
Healthcare for London Consulting the Capital Consultation Strategy

DRAFT

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1 Executive Summary

This strategy is a 'blueprint' for the Healthcare for London consultation with stakeholders on *A Framework for Action*. The strategy follows good communications practice and focuses on what will be **meaningful to our stakeholders**, as opposed to the production and promotion of project outputs.

The consultation will be led by PCTs.

2 Background

The partner organisations (the PCTs leading the consultation) recognise that the views of the community will be helpful in developing the proposals for future healthcare in London.

2.1 What will success look like?

This strategy aims to ensure:

- Stakeholders are informed about, and can influence, the proposals;
- The consultation process is timely and legal;
- The resulting recommendations are the best options and include the best ideas from stakeholders;
- The resulting recommendations are supported by as many stakeholders as possible
- Duplication of effort in consultation is avoided and existing knowledge and services utilised.

2.2 Scope

The strategy is intended to be part of a suite of documents that will include: an action plan; Q&As; press releases, case studies, a website, advertising, a consultation document and leaflet, translated versions etc.

The consultation strategy aims to utilise resources from the partner organisations and dovetail into their own communications strategies.

The consultation is on a framework and not on changes in specific services.

This consultation will be considered by a Joint Committee of PCTs (JCPCT). PCTs will then, individually or in partnership with one another, consult on service reconfiguration when appropriate.

2.3 Communication principles

In order for the PCTs, through the JCPCT, to meet their communications objectives, consultation activity must be based on a clear set of principles:

- The hallmark of success is that people understand and act on what is being communicated, not simply that they have been informed.
- Communications are stimulating, open, concise, targeted and purposeful.
- Communication is a two-way process. It is about engaging with people and listening to them, as much as informing them. Consultation will improve the Healthcare for London proposals.
- Communications will be appropriate to the target groups' needs and preferences.
- We will take account of people's differences (e.g. languages, cultures, abilities, learning styles and disabilities).
- We are committed to openness and accountability.
- Stakeholders do not feel burdened by excessive information.
- Specific, measurable, achievable, realistic targets (SMART) will be set and research used to evaluate effectiveness.
- Communications will be reviewed throughout the consultation.

3 Management and responsibilities

The consultation will be led by PCTs.

Each Primary Care Trust (PCT) that is part of the consultation has nominated a representative to sit on a Joint Committee of Primary Care Trusts (JCPCT). Strategic decisions will be taken at this committee. This strategy (as well as an action plan and the consultation document) will be approved by the JCPCT.

For operational matters the Communications Director will report to the Programme Director, Healthcare for London. There will also be two lead Chief Executives on consultation identified in the London Commissioning Group (LCG).

The communications aspect of the consultation will be managed by the Communications Director and staff in the Programme Office. The Programme Office will co-ordinate the production of materials, arrange pan-London events (e.g. with London LMC's, Greater London Association of Older People), arrange a Patient and Public Advisory Group, support ambassadors, lead the overall strategy etc (See Framework / Action Plan).

Two representatives from the Patient and Public Advisory Group (PPAG) will also attend the LCG.

PCT Sector Leads, will oversee the communications in each of five sectors:

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- North-West: Hillingdon, Harrow, Brent, Ealing, Hounslow, Hammersmith, K&C, Westminster
 - North-Central: Enfield, Barnet, Haringey, Camden, Islington, Tower Hamlets, Hackney and City
 - North-East: Havering, Redbridge, Waltham Forest, Barking
 - South-West: Richmond, Kingston, Merton, Sutton, Croydon, Wandsworth
 - South-East: Bromley, Lewisham, Bexley, Greenwich, Southwark, Lambeth

Sector Leads will be backfilled for 0.4 of a post. They will support the Programme Office and PCT Communications Leads, take the lead for public events, help ensure consistency of consultation across their sector and pan-London and hold the budget for sector communications work

PCT Communications Leads will be responsible for communications in their PCT area, for instance distributing documentation to primary care, voluntary organisations, councils, staff etc, arranging presentations to interested groups in their area, placing articles in local papers and engaging with local groups.

3.1 Monitoring

Please also see Framework and Action Plan

- PCT Communications Leads will report progress to, and be advised by, the Sector Leads,
- Sector Leads will report on progress to the Programme Office
- The Programme Office will report on progress to, and be advised by, the two CEs on LCG on operational aspects; and via the London Commissioning Group representatives to the JCPCT on strategic issues

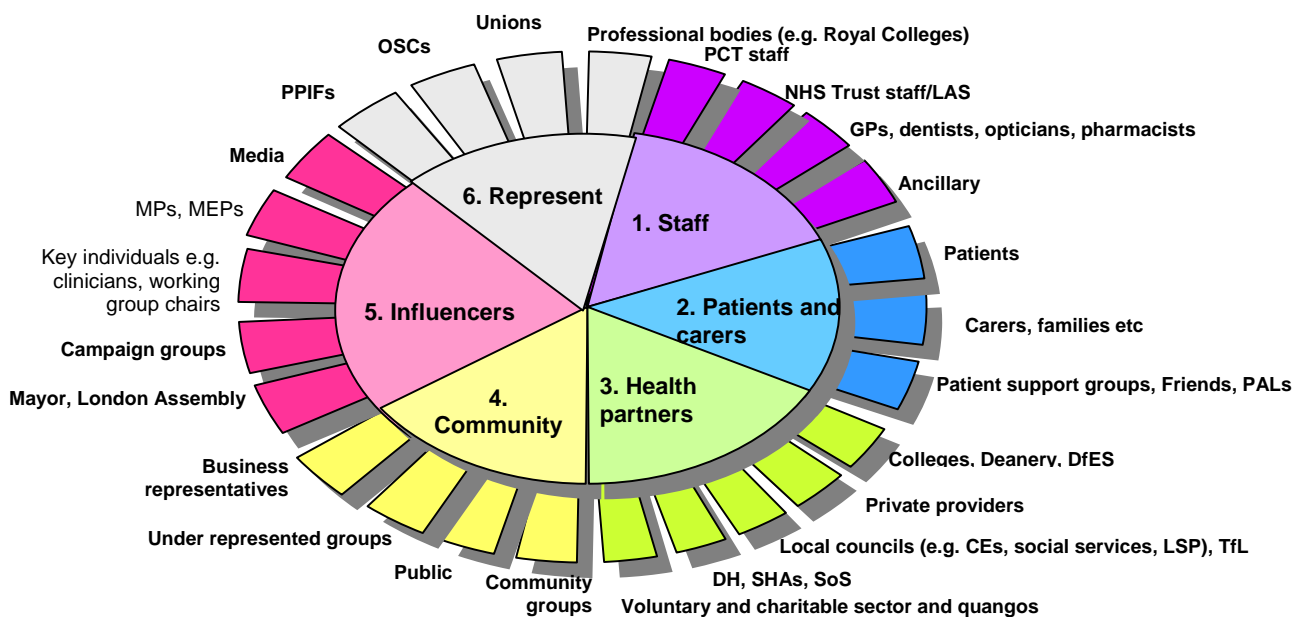
4 Stakeholder Analysis

A stakeholder analysis is used to ensure that communications are appropriate to the needs of different stakeholders.

The stakeholder analysis first segments the key stakeholders. Not by how we might envisage them, but by what is important to them. So, for instance, Overview and Scrutiny Committees (part of a local council) have been placed in segment 6, 'Representation'. They will be most concerned with 'How will this affect our residents?' and 'Is this a fair and transparent process to which everyone can contribute?' NHS staff will be most concerned with how the proposals will affect their role.

In considering this segmentation it is useful to refer both to the communications channel and key messages (see following sections).

4.1 Stakeholder Segmentation



Stakeholders are not a homogeneous mass. The diagram above gives an illustration of the groups of people with whom Healthcare for London needs to engage. Particular attention will be given to hard-to-reach groups such as traditionally under-represented groups e.g. asylum seekers, people with learning disabilities, night workers, unemployed people, Black and Minority Ethnic communities etc.

All partner organisation staff are potential ambassadors of Healthcare for London. They will be approached by a variety of stakeholders for their views and must be seen as a key audience.

4.2 Communication Channels

Clinicians will present the proposals wherever possible to ensure consultees are clear about the clinical aspects of the proposals.

Third party distribution vehicles should be used wherever possible e.g. articles for voluntary sector and local council magazines; Overview and Scrutiny Councils' and PPI Forum events

Advertising space will need to be bought e.g. to announce the issue for consultation, the start and end dates and the opportunities to comment.

Opportunities for traditionally under-represented groups to make their voice known need to be considered, and all literature should be offered in alternative languages. We are investigating commissioning consultants to consult with under-represented groups to support the work that PCTs will be doing.

Open days/evenings will be organised in every PCT. These will have a continuous rolling programme of presentations and a range of staffed displays designed to give members of the public the opportunity to focus on what is of interest to them.

Focus groups, a citizen's panel, perception or patient surveys will assist in informing the consultation process.

4.3 Key messages

Key messages need to be developed from what is important to PCTs to communicate to enable stakeholders to make an informed decision and, more critically, what is important to the stakeholder.

The following four key messages will be **appropriate for all audiences**:

HOW WE GOT HERE

1. Delivering safe, accessible health care means changes need to be made in health services.

Lord Darzi identified 8 reasons why we have to change.

1. Need to improve Londoners' health
2. NHS not meeting Londoners' expectations
3. Big inequalities of care across the city
4. Hospital not always the answer
5. Need for more specialised care
6. London should be at the cutting edge of healthcare
7. Workforce and buildings are not being used effectively
8. Need to demonstrate best use of taxpayers' money

WHERE WE ARE

2. We are consulting on five key principles, which need to be translated into tangible examples:

- Services focused on individual needs and choices. *Examples in maternity and end-of-life*
- Localise where possible, centralise where necessary. *Examples in children and acute*
- Truly integrated care and partnership working, maximising the contribution of the entire workforce. *Examples in mental health and long-term conditions*
- Prevention is better than cure. *Examples in staying healthy*
- A focus on health inequalities and diversity. *Examples in planned care and polyclinics*

3. This consultation is supported by many clinicians and is evidence-based. It describes a vision for healthcare in London that:

- Improves quality and safety of healthcare
- Improves access to healthcare
- Tackles health inequalities

THE FUTURE

- 4. The consultation is on principles and models of care and delivery. It does not propose specific service changes.**

The outcome of this consultation will shape consultation on a range of specific proposals in the future.

There are no proposals in this document that advocate the closure of any hospital or A&E.

The partner PCTs **do** expect this consultation to lead to proposals that will change the services that are provided. If, and when, these proposals are developed they will be subject to the legally required discussion, consultation and scrutiny.

5 Key deliverables

Products

- Aim is for a 48 page consultation document for general distribution
- Letters to consultees.
- Short leaflet for NHS Trust and other staff, libraries, primary and secondary care settings
- Easy read consultation document (mainly in pictures), Makaton etc
- Translated consultation document (1/3 A4 flyer in 10 most common languages with offer to translate into others)
- Braille, CD and tape versions
- A4 posters
- Case studies
- Presentations and speakers' notes
- Newspaper advertisements
- Media releases (announcing start of consultation and bringing public meeting to the attention of public, and as a countdown to end of consultation)
- Website (including response mechanism)
- Newsletters

Meetings

- Presentations for PCT staff, stakeholders and public
- Public meetings and local stakeholder meetings (e.g. JOSOC, OSC and PPIs)
- MP meetings
- Briefings to journalists
- Citizens panel
- Meetings for specific groups e.g.: patients with long-term conditions; women who have had a child in the past year.

Support

- Freephone, freepost communications and online forms on website

6 Issues

6.1 Timing

- We wish to finish consultation prior to purdah starting (18 March) for the Mayoral elections.
- To finish consultation prior to 18 March consultation must start at the latest on 11 Dec (for a 14 week consultation.)
- It is therefore proposed that we run a 14 week consultation (rather than 12 weeks – to allow for a 2-week Christmas break) starting on the 30 Nov.
- PPIFs are to be dissolved in April 08 and be replaced by LINks. As LINks are unlikely to be properly up and running from 1 April scrutiny of recommendations will need to be with PPIF members (without their constituted organisation) and the public. We will keep this under review.
- Any delay will delay the introduction of better healthcare in London.
- Where parallel consultations are underway, or likely to be underway e.g.; A Picture of Health in South East London or the Mayor's consultation on Health Inequalities Strategy, every effort will be made to coordinate consultation programmes.

6.2 Other issues

- Ipsos Mori have been engaged to receive and analyse consultation responses and to develop the questions. All questions will be tested with healthcare professionals and members of the public.
- A Patient and Public Advisory Group has been established. It comprises the London PPI Executive and ten members of the public who attended *Framework for Action* events and agreed to further involvement, to offer advice on the consultation process and information before, during and after the consultation.
- In November we will run a series of briefings for managers and clinicians (e.g. PPI leads, communications leads, CEs, Chairs of PCTs, PEC Chairs) to ensure they are fully briefed regarding all aspects of the mechanics of the consultation and the issues

7 Risks

Communications risk	Action to mitigate risk
Dovetailing with other major consultations means that not only do the partners need to agree timescales, but there is likely to be concerted effort to find aspects of each consultation that do not accord with one another.	The lead for PoH will manage the sectoral consultation for Healthcare for London in his area
Partners have different agenda and requirements. Therefore there is a likelihood of mixed messages.	<p>Agree key messages and collateral at regular intervals.</p> <p>Ensure a protocol is agreed on how to coordinated responses to questions.</p>
The process becomes caught up in changing national or local political and policy agenda	Ensure buy-in from all parties via comprehensive public affairs programme designed to inform key policy influencers and provide early warning intelligence of potential change
The consultation becomes inextricably linked with specific service reconfigurations	Clear communications information and Q&As
Loss of key staff	Establish good sharing of knowledge and filing protocols
Inadequate consultation by one PCT leaves the whole process open to judicial review	Specify communications requirements and support PCTs in their consultation.

8 Evaluation

The success of the consultation will be measured by:

- Number of respondents to the consultation (compared to other consultations)
- Respondents' views on quality of proposals
- Meeting milestones and time plan and adherence to action plan
- Engagement with traditionally under-represented groups
- Public and stakeholder awareness of the issues
- Positive engagement with questions posed - relevance of views expressed and the improvements they have on the recommendations
- No grounds for judicial review

9 Document Information

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10 Version History

Version	Date Updated	Updated By	Reason
0.1	01/10/07	D Neame	First draft requiring input
0.2	08/10/07	D Neame	Comments from PCT Comms leads and BG
0.3	22/10/07	D Neame	Comments from JCPCT
0.4	02/11/07	C Lynch	Comments from Bill Gillespie