

Review of urgent stroke services in Kent and Medway

Our consultation activity report

**Report for the Joint Committee of Clinical
Commissioning Groups on public consultation activity**

Contents

1	Introduction	3
2	Scope	5
3	Pre-consultation engagement	6
4	Consultation principles	7
5	Stakeholder mapping	10
6	Consultation approach	11
7	Our target for reach and responses	12
8	Consultation activity: giving information and promoting the consultation	14
9	Consultation activity: gathering views	29
10	Consultation activity: commissioned research and outreach.....	32
11	Consultation costs	39
12	Conclusion	39



1 Introduction

Over the last 18 months the NHS, social care and public health teams in Kent and Medway have been working together to plan how we could transform health and social care services to meet the changing needs of local people; improve health and wellbeing; improve the quality of services; and deliver sustainable services for the long-term within our available resources. This work is being progressed through the Sustainability and Transformation Partnership (STP) for Kent and Medway and its driving force is to set out and deliver changes to services to achieve the right, best quality care for people for decades to come.

A major part of this programme of work is to continue to progress the review of hospital-based urgent stroke services across Kent and Medway. The eight GP-led clinical commissioning groups (CCGs) in Kent and Medway (responsible for planning and buying healthcare for local people) have been working together on this review since late 2014. Their work has been in response to national and local evidence, and national requirements and recommendations specifically for hospital-based urgent stroke care, meaning the care people receive in hospital immediately after having a stroke. Partners across our county border in London (Bexley CCG and Bromley CCG) and East Sussex (High Weald Lewes and Havens CCG and Hastings and Rother CCG) have also been involved in our work. Bexley CCG and High Weald Lewes and Havens CCG have opted to be part of the Joint Committee of CCGs consulting on this service change, as they recognise that services in Kent and Medway are used by their residents living close to the Kent and Medway borders and therefore there could be a material impact from this review on their future commissioning of stroke services.

Around 3,000 people who have a stroke each year live closest to a Kent and Medway hospital. National evidence¹ shows people having a stroke do best when they are treated in a specialist stroke unit, staffed by specialist doctors, nurses and therapists - with a specialist team available 24 hours a day, seven days a week. Over recent years, a number of areas² across the country have reorganised their stroke services to provide such units and have seen significant improvements³ in patient outcomes (fewer deaths, and less disability) as a result.

Stroke services are currently offered at six of our seven acute hospitals in Kent and Medway, but these are not 24 hours a day, seven days a week, specialist stroke units. Although hospital staff in Kent and Medway provide the best service they can, the way stroke services are set up currently, along with specialist staff shortages, means our local hospitals do not consistently meet the national standards for clinical quality⁴. Evidence shows that to best maintain their skills, specialist stroke staff should treat at least 500 strokes every year¹. Only one of the seven hospitals in Kent and Medway regularly treats more than 500 stroke patients a year⁴.

Following detailed engagement with stroke survivors, their families, the public, stroke doctors and nurses and other key stakeholders since 2014⁵, we began a formal public consultation in February 2018 on proposals to implement 'hyper acute stroke units' (HASUs) in Kent and Medway.

¹ National Clinical Guideline for Stroke, Royal College of Physicians: 2016; www.strokeaudit.org/Guideline

² <https://kentandmedway.nhs.uk/latest-news/where-else-are-stroke-services-changing/>

³ Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis BMJ 2014; 349 doi: <https://doi.org/10.1136/bmj.g4757> (Published 05 August 2014)

⁴ <https://www.strokeaudit.org/results/Clinical-audit/Regional-Results.aspx>

⁵ <https://kentandmedway.nhs.uk/workstreams/hospitalcare/stroke-care-review/>



We proposed to establish three hyper acute stroke units and to locate acute stroke units and 7-day transient ischemic attack (TIA or mini-stroke) clinics alongside the hyper acute stroke units. We consulted on five possible three-site options for hyper acute and acute stroke units.

The consultation comprised the following key questions:

1. Do you think there is a clear case for changing the way we deliver stroke services?
2. Do you think there should be hyper acute stroke units in Kent and Medway?
 - a. Should acute stroke units and transient ischemic attack (TIA or mini-stroke) clinics be located alongside these units?
3. Do you think that three hyper acute stroke units would be the right number for Kent and Medway?
4. Do you have a preference for any of the five options?
5. Are there any other options or any other factors that we should consider?

The public consultation ran for 11 weeks from 2 February to 20 April 2018.

1.1 About this report

This report sets out how we delivered the formal consultation on urgent stroke services across Kent and Medway and with our neighbouring areas in Bexley and High Weald Lewes and Havens.

It describes the range of activity we undertook but does not describe the responses we received. This is set out in a separate report, developed for the Joint Committee of CCGs by an independent market research company, DJS Research.

This document is essentially a report on how we delivered against our consultation plan. The consultation plan formed part of the pre consultation business case (PCBC) that was co-designed locally with a range of stakeholders, assured by NHS England, approved by the Joint Committee of CCGs and informed their decision to begin the formal stroke consultation. The consultation plan was informed by discussions with colleagues from commissioner and provider organisations across Kent and Medway and CCGs in Bexley, Bromley and East Sussex, the Stroke Association, and our Patient and Public Advisory Group (PPAG). It was also informed by best practice principles from NHS England and NHS Improvement, Cabinet Office guidelines on consultation and from The Consultation Institute, as well as examples of good practice found across healthcare and other organisations in England.

1.2 Governance

Development of this consultation report has been overseen by the communications and engagement workstream of the Kent and Medway STP programme on behalf of the Joint Committee of Clinical Commissioning Groups, reporting in to the Stroke Programme Board via the Stroke Communications Lead (LR) and the STP Programme Board via the STP Communications and Engagement Lead (SH), and to the Joint Committee of the CCGs via the STP Communications and Engagement Lead (SH). Representatives from Bexley and High Weald, Lewes and Havens CCGs are part of the governance structure of the stroke review via the Joint Committee of the CCGs.

The STP Programme Director (MR) is the Senior Responsible Officer for communications and engagement, and the Director of Acute Strategy for the Kent and Medway STP (PD) is the Senior Responsible Officer for the review of Kent and Medway urgent stroke services.

This report will be formally approved and signed-off by the Stroke Review Programme Board, by the Kent and Medway STP Programme Board, and by the Joint Committee of the CCGs. It will be reviewed by a number of other groups, who will be given the opportunity to provide feedback, such as communications leads across the consultation geography, including in Bexley and High Weald



Lewes Havens and the Kent and Medway STP Patient and Public Advisory Group. The report will also be reviewed by the Kent and Medway Joint Health Overview and Scrutiny Committee.

2 Scope

In **geographical** terms, the consultation covered the eight CCG areas in Kent and Medway (Medway; Dartford, Gravesham and Swanley; Swale; West Kent; Ashford; Canterbury and Coastal; Thanet; South Kent Coast), plus two adjacent CCG areas – High Weald, Lewes Havens in East Sussex and Bexley, in south east London.

Whilst we consulted on proposals to change acute stroke services within Kent and Medway, there are neighbouring communities whose residents may be impacted by our proposals. During the development of our consultation plans we engaged with the Health Overview and Scrutiny Committees across our county borders in East Sussex and in Bexley, south east London, as our modelling showed a potential impact for residents in these areas in terms of future access to hyper acute stroke unit services. Both these scrutiny committees confirmed that our proposals constitute significant variation to current service provision for their residents, and therefore they decided to form a Joint Health Overview and Scrutiny Committee with colleagues in Kent and in Medway. We will continue our engagement with members and will continue to formally engage and consult with this new Joint HOSC, in accordance with our statutory duties.

We also engaged with neighbouring clinical commissioning group colleagues in Bexley, Bromley, East Surrey, Hastings and Rother, and High Weald Lewes Havens. Bexley and High Weald Lewes Havens CCGs agreed to join the Joint Committee of CCGs (with the eight Kent and Medway CCGs) and become formal consultors, in recognition of the impact the proposals could have on their commissioning decisions about stroke services for people in their areas. Bromley CCG decided not to be part of the Joint Committee of CCGs in recognition of the potential impact on activity and patient flows at the Princess Royal University Hospital within its CCG area, preferring instead to be a consultee and to respond to the consultation with this in mind.

Our consultation activity therefore stretched across ten CCG geographies, reaching out to residents in Kent, Medway, High Weald Lewes and Haven and Bexley. We also ensured information was available for statutory health and care organisations and key stakeholders, and residents, in neighbouring Bromley in south east London and in the Hastings and Rother area of East Sussex.

To support our consultation work, we worked with communications and engagement colleagues in Bexley, Bromley, High Weald Lewes Havens and Hastings and Rother CCGs to: identify stakeholders and networks – particularly to reach our targeted audiences; cascade and distribute information both physically and digitally; signpost and encourage responses to our consultation questionnaire; attend key meetings and fora; and, in Bexley and High Weald Lewes Havens areas, to hold open listening/ discussion events with the public. We included these areas in our work to gather views from a representative section of our consultation population, for example through focus groups and telephone polling, and in our outreach activity to consult with seldom heard and protected characteristic groups.

In service terms, the consultation proposals focus on changes to hospital-based urgent stroke services in Kent and Medway. We were aware that people would want to know, and consideration has been given to, how these services will align with care given outside of a hospital setting (areas such as rehabilitation and local care and support at home or in a community setting) but rehabilitation services and local care services per se were outside of the scope of this consultation.



3 Pre-consultation engagement

Since the review of stroke services began in late 2014, a significant amount of pre-consultation engagement has been carried out with local people, communities, staff and stakeholders across Kent and Medway. In south east London and East Sussex, engagement work proportionately reflects the impact that these proposals would have on the respective populations. The border CCG areas affected (Bexley, Bromley and High Weald, Lewes Havens and Hasting and Rother) have all been involved as consulting partners or interested stakeholders in the stroke review to date.

Prior to formal public consultation, pre-engagement activity with partner organisations (hospital and ambulance trust and clinical commissioning group clinical and leadership teams), frontline staff, stakeholders such as MPs and local government representatives, and patients, public, stroke survivors, carers and their representatives such as the Stroke Association and Healthwatch, has been done to ensure that the proposals have been clinically led, co-designed and developed with significant input from a wide range of people.

This work is detailed in the pre-consultation business case and a full break down of activity can be found here www.kentandmedway.nhs.uk/stroke.

3.1 Statutory duties and legislation

As NHS organisations we are required to show how the proposals we consulted on met the four tests for service change laid down by the Secretary of State for Health. 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.

The Chief Executive of NHS England has introduced a 'fifth test' that requires NHS organisations to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- 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 anti-coagulation 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).

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 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 updated for Clinical Commissioning Groups, places a duty on CCGs 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 group
 - in the development and consideration of proposals by the group 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 of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Current guidance on involvement is called 'Transforming Participation in Health and Care' and is available here - <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>

We needed 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.

We also needed to consider other relevant legislation and show:

- How we have learnt from the views and requirements of those who may use our services and their carers, families and advocates and responded to their feedback
- How the proposals will bring significant clinical benefits and improve outcomes and accessibility
- How the proposals consider people's diverse and individual needs and preferences including people with protected characteristics.

The activity outlined in this document contributes to the work of the Stroke Review programme in meeting those obligations.

4 Consultation principles

Our consultation activity was underpinned by the following fundamental principles, as stated in our consultation plan.

4.1 Consulting with people who may be impacted by our proposals

- We will reach out to people where they are, in their local neighbourhoods and in local networks.
- We will make sure that there are 'no surprises' for staff whose jobs may be affected by the review and that they will hear from us first about the proposals and have an opportunity to respond. We will ensure that they are aware of the process, understand how their roles may be impacted and will ensure they understand how they can give their views on the consultation.
- We will cover the geography, demography and diversity of Kent and Medway and our boundary populations, including the working population, silent majority, seldom heard, people who are mostly well, and people who aren't, and those with protected characteristics, to gather a fair representation of views and feedback.



4.2 Consulting in an accessible way

- We will provide detailed information on websites to ensure transparency. We will also produce targeted public-facing documents (some printed as we know not everybody wants to access information digitally), summaries, case studies and social media content.
- 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 make clinical information and agreements available to the public.
- We will provide a range of opportunities for involvement and engagement with our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally.

4.3 Consulting well through a robust process

- We will make sure that local people and the staff working in organisations affected by the proposals across Kent and Medway and within the boundaries of London and East Sussex CCG areas have confidence in our consultation process, ensuring it is open, transparent and accessible.
- 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.
- We will make sure people are aware of our consultation even if they choose not to participate.
- The consultation will run for a sufficient length of time to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process.

4.4 Consulting collaboratively

- We will work collaboratively with individuals, stakeholders and partner organisations to deliver the agreed consultation principles and make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way across Kent and Medway and our boundary populations in London and East Sussex.
- 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.

4.5 Consulting cost-effectively

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

4.6 Consulting for feedback

- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, surveys, discussions and individual responses
- We will commission several 'mid-term' reports 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
- 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.



4.7 Our commitment to an accessible and inclusive approach

In addition to the general principles above, we also made a commitment to ensuring we targeted, and cater for, the needs of seldom heard groups and others with special requirements. These groups include, for Kent and Medway and in our neighbouring CCG areas, for example: the young, the working well, those in deprived communities, those in more rural communities, migrants, those with learning disabilities and those from BAME groups. We also committed to seeking views on the proposals from those representing the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. The integrated impact assessment highlighted the following groups who may have a disproportionate need for stroke services.

- Age (older people aged 65 and over)
- Deprived communities
- Disabled
- Pregnancy and maternity
- Race and ethnicity: Black, Asian and minority ethnic (BAME) communities
- Sex: Male

This commitment to engage specific groups is underpinned by legislation to ensure that all public services make every effort to engage specific groups in consultation to improve and redesign services. The 2010 Equalities Act (updated to Equality Duty 2011) makes clear the responsibility of public services to make additional effort to engage specific groups as a means of improving decision-making.

To best meet needs of people with additional requirements we committed to:

- Producing an ‘Easy Read’ summary consultation document and response form
- Produce materials in different print formats on request – for example large print, braille or audio; and ensure translation services are in place and easily accessible if needed
- Produce material in plain English – in consultation with our Patient and Public Advisory Group, colleagues at The Stroke Association, and an independent research company.

4.8 Our objectives

Throughout the consultation we worked to deliver a best practice consultation within the timeframe and budget allocated and worked with independent providers to deliver key consultation activity and to analyse the results to ensure an objective outcome. We used, and will continue to use in our ongoing evaluation, a mix of qualitative and quantitative methodologies to allow for both volume and richness of response.

To help us achieve our aims, we set the following objectives:

- Make people aware of the public consultation and how they can get involved
- Comply with the duty to inform people about how the proposals have been developed and describe and explain the proposals and what they will mean in practice for the provision of local services so that people can make an informed response
- Seek people’s views on the proposals, including the range and location of services as set out in the proposals
- Ensure that a diverse range of voices are heard and that the engagement activities target specific community groups to ensure the local population is represented
- Consider the responses made as part of the consultation and take them into account in decision-making, with sufficient time allocated to give them thorough consideration



- Ensure that the consultation process uses a range of methods to reach different audiences and maximises opportunities for engagement with the local community and key partners
- Deliver a public consultation in line with best practice that complies with our legal requirements and duties.

5 Stakeholder mapping

We aimed to engage as many people and groups as possible from the local area as the timeframe and budget for our consultation permitted. We worked with our colleagues in health and local authority organisations across the county and in boundary CCG areas to enable this. Our stakeholder map below illustrates the broad range of stakeholders we aimed to target during the consultation.

Patients and public	<ul style="list-style-type: none"> • Residents of Kent, Medway, Bexley, Bromley, High Weald, Lewes and Havens, Hasting and Rother • Stroke patients, carers and their families, and their representative groups such as The Stroke Association • Those previously involved in pre-consultation engagement activities • Seldom heard groups • Groups with protected characteristics • Relevant Healthwatch groups • Local patient groups (GP Patient Participation Groups, Health Reference Groups etc) • Carers groups • Kent and Medway STP Patient and Public Advisory Group members, and the equivalent in South East London and East Sussex STP areas • Kent and Medway STP Partnership Board members, and South East London and East Sussex equivalent groups • Campaign groups • Voluntary and community sector groups including faith groups
Clinicians and staff	<ul style="list-style-type: none"> • Trades unions, staffside groups and professional organisations • Acute hospital staff • Ambulance trust staff • Community services provider staff • Social care teams • Mental health trust staff • CCG Governing Body members • CCG GP members • GP practice staff, dentists, opticians, pharmacists and their local council bodies • Royal Colleges • Universities and medical schools • Health education bodies • Academic Health Science Networks
Local and national government and regulators	<ul style="list-style-type: none"> • NHS England (national and regional) • NHS Improvement (national and regional) • South East Coast Clinical Senate • London Clinical Senate • Professional bodies • Councils (top-tier and district)
Political	<ul style="list-style-type: none"> • Local MPs • Joint Health Overview and Scrutiny Committee members • Health and Wellbeing Boards • Councillors



Partners and providers	<ul style="list-style-type: none"> • Acute hospital, ambulance and community services providers – boards and frontline staff • Boards and staff in neighbouring areas • Boards and mental health trust staff in neighbouring areas • GP Governing Body members • CCG GP members • GP practice staff, dentists, opticians, pharmacists • Voluntary and community groups • Local business organisations and chamber of commerce
Media	<ul style="list-style-type: none"> • Local print and broadcast channels • Specialised press and media including stroke support group newsletters, bulletins and online publications • National print and broadcast (while we will not proactively seek national media coverage, we should be prepared to handle enquiries from these outlets) • Trade press (professional media outlets such as nursing or medical journals and publications, as well as online and social media counterparts, are often useful channels for raising awareness of proposals to staff and professional groups) • Partner organisation news channels such as council papers, local directories, parish bulletins and leaflets and voluntary sector organisation newsletters

6 Consultation approach

Our approach to the consultation was to use a range of techniques and channels to ensure as many stakeholders shown in the table above were aware of, and able to engage and respond to the consultation, should they wish to do so. We wanted to reach a broad range of people, beyond those in statutory organisations, partner organisations and those with a vested interest, or those already highly engaged who usually respond to consultations.

It was our intention, before the consultation began, to have two clear levels of consultation activity: at STP level and at CCG level – as set out below.

1. **Activity at Joint Committee/STP level:** briefings and meetings with groups and stakeholders at county level (eg JHOSC, MPs, some patient and voluntary groups, regulators, partners, royal colleges, clinical senate etc), generation and clearance of core content, production and distribution of consultation materials, planning and delivery of the consultation launch, responses to correspondence, FOI, media requests and proactive media activity, digital engagement etc
2. **Activity at CCG level:** CCGs were asked to develop dedicated plans tailored to their areas allowing them to take into account the specific opportunities, networks, channels and mechanisms that would present themselves across CCG areas, supported by the core consultation team and consistent core consultation materials as appropriate.

However, the day-to-day demands on the time and resources of colleagues in CCGs and provider organisations made it understandably difficult for them to dedicate significant time to organising consultation activities. As a result, whilst some significant and valuable activity was led and delivered by local CCG teams, the majority of consultation activity was planned and delivered by the STP communications and engagement team, working in partnership with local organisations. It is important to recognise that CCGs and provider organisation colleagues gave a huge amount of support to the consultation, despite this time pressure and we thank them extensively for that. Communications and engagement teams and leadership teams from across the NHS in Kent, Medway, East Sussex and South East London played a vital role in the delivery of listening events, staff briefings and sharing information among stakeholders and local communities.



6.1 Digital communications

Digital communication does not replace engaging with people face-to-face, but is a way of raising awareness, providing information and accessing more people; including some people like the working well, mothers of young children or carers, and some older people who find it harder to leave the house and attend meetings.

For a large and growing section of the population digital communication is now their preferred means of communication. Cabinet Office Guidance advises that “digital is the default method for consultation”. ‘Digital First’ is the preferred mass method as it reduces waste, money and time – web and social media activity should be the starting point. The guidance states that paper surveys must be reduced as their evidence suggests people do not like them and few fill them in. It does emphasise that tailored, evidence-led inclusion of target groups must use additional appropriate tools to suit the needs of these groups i.e. face to face road shows and focus groups; which we built into our consultation plan. However, we were aware, through feedback from our own patient and public groups, representatives and networks that there is still a requirement for paper-based copies of documents and we made sure that we supplies of paper-based materials were targeted and distributed appropriately.

Given the above, our approach used the full range of different channels of communication: face to face activities, digital, wide-scale distribution of printed information, paid for advertising and news media.

6.2 Mechanisms for response

We provide the following mechanisms for response:

- Freepost address – for returning paper responses to the consultation questions
- Dedicated consultation email address
- Online – including a web form and via social media e.g. Twitter and Facebook
- Free phone line/voicemail
- Face to face.

All feedback, whether verbal or written, was collected and sent on, as part of the formal response, to DJS Research, the independent research organisation commissioned to collate, monitor, analyse and report on the responses received.

7 Our target for reach and responses

Based on our consultation principles, stakeholder map and consultation approach, the Joint Committee of CCGs agreed a target to reach a minimum of one percent of the impacted population, with a stretch target of five percent. We wanted to reach a representative sample of the population to ensure that there was awareness of the proposals, sufficient opportunity to comment and a rich source of feedback and insight for us to make sure that future decisions on the shape of urgent stroke services are ones that reflect the needs of the local population. The total registered population of Kent and Medway, Bexley and High Weald Lewes and Haven is c2.2million, so one percent is 22,000 and five percent is 110,000.

We were clear that if we set our targets for reach too high we would need to use a lot more paid-for advertising, which may not have resulted in a very different outcome on feedback. Indeed, there was a consistency to the themes and feedback received which may not have altered significantly with any greater volume of response. We were clear that the consultation was not a vote or referendum, but an opportunity to gain rich and deep insights into people’s views and feedback on the proposals put forward. The important target was that the feedback was representative of people



and communities across the consultation geography, and that it would deliver some rich insights into people's views. The quality of feedback to our consultation was important alongside the quantity.

Our target for responses was 3000 separate responses. As well as responses to the formal questionnaire, this target included emails, social media interactions, phone calls, letters and comments made at events.

The targets for reach and responses were a key measure of our evaluation for the success of the consultation. The table below show our reach broken down by different channels, which significantly exceeded our stretch 5% target.

7.1 Reach

Channel	Reach
Newspaper advertising	296,842
Radio advertising	341,269
Digital alerts	52,503
Leaflet drop	98,200
Social media promoted posts/tweets	550,000+
Media coverage	Various, including: <ul style="list-style-type: none"> • TV reports on BBC South East: 900,000+ • Radio reports on Heart Kent FM: 300,000+
Newsletter and bulletin articles	25,000+
Direct dissemination of consultation materials to NHS staff	43,500
Dissemination of consultation materials to NHS organisations (including GP practices)	35,000 summary leaflets and 15,000 full consultation documents were sent to all GP practices, all provider organisations, pharmacies and all public libraries across the consultation geography. See section 8.3 for a more detailed breakdown of the dissemination.
Dissemination to libraries	

7.2 Responses

We significantly exceeded our response target, receiving over 2500 consultation questionnaire responses and attracting over 850 people to public meetings. In addition, our independent telephone research, focus groups and outreach work gathered views from over 1000 people.

Further details on the response we gathered are shown below:

- 2240 responses to the online questionnaire
- 299 hard copy questionnaires submitted
- Notes from 28 public listening events attended by 850 people
- Notes and feedback from 12 meetings and forums hosted by others where we discussed the proposals
- Notes from consultation events with staff in NHS trusts
- 701 telephone interview responses
- 442 face-to-face discussions through focus groups, street surveys and outreach engagement
- Over 500 comments and queries received by email, post and phone



- Over 500 comments and queries received via social media channels (primarily Twitter and Facebook)
- 1521 postcard responses and a petition with ~3500 signatures received from a group in Thanet

8 Consultation activity: giving information and promoting the consultation

This section of the report describes in more detail how we provided information on the consultation and what we did to promote it to our target audiences.

8.1 The consultation document and supporting materials

At the core of our consultation was the consultation document and consultation summary leaflet which set out the basis on which we were consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options were. Both these signposted to more detailed technical information if needed. The consultation document also included a copy of the consultation questionnaire and set out the various other methods by which people could engage in the consultation.

During the drafting of the consultation materials they were circulated widely among the Stroke Programme Board members, Stroke Clinical Reference Group members and Joint Committee of CCGs members to seek input and feedback. We worked very closely with the pre-consultation business case team to ensure the consultation documents fairly and accurately reflected the PCBC, which had been seen and approved by Kent and Medway provider organisations and the ten clinical commissioning group governing bodies across the consultation geography and the NHS England assurance team before publication. We also tested the draft documents and other consultation materials with our Patient and Public Advisory Group, taking on board feedback to ensure they were clear and well-understood. The consultation documents were approved and signed off for publication by the Stroke Review's clinical lead, the Stroke Review's Senior Responsible Officer and the Kent and Medway Sustainability and Transformation Partnership's Programme Director.

The core public documents to explain the proposals were:

- **Main consultation document** (48page A4) including a copy of the questionnaire included as tear out pages and a freepost address for returns. Electronic copies of the designed version, a plain large print copy and a standalone questionnaire were available on the consultation website. 15,000 copies of the designed version were printed (see below for distribution details).
- **Summary leaflet** (8page A5) giving an overview of the proposals and the case for change. Providing links to our website and email/telephone/social media contact details. An electronic copy was published on the consultation website. 35,000 copies were printed (see below for distribution details).
- **Easy read leaflet and questionnaire** - versions of the summary leaflet and response questionnaire were developed by a specialist easy read production company and published on the consultation website. Social media and email cascades were used to inform people that they were available. The easy read material was published on 12 February 2018.

Copies of these materials are available in Appendix A to C.

Additional printed material

- **Poster** (A4) highlighting the key consultation proposals, consultation dates, a 'call to action', signposting to the website for further detailed information and contact details. 1,000 copies were printed and distributed across the consultation geography.



- **Flyer** (double sided A5) This was produced in addition to the original consultation plan following a specific request by a campaign group in Thanet. The flier highlighted 14 specific engagement events, the consultation options and dates, website and contact details. 99,000 copies were printed (see below for distribution details).



Figure 1: Promotional poster

Shortlisted options for hyper acute stroke units:

A – Darent Valley Hospital, Medway Maritime Hospital, and William Harvey Hospital

B – Darent Valley Hospital, Maidstone Hospital, and William Harvey Hospital

C – Maidstone Hospital, Medway Maritime Hospital, and William Harvey Hospital

D – Tunbridge Wells Hospital, Medway Maritime Hospital, and William Harvey Hospital

E – Darent Valley Hospital, Tunbridge Wells Hospital, and William Harvey Hospital

Come to a public listening event to share your views

Register your place at www.kentandmedway.nhs.uk/stroke or call 0300 7906796.

Date	Time	Location
07 March	14:00 to 16:00	Minster
12 March	10:00 to 12:00	Rye
13 March	14:00 to 16:00	Swanley
15 March	18:30 to 20:30	Tonbridge
19 March	14:00 to 16:00	Besleyheath
20 March	18:30 to 20:30	Gillingham
22 March	18:30 to 20:30	Sittingbourne
22 March	18:00 start	Canterbury*
24 March	10:00 to 12:30	Broadstairs
28 March	18:30 to 20:30	Canterbury
29 March	18:30 to 20:30	Heathfield
04 April	10:00 to 12:00	Ashford
04 April	18:30 to 20:30	Robertsbridge
06 April	13:30 to 15:30	St Mary's Bay

*This meeting will discuss wider issues for east Kent as well as the stroke consultation.

Invite us to speak at your community group meeting. Call us on 0300 7906796 or email km.stroke@nhs.net

Figure 2: Listening events flyer

8.1.1 Background documents

The full pre-consultation business case and appendices were published online at the start of the consultation at <https://kentandmedway.nhs.uk/stroke>. Links to these documents were included in social media, email and other correspondence with people asking questions about the detail behind



the consultation. Graphics and slides from the detailed background documents were used on social media to explain background to the evaluation process, travel modelling and a range of other queries that were raised.

A small number of requests were received for printed copies of the background material. These were responded to via the consultation programme management office.

8.2 Distribution of main consultation materials

The electronic copies of the main document and summary leaflet were distributed to all partners for circulation through their internal and external channels; either as attachments or linking to the copies on the Kent and Medway website.

The table below shows where printed materials were distributed and the timings. It was agreed that, in line with the Cabinet Office 'digital by default' principle, the consultation would launch with electronic copies of the main document, summary leaflet, pre-consultation business case and supporting documents. As explained above, we recognised that for this consultation geography and target audiences that printed materials were also important and printing and distribution began following approval to consult being given by the Joint Committee of CCGs on 31 January and final amends to and sign off of the materials following that meeting.

Printed materials and timings	Locations and quantities (based on requested numbers informing print, distribution and planning) NB: These documents were available online and distributed widely electronically at the launch of the consultation
Main consultation document (distributed between 06 and 19 February)	Hospital, Community and Mental Health providers: Sent to 8 providers to make available across all sites for public and staff. Quantities varied from 3,000 copies to East Kent University Hospitals to 15 copies at Princess Royal University Hospital.
	GP surgeries: 5 copies sent to each of 243 GP practices in the consultation area
	Libraries: 10 copies sent to each of 135 libraries in the consultation area
	CCG offices: 10 copies sent to each of 10 sites for display and staff
	Commissioning Support Unit: 250 copies for onward distribution and use at local engagement events.
	Ambulance Trust: 5 copies sent to each of the 8 ambulance stations in the area.
	Healthwatch: Between 10 and 30 copies sent to each of the 4 Healthwatch offices in consultation area for display and use at events.
	Listening events: Copies available at 28 public events
Summary consultation leaflet (distributed between 06 and 19 February)	Hospital, Community and Mental Health providers: Sent to 8 providers to make available across all sites for public and staff. Quantities varied from 3,000 copies to East Kent University Hospitals to 75 copies at Princess Royal University Hospital.
	GP surgeries: 25 copies sent to each of 243 GP practices in the consultation area



	Pharmacies: 15 copies sent to each of 354 pharmacies in the consultation area
	Libraries: 25 copies sent to each of 135 libraries in the consultation area
	CCG offices: 200 copies sent to each of 10 sites for display, circulation to staff and use at local events
	Commissioning Support Unit: 2500 copies for onward distribution and use at local engagement events.
	Ambulance Trust: 25 copies sent to each of the 8 ambulance stations in the area.
	Healthwatch: Between 100 and 50 copies sent to the 4 Healthwatch offices in consultation area for display and use at events.
	Public listening events: Copies available at 28 public events
Poster (distributed between 06 and 19 February)	Hospital, Community and Mental Health providers: Sent to 8 providers to make available across all sites for public and staff. Quantities ranged from 40 to single copies.
	GP surgeries: 1 copy sent to each of 243 GP practices in the consultation area
	Pharmacies: 1 copy sent to each of 354 pharmacies in the consultation area
	Libraries: 1 copy sent to each of 135 libraries in the consultation area
	CCG offices: 5 copies sent to each of 10 sites for display
	Ambulance Trust: 1 copy sent to each of the 8 ambulance stations in the area.
	Healthwatch: 5 copies sent to the 4 Healthwatch offices in consultation area for display.
Flyer (distributed between 8-23 March)	Individual households in areas most affected by extended travel times. Door-to-door distribution of one copy per household to 98,222 homes in the post code areas: CT7, CT8, CT9, CT10, CT11, and CT12 plus CT13 0, CT13 9, CT 14 0, CT14 6, CT14 7, CT14 9 & ME12 4. The distribution company guaranteed a 95% coverage allowing for some human error/lack of access to individual properties.

8.3 Consultation website

The stroke consultation had a dedicated section on the Kent and Medway Sustainability and Transformation Partnership website: www.kentandmedway.nhs/stroke. The stroke section was clearly linked to – using a large banner - from the site's home page, as well as from several of the main navigation menus to ensure it was easy to find regardless of which section of the website visitors arrived at. The website address was promoted in all the main consultation materials and in all publicity across all formats and channels.

From the launch of the consultation, core information was available including all the main consultation documents and background documents, plus a link to the online consultation



questionnaire. Various sections of the site were developed and regularly updated through the consultation period, including:

- Public meeting details were added to the site as the full programme of events and additional asked for meetings were confirmed.
- A 'frequently asked questions' section was initially available as a downloadable document available from the start of the consultation and then developed into 'on-page' content from 19 March 2018.
- A page called 'consultation challenges' was added on 13 March 2018 with answers to some of the comments/challenges being raised about the proposals and the consultation process.
- A page of videos was updated as new material was filmed through the consultation.
- A page highlighting stroke prevention information was added on 5 March 2018 (Note: stroke prevention information was included on the first page of the consultation document and in all public consultation meetings).
- News pages on the main site were used to promote updates during the consultation such as the publication of new videos or blogs and rescheduling public meetings affected by the snow in early March.

The table below shows the top 10 pages (by page views) within the stroke section during the consultation period.

Page / document (published 2 Feb unless stated otherwise)	Page views (2 Feb – 20 Apr 2018)
Stroke consultation home page	13,968
Consultation questionnaire	5,984
Consultation documents	3,916
Public listening events	2,915
Dedicated contact details page (published 20 Feb – contact details were available in the consultation document from 2 February)	1,029
Pre-consultation business case and appendices	513
Supporting documents summary page	500
Consultation challenges (published 13 March)	245
Stroke prevention (published 5 March)	154
Written questions from listening events (published 19 March)	134

It was not possible to track the number of downloads of specific consultation documents, although this is learning we have taken on board and added new functionality to the STP website for future consultations.

8.4 Consultation briefings, updates and frequently asked questions

As described briefly above, in addition to the consultation document, we published regularly frequently asked questions during the consultation period to help answer some of the most common queries. These are available on our website at <https://kentandmedway.nhs.uk/stroke-questions-and-challenges/>

We also developed a set of frequently asked question slides to support the public listening events. See section 9.2 for more information on the listening events.



8.5 Display

To capitalise on the high footfall in acute trusts, we produced banner stands for each acute site in Kent and Medway which promoted the opportunity to respond to the consultation. These were displayed in prominent positions within the organisations, often alongside consultation materials.



Figure 3: Banner stand graphic

In addition, some hospital sites and GP practices displayed information about the consultation on their public information screens.

8.6 Media approach

Our media approach throughout the consultation was proactive (as well as reacting, of course, to any enquiries or issues that arose), reflecting that, in the consultation catchment area, the local media continues to be important in influencing public perception and reaction to changes to health services.

The media audiences we targeted with information about the consultation included:

- All local newspapers
- Professional journals such as Health Service Journal, Pulse, Nursing Times, Nursing Standard and GP
- Council newsletters and websites
- Local NHS Trust newsletters and websites
- Local community newsletters and websites
- Online media via our social media activity
- Identified and targeted key NHS and health policy commentators and bloggers, as appropriate



Throughout the consultation we took the following approach to working with and engaging the media:

- Provided regular proactive updates on the stroke consultation
- Responded to media enquires in a timely and helpful manner
- Offered the opportunity to speak with clinical spokespeople to explain the reasons for change and our proposals, and supported them appropriately in this role
- Worked closely with local journalists and ensured they were briefed on the reasons for the stroke services consultation and why local clinicians believe the proposals will improve services and save lives
- Worked with our colleagues in media teams at all partner organisations to ensure messages were consistent
- Quickly and robustly rebutted inaccurate or misleading information included in media reports
- Evaluated media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

Appendix D provides a detailed breakdown of press release, media enquiries and print and broadcast coverage from the consultation period. The table below gives a summary.

Area	Number
Press releases issued	28
Media enquires	18
Print coverage	44 articles
Online coverage	48 articles
Broadcast coverage	79 broadcasts across TV and radio

8.7 Paid for advertising in traditional media

From the outset the stroke consultation plan recognised the need for paid advertising using a variety of channels to raise public awareness of, and responses to, the proposals being put forward.

Pro-active advertising was carried out using:

- Newspaper advertising
- Radio advertising
- Paid promotions on social media (see section 8.8 for more detail on both paid for and organic social media activity)
- Direct mail (see section 8.2 above for details of the flyer dissemination).

8.7.1 Newspaper advertising

Over the period of the consultation we ran 63 newspaper ads in total across 12 publications across the consultation geography, with a total reach of 296,842 readers. The nine weeks of advertising included one extra week than originally planned to account for the consultation being extended by a week.

A series of quarter page, full-colour newspaper ads running over nine weeks targeted the following papers and their readerships:

Canterbury Extra, Dartford & Gravesend Messenger/Extra, Sheerness Times Guardian, Kent Messenger Series, Kentish Gazette Group, Medway Messenger, Sittingbourne News Extra (Wed), Sheerness Times Guardian, Thanet Extra, Kentish Express Series, East Kent Mercury, Folkestone & Hythe Express.



The area of coverage is shown below.

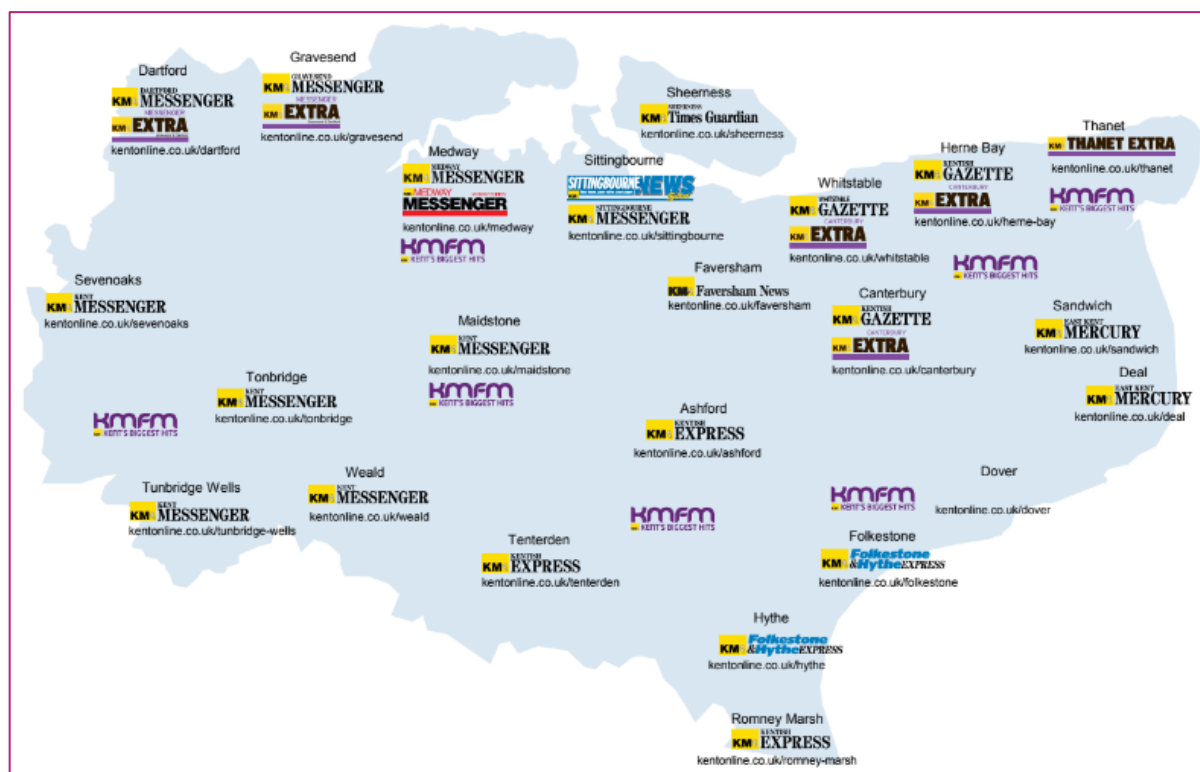


Figure 4: Newspaper & radio ad coverage



Figure 5: Example of newspaper adverts

8.7.2 Radio advertising

We ran a 30 second radio ad over nine weeks across all KMFM stations. In total we ran 4,308 ad spots daily between the hours of 0600 – 2200 across seven FM stations and DAB, reaching 341,269 people over nine weeks. A full transmission report is available in Appendix E.

The stations we used were;

- Ashford - 107.6fm
- Canterbury - 106fm
- Folkestone and Dover - 96.4fm/106.8fm



- Medway - 100.4fm/107.9fm
- Maidstone - 105.6fm
- Thanet - 107.2fm
- West Kent - 96.2fm/101.6fm
- DAB / kmfm.co.uk

The same advertisement ran for the majority of the consultation, with an amended version reminding people of the deadline for responses, running for the final week or so of consultation.

The scripts for both advertisements are available in the post-campaign analysis report in Appendix F.

8.7.3 Digital alerts

In order to boost awareness of the extra week of the consultation, we also commissioned digital adverts to appear in the KM Group's mobile news app for tablets, smartphones and mobile sites. The rolling banner advertisements gained 52,503 page impressions across 11 KM group websites.

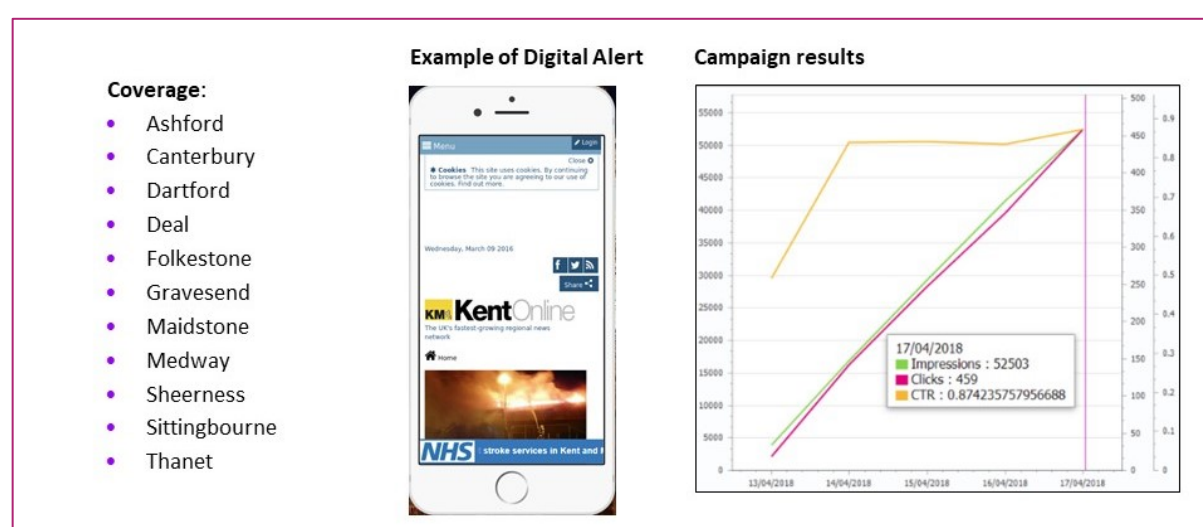


Figure 6: Digital mobile banner ad & impact

8.7.4 Impact analysis

Over the course of the consultation our paid advertising:

- Reached 296, 842 newspaper readers across Kent and Medway and in border communities in Bexley and High Weald Lewes Havens over the course of nine weeks
- Achieved 52,503 mobile digital impressions
- Reached 341,269 radio listeners via 4,308 ad spots

A more detailed analysis of the press and radio advertising, is available in Appendix F.

8.8 Social media

In line with our digital by default approach, we used Twitter, Facebook and YouTube to keep online stakeholders informed, and to signpost and facilitate discussion during the consultation period. Our aim was to build on existing relationships with online stakeholders and to engage new audiences.

In addition, we made use of video via our website and YouTube channel, to try to bring the consultation to life for people using Vox pops and longer interviews with key spokespeople, to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation.

We had planned to hold online discussions using Twitter – 'tweet chats' – and publish a regular blog, both led by key clinicians involved in the stroke review. However, we found that the demands



placed on these individuals by the increased number of listening events meant this was not possible.

We also made use of paid for promoted posts and adverts on both Facebook and Twitter to help target our key audiences. Targeting parameters, on both Facebook and Twitter, work in tandem in terms of setting geographic area, and interests. Using Facebook targeting as an example, shows how these parameters work in combination:

- **Layer 1, geographic area.** Because people do not need to give their address/postcodes when they sign up for a Facebook account, Facebook works out where people live from their most-often-used IP address, or if on mobile, from their location data. However, geo-targeting alone is not 100% accurate if someone mainly or solely uses Facebook via a smartphone which is moving around all the time. As the map in Figure 7 below shows, as well as targeting Kent and Medway, we also included Bexley and the radius of the geographical parameters included boarder communities in East Sussex.
- **Layer 2, age ranges.** We only wanted to target adults aged 18 or over. Because children are able to use Facebook from the age of 13 onwards we excluded 13-18 year olds from our target audiences.
- **Layer 3, interests.** We used 'inclusive' interests targeting for Layer 3 to target people who had shown an interest in at least one of the following areas: Community issues, Stroke Association, Caregiver, Medway, Health and Social Care, Home care, Healthcare, NHS, NHS foundation trust, Health & wellness, National Health Service (England), Kent, Stroke Awareness, Industry: Healthcare and medical service.

By combining these three layers, anyone who has ever shown any interest (by way of a like, share, or Facebook comment) in for example: 'community issues', 'Kent', 'Medway', 'health & wellness', 'stroke', etc as above, would be more likely to see our promoted Facebook ads.

Facebook cited the potential reach of our targeted advertising as 910,000 people. This is classified as 'broad' and within their recommended green zone - to maximise both reach and targeting.

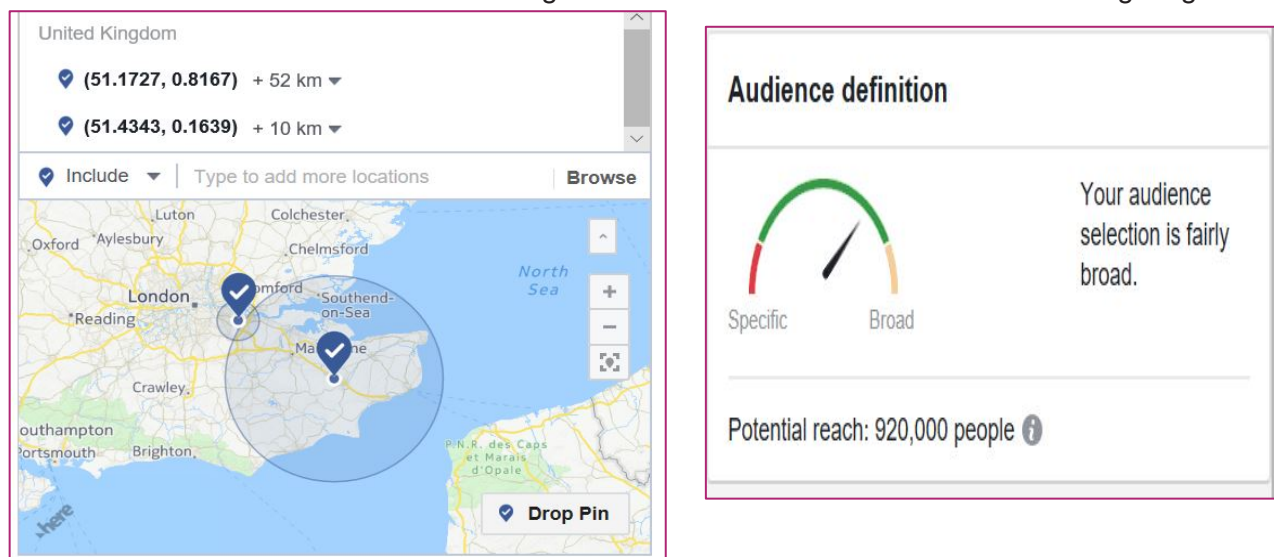
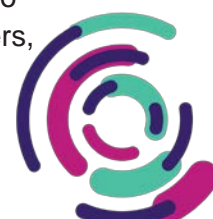


Figure 7: Facebook audience targeting

8.8.1 Twitter

The Kent and Medway Sustainability and Transformation Partnership had already built up some traction on Twitter during last year's summer listening events, although our follower numbers are still relatively small. For both organic and paid promotions Twitter proved a very effective channel to pro-actively inform people about the stroke consultation. In addition to targeting existing followers,



we planned for and worked with our STP member and partner organisations to like, retweet and comment on our posts, thereby creating a ripple effect that broadened our reach to their followers too. We also used @ mentions and tagged posts to encourage them to help us spread the word.

Taking their follower numbers into account our posts on Twitter achieved significant exposure, especially when retweeted by STP partners who have already built up significant follower numbers through being long-established local organisations. The table below shows the followers for key partner and stakeholder organisations.

Organisation	Number of followers
CCGs	
Dartford Gravesham & Swanley	2.3k
Ashford	2.5k
West Kent	6.7k
South Kent Coast	2.8k
Swale	2.5k
Thanet	3.1k
Medway	4.4k
Canterbury	3k
Bexley	3.7k
High Weald Lewes Havens	1k
Councils (county, unitary authorities, district and borough)	
Kent County Council	70.2k
Medway Council	18.2k
East Sussex County Council	16.1k
Sevenoaks	3.6k
Maidstone	12.4k
Tunbridge Wells	9.1k
Dover	8.4k
Tonbridge and Malling	4k
Swale	6.4k
Canterbury	6k
Ashford	7.5k
Thanet	7.2k
Gravesham	3.4k
London Borough of Bexley	6.7k
Lewes	6.5k



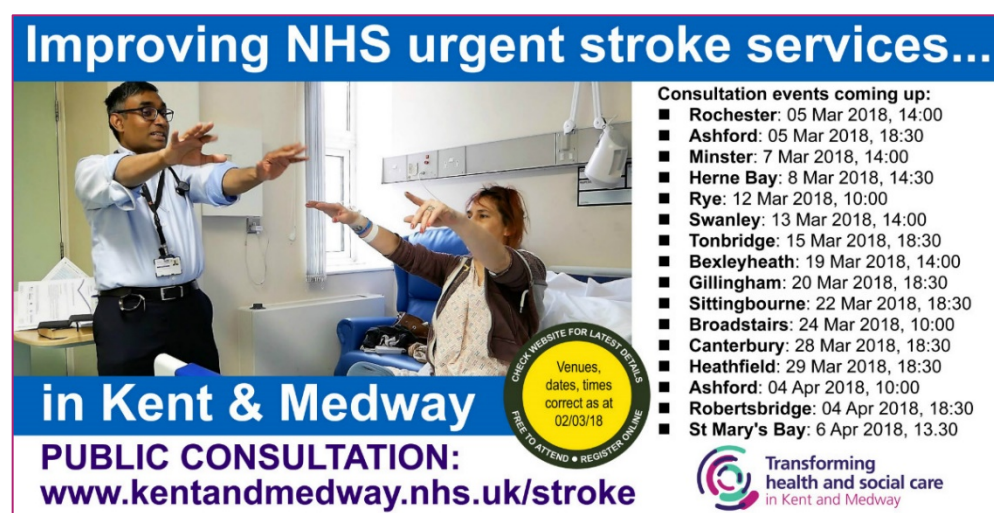
Wealden	6.8k
Rother	5.9k
Hastings	4.7k
NHS Trusts	
Medway Foundation trust	3.8k
Maidstone and Tunbridge Wells	2.5k
East Kent Hospitals University NHS Foundation Trust	3.8k
Dartford and Gravesham NHS Trust	2.6k
Kent and Medway NHS and Social Care Partnership Trust	3.4k
Others	
Healthwatch Kent	1.4k
Healthwatch Medway	1.9k
Healthwatch Bexley	1.7k
Healthwatch East Sussex	1.8k
Stroke Association South	1.3k

In total, their followers add up to over 200,000 people and many of our STP partner organisations also put out their own Tweets and Facebook posts encouraging people to respond to the stroke consultation.

We boosted our organic post reach by a limited number of targeted paid for boosted posts. These advertisements were used to both raise awareness of the consultation more generally, raise awareness of consultation events taking place over the course of the consultation, and in the final weeks, remind people to respond to the consultation by the closing deadline.

In total, the organic and paid stroke consultation related Tweets on our feed gathered 461,751 impressions (number of times Tweets were seen) and generated 4,851 engagements (number of times people interacted with a Tweet), including 909 retweets, 244 replies, 587likes and 799 link clicks.





Improving NHS urgent stroke services...

in Kent & Medway

PUBLIC CONSULTATION:
www.kentandmedway.nhs.uk/stroke

Consultation events coming up:

- Rochester: 05 Mar 2018, 14:00
- Ashford: 05 Mar 2018, 18:30
- Minster: 7 Mar 2018, 14:00
- Herne Bay: 8 Mar 2018, 14:30
- Rye: 12 Mar 2018, 10:00
- Swanley: 13 Mar 2018, 14:00
- Tonbridge: 15 Mar 2018, 18:30
- Bexleyheath: 19 Mar 2018, 14:00
- Gillingham: 20 Mar 2018, 18:30
- Sittingbourne: 22 Mar 2018, 18:30
- Broadstairs: 24 Mar 2018, 10:00
- Canterbury: 28 Mar 2018, 18:30
- Heathfield: 29 Mar 2018, 18:30
- Ashford: 04 Apr 2018, 10:00
- Robertsbridge: 04 Apr 2018, 18:30
- St Mary's Bay: 6 Apr 2018, 13.30

Check website for latest details
Venues, dates, times correct as at 02/03/18
FREE TO ATTEND • REGISTER ONLINE

Transforming health and social care in Kent and Medway

Figure 8: Example of Twitter card used during the consultation to promote events coming up



Kent & Medway STP
@KMhealthandcare

Tell us your views on #NHS #stroke services in #Kent, #Medway, #Bexley & #HighWeald: kentandmedway.nhs.uk/stroke pls RT

Public consultation: NHS stroke services in Kent & Medway

Transforming health and social care in Kent and Medway

1:53 pm - 7 Mar 2018

Figure 9: Example of promoted tweet

8.8.2 Facebook

Our follower numbers on Facebook are much smaller than on Twitter, as the STP's Facebook page has only been running for less than a year. Despite this, by tracking clicks on links we know that paid Facebook advertising proved highly effective in raising awareness and encouraging responses to the consultation – both on Facebook and by driving traffic to the STP website or encouraging people to turn up to a consultation event near them.

In total, all Kent and Medway stroke consultation-related posts on Facebook achieved 292,515 impressions, reaching 169,496 unique users; generating 11,340 engagements (an engagement is classified as either a like, share, comment or link-click).





Figure 10: Example of awareness raising post on Facebook

We also used Facebook to directly engage people on the four key questions being asked by the stroke consultation. Some people responded in the comments section, others simply clicked the 'like' button for the picture showing the option they preferred. In total the 4 Key Questions post (promoted and organic) generated 158,033 impressions, reaching 88,733 unique users, and engaged 8,174 engagements.



Figure 11: Example of promoted post



8.8.3 Social media impact

Through our use of both organic and paid for promotions on social media we:

- Reached over 200,000 people via our own and member/partner STP organisations' followers on Twitter, achieving 461,751 impressions
- Reached 169,496 people on Facebook, generating 292,515 impressions.

8.9 Measuring the success of paid for advertising

We have to measure the success of our advertising across these channels within the parameters of our objectives for the stroke consultation:

1. Raise public awareness of the stroke consultation
2. Encourage people to respond and give us their views

In terms of measuring the impact of this, we significantly exceeded our targets for both reach and awareness-raising of the consultation, and for responses to the consultation. Many more people were reached with awareness-raising information than responded, but we are satisfied that our response figures were good and the range and depth of insight and feedback generated was comprehensive, i.e. consistent themes came through in the consultation responses received that may not have significantly changed with a higher response rate.

8.10 Animation

In line with the aims set out in the Consultation Plan and to augment our digital and online campaign presence, we developed a short animation for use during the consultation period. Running at 4.54 minutes long, the animation outlined the proposals in an engaging and easy to understand way and as a 'call to action', encouraging feedback on the options that were presented to the public during the consultation period.

Featuring simple messages and a strong, design-led visual approach, the animation followed standard Equality Act 2010 (EQA) accessibility guidelines with English subtitles and graphics that were suitable for sight-impaired viewers. It was used during meetings and events, and was available on the stroke consultation section of the Kent and Medway STP website

<https://kentandmedway.nhs.uk/the-importance-in-getting-involved-in-the-stroke-consultation> and on our YouTube channel https://www.youtube.com/watch?v=56mrtQ_pMF4

8.11 Video

Eleven videos were produced to promote the key issues under consideration in the stroke consultation.

In addition to the specially commissioned animation (above), a number of senior clinicians were interviewed to explain how the proposed changes would benefit both patients and staff:

- Dr David Hargroves, Consultant Physician and Clinical Lead for Stroke Medicine at the East Kent Hospitals University NHS Foundation Trust (EKHUFT)
- Dr David Sulch, Deputy Medical Director and Consultant Physician at the Medway NHS Foundation Trust
- Dr Steve Fenlon, Medical Director of the Dartford and Gravesham NHS Trust
- Dr Peter Maskell, Consultant Physician in Stroke Medicine and Medical Director, Maidstone and Tunbridge Wells NHS Trust
- James Pavey, Paramedic and Regional Operations Manager, South East Coast Ambulance Service (SECamb)



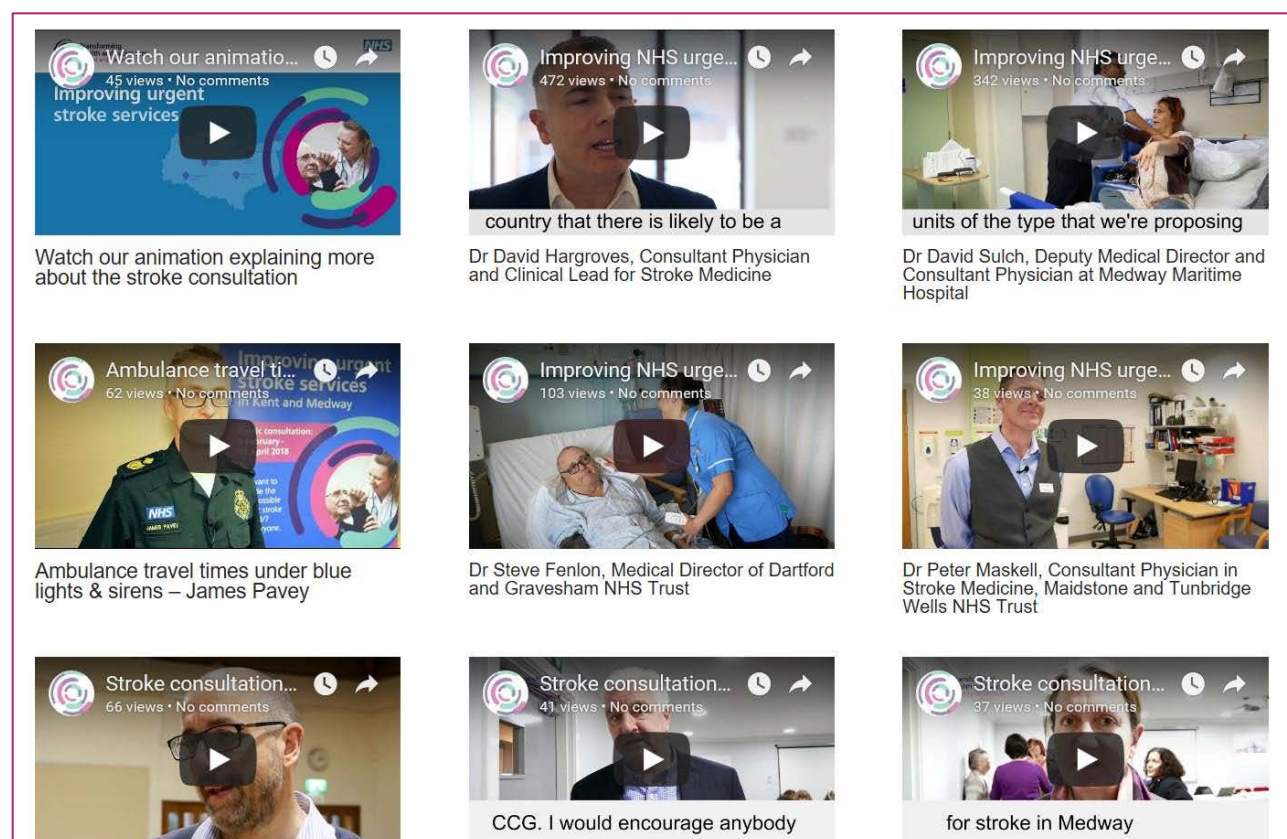


Figure 12: Videos from our YouTube channel

In addition to hosting the videos on the K&M STP's YouTube channel at <https://www.youtube.com/channel/UCwhn95yX5P0ceMRCiqpmF3g> the videos were also embedded on a page within the stroke consultation pages on the K&M STP website at <https://kentandmedway.nhs.uk/the-importance-in-getting-involved-in-the-stroke-consultation/>

There were also five short videos featuring members of our Patient and Public Advisory Group (PPAG) encouraging members of the public to respond to the consultation.

Collectively the videos received 1,550 views, helping – along with other content supporting the case for change for reorganising stroke services – to communicate the messages around the stroke consultation from senior clinicians. For those who were unable to attend one of the stroke consultation events, they would have been able to hear these senior clinicians outline some of the key issues at stake for themselves via this channel.

9 Consultation activity: gathering views

This section describes how we engaged with (as opposed to simply gave information or promoted) local communities on the future of stroke services in Kent and Medway.

9.1 Consultation questionnaire

The consultation questionnaire was our primary way of gathering views on the proposals. The questionnaire was developed in line with the key consultation questions, as set out in the consultation document.

In developing the consultation questionnaire, we sought expert advice from an independent research organisation, DJS Research, to help us design non-leading questions that met the highest standards of research design for this sort of exercise.



The questionnaire was available in hard copy and also online, via the SurveyMonkey platform. It was linked to from the stroke consultation web pages and regularly promoted via a wide range of communications channels.

There was a criticism received from a correspondent during the consultation period that the online version of the questionnaire ‘forced’ people to choose an option from the five proposed options for HASU locations before allowing completion of the next sections of the questionnaire, meaning respondents had to pick one of the five, even they disagreed with all the proposals. The consultation team were concerned to hear this and re-tested the functionality of the questionnaire on a range of different PCs, laptops, tablets and phones, and a range of different web browsers, but did not encounter the same problem. In this testing, all of the questions were optional and it was possible to leave any section of the questionnaire blank and still move through to the end.

The questionnaire was seeking views on the five proposed options, but also gave free text boxes for people to write other responses and specifically invited people to suggest any alternative ways that specialist urgent stroke services could be organised and/or where they could be located. The consultation materials also made clear that there were a range of ways to give views and feedback in addition to the online questionnaire – for example by telephoning or emailing directly, or by attending a meeting, or by sending views by freepost, either by letter or hard copy completion of the questionnaire from the printed consultation documents.

We also produced an ‘easy read’ version of the questionnaire to support the easy read version of the consultation document.

The questionnaire is available in Appendix G.

9.2 Listening events

The purpose of the public listening events was to give an overview of the stroke consultation proposals, the process followed to reach them and to give local communities the opportunity to ask questions and share their views. Ahead of the consultation, our intention was to hold a minimum of two public listening events in each of the ten CCG localities – adding more events where there was demand. We planned for one listening event during the day and one in the evening, to allow for different work, caring and other commitments people have and to give as many people as possible the opportunity to get involved. We were clear from the outset that we would be very happy to respond to requests for additional meetings and added an additional 8 meetings hosted by the stroke team, as well as attending meetings hosted by others where we were invited to do so.

We held 28 public listening events, attended by around 850 people, during the consultation period, including adding events in the Hastings and Rother CCG area to reflect the potential impact of the proposals on that community. The graphic below shows the locations of the listening events. The distribution of the events reflects the high levels of interest in the consultation in the Thanet, Medway and Dartford, Gravesham and Swanley CCG areas.



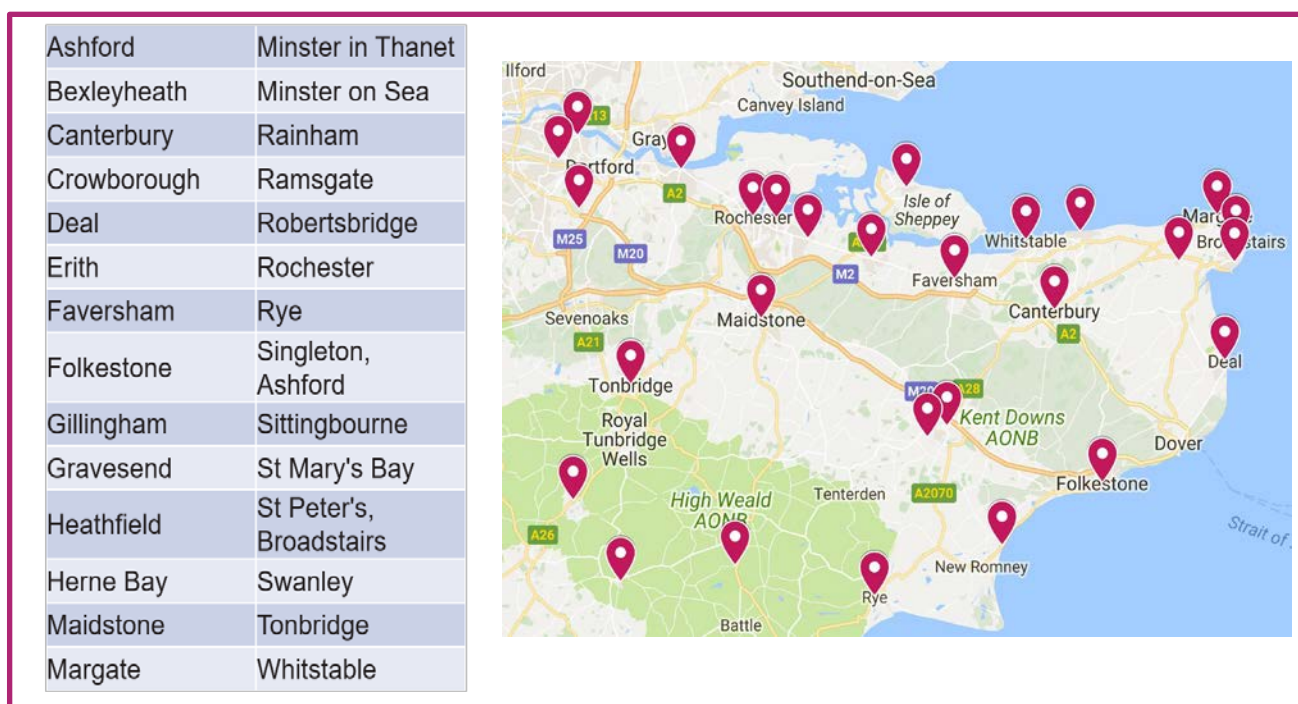


Figure 13: Map of locations of public listening events

The listening events were publicised through a wide range of channels, including advertising in local press and radio, on the Kent and Medway STP website, through our own and others social media channels, and by NHS, local government and stakeholder organisations (see Section 8 above).

A full list of when and where each event was held, and the panel members at each meeting is available in Appendix H.

The content of the listening events was based around a core slide pack which was further developed and refined over the course of the meetings to address the most commonly asked questions. The slide pack is available in Appendix I.

Each event followed a similar format with a presentation from a panel of Clinical Commissioning Group and NHS Trust leaders, including clinicians such as GPs, paramedics and stroke consultant specialists, followed by opportunity for questions and answers with the panel, and then facilitated table discussions where smaller groups were asked to give their responses to the following questions:

- Do you think there is a clear case for changing the way we deliver stroke services?
- Do you think there should be hyper acute stroke units in Kent and Medway?
- Do you think that three would be the right number for Kent and Medway?
- Do you have a preference for any of the five options?
- Are there any other options that we should be considering that we haven't already discussed?
- Is there anything else we should consider?

At some listening events, where many attendees indicated they would prefer to use the time allocated solely for questions and answers, we did not hold round table discussions in the same way. In these meetings we kept a plenary question and answer session and offered anyone who wanted to join a smaller discussion group the opportunity to do so in a different room with NHS staff trained in facilitating such conversations.



9.3 Correspondence and enquiries

Email, postal and telephone queries were managed through a central office with all queries logged and distributed to relevant people to draft responses.

Over 500 separate queries and comments were logged. Wherever possible our aim was to provide a detailed response to comments and queries, including setting out our position on areas of challenge and providing additional information where we could. Where correspondents were clearly expressing an opinion on the proposals rather than raising specific questions or challenges these were logged and added to the feedback to be analysed by the independent research organisation.

Our aim was to respond to questions as quickly as possible, however, given the wide range of questions and varying degrees of complexity we did not set a specific deadline for replies. Our average response time across all queries was 8 days.

Around half a dozen requests for detailed information beyond what was available in the consultation material and background documents and other readily available, held information were treated as Freedom of Information requests.

10 Consultation activity: commissioned research and outreach

As part of the consultation activity, Engage Kent was commissioned to undertake research and engagement activities with members of the public and staff to complement other planned consultation activity. Engage Kent are specialists in engaging and reaching communities. They work with their sister organisation Healthwatch Kent and parent company, social enabler Engaging Kent. They were appointed following a tender process that followed NHS procurement guidelines.

In the last three years Engage Kent have built a significant track record in reaching into communities across Kent and have a good network of relationships and contacts, along with innovative approaches to reach seldom heard groups using sensitive and appropriate methods to deliver meaningful engagement. They have been involved in the Kent and Medway stroke review before, having been commissioned to design and deliver public engagement events in West Kent at the start of the review in 2015. They also undertook seldom heard outreach engagement for the Kent and Medway STP during August to October 2017 <http://kentandmedway.nhs.uk/wp-content/uploads/2017/11/Final-report-STP-Seldom-Heard-v1.pdf>

10.1 Public-facing research and engagement

Engage Kent apply the best practice principles of The Consultation Institute and Healthwatch Kent to ensure they meet the needs of all public engagement and consultations. This best practice ensures not only better quality public engagement and consultation but also more reliable outcomes (i.e. we can be confident the findings are likely to be a fair reflection of people's views).

Between 15th March and 16th April 2018, Engage Kent undertook outreach engagement and focus group activities across CCGs in Kent, Medway and the neighbouring CCG areas of Bexley, High Weald Lewes Havens and Hastings and Rother, as part of the public consultation. The purpose of these activities was to gather the public's views, thoughts and responses on the stroke services proposals to ensure that commissioners have a broad spectrum of responses and insights from across the consultation catchment area.

Highlighted within the Consultation Plan as a means of reaching people who might not typically engage in public consultations or have an interest in local health services, these activities were in addition to other forms of engagement activity such as public listening events, a telephone survey, an online survey and hard copies of the consultation document which were being facilitated separately.

Each method of engagement was differently targeted and weighted.



Five key methods of engagement were used to reach as many people as possible within the timeframe:

1. **Talking to targeted community groups** who experience barriers to accessing services or who are underrepresented in healthcare decision making, to ensure their voices were heard and included. This was targeted to engage health inclusion groups, restricted liberty groups, substance misuse groups and older people.
2. **Street surveys** – these took place in targeted geographical areas to engage with rural communities, to gather public feedback on the proposals.
3. **Public focused conversations** - to explore the consultation proposal in more depth with mixed groups of working and older age adults.
4. **Street survey in Margate** - talking to a random sample of shoppers in Margate over a two-hour period, to gather a sample of views and thoughts about the consultation.
5. **Digital cascade** - to ensure that community groups within Kent, Medway, East Sussex and Bexley received email alerts about the consultation with links to the online consultation. In addition, Engage targeted expectant and new mothers and the lesbian, gay, bisexual and transgender (LGBT) community.

A total of 442 members of the public were engaged, face to face, through these activities. 81 of the people spoken to had previously heard about the stroke consultation through other routes including local news and six people had participated in another public event, with five people having already completed the online consultation response.

Method	Number of people engaged
Outreach engagement	171
Street surveys	116
Public focused conversations	94
Street survey in Margate	61

This research was a mix of qualitative and quantitative analysis that was developed to add richness and diversity to the consultation responses. As well as identifying some key themes from participants in the research, the intention was to allow for a more in-depth understanding and personal responses to the proposals and to elicit genuine and honest feedback from a variety of different demographics across a range of geographical locations.

The full report on this activity is attached as Appendix J.

10.2 Outreach engagement

These activities were designed to reach seldom heard groups within the communities of Kent and Medway, East Sussex and Bexley who experience barriers to accessing services or who are underrepresented in healthcare decision making.

The questionnaire focused on the areas outlined in the consultation document and gathered additional comments or insights pertaining to stroke services including rehabilitation, support services and advice. It also gave people a chance to discuss their preferred option for the configuration of the proposed three Hyper Acute Stroke Units (HASU).

A copy of the questionnaire is attached in Appendix J.

Engage focussed on reaching the following targeted groups, whose voices were under represented in earlier engagement activities:

- Those living with substance misuse problems



- Those living with restricted liberty
- Those currently homeless or living in areas with statistical variations in health
- Older people
- People from BME communities

Target Group	Date(s)	Postcode	Group details	No. of people
Restricted liberty	26.03.2018	ME12 Isle of Sheppey	HMP Elmley – prisoner health group	6
Substance misuse	11.04.2018	ME4 Medway	Addiction support groups	11
	13.04.2018	DA8 Bexley		9
Homeless / health inclusion	29.03.2018	ME4 Medway	Street soup kitchen	32
	19.03.2018	TN9 Tonbridge	Healthy living group	8
	21.03.2018	CT5 Whitstable	Soup kitchen/foodbank	8
BME	05.04.2018	DA1 Dartford	The Gurdwara	10
Older People	26.03.2018	TN6 Crowborough	Dementia activity group	15
	29.03.2018	TN28 New Romney	Day centre	17
	11.04.2018	TN8 Edenbridge	Community centre	7
	12.04.2018	CT14 Deal	Community centre/ stroke group	23
	16.04.2018	ME15 Maidstone	Stroke community support group	25

A total of 171 people were engaged in these seldom heard outreach visits. A demographic profile of respondents can be found in Appendix J.

26 people had heard on local media (radio and TV) about the proposals to change stroke services, 4 of the 171 participants had been to an event or participated in the consultation online.

10.3 Street surveys

These activities were designed to reach communities living in villages, market towns and communities along the Kent, East Sussex and Rother borders. The decision to focus on these border areas reflects the fact that the review of stroke services began as a Kent and Medway-wide initiative but it became apparent in 2017 that a small number of residents of south east London (predominantly Bexley) and East Sussex could also be affected by the proposals and the consultation was the right time to step-up engagement with communities in these areas.

Surveyors walked around villages and towns, approaching people and undertaking a short questionnaire designed to capture their reaction to the proposal and an indication of its impact in these geographical areas.



A copy of the survey can be found as Appendix J.

Over the 15th to the 19th March 2018 surveyors visited:

- Darwell (TN32)
- Burwash (TN19)
- Robertsbridge (TN19)
- Brightling (TN32)
- Rye (TN31)
- Peasmarsh (TN31)
- Wadhurst (TN5)
- Ticehurst (TN19)
- Etchingham (TN19)
- Brede (TN31)

Some of the locations were very small hamlets with no public facilities and dog walkers or hikers were the only foot traffic observed, whilst others were small market towns with more people using the shops and facilities.

At each location surveyors walked around public areas including libraries, cafes, bus stops, high streets or village main streets, village halls approaching people and working through a short survey. The aim of this survey was to gather a snap shot of public feeling about the proposals from these border areas, and enable people to register their preferred option. Surveyors proactively approached all members of the public they met as they walked around the target locations and, as such, participants were randomly selected by virtue of being present.

A total of 116 random members of the public completed the surveys. A demographic profile of respondents can be found in Appendix J.

10.4 Public focused conversations

These activities were designed to reach working and older aged people living in areas across Kent, Medway and East Sussex and Rother borders, who had not already been engaged in the other public events.

The focus groups were undertaken as a focused conversation (developed by the Institute of Cultural Affairs (ICA)) to create a structured discussion exploring things on a rational and an emotional level. The group discussions were aiming for small groups of 6-8 people but in some instances the groups were as large as 21 people. The same approach was used regardless of group size. Discussions were facilitated around a set of pre-designed question prompts.

A copy of focused conversation template can be found in Appendix J.

The questions explored:

- What information people recalled from the consultation documents (Objective questions)
- The instant reactions to the proposal (Reflective questions)
- The advantages and disadvantages of the proposal (Interpretive questions)
- Whether the proposal was considered sound (Decisional questions)

It also gave each group a chance to nominate their preferred option for the configuration of the proposed three HASUs.

Membership of these groups was weighted by health indicators, such as age and other health conditions that could increase risk of stroke.



Date	Location	Number of participants
28.03.2018	Wadhurst	16
28.03.2018	Sheerness	6
03.04.2018	Northiam/Peasmarsh/Rye	15
05.04.2018	Lydd/New Romney	21
05.04.2018	Medway	6
09.04.2018	Crowborough	4
11.04.2018	Bexley	12
13.04.2018	Margate	14

A total of 94 people were engaged in these public focus groups.

8 people had heard on local media (radio and TV) about the proposals to change stroke services, none of the 94 participants had been to an event or participated in the consultation in any other way.

10.5 Street survey – Margate

This activity was designed to reach people living in Margate, who might not be attending the organised listening events. A short survey was undertaken outside a national food retailer for 2 hours in the morning. The aim was to talk to a random sample of shoppers, to gather a sample of views and thoughts about the consultation.

A copy of the survey can be found in Appendix J.

A total of 61 people took part in the survey. A full demographical breakdown of these respondents can be found Appendix J.

Of these respondents:

- 34 had heard about the proposed changes
- 2 people had been to a protest event but not an organised listening event.
- 5 people had responded to the consultation online.

10.6 Digital cascade

Engage worked with the four local Healthwatches of Kent, Medway, Bexley and East Sussex, who cover the areas impacted by the stroke service consultation.

Through their local networks of communities and communication groups, a digital cascade was created to promote the online consultation with the opportunity for people to register a preferred option. For example, Healthwatch Kent shared the information about the consultation with their database but also ensured that all the Kent Older Peoples Forums, Mental Health Action Groups and mental health service user forums were sent information about the consultation and how to give their views.

In addition, expectant and new mothers were targeted via the National Childbirth Trust local network groups:

- Maidstone Branch NCT
- Canterbury Branch NCT
- Ashford Branch NCT
- Sevenoaks and Tonbridge NCT



- Medway NCT
- Tunbridge Wells NCT
- East Grinstead NCT
- National NCT

Finally, Engage worked with a national LGBT Charity to promote the consultation to its members in Kent, Medway, Bexley and East Sussex.

10.7 Staff-facing research and engagement

Engage were also commissioned to undertake research and engagement with staff across Kent and Medway during the consultation. This activity was in addition to other forms of staff engagement taking place within organisations.

A total of 60 employees were engaged, face to face, through these activities.

Date	Workplace	Number of participants
27.03.2018	Queen Elizabeth Queen Mother Hospital Stroke Ward	13
27.03.2018	Kent and Canterbury Hospital Stroke Ward	5
28.03.2018	William Harvey Hospital Stroke Ward	11
28.03.2018	Kent County Council Senior Practitioner Occupational Therapy	15
05.04.2018	Kent and Canterbury Hospital Stroke Ward	5
10.04.2018	Dietic team	5
11.04.2018	IC24 (a provider of out of hours care, NHS 111 service and home visits etc)	6

The focus groups were undertaken as a focused conversation (developed by the Institute of Cultural Affairs (ICA)) to create a structured discussion exploring things on a rational and an emotional level. The group discussions were aiming for small groups of 6-8 people but in some instances the groups were as large as 15 people. The same approach was used regardless of group size. Discussions were facilitated around a set of pre-designed question prompts. A copy of the focused conversation template can be found in Appendix K.

The questions explored:

- what information people recalled from the consultation documents (Objective questions)
- the instant reactions to the proposal (Reflective questions)
- the advantages and disadvantages of the proposal (Interpretive questions)
- whether the proposal was considered sound (Decisional questions)

It also gave each group a chance to nominate their preferred option for the configuration of the proposed three HASUs.

10.8 Telephone survey

An independent research agency, DJS Research, was commissioned to conduct a telephone survey across the consultation catchment area during the consultation period. The appointment was made adhering to NHS procurement guidelines.

Throughout the process, DJS adhered to all its relevant duties prescribed by the Data Protection Act (DPA) and Market Research Society Code of Conduct.



Computer aided telephone (CATI) methodology was used to conduct the research which has the following benefits:

- It can be programmed to control the number of interviews achieved in each CCG using information from the sample and/or screener questions.
- Have routed questions (closed and open ended) which direct respondents depending on their responses.
- Have checks and instructions to ensure all questions are filled in properly.
- Collects data in real-time so that results can be reviewed on an ongoing basis.
- Provides management data allowing review of activity for efficiency, strike rates and questionnaire length.

Running from 4th April until the 20th April, the research involved a survey questionnaire that explores views on the proposals as per the consultation document. The questionnaire was developed to take approximately 15 minutes to complete. A copy of the questionnaire is available in Appendix L.

A total of 600 interviews was proposed as a target with more if time allowed. By the end of the polling period 701 interviews were carried out. These interviews were spread equally across each of the ten CCGs (Ashford, Canterbury, Dartford, Gravesham & Swanley, Medway, South East Kent Coast, Swale, Thanet, West Kent, Bexley and High Weald Lewes Havens) providing 60 interviews in each CCG.

Quotas were not set within individual CCG areas but the research company aimed to ensure that the sample was broadly representative at an overall level as set out in the table below.

Demographic details	Total no of proposed interviews*
Age	
18 – 64	450
65+	150
Gender	
Male	294
Female	306
Disability	
Daily activities limited a lot	50
Ethnicity	
White	558
Mixed	12
Asian / Asian British	24
Black / African / Caribbean / Black British	6

*Actual numbers varied as more interviews were carried out than the initial target

The survey was piloted with approximately 30 respondents in order to check that the questions were clear before the main fieldwork began on 4th April.

Once the fieldwork was complete, verification checks were conducted by the research agency before producing data tabulations to an agreed specification.



The table below shows the number of telephone interviews that were conducted during the fieldwork period across the consultation catchment area. In total, 701 interviews were conducted against the initial target of 600.

Location	Number interviewed
Ashford	60
Bexley	57
Canterbury and Coastal	60
Dartford, Gravesham & Swanley	60
Hastings	49
High Weald Lewes Havens	60
Medway	60
Rother Valley	60
South Kent Coast	55
Swale	60
Thanet	60
West Kent	60

11 Consultation costs

Understandably, resources were needed to deliver the stroke consultation, particularly to ensure that we met statutory requirements and, in the event of a legal challenge, that the correct process has been followed.

It is important to note that consultations tend to be challenged on process – and this could lead to long delays, potential re-consultation and increased costs, and of course too the opportunity costs for patients in delays to making improvements to services. In summary, although the investment required to deliver the consultation was significant, it enabled us to deliver a thorough and inclusive consultation, run properly, effectively and robustly.

The table in Appendix M gives a breakdown of the non-pay cost of the consultation.

12 Conclusion

In conclusion, we believe this activity report shows that we delivered a comprehensive, and wide reaching consultation that fully met its objectives as set out in our Consultation Plan. We significantly exceeded our reach target and our response target and have gathered a rich depth and breadth of feedback, perspectives and views on the proposals. These have been collated and independently analysed and show the themes that have emerged.

Not unexpectedly, there was a lot of feedback, media and social media coverage, and local community activity from a couple of campaign groups. Their views and feedback have been heard and described in the analysis of all feedback. We thank them for their engagement in the consultation process. But it was important that we heard too from the ‘silent majority’ of people across Kent and Medway and in our border communities in Bexley and East Sussex. We believe we have, through using a wide range of consultation mediums and activity, raised awareness amongst a significant proportion of the local population and given people the opportunity to have their say. We are confident we have received a wide range of views from a representative group of



people across Kent and Medway, East Sussex and south east London. We hope the information gathered, as presented in the independent report by DJS Research, gives helpful information and data to inform Joint Committee of CCGs members in their decision-making role on this important issue over the coming months.

