Fit for my future Somerset

SOMERSET County Council

NHS

Fit for my future

Acute Hospital Based Stroke Services Consultation

Consultation Plan

Title of programme: Acute Hospital Based Stroke Services

VERSION: 1.6

DATE: January 2023

SOMERSET

www.fitformyfuture.org.uk

Contents

INTRODUCTION 3
PURPOSE 3
CONTEXT 4
Drivers of the project 4
Clinical rational 5
Aims of the review 6
Scope of the review 6
LEGAL FRAMEWORK AND NATIONAL GUIDANCE 7
CONSULTATION PRINCIPLES AND PRIORITIES 9
CONSULTATION APPROACH 9
COMMUNICATIONS AND INVOLVEMENT 11
CONSULTATION MATERIALS 14
ENSURING CONSULTATION METHODS ARE ACCESSIBLE 15
STAKEHOLDERS 16
ANALYSIS AND EVALUATION 17
APPENDIX 1 – GUNNING PRINCIPLES 19
APPENDIX 2 – HIGH LEVEL CONSULTATION DELIVERY PLAN 20
APPENDIX 3 – how the consultation plan was developed 24

INTRODUCTION

Our aim is to create meaningful discussions with local people and stakeholders, where people have a genuine opportunity to influence our work, to involve them in public consultation about the future configuration of acute hospital based stroke services in Somerset. The approach will be responsive and proportionate to the community as a whole.

This consultation plan builds on the existing acute hospital based stroke services Engagement and Communications Plan. To help us develop our proposals for the transformation of acute hospital based stroke services, we've been working with people with lived experience of stroke, including their carers, staff and voluntary sector support organisations to understand what matters to people.

Public consultation gives people the opportunity to provide their views. We want to understand what the potential upsides and downsides are to our proposal from a range of perspectives. This will help us to plan the solution. There may be something we haven't thought of, or an aspect that we need to consider further.

The programme is committed to listening to people and will ensure that all the feedback from the consultation is collated and independently reviewed. We will carefully consider the responses received, alongside other evidence and information gathered. The final Decision Making Business Case will demonstrate how the feedback has been taken on board when it puts forward the final clinical model for a final decision by the Board.

In addition to an extensive distribution plan for the consultation document and materials, and a strong online presence, targeted involvement will provide further opportunities for those potentially affected by our solutions to have their say and share their views with us.

This plan is based on existing pre-consultation work with stakeholders, including:

- Yeovil District Hospital NHS Foundation Trust staff
- Somerset NHS Foundation Trust staff
- Primary Care Networks
- GPs
- Healthwatch
- People with lived experience of stroke and carer representatives
- Stroke community support organisations.

All feedback and results will be collated, analysed and reported by an independent organisation to demonstrate transparency and objectivity.

We will continue to work with the Consultation Institute to receive best practice guidance and advice.

The feedback received will inform NHS Somerset Integrated Care Board's decision-making. No final decisions will be taken until after the consultation has closed and results have been collated and independently analysed.

PURPOSE

The purpose of the consultation is to consult with stakeholders on the proposed model options of the transformation of acute hospital based stroke services to inform the Decision Making Business Case and the final proposals to NHS Somerset's Board.

This consultation plan describes our process to deliver a best practice formal consultation which is founded in the commitment to inform and listen.

The purpose of this consultation plan is to define the consultation stage intentions and proposals to ensure:

- a collaborative approach is taken with key stakeholders;
- core messages are aligned across all channels and with all partners;
- activity and messages are timely and informative;
- we raise awareness of and provide information on the changes proposed;
- stakeholders and local communities are engaged in the review and have an opportunity to feedback and inform throughout;
- we gather feedback which will inform the decision making about the future of acute hospital based stroke services;
- Fit for my future organisations' reputations are managed;
- compliance with legal duties to involve.

This process will help to ensure that our methods and approaches are inclusive and tailored to the people we want to reach so that they can have their say. Our consultation plan also outlines key activities we will undertake to ensure we receive a wide range of responses.

CONTEXT

Drivers of the project

Somerset is a rural county with an older than average population, with the number of people over 75 expected to double in the next 25 years. This will result in a significant rise in demand for health and care services as more people are living with long term health conditions, especially those affected by frailty.

Somerset County Council and the NHS are encouraging people to live healthier, longer lives by helping them to stay well and prevent illness. Over the last few years people in Somerset have expressed that they want health and care services to be better coordinated in the heart of the community and centred around their needs, with the right staff with the right skills in the right place.

The Fit for my future programme (FFMF) was formed to develop the commissioning strategy for health and care in Somerset and in 2019 a review of the current configuration of stroke services was carried out. One of the key recommendations from the strategy was to develop options around acute hospital based services configuration in Somerset to meet the challenges identified.

In Somerset there are two hospital-based stroke services, one at Musgrove Park Hospital and one at Yeovil District Hospital. Both providers have HASU and Acute Stroke Unit (ASU) services. Currently neither provider has the number of specialist staff needed to provide the units with 24/7 consultant cover, which is a requirement of the national standards set out in the RCP National Clinical Guidelines for Stroke.

Whilst our staff are working hard to provide the best care possible for people who have had a stroke, we know that our current acute hospital based stroke services are not currently set up in the best way.

We need to organise our acute stroke services better to make sure we can provide high quality and safe care in the future. These are some of the reasons why acute hospital based stroke services in Somerset need to change:

- Increase in the number of people needing hyper acute stroke care: Our ageing population means demand for stroke care will increase. We need to make sure our services are fit for the future.
- Variations in access and provision of specialised stroke care: There are variations in provision of care and access to specialist services in Somerset. We want every stroke patient in Somerset to have the safest and best possible care so they get better quicker and have less chance of living with a disability when they go home.
- Shortage of specialised staff: There is a shortage of the specialist workforce, locally and nationally, needed to deliver hyper acute and acute stroke care. This means there are problems with medical cover in our local hospitals. It is essential that we make the best possible use of the resources available now and in the future to meet the increasing demand.
- Best practice national guidance: The provision of acute stroke services currently does not meet best practice national guidance. Reconfiguring services is an opportunity to provide more equitable services which are in line with national best practice.

Clinical rational

The Getting it Right First Time programme led a review meeting for both Yeovil District Hospital and Musgrove Park Hospital to identify examples of high-quality service delivery and looked at areas of unwarranted variation in clinical practice in June 2018. The review identified that in Somerset, the services performed well clinically and emphasised that the services had progressed well with regards to the stroke community rehabilitation model. However, it identified the following domains as the most challenging:

- Rapid assessment by stroke nursing and medical teams
- Scanning within one hour
- Thrombolysis rate and door to needle times
- MDT therapy assessments.

The NHS Long Term Plan (LTP) states stroke mortality has halved in the last two decades. However, without further action, due to changing demographics, the number of people having a stroke will increase by almost half, and the number of stroke survivors living with disability will increase by a third by 2035.

There is strong evidence that hyper acute interventions such as brain scanning, and thrombolysis are best delivered as part of a networked 24/7 service. Areas that have centralised hyper acute stroke care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements. This means a reduction in the number of stroke-receiving units, and an increase in the number of patients receiving high-quality specialist care.

National support for the scaling of technology will assist the expansion of life-changing treatments to more patients. This includes the use of CT perfusion scans to assess the reversibility of brain damage, improved access to MRI scanning and the potential use of artificial intelligence interpretation of CT and MRI scans to support clinical decisions regarding suitability for thrombolysis and thrombectomy.

Any possible centralisation of hyper acute stroke services may be of potential concern to residents of Somerset. Hyper acute stroke care is a short-term (up to 72 hours following onset of stroke) specialist intervention. It is important that Somerset does everything possible to deliver high quality hyper acute stroke services to meet national guidance and ensure optimal outcomes for patients. If services are centralised, then measures need to be in place to ensure that any patient who undergoes hyper acute stroke intervention is repatriated back in a timely manner to their nearest acute provider to continue their rehabilitation close to home and with the support of family and friends.

From the very start, this work has been led by local clinicians.

Aims of the review

The aims are for Somerset acute stroke services to be:

- **Equitable** – everyone will be able to access the same high level of care regardless of the day of the week or time of the day, 365 days a year.
- **High quality** – every patient will receive expert care, maximising their chances of a full recovery.
- **Efficient** – the patient pathway will be streamlined to help timely access to the best possible care including getting patients more timely access to the scanner, the development of direct HASU to ESD pathway and harness technology to provide remote care and expert input.
- **Well led** – there will be high quality clinical leadership of the whole patient pathway ensuring consistency across providers and settings of care, and enhanced partnership working at managerial and clinical levels including emergency and cross-border services.
- **Sustainable** – through improvements to prevention, treatment, efficiency and secondary prevention the resources available to stroke care will be used effectively and will result in overall system savings when compared with continuing to do more of what we currently do in line with prevalence growth.
- **Attractive** – for the Somerset stroke service to be a great system to work in where staff are supported to do their jobs and deliver an exemplar service which attracts and retains workforce.

Full details of the drivers for the review are detailed in the Case for Change and Pre-Consultation Business Case (PCBC).

Scope of the review

The focus of this review and as such the consultation is the hyper acute part (first 72 hours) and acute stroke services in Somerset.

The review of acute hospital based stroke services will primarily affect people living in Somerset. The communications and engagement team for NHS Somerset will also liaise with communications and engagement colleagues in Dorset, the adjacent county, so that their views and their patients and public who may be impacted by any changes to services in Somerset can be considered.

LEGAL FRAMEWORK AND NATIONAL GUIDANCE

As an NHS commissioner we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health and the fifth test set by NHSE. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners
- Assurance that any significant hospital bed closures can meet one of three conditions:
    - Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
    - Show that specific new treatments or therapies, such as new anticoagulation drugs used to treat strokes, will reduce specific categories of admissions; or
    - Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

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 ongoing 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).

There is also a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- **Section 242, of the NHS Act 2006**, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.

- **Section 244, of the NHS Act 2006,** requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).
- **The NHS Act 2012, Section 14Z2** places a duty on Integrated Care Boards 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 commissioning arrangements by the Integrated Care Board
    - in the development and consideration or proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them
    - in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

We need to make sure that our consultation activities meet the requirements of **The Equality Act 2010**, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The Equality Act 2010, imposes the obligation to have due regard to need to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited under Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not
- Foster good relations between persons who share a relevant protected characteristic and persons who do not.

Section 14Z35 of the National Health Services Act 2006 also outlines the responsibility of Integrated Care Boards to reduce inequalities:

Each integrated care board must, in the exercise of its functions, have regard to the need to:

- reduce inequalities between patients with respect to their ability to access health services, and
- reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

The Equality Impact Assessment (found in the Pre-Consultation Business Case) details the impact assessment across these nine protected characteristics, and lists the associated mitigations. It also recognises the considerations regarding the prevalence and impact of strokes, and also how the COVID-19 pandemic may affect these groups.

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:** public bodies need to have an open mind during a consultation and decisions cannot already be made. People need to be clear on what can and cannot be influenced by public input and opinion.
- **Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response**: people involved in the consultation need to have enough information to provide an informed input into the process. This might include an impact assessment of the costs and benefits of the options being considered.
- **Adequate time must be given for consideration and response**: sufficient time should be given to enable people to make an informed response and there must be enough time to analyse the feedback.
- **The product of consultation must be conscientiously taken into account:** decision-makers should be able to evidence how they have taken consultation responses into account.

Please see Appendix 1 for how the consultation will adhere to the Gunning Principles.

The proposed consultation period for this programme of work is 12 weeks.

The consultation will begin on xxxxx and end xxxxx (date to be confirmed).

CONSULTATION PRINCIPLES AND PRIORITIES

The overall aims of the consultation are:

- To describe and explain the reasons why acute hospital based stroke services need to change.
- To describe and explain the solutions, including our preferred option if we have a preferred option, for acute hospital based stroke services in Somerset.
- To ensure the public, carers, staff, and key stakeholders who have an interest in stroke services have an opportunity to be involved in the consultation.
- To ensure an open and transparent approach to sharing information and opportunities with staff, stakeholders and the public.
- To provide a meaningful and transparent process in which the feedback from those involved in the consultation will help to shape decision making about the future configuration of the service.
- To manage a robust consultation process that meets national guidance and is regarded by the people it involves as open, reasonable, fair and meaningful.

CONSULTATION APPROACH

Our consultation approach will be underpinned by a set of fundamental principles and priorities. Our approach follows our approach to public engagement which includes our 10 principles for working with people and communities. These principles were developed through engagement with stakeholders across the Somerset Integrated Care System (ICS).

Somerset ICS 10 principles of working with people and communities:

1. Put the voices of people and communities at the centre of decision making and governance.

2. Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
3. Involve people at the start in developing plans and feedback how their engagement has influenced decision-making and ongoing service improvement, including when changes cannot be made.
4. Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes in order to reduce inequality in, and barriers to, care.
5. Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
6. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
7. Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
8. Use community development approaches that empower people and communities, building community capacity.
9. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places - to maximise the impact of involvement.

Capacity and demand analysis shows the projected future increase in demand for stroke services in Somerset, especially in the older adult age groups. The predicted impact on the two acute providers in Somerset who currently assess and treat approximately 85% of all suspected stroke patients is expected to rise from 1,429 in 2019 to 1658 in 2025. Although only a small percentage of the population of Somerset will need to be admitted to a hyper acute stroke bed, it is important that our engagement and communications during consultation extends widely, as many people may be impacted by strokes. We will ensure we extend our reach to communities more likely to be impacted by stroke, including carers, stakeholders, and the general public.

Our consultation objectives are:

- Make people in Somerset and the surrounding counties, especially Dorset, aware of the public consultation and how they can get involved.
- Inform people how the solutions have been developed and explain the options and what they will mean in practice for the provision of hyper acute and acute stroke services so people are able to make an informed response.
- Seek to actively gather people's views and encourage responses to the consultation.
- Ensure that a diverse range of voices are heard and our engagement activities target specific community groups to ensure the local population is represented.
- Ensure that the consultation process uses a range of methods to reach different audiences and maximises opportunities for engagement with local communities and key stakeholders.
- Consider the responses received as part of the public consultation and take them into account in decision-making, with sufficient time allocated to give them thorough consideration.
- Deliver a public consultation in line with best practice that complies with our legal requirements and duties.

We will ensure we consult with people who may be impacted by our proposals by:

- Reaching out to people where they are, in their local neighbourhoods and local networks.
- We will make sure staff whose jobs may be affected by the review are kept informed and involved and have opportunity to respond.
- We will cover the geography, demography and diversity of Somerset, and surrounding areas impacted including Dorset, via our communications.
- We will widely advertise to make sure people are aware of our consultation even if they choose not to participate.
- Our information will be relevant to local groups, being clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences.
- We will work with partners in surrounding areas, including Dorset, to maximise our engagement and communications reach in surrounding counties where local people may be impacted by any changes.
- We will be clear and up front about how all views can influence decision-making, explaining it will not be possible to do everything everyone wants and why difficult decisions have to be made.

Our stroke consultation will have three key workstreams, these workstreams will run in parallel and will be supported by the same information:

- **General public consultation:** consultation with the general public through events, media and special interest groups.
- **Staff consultation:** in addition to the consultation documentation and questionnaire we will also hold focused discussion sessions with staff working in stroke services.
- **Representative survey:** working with an independent research organisation we will seek to gain the views of a representative sample that is reflective of the geography and demography of Somerset.

We will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, demonstrating good value for money.

COMMUNICATIONS AND INVOLVEMENT

We will use a wide range of consultation methods to reach different key audiences with a strong focus on reaching seldom heard communities, especially those who may be more likely to be impacted by stroke. The methods of consultation will vary, including focus groups and attendance at pre-arranged outreach meetings, drop-in and pop-up meetings, and will be targeted to ensure the consultation is inclusive.

It will be important to consider messages tailored to particular stakeholder groups relating to 'what this means to me' – helping them to understand the part they have to play in shaping these services and considering all those who might interact with this service. We will use patient stories to help explain the proposals.

Our communications need to be:

- simple and to the point;
- factual and accurate – quick to dispel myths and correct inaccuracies;
- provide clear signposting;
- supportive in their tone, so that people understand this vision is for the benefit of everyone and can only be properly shaped with their feedback and input;
- open and inclusive; and,
- clear call to action and encourage people to get involved and have their say.

A public facing consultation document, including a questionnaire, will explain the reasons why stroke services need to change, how the options have been developed, and the solutions (including our preferred option).

The public documents will be reviewed by our public and patient stroke reference group and Healthwatch Somerset readers panel before wider circulation. Easy read and alternative formats will be made available.

The questionnaire will be designed in line with the preferred option/s; it will be available in print and online.

We will seek advice from an independent research and evaluation organisation to work with us to design non-leading questions and ensure we meet the highest standards of research design.

The core elements to be consulted on, as outlined in the Pre Consultation Business Case, are:

- the centralisation of our hyper acute stroke services
- the location of the single hyper acute stroke unit
- the future of our acute stroke services as either one unit or two units.

The resources will be communicated and circulated through a variety of communication channels. A targeted communications campaign will run prior to and over the 12 week consultation period to ensure the public are made aware of the consultation.

We will work with the stroke patient and public stakeholder group to plan our consultation activity. Activity will include:

- General publicity and information sharing
    - Public information promoted via a diverse mix of physical and digital channels. For example paid for and organic advertising in local media, local radio, posters, social media, as well as via established stakeholder channels. This will include reaching across to neighbouring counties impacted by any changes.
    - We will work with the media on a proactive and reactive basis, updating them with key updates and milestones.
    - We will actively promote consultation events and opportunities through the local news media and social media, and will also consider, where required, advertising in local press and on social media to further amplify the messages and encourage involvement.
- Website and online media

    - Online information will be available on the Fit for my Future website, providing a comprehensive guide to the consultation, events and activities.
- Email, telephone and free post
    - To support open and accessible communications between the programme and interested parties, the consultation team will be accessible via email, telephone and post mechanisms.
- Questionnaire
    - Our consultation questionnaire will be available in a variety of formats. Feedback will be analysed by an independent research organisation.
- Representative telephone survey
    - We will survey a representative sample of the population who will be impacted by the proposals to ensure we gather views from a comprehensive representative sample.
- Listening events and community workshops
    - We will focus on outreach events, joining existing community groups where possible and go to where people are already meeting.
    - We will hold public meetings and drop-in sessions to provide an opportunity for detailed conversations with the public. These will be a mixture of online and face to face.
    - We will aim to hold a drop in session across our PCN localities and across the border in Dorset.
    - We will link with NHS Dorset to ensure we reach audiences across the border in Dorset.
- Focus groups
    - We will hold a number of focus groups to ensure we reach individuals and communities who are more likely to be disproportionately impacted by the proposals.

Clear calls to action will include:

- To provide feedback and complete the questionnaire
- Visit our website for further information and details
- Contact us if you require further information
- Contact us if you require documents translated
- Share content with your networks, and on your website and social media channels
- Proactively post information and calls to action on relevant individual groups social media groups.

Information will be sent to neighbouring Integrated Care Boards, and Somerset providers, partners, voluntary sector organisations and networks with an interest in stroke. We will work with local authority colleagues to ensure that materials are circulated via their local channels, including libraries and via Parish councils.

We will work with our system partners to ensure printed materials are available across a range of settings including GP waiting rooms, hospital waiting rooms and staff communal areas. Where we

are able to share materials will be dependent on current Infection Prevention and Control measures in place at the time of the consultation.

We will create an internal consultation pack which include standardised briefings and presentations to enable colleagues and partners to widely share the materials to ensure consistent message and promote opportunities for involvement.

The consultation will be promoted using a variety of approaches to ensure as many people are aware of it as possible including:

- Social media
- Local newspapers
- Local village newspapers
- Proactive media releases
- Websites – including community and partner websites
- Internal and external staff communications channels.
- Promotion via existing networks including, our Citizens' Panel, PPG network, Somerset Engagement and Advisory Group.

A media handling plan will be created for significant milestones throughout the consultation, including key messages, detailed questions and answers, and arrangements to offer interviews. A record of who has been approached and briefings offered.

An efficient and effective approvals process will also be important in terms of reacting quickly to negative or inaccurate articles and signing of the development of any new materials to respond to issues and themes as they come through the consultation.

A detailed communications and consultation delivery plan will be put in place to cover the launch and consultation period.

A high-level overview of our consultation activity is outlined in appendix two.

Key messages

A lines to take and key messages will be maintained throughout the consultation to ensure consistency of messages.

CONSULTATION MATERIALS

At the core of our consultation will be a consultation document and summary which will clearly lay out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the options are, and signposting for more detailed technical information if needed. This document will also seek feedback and promote the various other methods by which people can engage in the consultation.

The documents will contain information including:

- The scope of the consultation
- Who the consultors are and who will make the decision
- Why services need to change
- Our vision for the future

- Engagement and feedback we have had to date
- How we have reached the options we are consulting on
- Description of our proposals, including the preferred option if there is a preferred option
- Who will be affected by the change
- How to give your views and deadline for submitting responses
- Questionnaire
- How to access alternative versions
- How we will be using these findings/views
- When and how a decision will be made.

There will be a dedicated email, contact number and FREEPOST address for the consultation. Information will be published to cater to a wide variety of information needs so that it is available to those who want it, in a format they can understand.

We will put as much information as possible in the public domain including showing the clinical, operational and population health evidence behind the need for change and for our proposals.

There will be a dedicated section for the consultation on the Fit for my future website to which people will be directed for up to date resources, documents, details of consultation events and an online questionnaire. All relevant materials will be published on the Fit for my future website including:

- The Pre Consultation Business Case
- The Case for Change
- The Equality Impact Assessment
- The Consultation document and link to the online questionnaire
- Frequently asked questions
- Patient stories to illustrate the case for change and expected benefits of the proposals.

The Fit for my future website will be clearly signposted to via the NHS Somerset website.

We recognise that not everyone is comfortable with, or does not have access to, digital channels and we will ensure that printed materials are readily available in places that are easy to access.

ENSURING CONSULTATION METHODS ARE ACCESSIBLE

We will make sure our public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information; accessible to everyone and available on request in a range of languages and formats.

We will ask Healthwatch readers' panel and our stroke patient and public reference group to review our consultation document to ensure it is accessible.

We will produce targeted public-facing documents, including printed materials as we know not everybody wants to access information digitally, summaries, patient stories and social media content.

The consultation document, with questionnaire, will be available in print and digitally, including Easy Read; large print; and audio if requested. Other languages will be available on request.

We will also aim to produce our summary consultation document and response form in an aphasia friendly version.

We will provide detailed information on our website to ensure transparency.

We will provide a range of opportunities for involvement and discussion with our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally.

Throughout the consultation period we will receive regular response monitoring reports from the independent consultation analysis organisation. We will monitor this information closely to identify any demographic trends which may indicate a need to adapt our approach regarding consultation activity.

STAKEHOLDERS

To make sure the consultation effectively captures the widest possible views and feedback we have developed an extensive list of stakeholders who are involved in, affected by, or interested in the future configuration of the service, as well as the wider public.

A detailed stakeholder analysis has been undertaken and has informed our consultation activity. Our Equality Impact Assessments has informed this and will continue to help shape our consultation and inform the groups we will involve in this consultation.

Building on our pre-consultation engagement, we will also continue to develop our relationships with our seldom heard groups and incorporate this into our stakeholder mapping.

A summary of stakeholders is provided here:

- **Working with stroke and other voluntary and community sector organisations:** We will work in close contact with voluntary and community sector organisations, asking them for their views and to publicise the consultation on their websites, through social media and to their membership and networks. Targeted consultation discussions will take place with additional groups identified with a key focus on stroke organisations and vulnerable and seldom heard groups. Voluntary and community sector organisations will be kept up to date by emails and bulletins.
- **Healthwatch:** As a key stakeholder with connections to local people and communities we will work with Somerset Healthwatch to ensure they are up to date with the consultation and can signpost people accordingly. We will work closely with Healthwatch colleagues to cascade information to their networks, contacts and, through their volunteers, to extend our reach into local communities.
- **People with lived experience of stroke and carer representatives:** We will work with the local community and voluntary sector to ensure we reach a wide range of communities, this will include a key focus on carers and patients. We will work with colleagues in neighbouring counties to ensure we reach a range people in neighbouring counties. We will work with

local stroke services to ensure patients and carers are aware of the opportunities available to provide feedback and input their views.

- **Health and care staff**: we will work with Yeovil District Hospital NHS Foundation Trust, Somerset NHS Foundation Trust and Somerset County Council Adult Social Care to ensure health and care staff are informed of the consultation and are aware of the opportunities available to provide feedback and input their views.
- **Primary Care Networks and GPs:** GP member practices will be informed of the consultation through the CCG Primary Care Bulletins and a bespoke GP Briefing. GP practices will be provided with communication materials to promote the consultation to patients.
- **PPG networks:** We will cascade information to PPGs via the PPG Chair's Network. Chairs will be asked to share information and materials with their PPGs and promote to patients at their practices.
- **Seldom heard groups:** Our consultation planning and activity will be informed by our Equality Impact Assessments to ensure we reach out to hear the voices of individuals and communities we do not always engage with enough. We will work in partnership with local support organisations who have established links to reach wider sections of the population and who are focused on providing access and amplifying the voice of seldom heard groups in Somerset.
- **Somerset County Council Adults and Health Overview Scrutiny Committee (HOSC):** A special briefing for members of the committee will take place to appraise members of the details of the proposed reconfiguration of the service and share the full plans for consultation.
- **Neighbouring Adult Health Overview and Scrutiny Committees:** We will contact neighbouring Health Overview and Scrutiny Committees to inform them of the consultation and invite their views. This will include liaison with Dorset HOSC to determine how they would like to be involved following presentations and updates to Dorset HOSC.
- **Political stakeholders and district, parish and town councils:** MPs and councillors from all tiers of government in Somerset may have views about the future configuration of acute hospital based stroke services. We will contact the council inviting their officers and members to feedback their views as part of the public consultation.
- **Media:** The local media have an interest with regards to the provision of health and care services. To ensure this consultation is reported in an accurate manner we will proactively engage local media to enlist their support in promoting key messages to stakeholders.

ANALYSIS AND EVALUATION

We recognise that consultations can be sensitive and controversial and we will therefore secure the services of an independent organisation to undertake the collation and analysis of all data and feedback and produce the final report of the consultation findings.

The format of responses received will be varied and analysis may be required on data collected from a number of sources, such as:

- Hard copy and online questionnaires

- Qualitative feedback from comments cards and data capture forms
- Transcripts and minutes of meetings and focus groups
- Letters and emails
- Petitions.

All formats of feedback received will be shared with the independent research organisation to analyse.

We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, questionnaires, surveys, focus groups and individual responses.

We will conduct a mid point review in terms of consultation response analysis, to assess progress on where, how and from whom we are receiving feedback and responses, so we can target our activity to address gaps in feedback geographically or demographically.

During the consultation period, website and social media traffic will also be monitored so we can optimise content.

The analysis of feedback will be done independently, and the independent report shared publicly.

The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

APPENDIX 1 – GUNNING PRINCIPLES

All public formal consultations must adhere to the Gunning Principles. 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:** public bodies need to have an open mind during a consultation and decisions cannot already be made. People need to be clear on what can and cannot be influenced by public input and opinion.
- **Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response**: people involved in the consultation need to have enough information to provide an informed input into the process. This might include an impact assessment of the costs and benefits of the options being considered.
- **Adequate time must be given for consideration and response**: sufficient time should be given to enable people to make an informed response and there much be enough time to analyse the feedback.
- **The product of consultation must be conscientiously taken into account:** decision-makers should be able to evidence how they have taken consultation responses into account.

The table below outlines how our consultation will comply with the Gunning Principles.

Gunning Principle	Compliance
Consultation must take place when the proposal is still at a formative stage.	A preferred option will be indicated but it will be clear that no decision has been made and insights gathered during the consultation process will be used to inform the decision making.
Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.	Clear information outlining the case for change and the options considered will be included in the consultation document. We will also provide more detailed information for people to access.
Adequate time must be given for consideration and response.	The proposed consultation period for this programme of work is 12 weeks. If the consultation runs over the Christmas period an additional 2 weeks will be added to the consultation period to allow people adequate time to respond when people may be on holiday.
The product of consultation must be conscientiously taken into account.	Two months has been allocated for compiling the consultation feedback once the public consultation has ended. This feedback will be independently analysed and shared with the programme team. This feedback will be taken into account and will inform the Decision Making Business Case.

APPENDIX 2 – HIGH LEVEL CONSULTATION DELIVERY PLAN

This high level consultation delivery plan has been developed in accordance with national best practice guidance, our consultation principles and provides various targeted opportunities for involvement.

This plan will be supported by a detailed consultation action plan which will be updated to include dates and confirmed locations once the consultation start date has been finalised. Our aim is to ensure that all affected and interested stakeholders are sufficiently well informed of the proposed changes and able to provide feedback.

Most activities will be undertaken from the launch of the consultation and continue throughout the process. Reminders and promotions will take place at regular intervals.

Timescales	Activity	Description	Audience / Channels	Purpose
Week 1	Public launch	Launch of consultation. Our range of materials supporting the consultation will be published on our website alongside accompanying promotional social media and press release.	Public Staff Social media Website Internal communication channels Press release	Full public launch of the consultation to explain the consultation and promote opportunities for involvement as widely as possible. To provide clear accessible information in a number of formats to let people know about opportunities for involvement and where they can find information and consultation documents.
	Community outreach	Outreach in the community, stroke groups, talking cafes, community groups	Public Face to face Online	Promotion of consultation and opportunity for people to get involved and have their say. Targeted engagement with specific community groups.
	Representative survey launch	Start of the representative telephone survey to ensure we reach a representative demographic of the population impacted by the proposals	Public Telephone	Representative telephone survey to ensure we reach a representative demographic of the population impacted by the proposals. Questions will mirror the questionnaire and will continue throughout the consulation.
Week 2	Community outreach	Outreach in the community, stroke groups, talking cafes, community groups	Public Face to face Online	Promotion of consultation and opportunity for people to get involved and have their say. Targeted engagement with specific community groups.

Week 3	Providers week	Focus on NHS workforce via a range of engagement	NHS staff including Trust, PCNs	Promotion of consultation and opportunity for people to get involved and have their say.
Week 4	Public event – Yeovil area	Public event on the consultation led by clinicians and senior managers – will include a panel Q&A.	Public Face to face	Explain the consultation and promote opportunities for involvement as widely as possible. An opportunity for the public to ask questions and provide feedback. Promotion of questionnaire.
Week 5	Working well focus	Targeted engagement with working age adults using a range of engagement methods	Public	Explain the consultation and promote opportunities for involvement as widely as possible. An opportunity to ask questions and provide feedback. Promotion of questionnaire.
Week 6	Half way press release and comms push	General and targeted comms informed by mid point review	Public and Staff Press release Social media Website Internal communication channels	Targeted promotional push with a focus on communities and individual identified in the mid point analysis.
	Public event – Taunton area	Public event on the consultation led by clinicians and senior managers – will include a panel Q&A.	Public Face to face	Explain the consultation and promote opportunities for involvement as widely as possible. An opportunity for the public to ask questions and provide feedback. Promotion of questionnaire.
Week 7	Outreach – Dorset / East Somerset	Outreach in the Dorset community, stroke groups, and community groups	Public Face to face Online	Promotion of consultation and opportunity for people to get involved and have their say. Targeted engagement with specific community groups.

Week 8	Public event – Dorset/East Somerset area	Public event on the consultation led by clinicians and senior managers – will include a panel Q&A.	Public Face to face	Explain the consultation and promote opportunities for involvement as widely as possible. An opportunity for the public to ask questions and provide feedback. Promotion of questionnaire.
Week 9	Targeted engagement – focus on Sedgemoor area	Targeted engagement and outreach in the community, stroke groups, and community groups	Public Face to face Online	Promotion of consultation and opportunity for people to get involved and have their say. Targeted engagement with specific community groups.
Week 10	Targeted engagement – focus on West Somerset area	Targeted engagement and outreach in the community, stroke groups, and community groups	Public Face to face Online	Promotion of consultation and opportunity for people to get involved and have their say. Targeted engagement with specific community groups.
	Two weeks to go	General and targeted comms	Public and Staff Press release Social media Website Internal communication channels	On going promotion and reminder to people of the timeline for them to provide feedback and ask any questions.
Week 11	One week to go press release and comms push	General and targeted comms	Public and Staff Press release Social media Website Internal communication channels	Ongoing promotion and reminder to people of the timeline for them to provide feedback and ask any questions. A further, promotional push targeted at communities and groups we need to hear from.
Week 12	Count down to days left to respond	General and targeted comms	Public and Staff Press release Social media Website Internal communication channels	Reminder to people of the timeline for them to provide feedback and ask any questions.

Ongoing	Outreach events	Attendance at relevant community groups across Somerset. An opportunity to go to where people are to promote the consultation and gather feedback	Public Face to Face Virtual	To go to where people are by reaching out to engage and hear from people where they are meeting already.
Ongoing	Drop in events	Range of drop in events across somerset, to the promote the consultation, offering the opportunity to ask questions and provide feedback	Public Staff Face to Face	To give people the opportunity to provide feedback and ask questions at a time and place which is convenient. Taking into account the time of year and any restrictions due to COVID-19.
Ongoing	Focus groups	Focus groups to gather feedback from groups of stakeholders	Public Staff	To ensure we hear from a wide range of people, people will be invited to sign up to one of our focus groups. Invites will open invite but also be targeted to groups and individuals we need to hear from
Ongoing	Promotion of consultation	Ongoing promotion of consultation, range of materials supporting the consultation and opportunities to get involved.	Public and Staff Press release Social media Website Internal communication channels	Promotion of consultation to explain the consultation and promote opportunities for involvement as widely as possible.

APPENDIX 3 – how the consultation plan was developed

Further detail will be added when we have engaged further around our consultation plan.

Our acute hospital based stroke consultation plan is based on learning from our pre-consultation engagement, learning from our mental health public consultation, advice and guidance from the Consultation Institute, and learning from similar consultations nationwide.

We will also continue to engage with key stakeholders including our stroke patient and public reference group, the steering group, the Fit for my future programme Board and our local Health Scrutiny Overview Committee (HOSC).