Southern Hampshire

Vascular Services Reconfiguration

Communications, Engagement and Consultation

March 2016

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Version number: 1

First published:

Updated: (only if this is applicable)

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1 Introduction

This communications, engagement and consultation strategy outlines how NHS England Specialised Commissioning, in collaboration with NHS England South (Wessex), plans to inform and involve stakeholders, patients and local people in proposed improvements to vascular services in Southern Hampshire in line with the National Vascular specification.

Following a review, the Vascular Society of Great Britain and Ireland (Vascular Society) found that the services currently available at University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospitals NHS Trust (PHT) were not fully compliant with the society's guidelines for safe high quality care for patients requiring vascular surgery.

The Vascular Society recommended the development of a single vascular surgical hub for Southern Hampshire, based at University Hospital Southampton NHS Foundation Trust (UHS). UHS already operates as a hub with a network for Hampshire Hospitals Foundation Trust (HHFT) and The Isle of Wight NHS Trust (IOW) and the Vascular Society recommended that this network should be extended to include PHT as another spoke.

This was seen as maximising the benefits of other networking arrangements such as that for major trauma.

NHS England has been working with partners, led by senior surgeons, in developing detailed proposals to provide these vital services for the whole of Hampshire.

2 Background

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain, or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes)

- Poor blood supply to the feet or legs

There are also roles for vascular surgery supporting other major specialities e.g. trauma, neurosurgery, cardiac surgery, dermatology, clinical laboratory services, nephrology, plastic surgery, and other disciplines. Vascular patients are often treated by other specialties including cardiology, renal, diabetology and podiatry.

In common with other specialties, there is strong national clinical consensus that patients who need vascular surgery receive better quality care when they are treated by specialists who deal with a high volume of patients and who, therefore, have significant expertise in this field.

Reviews of the reconfiguration of vascular services in Southern Hampshire began in 2008 and there have been various reports and recommendations since that date.

3 Approach

3.1 Legal and policy context

The legal context for this document is the duty to involve the public (section 13Q) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

The section 13Q duty is aimed at ensuring that NHS England acts fairly in making plans, proposals and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

Public involvement in commissioning is about offering people ways to voice their needs and wishes, and to influence plans, proposals and decisions about their NHS services. Patients and the public can often identify innovative, effective and efficient ways of designing and delivering services if given the opportunity to provide meaningful and constructive input.

There are four tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

In addition, NHS England's service change guidance states:

> ***Effective proposals should have on-going involvement with staff, patients and the public. Proposing organisations should avoid presenting a fully worked up set of service change options to the public unless there has been on-going dialogue.***

In line with this guidance it is proposed to undertake the communications and engagement programme in five distinct phases:

1) Pre-consultation to inform the model
2) Live consultation/engagement
3) Analysis and reporting
4) Decision making and feedback
5) Implementation.

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3.2 Working in partnership

The work will be co-ordinated through the Communications and Engagement workstream which reports to the Vascular Implementation Board and comprises CCG, NHS England Wessex and Trust communications together with representation from Healthwatch.

3.3 Phase one Pre-consultation to inform the model

The first phase will run prior to purdah for local elections in May and is aimed at informing the development of the final proposals. This will be achieved by:

- Holding 5 drop in/listening events in Hampshire and on the Isle of Wight to listen to the experiences and views of the public/patients about how the services could be more responsive to patient/carer needs.

- Establishing a patient reference group to advise and support any formal consultation. The group will include membership from previous and current patients, carers, voluntary sector services which represent the views of service users (eg Stroke Association, Diabetes UK) as well as members of the public who may have no experience of vascular services.

- Build on the initial engagement with the local authority overview and scrutiny committees for Hampshire, Isle of Wight, Portsmouth and Southampton

- Using existing CCG clinical fora to engage with GPs across Hampshire and the Isle of Wight and to build on clinical engagement achieved

through the Vascular Implementation Board. This includes identifying any key local issues that impact on or will be impacted by the review.

- To use existing CCG and Trust communications and engagement channels and forthcoming events to engage with the public (see appendix).

- To brief the Health and Well Being Board about the review.

- To help shape the second phase engagement/consultation.

We will also seek guidance from the overview and scrutiny committees whether the proposals constitute significant service variation and therefore whether a full consultation is required. Given the history of vascular services in South Hampshire it is anticipated that full consultation may be required.

3.3.1 How will the pre-engagement inform the proposals?

We will seek the views of stakeholders and service users in Portsmouth about the proposed changes to:

- Check understanding of what is being proposed
- Identify key issues relating to proposed changes

We will also seek the views of stakeholders and service users in the current University Hospital Southampton network (including Southampton, Isle of Wight and Winchester) to:

- Check understanding of what is being proposed
- Identify key issues relating to existing services and to understand how the changes being proposed can take account of those issues.

Appendix includes the draft questions for the engagement.

3.4 Phase two Live Engagement/Consultation on the final option

- To communicate openly and widely about how the public views in phase one have helped influence the model.
- To communicate openly and widely that no change is not an option. Provide a clear explanation about the option that has been developed, with a proactive campaign and direct engagement with patients, public and key stakeholders with the aims of:
    - ensuring understanding of the reasons for the change
    - enabling commissioners and the service providers to understand issues for patients, public and key

stakeholders with a view to ensuring the final model has taken these into account

Dependent on the views of the Overview and Scrutiny Committees this may take the format of an informal engagement or a formal consultation.

In both cases the objectives will be:

- To provide clear and consistent messages and information to all stakeholders
- To explain the option and the benefits to patients
- To allow patients and the public to voice any concerns/raise issues/ask questions about the chosen option
- To gain views on associated services (for patients undergoing amputation for example)
- To balance any negative perception and concerns
- To increase public confidence in NHS England as a listening and responsive commissioning organisation.

3.4.1 Informal Engagement

- If Overview and Scrutiny agrees that an informal engagement can be undertaken in this phase, the approach will be to inform of the chosen option and asked whether any concerns need to be taken into account in its implementation. This process will not ask for views on options. This will not constitute a statutory process and can be conducted over a much shorter time frame.

3.4.2 Formal consultation

- Should the preferred solution constitute “significant service variation” the phase two consultation and engagement plan will become a formal consultation about the detail of the proposed model seeking to address why there is only one option. It will also ask what concerns need to be taken into account in implementation. In this instance there will be a full 12 week consultation in line with Cabinet Office best practice guidance.

The difference between the informal and the formal process will be in the length of the engagement and also the decision making process.
The formal consultation may also provide some options around, for example, transport or associated services such as access wheelchairs or prosthetics.

3.5 Format

3.5.1 Channels

For both an informal engagement and an informal consultation there will be a mix of channels

Specific drop in events

Held in a range of locations across South Hampshire, in accessible venues and at a variety of times to give people a range of choices.

- These events will give people an opportunity to hear about the proposals, discuss their views and have the opportunity to talk with those involved in the programme – particularly, but not exclusively, clinical leaders.

Attendance at existing community forums/events

- Attending existing community events and forums gives the opportunity to talk about the consultation and find out how they can give their views. These events would be identified by working in partnership with local authority and voluntary sector colleagues to identify suitable forums/meetings.

Working closely with the community and voluntary sector

- The community and voluntary sector have wide ranging communications networks. We will aim to work with the CVS through events they host directly with their clients to get their views – this often works well with hard to reach groups. We will also often supply consultation information through their distribution channels.

Collaboration with CCGs, Trusts and Healthwatch to make use of existing engagement channels

- The workstream members will aim to use all.

Online opportunities to respond to the engagement/consultation

- The consultation will be made available on the NHS England consultation hub. This is the central online resource for all NHS England consultation and engagement projects. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback.

Engage with staff

- NHS staff will be engaged, with briefings organised at their place of work and including senior trust staff. Staff are key influencers of patient

views and also members of the public and use local health services themselves, so briefings will focus on the case for change as a whole, not just their role as employees.

Robust media approach

- There will be a responsive, agile and robust media handling plan including proactive briefing about the proposals. There are agreed media sharing protocols in existence.

Multi-channel communications

- People get their information from a variety of different sources. Social media and websites together with other existing communications mechanisms such as newsletters will be used.

- As the key clinical leaders are not always likely to be available. We propose to produce videos communicating the consultation's key messages which will be made available on websites and presented at events.

Materials in appropriate formats

- NHS England has an Accessible Information Standard which sets out expectations for communications for those with disabilities (see Section 5).

- Our Equality Impact Assessment also indicates a potential need for translations into languages other than English.

3.5.2 Key messages

There will be a core narrative and a set of key messages around the proposals themselves, using terms that will be applied consistently across all materials.

Overarching messages

We will develop services which are:

- High quality with excellent outcomes for patients;
- Developed in line with the best available evidence to increase the chance of survival for patients;
- Can be sustained, despite future challenges; and
- Offer a good patient experience.

We are committed to:

- Engaging and involving stakeholders, partners and the public to find out what matters most to people;
- Making sure all the feedback received is considered as part of the decision making process;
- Being open and transparent throughout the consultation process.

3.5.3 Core Narrative Key Messages

- There will be more doctors with the right specialist skills available to treat vascular patients through the creation of a Wessex Vascular Network.
- Patients needing non-emergency treatment or out-patient appointments will be seen in clinics at the hospital closest to their home.
- Patients will continue to be treated at Portsmouth for:
    - some simpler procedures and minor surgery (such as the removal of unhealthy tissue from a wound to promote healing) and some minor amputations (eg toes)
    - diagnostic tests and treatments which do not need an overnight stay
    - rehabilitation following major surgery at Southampton
    - support services such as footcare (podiatry) for patients who have had minor surgery
- Portsmouth will continue to provide a vascular ward which will provide care for patients who do not require treatment at Southampton or have returned from Southampton for rehabilitation
- There will be two or three vascular surgeons available at Portsmouth during the daytime every weekday to see patients in outpatients or on the wards
- Out of hours and at weekends there will be an on call vascular surgeon at University Hospital Southampton who can be contacted by surgical teams at Portsmouth, Winchester and on the Isle of Wight
- Portsmouth will continue as the major regional renal (kidney) centre and patients will continue to be treated there for complications that arise from dialysis. There will be a handful of cases each year where a patient who needs dialysis will need urgent/emergency treatment at Southampton which needs an overnight stay and temporary dialysis will be available for them at Southampton during their stay.
- Emergency and most planned major treatment will be provided at University Hospital Southampton where there will be:
    - A refurbished ward with extra beds which will receive emergency patients 24 hours a day
    - An additional vascular nurse specialist who will support the transfer of patients back to their local hospital and/or to home

  - A newly built theatre that can offer vascular surgery and interventional radiology at the same time
- A key to the success of the expanded service at Southampton will be the return of patients home (where they are fit to do so) or transfer back to their local hospital for rehabilitation as soon as possible
- Transport arrangements for emergency (24/7) and non-emergency admission
- Transport arrangements for visitors

Supporting messages

- Surgeons at all of the hospitals have worked together to develop these options
- We want to end uncertainty for patients and for staff
- We want to provide safe, high quality services in line with the recommendations of the experts (Vascular Society of Great Britain and Ireland)
- The need for vascular surgery is reducing due to improving health of the population.
- The impact of a reducing number of smokers and better care for people with diabetes means the demand for vascular surgery will continue to reduce.
- The way vascular services are provided has also changed from major surgical procedures to less invasive techniques which require specialist training and the introduction of preventative surgery which reduces the risk of stroke.
- To ensure services remain safe and high quality it is important that surgeons remain practiced in these specialist techniques which means they should undertake a minimum number of procedures to maintain their expertise
- The number of surgeons available to provide these services is limited and the hospitals in Hampshire have had difficulty in recruiting enough to provide sufficient cover for existing rotas.
- Over the next five years hospitals will move to 7 day working which will increase pressure on having enough qualified staff to cover rotas. It is unlikely that Hampshire will be able to attract enough surgeons to staff two hubs
- No change is not an option

3.6 Timeline

Key dates:

Pre-consultation	Live-consultation / engagement	Analysis and reporting	Decision	Implementation
Feb – April	**June – September**	**September-October**	**November**	**December**
Development of communications and engagement strategy	Consultation / Engagement launch	Responses analysed	Decision taken	Implementation – communication and engagement to be provided by the providers
Stakeholder analysis	Activities logged for audit trail	Report written	Stakeholders updated on outcome	
Establishment of Patient Reference Group	All feedback stored in line with Data Protection		Communicate decision to patients / public	
Plan and schedule pre-engagement event opportunities			Public meeting to announce the decision	
Develop pre-engagement and consultation material				
Work with voluntary sector on reach and breadth				
Production of patient/clinician videos (14 March – 17 March)				
Stakeholder briefings				
Media briefing				

Pre-engagement events schedule including attendance at Health Overview and Scrutiny:

Events need to be held in Southampton, Portsmouth, Gosport, Winchester and on the IOW.

Date	Event	Location	Attendees
March 2016			
Tuesday 15 March 9.30 am	Portsmouth HOSP	The Executive Meeting Room - Third Floor, The Guildhall	Dominic Hardy Liz Mearns Carol Wood
Tuesday 22 March - TBC	Pre engage drop in event	Holiday Inn Southampton Avon Room TBC as negotiating on cost Room cap: 70 9.7 metres by 8.8metres – height 2.9 metres 2-8pm The Hub Atrium (Rebecca) venue hire contact off this week – costs/availability to be emailed over. Southampton Guildhall – call Jodie on 02380 832453 w/c 22	Liz Mearns Emily Grainger Carol Wood Kulvinder Naga Surgeon/Clinician TBC
Wednesday 23 March - TBC	IOW trust members event	1.5 hours presentation/focus group to members	Liz Mearns Carol Wood Pauline Swan Kulvinder Naga Surgeon/Clinician TBC
Thursday 24 March 6.00pm	Southampton HOSP	Civic Centre, Southampton	Dominic Hardy Liz Mearns Carol Wood
Tuesday 29 March 10.00am	Hampshire HASC	Ashburton Hall Winchester	Dominic Hardy Liz Mearns Carol Wood
Tuesday 29 March - TBC	Pre engage drop in event	Winchester Guildhall – voicemail left with booking team re availability on this day and costs	Liz Mearns Pauline Swan Emily Grainger Carol Wood Kulvinder Naga

			Surgeon/Clinician TBC
Wednesday 30 March (pm) - TBC	Pre engage drop in event(s) – Portsmouth ones to happen on the same day	Portsmouth Guildhall Portsmouth Room tentatively booked from 8am-12 noon Room cap: 100 Gosport Community Association – The Theatre Room is tentatively booked from 12-6pm (might change to 1-6pm) Room cap: 150	Liz Mearns Pauline Swan Emily Grainger Carol Wood Kulvinder Naga Surgeon/Clinician TBC
April 2016			
Tuesday 5 April (am)	Pre engage drop in event	TBC – date if needed	TBC
Thursday 7 April (am)	Pre engage drop in event	TBC – date if needed	TBC
Monday 11 April	Isle of Wight HASC 17.00	County Hall High Street Newport	Dominic Hardy Liz Mearns Carol Wood
Wednesday 13 April	SEH CCG Community Engagement Committee	Attended by key stakeholders Meets quarterly (subject to purdah)	Liz Mearns Pauline Swan Emily Grainger Carol Wood Kulvinder Naga Surgeon/Clinician TBC
Thursday 21 April	Gosport Locality Patient Group	TBC (subject to purdah) Attended by all local PPG chairs	Liz Mearns Pauline Swan Emily Grainger Carol Wood Kulvinder Naga Surgeon/Clinician TBC
Tuesday 26 April	IOW existing patient event – Jo Cram to confirm if we can attend to present		Liz Mearns Pauline Swan Emily Grainger Carol Wood Kulvinder Naga Surgeon/Clinician TBC

3.7 Analysis and reporting

During this phase all feedback will be analysed. It is recommended that this work is undertaken independently regardless of whether an informal engagement or a formal consultation is undertaken. A report will also be written following agreed approvals process and signed off.

3.8 Decision making

If a full formal consultation is held there should be an open and transparent decision making process with a meeting held in public where considerations that have arisen during consultation are decided upon.

The report will be available for the public and for overview and scrutiny and will also be presented at the relevant CCG and provider board meetings.

A media and communications plan will be required for the decision.

It is also good practice (and necessary if there has been significant noise) to do this in public.

3.9 Implementation

Communications for this phase to be led by providers.

4 Risks and Issues

All proposals to change hospital services inevitably face some challenges that are not specific to the proposals in question or the area in which they are taking place. These include:

- Emphasis among local people and opinion-formers on importance of hospital, sometimes to the exclusion of other services
- Fear of loss of local services
- Fear that local hospital will become unsustainable
- Concern about travel to get to appointments or visit loved ones
- Fear of longer distances or poor roads leading to safety risks
- Local people and politicians equating services in local hospital with status of the area

In the case of South Hampshire reviewing vascular services is a longstanding issue. There has already been significant media coverage and public opposition to proposals put forward to date. It will be a challenge to clearly communicate the benefits of the change.

The issue is also compounded by the likelihood that one area will feel that it has lost out to the other – as already demonstrated in past media coverage.

NHS England's responsibility is to put forward a service proposal which will give the best possible outcomes to patients across its whole geography. Any engagement/consultation will inevitably generate noise and interest and this is to be expected. What is important is the approach that is applied to engagement/consultation and making sure it is as robust as possible, following due process.

The level of public scrutiny applied to any public consultation should not be underestimated. Legal challenges are likely to relate to communications and engagement activities.

Challenge often comes from a programme's lack of involvement opportunities for the public at the earliest possible stage. It will be important to demonstrate with clear evidence how this has been achieved.

The four health overview scrutiny committees and panels involved with this process have agreed a framework for assessing major service change[1]. The consultation strategy must pay due regard to the expectations expressed in this important document.

Communications Risk	**Mitigation**
We are unable to secure effective clinical engagement, leading to lack of support for proposals	Local lead clinicians are fully involved in the review and are programme board members. External clinical expertise has been used to support the local clinicians using nationally agreed clinical guidance as the benchmark for the review. The clinical model has been developed by the local lead clinicians. Clinical case will be convincingly described and promoted Clinical leaders to provide visible, public support
Inaccurate information causes undue concern among patients/public/stakeholders	All communication to be open and transparent and shared at the earliest opportunity allowing for clarity and consistency of the message. All co-dependencies to be identified and any possible impacts to be discussed and shared with stakeholders. All communications from stakeholders to be coordinated to ensure consistent clear messages.
Inadequate information causes undue concern	Patient reference group established to ensure materials are clear, consistent and comprehensive

[1] Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised April 2013)

among patients/public/stakeholders	Ensure the issues most likely to excite local opinion – money, transport and emergency care are adequately covered within the case for change and the consultation document Ensure the consultation document addresses how sustainability and capacity are being addressed
The review causes anxiety which impacts on current services and/or ability to engage effectively	The process to be open and transparent. All concerns to be raised to the Programme Board at the earliest opportunity. Clear communications to be agreed and shared across key stakeholders. Risk and issues logs to be maintained and regularly reviewed through the process. Key stakeholders to be identified and communicated with as early as possible. Process is conducted across the whole of the area where the services are provided including those already operating in a network i.e. Isle of Wight and across South Hampshire in addition to Southampton and Portsmouth Equality impact assessment will identify groups with characteristics which are impacted by the service/service change A mix of approaches will be used to ensure a wide range of voices are heard
Purdah impacts on engagement activity. Local elections happen in Southampton and Portsmouth on 5 May followed by EU Referendum on 23 June.	Guidance to be sought from Health Overview and Scrutiny. Full consultation (if required) to be scheduled after the EU Referendum closes. Timescales for service implementation allow for this amendment. Some pre engagement is scheduled prior to the local election purdah period (7 April to 5 May)
The public and/or local authorities contest service change either through judicial review or through referral to the Secretary of State by health overview and scrutiny committees.	Learning from the Independent Reconfiguration Panel to be adopted as best practice within the communications and engagement process: • community and stakeholder engagement in the planning process • equalities impact assessment and careful analysis of particularly affected groups to ensure the right methods are used to engage • adequate attention given to the responses during and after the consultation including

	maintaining a thorough evidence log of all communications and engagement activities

4.1 Section 1: Equality analysis

Evidence
What evidence have you considered? People with diabetes are at a higher risk of vascular disease. Prevalence of diabetes is caused by a number of factors such as an ageing population, obesity and low levels of activity. Another important factor for diabetes is the changing ethnic mix of the population. People from black and minority ethnic communities are six times more likely to develop the disease, suffer from a 50% increased risk of heart disease and have much higher levels of kidney disorders. The care of people with diabetes can also be complex with 25% of people suffering from three or more other long-term conditions. NHS England now has an accessible information standard which needs to be considered/adhered to in the engagement https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf
Age Patients using vascular services tend to be older. Although there is an increasing prevalence of older people using online services it will be important for the communications and engagement process to consider the needs of older people by producing some documentation in print/large print to allow for age-related changes in vision.
Disability • Because a proportion of patients accessing vascular services have diabetes it is likely that some will have visual impairment beyond the usual age-related changes in vision. This means that the consultation will need to be available in alternative formats. These patients will be unable to drive and may have difficulties accessing public transport so consideration needs to be given to whether they will be able to attend meetings. • Arterial disease in some patients requires lower limb amputation which will also affect accessibility to attend meetings • Patients with chronic mental health problems and learning disability (particularly Down's) are at increased risk of diabetes and arterial

disease. There will be a requirement for easy read versions of documentation
Gender reassignment (including transgender) No impact
Marriage and civil partnership No impact
Pregnancy and maternity No impact
Race Diabetes is more common in people of South Asian origin with earlier onset of significant arterial complications. People of Afro-Caribbean origin are more prone to high blood pressure which may be more difficult to control than in other groups, hence increased incidence of renal disease and stroke. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design. It will also be appropriate to make translations available for people whose first language is not English.
Religion or belief Patients whose religion or belief does not allow blood transfusion or particular blood products will have complications relating to accessing vascular services.
Sex Vascular disease is more likely to affect men than women. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design.
Sexual orientation No impact
Carers As vascular patients tend to be older and may already have disabilities (or develop a disability as a result of vascular surgery/amputation) they may already have a carer or may need the support of a carer. The consultation will seek to engage with carers to understand the impact of the proposals and possible solutions such as community transport for visitors.
Other identified groups. Parts of Portsmouth and Southampton have areas of socio economic deprivation. Smoking, obesity and low levels of activity are more common in areas that have socio economic deprivation. As these lifestyle risk factors are also linked to prevalence of diabetes (and therefore risk of vascular disease) the communications and engagement must consider the communications needs of this group. A review by Ofcom indicates that socio economic deprivation influences access to ICT which can itself be a form of social exclusion.

However, more recent research by Public Health England for the One You campaign shows people aged 40-60 in lower socio economic groups are heavy users of mobile communications including text messaging and digital social media such as Facebook. The mix for the campaign needs to take these preferences into account.

Engagement and involvement
How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available? Sharing of this document with Council for Voluntary Services; Healthwatch; Health Overview and Scrutiny; Establishment of Patient Reference Group
How have you engaged stakeholders in testing the policy or programme proposals? Sharing of this document with Council for Voluntary Services; Healthwatch; Health Overview and Scrutiny; Establishment of Patient Reference Group
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs: TBC as engagement is implemented

5 Associated documentation

NHS England Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning

ppp-policy-statement.pdf

Planning, assuring and delivering service change for patients

plan-ass-deliv-serv-chge.pdf

Accessible Information Standard

access-info-spec-fin.pdf

Independent Reconfiguration Panel (2010) *Learning from Reviews*

6 Appendix I Key Audiences

It is important to identify key audiences and assess them according to the level of interest they have in the issue and their influence on developments. This will enable the messages developed below to be tailored to each specific audience, and will also allow judgements to be made on the amount of effort to devote to each audience. Following are the key audiences we will need to engage with throughout the review, development of proposals and implementation process, working in a phased approach as set out below.

- **Patient and public representative groups** - this includes:
  - Active or recent vascular patients and their carers/relatives
  - Healthwatch
  - Patient panels or health networks run by CCGs/trusts
  - Hospital – patient experience groups
  - VCS organisations interested in diabetes, cardiovascular disease, stroke, amputees,
  - CCG patient reference groups
  - Patient support groups
  - Health and wellbeing boards
  - PPGs
  - Seldom heard groups such as LD partnerships, MH service users, prisoner, BAME communities, veterans
  - Faith groups

- **Public**

- **GPs and GP commissioners** - this includes:
  - Isle of Wight, Southampton, Portsmouth and West Hampshire CCGs
  - Representatives of all GP practices across the CCG membership
  - Any GPs with a particular interest in vascular issues
  - Neighbouring CCGs

- **Council representatives** - these include:
  - council scrutiny committees
  - County, borough/district and parish councils
  - Leaders
  - Health cabinet members
  - Chief executives

- **MPs** - comprising:
  - All members of parliament in the affected areas

- **Campaign groups** - comprising:
  - Any existing campaigns relating to health services in the affected areas

- **Media** - this includes:
  - Local and regional broadcast media, routinely
  - Local print and online media, routinely

Any national or trade media that expresses an interest

7 Appendix II Questions for Pre Consultation Engagement

When thinking about vascular services what is important to you? (rank in order of importance)

- Patient safety
- Expertise/right number of staff
- Increased positive outcomes for patients
- Services based at a hospital which is near to home
- Transport to get to the hospital for treatment
- Transport for visitors whilst I am in hospital
- The way different services interact with each other to provide a seamless service (eg wheelchair/prosthetic services/physiotherapy/occupational therapy)

When thinking about the proposals for changes Do you?

- Understand the need for change
- Feel confident your views will be listened to