



Update on the urgent care process – timescale and engagement methods for formal consultation

Consultation scheduled to start mid October 2015

This paper seeks to update the Health Overview and Scrutiny Committee on progress being made around urgent care (right care, time and place) and the plans in place for formal consultation to start in October 2015.

Background

North Tyneside Clinical Commissioning Group (CCG) strive to provide the best possible patient care in the community, and in recent months have been working hard to develop their vision for urgent care.

Their aim is to develop a successful and lasting model of care which supports self-care, provides a highly responsive urgent-care service outside of hospital so people no longer choose to queue in A&E, and helps people with urgent-care needs to get the right advice or treatment in the right place, first time.

During the period 19th May – 10th July 2015, individuals were invited to take part in a listening and engagement exercise to share their experiences, opinions and suggestions for how urgent care services are delivered in North Tyneside. The methods by which individuals could get involved included:

- Surveys (general public) (N=774); completed on-street through quota sampling (to map the participant profile to that of North Tyneside) and online
- Focus groups (hard-to-reach and protected groups) (N=174); individuals attending the groups were supported to complete the same survey used within the on-street engagement
- Participatory events (N=34); a total of three events were held, one with each of the Urgent Care Working Group (N=15), members of the public (N=7), and community and voluntary sector representatives (N=12)

The information that was gathered is helping the CCG better understand the needs of local people, and what changes would improve access, treatment and help people get better, sooner.

The purpose of the listening exercise was to form part of the pre-engagement phase as a precursor and to inform scenarios for change which are subject to the formal NHS consultation process which is planned for mid-October 2015.

The consultation process will contain a consultation document which will outline different scenarios for change. The engagement activity outlined below will allow people to consider each of the scenarios and feedback their views.

The final decision will be made by NHS North Tyneside CCG's governing body after taking into consideration all their views that have been heard, and balancing this with the public health needs assessment, clinical evidence base, sustainability and resources available.

A full copy of the feedback report and other key documents can be found at:

<http://northtynesideccg.nhs.uk/get-involved/your-views/urgentcare/introduction/>

Legal and policy context for consultation on service changes for the NHS

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

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

Section 242 of the NHS Act 2006 (as included in the Health and Social Care Act 2012) 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 changes in the way 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.

The Public Sector Equality Duty

S149 of the Equality Act 2010 states that a public body must, in exercise of its functions, have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

- Remove or minimise disadvantage
- Take steps to meet needs
- Encourage people to participate

Public bodies must also take into account the protected characteristics of:

- Age
- Disability
- Gender re-assignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The NHS constitution

NHS Constitution gives the following rights and pledges 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.”

“The NHS commits to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution (pledge);

“The NHS commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge).

“You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.”

The NHS Mandate ‘Nicholson tests’

Additionally, CCGs have further duties which have been set out through the NHS Mandate 2013-15, which sets out the ‘4 tests’ to be met in services reconfiguration (known as the Nicholson tests)

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	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

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:

1. 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).

2. Sufficient reasons must be put forward for the proposals to allow for intelligent

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.

3. 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.

4. 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.

Methods for engagement

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

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

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

Formal events

Consultation launch event – 7 October 2015

The launch event will take place on the first day of the consultation period and will provide an opportunity to gain publicity for the consultation issues, and encourage people to take part.

The format is: Theatre style two hour event

- Presentation introduction led by CCG clinical leader to explain the background to the process and outline each of the scenarios
- Expert panel question time, independently chaired, cross section of experts to field questions and comment
- Notes taken of comments people make and report written
- Promotion of other ways to get involved to feedback views

Promotion of event will need to be a minimum of two weeks before launch.

Public meetings/drop in sessions

There will be four drop in sessions in October and November to discuss the proposals. There will be information available along with clinical leaders present to discuss the options.

The different ways to get involved will also be promoted as well as the opportunity for in-depth interviews and/or surveys available (see options below).

Survey

Survey available online and in printed format

A survey provides an easily accessible way for people to give their views. It will be available in both paper form and on-line.

An independent organisation with expertise in complex survey design will support the survey development. This is also to provide assurance that questions will not be leading. The survey will have its own out-put report of findings.

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

Protected characteristic groups targeted by CHCF

Within the listening period, the Community and Health Care Forum (CHCF) spoke to 21 groups from protected characteristics.

CHCF intend to get in touch with all of the groups and update them on what has happened as a result and to run the focus groups based on the different scenarios.

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

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

If any of the participants would like to discuss any of the scenarios, then an invitation will be given for in-depth interviews to take place if required.

Focus group within VCS facilitated by CHCF

An offer will be made to interested voluntary and community sector organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made and this will be facilitated by the Community and Health Care Forum (CHCF).

Despite this invitation been given within the listening exercise, there was no-take up in the listening phase. However, an invitation will be extended by the CHCF to the voluntary and community sector to take part.

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

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The focus group offer includes:

- Focus group pack
- Payment of £100 plus reasonable event expenses
- Output report of each focus group feedback
- Data monitoring information

Focus groups for GP participation groups

Many GP practices in North Tyneside have patient participation groups. The pack will be circulated to these groups within North Tyneside by the Community and Health Care Forum.

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

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

The focus group offer includes:

- Focus group pack
- Output report of each focus group feedback

- Data monitoring information

CCG run focus groups

The CCG will run six focus groups to ensure a cross-representation of the population of North Tyneside.

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In-depth interviews

This is an option for people who would like to discuss the different scenarios in more detail and within the mid-consultation review will be used as a discussion point with people if there are particular emerging concerns to investigate in more detail.

A discussion guide will be structured in-line with the survey and focus group guides. In-depth interviews are carried out on a one to one basis and allow the opportunity for much more detailed and personal experience to be gained.

Data monitoring will be undertaken.

CHCF would be facilitating this.

Briefings for providers/stakeholders

Briefings for key stakeholders and providers will be issued at least once per month with the Urgent Care Working Group updated of progress

Roadshows in shopping centre

Roadshows will be set up in the main shopping areas of North Tyneside ie Beacon Centre in North Shields, Forum Shopping Centre in Wallsend, and Park View Shopping Centre in Whitley Bay.

It will be set up so that potential discussions can take place along with distribution of material.

Attendance at relevant existing meetings, groups and networks

These have been mapped through to March 2016 and requests will be made for the consultation to be highlighted and appear as an agenda item.

Attendance at events in North Tyneside

To ensure maximum awareness, attendance at major events will be investigated. The following events have been highlighted:

- Tynemouth Market – attendance on Sat and Sun each month of consultation
- Investigate if flyering can be undertaken at Whitley Bay Playhouse during concerts
- Investigate if flyering can be undertaken at North Tyneside Fireworks Display and Fireworks at the Fort (Segedunum)

Submissions received from groups, teams and individuals

All of the above does not preclude the right of groups, individuals and groups to make their own submission. The CCG recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.

Outline timeframe

Consideration of feedback gained from listening phase (pre-engagement)	
August to September 2015	Consideration of feedback by organisations and representatives Full case for change prepared Consideration of models of care and scenario development Consideration of consultation process and scenarios for formal consultation period
Phase three – Consultation period on scenarios developed	
7 October 2015	Begin final formal consultation period on scenarios for change
Mid November	Mid-term review the Consultation Institute – Quality Assurance Process Purpose: review activity so far to ensure best practice
21 January 2016	End consultation (15 weeks)
February 2016	Analysis of feedback gained
March 2016	Public feedback on what has been heard Public feedback events and publication of feedback report to stakeholders All feedback is published on the CCG website Proactive publicity on the feedback and invitations to feedback sessions.
23 March 2016	CCG governing body decision making
Post 23 March 2016	Decision communicated to stakeholders and the public