

# **A consultation on proposals for building a sustainable future for the Friarage Hospital in Northallerton**

## **Communications and engagement strategy**

Version 18 (6 September 2019)

### **Contents**



<b>1.0 Introduction</b>	
Case for change	3
Urgent temporary changes	3
Clinical service proposals	4
Role of the Clinical Commissioning Group	4
Working across North Yorkshire	5
Working across North Cumbria and the North East	5
What we will consult on	6
<b>2.0 Objectives</b>	10
<b>3.0 Pre-engagement</b>	11
Building a sustainable future for the Friarage	11
Engagement themes	12
<b>4.0 Consultation approach</b>	12
National guidance and assurance	12
Consultation principles	12
Consultation tactics	13
Audience	13
Consultation and engagement timeline	14
Key messages	14
Methods, materials and promotion	14
Resources	15
Consultation methods	15
Analysis, reporting, decision making	19
<b>Appendices: 1 Consultation principles</b>	20
<b>2 Detailed engagement and consultation timeline</b>	21
<b>3 High level formal consultation and engagement delivery plan (methodology)</b>	23
<b>4 Our statutory requirements</b>	27
<b>5 Legislation</b>	28
<b>6 The Gunning Principles</b>	30



## 1.0 Introduction

### Case for change

Our population currently has access to very good quality NHS services. The Friarage Hospital, Northallerton is and remains, an integral part of local health provision for Hambleton and Richmondshire and the surrounding area.

There have been a number of investments which demonstrate this including the Sir Robert Ogden Macmillan Centre development for cancer patients on the site along with a new blackout service, state-of-the-art advanced eye scanner and the new MRI scanner which has been in operation since 2017.

In 2017, the main provider of services at the Friarage Hospital, South Tees Hospitals NHS Foundation Trust (STHFT) raised serious workforce sustainability concerns which were impacting the service delivery in a number of key clinical areas that are interlinked and provide care for the most poorly patients. The main concerns were:

- the provision of anaesthetic cover overnight
- critical care workforce challenges
- 24/7 rota for accident and emergency (A&E) doctors

In addition, the local NHS is currently facing a number of challenges including:

- a growing elderly population with long term and often complex clinical needs
- changing health needs
- workforce issues
- financial pressures

Given these challenges it was clear that a long term, sustainable solution for the Friarage Hospital needed to be developed.

### Urgent temporary changes

In February 2019, despite the commitment to consultation being unchanged, the Trust was overtaken by service safety pressures and was forced to make urgent temporary changes to services at the Friarage Hospital. Despite many efforts to recruit key medical staff over the last 18 months the gaps in staffing were creating significant risk. This temporary arrangement came into effect on 27 March 2019.



Although the majority of services remain unchanged, with nine out of ten patients continuing to be seen at the Friarage Hospital, including outpatients and planned day case surgery which are the main services provided at the site, temporary changes have been made to Urgent and Emergency Care provision. The Accident and Emergency department changed to a 24/7 Urgent Treatment Centre consistent with the national specification. This service can now treat children with minor illnesses as well as minor injuries which has not been the case for some time.

The Trust now assesses the appropriateness of all 999 and GP referred activity prior to patients arriving at the Friarage Hospital. Complex and critical-care-dependent surgery previously undertaken at the Friarage Hospital is being undertaken at The James Cook University Hospital during this temporary service change. Patients with major trauma and serious illnesses such as stroke and head or spinal injuries were already treated at James Cook.

### **Clinical service proposals**

In September 2018, after a period of public engagement (October - December 2017), the commissioner of local health services, NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG) received clinical proposals from STHFT for the future of services provided at the Friarage Hospital. As is statutorily required, the CCG must review these proposals and consider them within the wider context of the health and social care system to ensure services delivered from the site meet the standards expected as well as the needs of the local population.

After considering the wider context and the proposals for change, it was clear that there is a significant need to change some services provided on the Friarage Hospital site due to concerns over clinical sustainability. The CCG will therefore work with STHFT and partners to communicate, engage and consult with stakeholders and the population on the challenges and proposals.

### **Role of the Clinical Commissioning Group**

As the organisation responsible for buying and planning the majority of health services across Hambleton, Richmondshire and Whitby areas including those at the Friarage, the CCG is statutorily responsible for public consultation on proposed significant service change. We have a specific role in planning service change and any proposals for *significant* change must be carried out in line with the requirements for *significant* service change set out in s.13Q NHS Act 2006 (as amended by the



Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

Commissioning healthcare and health services is the process of examining the healthcare needs of the area, the way in which healthcare services are delivered and ways in which healthcare resources can best be used. We aim to do this in line with the CCGs commitment to commissioning services that are “Fit 4 the Future”.

Our structure means that we are accountable to NHS England and our Council of Members which is made up of GP representatives from our 22 local GP practices. The Council of Members sets the strategy for the CCG and the Governing Body, which includes clinical and lay representation, makes decisions based on recommendations. The day to day running of the CCG is the responsibility of the Senior Management Team together with a small workforce.

### **Working across North Yorkshire**

In November 2018 following recommendations by NHS England and an external review, a single Accountable Officer was appointed for three CCGs across North Yorkshire to oversee a shared leadership team. Although the three CCGs were to remain separate statutory organisations in the short term, a decision was made by the three CCG Governing Bodies on 30 April 2019, to apply to NHS England to merge by April 2020. There is a commitment as part of the merger to maintain a strong locality focus.

### **Working across North Cumbria and the North East**

In 2016, the CCG became a member of a Sustainability and Transformation Partnership (STP). As a high number of patients access health care from services based in the North East; mainly Darlington Memorial Hospital (DMH) and The James Cook University Hospital, the CCG became part of the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP. This meant that the CCG was able to have a say in any decisions made or proposed for services accessed by our population.

### **What we will consult on**

A set of options will be taken forward for formal public consultation across Hambleton and Richmondshire. This is anticipated to run for at least 12 weeks from



September 2019 with a recommendation being taken to a CCG Extraordinary Governing Body after evaluation of the feedback from the consultation process.

We will consult on:

- our vision for building a sustainable future for inpatient care at the Friarage Hospital, and
- how urgent care could be delivered in the future.

### Inpatient care

The vision for the most sustainable future for the Friarage involves the following model for inpatient care:

- A consultant-delivered acute medical service, provided daily, with anaesthetic support on site, meeting the needs of 75% of patients (compared to previous activity volumes)
- Medical patients repatriated for care closer to home after initial assessment and treatment at The James Cook University Hospital
- Short-stay elective surgery: Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology and gynaecology, supported with extended recovery in theatres

### Urgent and emergency care

Based on our clinical review and what people told us during engagement, the clinical steering group appraised scenarios and developed two possible and sustainable options for urgent and emergency care which were:

#### **OPTION 1**

A 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses .

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08:00 (Mon- Fri) and 24hrs on Saturdays, Sundays and Bank Holidays.

#### **OPTION 2**

A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 08:00 to 00:00.

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08:00



(Mon-Fri) and 24hrs on Saturdays, Sundays and Bank Holidays.

Please refer to 'A consultation on proposals for building a sustainable future for the Friarage Hospital in Northallerton – a summary case' for details of the scenario appraisal and options development process (Section 5).

Following analysis of the proposals which includes feedback from engagement and subject to assurance from NHS England and the North Yorkshire Scrutiny of Health Committee; the CCG's Governing Body has agreed to move to formal consultation on some proposals. The proposals have been through a rigorous and robust external assurance process and independently scrutinised to make sure they are in line with best clinical practice, are financially sound and sustainable for the future.

A formal public consultation will run in line with national guidance for at least a 12-week period and will gather views on proposals for an Urgent Treatment Centre at the Friarage Hospital. Following public engagement, clinical proposals from South Tees Hospitals NHS Foundation Trust and recommendations from the Clinical Senate, the following options will be included in the formal public consultation:

The original business case model was developed in 2018 before the need to close the emergency department and institute the temporary urgent care model in March 2019. The provision of urgent and emergency care services at the front of the hospital were assessed against the status quo:

1. Retain a full 24/7 emergency department with supporting services such as Critical Care
2. Replace the emergency department with a 24/7 Urgent Treatment Centre (UTC) supported by a responsive front-of-house emergency medical model, dealing with approximately 90 per cent of urgent and emergency presentations
3. Replace the emergency department with a UTC of the same configuration as Option 2, but closed during evening hours (opening 08.00-20.00 hours, or 08.00-midnight hours depending on demand)

At the time the assessment of all partners, including all clinical groups was that:



- Providing any form of an emergency department model would require on-site provision of Critical Care, including access to consultant level anaesthetic and airway management support
- Recruitment to support a sustainable rota for the Friarage Critical Care unit had been repeatedly unsuccessful over a significant period of time
- Continued support to the Friarage Critical Care Unit from James Cook could not be guaranteed without significantly undermining the Critical Care service at James Cook

Taking this into account, retaining an A&E department is not considered to be realistic or deliverable for the Friarage. As a result, HRW CCG will not consult on the provision of an A&E, as this cannot be safely sustained and it would be dishonest of the CCG to suggest that a 24/7 A&E department model is viable for the Friarage Hospital.

The CCG will therefore not be endorsing a third option that would see the retention of a full 24/7 emergency department with supporting services such as Critical Care at the Friarage Hospital, The CCG will consult on the following two options:

#### **OPTION 1**

A 24 hour 7 day a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08.00 (Mon- Fri) and 24hrs on Saturdays, Sundays and Bank Holidays

#### **OPTION 2**

A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 08:00 to 00:00.

Local GP out-of-hours service, accessed via NHS111, and available 18:30 to 08:00 (Mon-Fri) and 24hrs on Saturdays, Sundays and Bank Holidays.

#### **What we will engage on**

The CCG, in partnership with STHFT will engage on changes which will be made to services at the Friarage Hospital due to the ongoing challenges around anaesthetics. After much investigation and discussion by SHTFT and agreement by the Clinical



Senate, there are no clinically viable options on which to formally consult in relation to services involving anaesthetics; therefore the CCG has been instructed to seek views on how to implement a single proposal for:

- A consultant-delivered acute medical service, delivered daily with anaesthetic support on site.
- Short-stay elective surgery

Patients who will receive their care at other hospital sites in order to maintain safe services will be:

- Patients requiring an Emergency Department
- Patients requiring Acute medical admission overnight
- Patients requiring critical care
- Patients requiring emergency surgery
- Patients requiring major surgical procedures
- High risk patients undergoing elective surgery

During the consultation and engagement, the CCG and STHFT will also communicate proposals to enhance the service offer at the Friarage Hospital site:

- Paediatric illness and primary care ailments not previously seen in A&E
- Medical patients repatriated ready for care closer to home after an initial assessment at James Cook
- Utilisation of the Friarage Hospital theatre capacity for suitable case mix



## 2.0 Objectives

The overall objectives of this strategy are to:

- Remind service users and people in the local area of the need for change
- Inform service users and people about the actions taken since the previous engagement
- Ensure people have the opportunity to review proposed changes and give their views
- Ensure the CCG is made aware of any additional information which may help to inform the proposals and the decision-making process
- Ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process and have the opportunity to comment on proposals
- Provide a framework by which the organisations involved in the consultation, namely the CCG and STHFT, are able to deliver consistent messages through a coordinated approach to communications and engagement activity
- Maintain credibility by being open, honest and transparent throughout the process
- Monitor and gauge public and stakeholder perception throughout the process and respond appropriately
- Be clear about what people can and cannot influence throughout the engagement and consultation phases
- To achieve engagement and consultation that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities, complaints, compliments etc
- To provide opportunities to feed into the process via a formal consultation process (where appropriate)
- To provide information and context about the proposals in clear and appropriate formats that is accessible and relevant to target audiences
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area
- To raise awareness and understanding of why it is important that the CCG and STHFT have a plan to deliver sustainable and viable services at the Friarage Hospital
- To provide assurance that the process follows statutory processes and is independently scrutinised



- Identify and engage hard to reach or yet to reach groups identifying and helping to address any health inequalities

### 3.0 Pre-engagement

South Tees Hospitals NHS Foundation Trust with support from the CCG undertook a programme of public engagement in 2017 around building a sustainable future for the Friarage Hospital across Hambleton and Richmondshire. This aimed to explain the challenges of sustaining the traditional service model at the Friarage and to seek feedback on what was most important to the public and stakeholders to inform the development of the future model.

#### **Building a sustainable future for the Friarage Hospital (2017)**

Stakeholder and public engagement was launched between October and December 2017 to discuss the challenges around medical staffing in critical care, anaesthetics) and A&E in order to help shape the future of service provision at the Friarage Hospital. A survey and a number of events took place where feedback was gathered and key themes identified from the local population. The main themes were:

- Concern over travel times and distances to James Cook in Middlesbrough
- Concern over national recruitment issues and how it affects this locality
- Negativity and cynicism about the future of the Friarage Hospital
- Need for more communications from the Trust and the CCG
- Lack of understanding about the current services at the Friarage Hospital
- Changes to services with some resulting in relocation from the Friarage Hospital to James Cook
- Value of local services and concern over further loss of services
- Quality of care and importance of receiving the right care in an emergency
- Impact of potential changes to emergency care services at the Friarage Hospital
- Impact of population growth

In total, more than 1,500 people had their say. A full engagement report can be found on the STHFT website: [www.southtees.nhs.uk/news/the-friarage/1500-people-say-future-friarage-hospital/](http://www.southtees.nhs.uk/news/the-friarage/1500-people-say-future-friarage-hospital/)



## Engagement Themes

The following main themes from this engagement in 2017 were:

- Transport and distance
- Ambulance provision
- Communications about the Friarage Hospital to dispel myths and promote services
- Value of local services and concern over further loss of services
- Quality of care and importance of receiving the right care in an emergency
- Impact of potential changes to emergency care services at the Friarage
- Impact of population growth

## 4.0 Consultation approach

### National guidance and assurance

This consultation plan has been developed with reference to and in compliance with national best practice consultation guidance set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012) for NHS England and s.14Z2 NHS Act 2006 for CCGs.

The CCG will work closely with Healthwatch North Yorkshire throughout the consultation to quality assure our processes and documentation.

### Consultation principles

The CCG works to a set of principles to guide the approach to consultation. These are detailed in Appendix 1.

### Consultation tactics

During the consultation we will:

- Provide a range of opportunities to be involved regardless of who you are or where you live



- Provide the consultation information in clear and simple language and a variety of formats to make sure everyone can access it
- Run the consultation for at least 12 weeks at varying times of the day/week and provide regular reminders about progress and the closing date
- Work closely with a range of local individuals and groups to make the most of all opportunities to reach people
- Carefully manage the money spent on the consultation to deliver good value for money
- Use the feedback to inform decision-making
- Share the feedback received during consultation with local people

## **Audience**

The definition of a stakeholder is anyone who will be affected either positively or negatively by proposed changes to services at the Friarage and who has an opinion on the proposed changes as well as the ability to influence other stakeholders.

Before the start of pre-engagement, a comprehensive list of stakeholders was produced and will be the basis to maintain the conversation throughout the formal consultation. We will ensure the list is kept up to date and meets regulations as set out under GDPR (EU General Data Protection Regulation).

There is a wide variety of stakeholders who broadly fall into the following categories:

- Service users (patients) and their carers (mainly across Hambleton and Richmondshire areas along with parts of Whitby and Masham)
- Internal (CCG and STHFT staff, Governing Bodies, Council of Governors, Council of Members)
- Regulators (NHS England and NHS Improvement)
- NHS partners (including GPs, Local Medical Committees, the Clinical Senate, other NHS Trusts and other CCGs)
- Political audiences
- Influencers (Healthwatch North Yorkshire)
- Local authorities (County and District councils)
- The wider community (to include Patient Participation Groups, parish councils, community and voluntary groups)
- Under-represented/ hard to reach or yet to reach groups



Like with any other area across the country, we have communities which are considered in the minority or more vulnerable than others. We always consider our full population and their health needs and will therefore ensure this plan reflects their communication and engagement accessibility requirements.

### **Consultation and engagement timeline**

The full 'Building a sustainable future for the Friarage' consultation and engagement will take a phased approach and is detailed in Appendix 3.

### **Key messages**

- The Friarage Hospital will not be closing
- 9 out of 10 people will continue to receive healthcare in Northallerton
- An innovative and sustainable model for our hospital - fit 4 the future
- Enables the balance to be struck between local access and specialist care
- Maximising local access to high quality services
- Supporting older people with care closer to home
- Meeting the needs of the changing population

### **Methods, materials and promotion**

During the consultation a wide range of methods will be used to ensure that the greatest number and widest range of people from across the local population have the opportunity to be involved.

The CCG will aim to reach as many people as possible through targeted channels using accessible materials where appropriate. We will ensure the CCG's Health Engagement Network Representatives, Healthwatch North Yorkshire and other representative groups are involved in the development of any public-facing materials.

Details of the methods, materials and promotion are described in Appendix 4.

### **Resources**

As is the statutory duty, the consultation activity will be led internally by CCG staff in partnership with STHFT. External support may be called upon if appropriate and within budget requirements. Healthwatch North Yorkshire and other patient representatives will provide support in message development and content approval as well as providing feedback.



All staff involved in the consultation will be given the tools and training to give confidence in their ability to deliver messages and answers queries.

A budget has been set to support the delivery of the consultation. The CCG will:

- ensure any activity is relevant, cost-effective and, where possible, reusable
- use in-house resources and only out-source after seeking competitive quotations
- utilise pre-organised meetings and events to save staff expenses and venue costs
- use joint messages and resources with partners where possible

### **Consultation methods**

- Information will be made available in formats that are relevant and accessible to the public and patients where appropriate, including easy read. Hard copy surveys and documents will be made available to those without access to a computer or who are otherwise unable to access electronic documents. They will be placed in accessible locations within the community including the Friarage Hospital, GP surgeries, pharmacies, libraries and community centres. Information will also be made available via online, digital and social media channels to facilitate discussion and feedback amongst stakeholders who are more likely to engage via these channels. This will also assist with the challenges around our rurality.
- Engagement will be supported by existing patient and service user groups.

We therefore acknowledge the importance of effectively capturing and evidencing feedback. A template to capture appropriate information will be circulated.

More details on the consultation process can be found in Appendix 3.

### **How people can get involved**

#### **Public events**

A series of 12 public meetings will be held across Hambleton and Richmondshire during the consultation period. Dates and venues are shown below. All are welcome to attend though places are limited and attendees are asked to register online via [www.friarageconsultation.eventbrite.com](http://www.friarageconsultation.eventbrite.com).



Event #	Date	Time	Location
1	Friday 20 <sup>th</sup> September	10:15-12:15	Town Hall, Upper Hall, High Street, Northallerton DL7 8QR
2	Wednesday 25 <sup>th</sup> September	18:15-20:15	Stokesley School, Station Road, Stokesley TS9 5AL
3	Monday 7 <sup>th</sup> October	14:00-16:00	Catterick Village Booth Memorial Institute, 32 High Street, Catterick DL10 7LD
4	Monday 14 <sup>th</sup> October	14:00-16:00	Middleham Key Centre, Park Lane, Middleham DL8 4RA
5	Monday 21 <sup>st</sup> October	16:15-18:15	Richmond Town Hall, Market Place, Richmond DL10 4QL
6	Friday 1 <sup>st</sup> November	10:15-12:15	Drawing Room, Bedale Hall, North End, Bedale DL8 1AA
7	Monday 11 <sup>th</sup> November	18:15-20:15	The Golden Lion Hotel, Mowbray Suite, 114 High Street, Northallerton DL7 8PP
8	Friday 15 <sup>th</sup> November	10:00-12:00	Wensleydale RUFC Cawkill Park, Wensley Road, Leyburn DL8 5ED
9	Friday 22 <sup>nd</sup> November	10:15-12:15	East Thirsk Community Hall, Hambleton Place, Thirsk Y07 1DN
10	Monday 25 <sup>th</sup> November	14:00-16:00	Dales Countryside Museum, Station Yard, Burtsett Road, Hawes DL8 4NT
11	Friday 29 <sup>th</sup> November	09:15-11.15	Masham Town Hall, Little Market Place, Masham, Ripon HG4 4DY
12	Monday 2 <sup>nd</sup> December	09:15-11.15	Town Hall, Upper Hall, High Street, Northallerton DL7 8QR



## Street Survey

Interviews will be conducted on the street, face-to-face with respondents. Interviewers from an independent market research company will ask the questions and record respondents' answers. Interviews will be carried out with residents in different locations across Hambleton and Richmondshire and at different times of the week and day, including peak times, during October. 300 surveys will be conducted in each of the two localities. In addition a further 1,100 paper surveys, with pre-paid reply envelopes, will be available across 22 locations including key libraries and town halls.

## Online survey

An online version of the same survey will be available via the CCG website <https://www.hambletonrichmondshireandwhitbyccg.nhs.uk> during the consultation period. A link to the survey will also be displayed prominently on the South Tees Hospitals NHS Foundation Trust website <https://www.southtees.nhs.uk/>. The link will be widely promoted on social media. The online survey will be hosted securely and comply fully with data protection regulations. A freephone Survey Helpline will be included on both the paper and online versions for respondents to call if they have any questions about the survey.

## Focus groups

Focus groups will gather 'below the surface' feedback, through more detailed discussions covering public attitudes, behaviours and experiences, to better understand participants' views and attitudes of the proposed changes to emergency care services at the Friarage Hospital. They will help explore results and findings from the quantitative research in more depth. Four focus groups will be held, each made up of eight members of the public, and participants for these sessions will be recruited through the street survey activities. Participants will be broadly representative of the local population in terms of gender, age and ethnicity. The groups will be held in central locations and will be conducted by independent market researchers.

## Targeted focus groups

Further engagement will take place with targeted, or "asset based" focus groups, covering the nine protected characteristics as outlined by the Under the Equality Act 2010. These will be self-facilitated sessions, meaning community groups will meet as



they would normally, without the presence of a market researcher or NHS representatives, and will use a pre-prepared pack to carry out a discussion and complete a reporting template. The results will be sent to an independent market research agency for analysis. Groups will be identified through discussions with voluntary sector partners, the CCG's stakeholder database which includes a number of seldom heard groups, and with assistance from the Health Engagement Network or 'HEN' leads in Hambleton and Richmondshire. The exact number of groups which will participate is not yet known, but this will be an extensive engagement exercise.

#### Social media

During consultation the public can contact both the CCG and the trust via social media:

<https://www.facebook.com/HRWCCG/>

<https://www.facebook.com/SouthTeesHospitals/>

[https://twitter.com/HRW\\_CCG](https://twitter.com/HRW_CCG)

<https://twitter.com/southtees>

Messages will be promoted through these channels during this period to encourage active involvement in terms of attendance at public meetings, participation in the online survey and to provide further information including links to online documentation such as the consultation document, which will be hosted on the CCG website. Any comments or responses from the public captured on social media will form part of the formal consultation feedback.

#### Telephone

For those in the community without access to the internet, the following telephone number will be available for signposting, requesting a paper copy of the survey or supporting material, answering general questions and to allow the public to register to sign up to attend a public meeting.

Tel: 01609 531397

## 5.0 Analysis, reporting, decision making



At the end of the consultation, the CCG will analyse the responses and produce a formal report. We will also welcome an independent report from Healthwatch North Yorkshire.

The CCG will log all communications and engagement activity (including materials circulated, feedback, survey responses and number of event delegates) and regularly analyse these to ensure the methods, tools and techniques remain appropriate.

The report may identify a strong outcome or feeling; however it will not be considered a 'public vote' on which the CCG's Governing Body is required to act. The outcome of the report will be used to inform the Governing Body's final decision which will have been through the CCG's Council of Members (made up of representatives from the 22 local GP practices) where the outcome of which is then reported to the NHS England and the North Yorkshire Scrutiny of Health Committee:



## Appendix 1 – Consultation principles

We will adhere to the following principles of good practice:

- **Open** – decision makers are accessible and ready to engage in dialogue. When information cannot be given, the reasons are explained.
- **Two-way** – there are opportunities for open and honest feedback, and people have the right to contribute their ideas and opinions about issues and decisions.
- **Timely** – information arrives at a time when it is needed, relevant to the people receiving it, and able to be interpreted in the correct context.
- **Clear** – communication should be in plain English, jargon free, easy to understand and not open to interpretation.



- **Targeted** – the right messages reach the right audiences using the most appropriate methods available and at the right time.
- **Credible** – messages have real meaning, recipients can trust their content and expect to be advised of any change in circumstances which impact on those messages.
- **Planned** – communications are planned rather than ad-hoc, and are regularly reviewed and contributed to by senior managers and staff, as appropriate.
- **Consistent** – there are no contradictions in messages given to different groups or individuals. The priority of those messages may differ, but they should never conflict.
- **Efficient** – communications and the way they are delivered are fit for purpose, cost effective, within budget and delivered on time.
- **Integrated** – internal and external communications are consistent and mutually supportive.
- **Corporate** – the messages communicated are consistent with the aims, values and objectives of NHS Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust.

## Appendix 2 – Detailed engagement and consultation timeline

### **Phase one: pre-engagement (4 October 2017 – 20 December 2017)**

This phase is now complete. A report can be found online:

[www.southtees.nhs.uk/news/the-friarage/1500-people-say-future-friarage-hospital/](http://www.southtees.nhs.uk/news/the-friarage/1500-people-say-future-friarage-hospital/)

This phase involved:

- Launching patient and public engagement on the challenges.
- Re-reviewing findings of relevant engagement since 2013.
- Continuing to share messages with the public on findings and positive developments at the Friarage Hospital.



From 20 December 2017, STHFT developed clinical proposals which were shared with the CCG in September 2018.

### **Phase two pre consultation planning (September 2018 – 14 January 2019)**

- CCG reviewed clinical proposals to consider wider system impacts ensuring they are financially viable and meet the needs of the population.
- Revisited existing staff, patient and public views based on pre-engagement feedback (including customer feedback, complaints, suggestions and previous surveys).
- Focusing pre-consultation engagement on key stakeholders, hard to reach groups and other particularly interested groups.
- Building on the in-depth gathering of views and suggestions already collected from, clinicians, patients and carers.
- Developed potential options to take forward to public consultation.
- Formulated a timeline for public consultation.
- Briefed NHS England, Clinical Senate and North Yorkshire Scrutiny of Health Committee on developments.
- Drafting public consultation and summary documents.

### **Phase three: reporting and options development (14 January 2019 – May 2019)**

This important phase was an opportunity to review feedback, respond to queries and consider reoccurring themes from the pre-engagement.

This information helped inform the final options for formal consultation. These options will be informed by staff, service user and general public feedback alongside clinical evidence and will be shared for formal consultation.

Assurance meetings with NHS England, Clinical Senate and North Yorkshire Scrutiny of Health Committee took place during this time prior to commencing any formal consultation.

### **Phase four : Formal consultation (13 September – 6 December 2019)**

There will be a formal consultation period of a minimum of 12 weeks. The consultation will provide:

- Consultation options developed by the CCG and STHFT informed by clinical evidence and pre-consultation engagement.
- Engagement on proposals where no consultation options have been identified.



- Patients, the public and stakeholders with the opportunity to comment on and choose their preferred consultation options developed from the pre-consultation phase.
- The chance to build on any communications and engagement learning from the engagement phase.
- The opportunity for the CCG and STHFT to identify and further target hard to reach groups from the equality impact assessment.

**Phase five: Analysis, reporting and decision making (6 December 2019 – 31 March 2020)**

- Collating all consultation feedback for detailed analysis.
- Ensuring all responses have been issued.
- Drafting consultation report document.
- Presenting findings to NHS England, Clinical Senate and North Yorkshire Scrutiny of Health Committee.
- Presenting findings and recommendations to CCG’s Governing Body for decision making.
- Communicating the outcome and next steps.
- Presenting the outcome to the North Yorkshire Scrutiny of Health Committee.

**Appendix 3: High level formal consultation and engagement delivery plan (methodology)**

Action	Description	Purpose	Audience
Production of consultation materials	<p>A range of materials will be produced to support the consultation, in line with NHS England’s Accessible Information Standard, including (but not exclusively):</p> <ul style="list-style-type: none"> <li>• Full consultation document</li> <li>• Summary consultation document (with easy read version)</li> <li>• Consultation questionnaire (with easy read version)</li> <li>• Form for capturing other feedback</li> <li>• Posters, flyers and pull up banners</li> </ul>	To provide clear accessible information in a number of formats and let people know about the opportunities for information and involvement.	<p>STHFT staff</p> <p>General public – including diverse, hard to reach and hard to hear groups</p>



	<ul style="list-style-type: none"> <li>• Video</li> <li>• Facilitator briefing (for consultation event support)</li> <li>• FAQ (hard copy and on website)</li> <li>• Fact sheets</li> <li>• Patient scenarios (vignettes)</li> <li>• Myth buster infographics</li> <li>• Web based and digital/social media materials</li> <li>• Friarage newsletter (every 2 months with STHFT, CCG and TEWV updates)</li> </ul> <p>Information will be available in other formats upon request.</p>		
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<p>Distribution of consultation materials</p>	<p>(Suggested quantities only)</p> <ul style="list-style-type: none"> <li>• X5 consultation documents to be kept on the Friarage and James Cook sites in key places</li> <li>• X25 consultation documents to be printed and distributed to each GP practice (including branches)</li> <li>• X10 consultation documents to be kept in local libraries</li> <li>• X500 summary consultation documents to be distributed to all GP practice branches, local libraries, Friarage and community sites (including easy read)</li> <li>• X500 summary consultation documents for events (including easy read)</li> <li>• X1000 full and easy read questionnaires to key community locations and for events</li> </ul>	<p>To raise awareness of the consultation / engagement and provide the opportunity to participate amongst current and potential users of health services</p>	<p>STHFT staff</p> <p>General public – including diverse, hard to reach and hard to hear groups</p>
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Healthwatch/ Health Engagement Representative (HEN) meetings	Bi-monthly meetings and regular electronic catch-ups with Healthwatch North Yorkshire and the CCG's Health Engagement Network Representatives	To review, advise, critique and challenge the consultation/ engagement process	Three Health Engagement Reps and Healthwatch NY representative s/ volunteers and management
PPGs	Regular updates via practice managers or face to face meetings	To review, advise, critique and challenge the consultation/ engagement process	Public reps from each GP practice with support from HEN Reps

Drop in events	<p>Large events at key locations across the geography including:</p> <ul style="list-style-type: none"> <li>• Northallerton</li> <li>• Thirsk</li> <li>• Catterick</li> <li>• Stokesley</li> <li>• Middleham</li> <li>• Richmond</li> <li>• Leyburn</li> <li>• Hawes</li> <li>• Bedale</li> <li>• Masham</li> </ul> <p>The following will be utilised:</p> <ul style="list-style-type: none"> <li>• Market places</li> <li>• Town halls/ hotel meeting spaces</li> <li>• GP practices</li> <li>• Friarage outpatients</li> <li>• James Cook outpatients</li> </ul>	To present consultation/ engagement and provide opportunity to participate	General public – including diverse, hard to reach and hard to hear groups
Unmanned information stations	<p>Left at:</p> <ul style="list-style-type: none"> <li>• Hambleton District Council reception area</li> <li>• Richmondshire District Council</li> </ul>	To have regular visibility of the consultation/ engagement and	General public



	<p>reception area</p> <ul style="list-style-type: none"> <li>• Friarage reception area</li> <li>• Local libraries</li> </ul>	provide opportunity to participate	
Voluntary sector	<p>Materials distributed to local community groups for onward distribution or their own consultation/engagement meetings.</p> <p>Face-to-face sessions with CCG/STHFT reps upon invitation</p>	To present consultation/engagement and provide opportunity to participate	General public – including diverse, hard to reach and hard to hear groups
Hard to reach/vulnerable/learning disability	Face-to-face sessions with CCG/STHFT reps going to 'where they are' – support from NYCC or voluntary sector will be required	To present consultation/engagement and provide opportunity to participate	Diverse, hard to reach and hard to hear communities groups
Stakeholder sessions	<p>Meetings or workshops with:</p> <ul style="list-style-type: none"> <li>• MP meetings</li> <li>• County councillors</li> <li>• Local councillors</li> <li>• Town councillors</li> <li>• Parish council representatives</li> </ul>	To present consultation/engagement and provide opportunity to participate and scrutinize	Specific stakeholder groups with high local influence
GP Practice sessions	Updates at Council of Members, practice manager meetings and special workshops	To present consultation/engagement and provide opportunity to participate and scrutinize	Partners
STHFT staff sessions	Led by STHFT clinicians held in accessible locations and at varying times	To present consultation/engagement and provide opportunity to participate and scrutinize	Staff
Scrutiny of Health / NYCC	Informal and formal briefings (all minutes recorded) with the Committee and Chair/Deputy	To present consultation/engagement and provide opportunity to scrutinize	Stakeholders / influencers
NHS England	Formal meetings and regular updates (via communications teams)	To present consultation/	Influencers / regulators



		engagement and provide opportunity to scrutinize	
Clinical Senate	Formal meetings and regular updates	To present consultation/ engagement and provide opportunity to scrutinize	Influencers

Media	Regular release of proactive media to feature in print, digital, TV and radio. Releases will also be sent out at key milestones. Reactive media work will be actioned throughout. Out-of-hours media cover will be considered and agreed between both the CCG and STHFT.	To present consultation/ engagement and key messages	Media
Digital	Regularly update the CCG website. Utilise the existing Friarage website for consultation/engagement. Produce a suite of social media materials and videos. Produce materials for GP Practices and other locations with display capability.	To provider regular reminders about the consultation / engagement	Online communities

## Appendix 4: Our statutory requirements

Any reconfiguration of services requires a robust and comprehensive engagement and consultation process. NHS organisations are required to ensure that local people, stakeholders and partners are informed, involved and have an opportunity to influence any change.

This document is guided and influenced by the “Six Principles for Engaging People and Communities; definitions, evaluation and measurement”. The principles are:



1. Care and support is person-centered; personalised, coordinated and empowering.
2. Services are created in partnership with citizens and communities.
3. Focus in on equality and narrowing inequality.
4. Carers are identified, supported and involved.
5. Voluntary community and social enterprise, and housing sectors are involved as key partners and enablers.
6. Volunteering and social action are key enablers.

At the heart of the principles is the assertion in the [NHS Five Year Forward View](#) that 'a new relationship with patients and communities' is key to closing the three gaps identified by the NHS Five Year Forward View: health and well-being, quality of care and treatment, finance and efficiency.

These principles require the NHS to ensure that there is a move away from paternalistic, fragmented health and social care services and that the focus is on supporting people to better manage their health and well-being. It is for NHS organisations to ensure that the focus is on ensuring people have as much choice, voice, control and support as they want in decisions that involve their health and care. Growing evidence shows that involvement is the key to improving outcomes and improving the experience of care.

Creating services in partnership with the public and communities and using a co-design approach to designing services means working with all sectors of the community including voluntary, community and social enterprise sectors along with patient participation groups, carers and other agencies.

The document supports the need to focus on equality and ensuring that it includes all the groups protected under the Equality Act 2010, as well as people who are less likely to use services and those who have the lowest health outcomes. Identifying and supporting carers and ensuring they are involved in this part of the process is essential.

## Appendix 5: Legislation

The process for involving people requires a clear action plan and audit trail, including evidence of how the public has influenced decisions at every stage of the process and the mechanisms used.



Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for change in relation to the way in which services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) 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.

Section 2a of the NHS Constitution gives the following right to patients:

*“You have the right to be involved, directly or through representatives, in the planning of healthcare services, 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.”*

In addition the Secretary of State for Health has outlined four tests for service change:

Support from GP Commissioners	Engagement with GPs, particularly with practices whose patients might be significantly affected by proposed service changes
Clear clinical evidence base	The strength of the clinical evidence to be reviewed, along with support from senior clinicians from services where changes are proposed, against clinical best practice and current and future needs of patients

Strengthened patient and public engagement	Ensure that the public, patients, staff, Healthwatch and Health Overview and Scrutiny Committees are engaged and consulted on the proposed changes
Supporting patient choice	The central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place and the right time. There should be a strong case for the quality of proposed



	service and improvements in the patient experience
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## Appendix 6: The Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case of Regina v London Borough of Brent ex parte Gunning. This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

The principles are:

- **Consultation must take place when proposals are still at a formative stage**  
Consultation should be at a stage when the results of the consultation can influence the decision-making (and Gunning 4).
- **Sufficient reasons must be put forward for the proposals to allow for 'intelligent consideration'**  
A preferred option may be included and this must be made obvious to those being consulted. Information and reasons for the proposals must be made available to allow for consultees to understand why they are being consulted as well as all the options available and what these mean. Equality Impact Assessment to be completed and sit alongside the consultation document.
- **Adequate time must be given for consideration and response**  
There is no set timeframe recommended but reasonable steps must be taken to ensure that those consulted are aware of the exercise and are given sufficient time to respond.
- **The outcome of the consultation must be conscientiously taken into account**  
Decision-makers must be able to show they have taken the outcome of the consultation into account – they should be able to demonstrate good reasons and evidence for their decision. This does not mean that the decision-makers have to agree with the majority response, but they should be able to set out why the majority view was not followed.

