

# Improving adult planned inpatient orthopaedic surgery in south east London

## Consultation plan

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## Our Healthier South East London

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## Contents

1.	Executive summary.....	4
1.1	How we will consult: summary of planned activities.....	4
1.2	Timeline for consultation activities .....	7
2.	Context .....	8
1.1	Background to Our Healthier South East London .....	8
1.2	Elective orthopaedic care .....	8
1.3	Who helped shape our communications and engagement approach.....	9
1.4	Legal requirements .....	9
1.5	Assurance .....	10
3.	Aims and Objectives .....	10
4.	Influence and decision making process .....	11
5.	Engagement to date .....	12
5.1	Direct engagement .....	12
5.1.1	Patient and public voices .....	12
5.1.2	Patient and Public Advisory Group .....	12
5.1.3	Reading group.....	12
5.1.4	Involvement in procurement.....	13
5.2	Wider engagement.....	13
5.2.1	Engagement on the 'Issues Paper' .....	13
5.2.2	Workshops with healthwatch and clinical commissioning groups .....	13
5.2.3	Options appraisal and proposals for change .....	13
5.2.4	Planned Care Reference Group .....	14
5.2.5	You said, we did reports .....	15
5.3	Pre-consultation engagement – planned orthopaedic care .....	15
5.3.1	Purpose of pre-consultation .....	15
5.3.2	Pre-consultation activities .....	15
5.3.3	Analysis .....	16
6	Timeline .....	16
7	Equalities Analysis .....	16
8	Stakeholder mapping.....	17
9	Materials.....	18
10	Consultation activities .....	18
10.1.	Patient, Public, Community Engagement .....	18
10.1.1	Equality groups – most impacted .....	19

10.1.2 The general public .....	19
10.1.3 Healthwatch.....	19
10.1.4 Interest groups .....	19
10.1.5 Voluntary and community sector .....	19
10.1.6 Past, present and future service users .....	20
10.2 Workforce.....	20
10.3 Political stakeholders (MPs and councillors) .....	20
10.4 Partners, providers and commissioners .....	20
10.5 JHOSC.....	20
Communications plan .....	21
11.1 Consultation promotion .....	21
11.2 Distribution plan .....	21
11.3 Updates and newsletters.....	22
11.4 Media.....	22
11.5 Social media activity .....	23
11.6 Website.....	24
11 Analysis, decision and feedback plan .....	25

## 1. Executive summary

We will be holding a public consultation around planned orthopaedic services in south east London between November 2016 and February 2017. The consultation period will last 14 weeks to take into account the Christmas season.

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision. Our approach to consultation will be responsive and proportionate to those it will affect the most.

In addition to an extensive distribution plan and digital presence, we will also be conducting a number of face to face consultation activities to ensure that we are providing opportunities for those affected, and interested, to share their views with us.

This consultation plan is based on extensive engagement with stakeholders to ensure it is fit for purpose. We recognise that our plans will need to adapt based on feedback that we receive and this plan itself will be dynamic and subject to continuous improvement.

### 1.1 How we will consult: summary of planned activities

#### Focus groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with **protected characteristics**. We have extended this to include those classified as deprived and carers. In order to help us understand these potential impacts in detail, we will be running focus groups with these populations. **We will hold additional sessions with communities who are most impacted by any change.** These focus groups will be delivered by an independent organisation to preserve objectivity of response.

#### Deliberative events

We will hold a number of deliberative events across the patch to enable members of the public, voluntary community sectors stakeholders and interested groups to share their views. There will be at least one event in each borough, with two in some boroughs to ensure accessibility for people in south east London and the surrounding areas. They will include both **information giving by local clinicians and leaders, as well as table discussions to allow people to share their views and respond to the consultation questions.** These events will be independently delivered and facilitated to ensure their outputs are objectively captured.

#### Road shows on hospital sites

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show in **key orthopaedic areas in each affected trust.** During these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the consultation document and leaflets for people to take away and consider.

#### Consultation hearing

We will run a **'consultation hearing' and invite people to submit evidence in advance.** This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their

own evidence for how services should be run. The consultation hearing will be independently filmed and broadcast.

### **Briefings**

We will hold briefings with key stakeholders – including Healthwatch and interest groups. We aim to hold these briefings **early on in the consultation period** to enable these stakeholders to cascade information to their membership and contacts.

### **Planned Care Reference Group (PCRG)**

During pre-consultation we established a 'Planned Care Reference Group' to help inform the decision making and consultation processes. The group comprises people from impacted groups as well as service users and representatives from interest groups such as 'Save Lewisham Hospital' and 'Keep our NHS Public'. Towards the end of the consultation period, we will hold another meeting of the PCRG to play back some of the feedback that we have heard to date and to invite them to add to it.

### **Mail outs**

In order to reach past, present and future (those on waiting lists) service users, we will work with local provider trusts to circulate information via their patient lists. We will also publicise our deliberative events and road shows through these mail outs and signpost people to our website and response forms.

### **Networks and contacts**

We will work with our public and voluntary sector colleagues to publicise the consultation and signpost people to our website and response form. This will include contact with key colleagues in clinical commissioning groups, local authorities and the voluntary and community sector (including healthwatch).

### **Communications activities**

We will raise awareness of consultation, associated engagement activities and call to action through a range of communication channels including media, social media, website, programme newsletter, stakeholder communications channels, distributing a range of communications materials and targeted advertising.

### **What we will do with the feedback**

The consultation responses received will be logged and their contents recorded by our independent assessor, the University of Kent. They will write an independent report of the consultation, for consideration by the Committee in Common of CCGs.

The Committee in Common will receive this report in March 2017. All consultation responses will also be held in an 'evidence room' and made available to committee in common members, so that they can take account of individual responses alongside the independent report.

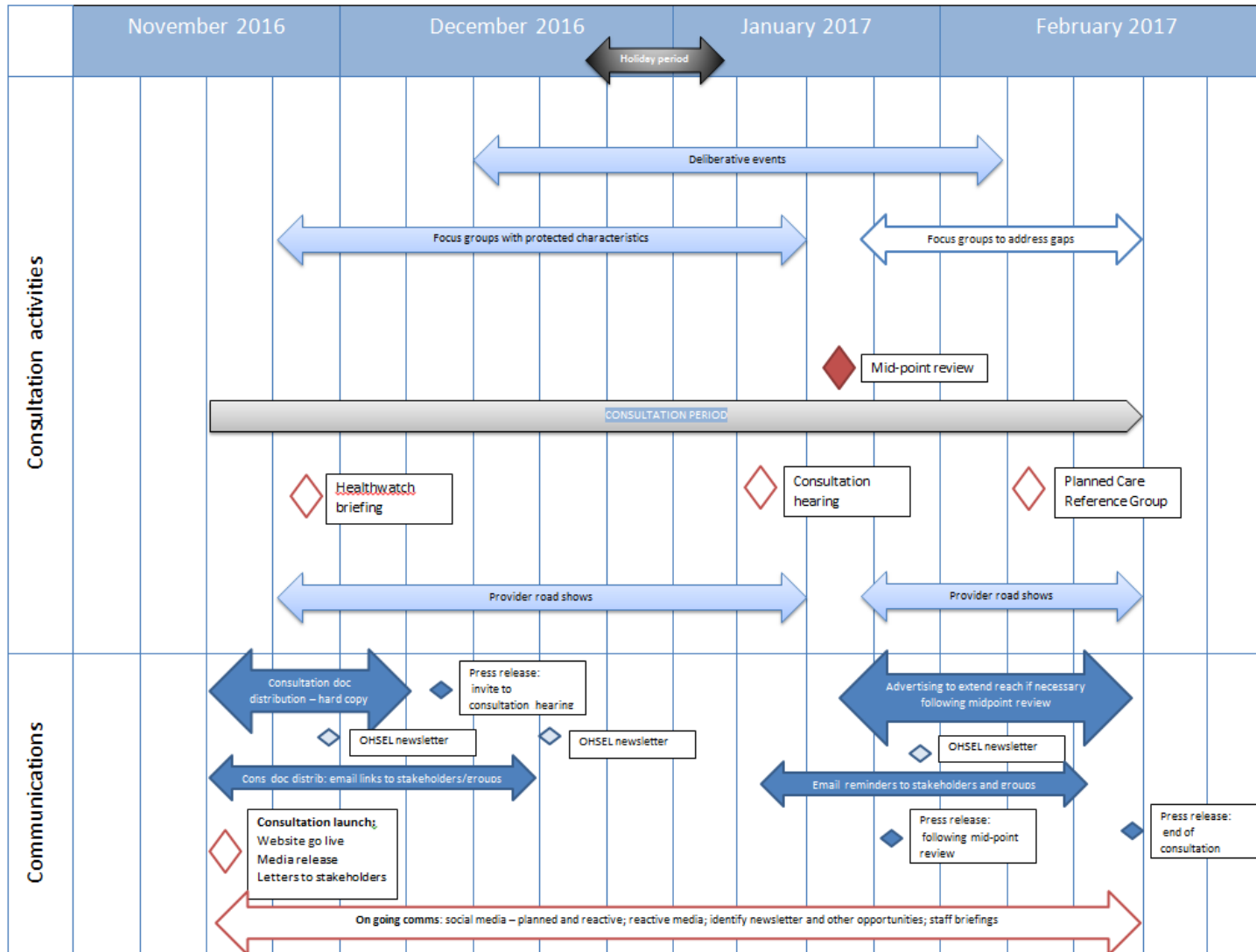
After considering carefully all of the feedback received, the Committee in Common will make a final decision on whether or not to proceed with the proposal for elective care centres. If the decision is

to proceed, the Committee will decide whether there are elements of the proposals it wishes to amend or any mitigations it wants to put in place due.

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## 1.2 Timeline for consultation activities

A detailed grid of consultation activities to reflect stakeholder mapping can be found in the Appendix – this provides an overview of the main consultation activities with patients and the public.



## 2. Context

### 1.1 Background to Our Healthier South East London

The Our Healthier South East London (OHSEL) programme brings together clinical commissioning groups, hospitals, community health services, mental health trusts, local authorities and members of the public in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, to develop a sustainability and transformation plan (STP) for local people. Much of the STP builds on the original strategy developed through OHSEL to improve services across south east London.

The planned care orthopaedic work stream is the only area in which we are developing proposals which require public consultation. This plan details our approach to the public consultation.

### 1.2 Elective orthopaedic care

There are a number of issues that need to be addressed to make sure that everyone in south east London has access to the best services, and in a way that is sustainable for the NHS in the future.

- We are expecting demand for planned inpatient orthopaedic surgery to increase by 25% by 2021 (from 6805 procedures to 8554 per year).
- Existing services won't be able to cope with this increase without expanding and becoming more productive and efficient. They are already operating at maximum capacity and struggling with patient numbers.
- Not all orthopaedic hospital beds and theatres in south east London are ring-fenced (reserved just for planned surgery) so planned procedures are often disrupted by emergency cases from A&E departments. This often results in cancellations, which have an adverse impact on patients' experience as well as on their families and carers.
- There are opportunities to make orthopaedic services safer by reducing infection rates and minimising complications following surgery. Infection can be a significant problem in replacement joints because once it sets into the metal or plastic components it is very difficult to remove.
- Some surgeons carry out a small number of particular procedures each year. National evidence and agreed best practice suggest that where surgeons carry out a larger number of procedures, in dedicated facilities, patient safety and the results from surgery are consistently better.

Given the above, we are considering developing a clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise.

We are also considering a proposal with our local NHS hospitals to create **two elective orthopaedic centres** using existing sites. These centres would be shared facilities which all NHS hospitals in south east London would use.

The two sites would be chosen so as to minimise travel times across south east London. Local surgeons would carry out both routine and complex surgery at these two sites. Specialist work would only be undertaken by surgeons with the skills and experience. All hospitals would send their surgeons and patients to these dedicated centres and stop providing most inpatient orthopaedic surgery at their "home" site.



The location of most orthopaedic care would not change. Emergency orthopaedic surgery (supporting A&E departments), day case procedures, outpatient and follow-up appointments would continue to be provided from the same sites as today.

Therefore, following referral to a specialist you would initially be seen at your choice of local hospital and the same consultant would oversee your care, even if your operation were to take place at an elective orthopaedic centre.

A very small number of patients with very complex medical needs, requiring specialist on-site support, would receive all of their care, including surgery, at their local hospital or the site most suitable for their needs. Complex spinal surgery would also remain at existing sites, as would children's surgery.

Our consultation will seek to discuss these challenges and potential solutions with key stakeholders and members of the public taking into account their views and ideas before a final decision is made.

### 1.3 Who helped shape our communications and engagement approach

This plan has been informed through discussions with the programme's Patient and Public Advisory Group, Planned Care Reference Group, Stakeholder Reference Group, Equalities Steering Group and the Communications and Engagement Steering Group. Local activities will be discussed with local councillors and amended in light of their feedback.

### 1.4 Legal requirements

NHS Trusts and Clinical Commissioning Groups have a legal duty (placed on them under section 242 of the NHS Act 2006 and section 142Z of the Health and Social Care Act 2012) to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by that body affecting the operation of those services

In order to meet these legislative requirements and the 'four tests' outlined in the 'Mandate from the Government to NHS England 2014/15', involvement must be an integral part of the service change process.

Engagement should be early and on-going throughout all stages of the process, with consultation building on this insight, using appropriate and proportionate engagement activities (*Transforming Participation in Health and Care, 2013*).

By the time proposals move to formal consultation, effective involvement will have identified any potential issues or barriers from within the local community – and final proposals should take these concerns into consideration, seeking to address them where appropriate (*Planning, assuring and delivering service change for patients, 2015*).

All public formal consultations must adhere to the 'Gunning Principles' outlined below. Failure to meet these increases the risk of judicial review.

The four Gunning Principles are:

- consultation must take place when the proposal is still at a formative stage;
- sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- adequate time must be given for consideration and response; and
- the product of consultation must be conscientiously taken into account.

## 1.5 Assurance

### The 'four tests'

The 2014/15 mandate from the Government to NHS England outlines that proposed service changes should be able to demonstrate evidence to meet four tests:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners

Under the first test (strong patient and public engagement) the programme has sought assurance from the appropriate local CCG committees in order to demonstrate compliance with each of these tests. The Stakeholder Reference Group also reviewed evidence and assurance against this test in September 2016.

A similar approach has been taken with clinical commissioners with regards the 4<sup>th</sup> test for clinical commissioner support. This has been gained by discussing the proposals at GP commissioner membership forums across south east London to discuss content, respond to questions and requesting assurance.

### The Consultation Institute

Overall, our consultation is subject to assurance by The Consultation Institute (TCI). We are committed to running a best practice consultation and are working with TCI to scrutinise our consultation and engagement process and test our consultation plan against their compliance assessment. Their seven principles of best practice (see section 3) have guided the compilation of this plan and our success will be measured against them.

## 3. Aims and Objectives

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision. Our approach to consultation will be responsive and proportionate to those it will affect the most.

To achieve our aim, we will:

- Inform people about our proposals and how they have been developed
- Be clear about who will be affected and how
- Ensure a diverse range of voices are involved reflecting communities most likely to be affected
- Engage with people and stakeholders in multiple ways to enable them to make an informed response to our proposals

- Work transparently to show the journey so far and how the final decision will be made
- Ensure compliance with legal requirements (consultation and equalities duties)
- Listen, respond and adapt our processes and approach throughout our consultation period
- Use the information gathered during the Equalities Analysis and pre-consultation to inform our approach

Our work is guided by the seven best practice principles from the Consultation Institute (<https://www.consultationinstitute.org/about/>) : integrity; visibility; accessibility; transparency; disclosure; fair interpretation; publication; Influence and decision making process.

**Our consultation focuses specifically on elective orthopaedic care.** The Our Healthier South East London programme is considering a proposal to develop two elective orthopaedic centres. These would be shared facilities with a dedicated team, including, nursing, anaesthetic staff and therapists, on site. Surgeons would carry out both routine and complex surgery (excluding spinal surgery), at these highly specialised centres. The remaining sites in south west London would stop providing adult inpatient orthopaedic surgery, but emergency surgery, day case surgery and follow-up appointments would continue to be provided from the same sites as today.

These proposals are only a part of the Our Healthier South East London strategy. Due to the fact that they require some services to be consolidated in a smaller number of hospitals, we want to consult the public before progressing any further. Our consultation document will place the proposals in the context of the wider strategy, setting out the other interventions we are proposing to improve healthcare in south east London. While the wider strategy – focusing mainly on improving community-based care via local networks and improving services in urgent and emergency care, cancer, maternity and children’s services – does not require formal public consultation, it is nonetheless an important part of the story and has been subject to extensive public and stakeholder engagement. So our consultation document and materials will summarise the overall strategy, while specifically consulting on the proposals for elective orthopaedic care.

**No decisions about elective orthopaedic centres will be made prior to the consultation.** Our plans remain at a formative stage and we are consulting on them so that we can get a deeper understanding of the views of local people. The Committee in Common of CCGs in South East London – which is made up of local health commissioners and patient and public representatives – has recommended that the proposals should be consulted on, to decide whether or not we want to take them forward.

All feedback received to date on the OHSEL strategy has been recorded and responded to. During consultation, we will also record and consider all feedback and queries received and consultation responses will be analysed by the University of Kent, who will prepare an independent report for decision-makers to consider.

**It is important to note that a consultation is not a local referendum or vote.** We will carefully consider the views expressed by local people, but our legal duty is to consider the quality of the arguments set out, rather than to count numbers for or against our proposals. After the consultation has ended, the Committee in Common will consider its outputs, including all responses and the independent Equalities Analysis, before making a decision on whether to proceed with the proposals.

## 4. Engagement to date

We have a multipronged engagement approach to ensure that patient and the public are involved at all levels of decision making and service development, in ways that are inclusive and appropriate to their needs. Overall, to date, we have had three key strands to our engagement. The first two (direct and wider) detail how patients and the public are involvement in the broad work of OHSEL. The third strand relates specifically to our pre-consultation work around planned orthopaedic care.

- 1) Direct engagement – involving openly recruited patients and the public on all of the clinical work streams and decision making groups
- 2) Wider engagement – engaging more broadly with members of the public through working in partnership with our CCG colleagues. Activities have included: large-scale deliberative events; focus groups and outreach work into local communities.
- 3) Pre-consultation engagement – planned orthopaedic care

### 5.1 Direct engagement

#### 5.1.1 Patient and public voices

The OHSEL programme has openly recruited patient and public voices (PPVs) to sit on each of the clinical work streams and decision making groups. This approach supports the programme to work transparently, engendering trust from the public by involving patients and the public in the development of the strategy and in decision making processes. It also enables the PPVs to support each other on each of the work streams.

Patient and public voices have been involved in the planned care work stream from its inception. PPVs are currently involved on both the orthopaedic evaluation and clinical working groups. These groups have helped shape the evaluation criteria and approach to the appraisal process.

Further involvement has included PPVs, HealthWatch and local interest groups being interviewed by the London Clinical Senate to explore proposals in more detail. PPVs and HealthWatch colleague will also form an important component of the panel applying the evaluation criteria to provider proposals.

#### 5.1.2 Patient and Public Advisory Group

All PPVs are invited to attend a '**Patient and Public Advisory Group**'. PPAG acts as a collective forum for the strategy's patient and public voice advocates (including HealthWatch representatives). It aims to: share learning; provide peer support; facilitate wider engagement and disseminate messages and provide feedback on the content and processes of the programme and on key programme materials.

#### 5.1.3 Reading group

PPAG has formed a subgroup to act as a reading group for the programme's public facing materials.

The group reviews most of the programmes public facing material, and has recently provided feedback on our planned care discussion paper which supported our pre-consultation engagement work.

### 5.1.4 Involvement in procurement

We have involved patient and public voices in a number of procurement exercises, through representation on evaluation panels and the scoring of bids. Patient and public voices have supported us in the procurement of an early Equalities Analysis and a series of independent deliberative events, focussed on gathering views on the Issues Paper.

## 5.2 Wider engagement

### 5.2.1 Engagement on the 'Issues Paper'

The main vehicle for the programme's early engagement was an 'issues paper'. Between March and December 2015, the programme (with support from CCGs) spoke to over 1700 individuals about the challenges facing local services and some of the possible solutions.

A variety of methods were used. For example, **six large scale events** (one in each borough) were held in July 2015– which reached over 440 individuals. These events were run like large focus groups – the participants being recruited to broadly reflect the demographics of the local area. Five overall themes were commonly cited across all the clinical areas and events, these were: access to GPs; communications, information and record sharing; service integration and coordination; staffing and better training and more community based provision.

To complement these events and to broaden the approach to reaching **less heard communities**, OHSEL worked with colleagues in Clinical Commissioning Groups to speak to members of their local communities. Activities included: running focus groups; holding stalls at local fairs and festivals; running surveys; having an online feedback form; attending meetings; and working with local HealthWatch organisations to extend our reach into local communities.

### 5.2.2 Workshops with HealthWatch and clinical commissioning groups

In early 2016, we began a series of **workshops with CCGs and HealthWatch** colleagues which aimed to: bring them up to speed with programme developments, understand their priority work areas and to map out opportunities for joint work and collaboration. Two workshops were held in February 2016 and one in July 2016. It has been agreed that they will continue on a quarterly basis to strengthen how the programme, CCGs and HealthWatch work together. The workshops have helped the programme to understand the work of HealthWatches at a local level and enabled outputs from their work to inform the south east London strategy.

### 5.2.3 Options appraisal and proposals for change

Whereas early engagement focussed on the overall case for change, towards the end of 2015 individual models of care were being developed for each strand by the respective Clinical Leadership Group. There was recognition that some of these models of care would need to be developed into specific options for change. In September 2015 OHSEL worked with an independent provider to deliver a deliberative event with local patients and voluntary sector stakeholders to discuss what a good options appraisal process would look like as well as the evaluation criteria that should guide the decision-making process.

The purpose of the event was to:

- Engage patient and voluntary sector stakeholders who are already engaged in local health services, in the development of the options evaluation criteria to ensure a fair and transparent process
- Inform participants in detail about the process for deciding which options for change to take forward
- Discuss the draft evaluation criteria

Feedback from this event informed the development of an options appraisal process around planned orthopaedic care – the only area of the OHSEL programme that constitutes a major service change and is likely to lead to a formal consultation.

Recommendations included: involving people who would be most impacted by any change; giving the voluntary sector a voice; working transparently and using appropriate methodologies for effectively engaging with local people and stakeholders. In terms of criteria, patient experience and health outcomes were considered of great importance.

#### 5.2.4 Planned Care Reference Group

Taking into account the feedback and recommendations from the options appraisal event, the programme sought to develop a robust approach for involving the public and stakeholders in developing the decision making process for planned orthopaedic care services.

In January 2016, the programme formed a **'planned care reference group'** comprising voluntary and community sector stakeholders, service users and the organisations representing them. The objective of the first meeting was to test these emerging ideas and get feedback from participants. Firstly, the meeting reviewed why planned care orthopaedic services need to change. Attendees were then invited to share their thoughts about the challenges. Secondly, the meeting discussed ideas about how services could be improved. Attendees again broke into table discussions to explore these ideas in more detail.

Overall, participants agreed that their experiences, or the experiences of the people that they support/work with, matched the challenges highlighted during the presentation. However, there was a desire to know more about the evidence behind the challenges and to understand the scale of the problem and whether similar models, used elsewhere, work. There was collective agreement that it was important for the challenges to be addressed. Of note it was agreed that improvements need to be made in order to reduce the number of cancelled operations. There was support for a centralised model – however, it was noted that careful consideration should be given to location of sites and transport/access links and further work needing to be done to ensure that IT systems are compatible across the health and care system (being particularly important if patients are discharged from sites out of their normal borough).

The second planned care reference group was held in March 2016. It aimed to provide a deeper level of detail about the challenges being faced and evidence behind the suggested solutions and provide more information, and seek feedback on, how decisions will be made. Twenty one people from across the six south east London boroughs attended the meeting. There were representatives from each borough and from each of the groups likely to be most affected by any change to planned care services.

A third meeting was held in September 2016 to discuss the recommendations from the evaluation panel and to review the plans for formal consultation. Their key points in regards the consultation were that

- Consultation materials must be honestly written and support a genuine dialogue with the public
- The scope of the consultation must pick up on service users who choose to have their care outside south east London
- The programme needs to be clear on how the patient pathway would work or be different under the proposals – including impact on choose and book.

### 5.2.5 You said, we did reports

The OHSEL programme regularly produces you said we did reports which detail how the feedback has influenced strategy development and thinking.

The last report, which details what happened to the feedback from the issues paper, can be found on the OHSEL website: <http://www.ourhealthiersel.nhs.uk/Downloads/You-Said-We-Did-Issues-Paper-April-Dec-2015.pdf>

## 5.3 Pre-consultation engagement – planned orthopaedic care

### 5.3.1 Purpose of pre-consultation

Engagement has been an on-going process for the programme, with patients, the public and key stakeholders involved at every stage of developing plans. As thinking became more refined, our approach to this strand of engagement has focused on involving people most impacted by any changes to planned care services.

In early 2016, together with our communications and engagement colleagues in Clinical Commissioning Groups, we developed a pre-consultation plan.

The purpose of the pre-consultation phase was to inform the full public consultation by discussing the proposals, informally, with local stakeholders. We sought feedback on both the content of the proposals for formal consultation as well as the way people wanted to be involved in the full consultation.

Informed by the equalities analysis, our focus was to engage with key stakeholders and people from communities most affected by any proposed change, understanding any potential impacts and making recommendations to the programme about necessary mitigations.

Our work built on the intelligence gathered during early engagement and was informed by the learning from previous local engagement and consultation work.

### 5.3.2 Pre-consultation activities

We developed an in-depth pre-consultation plan which outlined clear objectives for each identified stakeholder. For groups who would be most impacted by any potential changes (as identified through the equalities analysis) we held focus groups to understand more about how they could be impacted and what could be done to mitigate against any negative impacts and how we could enhance any positive impacts. In-depth conversations were held with the following groups: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds.

In addition, an awareness raising campaign was launched with other key stakeholders including voluntary and community sector colleagues, to encourage them to visit our online materials and share their views.

We worked with provider trusts to share materials with their staff, and offered to attend team meetings or relevant briefing sessions to further cascade information.

### 5.3.3 Analysis

The outputs from the pre-consultation phase were independently analysed by the University of Kent. The report was sent to the Committee in Common ahead of their decision making meeting to ensure the results of the pre-consultation informed the final decision.

## 6 Timeline (dates to be completed)

X November 2016: Consultation begins. Consultation document and plan, stage 2 equalities analysis and travel times analysis published, together with other consultation materials.

X December 2017: Mid-point review of consultation, including gap analysis of groups we have reached to date and revisions

X January/February: Consultation closes

March/April 2016: Committee in Common of CCGs in south east London meets to make final decision.

## 7 Equalities Analysis

Through the Equalities Steering Group, the programme has looked detail at the planned care work stream, advising on pre-consultation activities – ensuring protected characteristics are appropriately involved and considered. The group comprises CCG engagement and equalities leads, patient and public voices and public health specialists.

In order to support public consultation and to fulfil our statutory obligations under the Equality Act 2010, the programme has commissioned a three stage Equalities Analyses to specifically focus on the planned elective orthopaedic work stream. This analysis will help to demonstrate that we have considered the potential impacts on those with protected characteristics, and have sought to mitigate and/or limit the impact our proposals may have on identified groups. The Equalities Analyses is formed of three parts; scoping, consultation and post-consultation, which builds on an earlier Equalities Analysis. These analyses will form part of our on-going thinking, and shape our pre-consultation and consultation activities to inform decision making.



## 8 Stakeholder mapping

The table below outlines a range of the key stakeholder groups we anticipate having an interest the changes to planned orthopaedic care and in our consultation activities. This is open to amendment during the consultation and we will adapt as we go along.

<b>Patient and the public</b>	<b>Healthcare professionals/providers</b>	<b>Third sector/partner organisations</b>	<b>Political</b>
Residents who access services in south east London	GPs and primary care staff	Voluntary and community sector providers	Local MPs and elected members
Residents who access services outside of south east London	Orthopaedic staff	Independent sector	Mayor of Lewisham
Patients who use services in south east London but live elsewhere	CLAHRC and other research bodies	Orthopaedic charities	London Assembly members
Local patient/resident groups	CCG staff and commissioners	Voluntary community sector (user/carer/advocacy)	Joint Health Overview and Scrutiny Committee
Interest/issues groups	GP members	HealthWatch organisations	Health and wellbeing boards
Equality groups – most impacted	British Orthopaedic Association	Council for voluntary services	Other LA stakeholders - OSC chairs, Directors of Adult / Children's Social care
Patient Participation Groups (PPGs)	Provider trusts (including out of area)	Health Education South London (HESL)	
Media	Local medical councils	Local CEPNs	
	Department of Health	Universities and Medical Schools	
	NHS Improvement	Provider governors and membership	
	Staff Unions	Academy of Royal Medical Colleges	
	Acute provider staff (non-orthopaedic)	Health Improvement Network (HIN) South London	
	Community services providers/staff	Housing organisations	
	Mental health trusts / staff	Staff in neighbouring areas	
	London Ambulance Service		
	Physiotherapists – acute and community		
	Neighbouring CCGs (Wandsworth, Croydon, Tower Hamlets,		

	Newham, City and Hackney, Dartford Gravesham & Swanley)		
	Provider Governors and Members		

## 9 Materials

- Consultation document, both printed and digital, including versions: full; summary; easy read; large print; and audio. Other languages will be available on request. Crystal Mark approval from the Plain English Campaign will be sought.
- Freepost feedback forms
- Consultation website hub
- Presentations for: staff, public and patients, stakeholders, including Easy Read version
- Posters for GP surgeries, pharmacies, hospital orthopaedic outpatients and other public sites
- Postcard take-away including space for short feedback and capturing names and addresses
- Infographics – printed and digital
- Banners for CCG and trust websites
- Short animation – covering case for change; patient journey; and call to action
- Video of clinicians describing how the new service model will work and describing the changes from current services
- Video archive of the consultation hearing available on demand (likely to be live streamed)
- Pull-up banners
- Targeted advertising to extend reach – e.g. Facebook, promoted Twitter posts and local media

## 10 Consultation activities

We have developed a detailed communications and engagement plan for each stakeholder. However, below is a broad outline of our approach for each main group of stakeholders. In addition to these specific activities we will also make a broad offer to all stakeholder to attend any meetings/briefing upon request. We will evaluate our approach and reach throughout the consultation process. Our activities will be refined and developed in light of what we learn. Our communications and engagement steering group will be integral to these reviews – supporting us to ensure that there are no gaps in our engagement and that our approach is tailored to the audience.

### 10.1. Patient, Public, Community Engagement

We will use a range of communication and engagement activities - informed by the equalities analysis and need of each group. A targeted approach will be taken with communities identified as

being most affected by any potential change to service. These groups, and why we are targeting them, are detailed below.

### 10.1.1 Equality groups – most impacted

The results of the equalities analysis indicate that these groups should include: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities (long term conditions); people who have learning disabilities; white women and people undergoing gender reassignment. We will hold in-depth discussions via:

- **focus groups** or **meetings** with people from all of the nine protected characteristics (plus carers and those from areas of socioeconomic deprivation). We will hold additional sessions with communities who are most impacted by any change. These focus groups will be delivered by an independent organisation to preserve objectivity of response.

### 10.1.2 The general public

For interested members of the public we will:

- hold local deliberative **meetings** throughout the consultation period. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. The public events will be independently delivered.
- work with **local authority colleagues** to ensure that materials are circulated via their local channels including through resident associations.
- directly engage with individuals and communities via **Twitter** by posing questions and running polls to raise awareness with existing followers, find new audiences, share accurate information, gain stakeholder insight, listen and respond to feedback
- hold **roadshows** on provider sites and in other locations to raise awareness
- run a '**consultation hearing**' and invite people to submit evidence in advance. This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their own evidence for how services should be run.

### 10.1.3 HealthWatch

As a key stakeholder with connections to local people and communities we will:

- hold **briefing workshops** with key colleagues from each local HealthWatch organisation to ensure they are up to date with the work and can signpost people to our work.
- work with our HealthWatch colleagues to **cascade information** to their networks and contacts, uploading information onto their websites and including in relevant bulletins.

### 10.1.4 Interest groups

We will:

- offer to hold briefing meetings with members of local interest groups, including, but not exclusively, Keep Our NHS Public and Save Lewisham Hospital.
- Invite local interest groups to attend our '**consultation hearing**' – submitting evidence in advance to support their case.

### 10.1.5 Voluntary and community sector

Voluntary and community sector colleagues will be kept up to date by emails and bulletins. In addition we will:

- invite them to attend our public borough based meetings.
- continue to involve them in our planned care reference group.
- offer to attend any meetings that they would like our presence at.

### **10.1.6 Past, present and future service users**

Our activities with past, present and future services users will largely be conducted through our provider colleagues who have access to the relevant contact details. Working with provider colleagues we intend to:

- circulate information by mail to past, present and future service users – signposting people to our website, consultation document and response forms.
- invite interested people to our public events (to be held close to the end of the consultation period).
- hold a road show at key orthopaedic areas in each trust – which service users will be invited to attend. The purpose of the road show is to raise awareness of the work and signpost people to our consultation document and response form.

### **10.2 Workforce**

We will offer staff briefings at all provider sites. In addition we will run a road-show in key orthopaedic areas at which staff and service users can find out about consultation and be signposted to our response forms.

### **10.3 Political stakeholders (MPs and councillors)**

We will work with local CCG leads to build on existing relationships to keep these key stakeholders informed – ensuring they have early sight of the programme’s activities and are briefed to cascade to their constituents. The relationship with the JHOSC will be through the central team.

### **10.4 Partners, providers and commissioners**

Our south east London strategy – also known as the Sustainability and Transformation Plan (STP) has been developed and agreed jointly by local commissioners, providers and local authorities. The proposals on which we are consulting form a part of that strategy.

Ultimate decision-making on the elective care proposals rests with Committee in Common of CCGs, as the commissioners of local health services.

We recognise that provider trusts and local authorities have a dual role in this process: they are both partners in developing and delivering proposals and also stakeholders who may wish to comment on them. We have therefore worked with provider and local authority teams to develop local plans to engage and involve their staff in our proposals. We will work closely with colleagues in Foundation Trusts to cascade information to their members and governors, giving them the opportunity to respond and attend our public events and roadshows if interested.

### **10.5 JHOSC**

The process is subject to formal local authority scrutiny via a Joint Health Overview and Scrutiny Committee (JHOSC). Our work with the JHOSC will be managed centrally by the programme team.

## Communications plan

### 11.1 Consultation promotion

The consultation will be widely promoted online and offline via all our networks: local authorities, provider networks, CCG networks, voluntary and community sector, HealthWatch, GPs surgeries, libraries and community centres. We will write to all stakeholders on our database encouraging them to respond and to promote the consultation via their networks.

### 11.2 Distribution plan

Audience	Route	Material
<b>Residents/patients</b>	OHSEL newsletter and local CCG and borough newsletters	Link to digital material
	via orthopaedic departments	Summary documents
	Libraries	Full, summary and ER
	Nursing / residential homes	Summary and ER
	Local Council buildings	Summary
	VCS and interest groups	Summaries for cascading
	HealthWatch	Summaries for cascading
	PPVs, PPGs and PCRG	Full consultation doc
	Public events	Full consultation doc
	Consultation Hearing	Full consultation doc
FT public and patient members – via local newsletter	Link to digital material	
<b>Staff – orthopaedic including acute and community physio</b>	Via internal distribution	Full document to each member of staff
<b>Staff - CCG</b>	Email and local newsletters	Link to digital material
<b>Staff – GP members and practice staff</b>	Email and local newsletters	Link to digital material
<b>Staff – other NHS and provider including community providers</b>	Local newsletters	Link to digital material

<b>Staff – LMCs</b>	Email	Link to digital material
<b>Staff unions</b>	Email	Link to digital material
<b>Stakeholders (JHOSC, HWBB, MPs, Councillors, London Assembly members)</b>	By post	Full consultation doc
<b>VCS and interest groups</b>	By post	Full consultation doc
<b>Provider boards, Governors</b>	Via internal trust distribution	Full consultation doc
<b>Local Authorities (Leaders, Directors of Social Care)</b>	Email	Link to digital material
<b>NHS partners (NHSI, NSHE, providers, mental health trusts, LAS, neighbouring CCGs, HESL, HIN, CLAHRC)</b>	Email	Link to digital material
<b>Other partners and third sector organisations (VCS providers, independent sector, VCS, HealthWatch, universities and medical schools, Academy of Royal Medical Colleges, BOA)</b>	Email	Link to digital material

### 11.3 Updates and newsletters

Our monthly stakeholder newsletter distribution list continues to grow and is received by a broad range of key stakeholders. It will continue to provide updates and highlights from consultation activity as well as signpost readers to our calls to action and opportunities for them to give feedback. We will maintain the list of stakeholders subscribing to the newsletter and include a subscription option within on and offline consultation response mechanisms to ensure we continue to reach as wide an audience as possible.

We will also supply stakeholders identified in section 8 of this plan with newsletter content to cascade through their networks. This includes CCGs, GPs and primary care staff, providers, local authorities, HealthWatch, voluntary and community sector organisations and wider NHS partners.

### 11.4 Media

We will take an open and transparent approach to media relations, as we aim to build awareness of the consultation, the case for change and the proposals that are put forward. Activity will include:

- A press release at the outset, to confirm the proposals, placed in context of the overall strategy and case for change, which we will work with CCG colleagues to sell in to local and regional media. The sell in process will be key to ensuring local journalists have a clear understanding of proposals and can ask questions

- Offer of individual briefing for journalists engaged during pre-consultation – clinician/PPV led
- A comprehensive public Q&A, anticipating and addressing the key questions
- A core script which will be shared with trusts and other partner organisations to ensure consistency and accuracy of message
- Clear media handling protocols for the programme team, CCGs and partner organisations to help coordinate enquiries and responses efficiently
- A list of identified spokespeople with interviews arranged on request
- The use of case studies which support the case for change, explaining to people how their services will improve

Our media relations service will continue to be available 24/7.

### 11.5 Social media

We will continue to use Twitter in a deliberate, strategic way to increase the impact of our engagement and gain valuable insight into public attitudes.

We will maintain Twitter activity on a daily basis and continue to horizon scan for new interaction opportunities. Using the stakeholder lists of Twitter profiles created during our pre-consultation phase we will continue to directly interact with key groups and individuals.

During formal consultation, we will also:

- continue to proactively monitor activity of and directly interact with key stakeholder groups – posing questions, providing accurate information, retweeting and responding to feedback
- establish a themed programme of tweets to highlight the case for change, wider context of strategy, patient engagement to date, similar successful models, impact, clinical support
- create suite of shareable content to bring the consultation to life on social media with assets including: infographics, images, video and quotes to profile case studies that describe the case for change and involvement clinical spokespeople and PPVs
- establish several clear calls to action, including:
  - take part in the consultation – give your feedback through the online consultation hub or paper document
  - visit the website (for detail on proposals and wider programme context)
  - give us feedback on the questions outlined in the consultation document
  - read the website FAQs about the proposals
- run Twitter polls drawing on questions in consultation document
- use hashtags to link conversations and engage new audiences #OHSEL #orthopaedic #musculoskeletal
- proactively post calls to action on feeds of people/groups most likely to be affected - monitor and provide responses where necessary
- profile engagement activity through live tweeting and Twitter walls – plus Storify roundups of major events such as deliberative events and consultation hearing
- as with pre-consultation we will ensure all interactions on social media relating to the consultation are logged fed into the analysis/independent evaluation

- use intelligence from early consultation feedback to consider an online discussion (eg tweet chat) allowing people to ask questions and receive responses from expert panel including clinicians and patient representatives

We will maintain our approach to handling interactions on social media through our agreed protocol, always trying to engage constructively with people.

We will evaluate the impact of our Twitter activity by analysing:

- number of followers, tweets, retweets, likes, shares
- direct messages and mentions
- quality, tone and volume of feedback from followers
- website traffic

## 11.6 Website

To run an effective consultation that can reach as many people as possible an essential tool will be a consultation website. Our existing website [www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk) remains a fundamental component of our communications and engagement approach and will continue to host the most up to date content on all aspects of the programme. Our existing website will continue to host a detailed account of the elective orthopaedic plans, including the following resources:

- Case for change
- Engagement journey so far
- FAQs
- Reports and strategy documents

### Consultation hub

We aim to procure a dedicated consultation hub. This will offer a user friendly platform for capturing stakeholder feedback that interfaces with our existing website.

We will publish information to cater to the wide variety of information needs our audiences have – from basic web pages summarising the key issues, to more complex strategy documents, ensuring that more detailed information is clearly available to those who want it, in a format they can understand.

We are committed to ensuring the website can be used effectively by all users, and have made our best efforts to ensure that the core content of the site is accessible. Our aim is to:

- deliver the same information and the same general functionality to all users regardless of the platform used to access the site
- support multi-modal access (e.g. text equivalents of video/audio)
- enable customisation (e.g. freedom to apply user stylesheets)

Automated tools are used to help identify potential accessibility problems, and we follow good practice where it exists, for example in ensuring that alternative formats exist for images, that page templates are well-structured for navigation and that functionality does not depend on use of a mouse.

During the consultation period we will monitor site traffic and optimise layouts, calls to action and content to increase our conversion rates (site traffic/feedback submission). The website is optimised



for mobile devices and we will ensure that, as far as possible, the content and documentation we publish is compatible with devices with smaller screens.

Google analytics will help us to understand audience behaviour as well as measure the impact of our communications and engagement activity. We will track traffic and analyse our feedback throughout the pre consultation period so that this information can continuously inform our strategy.

The website sets the elective orthopaedic proposals in the context of wider programme activity, encouraging a broader understanding of how these potential changes fit in, and potentially increasing engagement opportunities with other initiatives.

### **11.7 Advertising**

We will use targeted advertising opportunities to extend the reach of consultation information and call to action. We aim to utilise channels including local press, Facebook, promoted tweets and digital advertising on relevant community websites. We will evaluate this activity using data and analysis from the host outlets, traffic to our website tracked via Google analytics and analysis of feedback forms capturing where respondents have indicated where they heard about the consultation.

## **12. Analysis, decision and feedback plan**

We have set out above a number of mechanisms by which people can feed into the consultation. All consultation responses received will be logged and their contents recorded by our independent assessor, the University of Kent. They will write an independent report of the consultation, for consideration by the Committee in Common of CCGs. This report will also take account of feedback received at public meetings and events and at focus groups, which will themselves be independently facilitated and reported.

The Committee in Common will receive this report in March. All consultation responses will also be held in an 'evidence room' and made available to committee in common members, so that they can take account of individual responses alongside the independent report. The Committee in Common will also receive the three-stage Equalities Analysis report, which will be updated and finalised during the consultation.

After considering carefully all of the feedback received, the Committee in Common will make a final decision on whether or not to proceed with the proposal for elective care centres. If the decision is to proceed, the Committee will decide whether there are elements of the proposals it wishes to amend or any mitigations it wants to put in place due to issues arising from the consultation. This decision-making meeting will take place in public.