A new health DEAL for Trafford

High Quality
Safe
Accessible
Sustainable

NHS

Consultation strategy and plan

A New Health Deal for Trafford: High Quality, Safe, Accessible, Sustainable

February 2012

Introduction

Background

The NHS was created to ensure that people could get healthcare based on need and not ability to pay. Since its birth in Trafford 60 years ago the NHS has become the envy of most of the rest of the modern world. The challenge now, both nationally and locally, is for the NHS to continue to improve quality and efficiency. To achieve this in Trafford we need to build on what we have done so far and develop Trafford's health system; develop it into one that offers Trafford residents a choice of healthcare services that are accessible; high quality; and sustainable into the future. Ultimately, the challenge now for the NHS in Trafford is to improve quality through the spread of innovation and productivity - doing more for the same, or with even fewer resources - whilst protecting the need to prevent illness.

The Case for Change

A number of factors make it specifically necessary to look at doing things differently in Trafford.

The population residing within Trafford's boundaries is diverse, varying from areas of high deprivation in the north to areas of relative affluence in the south. Life expectancy in these areas varies greatly. A major challenge for improving the health of the borough lies in tackling the 80% of deaths in Trafford which are as a result of three types of disease: cardio-vascular disease (CVD); cancer and chronic obstructive pulmonary disease (COPD). This trend is consistent throughout the Trafford population and mortality rates for these disease areas are consistently above the national average.

Overall, the health of Trafford is better, or similar to, the national average. However, this 'average' picture however, can be misleading, particularly in Trafford when there are many lifestyle inequalities in relation to deprivation, gender and ethnicity. People in the more deprived parts of the borough live shorter lives than those in the more affluent areas – as much as eleven years less for men and six years less for women as indicated in the 2011 Health Profile for Trafford. Also, those with mental health problems and learning disabilities suffer much poorer physical health than the rest of the population. More importantly, there is a widely acknowledged recognition that healthcare costs relating to mental health are likely to double over the next 20 years.

In addition, life expectancy is increasing in men and women, although people are still dying earlier than necessary. Some specific health indicators in Trafford are significantly worse than the national average, including deaths caused by smoking, binge drinking in adults and the number of physically active children. The most economically and socially deprived neighbourhoods in Trafford have the greatest levels of health deprivation, with the worst being north of the borough within the ward of Clifford but also within pockets of Bucklow St-Martins and St Mary's.

In terms of the health provider landscape, it is made up of primary, community and intermediate, mental health, clinical assessment and treatment centres, acute and specialist providers, which offer a range of health services to the local population of Trafford. The providers of these services are overwhelmingly NHS providers. However, Trafford Healthcare Trust – one of the main acute providers for Trafford residents - is one of the smallest acute trusts in the country and has a historic deficit of £8.3M dating back to 2006/7, which means it is rated as financially challenged.

In July 2010 the publication of the draft Health and Social Care Bill stipulated that all NHS healthcare providers must achieve foundation trust status. However, there was no guarantee that Trafford Healthcare Trust would be able to become a Foundation Trust by April 2014.

So, both the risk of not being able to achieve Foundation Trust status, and the fixed costs associated with being a small Trust, would have made it very difficult for it to remain viable as an independent organisation. So its Board took the view that the best way to protect frontline services for people would be to remove the costs associated with its own board and top management structure. On 3 December 2010, Trafford Healthcare NHS Trust announced its intention to seek to become part of a larger organisation rather than pursuing foundation trust status in its own right.

The Commissioning Response

NHS Trafford's strategic commissioning intentions are to specifically respond to a number of significant factors:

- Increasing predicted demand on health and care as a result of changing demographics
- Improving the quality of care delivered to enable a transformation in the way services are provided across health and social care by working in partnership with Trafford Council and the borough's main health providers
- Financial constraints facing the NHS in Trafford and in particular addressing the underlying deficit in Trafford Healthcare Trust

NHS commissioners understand that the current local environment and economic climate within the health system and have concluded that it needs to shift from simply cutting costs to improving productivity - doing more for the same, or with even fewer resources - and improving quality through the spread of innovation, whilst protecting the need to prevent illness.

In response, NHS Trafford, in partnership with Trafford Council, the borough's main acute and community health service providers and others, has set out to develop an integrated care system that seeks to tackle the underlying issues within the health and care system by ***delivering high quality care and treatment, at the right time, in the right place, by the right people, with the most modern, up-to-date technologies and facilities available.***

In February 2009, the Board of NHS Trafford confirmed that there was sufficient need and rationale to progress with the development of such an integrated care system and on this basis pilot work in partnership with Trafford Council, Trafford Healthcare Trust and other acute and community based health service providers was undertaken to test the concepts of integrated care further.

So with the growing pressure on finances within the NHS and public sector in general, there are two main areas of the work being undertaken in Trafford - organisational reconfiguration and clinical service redesign.

In terms of organisational reconfiguration, Central Manchester University Hospitals NHS Foundation Trust (CMFT) has been announced by Trafford Healthcare Trust (THT) as its preferred acquisition partner. This is subject to agreement on funding and the necessary regulatory approval, which if approved will mean that Trafford Healthcare NHS Trust will be dissolved and become part of CMFT at the earliest by 1 April 2012. This will help resolve some of the underlying structural deficit within the Trust.

It will not in isolation, however, improve the efficiency of, or outcomes delivered by, the overall health and care system. But it will provide the right basis to undertake the much needed work on *clinical service redesign* that will improve outcomes and access to services as well as resolve the underlying efficiency of the local health and care system and future viability of its main acute provider.

To this end health service commissioners, Trafford Council's commissioners and social care team, Trafford's three major acute providers and community health providers have joined together to undertake work to redesign health and care services with the ambition of delivering high quality, safe, accessible and sustainable services which are integrated wherever possible for the future

In summary, there remains a need to look again at how clinical services are designed, organised and provided.

Why Consult?

In order to ensure that our local communities have a voice in the configuration of clinical services it is important that a full public consultation should be undertaken. There are at present a number of different clinical options in advanced stages of development, and these will form the basis of a public consultation exercise.

We will consult with local patients, public, partners and key stakeholders, and utilise the feedback to influence the final decision that will determine any preferred option for the configuration of local clinical services.

This document details how we propose to complete the New Health Deal for Trafford consultation, which has been supported by an awareness raising campaign, and the provision of a wide range of opportunities and mechanisms that have encouraged our local communities to get involved, and share their views and opinions in the development of those options.

It also demonstrates our intention to complete this consultation in a manner that is meaningful, equitable and inclusive, whilst adopting an open and transparent approach. Finally, we will ensure that it meets the requirements of all relevant legislation.

Pre-Consultation Option Development Phase

The National Health Service Act 2006 requires local health organisations to make arrangements in respect of health services, to ensure that users of those services such as the public, patients and staff are involved in the planning, development, consultation and decision-making in respect of the proposals.

So when developing options to be taken forward for public consultation it is imperative that patients, public, carers, and key stakeholders are provided with opportunities to influence any decisions taken regarding the options that form part of the public consultation. This is referred to as the Pre-Consultation Option Development Phase.

This phase should be undertaken before any other formal consultation activity takes place; by undertaking the option development phase we are able to ensure that the consultation process is meaningful, continuous and enables stakeholders to influence the option development as well as then understand how a final decision has been reached. This ensures there is patient involvement from the outset of the consultation, including the planning phase.

There are two recommendations made within the NHS North West Service Reconfiguration Assurance Framework:

- Consultation, engagement and feedback should be ongoing, consistent and reach stakeholders most affected by the change **throughout all the stages**.

- Relevant stakeholders should be involved in the **development of proposals** from an early stage. It is vital to continue to engage and involve stakeholders throughout the life of a scheme

These recommendations support the principle that patient involvement should begin during the development phase and not just at the start of a 12 week formal public consultation.

Pre-Consultation Option Development Phase Methodology

Given that the need for change within the Trafford health system has been understood for some time, work started as far back as 2008 to work with local stakeholders and communities to develop designs and options for securing the future stability and sustainability of the local health and care system. The table below outlines this chronology of public and stakeholder engagement activity.

June - September 2008	• Major large scale conversation with the local population to help shape and determine health priorities for the next five years. • Responses from the local population used to build the design process for a clinical conversation.
October 2008	• Major clinical congress to understand the views of local people and start the process to design a new model of integrated care.
November 2008 - February 2009	• A series of population wide deliberative events to identify the appetite for integrated services and the public's values that should inform any future development.
February 2009	• Open public meeting between the Board of NHS Trafford and local people. • Heard the views of local people and debated and agreed the policy framework for integrated care with the public.

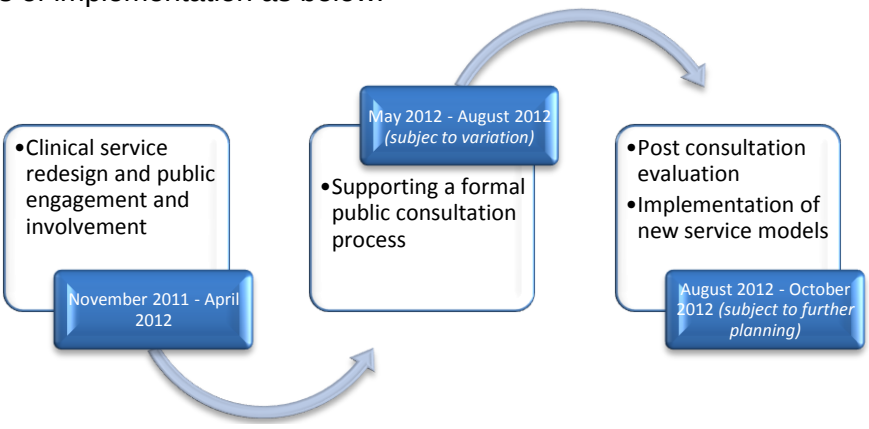
	• Pilot work was confirmed to test the concepts of integrated care with further public engagement.
April 2009 – November 2010	• Community representatives (including members of Trafford LINk) formed a citizens' panel, which met five times with the integrated care project leads to inform future clinical developments. • 31 conversations were held with representatives of 'hard to reach groups' to identify trends relating to their experiences of health services. • 15 patients were recruited and trained to participate in clinical pathway design discussions with clinicians and health managers to inform proposed changes, and identify their perceptions of the benefits. • Stakeholder Reference Group established to include the Trafford LINk in shaping the strategic discussions with Board level decision makers. • Regular briefings with OSC and senior councillors and MPs were held. • Public representatives involved in evaluating the acquisition bids for the running and management of THT services.

The major obstacle to progressing this work further came from national confirmation that that all NHS healthcare providers must achieve foundation trust status by April 2014 – something which could not be guaranteed within such a timeframe by Trafford Healthcare Trust.

Now having resolved the long-term future of the borough's acute provider, health service commissioners, Trafford Council's commissioners and social care team, Trafford's three major acute providers and community health providers have been able to join together to undertake the further design work needed to identify how they can collectively realise the ambition of delivering high quality, safe, accessible and sustainable services which are integrated wherever possible for the future.

Therefore, in November 2011 clinically and publicly driven pre-consultation option development work was re-started.

Our approach to arrive at a final model of care has therefore, latterly been geared around three phases of implementation as below:

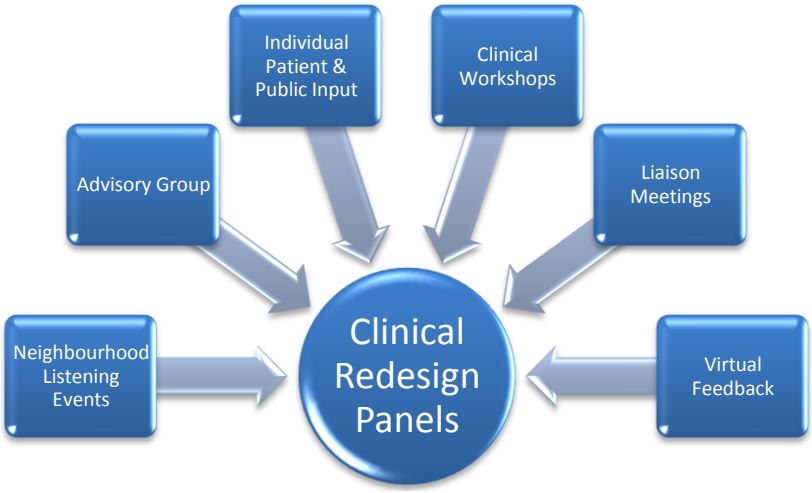


The first phase of work, a continued part of the pre-consultation option development phase, was shared with and agreed by the Overview and Scrutiny Committees in both Trafford and Manchester. The detailed tactical delivery aspects of this phase of activity are not contained within this document but are available for further reference within the document entitled

'Communications strategy and plan: A New Health Deal for Trafford: High Quality, Safe, Accessible, Sustainable', December 2011, which is available from NHS Trafford's Communications and Engagement Team.

Broadly we have supported a period of engagement with stakeholders to seek their views and help develop the best possible options for service development. This engagement phase took place from November 2011 to March 2012 to ensure that relevant stakeholders are firstly, involved in the development of options from an early stage and secondly, involved throughout the life of the remainder of the programme.

Our tactical approach, reported and agreed by OSC in Trafford (December 2011) and Manchester (February 2012), to this phase of engagement and involvement comprised six key components:



Further detailed explanation of the activities for each component can be found within the appendices to this document.

Using the feedback obtained

Information collected from the six pre-consultation processes is used in a variety of ways:

- It is used to shape the vision for the future of healthcare services within Trafford;
- It is fed directly into the clinical redesign discussions which in many cases have actual patients involved in those discussions providing further real time capture of experiences and patient views;
- It is fed into the option appraisal process, which is to look at determining which options are appropriate and suitable based upon criteria that have been developed with further public input

The detailed findings from this pre-consultation options development phase are available from NHS Trafford's Communications & Engagement Team.

Formal Consultation Approach

Policy Drivers for NHS Consultations

Our approach will follow the Department of Health guidance 'Changing for the Better' and the rights and responsibilities enshrined in the NHS Constitution. There is no prescribed form for consultation, however, case law has established four key principles that the Trust must meet for the consultation to be lawful.

These are:

- Consultation should take place at a time when proposals are still at a formative stage.
- The consulting body should give sufficient reasons for any proposal so as to enable intelligent consideration and response.
- There should be adequate time for consultation and response (usually 12 weeks)
- There should be conscientious consideration of the product of consultation.

In addition, the Operating Framework for the NHS in England 2010/11 set out four new tests designed to build confidence within the service, with patients and communities which service reconfiguration proposals must meet.

The tests require reconfiguration proposals to demonstrate:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base; and
- Consistency with current and prospective patient choice.

Scope of Consultation

To ensure that the consultation is meaningful, clear aims and objectives have been agreed, which will help people understand the scope of the consultation and the extent to which their input can influence decisions.

The consultation mandate (below) defines our aims and objectives for the consultation and sets out its scope. It should be used as terms of reference for all those involved so we can clearly define the boundaries of the consultation.

Consultation Mandate

The following mandate has been agreed with the Strategic Programme Board, established by NHS Greater Manchester to oversee the New Health Deal for Trafford programme:

We, NHS Greater Manchester, need to understand the views of local people and their representatives such as:

- Locally Elected Members
- Local Authority Overview and Scrutiny Committee(s)
- Local Authority Officers
- Health & Wellbeing Board(s)
- Local Involvement Networks
- Local Members of Parliament
- University Hospitals of South Manchester Foundation NHS Trust (UHSM)
- Northwest Ambulance Services NHS Trust

- Bridgewater Community Healthcare NHS Trust
- Shadow (Pathfinder) Clinical Commissioning Groups within Trafford, South Manchester and Central Manchester
- Other relevant and appropriate healthcare provider organisations
- NHS Trafford, Manchester, and Salford Staff
- Independent Contractors
- Area Based Organisations (e.g. Township Groups, Area Forums, Resident Associations, Carers Associations, Patient Groups)
- Relevant community and voluntary organisations
- Other stakeholders with a material interest in the PCT's plans

About:

- The options for the reconfiguration of clinical services within Trafford

Note: it is not until the Consultation Document has been finalised that the questions in relation to the public consultation can be determined. The plan will be updated accordingly to reflect this

Specifically during the consultation we will be seeking peoples' views on the options presented.

The findings from this consultation will be utilised by NHS Greater Manchester. The findings of the consultation will be presented to a) the Board of NHS Greater Manchester which will determine a resolution on the outcome of the consultation and the preferred choice of option as a corporate Board following a recommendation from the Joint Committee of Commissioners, b) the relevant overview and scrutiny committees, and finally c) to NHS North West for final decision.

We will do this by taking into account, where appropriate, the views of local people, their representatives and other key stakeholders. This plan will then be used as the basis for all information pertaining to the approach and engagement methods used during the consultation.

Cabinet Office guidelines recommend a period of 12 weeks for consultation of this nature. This consultation programme will commence in week commencing 16 July 2012 and it will formally close on Friday 19 October 2012, which provides for two extra weeks (14 weeks in total) to allow for the summer holiday period. During this time the Consultation Project Team[1] will aim to provide various opportunities and mechanisms for people to comment and a range of events for public participation.

By enabling local people and stakeholders to influence the final decision regarding the preferred options for clinical service redesign in Trafford we are ensuring that:

- Our local populations have a voice, and are able to share their views, opinions and concerns
- People have a better understanding of the Trafford New Health Deal reconfiguration programme and how that might affect the services they access or receive.
- We dispel any myths about changes to services that are or are not taking place

[1] Consultation Project Team refers to engagement representatives from NHS Trafford, NHS Manchester and NHS Greater Manchester.

- Build relationships with local communities, partners and stakeholders and maintain a continuous dialogue

The consultation programme will commence in the week of 16 July 2012 following an intense period of public engagement between November 2011 and April 2012. The consultation will formally close Friday 19 October 2012.

The remainder of this plan outlines who the target audience for the consultation will be, how the consultation will be publicised, the methods used to engage people in the consultation, when this will take place and how the responses will be used by NHS Greater Manchester and NHS North West.

Consultation Objectives

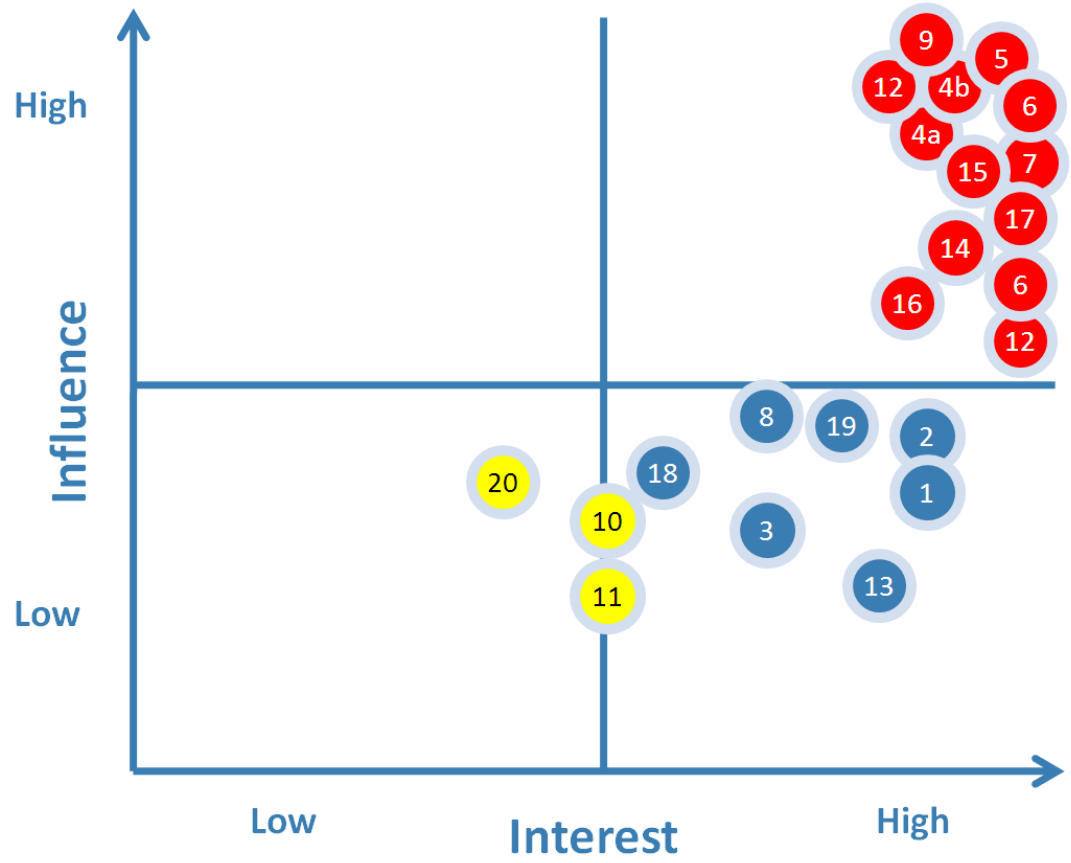
- To consult on the proposals with a representative range of internal and external stakeholders.
- To build public and staff support for the proposed changes.
- To meet the Trust's obligations to consult with staff and external stakeholders about potential changes.
- To meet the four new tests set out by the Secretary of State for Health
- To provide a channel for staff and external stakeholder views to inform the decision making process.

Consultation Audience

We have identified all of our stakeholders and grouped them into common segments / categories as follows:

1. NHS commissioning staff (within Trafford, Manchester and Salford)
2. NHS provider staff (within UHSM, CMFT, BWR, SRFT, NWAS)
3. NHS staff representative organisations
4. Politicians
    a. MPs
    b. Local Councillors (Trafford and Manchester)
5. OSC Members (Trafford and Manchester)
6. Local Authority 'Cabinet' (or equivalent) Members (Trafford and Manchester)
7. Clinicians
8. Patient groups
9. Statutory NHS organisations, including UHSM, CMFT, BWR, SRFT, NWAS
10. Community groups and organisations
11. Voluntary groups and organisations
12. Campaign and specialist interest groups and individuals
13. The media
14. Trafford LINk
15. Health & Wellbeing Boards (Trafford and Manchester)
16. Council Senior / Executive Officers (Trafford and Manchester)
17. Clinical Commissioning Groups in Trafford, South Manchester, Central Manchester and Salford
18. Independent healthcare contractors, including pharmacists, dentists and optometrists
19. Local health representative committees, including LMC, LOC, LPC
20. Relevant area based organisations

These broad areas have been segmented in more detail and we have undertaken a comprehensive stakeholder analysis to identify their level of interest and influence, in the Trafford clinical services redesign process, which is summarised at a high level below:

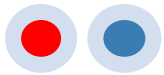


The stakeholder mapping results have then been used to determine how best to engage these groups based on the following criteria:

Symbol	Power/Interest	How to engage in the consultation.
	High influence and high interest	High-capacity methods. Highest priority
	Low influence and high interest	Pro-active engagement and support. High priority (some of these stakeholders have more power to influence decisions, but they will need support to achieve this)
	High influence and low interest	Keep informed throughout. Low priority
	Low influence and low interest	Information provision. Acknowledge right to participate. Lowest priority. If appropriate encourage desire to participate through targeted publicity.

Consultation Methods

Based on the stakeholder analysis, the following methods have been chosen to engage these different groups in the consultation exercise, with resources focusing on engaging efficiently and effectively for those groups that have a “high interest and high influence” and those that have a “low influence and high interest” as priorities. This is represented in the table below:

Priorities for engagement: 

Dialogue method(s)	Purpose	Principle audience(s)	Secondary audience(s)
New Health Deal Full Consultation Document	Full document will be provided to all statutory consultees in line with best practice	• Politicians (MPs, Cllrs, OSC Members) • Clinicians • Statutory NHS organisations • Trafford Link • Health & Wellbeing Board • Local Authority Officers • Pathfinder Clinical Commissioning Groups • Staff side organisations • Local health representative committees	N/a
New Health Deal Summary Consultation Document	Summary document will be made available to all (approx. 90,000) households in Trafford and through general public buildings	• NHS staff • Patient groups • Community groups and organisations • Voluntary groups and organisations • Campaign and specialist interest groups and individuals • The media	N/a

Dialogue method(s)	Purpose	Principle audience(s)	Secondary audience(s)
		• Independent healthcare contractors • Area based organisations	
Website - Consultation Document	Website will be available to all consultees to access the consultation documents and information and to provide responses to the consultation questionnaire	All stakeholders	N/a
Stakeholder one-to-one meetings / presentations	Meetings and presentations will be held with a variety of groups and organisations upon request with the aim of explaining the consultation and proposals for changes	• Statutory NHS organisations • Trafford LINk • Health and Wellbeing Board • Trafford Council Executive • Local health representative committees	• Community groups and organisations • Voluntary groups and organisations • Campaign and specialist interest groups and • Area based organisations
Public events	Open public meetings will be held in key venues throughout Trafford (and parts of Manchester) to enable local residents, groups and organisations to attend to hear about the consultation and the proposed changes	All stakeholders	N/a
Focus group “style” events	Focus group style meetings will be held with key hard to reach groups to enable them to hear about the consultation and the proposed changes	• Community groups and organisations • Voluntary groups and organisations • Campaign and specialist interest groups and individuals	
Engaging representative groups through one-to-one meetings, and workshops	Community group style meetings will be held to enable them to hear about the consultation and the proposed changes	• Community groups and organisations • Voluntary groups and organisations	

Dialogue method(s)	Purpose	Principle audience(s)	Secondary audience(s)
Bespoke dialogue activity targeted at seldom heard/hard to reach. To include focus groups and to seek to engage representative groups	Focus group style meetings will be held with key hard to reach groups to enable them to hear about the consultation and the proposed changes	• Seldom heard groups based upon the new equality key characteristics framework	
Advisory Group (Patient Reference Group)	To provide feedback and regular input to the consultation process, including pre-consultation option development, appraisal criteria etc, on behalf of local people	• Members of the local resident community of Trafford	N/a

Staff delivering the consultation will be involved in the briefing sessions

Publicising the Consultation

The consultation programme will be supported by a media and promotion campaign. This will publicise the opportunities for people to get involved and encourage them to do so.

Our plan for publicising the consultation includes the following:

- Ensuring continued branding of the consultation exercise, which will generate interest, awareness and encourage patients/public to get involved. This name or concept will help act as a creative hook for symbolising our desire to hear people's views about the configuration of services and demonstrate our commitment to be open and transparent cutting across cultures, beliefs and communities.

- Execute this concept by:
    - Providing access to the Consultation document to all interested/relevant patients/public with feedback form either hard copy or electronically
    - Sending the Consultation document to all relevant stakeholder groups together with a feedback form
    - Placing posters and leaflets in local places of interest
    - Getting local clinical and patient spokespeople on local radio stations
    - Positive coverage, promoting dialogue, in the local media
    - Delivering the consultation plan (e.g. public events, meetings, involvement websites, membership/involvement schemes)

- All consultation documents, materials and events will use the same branding in order to build and maintain awareness, continuity and ease of recognition.

Other Activity

Other activity will be developed specific to localities as the consultation progresses. This will be focussed on specific groups or areas.

Examples will include:

- Issuing Media Releases to the various media including 'civic or cultural newspapers' (eg local housing newsletter / area newsletters, etc).
- Completing activities such as focus groups with particular target groups to get feedback on a specific service areas
- Holding activities or delivering presentations that tie in with other events already taking place in local communities
- Using interactive voting equipment where possible with groups such as the Youth Parliament, Learning Disabilities Patient Groups etc
- Taking road shows into the heart of communities most likely to be affected from the configuration changes.

Ensuring the consultation is meaningful, equitable and inclusive

The consultation will be comprehensive – using a diverse range of methods/mechanisms to make sure that we target seldom heard groups and hard to reach communities. These methods include:

- Leaflets distributed across the communities – targeting those with poorest health outcomes
- Public events

- Focus groups with particular sections of the population – particularly those who are considered “seldom heard”
- Using existing information to target patients, service users and carers
- One to one meetings
- Working with the local councils to seek the views of those in supported living and other “minority” groups
- Using community development workers to help seek the views from areas where there is a high ethnic population or language barriers
- Visiting schools to seek the views of younger people, accessing the Youth Parliament and local colleges
- Presentations to each of the Area Forums (where they believe it to be beneficial) and Health and Wellbeing Board
- Working with Local Involvement Networks to access communities

This approach is adopted across all local consultation and engagement carried out by the PCT and adheres to the principles of best practice in consultation as identified by The Consultation Institute.

Consultation Messaging

This consultation (and supporting communications) strategy will focus on clear messages to explain the proposals. The overarching message is **that these proposals are about providing the best care in the most appropriate setting for our patients.** Supporting this overarching theme will be the messages that:

- Patient safety is the priority
- The proposed changes will provide better quality care for patients
- Trafford's hospitals have a key role in the clinical plans of the commissioners and provider

Audience	Key Messages
Patients/Public	• High quality, safe and sustainable care delivered by highly skilled and trained professionals in the right facilities that are appropriately equipped and available at the right time • Driven by clinicians ensuring services are safe and sustainable • Securing the future of the NHS in Trafford for the next 60 years – locally based NHS provided services • Understand the options that are presented within the Consultation document and understand the implications for each one
PCT Staff (all groups)	• Understand the options that are presented within the Consultation document and understand the implications for each one • Create a sense of common cause & momentum to drive delivery of consultation • Understand and support NHS reform and their role • Accept change • Securing the future of the NHS in Trafford for the next 60 years – locally based, NHS provided services
Local politicians (Councillors and MPs etc)	• Understand the options that are presented within the Consultation document and understand the implications for each one • Create a sense of common cause & momentum to drive improvements in healthcare – NHD programme will provide safer more sustainable services • High quality care delivered by highly skilled and trained professionals in facilities that are appropriately equipped (right time, right people, right place) • Driven by clinicians ensuring services are safe and sustainable • Partnership working between stakeholders and patients/public has determined the reconfiguration options
Key stakeholder groups	• Create a sense of common cause & momentum to drive improvements in healthcare – NHS programme will provide safer more sustainable services

Audience	Key Messages
	• High quality care delivered by highly skilled and trained professionals in facilities that are appropriately equipped
Other NHS bodies	• Create a sense of common cause & momentum to drive delivery of reconfiguration • Position configuration plans as a key benefit for patients • Encourage and engage organisations to accept the reconfigurations and see the potential benefits for patients • Understand and support NHS reform and their role
Other PCTs	• Ensure a co-ordinated message is being transmitted by all PCTs
Community and Voluntary Sector (groups and individuals)	• Understand the options that are presented within the Consultation document and understand the implications for each one • Create a sense of common cause & momentum to drive improvements in healthcare – NHD programme will provide safer more sustainable services • High quality, centralised care delivered by highly skilled and trained professionals in facilities that are appropriately equipped • Driven by clinicians ensuring services are safe and sustainable • Partnership working between stakeholders and patients/public has determined the reconfiguration options
Independent Contractors	• Create a sense of common cause & momentum to drive delivery of reconfiguration and consultation • Position configuration plans as a key benefit for patients • Encourage and engage organisations to accept the reconfiguration and see the potential benefits for patients • Understand and support NHS reform and their role • Accept (more) change
Media	• Understand the options that are presented within the Consultation document and understand the implications for each one • Create a sense of common cause & momentum to drive improvements in healthcare – NHS programme will provide safer more sustainable services • High quality care delivered by highly skilled and trained professionals in facilities that are appropriately equipped • Driven by clinicians ensuring services are safe and sustainable • Partnership working between stakeholders and patients/public has determined the reconfiguration options

Consultation Delivery Plan

We will ensure that the majority of consultation activity is "front loaded" to enable as many people to come forward as possible and to enable the NHS to be able to positively respond to any bespoke requests within the 14 week "consultation window".

Week	Date	Activity	Lead
1	**16 July**	**Consultation Opens**	**N/a**
		Media release issued to announce formal start of consultation	Comms Team
		Full Consultation document mailed out to statutory consultees: • MPs • MEPs • Councillors • Other NHS organisations – CEOs / Boards • LINks • PCTs and Pathfinder CCGs – Trafford, Manchester, Salford • LMC/LPC/LOC/LDC – Trafford/Salford, Manchester	Comms Team
		OSC Lead Officers informed consultation now live	Comms Team
		Consultation open announcement posted to Facebook, Twitter and other social media channels	Comms Team
		Consultation document uploaded and published onto NHD website www.healthdeal.trafford.nhs.uk along with questions	Comms Team
	17 July	Summary consultation document: • Distribution commences to all households in Trafford through either local newspaper or solus (door drop) delivery where local newspapers are known not to be delivered • Distributed to all public buildings within Trafford to be made available • Distribution commences to all known community and voluntary groups and agencies • Distribution to all relevant area based organisations i.e. Trafford Housing Trust etc	Comms Team
		Advertising commences for planned public meetings	Comms Team
		Confirm dates of and agree schedule of attendance at OSC meetings with lead officers	Programme Team
2	**23 July**	Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
	24 July	Confirm Board dates of NHS organisations and attendance where requested	Comms Team

Week	Date	Activity	Lead
	25 July	Confirm dates of local health representatives committees and seek agreement to attend	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
3	**w/c 30 July**	Public open meeting programme commences	N/a
	31 July	• Stretford 4-6pm • Stretford 6-8pm	Team 1
	2 August	• Flixton / Urmston 4-6pm • Flixton / Urmston 6-8pm	Team 2
		Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
4	**6 August**	• Hale / Bowdon 4-6pm • Hale / Bowdon 6-8pm	Team 1
	8 August	• Altrincham 4-6pm • Altrincham 6-8pm	Team 2
		Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
5	**14 August**	• Sale 4-6pm • Sale 6-8pm	Team 1
	16 August	• Partington / Carrington 4-6pm • Partington / Carrington 6-8pm	Team 2
		Attend Trafford LINk Committee	Programme Team
		Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
6	**20 August**	• Old Trafford 4-6pm • Old Trafford 6-8pm	Team 1
	22 August	• Sale West 4-6pm	Team 2

Week	Date	Activity	Lead
		• Sale West 6-8pm	
		Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
7	**27 August**	• Manchester Central 4-6pm • Manchester Central 6-8pm	Team 1
	29 August	• Manchester South 4-6pm • Manchester South 6-8pm	Team 2
		Continued promotion of consultation open meetings and events • Newspaper advertising and flyers in local public buildings	Comms Team
		Internal weekly review meeting	Programme Team & Comms Team
8-14	**3 September**	Targeted focus group activity commences with seldom heard / hard to reach groups and groups that meet the protected characteristics criteria from the Equality Duties framework	Comms Team
9-14	**September**	• Attend Trafford OSC	Programme Team
		• Attend Manchester OSC	Programme Team
		• Attend Council Executive	Programme Team
		• Attend Health & Wellbeing Board	Programme Team
		• Attend local health representative committees (LMC/LPC/LDC/LOC)	Programme Team
		• Focus group work with Youth Parliament	Comms Team
		• Detailed internal review of meeting attendance so far and consideration of actions to resolve any identified planning gaps	Programme Team & Comms Team
		Continued weekly promotion of consultation	Comms Team
12	**w/c 1 October**	Reminder about consultation closing in two weeks • Letters to statutory partners • Media announcement • Announcements via programme website – www.healthdeal.trafford.nhs.uk • Announcement via programme social media channels – Twitter, Facebook etc	Comms Team
13	**w/c 8 October**	Reminder about consultation closing in one week • Letters to statutory partners • Media announcement	Comms Team

Week	Date	Activity	Lead
		• Announcements via programme website – www.healthdeal.trafford.nhs.uk • Announcement via programme social media channels – Twitter, Facebook etc	
14	**19 October**	**Consultation Closes**	**N/a**
15	w/c 22 October	Consultation evaluation commences	Programme Team Plus

Note: Any dates listed as part of this initial plan that are outside of direct NHS control are subject to change and confirmation by individual organisations. Every effort will be made to stay to the dates within the plan and any meetings not able to be scheduled within the week identified will be rescheduled following discussion with the organisation concerned. They will however take place within the 14 week consultation window.

Record Keeping and Feedback

Notes will be kept of public and stakeholder meetings and feedback from all sources recorded and considered. Feedback will be able to be submitted in a number of ways including:

- At meetings
- Via email to a dedicated feedback address
- Via the website
- In writing
- By telephone

A report on the consultation and on the PCT's decision will be presented for consideration. All respondents to the consultation will be informed of the outcome of the consultation; communication to the public will be through the PCT and associated communication channels as well as through ongoing media relations.

Evaluation of Consultation

In determining the final recommendations and outcome of the consultation a number of factors will be considered. These include:

- The Equality Impact Analysis (EIA) completed prior to consultation and the protected characteristics.
- The Needs Assessment
- The criteria used for determining the preferred option by clinicians
- The criteria used to determine the preferred option by members of the public and the themes that emerged during pre consultation.
- The four tests set out by the Secretary of State
- Full analysis of questionnaire responses and feedback from stakeholder groups

The information gathered during the consultation process will be interpreted using a template analysis approach. NHS Greater Manchester will work with the independent analyst to determine a robust methodology.

The Overview and Scrutiny Committees will receive the final report in order that they can consider the extent of the consultation process. All key stakeholders will receive a copy of the report and a period of public communications and/or engagement will be conducted to advise of the outcome and decision following the consultation.

Governance Arrangements

Roles and responsibilities for the consultation are as follows:

- NHS Greater Manchester – undertakes NHS consultation on service change and redevelopment; needs to support as commissioner; co-ordinates for other commissioners – not relevant in this case;

- North West Strategic Health Authority – required to approve the consultation;

- Overview and Scrutiny Committee (OSC) – must be formally and statutorily consulted and can refer to Secretary of State.

Conclusion

Legislation and national policy guidance places a duty on NHS bodies to involve and consult patients and the public not just when a major change is proposed, but in the ongoing planning of services and in decisions that may affect the operation of services. In the context of the proposed changes to the health system in Trafford, this means discussing with patients and the public their ideas through the New Health Deal for Trafford initiative, our plans, their experiences, why services need to change and what they want from services.

Significant engagement activity has been undertaken already around the concept of improving services through integration and it would be inappropriate to ignore this research so it has been built upon and evolved further within a period of pre consultation engagement. However, throughout the programme, involvement of the public is planned to be continuous and consistent. The period of public communications, with informal engagement with key stakeholders prior to formal consultation with the whole community has enabled the NHS to engage the local community at events, through the dedicated website, through online polls and through literature.

It is believed that due to the nature of proposed change that we should follow NHS guidelines for ‘proportionate’ consultation. The precise approach to formal consultation, which is proportionate to the likely proposals, has been outlined within this document and it will be agreed with the relevant Overview and Scrutiny Committee(s), the Department of Health and the Strategic Health Authority.

Appendices

Appendix 1: Pre-Consultation Options Development Phase Tactics

Phase one, pre-public consultation: November 2011 – April 2012 (inclusive)

Phase one activity comprises three core components: making the case for change; improving understanding to enable people to influence; and ensuring active, open participation and dialogue. In order to make the case for change and improve understanding to enable people to influence will focus on ensuring that we:

- Enhance the way in which we communicate with local people so that it makes sense to individuals, including using social media channels.

- Communicate in a way that ensures that as many people as possible understand what we are doing and where things are up to.

Ensuring active, open participation and dialogue will be about managing the way in which we engage, involve and consult with local people, staff and stakeholders.

The tactical elements of these components are outlined below.

Making the case for change

We will develop and deliver of a high profile, fast moving, branded campaign that seeks to make the case for change. We will adopt a number of tactics to help achieve this.

Going digital

- ***Website:*** *w*e will develop, build and launch a campaign-based website, not a corporate based website. This will be fully enabled to integrate with a variety of new social media channels and will be the one single portal for our stakeholders to access information on a consistent and regular basis at times that suit their own needs. It will be constantly updated and will provide the engine room of our approach to communicating with a mass audience. We will also ensure that corporate organisations, such as Trafford Council, THT, CMFT etc, involved in the programme signpost the site from their own websites.

- ***Twitter:*** *w*e will develop a campaign Twitter account and profile and build our follower base quickly but primarily through word of mouth and ongoing off and online promotion. This will integrate with our campaign website and will be used to drive traffic back on to our web platform.

- ***Facebook:*** *l*ike Twitter, we will build Facebook pages that integrate with our campaign web platform. We will use this space to create a virtual community with whom we can communicate rapidly but also encourage dialogue.

- ***YouTube:*** *w*e already have a significant number of patient stories but we will adjust these into new formats to bring them alive and build a new level of trust in what we are trying to achieve. We will then stream onto our web platform via YouTube.

- ***Blogs:*** *w*e know patients already have a significant level of trust for those clinicians with whom they interact with. We will create a series of blogs which will be written by the clinicians and care professionals on their views and opinions regarding the way in which clinical and care services could be better delivered. We will link this work into our wider activity so that it is covered through briefings and other formats too.

Communicating effectively

- ***Launches and announcements:*** we will take every opportunity to create a news story. So we will get into the habit of launching and announcing new and relevant developments all of the time. This will extend to the launch of the campaign website, appointed people, reports and so on. This will help reinforce our core messages and also our core communications channels, such as the web platform.

- ***Press releases:*** we will ensure that a constant and consistent stream of news is proactively "sold-in" to all identified media outlets and we will make specific effort to secure broadcast coverage. This will enable us to reach a wide audience.

- ***Photocalls and filming opportunities:*** wherever possible we will offer opportunities to the media to film, interview or photograph to support written stories. This will provide a further opportunity to keep the campaign alive in the media for our audiences to follow.

- ***Newsletters:*** written communications channels will form one part of how we communicate but we will recognise the limitations of this approach. We will develop syndicated articles for inclusion in existing organisational newsletters and community publications. These will be conversational but authoritative in style to ensure credibility of the message with the reader.

- ***Briefing documents:*** to ensure our key stakeholders are fully informed of progress, milestones and developments we will create a series of bespoke briefing documents that can be directly mailed to specific audiences at key points in the programme. We will seek to tailor these briefing documents to key issues relevant to each audience segment.

- ***Leaflets:*** summary information will be important to help busy people quickly digest and understand what we are trying to achieve. We will develop leaflets to achieve this and make them available in a variety of different ways.

- ***Posters:*** we will produce a series of posters for display in local public buildings that focus on reinforcing our key messages with members of the public passing through those locations we identify.

- ***Displays:*** in order to support our programme of actively meeting in the community we will produce a series of display stands to help visually reinforce our key messages. We will also seek to locate display stands within key identified public buildings that have a high footfall on a freestanding basis.

Getting out and about

- ***Presentations:*** we will develop a core presentation that contains our key messages and we will use this core presentation as support for attendance at a variety of meetings we plan out in the community and also as the basis for more specific presentational material on single issues.

- ***Attending meetings:*** we will proactively plan so that we attend as many public facing meetings between November 2011 and April 2012 as we can to ensure that we are able to explain our vision and plan for change at every opportunity and we will do so using authoritative spokespeople.

- ***Public advertising:*** we will seek to develop a time limited public advertising programme using specific bus advertising, street side billboards in prime locations and print advertising. The focus of this will be to encourage people to "join the conversation".

Improving understanding to enable people to influence

Our tactical activity to enable us to make the case for change will also focus on ensuring that we improve the understanding our audience has to enable them to better influence service options and proposals. However, there are some additional tactics that we will deploy to help with this further.

- *Dispelling myths and confirming facts* - we will use the tactical channels to dispel myths that exist about local help services and we will also seek to confirm facts or set the record straight too about how local health services operate. We will focus on some key areas, such as and including, who uses what services and where they are from, how much money exists in the health system, and what doesn't happen now but people believe it does.

- *Training to influence* - we recognise that not all people feel confident to engage in dialogue with clinicians and people in perceived positions of authority. We will seek to extend the work we have previously carried out to offer local people training to enable them to engage in the clinical design process.

- *External assurance of communication material* - we will test our communications materials with our patient and public advisory group (see next section for further detail). Materials for traditionally under-represented groups will be developed, such as easy read documents and use of specialist translation service providers.

Evolving our approach to engagement

We intend to build on the detailed planning that has already been undertaken on how to deliver integrated services in Trafford. Given that there is a need to look again at how clinical services are designed, organised and provided, it is highly likely that there will be a need for a formal public consultation.

We will therefore, support a period of engagement with stakeholders to seek their views and help develop the best possible options for service development. This engagement phase will take place from November 2011 to March 2012 to ensure that relevant stakeholders are involved in the development of options from an early stage and will then be involved throughout the life of the programme.

Our tactical approach to this phase of engagement and involvement will comprise six key components:

Trafford-wide series of listening events (November 2011 – February 2012)

- We will seek to hold a rolling programme of neighbourhood based listening events to enable the health system to share emerging thoughts and ideas widely.
- This will start the process of dialogue with a wide number of local residents.
- They will be deliberately structured to ensure that there is sufficient scope of feedback from local people that will be capable of influencing the clinically-led, patient-involved design process.
- A range of deliberative and / or appreciative inquiry techniques will be used to help generate the feedback.

Clinically-led, patient-involved design groups (December 2011 – March 2012)

- We will build upon the clinical panel concept and have patients / the public sitting alongside clinicians and managers in the clinical discussions about the design the future service configuration.

Patient and public advisory group (December 2011 – ongoing)

- Recognising that only a limited number of patients / public members can be included in the clinically-led, patient-involved design groups, we will establish a larger patient and public advisory group.
- This will enable a greater number of voices to be heard.
- We will use this group to test our thinking at key points before finalising any plans.
- We will use this group to test our communications and engagement approaches.

Clinical workshops (December 2012 – ongoing)

- Although we will communicate widely with the clinical community to ensure clinicians are well informed we will also stage a series of clinical workshops.
- These will enable those clinicians who are not able to attend design group sessions on a regular basis to still engage and influence the design work.

Liaison meetings (November 2011 – May 2012)

- We will proactively seek to attend pre-existing meetings with stakeholders and especially those within the local community that are run by community groups or the Trafford Council-led neighbourhood forums.
- We will listen carefully to comments and ensure that this is fed back into the clinical redesign groups or the project more widely where that is appropriate.

Virtual feedback (November 2011 – March 2012)

- Through our campaign website we will create a safe community for people to share their views and / or provide feedback to a series of set questions.
- We will capture this information and feed it into the clinically-led, patient-involved design groups so that it is taken into account when considering service issues.
- We will also work with Trafford LINk to devise a more independent approach to the collection of local views and opinions. Trafford LINk will run this activity as a series of town centre surveys and polls which we will analyse and feed into the clinical redesign process.

Appendix 2: Outline of Full Consultation Document

The Department of Health has produced guidance for how consultation document should be designed as both full and summary documents. Equally, this guidance also provides an expected standard for content. It has been adopted by NHS Greater Manchester and is provided within this document as an Appendix here to ensure that it is clear to all parties on what the envisaged consultation document will look like and what areas it will cover.

NHS
Greater Manchester

A guide to producing NHS consultation documents in Greater Manchester

Advisory information

Introduction

This guide & associated templates have been produced to aid the NHS in Greater Manchester in producing consultation documents. Consultation with patients and the public is an important part of NHS's role to involve patients and the public in planning and developing NHS services as identified in Section 242 & 244 of the National Health Service Act 2006.

This guide is not definitive and will evolve over time but we hope will provide organisations with helpful hints and tips, drawing on experience across the NHS in involvement and engagement. It should be read in conjunction with the NHS NW Service Change Assurance Process.

Advice

In formulating consultation documents organisations will wish to:

- Consult national evidence for change. For example, National Tsars Reports or the NHS Service Improvement – Communications Resource Pack (www.osha.nhs.uk)
- Refer to the Cabinet Office Good Practice Guide on Consultation www.cabinetoffice.gov.uk/regulation/consultation/code/introduction.asp
- Consult the organisation's legal team
- Include key stakeholders, including the third sector, at an early stage in the process. Public & Patient Involvement Forums and Overview and Scrutiny Committees are an invaluable resource in working up consultations
- Demonstrate effective Patient and Public Involvement through the consultation and how this involvement has influenced the options being presented for consultation
- Consult all relevant guidance on consultation from the Department of Health advice www.dh.gov.uk
- It should be noted that the summary document is provided as a guide only. The Summary Document should provide clarity and not obscure the consultation, be consistent with the main document, describe the options clearly and contain enough information to enable any questions posed by the consultation to be answered by the public and include the same questions for the public as the main document

General design

We suggest you use a graphic designer to input text into the template for a professional appearance

For photos you can use the NHS photo library (www.photolibrary.nhs.uk) or if you use your own photographs, make sure these are of high quality (eg. taken by a professional photographer)

We recommend that you use appropriate photos of positive situations and positive demeanours in non-traumatic situations. They don't necessarily have to be patients but must be representative of the local community

The printed summary document should be widely available within the community. Send plenty of copies to a wide variety of audiences including health (doctor's surgeries, clinics, hospitals) and the wider community (libraries, community centres etc).

Alternative innovative formats of the consultation document should be available particularly large print. This might also include webspace videos. This is particularly important if the

consultation is aimed at a particular user group (e.g. Audio copies should be readily accessible for visually impaired)

Always have the capability to produce the document in different formats or other languages (especially large print)

Reports should always be uploaded to the Trusts websites for the start of the consultation

It should be obvious how people can respond. People should be able to respond using a variety of means. If you include a telephone number ensure the line will be answered

Maintaining the NHS identity is very important when we produce documents. Full details of the NHS identity, values and communication principles can be found on www.nhs.uk/nhsidentity

Writing style

- Use simplified but not simplistic language
- Do not use acronyms and jargon, ensure the document is 'plain English'
- Try not to be too wordy. Your consultation should provide clarity but not obscure the point
- Please do not use footnotes
- Use a friendly, personal tone
- Use tables and graphs to show figures and break up the text

Ideas for accessing the consultation

- Trust websites
- Printed versions across the community
- Web space eg YouTube films
- Audio-visual tapes in libraries
- Public meetings
- Request a hard copy or digital copy user friendliness of the document

The front

The front cover must include:

- Clear logo of PCT or Trust following brand guidelines
- Appropriate photos of people from the community either on a white background or in a strip (see examples below)
- Title of consultation – this should be clear and concise
- Subtitle – 'An NHS consultation on the future of...' so as to ensure the objective of the consultation is immediately clear
- Consultation period – this should be at least three months (taking into account public holidays) for a written consultation, in accordance with the Cabinet Office Code of Conduct. Notice should be taken of other consultations, national and local elections, as such activities may influence timings of consultation processes

Inner front cover

There should be an introduction to the document. If other languages are widely used in the consultation area 'Copies available in different formats' should be translated into the popular languages next to the English version.

The NHS in... The affected area should be pictured in a clear simple map possibly with affected health facilities marked. There should also be a description of the affected area above and the current position.

Introducing the consultation

Provide a short narrative about the scope of the consultation and the mandate.

A letter from the lead clinician

A lead clinician, who will champion the proposals and the figurehead for the consultation should be identified.

He/She will be the public face of the consultation. The letter should be written clearly and cover why we are consulting, key points for the consultation and what feedback we need. Make sure you have clarified what a consultation is and that the introduction is consistent with the consultation options.

Be clear who has developed the proposals and of patient involvement.

Lastly ensure the lead clinician approves the text.

Context

This section should discuss the background to the consultation such as existing services, facts and figures and prove the need for change.

It is worth while mentioning nation and local policy, priorities, and performance. However these should be presented as relevant considerations, but not as factors that have preordained the outcomes of the consultation.

Involving patients, carers and the public

This section should identify how patients and the public have been involved in developing proposals. It might include meetings that have been held, specific patient groups who have been involved etc.

Include how you have demonstrated effective Patient and Public Involvement throughout the consultation and how this involvement has influenced the options being presented for consultation.

What you've told us

This section should identify key messages from patients and the public in pre consultation and engagement.

The section should make clear what is important to patients and the public. It should be clear how these important issues have influenced the criteria the organisation will use to assess options following this conclusion of the consultation.

The assessment criteria should be set out in this section.

How you're involvement has influenced our vision

This section should identify how public involvement has influenced the trust's vision and these proposals. This section should include how the options have developed from important themes and key messages identified by patients and the public.

Our vision for the future

Please include your organisation's vision for future services to set the scene. Why is change needed?

This section should explain why change is necessary with a clinical focus. You should provide a solid case for change.

Make sure you are persuasive in your wording to engage the audience, but ensure that no case is advanced than cannot be supported.

You should emphasise the human case for change not just facts and figures. Do not overstate any position.

Options – including what will happen if nothing changes

You need to describe each option. This should include demonstration of the positive and negative points of the options particularly relating to your assessment criteria.

You should also include how sustainable are the options overall. You need to include reference to the broad patient safety implications, resource implications, financial and work force.

Make sure that the options presented are assessed as affordable, feasible and taking into account patient safety.

Alternate between white and blue backgrounds to help differentiate between options.

Preferred option

This section is intended to explain why the option is the favoured option.

The preferred option should be linked to the assessment criteria, clearly identifying how the preferred option meets your criteria.

What will not change

This may not be appropriate but there may be consultations where you wish to highlight certain factors involved with the consultation that will not be affected. This may help combat local concerns.

What will improve

You should identify the benefits change will bring to the affected area.

Key points

This should highlight key points from the vision for the future section.

Glossary

Make sure terminology is simple – try not to make the glossary too long as you should be avoiding acronyms and use laypersons terms within the document.

Responding

Public meetings

This section should include details of public meetings. Ideally the lead clinician or a medical representative should lead public meetings and be named in this section.

You may wish to consider different formats for public meetings, for example 'traditional' public meetings, discussion groups, 'data rooms' etc.

Consultation timetable

This should include what stages the consultation has gone through to get to this stage, deadlines for responding and releasing results of the consultation and when decisions will be formed. Meeting dates can be included here.

Who we are consulting

It is good practice to outline key organisations and groups you would like feedback from. Do not just focus on public stakeholders, commercial organisations and other official public bodies, recognise that the public and groups of the public are equally or more important.

The assessment criteria

This section should include what decision criteria the organisation will use to agree which proposal should be pursued following consultation. This will have been included earlier in the document and should be consistent.

The outcome

This section needs to identify:

- Who will make the decision and when
- How the organisation will communicate the decision to the public and those who have commented specifically
- That all consultation responses will be taken into account in reaching a decision
- That the decision will be made applying the criteria set out in the consultation document to assess options

Have your say

This section should include contact details for who to respond to formally as well as general comments and enquiries. Formal responses would usually be to the lead clinician as it is more personal then a general organisation or team and the public feel like they will be listened to. However general enquiries/comments may be a team telephone number. Make sure this line will be answered.

How to respond will include options such as fill in the form opposite, telephone number or personal email address. Make sure you encourage respondents to include evidence to support their case.

In the Feedback section you should outline how and when you would like feedback. Be clear if you want people to answer specific questions as it makes evaluation easier.

You should also make clear what criteria you will use to review the responses. Make clear this may change slightly as the consultation progresses. It is useful to have clear assessment guidelines to ensure continuity throughout the consultation.

It is a good idea to include Patient and Public Involvement and Freedom of Information contact details. Freedom of Information (FOI) and data protection arrangements should be included. You should include a specific data protection clause, offering 'opt in' or 'opt out' as appropriate, within your consultation documents.

List the criteria that will be used to assess the responses and select the best option (This is a legal requirement).

Questions

Make sure the questions on the response form are as precise as possible as it makes evaluation more simple. Ensure wording is clear and to the point.

Questions could be general or directly relating to certain options. Provide opportunity for those being consulted to suggest an alternative option.

Design Template Guidance

Sections should start with full colour blue spreads with the title and a short introduction to the section.

Use images throughout to help break up the document, we recommend, roughly, a 1 to 4 ratio. When using text or quotes over an image make sure that they remain legible.

Paragraph and Character Styles have been set up in InDesign – these should always be used.

Leave clean 'white space' on every page – keeping the left margin clear. You can utilise the margin, with consideration, for The Summary Document.

Tables, graphs, quotes and highlighted text should be used to break up copy. If alternative colours have to be used on graphs or diagrams then be sympathetic to the colour palette.

Graphs should be clean and clear with plenty of surrounding space.

Specifications

- Dimensions: w210mm by h257mm
- Print: 4 colour CMYK

The document has to be set up in multiples of 4 pages. Use full page images if you are short on pages.

Appendix 3: Core Narrative

A New Health Deal for Trafford: High Quality, Safe, Accessible, Sustainable

The NHS was created to ensure that people could get healthcare based on need and not ability to pay. Since its birth in Trafford 60 years ago the NHS has become the envy of most of the rest of the modern world.

The challenge now, both nationally and locally, is for the NHS to continue to improve quality and efficiency. To achieve this in Trafford we need to build on what we have done so far and develop Trafford's health system; develop it into one that offers Trafford residents a choice of healthcare services that are accessible; high quality; and sustainable into the future.

Trafford's Challenges

The challenge now for the NHS in Trafford is to improve quality through the spread of innovation and productivity - doing more for the same, or with even fewer resources - whilst protecting the need to prevent illness.

A number of factors make it necessary to look at doing things differently in Trafford.

- ***Health outcomes in Trafford need to improve***
  Avoidable deaths are high in Trafford with 80% of all deaths attributable to just three causes – heart and circulatory disease, cancer and respiratory disease. Mortality rates for these disease areas are all above the national average. The impact of these illnesses disproportionately affects older people, and those in the areas of Trafford with the most social deprivation.

- ***The Trafford population is changing***
  There is a predicated growth in Trafford's population of more than 10% over the 25 years between 2004 and 2029. By 2012 alone there will be 2,300 more working age adults and 2,800 more people aged over 65 years than there were in 2004. This growing, ageing population presents a serious challenge to the local health economy, especially in light of tighter constraints on healthcare funding.

- ***There are unique financial pressures in Trafford***
  All health services are experiencing financial pressures, but the hospital services provided in Trafford are not affordable. Despite many years of delivering efficiency improvements in line with NHS-wide requirements, Trafford Healthcare Trust spends £5 for every £4 of income it receives. This difference is now costing the local health service approaching £20m every year – money which it has not got.

Our Plan for Change

We simply cannot carry on delivering health services in the same way. The system needs to change.

Over the past two years we have worked hard to ensure that local residents and patients have been able to influence decisions about healthcare.

We intend to continue listening so that people feel reassured that there will be "no decisions about me, without me".

From the work we have done over the past two years, we understand that local people want:

high quality care and treatment, delivered at the right time, in the right place, with the most modern, up-to-date technologies and facilities available.

On the basis of these priorities we have developed a three point plan for change.

1. ***The right care at the right time in the right place***
   Local people have said that, wherever possible, they would like services conveniently located close to where they live. We believe ensuring fair and equal access for the services each resident requires is important. Equally, choice of service for local people must be meaningful. We also understand there is a strong need to provide joined up services so that health and social care is provided in a seamless way.

2. ***Sustainable services for the future***
   We want to make sure that the best possible care is available at the lowest appropriate cost. Hospital treatment is expensive. We cannot afford to rely only on hospital care as the exclusive option for treatment. It must be readily available when it is the most appropriate option, but we must also avoid unnecessary visits to hospital when there are better ways of meetings patients' needs.

   We must ensure that there is an appropriate range of care that is available and delivered at or close to where our patients live – this is not only more accessible and convenient for patients, but will also further shift the focus within our finite resources towards front line professional and caring staff who meet patients' needs directly. We will achieve this by developing ways to support people to try to prevent them from becoming acutely ill and needing hospital care, and by personalising care more.

3. ***The highest standards of care***
   We want our patients to be confident that they are receiving the best possible quality care at all points. We know that patients want clean hospitals, care delivered by properly trained staff, and effective communication both within clinical teams and with patients.

   Overwhelmingly local people have expressed a strong desire for a cohesive health and social care system, including common records systems and better communications when patients move from one service to another.

   We will reduce risks by designing seamless pathways of care, and we will ensure that services are designed to the highest clinical standards so that local patients can be assured of the best available care at all times.

Turning the Vision into Reality

There are two main areas of the work now being undertaken in Trafford - organisational reconfiguration ***and*** clinical service redesign.

In terms of *organisational reconfiguration*, the merger of Trafford Healthcare Trust into Central Manchester University Hospitals Foundation Trust is progressing well and this will ensure continuity of locally accessible NHS-provided services for the people of Trafford.

This will also provide the right basis to move forward with the much needed development of *clinical service design* that will improve outcomes and access to services. This is now the area that we are turning our attention to.

We firmly intend to build on the detailed planning that has already been undertaken on how to deliver integrated services in Trafford. So, in redesigning clinical services we will commit to two important things:

- ***Ensuring that clinical professionals have the freedom to innovate*** because we know that frontline professionals are best placed to make judgements about where resources should be directed.
- ***Giving patients more power to determine how best services should work for them*** because we strongly believe that public involvement in the design of services is absolutely crucial to driving improvements in the NHS in Trafford.

We plan to bring clinicians, patients and the public together so that there is a meaningful dialogue and debate about how best to create a new health system in Trafford; one that ensures services continue

to be safe and effective, but also creates sustainable and affordable services for the future. Whilst this dialogue will be clinically-led and patient involved, it will also be shaped by the best available clinical evidence.

Developing a Service Model

We are determined that local people are at the centre of the clinical service redesign over the next six months. But it would be wrong for the health professionals to start the process of involving local people with no views or ideas about the key areas that need to be tackled.

It is important that we are clear from the start – the vast majority of activity that happens at Trafford General Hospital now should continue to happen there in the future.

However, we believe that we can build upon and improve what happens there, and in other Trafford hospital locations too. Our initial thinking indicates that we need to generate a debate around the following questions:

- How can we best deliver joined-up local healthcare across hospital, GP and community services within Trafford?
- How broad a range of outpatient and diagnostic services can we maintain at the hospital sites in Trafford?
- How can we ensure that patients having routine planned surgery can access this in Trafford as much as possible?
- How can we develop a sustainable model of service for urgent care which will allow most illness and injuries to be managed safely and effectively within Trafford?
- What is the best way to manage the needs of the sickest patients and those with the most complex needs, to ensure the best outcomes?
- Can we further develop rehabilitative care to ensure that patients make the optimal recovering and recuperation, and are able to resume independent living?
- Are there ways in which we can develop a more specific but clear long-term role for Trafford General Hospital

Next steps

We now need to start a wide and meaningful dialogue, and to enable this we have made a commitment to:

- launch a Trafford- wide series of listening events so that we can share our emerging thoughts and ideas more widely and start a conversation with local people prior to Christmas;
- support this by setting up a series of clinically-led design groups that will have patients and the public sitting alongside clinicians and managers to help design future services;
- create a patient and public advisory group to test our thinking at key points with a larger group of local people before we finalise anything;
- ensure we undertake comprehensive formal consultation on any final plans and designs that we jointly develop, so that all members of the public in Trafford and surrounding areas can have their say;
- enhance the way in which we communicate with local people, using new technologies so that as many people as possible understand what we are doing and where things are up to.