders and a survey was sent to heads of households at the address of where each patient from the three practices was registered.

A considerable amount of feedback was received both from stakeholders and from patients in support of their local practices although some did highlight areas of the services where improvements could be made.

On the basis of this feedback:

- The contract for Hartfields Medical Practice was extended until 31 March 2016
- The contracts for Fens Medical Centre and Wynyard Road Primary Care Centre were extended to enable a more extensive engagement exercise to take place on the future primary care needs of patients registered at both practices.

Since then, NHS England has been out to the market for the provision of services for Hartfields Medical Practice. The service was offered to the market either as a new 5 year contract or as a branch of an existing GMS/PMS contract.

Unfortunately this exercise was unsuccessful and it was therefore agreed that the current contract would be extended until 31 March 2017 to align with Fens Medical Centre and Wynyard Road Primary Care Centre contracts.

On 1 April 2016, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (the CCG) assumed responsibility for the commissioning of primary medical care services and is working closely with NHS England to determine the future of the three practices.

The options now available to NHS England and the CCG are:

- Re-procuring and letting a new contract for each service on a like-for-like basis for each practice
- Re-procuring a similar service but operated under a different service model (e.g. one contract with two or three sites)
- Ending the contracts and supporting patients to register with other nearby practices.

This last option is unlikely because:

The practices serve a combined patient list of 7,168 patients with a high degree of health need: from an overall perspective, the health of people in Hartlepool is generally poorer than the England average. There have been changes in the registered list sizes since the initial desktop reviews were carried out which may indicate a growing level of demand at some of the practices.

Planned housing development may lead to the need for additional general practice capacity in these areas in the future. There are a number of planning applications which have been approved or are pending which may result in an additional:

- 208 houses being built south of Elwick Road
- 1501 houses being built in the Rural West ward area
- 1230 houses in Fens and Rossmere ward
- 297 houses in Hart ward
- 264 houses in Seaton ward.

In addition there is limited public transport to the area where Hartfields Medical Practice is based.

An initial period of pre-consultation engagement was conducted to help the CCG to understand the views and experiences of people currently registered with the practices. Those engaged were also asked for their views about how they access a GP in the future.

An equalities impact analysis has been undertaken which considers the perceived impacts of any service change or development on people from groups with protected characteristics, as defined by the Equality Act 2010.

These characteristics have been monitored through the first phase of engagement and will be monitored throughout the consultation. They will be validated further through targeted engagement with the support of the community and voluntary sector to engage these groups during the consultation period.

Part of the equality analysis was conducted by the Fens, Hartfield and Wynyard GP practices project management team.

In total, across the pre-consultation engagement, 2596 people registered at the Fens, Hartfield and Wynyard practices responded to the survey and 20 people attended the patient information sessions. More detailed information about the pre-engagement can be found in section 4 of this document.

The potential scenarios for future service provision were presented to the Primary Care Committee on 26 July. Only CCG representatives are voting members on the committee. However, membership includes representatives of NHS England, Hartlepool Health and Wellbeing Board, Stockton-on-Tees Health & Wellbeing Board, Healthwatch Stockton-on-Tees, Healthwatch Hartlepool and Cleveland Local Medical Committee.

This plan will also be presented to, and discussed with, members of the local Health Overview and Scrutiny Committee. A date is in the process of being agreed.

At the Primary Care Committee it was agreed that the models were likely to result in a substantial change to the way GP services are delivered in the Fens, Hartfield and Wynyard areas.

For this reason the committee confirmed that formal public consultation would be required. The consultation will run from 01 August 2016 to 23 September 2016.

## **2. Scope of Consultation**

For the purposes of this consultation, services provided by the following GP practices are defined as 'in scope':

- Fens Medical Centre, 434 Catcote Road, Fens Estate, Hartlepool, TS25 2LS
- Hartfields Medical Practice, Hartfields Extra Care Village, Hartfields Manor, Hartlepool, TS26 0US
- Wynyard Road Primary Care Centre, Wynyard Road, Hartlepool, TS25 3DQ.

The patients and the public will be consulted on the future of these GP practices, as per the options for consultation in section 4, below.

Other GP practices and other local health service provision are "out of scope," and will not be included in the consultation.

## **3. Consultation Governance and Quality Assurance**

A Consultation Governance Group has been established to manage and oversee the development and implementation of the consultation process and related consultation dialogue activity with the public. The group will include an independent member to ensure objectivity.

The group will meet weekly via teleconference.

Its members are:

- Andrew Carter
- Sue Greaves
- Sam Harrison
- Andrew Robinson
- Emily Colman
- An independent representative (to be confirmed)

The group will hold weekly teleconferences to discuss progress and make any specific changes to the consultation plan as a result of feedback and issues presenting through the weeks of the consultation.

The scope of the Consultation Governance Group will include, but will not be limited to, areas such as:

- Agreeing the draft consultation plan for presentation to the Primary Care Committee
- Any additional suppliers and resources required, outside of those proposed within this plan
- Identifying any shortfalls with compliance to legal duties, local and national policy, guidance and mandated requirements
- Identification, and mitigation, of risk
- Oversight of all dialogue communications and engagement activity
- On-going equality analysis and assurance throughout the consultation. Reviewing arrangements for targeted engagement where necessary to ensure that people from groups with protected characteristics are fully engaged in a way that is accessible to them
- On-going analysis and identification of under-represented stakeholder groups and targeted engagement to ensure they have the opportunity to participate
- Mid-point review
- To determine whether issues arising during the consultation dialogue period fall within the scope of authority delegated by the Primary Care Committee. Where issues are not deemed to fall within this scope, they will be referred back to the committee for a decision.

The group has been given delegated authority to act from the CCG and the Primary Care Committee for the above scope. This will help to ensure clear roles and responsibilities during the consultation implementation process, as well as avoiding unnecessary delay to activity that may otherwise be incurred whilst seeking permission to act on day-to-day matters from the CCG.

## **4. Pre-engagement and Options Development**

Pre-consultation engagement was planned, developed and implemented to inform and underpin the development of the future model of GP practice for the Fens, Hartfields and Wynyard GP

practice areas. A report has been provided to the members of the Primary Care Committee, along with conclusions for consideration.

This stage involved obtaining feedback from patients on the services and what could be improved. In addition, patients were asked if they had any thoughts or views on potential sustainable models. This could include procuring one provider with two or three sites.

This approach provided reassurance to patients that GP services will continue, captured their views and answered any questions or concerns they had.

The pre-consultation engagement was:

- To inform patients of the situation, to determine the sustainability of what is currently three practices with relatively small list sizes, and to reassure them that they will continue to be able to access primary care services
- To gather (sense check) what is already known about patient experience, suggestions, questions and concerns in a systematic way and respond to them
- To meet NHS legal duties for engagement, equality duties and best practice engagement and communications
- To counteract concerns that decisions will be made on purely financial/resource terms rather than reflecting on patient concerns/feedback.

The pre-consultation engagement was planned and implemented by the Communications and Engagement Team of NHS North of England Commissioning Support, NHS England and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (the commissioner).

### Approaches to Pre-consultation Engagement

Pre-consultation communications and engagement activity took place in June 2016. Activity was conducted in partnership with a voluntary sector partner, Groundwork North East.

There were a number distinct strands of engagement activity. The table below contains an overview of each strand.

Engagement Activity	Overview
Letters to all registered patients	<ul style="list-style-type: none"> <li>• A letter was sent to all registered patients over 16 in the household, with a paragraph asking them to ensure that all members of the household registered with these practices were aware of its content; patients were also provided with a paper copy of the patient information sheet and survey (including a freepost address).</li> <li>• The survey was also available online for patients. The online survey was hosted on the CCG website.</li> </ul>
Street Surveys	<ul style="list-style-type: none"> <li>• A number of on-street surveys targeted at areas of low response rates (such as Wynyard Road) took place in each locality</li> </ul>

	<ul style="list-style-type: none"> <li>This ensured that the numbers responding were representative of each practice population.</li> </ul>
Patient Information Sessions	<ul style="list-style-type: none"> <li>3 patient information sessions were held at local Community venues.</li> </ul>
Focus Group	<ul style="list-style-type: none"> <li>Local patients and Health Ambassadors from the CCG were invited to participate in an independent focus group run by a voluntary sector partner, Groundwork North East.</li> </ul>

## Who was engaged

There were 2596 patients who were engaged as part of the pre-consultation engagement. This took place over the course of June 2016.

Those engaged came from a variety of different backgrounds, experiences, groups and communities;

As well as engaging people who may not always have the opportunity to have their say on health issues, the combination of open access (patient information sessions) and targeted engagement (focus groups via the local community and voluntary sector aimed to ensure that the CCG was compliant with its public equality duty, defined by S.149 of the Equality Act 2010.

It was identified that the local practice participation groups and local Healthwatch expected to be more involved with the process as does the local residents' associations. This will be actioned as part of the formal consultation.

A report on the pre-consultation engagement activity is available on the CCG website and can be accessed here. Printed copies are available on request.

The following options have been identified as possible models of future service provision:

Option 1: Close all three practices and disperse all three lists.

Option 2: Procure three separate contracts with three sites;

Option 3: Procure two Separate contracts with three sites;

Option 4: Procure two separate contracts with two sites;

Option 5: Procure one contract with three sites;

Option 6: Procure one contract with two sites;

Option 7: Procure one contract with one site only.

These options are currently being reviewed by the Primary Care Committee and a decision will be made on 26 July regarding those options that are not supported either by the conditions and

scope of contracting for primary care, the local needs of patients, and the views of patients feeding into the pre-engagement period during June 2016 or previous engagement of patients registered with all three practices in 2014.

The final options for consultation will be added following the Primary Care Committee decision.

## 5. Legal Duties and Requirements

### 5.1 NHS Act 2006 (As Amended by Health and Social Care Act 2012)

The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) sets out the range of general duties on clinical commissioning groups and NHS England.

Commissioners' general duties are largely set out at s13C to s13Q and s14P to s14Z2 of the NHS Act 2006, and also s116B of the Local Government and Public Involvement in Health Act 2007:

- Duty to promote the NHS Constitution (13C and 14P)
- Quality (13E and 14R)
- Inequality (13G and 14T)
- Promotion of patient choice (13I and 14V)
- Promotion of integration ((13K and 14Z1)
- Public involvement (13Q and 14Z2)
  - Under S14Z2 NHS Act 2006 (as amended by the Health and Social Care Act 2012) the CCG has a duty, for health services that it commissions, to make arrangements to ensure that users of these health services are involved at the different stages of the commissioning process including:
    - In planning commissioning arrangements
    - In the development and consideration of proposals for changes to services
    - In decisions which would have an impact on the way in which services are delivered or the range of services available; and
    - In decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

### 5.2 S.244 NHS Act 2006 (as amended)

The Act also updates s244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

### 5.3 S.149 Equality Act 2010

(1)A public authority must, in the exercise of its functions, have due regard to the need to—

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

(a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

(4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

(a) Tackle prejudice, and

(b) Promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) The relevant protected characteristics are—

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief

- Sex
- Sexual orientation.

#### **5.4 S.3a NHS Constitution**

The NHS Constitution sets out a number of rights and pledges to patients. In the context of this project, the following are particularly relevant:

**Right:** You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

**Pledge:** The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.

(Section 3a of the NHS Constitution)

#### **5.5 S.82 NHS Act 2006 - Co-operation between NHS bodies and local authorities**

In exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

#### **5.6 Mental Capacity Act 2005**

The MCA says:

- Everyone has the right to make his or her own decisions. Health and care professionals should always assume an individual has the capacity to make a decision themselves, unless it is proved otherwise through a capacity assessment
- Individuals must be given help to make a decision themselves. This might include, for example, providing the person with information in a format that is easier for them to understand
- Just because someone makes what those caring for them consider to be an "unwise" decision, they should not be treated as lacking the capacity to make that decision. Everyone has the right to make their own life choices, where they have the capacity to do so
- Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.

The principles

(1) The following principles apply for the purposes of this Act.

(2) A person must be assumed to have capacity unless it is established that he lacks capacity.

(3) A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

(4) A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

(5) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

(6) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

## **5.7 Human Rights Act 1998**

The Human Rights Act places an obligation on public bodies such as local authorities and NHS bodies to work in accordance with the rights set out under the European Convention on Human Rights ('ECHR'). This means that individuals working for public authorities, whether in the delivery or services to the public or devising policies and procedures, must ensure that they take the ECHR into account when carrying out their day to day work.

## **5.8 The Gunning Principles**

R v London Borough of Brent ex parte Gunning [1985] proposed a set of consultation principles that were later confirmed by the Court of Appeal in 2001.

The Gunning principles are now applicable to all public consultations that take place in the UK. Failure to adhere to the Gunning principles may underpin a challenge relating to consultation process that may be considered through judicial review.

The principles are as follows:

### **1. When proposals are still at a formative stage**

Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

### **2. Sufficient reasons for proposals to permit 'intelligent consideration'**

People involved in the consultation need to have enough information to make an intelligent choice and input into the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.

### **3. Adequate time for consideration and response**

Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

### **4. Must be conscientiously taken into account**

Decision-makers must take consultation responses into account to inform decision-making. The way in which this is done should also be recorded to evidence that conscientious consideration has taken place.

### **5.9 “The Four Tests” – NHS Mandate 2013-15 (carried forward through NHS Mandate 2015-16)**

NHS England expects ALL service change proposals to comply with the Department of Health’s four tests for service change (referenced in the NHS Mandate Para 3.4 and ‘Putting Patients First’) throughout the pre-consultation, consultation and post-consultation phases of a service change programme.

The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners.

As a proposal is developed and refined commissioners should ensure it undergoes a rigorous self-assessment against the four tests

### **5.10 Planning, Assuring and Delivering Service Change for Patients – NHS England Guidance**

Guidance from NHS England sets out the required assurance process that commissioners should follow when conducting service configuration.

Section 4.4 of the guidance refers to involvement of patients and the public, stating that “it is critical that patients and the public are involved throughout the development, planning and decision making of proposals for service reconfiguration. Early involvement with the diverse communities, local Healthwatch organisations, and the local voluntary sector is essential... Early involvement will give early warning of issues likely to raise concerns in local communities and give commissioners time to work on the best solutions to meet those needs.”

### **5.11 Transforming Participation in Health and Care – NHS England Guidance**

Transforming Participation contains guidance from NHS England to help commissioners to involve patients and carers in decisions relating to care and treatment and the public in commissioning processes and decisions.

## **6. Equality Analysis**

The CCG has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010.

In summary, in the exercise its functions, the CCG must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The involvement of people from Protected Groups has been monitored to ensure that views from a range of groups is represented as defined within the Equality Act (see 5.3 above), have had the opportunity to participate in the pre-consultation engagement and.

Commissioners have undertaken an equalities analysis as part of the review of each area and the primary care services currently available. This information is included in all primary care reviews presented to the Primary Care Committee.

To ensure that the CCG is fully meeting this duty, an equalities analysis has also been undertaken on the responses to the pre-engagement and will be further reviewed as part of the consultation process.

The equality analysis has considered potential impacts that any change to GP services may have on people from groups with protected characteristics.

Further validation will take place on the perceived impacts on people from these groups during the consultation. They will be asked about their perception of how any change to service might have an impact on them, whether this be positive or negative.

The equalities analysis will be reviewed throughout the consultation process, and additional engagement will be conducted around this as required by the Consultation Governance Group.

## 7. Stakeholder Mapping

The CCG needs the right information to inform decisions for its community. It continually strives to maintain and strengthen its its strong working relationships with its stakeholders.

The CCG is proud of the strong working relationships it has developed with:

- Local Authorities
- Hartlepool and Stockton Councils
- Healthwatch
- Health and Wellbeing Boards
- Key voluntary sector organisations across its locality.

A detailed stakeholder map has been developed to ensure that relevant stakeholders are aware of, and have the opportunity to participate in, the Fens, Hartfield and Wynyard GP practice consultation. As well as the organisations and partners above, this will include:

- Patients (directly affected), plus:
- Overview and Scrutiny Committee
- MPs
- Healthwatch
- LMC
- Local GP practices
- Health and Wellbeing Board
- Practice patient participation groups
- Local councilors
- Local residents' associations
- Local pharmacists
- Local community/voluntary groups
- Community Health Ambassadors

Stakeholder mapping will also include a focus on disadvantaged, marginalised and minority groups and communities via local community and voluntary sector groups and networks, to make sure that those who may not always have the opportunity to have their say in decisions that affect them.

This is particularly important in the Hartlepool and Stockton area due to high levels of deprivation and health inequalities, as well as the diverse make-up of the local population (linked to the Equalities Analysis of current known and future feedback from Protected and other Groups).

## 8. Narrative Development

A full consultation narrative has been developed which details:

- The background to the consultation
- The case for change (how this situation has developed)
- The options for change
- The rationale for the options and why some options were not included, or developed, as part of the consultation
- How people can participate in the consultation and give their views

Those engaged throughout the consultation 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 contained within the consultation narrative. This will also ensure that the consultation meets the standards set out in the Gunning Principles, described in Section 5 of this document. This will be through

- Different versions and formats as requested by through the consultation
- An easy-read version
- An animated presentation of the options

The narrative content is aimed at ensuring integrity, accessibility and transparency of information. This will 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 general practice in the Fens, Hartfield or Wynyard areas.

The feedback and materials to support the narrative will be reviewed and considered by the Governance Group on a weekly basis.

## 9. Dialogue Development

A variety of communications and engagement activity will be used to ensure that the consultation dialogue activity is fully accessible to the diverse and varied population of the practice and stakeholders in Hartlepool.

To deliver this engagement activity effectively, across the consultation dialogue period, a substantial amount of development work has been undertaken.

This activity is detailed in the communications and engagement action plan in Appendix 1. It will include development activity around areas such as:

- Identification of resources and suppliers (collation of surveys; voluntary and community sector groups and networks to support discussion groups and dissemination of the narrative document; analysis of surveys; provision of report)
- Stakeholder mapping- further development on protected groups needed
- Consultation narrative document and questionnaire
- PR, marketing and advertising
- Public events, drop-ins, information sessions etc
- Production and distribution of consultation materials
- Ensuring mechanisms are in place for analysis and reporting of data streams from dialogue engagement activity

## 10. 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 diverse the Hartlepool patient population of each of the three practices.

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.

## **11. Documentation and Resources**

Development work will include consideration of required documentation and resources.

This will include, but is not limited to:

- Consultation narrative document and questions
- Posters
- Venues for public events and catering

## **12. Communications and Engagement Objectives**

Regular and consistent communications and engagement is crucial in ensuring that the CCG commissions services that are of good quality, value for money and meet the needs of local people.

For this consultation on local primary care services available from three local Hartlepool practices, the communications and engagement objectives are to:

- Effectively engage the local practice populations, partners and other stakeholders
- Give the local patients, partners and stakeholders the opportunity to consider and comment on the options for new models of general practice in the Fens, Hartfield and Wynyard practices area
- Use the comments and feedback from local patients, partners and stakeholders to inform consideration by the CCG and NHS England as to how it should provide general practice to best meet the needs of the population of the Fens, Hartfield and Wynyard Road areas
- Inform CCG commissioning responsibilities in relation to, and the procurement of, general practice

- Ensure that the consultation is accessible to local people, patients, partners and key stakeholders, that they are aware of the consultation and have the opportunity to participate fully, should the wish to do so

## 13. Communications and Engagement Activity

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

- Media releases
- Public relations activity e.g. consultation launch
- Briefings with local media outlets e.g. BBC Tees, Hartlepool Mail
- Social media activity and paid for advertising – Facebook, YouTube and Twitter
- Syndicated Information for internal newsletters, e-bulletins
- Community and voluntary sector newsletters and networks
- Articles and/or advertising in local authority publications if available
- Paid for advertising in local media outlets where appropriate
- Posters, leaflets, brochures inc. a mailing to all existing patients at each practice over 16.

An overview of proposed consultation engagement activity is contained within the table below.

Engagement Activity	Overview
Formal public events in Fens, Hartfield and Wynyard localities	<ul style="list-style-type: none"> <li>• Six public events for patients will take place across the consultation dialogue period. There will be two weekday daytime events, two weekday evening events and two weekend daytime events</li> </ul>
Discussion groups	<ul style="list-style-type: none"> <li>• Targeted discussion groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010</li> <li>• Facilitated and self-directed discussion groups with community and voluntary sector organisations</li> <li>• Discussion groups with GP Patient Participation Groups</li> </ul>
Engagement using social media	<ul style="list-style-type: none"> <li>• Materials for promotion of the consultation through social media, such as the CCG Twitter and Healthwatch Twitter accounts and other local VCS accounts and newsletters will be drafted</li> </ul>
Information and consultation narrative documents / questionnaires	<ul style="list-style-type: none"> <li>• Information and consultation documents will be available online and will also be distributed across a variety of public buildings and places in the Fens, Hartfield and Wynyard Road areas.</li> </ul>

Engagement Activity	Overview
provided online and in public places	

## 14. Budget and Expenditure

Additional expenditure outside the activities outlined and agreed above will be presented to the CCG and NHS England for approval by the Consultation Governance Group.

## 15. Risk and Mitigation

Risk and risk mitigation will be managed by the Consultation Governance Group.

Risk will be identified and regularly reviewed at the weekly teleconference meetings and assessed throughout the consultation development and implementation.

Current identified risk includes:

Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved

- Plan developed identifying relevant stakeholders and partners
- Ensure all stakeholders receive appropriate updates and feedback
- Ensure appropriate stakeholders are invited to participate in a way that is accessible to them
- Ensure clear communication of messages through robust communications plan, including updates on CCG website, newsletters, bulletins and through My NHS

CCG does not engage with marginalised, disadvantaged and protected groups

- Plan identifies relevant groups and organisations. Also work with local voluntary sector groups, community organisations and partners to access these groups and communities

Lack of response / “buy in”

- Ensure adequate publicity and support

Accessibility of activities and appropriate feedback mechanisms to those taking part

- Ensure clear contact for translations or alternative format

- Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities

Managing expectations of members of the public

- Ensure adherence to communications plan and advise CCG of any issues that arise

The consultation and proposals for change may be seen as a cost-cutting exercise by members of the public

- Ensure clear case and rationale for change is communicated within the consultation narrative
- Ensure adherence to communications plan and advise CCG of any issues that arise

The consultation may be subject to challenge

- Regular weekly review by Consultation Governance Group, to ensure correct procedures identified on the activity plan area adhered to and equality analysis are maintained throughout the consultation

The public may become confused due to the number of CCG change projects, and related engagement, taking place at the same time

- The following projects will be conducting engagement activity at the same time as this primary care consultation:
  - Better Health Programme
  - Assisted Reproduction Unit Consultation (post consultation activity)
- The overlap of these programmes, with simultaneous engagement activity, may confuse members of the public and cause engagement “burn out.”
- Communications channels will be established between the different projects to coordinate engagement activity and to minimise potential confusion
- Clear messages will be communicated to the public to ensure they understand what each project relates to, and to enable them to decide whether or not they wish to engage with each project

## 16. Data Analysis

The consultation activity will result in a number of streams of quantitative and qualitative data. Due to the size and nature of the consultation, it is anticipated that the amount of data will be significant.

As the data and feedback from the public will inform the decision-making of the CCG in relation to potential changes and developments to general practice, it is essential that the data and feedback is subject to robust, in-depth analysis.

Given the size and complexity of the data, along with the timescale available for analysis, an external supplier, with expertise in this area, the NECS BI unit has been asked to undertake the data analysis.

## **17. Reporting and Feedback**

A full consultation communications and engagement report will be produced.

This will contain an overview of the consultation, along with the data analysis, feedback on options from the public perspective and conclusions and recommendations for consideration by the CCG as part of its decision-making process.

The report will be published and widely distributed, to enable all stakeholders to see the results and recommendations coming from the consultation.

Following a period of consideration, the CCG will then make a decision on any changes to urgent care services. This decision will also then be published and communicated to stakeholders, along with the rationale for making that decision and the reason that other options were not taken forward.

## **18. Evaluation**

Evaluation will be on-going throughout the consultation period, led and overseen by the Consultation Governance Group.

Once the consultation has closed, a further, full evaluation of the consultation, including development and implementation, will be conducted.

The results of the evaluation will be shared with the Primary Care Committee, and lessons learned will be taken forward to inform future projects.



## Appendix 2: Consultation Communications and Engagement Action Plan

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Fens, Hartfields and Wynyard GP Practice Consultation

Activity	Detail	Who is responsible	When
Governance	<p>Individual invitations to members as required</p> <p>Schedule weekly meetings</p> <p>Obtain delegated responsibility for consultation governance group to make decisions and authority to act from CCG</p> <p>Hold governance group meetings across consultation. Governance group will manage and oversee consultation,</p>	AC/ SH / AR	<p>w/c 09/07/16 then on-going</p> <p>26/07/16 at PCC</p> <p>On-going</p>
Legal Duties, Policy and Guidance	Assess and ensure compliance with legal duties, national policy and guidance	AR/ SH	On-going
Budget	Additional activity required that is not included in this plan to be identified costed and quoted to the CCG / NHS England for approval and process	SH	On-going as required
Suppliers and Resources	<p>Suppliers identified – mailing house, on-street surveys booked, VCS focus groups</p> <p>Identify suppliers to conduct collation, analysis, reporting</p>	<p>AR</p> <p>SH / AR</p>	<p>Complete</p> <p>w/c 25/07/16</p>

Stakeholder Mapping	<ul style="list-style-type: none"> <li>Review stakeholder spreadsheet</li> <li>Review and update stakeholder list throughout consultation</li> </ul>	AR/ LC	Complete 01/08/16 then on-going
Identity and Branding	<ul style="list-style-type: none"> <li>Not applicable; CCG branding</li> </ul>		
Communications Key Messages and Milestones	<ul style="list-style-type: none"> <li>Development of syndicated content – key messages, FAQs</li> </ul>	EC	w/c 25/07/16 then on-going
Consultation Narrative	<p>Consultation narrative to include survey and reasons for consultation</p> <p>Graphic representation of options</p>	SH/ AR/ EC  EC	Complete subject to PCC 26/07/16 Following confirmation of options for consultation at PCC 26/07
Consultation Dialogue	<p>Plan content and format of required communications and engagement activity</p> <p>Develop, make arrangements for and publicise consultation engagement activity, including:</p> <p>Press / media</p> <p>6 Formal public events / patient information sessions across Fens, Hartfield and Wynyard areas</p> <p>Targeted discussion groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010</p>	SH AR EC SG  CCG or NHSE? Support EC        AR	w/c 25/07 then on-going

	<p>Self-directed discussion groups with community and voluntary sector organisations</p> <p>Online and hardcopy consultation document and questionnaire</p> <ul style="list-style-type: none"> <li>○ Information and questionnaires provided in public places (see distribution section below)</li> </ul>		
Developing and Supporting Dialogue Activity	<ul style="list-style-type: none"> <li>● Identify suitable venues for public events (ensure geographic spread and accessibility via public transport)</li> <li>● Visit venues to check suitable (including parking, disabled access, adequate space and facilities for large numbers, acoustics etc.)</li> <li>● Source and arrange catering for events</li> <li>● Promote and market events</li> <li>● Send invites to discussion groups and public events to targeted stakeholders, including those who took part in the pre-engagement</li> <li>● Contact CVS groups and organisations and arrange to visit their meetings / events etc.</li> <li>● Develop facilitator packs for facilitators at events</li> <li>● Develop discussion group packs for those CVS groups facilitating their own group discussions</li> <li>● Develop agendas and evaluation documentation for public events</li> <li>● Identify and confirm facilitators and scribes for public events and facilitated group discussions</li> </ul>	<p>AR/ EC/ LC</p> <p>SG / WS to confirm NHSE and CCG attendance</p>	<p>Complete</p> <p>w/b 25/07/16 then on-going</p>
Online Presence	<ul style="list-style-type: none"> <li>● Content for webpage on CCG website with link to narrative document and on-line survey</li> <li>● Briefing for sk partners and stakeholders to put</li> </ul>	EC/SG	In development – to go live

	<p>information on their websites</p> <ul style="list-style-type: none"> <li>• Develop content for social media - CCG are consulting on ...</li> <li>• Plan and implement social media campaign</li> <li>• Ask partners and stakeholders to cascade information via their social media channels</li> <li>• Videos – key messages prior to launch with CCG clinician, available on website and via social media channels</li> </ul>		01/08/16
Briefings and Updates	<ul style="list-style-type: none"> <li>• Develop format and distribution list for regular briefing and updates to stakeholders (inc. providers, HWB, OSC, LMC, MPs, Councillors, Healthwatch etc.)</li> </ul> <p>When:</p> <ul style="list-style-type: none"> <li>• Pre-launch</li> <li>• Launch</li> <li>• Mid point</li> <li>• Pre- close</li> <li>• Update after PCC decision</li> </ul>	AC/SG/EC	w/c 25/07/16 then on-going
Members of Parliament	<ul style="list-style-type: none"> <li>• As above</li> <li>• Identify neighbouring MP constituencies to share messages</li> </ul>	AC/SG/EC	w/c 25/07/16 then on-going
Public Relations and Advertising	<ul style="list-style-type: none"> <li>• Development and scheduling of PR activity – media releases</li> <li>• Media briefings with key outlets</li> <li>• Development of posters for distribution</li> <li>• Paid for media advertising</li> <li>• Stakeholder e-bulletin; MY NHS; Headlines</li> <li>• Consultation launch</li> </ul>	AR/ EC/ LC	w/c 25/07/16 then on-going

	<ul style="list-style-type: none"> <li>• Digital (website, social media): <ul style="list-style-type: none"> <li>○ Development of consultation section on CCG website</li> <li>○ Utilising existing channels (Facebook / Twitter); consider dedicated social media channel for this project, incorporating branding</li> </ul> </li> </ul>		
Distribution of Consultation Materials	<ul style="list-style-type: none"> <li>• Develop distribution plan posters and leaflets to public places local to practices and in the practices</li> <li>• Arrange with mailing house / distribution company previously procured to distribute to public places such as: <ul style="list-style-type: none"> <li>○ Libraries</li> <li>○ Supermarkets</li> <li>○ Leisure centres</li> <li>○ Community centres</li> <li>○ Job centres</li> <li>○ Council buildings</li> <li>○ Pharmacies</li> <li>○ GP practices</li> <li>○ Dental practices</li> <li>○ Optometrists</li> </ul> </li> </ul>		w/c 25/07/16  Distribution to commence w/c 01/08/16 then on-going
Recording	<ul style="list-style-type: none"> <li>• Develop and maintain consultation actions log</li> <li>• Develop and implement consultation enquiry / contact protocol for members of the wider team</li> <li>• Develop and maintain consultation contacts record</li> </ul>		w/c 25/07/16 then on-going
Analysis and Reporting	<ul style="list-style-type: none"> <li>• Ensure independent supplier identified and procured in good time to conduct analysis and reporting when the consultation closes</li> <li>• Conduct engagement data analysis</li> </ul>		w/c 25/07/16  tbc in line with requirements

	<ul style="list-style-type: none"> <li>• Compile and write consultation engagement report</li> </ul>		
Evaluation and Quality Assessment	<ul style="list-style-type: none"> <li>• Arrange mid-term review</li> <li>• On-going and final evaluation</li> </ul>		w/c 22/08/16 Throughout and at endpoint

**Key:**

SH – Sam Harrison

AR – Andrew Robinson

LC – Lynne Cooke

EC – Emily Colman

SG – Sue Greaves

NHSE – NHS England