

## **Oxfordshire Joint Health and Overview Scrutiny Committee**

**Date of Meeting:** Thursday 17 November 2016

**Title of Paper:** Update on the Oxfordshire Transformation Programme

**Purpose:** To provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on the Oxfordshire Transformation Programme

**Senior Responsible Officer:** David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group

## 1. Introduction

The following paper provides an update on progress of the Oxfordshire Transformation Programme.

## 2. Background

The NHS in Oxfordshire performs well compared to other parts of the country. However, like the rest of the country, the current health and social care system faces a number of challenges.

Changes in people's health and longer life expectancy mean that the county's health services are facing demand on a scale not seen before. In addition, those people living in Oxfordshire's most deprived communities often experience more ill health and worse outcomes than people living in more affluent areas. We are also facing real challenges recruiting high quality NHS staff and maintaining high quality estates and facilities.

While the amount of money received for the NHS locally is increasing year on year, the cost of delivering services is growing at a faster rate. The local NHS needs to be able to cope with the significant increase in activity within the budget available.

The Oxfordshire Transformation Programme is taking a collaborative 'whole system'<sup>1</sup> approach which recognises the interdependencies between primary, community and acute care.<sup>2</sup>

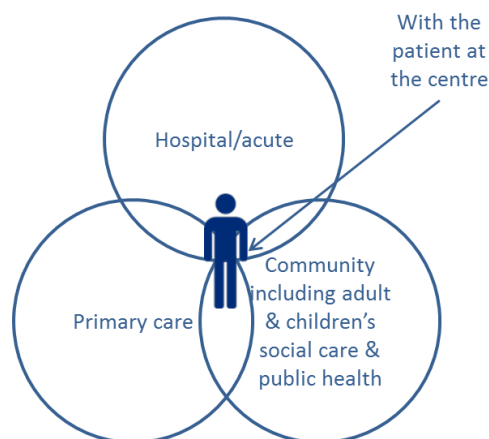


Figure 1 - Diagram showing the whole system scope of the Transformation Programme

To support this, six clinical workstreams and five enabling workstreams were established to engage partners from across the health and care system in considering change.

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<sup>1</sup> Oxfordshire Transformation Board membership includes local NHS organisations, Oxfordshire County Council, Healthwatch and patient representative.

<sup>2</sup>The programme does not, however, include NHS England services commissioned under **national contracts** such as high street dental practices, high street opticians with a contract to provide NHS general ophthalmic services, or community pharmacy services. (Although it *does* include any locally commissioned services from community pharmacy and opticians.)

## Clinical Workstreams

- Integrated Frail Older People and Urgent and Emergency Care for the adult population
- Mental Health, Learning Disabilities and Autism
- Elective (planned) care
- Maternity Services
- Children and Young People's services
- Primary Care

## Enabling Workstreams

- Public Health / Prevention
- Quality
- Finance and Activity
- Supporting functions (e.g. Information Management and Technology (IM&T), workforce, estates)
- Consultation and Engagement

Each of the clinical workstreams have proposed a vision for how services can be improved and have developed plans to turn the vision into reality. In several cases, they have already started to make improvements.

There are two areas where the Transformation Programme's proposals could result in significant service change:

### 1. Acute Hospital Services

Changes are proposed in four areas:

- Urgent and Emergency Care, including:
  - emergency and critical care facilities
  - stroke care
  - changes to bed numbers in order to move to an ambulatory<sup>3</sup> model of care
- Planned Care (Elective Care, Diagnostics and Outpatients)
- Maternity Services
- Children's Services

### 2. Community Hospital Services

The Transformation Programme is developing new models of care in community settings that are expected to result in:

- More people being supported in their own homes and less reliance on inpatient beds in supporting rehabilitation after treatment;
- More consistent urgent care in local settings.

These changes are likely to impact on what services are required in community hospitals in the future. It is therefore expected that some of the options for delivering those changes will result in specific proposals for change in relation to the community hospital infrastructure across Oxfordshire.

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<sup>3</sup> **Ambulatory care** is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation. This care can include advanced medical technology and procedures. **Ambulatory care** means patients are treated without the need for a hospital admission or an overnight stay in hospital

In June this year, Oxfordshire's NHS also embarked on 'The Big Health and Care Conversation', via a series of county wide events; discussion groups; focus groups; meetings and a public survey. The NHS asked the public's views on how care can be delivered differently while still providing the best care, the best health outcomes and the best value for people living in the county.

We have used various methods to engage with patients and the public to raise awareness of the case for change and to get them involved in the development of proposals to help transform the way health is delivered in the county. A detailed report on the engagement undertaken including key themes is available on the Oxfordshire Transformation Programme Website: [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

Highlights of activity undertaken are outlined below:

- 6th June 2016 stakeholder event - official launch of the public engagement (over 100 people attended).
- Big Health and Care Conversation Roadshows held in Banbury, Oxford, Wallingford, Bicester, Witney, Wantage, Abingdon and Henley (over 400 people attended).
- Smaller displays were set up in Thame, Farringdon and Didcot.
- Online and hard copy survey (over 200 responses).
- Online survey undertaken with Oxford University Hospital NHS Foundation Trust foundation trust members in the north of the county, South Northamptonshire and South Warwickshire specifically around services at the Horton General Hospital (233 responses).
- Two options development workshop for community hospitals.
- Presentations and feedback at stakeholder meetings incl.: Age UK, Carers Oxfordshire, 6 x OCCG Public Locality Forums, Community Groups.
- MP, County and District Councillor briefings / feedback sessions.
- Dissemination of the 'case for change' leaflet across Oxfordshire.
- Receiving and responding to over 200 letters.
- On-going media programme to promote the case for change including proactive briefings and advertising of events.
- Two focus groups on maternity (Oxford & Banbury).
- Four focus groups with students in Henley, Abingdon and Witney to explore prevention / self-care / primary and urgent care.
- A session with the CCG's primary care patient advisory group.
- On-going meetings / briefing and feedback sessions with community and patient groups.
- On-going outreach with hard to reach groups.

### **3. Public Consultation on Oxfordshire Transformation Proposals**

Given the challenges outlined above, proposals will include substantial changes not just in how care is delivered, but in the number and location of sites from which it can be provided; while ensuring services are safe, of high quality, affordable and can be staffed appropriately.

We are reviewing the in-patient beds we have in the community and in our hospitals, with a balance to be made between having high quality specialist services all on one hospital site and what facilities are provided from the eight community hospitals across Oxfordshire. Similarly, we are looking at how maternity services can be delivered safely and sustainably across the county.

We are going through a process of assurance before we can go to public consultation. Our draft proposals are now being reviewed by the Thames Valley Clinical Senate to ensure the clinical care we are proposing is supported by evidence of good practice, is viable for the long-term and provides good outcomes for people. We also have to go through the NHS England Assurance Process for proposed service change. Following this the Board of Oxfordshire CCG have to determine if we have undertaken sufficient engagement and have a robust business case to support consultation.

The Secretary of State set out four key tests for service change within the revised Operating Framework for 2010-11, which are designed to build confidence in the NHS with staff, patients and communities. For service reconfiguration proposals it must be demonstrated that there is:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

In the event we and NHS England are confident we have undertaken sufficient preparation the public consultation on a set of proposals for changes to health services in Oxfordshire is planned to start <sup>4</sup> at the beginning of January 2017. However the consultation will now be in two parts.

The first part will focus on those areas where there are the most pressing concerns about workforce, patient safety and healthcare (for example, where temporary changes have been made) or where the proposed changes have been piloted.

This includes:

- **Critical care facilities**
- **Stroke care**
- **Changes to bed numbers** in order to move to an ambulatory model of care (see footnote 3 above)
- **Maternity services:** including Obstetrics, Special Care Baby Unit (SCBU) and configuration of midwife led units in the north<sup>5</sup>.

Also included will be proposed changes to the delivery of **Planned Care** services at the Horton General Hospital (including elective care, diagnostics and outpatients). These proposals have the potential to significantly improve the services available to patients in north Oxfordshire.

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<sup>4</sup> The start date is dependent on the NHS England Assurance Process

<sup>5</sup> Some options could impact on emergency gynaecology surgery at the Horton General Hospital

The second part, which is hoped will take place later in May 2017, will focus on proposed options for the reconfiguration of other services in two groups:

**Acute Services:**

- Emergency Care in Oxfordshire;
- Children's Services including the current processes for assessment and the provision of in-patient paediatric beds.

**Community Hospitals:**

This will include all current service to be provided in community hospitals, including the future configuration of midwife led units in south Oxfordshire.

Further work and engagement with our GP Practices to develop options has been undertaken over the past few months and it has become clear that our proposals for community based care will benefit from continued development with a wide range of stakeholders prior to us launching a public consultation on any service change. Over the coming months more engagement with local groups across the county will be undertaken as well as further options development work with public and patients. We would invite the HOSC to advise us how they would like to be involved in this work.

Due to the risk of Legionella inpatient beds at Wantage Community Hospital will remain temporarily closed irrespective of the expected delay to the consultation on community hospital services. Regular legionella readings continue to be taken and the risks have not changed. To remedy the legionella issues would cost in excess of £300k and until we are confident of the future model of care and the role of Wantage Community Hospital, this expenditure may not be a good use of public funds. Maternity and physiotherapy continue to operate at the hospital.

A plan for the public consultation is currently being drafted and this will be shared with NHS England. The draft plan is attached at the end of this paper in Appendix 1 and views from HOSC members are invited.

No decisions have been made and will not be taken until the public consultations have been completed and final proposals are put to Oxfordshire CCG Board.

# Oxfordshire Transformation Programme: Health & Care Consultation Plan **DRAFT**

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Approved by: Date	
Distribution	

## 1. Introduction

This consultation plan sets out the approach to be taken by Oxfordshire Clinical Commissioning Group (OCCG) in consulting with the public and stakeholders about changes to health services proposed in the Oxfordshire Transformation Plan.

## 2. Background

The NHS in Oxfordshire performs well compared to other parts of the country. However, like the rest of the country, the current health and social care system faces a number of challenges.

Changes in people's health and longer life expectancy mean that the county's health services are facing demand on a scale not seen before. In addition, those people living in Oxfordshire's most deprived communities often experience more ill health and worse outcomes than people living in more affluent areas. We are also facing real challenges recruiting high quality NHS staff and maintaining high quality estates and facilities.

While the amount of money received for the NHS locally is increasing year on year, the cost of delivering services is growing at a faster rate. The local NHS needs to be able to cope with the significant increase in activity within the budget available.

The Oxfordshire Transformation Programme was established to bring NHS partners together to address these concerns and ensure that the people of Oxfordshire have the very best standards of care across the county. So far, the Transformation Programme has carried out a clinical review of services across the county with a particular focus on:

- Maternity and children's services
- Learning disability, mental health and autism services
- Specialist advice and diagnostics (outpatient services and planned operations)
- Urgent and community services
- Primary care

In June this year, Oxfordshire's NHS also embarked on 'The Big Health and Care Conversation', via a series of county wide events; discussion groups; focus groups; meetings and a public survey. The NHS asked the public's views on how care can be delivered differently while still providing the best care, the best health outcomes and the best value for people living in the county.

We have used various methods to engage with patients and the public to raise awareness of the case for change and to get them involved in the development of proposals to help transform the way health is delivered in the county. A detailed report on the engagement undertaken including key themes is available on the



Oxfordshire Transformation Programme Website:

[www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk)

Given the challenges outlined above, the Oxfordshire Transformation Plan proposes substantial changes not just in how care is delivered, but in the number and location of sites from which it can be provided; while ensuring services are safe, of high quality, affordable and can be staffed appropriately.

The Oxfordshire Transformation Plan has also been developed to address the challenges ahead for the local health services as set out in the five Year Forward View and forms a substantial part of Oxfordshire's contribution to the Buckinghamshire, Oxfordshire and west Berkshire Sustainability and Transformation Plan.

The public consultation on a set of proposals for changes to health services in Oxfordshire is planned to start <sup>6</sup> at the beginning of January 2017. However the consultation will now be in two parts.

The first, which we anticipate will start in January, will look at options for the future delivery of some hospital services including maternity (obstetric and midwife-led in the north and west Oxfordshire), stroke and critical care. It will also review the number of hospital beds that have been temporarily closed, across the Oxford University Hospitals Foundation Trust (OUHFT) hospital sites in Banbury and Oxford, as part of the initiative to reduce delayed transfers of care<sup>7</sup> in Oxfordshire and provide care in a different way.

The second, which is hoped will take place after May 2017, will focus on the provision of emergency departments in Oxfordshire and the proposed options for the reconfiguration of other services provided from our community hospital sites and the development of more local models of urgent care integrated with primary care in the county. This means care will be provided on an outpatient or day basis including diagnosis, observation, consultation, treatment / intervention and rehabilitation services and support; unless treatment in hospital is the best place for a patient at the time. The premise being that 'the best bed is your own bed'.

Further work and engagement with Oxfordshire GP Practices to develop options has been undertaken over the past few months and it has become clear that proposals for community based care will benefit from continued development with a wide range of stakeholders prior to launching a public consultation on any service change. Over the coming months more engagement with local groups across the county will be undertaken as well as further options development work with public and patients.

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<sup>6</sup> The start date is dependent on the NHS England Assurance Process

<sup>7</sup> When a patient is well enough to leave a hospital but for a variety of reasons is unable to

The population affected by these proposals are largely in Oxfordshire but for services based at the Horton Hospital, this plan recognises the need to engage with the communities living in south Northamptonshire and south Warwickshire.

A detailed action plan and identification of stakeholders and key audiences underpins this plan.

### 3. Consultation Principles

Our consultation will meet the following principles, which are based on previous consultations across Oxfordshire and on NHS England guidelines. They are:

1. We are committed to engaging as widely and deeply as possible, and will encourage those who have attended our events to continue to be engaged in our work. We will listen to them and take account of their views.
2. Our leaders will always talk to communities at an early stage to explain our proposals for change as deeply, openly and frankly as they can. They will accommodate local views and contributions, where they will contribute to a better service.
3. We will carry out a full assessment of the likely impact of any changes on communities from a health inequalities point of view, using evidence-based analysis and anecdotal feedback. Any gaps in engagement identified through this process will be filled by means of targeted engagement, such as through focus groups or similar.
4. Engagement events will be held in a variety of areas chosen for their contrasting geography and demography, as well as supplemented by other work to ensure the full geographic and demographic diversity of Oxfordshire (and any neighbouring areas it impacts on) is covered by representative events.
5. We will be open and transparent and will continue to hold meetings in public venues wherever practicable and with an open invitation to the public to attend (recognising that on occasion some management of numbers may be necessary for health and safety reasons).
6. We will make documents public and respond promptly and openly to requests for information. We will make our public-facing documents and presentations accessible, in different formats as required and present them in clear, simple language with proposed changes clearly explained, including what opportunity people have to influence those changes.
7. Our consultation will ask clear questions and provide an opportunity for involvement in the design of new services, so that patient views and experience can be considered alongside clinical input.

8. The programme will make a careful note of specific, individual concerns raised and either follow up with individuals or groups directly, or report back on action taken to resolve them at future events and in future reporting, before key decisions are made.

## 4. Aims

NHS organisations have a duty to involve patients and the public in:

- Planning the provision of services.
- The development and consideration of proposals for changes in the way those services are provided.
- Decisions to be made by the NHS organisation affecting the operation of services.

Involving patients and the public early on in options development will also help to demonstrate point four of the Secretary of State's four key tests for service reconfiguration set out in the revised Operating Framework for 2010/11: *strengthened public and patient engagement*.

Notwithstanding statutory obligations, involving and engaging will help to:

- Create understanding of the need for change and the case for developing new models of care to transform health and social care services in Oxfordshire.
- Better inform the development of new models of care.
- Enable the Transformation Programme to work in partnership with the public to ensure the successful implementation of any service change projects.

Alongside this, the following aims will apply to the consultation itself:

- Ensure the process, scope and scale of the consultation is of a sufficient level to demonstrate all Clinical Commissioning Group (CCG), NHS England (NHSE), legal and statutory assurance tests have been met.
- Achieve and provide evidence of deep engagement using a range of methods to do this with communities and diverse groups across Oxfordshire and providing a comprehensive log of engagement.
- Meet equality assessments and ensure materials are accessible on request. Ensure that the final decision is developed through genuine engagement and involvement.

## 5. Stakeholders

OCCG has many stakeholders; in order to ensure consultation activities are tailored around individual stakeholder needs, we will analyse the various audiences. We will do this by identifying groups and / or individuals for each stakeholder as appropriate,

undertaking analysis of the stakeholder's needs so we can understand who we need to communicate with and how.

Below shows the categories for our stakeholders:

- Public (e.g. patients, carers, community and minority groups)
- Internal stakeholders (Oxfordshire CCG member practices and staff)
- Commissioners (e.g. Oxfordshire County Council, NHS England)
- Local Providers (e.g. Oxford Health Foundation Trust, Oxford University Hospitals Foundation Trust, GP federations, pharmacists, independent and voluntary providers such as Age UK and MIND).
- Public Sector Partners (e.g. Oxfordshire County Council, district councils)
- Voluntary & Community Organisations (e.g. Oxfordshire Community and Voluntary Action, Oxfordshire Rural Community Council)
- Professional (e.g. Local Medical Committee, Local Pharmaceutical Committee)
- Political Partners (e.g. MPs, Councillors from parish, district and county councils)
- Scrutiny (e.g. Healthwatch, Oxfordshire Joint Health Overview and Scrutiny Committee, Health and Wellbeing Board)
- Media as a conduit to the public (e.g. Oxford Mail, BBC, Banbury Guardian)

## 6. Governance and transparency

In line with our principle to be 'open and transparent', we will:

- Offer the same level of information to people attending our events and/or who ask to be given updates.
- Put as much information as we can on the website showing the clinical and demographic evidence behind the need for change and for the planned proposals.
- Put meeting papers and other key decision documents on the website.
- Provide regular updates to everyone in the local health and social care system about progress and next steps in the programme.
- Enable our clinicians and other key programme decision-makers to have a wide-ranging discussion in suitable forums which enable challenge and debate.

The consultation and communications for the programme will be run by the communications team in the CCG with support from advisers, and will:

- Fit within the overall governance arrangements of the programme, providing regular updates to the appropriate meetings of the programme, the CCG and its partner organisations.
- Meet regularly with communications colleagues from across Oxfordshire and cross-border health and social care systems, including the relevant local authorities and provider organisations (including hospitals) and update them on progress.
- Work with Healthwatch and the Locality Forums and wider community representatives to ensure that the patient's voice is heard in discussions and decisions.
- Be accountable to the Transformation Programme Board and provide regular updates to it, as well as to NHS England and other key stakeholders such as government ministers and MPs.
- Be staffed by the programme team, including support and attendance at consultation events but draw on advice, support and some resource from local Trust teams.
- Draw on and manage outsourced resources e.g. for focus groups, design, print and distribution.
- Ensure that consultation responses are thoroughly considered and are included as a formal part of the decision-making process.

## 7. Materials

The materials to be developed to support the consultation are:

- Core consultation document
- Easy Read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Poster advertising the consultation
- Website
- Survey for use online and hard copy.

The core product will be the Consultation Document which will be developed to encourage maximum participation in the process, as follows:

- A core narrative, associated messages, with FAQs, will be developed with input from clinicians, Healthwatch, Patient representatives and other advisers as appropriate and used to generate key content for the consultation, including the main document.
- The document, and all other materials, will be written as clearly, simply and in as compelling a way as possible, avoiding jargon and ensuring stakeholder readability.

- All core materials will be tested for accessibility with lay members of the Transformation Board (chief executive of Healthwatch and the nominated representative Chair of Locality Forums) and there will be a summary version available.
- Copies of the full document will be distributed to community settings and stakeholder groups across Oxfordshire and cross-border areas as appropriate.
- There will be hard copies of the main document and/or summary posted out to areas defined as relevant to the programme, in recognition that not everyone wanting to respond will be able to do so online.
- There will be special versions – such as audio, translated, large print or braille versions – made available on request.
- Graphics and video material may be used to make the concepts and information more accessible to audiences.
- The branding from the ‘Big Health and Care Conversation’ will be developed for the consultation to demonstrate the connection and will be used to clearly identify the consultation materials.

## 8. Means of communication

A number of different communication methods will be used to target all relevant stakeholders as well as patients and voluntary organisations as required. This can include but is not limited to:

### **Website:**

- The consultation document and associated materials will be published on a dedicated section of the CCG website.
- This will be branded and will host:
  - General information about the programme including context, background, maps and charts
  - Meeting papers including actions and minutes of key meetings.
  - Clinical evidence and data used to inform proposals.
  - Previous relevant documents and data relating to the programme.
  - The consultation document and easy-read summary document.
  - The consultation questionnaire available to print out and via link to Talking Health.
  - Web links will be provided to partner organisations to publicise the consultation on their websites.

### **News Media:**

- News media will be kept informed with press releases and interviews provided as appropriate.

- Media enquiries will be handled as swiftly and accurately as possible, with inaccuracies challenged and rebutted, based on a set of agreed and updated FAQs.
- Local newspaper adverts may be considered as a way of providing information about events.

**Social Media:**

- Facebook and Twitter will be used to reinforce and bolster other channels as appropriate and monitored for relevant feedback.

**Other:**

- Regular information will be shared with members of Talking Health and Locality Forums (for onward distribution to PPGs).
- Partner and key stakeholder newsletters will publish information about the consultation.
- Information will be sent directly to members of:
  - Oxford Health Foundation Trust, Oxford University Hospitals Foundation Trust and Healthwatch
  - Voluntary and Community Sector Organisations
  - Relevant advocacy groups

## 9. Key Messages

Oxfordshire CCG has already agreed and set out its corporate vision and objectives and its core values in *Oxfordshire Clinical Commissioning Groups' Strategy for 2014/15 -2018/9*. These have been developed into key messages which underpin all of its communications and engagement activities.

The high level key messages for OCCG are as follows:

- Oxfordshire Clinical Commissioning Group plans and buys health services on behalf of everyone living in Oxfordshire. To do this successfully we need to work with local people, Oxfordshire GPs, hospital clinicians and other partners (including local government and the voluntary sector).
- We are committed to:
  - putting patients' needs first
  - working with the people of Oxfordshire to develop quality health services fit for the future
  - working with GPs, hospital clinicians and other partners to tackle health inequalities
  - giving you a chance to have your say on the health priorities which matter to you.

- We believe you can make a difference to the way in which our health services are delivered.

The above messages are supplemented by the following for the Transformation Programme:

- Although most patients currently receive good care in Oxfordshire, achieving the best standards of care for everyone is becoming increasingly difficult.
- Pressure on services is increasing, particularly where demand is more highly concentrated among older people – our plans for health services are being driven by clinicians who see patients every day and see how services could be improved.
- Fundamentally it's about improving quality and reducing inequality of health and care services – there is currently too much variation in the care that is provided across Oxfordshire.
- We need to help prevent people getting avoidable diseases by supporting healthier lifestyles – the people in Oxfordshire need to be a partner in this or we will not succeed.
- We want to work with local people to shape the future of health and social care and develop local solutions in response to local needs.
- The challenges we face will inevitably mean difficult choices will need to be made – we encourage people to share their views and comment on the options during the consultation.
- No decisions have been made and will not be taken until the public consultations have been completed and final proposals are put to Oxfordshire Clinical Commissioning Group's Board.

## 10. Response handling

The CCG will handle all queries and responses swiftly, efficiently and in a coordinated way so that people know their views are being heard and are being handled appropriately.

- We will establish systems to ensure questions and responses are logged.
- We will publicise the freepost address and generic email address for responses.
- As well as all formal responses to the consultation, we will bring together any questions that are directed through the Freedom of Information route in the CCG.
- We will maintain the stakeholder database ensuring it is updated regularly and can be relied upon to be accurate.



- We will not be overly proscriptive about when responses are made and will make clear to anyone enquiring of us or wanting to respond, where reasonable, we will always seek to accommodate wherever practicable responses or questions outside formal channels set up by us.

## 11. Feedback

We will commission independent support to thoroughly and comprehensively analyse all responses to the consultation, explain our analysis, and explain how we have taken into account all views given to us as part of the on-going future development of the programme.

- We will commission an independent analysis of the responses and writing of the report of the consultation.
- We will publish our consultation report which will include the analysis.
- We will make clear how the consultation feedback has been used to inform our decision making.
- We will regularly report back to those who have expressed an interest in the consultation to keep them informed about activity and progress.

## 12. Equalities & impact

The consultation will take account of equality legislation around protected characteristics. The protected characteristics set out in the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; sexual orientation.

We will therefore:

- Undertake an Equality Impact Assessment, with the objective of ensuring the potential impact of any plans on protected groups has been assessed.
- Use the Equality Impact Assessment to identify any groups such as those who do not have English as their first language who have not been fully engaged with and commission focus groups to proactively ensure any such groups do in fact provide feedback to the programme, even if this is not in the form of formal consultation responses.
- Employ similar methods to ensure the voices of other groups that may be seldom heard are included.

Similarly the programme will identify those impacted by the proposed changes and ensure they are supported to have their voice heard.

## 13. Staff engagement

It will be important to reach out to health and care staff across Oxfordshire so they are aware of, and can get involved in, the consultation. A commitment has been made by NHS provider organisation to undertake engagement with their staff, however the programme will provide briefing materials on the consultation and information to local trust and other partner organisation communications teams so they can then lead the staff engagement process from within their individual organisations. This could (if appropriate for the organisation) include template materials and content which trusts can easily use to encourage participation by, for example, placing on websites, sending out via email and using at staff events.

We will also ensure hard copy materials are available at relevant staff sites and digitally on appropriate websites and intranets.

## 14. Spokespeople

The programme and consultation will depend for its effectiveness on dedicated, articulate, well briefed spokespeople/presenters who will:

- Be predominantly clinicians, drawn from across the health economy, with an emphasis on primary care;
- Be supported where possible by lay personnel;
- Be drawn from across Oxfordshire, with the proviso that if the emphasis is on consultation in one part of the county, they will be drawn predominantly from that locality;
- Lead on responding to key stakeholders, both individually and in groups;
- Lead on media interviews and related media activities;
- Be supported by the communications team in terms of materials, briefings, media advice and presentation training where needed, to ensure their explanations and presentations are clear, easy to follow, and understood.

## 15. Engagement and events during consultation

A number of events will be held to ensure that

- There has been pre-consultation on the proposals, in addition to earlier consultation and engagement, so that any plans then consulted on have been informed by engagement with the public, patients, and key stakeholder groups.
- The consultation itself can be shaped by early feedback, for example on format and language.

- During consultation, as many responses as possible are encouraged from the communities and populations potentially most affected by the plans.
- The wider context of any specific local proposals is considered.

These events will comprise:

- Large, system-wide events in key locations before, during and after consultation.
- Smaller mobile events – or ‘drop-ins’ – in each locality affected most directly by the local proposals relevant to them.

## 16. Engagement and Events

A full programme of events and activity will be published at the start of the consultation along with the consultation document and questionnaire. Below is a summary of the methods of consultation to be used:

Consultation Method	Implementation assumptions
<p><b>General publicity</b> – advertising in local media, posters and postcards, support on social media, as well as via NHS organisations and established stakeholder channels such as Healthwatch and local voluntary group networks</p>	<ul style="list-style-type: none"> <li>• Information about consultation and public events available in GP and hospital waiting rooms and receptions, libraries, town hall and other civic and community centres.</li> <li>• Publicity in local papers to promote specific local events.</li> <li>• Website, questionnaire and freepost address advertised widely to drive responses.</li> </ul>
<p><b>Public meetings</b> – an effective way of engaging with wide range of interested parties in the local health economy as well as patients and the general public. Also clear demonstration of public accountability.</p>	<ul style="list-style-type: none"> <li>• Any invitation received to attend a public meeting (whether campaign group or community group) to be considered and, wherever possible, accepted.</li> </ul>
<p><b>Drop in sessions</b> – to provide an opportunity for detailed conversations with the public, local commissioners and the acute trusts about their specific priorities and interests.</p>	<ul style="list-style-type: none"> <li>• Drop-in events held in areas most affected by proposals.</li> <li>• Include static and interactive elements including the ability to fill in the consultation questionnaire.</li> <li>• Events will take place at a variety of times, during the day, evening and weekends.</li> </ul>

<b>Focus groups</b> will be held to target identified seldom heard groups in conjunction with the Equalities Impact Assessment work.	<ul style="list-style-type: none"> <li>• Focus groups during consultation, with numbers and frequency to be confirmed, in part depending on the Equality Impact Assessment.</li> </ul>
<b>Online</b> – Information about the Transformation Programme, the pre-consultation engagement and the business case together with the consultation document and questionnaire will be available online.	<ul style="list-style-type: none"> <li>• Advertised directly to members of Talking Health.</li> <li>• Included in all publicity to encourage participation even if not attending a meeting or event.</li> </ul>

## 17. Risks and Mitigation

The main communications risks have been identified as follows:

<b>Communications risk</b>	<b>Mitigation</b>
Clinical engagement, leading to incorrect information about the impact of changes at the Horton	<p>Local clinicians have been involved and informed of challenges and options for change.</p> <p>Oxford University Hospitals Foundation Trust staff engagement at the Horton General Hospital.</p> <p>The case for permanent relocation will be described in terms of patient and clinician benefits.</p> <p>Clinical leaders to provide support.</p>
Inadequate information causes undue concern among patients/public/stakeholders	<p>Patient representatives involvement in developing supporting materials to ensure they are clear, consistent and comprehensive.</p> <p>Ensure the issues most likely to excite local opinion – money and transport are adequately covered within the case for change and the communications material.</p>