

East Kent transformation Our consultation plan

**Plan for formal public consultation activity on behalf of
the Kent and Medway NHS Clinical Commissioning
Group**

WORKING DRAFT DOCUMENT

Working draft

Version dated: 09 September
2020

Content

1	Introduction.....	1
2	Consultation scope	4
3	Consultation approach.....	6
4	Target reach	8
5	Stakeholder mapping.....	9
6	The consultation questions and document	11
7	Consultation activities and materials	13
8	Distribution channels	21
9	Collecting responses	24
10	Analysis of consultation responses.....	25
11	Impact of consultation on outcomes and decision-making	25
12	Measure of a successful consultation	26
13	Resourcing plan.....	26
14	Conclusion.....	27
15	Appendix A – Consultation principles and statutory duties	29
16	Appendix B – Developing our consultation plan	32
17	Appendix C – Activity plan for consultation period.....	34

1 Introduction

The review of hospital services in east Kent has been a major programme of work within the Kent and Medway health and care system, with the former four GP-led clinical commissioning groups (CCGs) in east Kent and East Kent Hospitals University NHS Foundation Trust working together on this review since 2015. Following the merger of the CCGs into a single clinical commissioning group for Kent and Medway on 1 April 2020, the new Kent and Medway Clinical Commissioning Group is responsible for this significant area of work, including the formal public consultation on the two options for the future shape of hospital services.

Extensive pre-consultation engagement with patients, the public, NHS staff and other key stakeholders has taken place during the life-cycle of the review. We have shortlisted two options for potential changes to acute hospital services and are now preparing for a formal public consultation. We are aiming to run the consultation from February 2021 for 12 weeks (subject to any potential pause in the programme timeline for COVID-19 related focused operational activity and/or requirements). The pre-consultation business case (PCBC) setting out the proposals in detail will be published at the meeting of the Kent and Medway CCG Governing Body when a decision is made to formally consult on the proposed options, based on that business case. The consultation document and supporting consultation materials will be based on the technical detail within the PCBC.

No final decisions will be taken on the future shape of acute hospital services in east Kent until after the consultation has closed and an independent analysis is completed and presented to the Kent and Medway CCG Governing Body, along with all other related evidence and data, for consideration as part of a 'decision-making business case (DMBC)'.

More background to the proposals is available at [insert web address when known].

1.1 Pre-consultation engagement

A significant amount of pre-consultation engagement has been carried out with local people, patients and carers, communities, clinicians and other frontline staff, elected representatives and stakeholders across east Kent. Initially this began with shaping the east Kent Case for Change and developed to focus on developing potential options to deliver improved and more sustainable hospital services for local people. Our pre-consultation engagement work is detailed in the PCBC and supporting documents. Published engagement reports from the pre-consultation period are available at <https://kentandmedway.nhs.uk/eastkent> [check/confirm up to date web address when known]

1.2 About this plan

This is a working document and will continue to be developed as we progress towards the consultation. This plan sets out how we will approach a formal consultation on reconfiguring hospital services in east Kent. It has been informed by best practice principles and guidelines from NHS England/NHS Improvement, the Cabinet Office, and the Consultation Institute. It builds on the approach used for the Kent and Medway stroke review consultation (2018) which was endorsed and commended by NHS England and the Kent and Medway Joint Health Overview and Scrutiny Committee. We are also building on the experience and feedback from our pre-consultation engagement work for the east Kent hospitals case for change and development of options. We are grateful to Healthwatch Kent, the Kent and Medway Patient and Public Advisory

Group, and CCG lay members for patient and public involvement, for their comment and input into the plan.

Our plan has undergone a thorough review in light of the coronavirus pandemic in 2020 and now responds to the uncertainties of a post-COVID world. We have been positive in our approach, acknowledging these uncertainties but also embracing them as an opportunity to do things differently, finding new and creative ways to engage with audiences and stakeholders through a range of different channels.

Building flexibility – planning for different scenarios

COVID-19 – a new approach to consultation

We will be undertaking this public consultation within a new context; a post-COVID landscape where many tried and trusted engagement methodologies - including face to face meetings - may be restricted or unworkable within what is being described as ‘the new normal’.

The pandemic has also seen an unprecedented shift to digital and online communication, with a significant rise in remote or home working and people using technologies such as Zoom to keep in contact with their loved ones. While it is tempting to see this shift to digital as evidence that the barriers to virtual consultations have been swept away, we know that some areas of the county with higher levels of deprivation cannot access the internet and their views are just as vital as those that can. There are others too who may be digitally excluded, through lack of skill, access to technology, or desire to engage in that way. We therefore need to refocus our efforts on print and physical collateral and distribution as part of our planning as much as on expanding and exploiting digital means to engage.

Lockdown restrictions have eased over the past three months although new legal limits on social gatherings and localised lockdowns as infection rates rise demonstrate how the situation is highly complex and subject to change. This has the potential to divert attention and resources from consultation activity and presents additional challenges in terms of planning and delivering activity.

COVID-19 has had a significant impact on the working lives of staff across all health and care sectors. On the front line, staff across all care settings and specialities have undergone unprecedented levels of stress as they have focussed on dealing with the immediate COVID crisis and in planning for a potential resurgence. Many support and back office functions have been forced to adopt a remote working set-up to keep staff safe and comply with government guidelines. We should not underestimate how changes to working environments and patterns may bring new restrictions where we might previously have engaged with ease. We have also considered how much ‘head space’ staff have for considering long term questions about the configuration of services while they are grappling with a new reality and are focused on delivering care in challenging conditions today. There may be fatigue and cynicism amongst some staff groups as a result of COVID and we will be respectful of attitudes as we position the consultation as a key opportunity for health professionals and staff of all types to influence the future.

The expertise and local knowledge of partner organisations’ internal communications teams will be invaluable in steering staff-related engagement during the consultation. We will apply the same principles to staff engagement as to other stakeholder groups; looking to maximise digital

channels and interactions where possible but also recognising the need for and possibilities of home-based and non-digital approaches.

Public confidence is an issue with many people feeling hesitant about resuming some activities. Recent research from Ipsos MORI found that significant numbers of Britons remain anxious about many aspects of life returning to normal, particularly where these are in enclosed spaces or with large groups of other people¹. While attitudes may change over time, we should plan for every eventuality, recognising that for some groups, engagement preferences may have permanently changed. How we best reach people at home is a primary consideration for our consultation planning.

There are lessons that can be learned from the pandemic, with some discussion amongst influencers and opinion leaders about patient and public participation during the crisis. Commentary from The King's Fund's and National Voices refocuses our attention on the importance of listening and responding to the views and experiences of patients and the public, whatever the circumstances: 'Too often efforts to understand what goes on for people and to respond to their needs and aspirations can feel like a nice to have rather than a key part of how to deliver health and care services effectively. It is tempting for services to extend this view into crisis periods by saying 'We don't have time to do it', but now, more than ever, health and care services need to base their decisions on the reality people experience.'²

The NHS occupies a prominent place in the public's consciousness and as a result of COVID-19, the profile of our health service has never been higher. The pandemic has seen an unprecedented outpouring of affection and interest in the NHS, with public shows of appreciation and fundraising efforts making headlines and fostering a new sense of interest and loyalty. As a result, people are more likely to engage on the future of their local health services. Research from Healthwatch showed that two-thirds of people in England say they are more likely to act to improve health and social care services since the outbreak of COVID-19³. We believe that this may make consultation activity such as telephone polling especially effective as people who previously might not have wanted to talk about the NHS have a new interest in getting involved.

Although public affection and interest is positive, we will also need to be sensitive to those who have been adversely impacted by COVID-19. Voluntary and charity sector groups are key partners during service reconfiguration and during consultation, helping information exchange and fostering discussions with patients and families who might otherwise be difficult to reach. In an article 'Time to unmute the patient voice' published on 16 July 2020, Health Service Journal correspondent Sharon Brennan concluded that 'patients may be more distrustful, charities have less time to campaign or engage and services already have rapidly changed, but if the NHS is to reduce health inequalities in its covid reset, patients must be both heard and listened to'⁴.

¹ 'How comfortable are Britons with returning to normal, as coronavirus concern rises again?' 2 July 2020 <https://www.ipsos.com/ipsos-mori/en-uk/how-comfortable-are-britons-returning-normal-coronavirus-concern-rises-again>

² Shielded Voices: hearing from those most in need, The King's Fund – 26 May 2020 <https://www.kingsfund.org.uk/blog/2020/05/shielded-voices-covid-19>

³ Healthwatch 'Because we all care' – 8 July 2020 <https://www.healthwatch.co.uk/news/2020-07-08/help-health-and-social-care-services-recover-covid-19-becauseweallcare>

⁴ https://www.hsj.co.uk/expert-briefings/the-integrator-time-to-unmute-the-patient-voice/7028054.article?mkt_tok=eyJpIjoiTXpGbU5URXIOV0prWIRoayIsInQiOiJFNlgwdHdiZkc3cnVPTlJxR2tQb3NscXU1MmkwXC9Ha0J5WDVVeKlRU21DdmQ0WUVDXC9nQ1lkYmRQVWV5a1FSaEZRNFMT1Q0K21FZWRL2Z6bJHXC9PaClTjN0NkNFZ3I1RFwvK0Y1TW4wQWx2U0NqUU1XUmQxbWtxQ0xuODF5Zk1uIn0%3D

Reviewing our relationships and partnerships with the voluntary, community and charity sector will be an important next step in developing our plans.

We recognise these challenges and opportunities require a different mindset for consultation planning and we have reviewed our proposed activities, channels, and materials to ensure they adapt to the 'new normal'.

Implementation of this plan will be overseen by the communications and engagement workstream of the East Kent transformation programme on behalf of the Kent and Medway Clinical Commissioning Group. The plan will be formally shared with the Kent and Medway Joint Health Overview and Scrutiny Committee, and Healthwatch Kent, for their comment before being approved by the Sustainable Healthcare in East Kent Committee and the Kent and Medway CCG Governing Body prior to launching the consultation.

EU Exit

In addition to the uncertainties generated by COVID-19, we are aware the transition period following the UK's exit from the European Union comes to an end from the beginning of January 2021. While the exact details of any final agreements with the European Union have yet to be finalised, we are aware that there are concerns about the impact on Kent, especially around road and traffic congestion. Again, this may lead to attention and resources being diverted from consultation activity. We should also consider public perceptions and concerns about the impact of these scenarios on our ability to consult effectively. To address this, our engagement and activity planning will also take account of the practical implications of any emergency response, especially in relation to travel and transport.

Local elections 2021

We are aware that local elections are expected to be held on 6th May 2021 for English local councils, thirteen directly elected mayors in England and 20 police and crime commissioners. In March 2020, the government announced that elections scheduled to take place on 7th May 2020 would be delayed for a year in response to the COVID-19 pandemic. This postponement was legislated under the Coronavirus Act. The seats up for election are those contested in 2016/17.

The Cabinet Office issues strict guidelines for all public bodies during the run-up to local elections. During this time, specific restrictions are placed on the use of public resources and the communication activities of public bodies such as NHS organisations. This pre-election period – often referred to as 'purdah' - is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. We will follow these guidelines along with other NHS organisations across the country. Should our consultation fall within the 'purdah' period, we have plans to adapt our consultation activity to respect these guidelines, including extending the consultation period, phasing public-facing activity appropriately and pausing proactive engagement and involvement activity during the pre-election period, thus ensuring that our consultation is as thorough and robust as possible. We will be clearer on this nearer the time once more pre-election information and guidance has been issued but are confident that sufficient contingency and flexibility has been built into our plans to allow us to respond appropriately.

2 Consultation scope

The consultation will focus on two shortlisted options for reconfiguring acute hospital services in east Kent, including proposals for changing:

- specialist services
- emergency care
- complex inpatient care (which is dependent on the above)
- low risk inpatient planned surgery, and
- midwife-led maternity services.

The proposals for change are set within the context of related plans to improve Local Care services (e.g. general practice and community-based services) to provide more day-to-day health services and care away from acute hospitals.

A full list of services affected will be part of the consultation materials. The hospital services affected by these proposals are part of East Kent Hospitals University NHS Foundation Trust (EKHUFT) and provided across three acute sites: William Harvey Hospital (Ashford); Kent and Canterbury Hospital (Canterbury); and the Queen Elizabeth The Queen Mother Hospital (Margate).

We know that people want to hear and comment on how improvements to care and services provided outside of hospitals such as ambulance services, general practice, NHS community services and social care services would be delivered to support the hospital based changes. Information on this will be provided during the consultation and comments sought.

Section 6 provides more information on how we are developing the specific questions for the consultation questionnaire.

2.1 Geographical scope

In geographical terms, the consultation will cover the four former clinical commissioning group areas in east Kent (Ashford; Canterbury and Coastal; South Kent Coast; and Thanet). All eight former clinical commissioning groups (CCGs) in Kent and Medway came together to form NHS Kent and Medway Clinical Commissioning Group on 1 April 2020.

There are no significantly large flows of patients into east Kent for day-to-day hospital services; however we will ensure neighbouring areas are informed about the proposals and residents in border areas who may use East Kent Hospitals' services are invited to respond to the consultation.

In addition, East Kent Hospitals provide some regional specialist services, with residents from other parts of Kent, Medway, Surrey and Sussex either travelling to the hospitals in east Kent or receiving care at satellite centres run by East Kent Hospitals' services affected by the proposals.

These include:

- haemophilia outpatient services
- inpatient renal services
- specialist cardiac services (primary percutaneous coronary intervention [PPCI])
- neuro rehabilitation services
- some vascular services, dependent on the outcome of a separate consultation to create an interim arterial centre for Kent and Medway by summer 2021.

We will target users, and patient groups representing users, of these specialist services as part of our consultation activity to inform them and to make sure they have an opportunity to comment on the proposals.

3 Consultation approach

3.1 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement as part of our obligations and legal duties under:

- The five tests for service change laid down by the Secretary of State for Health and Social Care
- The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
- The Equality Act 2010

In addition to meeting statutory duties, our plan has been developed with sufficient flexibility to ensure we can adapt to the uncertainties that COVID-19 brings. Discussions with stakeholders and our own review of activity and emerging thinking about consulting and engaging post-COVID means we will particularly:

- exploit and expand digital and online engagement
- focus on how to engage with the digitally excluded

ensure we make significant effort to engage with those who are seldom heard, including any new groups such as shielded patients (under COVID rules) who may find their usual ways of engaging in community discussions restricted. We will use trusted channels and effective networks such as those found within the community and voluntary sector to reach these audiences and well as commissioning specific, focussed research during the consultation period.

3.2 Consultation principles

The principles set out below underpin our consultation plan and have shaped the content and activity being developed and our approach to evaluating the results. More detail on each principle is provided in appendix A.

- Consulting with people who may be impacted by our proposals
- Consulting in an accessible and flexible way
- Consulting well through a robust process
- Consulting collaboratively
- Consulting cost-effectively
- Independent evaluation of feedback.

3.3 Consultation aims and SMART objectives

We will deliver a formal public consultation in line with best practice that complies with our legal requirements and duties. We will also reflect the circumstances and restrictions imposed by the ongoing response to COVID-19. Our aims for the consultation are to:

- raise awareness of the public consultation and how to contribute across all affected geographies

- collect views from the full spectrum of people who may be affected – including a wide range of staff and professional groups, patients, carers, stakeholders, and the public - gathering feedback from individuals and representatives
- ensure we use a wide range of methods to reach different audiences including activities that target specific groups with protected characteristics and seldom heard communities
- ensure those methods reflect the physical and attitudinal changes to consultation and engagement as a result of the COVID-19 pandemic
- explain how the proposals have been developed and what they could mean in practice, so people can give informed responses
- ensure that we preserve the integrity and legality of the consultation to the best of our ability should COVID-related circumstances threaten to undermine, or derail planned activity
- meet or exceed our reach target within the timeframe and budget allocated
- consider the responses and take them into account in decision-making, with sufficient time allocated to give them thorough consideration.

SMART objectives

Specific, measurable, achievable, realistic and time-bound (SMART) objectives are key to ensuring that communications and engagement activity can be accurately assessed and measured. This is particularly important within the context of consultation activity where the results of our work will inform the development of the decision-making business case and play an integral part in the assurance process.

Our SMART objectives for the consultation are:

SMART objective	Measure/assessment
<p>Target for reach - Informing a minimum of 14,000 people about the proposals during the consultation period with 2000 direct engagements</p>	<p>To be achieved through activity set out within this plan (outputs) and evaluation of social media, media, research, face-to-face and virtual events, focus groups, letter box drops etc</p>
<p>Target for responses – 2000 separate responses to the consultation</p>	<p>Collecting a minimum of 2000 responses to the consultation (including surveys, focus groups, emails, social media interactions, phone calls, letters, comments at events)</p>
<p>Focus on demographic ‘hot spots’ e.g. groups and areas that have a higher reliance on/likelihood of being impacted most by the proposed changes to health services will have the opportunity to engage and respond during the consultation period.</p>	<p>Informed by the programme’s Integrated Impact Assessment, this will be achieved by working with partner organisations involved in the programme as well as Healthwatch, local patient groups, community networks and outreach activity to seek out opportunities to engage and consultation responses. Assessment will be through demonstrating opportunities to engage and feedback received</p>

SMART objective	Measure/assessment
	from identified groups and areas.
<p>Protected characteristics, seldom-heard/hard-to-reach groups – targeted engagement work through focus groups, surveys, links with local networks to demonstrate that all protected characteristics are represented within the consultation feedback, and that seldom heard voices are represented in the consultation responses.</p>	<p>Activity will be based on information drawn from the Equalities Impact Assessment as well as existing intelligence and information from Healthwatch and its groups and networks as well as local commissioners and providers. Assessment will be through demonstrating opportunities to engage and feedback received from identified groups.</p>
<p>Staff involvement - ALL affected staff have the opportunity to complete a survey/access information on the proposals or join an event during the consultation period.</p>	<p>Using a variety of appropriate channels (as set out within this plan) to ensure all staff have the opportunity to feedback. Assessment will be based on the opportunities to engage and responses received from NHS staff in east Kent, and/or their representatives.</p>
<p>Patients, families and carers involvement - ALL patients in affected services, their families/carers have the opportunity to respond to the consultation.</p>	<p>Using a variety of appropriate channels (as set out within this plan) to ensure all affected patients, their families/carers have the opportunity to respond to the consultation. Assessment will be based on the opportunities to engage and responses received.</p>
<p>Stakeholder attitudes – the East Kent Transformation team will deliver proactive, effective and positive engagement with key groups and influencers during the consultation period.</p>	<p>Positive attitude feedback from at least five different stakeholder groups by the end of the consultation period, to include: voluntary and community sector, democratic representatives, patient representatives (e.g. Healthwatch/PPGs/other patient fora), clinical/staff representation or group.</p>
<p>Delivery within an agreed budget</p>	<p>TBC once amount is agreed/identified.</p>

4 Target reach

Our consultation plan and the activities it outlines will ensure that we consult with a representative sample of the population potentially affected by the proposals and that we undertake dedicated activity to collect views from representatives of all nine protected characteristics under equalities legislation. We will deliver targeted engagement activities to reach individuals and groups which represent people with these characteristics.

As set out in our SMART objectives above, the target for reach will be a key measure of success in our evaluation of the consultation. We are setting two key targets based on previous experience of planning and delivering consultations; one for informing people about the proposals/consultation (minimum of 14,000 with 2,000 direct engagements) and one for actual

responses (2,000). The targets have been set to balance informing people and collecting a wide range of responses with delivering a cost-effective consultation within a proportionate budget.

Following desk research across a range of recent consultation plans on similar reconfigurations, it is evident that setting SMART objectives does not appear to be standard practice. However, we believe SMART objectives should sit at the heart of any robust consultation plan to ensure we can measure and evaluate the effectiveness of our activity. The SMART objectives in this plan have been developed based on wide-ranging experience as well as the consultation activity during the acute stroke services review across Kent and Medway in 2018 where the consultation plan was commended by the JHOSC⁵.

The quality of feedback, and ensuring it comes from a representative group of the population, is as important as the overall quantity of responses. Provided we reach a representative group we can be reassured that we will capture a full range of significant views, ideas, issues, and concerns.

4.1 Informing people

Our objective is to ensure a minimum of two percent of the east Kent population has been informed about the consultation proposal. The total registered population of east Kent is circa 700,000; so two percent is 14,000. This is the target to reach people with information about the consultation (e.g. directly through engagement activity, through social media, traditional media, paid-for advertising etc.).

It would be possible to hit this target purely with 'paid for' advertising in print and broadcast media and social media. However, it is also important that people hear about the proposals through direct engagement (through virtual, face-to-face, and one-to-one activities) which allow them to ask questions before giving their views. As such, within our target for informing people, we are also setting a sub-target to have a minimum of 2,000 direct engagements. Section 7 of this plan outlines our planned activity to reach this target, including public and staff meetings/focus groups, street surveys and telephone surveys.

4.2 Responses

Our target is to collect 2,000 responses that can be considered as part of the consultation analysis. This would include all comments which express an opinion on the issues being consulted on. They may be comments made, for example, by people attending consultation events (virtual and physical), completed formal questionnaires, emails and letters, social media comments, and phone calls to the consultation line.

5 Stakeholder mapping

Through our pre-consultation engagement work we have identified and worked with a wide range of stakeholders. We have grouped our stakeholders into eight categories with detailed sub-groups within each category:

Our consultation audiences

⁵ <https://kentandmedway.nhs.uk/stp-workstreams/stroke/july-jhosc-update/>

Patients and public	Staff
<ul style="list-style-type: none"> • East Kent residents • EKHUFT patients/service users and carers – including those in border areas to the east Kent catchment (see below) • KMCCG’s Patient and Public Advisory Group or successor group/forum • Patient and carer support groups • Voluntary, community and local business groups including Kent Stronger Communities • Healthwatch Kent • Healthwatch Medway • Those who are seldom heard • Protected characteristics groups (under equalities legislation) • Campaigners (groups and individuals) • EKHUFT governors and membership • Other NHS Foundation Trust governors and membership • CCG local health/engagement networks • GP patient participation groups • Patients and carers, and/or their representative groups, who use county-wide specialist services provided by EKHUFT and live outside the east Kent area (see below) 	<ul style="list-style-type: none"> • EKHUFT (inc. trade unions) • Community Trust - KCHFT • Ambulance Trust - SECamb • Mental Health Trust - KMPT • Commissioners – KMCCG and NHSE Specialised Commissioning team • General Practice (inc. Primary Care Network clinical directors and primary care teams) • Local authority (inc. social care and public health teams)
Elected representatives (east Kent and bordering areas)	Regulators/scrutiny
<ul style="list-style-type: none"> • MPs • Joint HOSC (Kent and Medway) • County Councillors (Kent and Medway) • District/City Councillors • Parish/Town Councillors 	<ul style="list-style-type: none"> • NHS England & NHS Improvement • Care Quality Commission • Healthwatch Kent • Healthwatch Medway • Joint Health Overview and Scrutiny Committee • Joint Health and Wellbeing Board
System leaders	Clinical experts and professional bodies
<ul style="list-style-type: none"> • EKHUFT Board • Kent and Medway CCG Governing Body • East Kent Integrated Care Partnership development board • Provider Trust Boards (community, 	<ul style="list-style-type: none"> • South East Clinical Senate • Kent Local Medical/Dental/Pharmacy Committees • Royal colleges • Academic Health Science Network

<ul style="list-style-type: none"> mental health, ambulance) • Kent and Medway STP/emerging ICS • Kent County Council executive team • District council executive teams 	<ul style="list-style-type: none"> • Kent Medical School/universities
<p>Media</p>	<p>Out of area stakeholders</p>
<ul style="list-style-type: none"> • Local and regional newspapers, radio, TV and online • Trade press • National press 	<ul style="list-style-type: none"> • EKHUFT patients living outside east Kent • Residents of neighbouring CCGs • Staff of neighbouring CCGs • MPs and councillors in neighbouring areas • Governing bodies and boards of CCGs and providers in areas neighbouring east Kent

In addition, to the patient and public stakeholder groupings identified above, an Integrated Impact Assessment carried out as part of the east Kent transformation programme’s pre-consultation phase has identified there are several protected characteristics and other vulnerable groups which have a disproportionate or differential need for the hospital services under review. These groups are:

- Children and young people (under 16s and those aged 16-24)
- Older people (65 years and over)
- People with a disability
- Gender reassignment
- Pregnancy and maternity
- Race and ethnicity
- Sex
- Sexual orientation
- People living in deprived areas.

There will be targeted engagement activity during the consultation to get feedback from these groups.

Our consultation activity plan (appendix C) details our strategy for engaging different audiences. For all audiences, we will encourage them to respond with their own views and to help us promote the consultation by cascading information through their own networks. In light of the COVID-19 pandemic this approach becomes increasingly important; where groups and networks have trusted and effective channels in existence, as well as effective new methods to continue communicating and engaging on issues, we should seek to maximise their help in getting information to target groups.

6 The consultation questions and document

There will be a formal questionnaire as part of the consultation, although letters and other open comments will be welcome. We will be asking people for feedback covering:

- people’s views on centralising specialist services

- people's views on separating low risk elective inpatient surgery from emergency and higher risk surgery
- the specific proposals set out in Option 1 and Option 2
- the potential impact (positive or negative) of the proposals on patients, relatives, carers and staff
- the potential impact (positive or negative) of the proposals on wider services outside of hospitals
- how far people think the proposed changes help to embrace the opportunities and address the challenges set out in the case for change
- whether there is further evidence, insight and ideas that have not been considered.

The specific questions to be asked in the consultation are being developed in partnership with the Kent and Medway Patient and Public Advisory Group and an independent research/engagement organisation to ensure we design clear and non-leading questions. There will be a mixture of ranking style questions, asking people how strongly they agree or disagree with specific points plus open questions with a free text response.

It will be clearly stated that we are not asking people to choose their preferred option; but we will record it if people do so. Naturally, neither of the proposed options will appeal to everyone, and there will be lots of different views about which is best, and what alternatives we might consider.

The results of consultation are an important factor in health service decision-making, and one of a number of factors that need to be taken into account. Information, views and feedback are vital in helping to shape the future of services and are considered alongside clinical and other evidence and best practice.

Before the GPs and other clinicians on the governing body of NHS Kent and Medway CCG make the decision about which proposal to implement, they will consider a wide range of factors including the responses to our consultation. Other factors will include what the clinical evidence shows will deliver the greatest improvements to care, how services can be safely staffed for the long term and which proposal offers the best value for money. Their decision will be based on information that demonstrates which changes offer the greatest improvements for the greatest number of people in east Kent and those in border communities using east Kent services.

6.1 The main consultation document

In line with best practice criteria for consultation documents, our main consultation document will include:

- the objectives of the consultation
- details of how people can contribute to the consultation and how feedback will be used
- details of how patients and the public have been involved so far
- a balanced view of why service improvement is required, setting out both potential benefits and disadvantages
- details of the proposals with relevant, clear and transparent information
- details of the specific options for change and the implications of no change, with pros and cons for each option
- a set of key questions to guide responses
- email, freepost address and telephone contacts for responses
- contact details for a consultation team who will respond to questions, complaints or comments about the consultation process

- a list of the partners leading the consultation
- the dates of the consultation period (start and finish).

In addition, the consultation document will be:

- written to be as concise and accessible as possible, using jargon-free simple language
- widely available in printed format free of charge
- available online through the consultation website (and linked to from EKHUFT and other partners' websites)
- available online in large print and as an 'easy read' summary
- available in other formats and languages on request.

We will test the draft document and other consultation materials with our Patient and Public Advisory Group or any successor group or forum to ensure content is clear and understandable to people with no prior involvement in the proposals.

7 Consultation activities and materials

Our consultation activities have been designed to reach and collect feedback from a broad range of audiences through a mixture of channels. How people want to participate in public consultations varies widely, and we must offer different ways for people to participate.

Our plans take account of people having varying levels of interest and prior involvement in the proposals. Some will have been actively involved in the proposals through work to develop the original east Kent case for change or developing and assessing the options. Others will find out about the plans for the first time through the formal public consultation.

All consultation activity has been developed to work with the restrictions and changes brought about by COVID-19. Much of the previously proposed activity has been adapted to address social distancing and lockdown constraints, however simply shifting to remote or online engagement does not work for every group or audience. The 'digital divide' means any overreliance on technology risks some groups becoming even more 'seldom heard'. We know that areas with higher levels of deprivation will be less likely to engage digitally and may be restricted because of low bandwidth or lack of data. Similarly, some older people don't want to engage through digital methods (whilst others do). Post-pandemic, the importance of printed materials has increased as has the use of postal services to reach people. We have developed a plan that exploits and expands digital and online engagement whilst focussing on how to effectively engage with the digitally excluded.

7.1 Engagement activities

(locality numbers refer to the former east Kent CCGs prior to the CCG merger in April 2020)

Engagement activities	Frequency, numbers, format
Affected hospital services	We will work directly with specific services affected by the proposals to promote the consultation to their patients. The impact of COVID-19 means that we are unlikely to be able to do this directly (within waiting areas for example) but we will proactively write to patients encouraging them to get involved in the consultation. We will make flyers available for hospital waiting areas, highlighting where printed

Engagement activities	Frequency, numbers, format
	and virtual consultation documents and resources can be found.
Public events	<p>Government guidelines on social distancing as well as public confidence in attending events means that we have revisited the scope and number of public events in our consultation plan. We think it is unlikely that we will be able to safely run ‘town hall’ style sessions with a large number of attendees at present and are, instead planning for a mix of virtual events as well as some, smaller, face-to-face sessions on specific areas covered by the consultation – looking at services or examining areas of concern such as travel and access.</p> <p>The flexibility offered by online and digital channels means that it will be easier to respond to additional demand for meetings (provided representatives are available) than it would be to host additional physical meetings. We anticipate our public events will include:</p> <ul style="list-style-type: none"> • Physical public meetings – where possible and adhering to social distancing guidelines. We are looking at offering eight public events - two in each former CCG area, one in the daytime and one in the evening – in venues where social distancing could be maintained. Numbers would be limited with attendees required to register in advance. Individuals would not be able to attend more than one event to ensure that as many different people as possible have the opportunity to attend. • Online public meetings – ‘bite-sized’ Zoom forums on service/subject-specific issues to maximise engagement • Virtual ‘drop in’ exhibition with ability to gather information on the proposals and give comment on them. <p>Details of all events will be available on the consultation webpages and publicised through media, social media and other channels.</p>
Street surveys	<p>300 target – Surveys will be undertaken to collect feedback from seldom heard and protected characteristic groups. Rural and deprived area focus. Structured discussion to capture responses. Should there be insufficient inhouse capacity to undertake this work we will commission a specialist independent agency to take forward the surveys. In light of COVID-19, surveys will focus on areas with higher levels of footfall, even during lockdown e.g. supermarkets, pharmacies and post offices.</p>
Focus groups	<p>10-12 events - Dedicated events with up to 10 recruited attendees per event. Structured presentation and discussion with specific remit to collect feedback from patients, carers and relatives of services affected and seldom heard / protected characteristic groups. We recommend this work is commissioned from an independent specialist agency.</p>
Telephone surveys	<p>750 – 1000 target - Structured discussions to capture responses from a representative sample of the target population. To be commissioned from an independent specialist research agency and</p>

Engagement activities	Frequency, numbers, format
	targeting specific groups identified in the integrated impact assessment. Telephone surveys will be particularly useful in the event of localised or general lockdowns, with heightened interest in local and national NHS services meaning that more people will be inclined to respond to a researcher. We will flex this work to respond to the wider circumstances during the consultation period and use this method to get responses from as wide a range of respondents as possible.
Patient / community group visits and online events	Attending by invitation and where feasible existing meetings of established patient / community groups. Structured presentation and discussion.
Hospital site roadshow / display stands	A display to rotate around main sites/services during the consultation period to engage patients and hospital staff.
EKHUFT staff events	Internal communications team to co-ordinate staff events, information provision, and discussions for affected services/sites.
CCG staff events	KMCCG communications team to co-ordinate internal events, information provision, and discussions.
South East Coast Ambulance staff events	Internal communications team to co-ordinate internal events, information provision, and discussions.
Other NHS providers staff events	Internal communications teams to co-ordinate internal events, information provision, and discussions.
County and district council staff	Internal communications teams to co-ordinate internal events, information provision and discussions.
Councillor and MP briefings	Presentations to existing meetings, JHOSC, HWB, Offer of briefings to council meetings at county and district/city level (in addition to formal updates to JHOSC). Parish/town council presentations on request. 1-2-1 and/or group briefings for MPs. All of these can be offered virtually and if, possible, we will in addition look at ways of doing some of these on a face-to-face basis.
Online webinars / chats	We will explore options for a series of targeted live online discussions providing opportunities for staff, members of the public, and partner organisations to discuss the proposals with key clinical / executive leaders of the programme.

7.2 Staff engagement

The proposals we will be consulting on affect a wide range of staff and professional groups and we will ensure that all voices from 'board to ward' are heard. All staff across health and social care will be asked to feedback into the consultation through the main survey and contact points, rather than having a staff specific survey. We will ensure that a variety of methods are available, recognising both the restrictions and opportunities of COVID-19 to do things differently.

We have made a commitment to staff who may be affected by the proposals that they will hear about them through us first. This is vital if we are to show consideration and respect to our staff. This builds on our approach prior to consultation, involving staff in the design and development of the proposals and keeping staff updated throughout.

Staff are also often local residents, patients, and carers, with the same concerns as other members of the public about health and care services. It is essential that they are aware of and engaged about the consultation and have the opportunity and means to tell us what they think.

In advance of the consultation launch, staff who may be affected by the proposed changes will be briefed on the proposals and options for consultation, and made aware of the opportunities to attend briefings (face-to-face and virtual) to discuss the proposals and give their views. It should be noted that at this stage the individual impact for staff and 'what this means for me' will not be known in detail (not least as no decisions on the future shape of services have yet been made). This public consultation is not a substitute for any employer/employee consultation on job roles and shouldn't be seen as such. However, the potential for uncertainty and concern amongst staff is noted and every effort will be made to provide as much information as possible to staff so they can feedback their views on the proposals, as well as to listen to and answer questions to the best of our ability that staff may raise.

Following the launch of the consultation, our staff engagement approach will include the following activities:

7.2.1 Staff events

Events/briefings (virtual and face-to-face where possible) for health and social care staff, including hospital teams, GPs and their practice staff and primary care teams, ambulance, community, public health and social care teams.

The aims of the events will be to:

- provide detailed information and to answer questions which enable people to make a considered response to the consultation
- gather rich feedback on benefits, concerns, issues and potential mitigations
- explain the proposals and enable leaders and clinicians to be questioned and to understand the balance of opinion by exploring views on the options.

7.2.2 Line manager support materials

We will provide line managers/team leaders with a range of briefing and support material about the consultation so they can speak with confidence about the proposals during team and one-to-one meetings.

7.2.3 Existing internal communications channels

Intranets, newsletters and bulletins, staff briefings and existing meetings and fora will all be used to engage with staff.

The communications and leadership teams in provider organisations will be responsible for this activity, using materials developed by the programme team. The programme team will contact and distribute materials to GP practices, via practice forums and promote the consultation via existing bulletins to GPs and their practice staff. We will also seek to work through existing networks to reach wider primary care teams and independent contractors such as dentists, pharmacies, and opticians.

7.3 Consultation materials

7.3.1 Accessible and inclusive consultation materials

We will endeavour to prepare all our public facing consultation materials in simple jargon-free language. We will continue to work with patient and public representatives (including CCG lay members, CCG patient forum members and others) as part of our drafting and testing process to make sure materials are clear and easy to read.

An exception to note will be the technical content of the detailed pre-consultation business case. Whilst this will be a publicly available document, it is a technical document for an informed audience and parts of it may not be easily digestible for the general public. If people raise questions about the content of the PCBC we will endeavour to explain specific points in simple terms as part of responding to correspondence during the consultation.

Produce an ‘easy read’ summary consultation document and response form

This nationally recognised scheme uses words and pictures to effectively communicate with people with learning disabilities. It can also be helpful for those people who don’t have English as their first language. We will produce a summary consultation document in this format, commissioned from an accredited provider of ‘easy read’ materials who will test the material with an appropriate user group to ensure it is understandable. This document will be cascaded through our voluntary community sector contacts, sent or taken to relevant focus groups and meetings, and will be available online.

Visual and hearing impairments

A plain text large print version of the consultation document will be published online. Printed copies will be provided on request. The plain text document will meet the requirements for text readers to support people with more significant visual impairments. Braille and audio versions of the main consultation materials will be made available on request.

We will commission a British Sign Language video to summarise the proposals and explain how deaf people can get full details and respond to the consultation.

Foreign language translation and interpreting

We are aware that not everyone speaks English and will offer a translation/interpreting service on request. This will be noted on the back of key documents in the 10 top languages across the area.

7.3.2 Summary of materials

Materials	Frequency, numbers, format
Core documents	
Main consultation document	Content and format to be developed with patient and public representation and in discussion with members of the JHOSC, Healthwatch and NHS England
Summary leaflet	Short A5 document explaining core points of the proposals and consultation, providing links to further materials and events, and encouraging responses

Flyers	Flyers for easy and effective distribution will be an important element of our consultation collateral, used across a wide range of audiences and locations. They will publicise the consultation and signpost to more information and how to respond.
Questionnaire	Questions to be developed in discussion with Patient and Public Advisory Group (or successor group or forum) and with support from expert external advisors There will be online, printed and easy read options of the core response questionnaire
Alternative formats	Easy read version of summary leaflet published online, and links cascaded to stakeholders Large print copy of consultation document and leaflet published online, and links cascaded to stakeholders British Sign Language video summary of the proposals Translations of specific documents on request Other alternative formats developed on request
Material for online / public events	
Consultation webpages	Dedicated section of KMCCG website linked from NHS trust and partner websites. Providing all relevant documents, details of public meetings, feedback options, news updates, questions and answers, patient scenarios etc.
Videos	Selection of videos covering overall proposals and service specific impacts. Interviews with key clinical and other spokespeople, patients and carers to help engage our target audiences, disseminate key information, share understanding and encourage responses to the consultation.
Animation	Short animation with summary of overall proposals and encouraging people to find out more and respond.
Digital display screens	Slides for display on digital screens in waiting areas at hospital and GP surgeries. Potential use of videos/animation depending on format.
Presentations	Range of presentations for delivery at public events, focus groups, council meetings etc.
Frequently Asked Questions	Initial list for consultation launch. Additions added to website during course of consultation. Service specific FAQs in addition to overall plans.
Service specific factsheets/infographics	Individual factsheets / infographics to explain impact on specific services e.g. maternity, paediatrics, A&E, planned operations.
Printed display material	
Pop-up banners	For display at hospital sites and use at events
Posters	For display at hospital sites, GP surgeries, libraries, town halls, job

	centres etc. Full list of distribution to be confirmed following further review of opportunities with private organisations such as supermarkets.
Drinks mats	Targeted use of paid advertising in pubs using printed drinks mats to highlight the consultation dates and where to find details. This approach was suggested by PPAG members during the initial development of this consultation plan, as an innovative and effective way to reach younger audiences who are more difficult to engage in consultation through more traditional methods. It was also felt that this approach might be an effective mechanism to reach seldom heard communities in areas of deprivation, for whom, pubs play a central role in the life of their community We recognise that this may not be as effective if there is another general or local lockdown that affects local pubs and hostelrys and will review the potential use of this product nearer the time, however it is a relatively simple tactic to bring to life and lends itself well to media and social media activity.
Pharmacy bag advertising/inserts	Targeted use of paid advertising in pharmacies using printing on prescription bags or flyers to insert. Selective use to reach people from seldom heard communities in areas of deprivation. In a lockdown scenario this could be extended to encompass bigger swathes of the population.
Coffee cup holders	Targeted use of paid advertising, recognising that as lockdown eases, many cafes and food outlets have responded with a new focus on takeaway services to attract customers.
Staff pay slips	Flyers to attach/insert messages in EKHUFT payslips and / or printed message inside payslips.
Social media	
Free	Regular promotion through social media accounts of the CCG, hospital trust and other partners to promote key messages and encourage responses to the consultation.
Paid for adverts and post boosting	We will develop a costed plan for regular adverts and post boosting through Twitter / Facebook over the course of consultation. Targeting audiences by geography and demographics.
Partner/stakeholder publications	
Articles for editorial in local publications	Series of articles to send to existing publications including council (county, district, town/parish) newsletters and magazines, CCG health networks, NHS trusts, GP Patient Participation Groups, Healthwatch, voluntary sector etc
Adverts in local publications	If free editorial is not possible in key publications, we will consider paid adverts based on cost vs audience reach.
Paid media advertising	
Newspapers	Series of adverts across east Kent titles through consultation period.

	Highlight key proposals and ways to find out more and respond.
Radio	Advert on east Kent stations repeated at times throughout the consultation. Highlight key proposals and ways to find out more and respond.
Pubs and pharmacies	See information in “printed display material” section.
Media releases / interviews	
Print, online and broadcast media	Series of proactive releases and broadcast interviews during the consultation to raise awareness and encourage feedback. Reactive responses to media queries provided throughout the consultation.

7.4 Media approach

We will work proactively with the media during the consultation. East Kent and surrounding areas have a diverse range of media outlets, from ultra-local publications to wider Kent and Medway focussed news outlets. All are important in shaping and reflecting public perception and reaction to health and care changes. We will work with them to communicate key messages for the consultation and to signpost more detailed information to the population of east Kent and wider in Kent and Medway. We will identify appropriate editorial and advertorial opportunities.

We will issue regular media releases throughout the consultation period to local newspapers, local radio and community magazines (including newsletters produced by residents’ associations, parish, borough and district councils, community, faith and voluntary groups etc).

During the consultation we will adhere to the following key principles for working with the media:

- Establish a media programme of promoting case studies, inviting journalists to events and facilitating interviews with key clinicians involved in the development of the proposals
- Provide clinical spokespeople wherever possible to explain the reasons for change and our proposals, (supporting them appropriately in this role)
- Work closely with local journalists and ensure they are fully briefed on the reasons for the consultation and why local clinicians believe the proposals for change will improve services and meet the challenges and opportunities described in the case for change
- Invite members of the media to all relevant engagement events and meetings, to maintain transparency throughout the process
- Work with communications teams at all partner organisations to make sure messages are consistent
- Respond to all media enquiries in a timely and helpful manner
- Regularly monitor the media and ensure that inaccurate information about the consultation and proposals are rebutted
- Evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

We will use a mixture of submitting editorial content/media releases to get free coverage and some paid for advertising where this is felt to be cost effective.

The media audiences we will target with information about the consultation include:

- All local newspapers
- Professional journals such as Health Service Journal, Pulse, Hospital Doctor, Nursing Times, Nursing Standard and GP magazine

During the consultation period, we expect extensive reactive media work. We will also seek to ensure that messaging on the wider aspects of improving local care are covered alongside responding to issues focused on the hospital service options – so that we are telling the ‘whole story’ for patients, carers and the public.

7.5 Activities and materials for audiences outside East Kent

EKHUFT provides some regional specialist services, with residents from other parts of Kent, Medway, Surrey and Sussex either travelling to the hospitals in east Kent or receiving care at satellite centres run by EKHUFT services affected by the proposals.

These include:

- haemophilia outpatient services
- inpatient renal services
- specialist cardiac services (primary percutaneous coronary intervention [PPCI])
- neuro rehabilitation services
- some vascular services, dependent on the outcome of a separate consultation to create an interim arterial centre for Kent and Medway by summer 2021.

Engagement activity to reach patients and carers/relatives for these regional services will be delivered directly through the services with a mixture of written information and members of the consultation team attending services to carry out structured interviews/surveys, where it is safe and appropriate to do so. We will use service-specific factsheets to ensure people are clear how the options affect the regional services and what the proposals would mean for them.

We will write to key stakeholders including MPs, council representatives, primary care leaders and Healthwatch in areas outside of east Kent from which patients use EKHUFT’s regional services. We will provide information about the consultation and invite them both to respond and to cascade information to their local networks. Face-to-face and virtual meetings and briefing sessions will be offered on request.

8 Distribution channels

We will distribute a range of consultation materials using online and physical channels to meet the varying preferences of our target audiences and stakeholders; balancing the need to make hard-copy materials available with our usual ‘digital by default’ approach and delivering a cost-effective consultation.

We have reflected on the constraints of the pandemic in distributing materials to people. We can no longer rely on a broad range of touchpoints (libraries, GP surgeries, schools etc) seeing high levels of footfall or even being available as an outlet for consultation information. Instead we have considered where contact points exist for people even when the most rigorous social distancing measures are in place. Essential services such as supermarkets, food shops, pharmacies, and post offices all offer opportunity to engage and offer information to people. This can be achieved

with stalls, posters, information tables and boards. With supermarket home deliveries on the rise, we will explore the opportunity to include flyers with shopping deliveries. We are also looking for more domestic or residential communal areas such as mail tables and post areas within tower blocks and apartment buildings as well as leaflet drops and mailshots to targeted postcodes and groups.

We will use direct distribution by the central consultation team as well as requests to a wide range of partners and interested groups to cascade information through their own networks. Given the above, our approach will be balanced using the full range of different channels of communication: face-to-face activities, digital and news media. We hope this will ensure that all people are able to get involved in a way that best suits them.

8.1 Digital distribution

Channels	Materials
<p>Websites</p>	<p>We will use a section of the Kent and Medway CCG website as our online consultation hub.</p> <p>Content for the east Kent transformation programme has to date been hosted on the Kent and Medway STP website www.kentandmedway.nhs.uk/eastkent. This page will be redirected to the relevant page on the KMCCG website for the duration of the consultation.</p> <p>The online consultation hub will host all consultation information in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It will also include an events diary and document store including the more technical PCBC document and appendices.</p> <p>The EKHUFT website will include a page with details of the consultation and links to direct people to the relevant page on the KMCCG website. Other NHS and social care partners will also be asked to publish a consultation page linking to the consultation hub. The old east Kent CCG websites will still be live and their ‘Get involved’ pages will have automatic redirects set to take people to our consultation hub on the KMCCG website.</p>
<p>Email bulletins</p>	<p>We will build on our existing e-bulletin for the east Kent transformation programme and issue regular updates through the consultation period. This directly reaches an audience of around 850 key stakeholders and individuals including: all district, town and county councillors, parish council central contacts, MPs, and a wide range of patient and public representatives and voluntary/community groups.</p> <p>Contacts in the hospital trust and partners including Healthwatch Kent and other NHS providers cascade the bulletins on to their wider distribution lists. We will also provide content about the consultation for our partners to include in their own e-bulletins/newsletters during the consultation.</p>
<p>Social media</p>	<p>Twitter and Facebook will be used to keep online stakeholders informed, and to signpost and facilitate discussion, during and after the consultation period.</p>

Channels	Materials
	The STP accounts and the new KMCCG accounts will be the main channels; although links will also be made with accounts run by the hospital trust and other partners. We will use paid advertising on social media to promote the consultation to people in the east Kent area.
Online video	We will produce a series of short videos to support the consultation and these will be available through a YouTube channel and links promoted through our social media account and e-bulletins.

8.2 Physical distribution

Copies of printed materials (main document, summary, posters, display stands etc.) will be made available at physical locations where footfall and contact can be guaranteed.

With all distributions we will include details of how to request further copies as required.

Location type (sites in east Kent)	Materials (per site)
Leaflet drop to targeted groups and postcodes	Flyers – (number tbc)
Flyer inclusion with supermarket deliveries – tbc, idea being explored, subject to agreement	Flyers – (number tbc)
Communal areas of tower blocks and housing estates	Summary leaflet/flyers (numbers tbc) Posters (1)
Supermarkets - tbc	Summary leaflet/flyers (numbers tbc) Posters (1)
Post offices	Summary leaflet/flyers (numbers tbc) Posters (1)
Schools – to be advised	Summary leaflet/flyers (20) Posters (1)
Acute hospitals (3)	Main consultation doc. (no. tbc) Summary leaflet/flyers (no. tbc) Posters (no. tbc) Pop-up banners (4)
Community hospitals/health centres (12 KCHFT, 6 EKHUFT)	Main consultation doc. (10) Summary leaflet/flyers (100) Posters (4) Pop-up banners (1)
General practice (68)	Main consultation doc. (5) Summary leaflet/flyers (50) Posters (2)
Pharmacies (tbc)	Summary leaflet/flyers (25) Posters (1) Pharmacy bag advertising

Location type (sites in east Kent)	Materials (per site)
Libraries (tbc)	Main consultation doc. (10) Summary leaflet/flyers (50) Posters (1)
Town halls (6 = KCC and 5 district/city)	Main consultation doc. (10) Summary leaflet/flyers (50) Posters (2) Pop-up banners (1)
Leisure/sports centres (tbc)	Summary leaflet/flyers (20) Posters (2)
Job centres (tbc)	Summary leaflet/flyers (20) Posters (2)
Children's centres (tbc)	Summary leaflet/flyers (20) Posters (1)
Foodbanks and community stores (tbc)	Summary leaflet/flyers (20) Posters (1)
Citizens Advice (tbc)	Summary leaflet/flyers (20) Posters (1)
Local COVID volunteer groups (tbc)	Summary leaflet/flyers (20) Posters (1)
Clinical Commissioning Group offices (4)	Main consultation doc. (10) Summary leaflet/flyers (25) Posters (4)
Healthwatch offices (tbc)	Main consultation doc. (10) Summary leaflet/flyers (25) Posters (1)
Public consultation events	Main consultation doc. Summary leaflet Pop-up banners

9 Collecting responses

We will provide the following mechanisms for people to respond to the consultation:

- a questionnaire with specific questions about the proposals (print, online and easy read)
- Freepost address
- email address
- phone line/voicemail
- telephone polling
- targeted focus groups

- online and digital meetings and events - including virtual exhibitions; Zoom meetings with key spokespeople on specific areas such as maternity and paediatrics, urgent and emergency care, frailty and planned surgery; social media sessions; and webinars
- physical, face-to-face meetings and events – adhering to social distancing guidelines, hygiene protocols and in locations and venues where people will feel confident about attending
- targeted outreach work through voluntary and community groups and organisations to reach seldom heard audiences and those with protected characteristics.

All feedback, whether verbal or written, will be collected, logged, and considered. Respondents will be encouraged, but not required, to use the main questionnaire.

10 Analysis of consultation responses

10.1 Mid-consultation

Throughout the consultation period we will monitor responses to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity or refocus efforts to engage a specific group/locality.

10.2 Post-consultation

In line with best practice for a consultation of this nature we will commission an independent research/engagement organisation to analyse the responses and produce a non-biased objective report summarising all feedback. The independent report will identify trends and themes from the consultation responses. The Kent and Medway Clinical Commissioning Group will consider the consultation feedback in full and decide what actions need to be taken in response.

The independent organisation will be sent all feedback gathered across all channels, including for example: formal questionnaires, notes from public meetings, individual response letters, social media posts, petitions submitted by campaign groups.

Comments provided to the independent organisation will be anonymised with the exception of social media posts where people have already accepted they are publishing comments attributable to their social media account. Individual responses will also be published as part of the post consultation reports.

11 Impact of consultation on outcomes and decision-making

A public consultation is not a referendum and we will not be asking people to vote for one option or another. What we will be seeking from the consultation responses is to fully understand the impacts (positive and negative) that people believe the proposals will have, to understand issues and concerns and how they might be mitigated, and to provide an opportunity for any additional evidence, data or alternative proposals and solutions to be put forward that would meet the opportunities and challenges described in our Case for Change. Feedback will be used to shape the final proposals and allow us to consider mitigating actions for any concerns that are raised.

Consultation responses will be used alongside a range of other evidence gathered as part of the decision-making process (including clinical, financial, workforce, estate, travel time evidence etc) and any other relevant information which may become available before a final decision. Consultation responses will be used to:

- help decide which option is taken forward

- identify if changes are needed to the option taken forward
- identify actions to progress opportunities to improve / mitigate concerns raised.

This decision-making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'.

After the consultation has closed, and the independent report has been considered by the clinical commissioning group, the consultation team will publish a formal response and activity report for the public consultation. Based on best practice guidance, this report would include the following information:

- Introduction and background
- Review of case for change
- Review of proposed changes
- Number of consultation responses and how many were deemed suitable/usable
- Summary of respondent demographics
- Summary of responses to consultation
 - Summary of responses to the specific consultation questions
 - Summary of themes in responses, including themes not covered by the specific questions
- How the CCG will address concerns
- Link to website where responses can be viewed
- Recap of final decision-making process and next steps.

This report will draw on the independent evaluation of consultation responses report. It will be available online, with printed copies available on request.

12 Measure of a successful consultation

The success of our consultation will be measured against the aims and SMART objectives set out in this plan, including:

- the depth and breadth of responses/feedback on the proposals
- the targets for reach set out in this plan
- feedback from respondents on the process of the consultation, including their views on how the consultation has been conducted within the context of the pandemic
- feedback from JHOSC, Healthwatch and NHS England post consultation
- whether we meet our statutory and legal duties during the consultation.

13 Resourcing plan

To deliver an effective best practice consultation we will commit sufficient resources, including internal staff, specific expertise from external agencies, and a non-pay budget for a range of essential expenditure. The impact of the pandemic must be reflected in the resources that are allocated to this work. Some of the activity we are recommending to 'COVID-proof' our consultation approach will be more expensive than earlier drafts of our plan developed before the pandemic. Additional capacity, resources and attendant costs should work need to pause and re-start at short notice may also incur additional costs. An increase in print budget is an example of where costs might rise, or to increase telephone polling numbers if a local lockdown is experienced during the consultation period for example.

It is recommended that investment is secured so that the process may be run properly, effectively and robustly. An effective consultation will produce rich feedback and insights to improve the overall quality of decision-making and service design, and in turn, the quality of patient outcomes and experience in the future. This approach will not only make sure we meet our statutory duties around involvement and consultation, it will also help mitigate the risk of successful legal or other challenge to the consultation process at a later stage, which then incurs further cost and time delays. It is important to note that consultations tend to be challenged on process which can lead to long delays, potential re-consultation and increased costs. Perhaps most importantly, successful challenge to a programme such as this also has opportunity costs for patients in delays to making improvements to services.

13.1 A dedicated consultation team

Running a public consultation exercise is challenging and requires a core team that has sufficient capacity, is resilient, professional, and ideally consistent to take the programme through from start to finish. This team will consist of health and care leaders, clinical leaders, in-house communications and engagement staff and additional capacity and expertise commissioned from external suppliers. We will build flexibility into the team to reflect the potential for staff to be diverted elsewhere because of the pandemic.

Planning and delivery of the consultation activities/materials will be led by the communications and engagement workstream of the east Kent transformation programme, however, the consultation team will consist of a wider group, additionally including:

- Clinical leaders from CCG and EKHUFT
- Executive and programme leaders from CCG and EKHUFT
- Project management office and administrative support.

13.2 Non-pay resources

Identifying the costs for non-pay materials and resources, ranging from design of, typesetting and printing documents, bulk mail distribution, and advertising, to venue hire and independent analysis of consultation responses is a work in progress. We will use the 2018 stroke services consultation as a realistic benchmark and, factoring in increased costs as a result of changing activity to meet the challenges of COVID-19, arrive at a realistic budget for communications and engagement activity for the consultation.

14 Conclusion

The COVID-19 pandemic has prompted a thorough review of our consultation plans to ensure that they meet the requirements of our changed circumstances whilst also allowing us to deliver best practice and fulfil our statutory consultation duties. We will make the most of appropriate new technologies, methodologies and mechanisms to respond to the constraints of consulting within the 'new normal' as they emerge but we still have effective ways to communicate, engage and consult with a wide spectrum of groups and individuals.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially in light of COVID-19; and will amend our approach as appropriate. Significant changes to the approach, including the need to protect the integrity of the consultation because of COVID-related requirements would be discussed and approved through the programme governance. This would include the Sustainable Healthcare in East Kent committee (SHIEK), recommendations to the Kent and Medway CCG

Governing Body, and briefings provided to the Joint Health Overview and Scrutiny Committee and NHS England and NHS Improvement.

15 Appendix A – Consultation principles and statutory duties

15.1 Our consultation principles

Consulting with people who may be impacted by our proposals

- We will engage people across the demography and diversity of the populations in east Kent (and relevant areas beyond east Kent) to gather a fair representation of views and feedback from groups including; the working population, seldom heard groups, those with protected characteristics, people who have used the services affected (as patients, relatives or carers) and those who may do so in the future.
- 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 monitor responses being received during the consultation period to assess progress on where, how and from whom we are receiving feedback, so we can target/amend our activity to address gaps in feedback geographically or demographically.
- We will make sure that there are ‘no surprises’ for staff whose jobs may be affected by the review. We will ensure they are aware of the process, understand how their roles may be impacted and understand how they can give their views during the consultation.

Consulting in an accessible way

- We will provide a range of physical and digital opportunities for people to hear about the proposals and provide their views, including group and one-to-one options for discussions.
- We will produce a range of public facing information to explain the proposals in a clear and consistent way, avoiding jargon and explaining technical issues in ‘plain English’.
- We will consider all requests for translations and accessible formats and discuss with individuals the most effective way to provide the information they need.
- We will publish the detailed technical/clinical information supporting the proposals online to ensure transparency.
- We will reach out to people where they are, in local neighbourhoods and through local networks.

Consulting well through a robust process

- We will make sure local people and staff working in organisations affected by the proposals have confidence in our consultation process, ensuring it is open, transparent and accessible.
- We will be clear and up front about how views can influence decision-making, explaining it will not be possible to accommodate all views and why difficult decisions have to be made.
- We will make sure a wide range of 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 use a mix of qualitative and quantitative methodologies to allow for both volume and richness of response

- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process.
- The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

Consulting collaboratively

- We will work collaboratively with individuals, stakeholders, and partner organisations to make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way.
- 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.

Consulting cost-effectively

- We will assign an appropriate budget to enable an effective consultation and 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. Some costs will be increased as a result of COVID-19, for example, higher print costs because of the need to ensure greater availability of hard copy materials and the ability to flex activity such as telephone surveys to respond to local circumstance.

Independent evaluation of feedback

- We will work with independent providers to deliver key consultation work and to analyse the results to ensure an objective outcome.
- The analysis of feedback will be done independently, and the independent report(s) will be shared publicly.

15.2 Statutory duties and legislation

This consultation plan has been designed to ensure we deliver effective patient and public engagement, involvement, and consultation as part of our obligations and legal duties under:

The five tests for service change laid down by the Secretary of State for Health and Social Care – test one is to evidence strong patient and public involvement.

The National Health Service Act 2006 (as amended by the Health & Social Care Act 2012)

- **Section 242**, requires 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).

- **Section 14Z2** requires 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 CCG
 - in the development and consideration of proposals by the CCG 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 CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

- **Section 14T** requires CCGs to have regard to the need to reduce health inequalities between patients in access to health services and the outcomes achieved.

- **The Equality Act 2010** - 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.

16 Appendix 9B – Developing our consultation plan

16.1 Internal development and sign-off

Within the governance structures of the east Kent transformation programme this consultation plan has been developed, reviewed, and approved by the following groups:

- **Communications and engagement workstream**

The communications and engagement workstream for the programme prepared the initial plan and discussed options for the different activities and channels; using the experience of those involved in the recent Kent and Medway acute stroke services consultation and other large and complex consultations to consider what worked well and what could be improved upon. We reviewed the stakeholder groupings and the cascade channels available through all the partners involved in the programme.
- **Transformation Delivery Board**

Clinicians and other health care professionals and staff have been involved in the development and delivery of pre-consultation engagement activities. The East Kent Transformation Delivery Board has advised and commented on plans and activities and will receive regular reports on the consultation once it is underway.
- **Sustainable Health and Care in East Kent subcommittee**

The committee reviewed the consultation plan in December 2019 as part of reviewing the overall PCBC prior to submission of the draft to NHS England and NHS Improvement, and reviewed it again in August 2020. The committee will do a further final review of the consultation plans as part of the internal governance ahead of the Kent and Medway CCG's decision to launch consultation.
- **Kent and Medway CCG Governing Body**

The Kent and Medway CCG Governing Body is now the decision-making body for the east Kent transformation programme, following the merger of the eight former Kent and Medway CCGs in April 2020. The Kent and Medway CCG Governing Body receives assurance and recommendations about the programme from the Sustainable Health and Care in East Kent subcommittee. The Governing Body reviewed the PCBC, including this consultation plan, in August 2020. It will do a further final review of the PCBC and supporting plans, and be informed by them, when it makes a decision to consult on the proposed options and to formally launch consultation.

16.2 Kent and Medway STP Patient and Public Advisory Group

In April 2019, PPAG reviewed and commented on an initial summary of the consultation activities and channels being considered. A final draft of this plan will be reviewed and endorsed by PPAG or any equivalent public and patient representative group or forum aligned with, or part of, the new Kent and Medway CCG.

16.3 Healthwatch

The chief executive of Healthwatch Kent was involved in the wider programme developing the proposals and as chair of PPAG up to July 2019. As a specific piece of work, we asked Healthwatch to review a draft of this plan and received their feedback in December 2019. They provided positive comments and suggestions which have been incorporated into the final detailed consultation activity planning. We also asked them to provide a second review of this plan in light

of the COVID-19 restrictions, recognising that they will have a view on effective and appropriate methods of engagement as a result of the pandemic. The results of that review were received in August 2020 and said: 'Overall, this is a comprehensive plan giving widespread opportunities for East Kent residents and those further afield to input into the consultation.'

16.4 Joint Health Overview and Scrutiny Committee (JHOSC)

Medway Council has expressed a wish to be involved in the consultation through a joint HOSC. We discussed a summary of the consultation plan with the Kent and Medway JHOSC in February 2020. The arrival of the COVID-19 pandemic has led to a thorough review of planning and activity and we will seek JHOSC's views on our 'COVID-context' activity during the development period and when a final version of the full plan is taken to the JHOSC prior to consultation launch. As part of the formal consultation we will also consult directly with the JHOSC on the proposals themselves.

16.5 NHS England

The communications and engagement team for South East England have reviewed and commented on our consultation plan as we have developed it and will continue to have further input and review as part of the overall PCBC submission at key points in the process during August and September 2020. A comprehensive and robust plan for consultation is one of the requirements for a successful 'Stage two Gateway' assurance conducted by NHS England.

17 Appendix C – Activity plan for the consultation period

The table below provides a provisional timetable for core consultation activity. We are scoping the idea of delivering ‘themed’ weeks during the consultation period to allow focus on specific areas such as A&E, maternity, county-wide specialised services, and so on, through developed content for media, social media and meeting channels. The benefits of this approach are that activity can be targeted more effectively at groups and audiences and messages about how the proposals relate to specific services or groups can be given greater clarity and profile. Flexibility will be built into this approach to enable us to respond to national or high-profile policy developments or public interest.

Our current timescales anticipate a launch of formal public consultation in early February 2021, running for an anticipated 14 week period (the 12 standard weeks, plus two to accommodate the Easter holiday period) and allowing flexibility in response to the potential impact of COVID-19. This means that a likely six week ‘purdah’ period, potentially starting at the end of March 2021 would fall around week 6 of the consultation period. Our consultation plan sets out a timeline for the activity described within the plan, describing four week phases of activity as well as acknowledging the potential need for a two week extension due to the Easter holidays. We have already planned to hold the majority of our public-facing activities during the earlier weeks of the consultation, with mid-point reviews of responses factored in so that the second half of the consultation period focusses on eliciting responses from any sectors, communities and groups where response rates have been low.

Once consultation is underway, we will maintain a flexible approach to assessing the effectiveness of the activities identified in this plan, especially as a result of COVID-19; and will amend our approach as appropriate. Significant changes to the approach, including the need to protect the integrity of the consultation because of COVID-related requirements would be discussed and approved through the programme’s governance. This would include the Sustainable Healthcare in East Kent committee (SHIEK), recommendations to the Kent and Medway CCG Governing Body, and briefings provided to the Joint Health Overview and Scrutiny Committee and NHS England and NHS Improvement.

Consultation phase	Activity summary
Preparation for formal consultation	<ul style="list-style-type: none"> • Development and final sign off for all consultation materials and preparation ready for printing. • Planning and booking advertising for consultation publicity. • Planning and booking of consultation events – both physical and virtual • Preparation of consultation online hub on KMCCG website. • Final development of distribution list for print and electronic delivery of consultation materials. • Establish process for providing consultation materials in alternative formats/languages.
Pre-launch of formal	<ul style="list-style-type: none"> • Ongoing stakeholder engagement to ensure there are no

Consultation phase	Activity summary
consultation	<p>surprises with key audiences such as MPs, councillors, staff, and patient representative groups to ensure widespread understanding of the consultation when it happens.</p> <ul style="list-style-type: none"> • Informal meetings with staff who may be directly affected by the proposals (including trade unions). • Publication of venues/timings of key public meetings running during consultation period. • Print and distribution of hard copy materials to start once final content approved.
Launch day	<ul style="list-style-type: none"> • Online publication of core consultation materials and response questionnaire. • Media and stakeholder launch event – this may be physical or virtual depending on a range of factors including COVID-19. • Media release issued to local and regional media. • E-bulletin to full stakeholder list announcing consultation launch and linking to online materials including details of public events.
Weeks 1 – 6	<ul style="list-style-type: none"> • Telephone polling and street surveys commence to ensure representative sample from across the consultation catchment area including seldom heard and protected characteristic groups. • Print, radio and social media advertising to promote consultation (week 1). • If possible, display stands in place at main hospital sites. • Focus groups with patients, carers, relatives from services affected by proposals – online and face-to-face. • Attendance at existing meetings of stakeholder groups (virtual and face-to-face) • Hospital and primary care staff events (virtual and face-to-face) • Initial review of engagement activity reach and feedback to identify demographic or other trends requiring adaptation of plans (week 4). • E-bulletin to full stakeholder list with reminder of public events (both virtual and face-to-face) and encouraging responses to formal questionnaire (week 5). • Majority of public events held during weeks 1 – 6. • Print, radio and social media advertising to promote consultation • Consultation mid-point review report to Transformation Delivery Board and SHIEK subcommittee (week 6/7). • Review of engagement and feedback from seldom heard/protected characteristic groups to confirm if further targeted activity is needed. • Mid-point media releases to encourage further editorial coverage of the consultation (in addition to paid advertising).
6-12– during the pre-election ‘purdah’ period	<ul style="list-style-type: none"> • Pause proactive engagement and involvement activities – including editorial and advertorial media work - when the pre-election period begins, but keeping the online consultation questionnaire open, reactively responding to requests for documents or information and continuing to accept all responses

Consultation phase	Activity summary
	<p>and feedback offered to us in response to the consultation during that time.</p> <ul style="list-style-type: none"> Restart the proactive engagement and involvement activities as soon as we are able to do so after the elections have taken place (respecting the need to wait for a period of time – 24/48 hours - after the results are made public).
<p>Weeks 12-18 subject to confirmation of an extension – the current timeline of a February 2021 launch would mean that the consultation would be running during the Easter period, with Easter Sunday falling on 4 April 2021</p>	<ul style="list-style-type: none"> E-bulletin to full stakeholder list and social media activity with reminder encouraging responses (week 12). Print, radio and social media advertising to promote consultation (weeks 12 and 13). Attendance at meetings of stakeholder groups (virtual and face-to-face) Hospital and primary care staff events (including virtual and face-to-face). Further targeted street / telephone surveys if required following analysis of initial activity. Email reminders to key partner/stakeholder organisations encouraging submission of formal responses to the consultation. Review of feedback and engagement activity to consider if extension to consultation period is needed (week 12). E-bulletin to full stakeholder list and social media activity to encourage responses (week 13). Print, radio and social media advertising to promote consultation (penultimate week of consultation). Final targeted street / telephone surveys if required to fill gaps in engagement with seldom heard/protected characteristic groups.
<p>Consultation close</p>	<ul style="list-style-type: none"> Media release on close of consultation (final week). E-bulletin to full stakeholder list with high level summary of consultation activities and details of next steps to analyse and publish results. Removal of consultation displays from main hospital sites. Update to online hub to confirm consultation close Closure of online questionnaire Email to partners where hard copies of consultation materials were delivered requesting displays to be removed.
<p>Post consultation</p>	<ul style="list-style-type: none"> Independent analysis of consultation feedback and drafting of reports. Presentation of consultation feedback to Clinical Commissioning Group. Presentation of consultation feedback and next steps to Joint Health Overview and Scrutiny Committee. Publication of consultation feedback reports including information on next steps towards decision making and implementation.