

PUBLIC CONSULTATION GUIDANCE

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Date: March 2006

Review Date: March 2008

Version: 1.0

Approved By: Executive Board, February 28, 2006.

Contents

	page
1. Introduction	3
2. Why involve patients, public and communities?	3
3. When statutory consultation is necessary	4
4. Management changes	4
5. Public involvement in service change	4
6. Requirements for a valid consultation Adequate information Adequate time Genuine consideration	5
7. Early and ongoing communication	6
8. Openness	6
9. Methods of consultation	7
Annex A – Model/example of a Framework for Public Involvement in a Major Service Change	8
Annex B – Consultation Flowchart	10
Annex C – Examples of different approaches to involving the public	11
Annex D – Aide-memoire to good practice	14

1. Introduction

This guide is designed to help Trust staff understand the principles and benefits of involvement and consultation. The guidance also offers a checklist approach to the steps that need to be taken when consulting.

The Trust has a consultation co-ordinator, Andrew Stronach, who has the task of recording all Trust consultations and undertaking corporate-level consultations. If you are consulting over a service proposal please notify the consultation co-ordinator.

Consultation can fall into a range of differing categories, for example:

- A means of collecting views on a fairly open-ended topic
- A means of collecting views on the pros and cons of alternative proposals
- A means of collecting views on a specific proposal
- A means of developing a proposal or option.

Within the Norfolk and Norwich University Hospital NHS Trust (the Trust) public involvement should be a key feature of all consultation.

2. Why involve patients, public and communities?

It is no longer enough to simply do things to people; a modern healthcare service must do things with the people we serve.

In this respect, patient and public involvement is a very important part of improving the quality of service provided by the Trust and needs to be given a high priority.

Effective public involvement can:

- be a catalyst for change
- provide a real opportunity to build public trust
- help strengthen public confidence in the NHS.

Public involvement can also reduce the risk of providing inappropriate services or services that do not deliver in a way people want or need them. It can provide a different perspective that might otherwise be overlooked by professionals and managers and can result in some very different and innovative solutions. As a result there is the potential to improve service quality as well as becoming more responsive.

Guidance has stressed the importance of taking the views of the public into account when making decisions and has over time become more specific, but still the public often complains of 'tokenism' and of feeling excluded. It is important that we consult hard-to-reach groups to ensure we take a representative view.

Hard-to-reach groups

Who are “hard-to-reach” groups?

- Some groups of people, such as working single parents, have less spare time than others
- Older people and younger people are often overlooked and they do have distinct needs and views
- Some people do not understand written or spoken English e.g. Portuguese community
- Some groups may feel culturally isolated or alienated from, or even suspicious of, the Trust
- Some communities are geographically isolated
- Some people have no permanent address
- Some people are living with a long-term illness or disability
- Some people may just not be interested in being consulted

Why is it so important to involve hard-to-reach groups?

- Consultations often need to find out the views of an accurate cross-section of the population we service as a whole
- Departments may already know that they are not reaching a certain section of the population and will need to know why
- Different sections of the community, particularly minorities, may have needs or views that are different from those of the majority and, if they are not consulted effectively, these needs or views may remain invisible

The Trust seeks to strengthen existing partnerships and develop new working partnerships with people who use their local services and ensure opportunities for patient and public involvement are integrated as the norm in the way they work.

The voluntary sector links into the health service in a number of ways at national and local level. Like the NHS, the voluntary sector is a complex amalgam of different organisations, often with very different interests, and of variable size from small self-help groups to national organisations. The voluntary sector is important, not just in terms of engaging patients more effectively, but as a partner for service delivery. It is therefore very important to ensure the voluntary sector has a role in planning services.

3. When statutory consultation is necessary

Of the various provisions under Section 242 of the NHS Act 2006, it is the word 'substantial' in relation to service change that causes most uncertainty. It is difficult to provide any definition of what constitutes a substantial variation in service.

What may be considered substantial in one area may not be in another. This is a matter that calls for common-sense, taking account of the proposed change, and its effect on patients/carers. The permanence of a proposed change is not, however, a guide as temporary solutions should also be consulted on if the proposals significantly affect patients/carers.

The presumption should always be to involve those affected, those who might be affected, or those with an interest in a proposed service change, at the earliest possible stage. Regular dialogue and close involvement with relevant stakeholders in the development stage may ease the formal consultation process.

4. Management changes

There is no current requirement to consult on changes in management structures or organisational changes that do not affect patients/carers. However, it is good practice for key stakeholders to be kept informed of such changes.

5. Public involvement in service change

We need to take a pro-active and positive approach to issues that need public involvement in areas of potential service change.

There is often an assumption that consultation should take place when a pre-existing service is being changed or curtailed. This is a dangerous assumption:

- this kind of 'end process' consultation is not acceptable
- we should consult on all service change including new services
- we should develop proposals for service change in partnership with all affected groups and communities
- we should formally consult on the outcome of that development process.

The key principle is that involving the public is part of a planned process of communication and discussion; where communities, public, patients and NHS staff have opportunities to influence decision-making. An inclusive process may not always result in universal support for a proposal but it should demonstrate that we listen, and have genuinely taken account of views and suggestions.

The Trust is expected to be able to clearly demonstrate that we have followed these principles for service change proposals.

Proposals for major service change, including closure of existing premises, will require Ministerial approval. As well as demonstrating that appropriate and adequate public involvement has gone into developing the proposals, the Trust is required to submit their final proposals and a report on the outcome of consultation to the Department of Health or other health regulators.

An example framework, which demonstrates the use of a variety of mechanisms for involving the public when considering a significant service change, is attached at Annex A.

6. Requirements for a valid consultation

Consultations should have the following features:

a. Adequate information

When formal consultation takes place, a consultation document will need to be produced. This must be easy to understand and must be readily available. It must contain sufficient information for the reader to be able to understand the reasons for the proposals and to come to an informed conclusion. It needs to explain the perceived benefits that are expected to flow from the change. It should also include information about contacts for further information or clarification and a list of those being consulted.

As service change is an evolving process, it may not always be possible to provide all the necessary information at the beginning of a consultation process. If this is the case, it should be made clear at the outset and an indication given of what will be available and when. One option might be for a two-stage or pre-consultation process to refine policy and develop a proposal for formal consideration.

b. Adequate time

Involvement should start as early as possible and sufficient time should be allowed for any consultee to consider and respond to the proposals. It is usual practice to allow three months for consultation exercises on proposed service changes, but it may be reasonable to allow a shorter period where the circumstances justify it (e.g. where the details of the proposal have already been the subject of public debate or intensive public involvement). It should be noted that even if information about a proposed change has been in the public domain and interested parties have made their views known, this does not remove the need for a formal consultation.

c. Genuine consideration

The consultation document may indicate a preferred option, but it must also be clear that all responses to the consultation will be considered. In particular, genuine consideration must be given to any alternative suggestions that are put forward as a result of the consultation.

It is good practice to consult a wide range of interested parties and members of the public. A failure to do so could lead to the consultation process being flawed and any decision invalid.

If a proposal is likely to affect the population of more than one Trust area, then stakeholders in both communities should be consulted.

In these circumstances it is reasonable for one Trust to lead on the consultation provided all interested parties are consulted.

A diagram showing a consultation process is attached as Annex B

7. Early and ongoing communication

Although a period of formal consultation on specific proposals may be appropriate at some stage, the key principles for consultation should form part of a broader ongoing process of the Trust's communication with, and involvement of, communities, patients/carers and the public, and particular attention should be made to consider the needs of hard-to-reach groups.

Consultation needs to begin when proposals for service change are at a formative stage and before they have become decisions. It is good practice to involve all interested parties in discussion about the issues affecting local services both generally and in respect of specific areas. It is also good practice to have ongoing discussions with all interested groups as specific issues are explored and proposals are developed.

8. Openness

One of the key principles is to build public confidence in the NHS. An important factor in achieving this will be open and clear processes for planning and consulting on service change. It is good practice to publish a plan that sets out a clear process and timetable. It is also good practice to involve local stakeholders in the development of such plans.

9. Methods of consultation

Traditionally, consultation has tended to follow a regular pattern, based around the publication of a formal consultation document and formal public meetings. Such methods can play an important part in consultation, particularly in formalising proposals and inviting responses.

However, there are many other ways in which consultation can take place and which can help maximise patient/user input to the process.

Annex C sets out a brief overview of some of the techniques that are available. While some methods may be more successful than others for achieving a particular outcome or for reaching specific sectors of the community, there is no one method that can be said to be the best. Different situations will require different approaches.

Annex D provides an aide-memoire to good practice

ANNEX A - Model/example of a Framework for Public Involvement in a Major Service Change

1. The Trust agrees a process that provides a clear timetable for decision-making, identifies who and when to consult and the range of approaches that will be used.

2. It is important to ensure that patients/carers are involved in developing any alternatives/options prior to proceeding with a formal consultation process.

3. Initial stage of the consultation process should have a number of participative sessions to gain views of key interest groups on a range of options.

- user groups
- doctors and clinical staff
- hard-to-reach groups
- nurses and other professional staff
- trade unions
- professional advisory committees
- other trusts
- community groups
- Patient and Public Involvement Forums/other patient representative groups
- Local authorities/Overview and Scrutiny Committee

Participants should be positively encouraged to attend by awareness raising efforts such as newsletters etc and should be sent briefing packs in an appropriate format, in advance of the sessions.

4. Feedback session and full public debate.

It is important to feedback and share all the comments made. It is also important that the public is aware of the feedback and is not disadvantaged when entering into a public debate.

- Feedback session to present key issues from the open session to the various groups giving groups opportunity to comment on the summarised points.
- Full public debate. Important to record all views and to ensure these are well publicised. (e.g. newsletter or newspaper.)

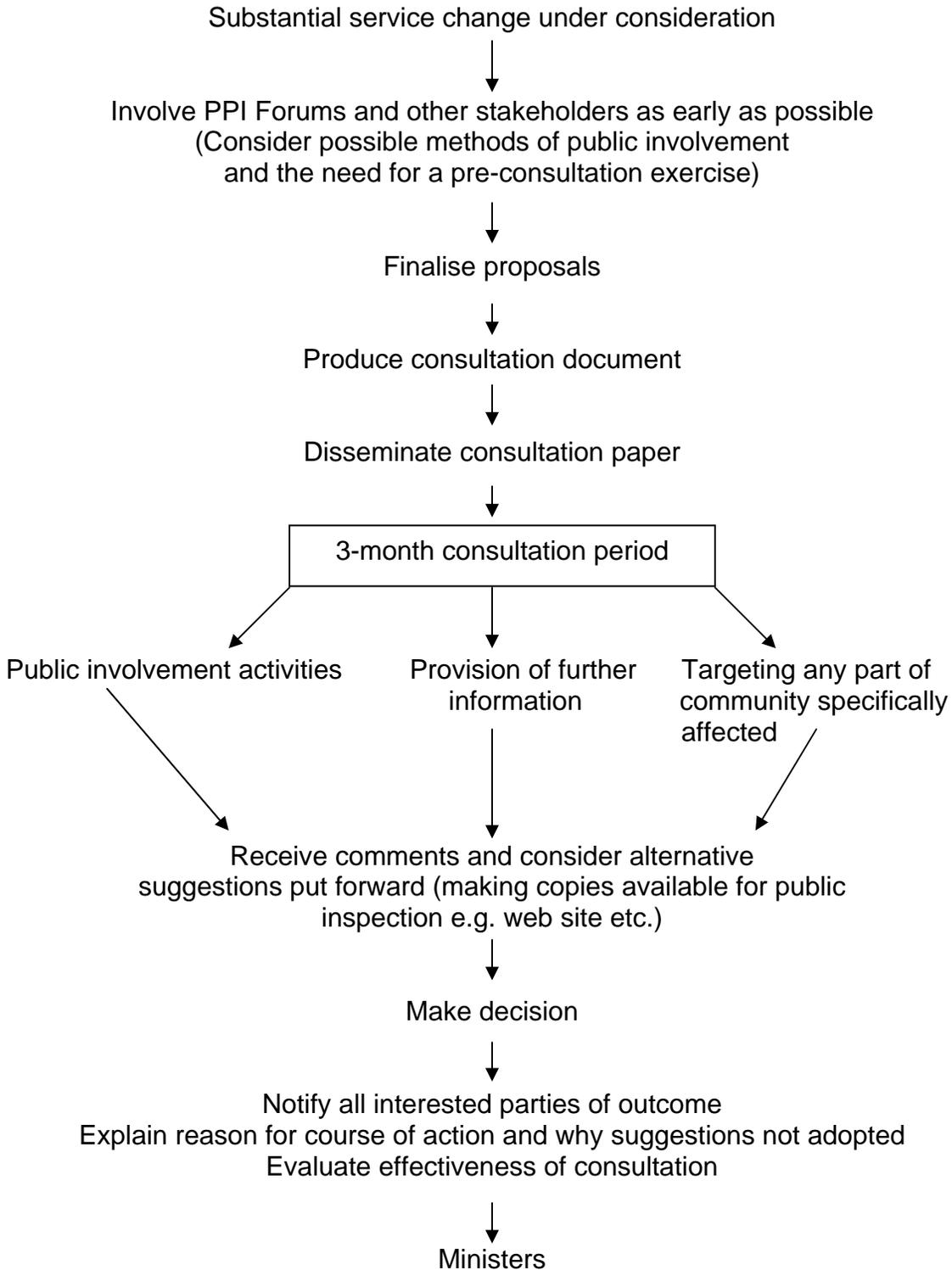
5. Focused consultation groups, made up of patients/carers, should be used to ensure patient experiences are incorporated.

6. Obtaining a wider perspective of public attitude and links to community planning process. Well-planned surveys, possibly using established local council/citizen panels.

7. Seeking written comments. Although it is important to ensure people realise that anyone can submit written comments, it is also necessary to ensure written comments are sought from others (local councils, local councillors, PPI Forums, MPs, Ambulance service - where ambulance services might be affected). NB this is not intended as a definitive list.

8. Recommendation for change and feedback. A process with this level of involvement at the early stages is more able to take account of different perspectives. Feedback loops will be important even after a decision is made and even if there was general support for the proposal, with opportunities for making people who have been involved and the wider public aware of the outcome.

ANNEX B – Consultation Flowchart



ANNEX C - Examples of different approaches to involving the public:

- **Open House/ Open Surgeries**

A time when members of the public have the opportunity to meet with a representative of the organisation/health system and ask questions face to face.

- **Patient and Public Involvement Forum (PPI Forum)**

Each NHS Trust has a PPI Forum that is tasked with influencing the day-to-day operation of health services by the trust, and will monitor their effectiveness. PPI Forums are a key resource for local people, helping and supporting community groups and promoting better public involvement. They work in communities with local people and with other community and voluntary organisations on involvement issues.

- **Panels**

Panels can be very helpful to inform planning and help prioritise decisions requiring a wider population view.

- **Citizens Panels/Talk Back Panels**

Used to gather views on plans, service developments and specific health issues. The membership of Citizens Panels and 'Talk Back Panels' should match the demographic profile of the area covered with a rolling membership that allows new members to be substituted every 4-6 sessions. These approaches are often features of Local Government and this is a potential opportunity for sharing and joint working.

- **Patient/Carer Panels**

The Trust has a Patient Panel, run by the PALS team, that is made up of local people and provides opportunities for local people to raise issues and encourage joint working.

These are also more commonly used in secondary care where patients/carers and carers maintain a longer-term relationship with the service (e.g. cancer, diabetes), but can be readily adapted across the system. Members have direct experience of the services being discussed and a genuine desire to make services better for future patients/carers and carers. A panel approach provides an opportunity for direct liaison and feedback between panel members and service providers and members can become involved in design and implementation of service developments.

- Whole System Conferences

A Whole System Conference enables interested parties from a wide variety of groups to contribute to service development plans.

An invited audience, representing key interest groups, meets to try and reach a consensus view on a particular issue. It should involve people with a range of different interests, such as medical, nursing, managerial, community, voluntary, patients and carers.

- Seminars/Workshops

These are formally organised discussion groups that aim to share, exchange and receive information. They provide an opportunity to engage in multi-disciplinary discussion, to explore difficult issues in detail and encourage sharing of experiences and good practice.

- Group work

- Advisory Groups

Advisory Groups need to include a mixture of professionals and patients and can ensure views of patients go direct to key health professionals. These can be permanent groups with regular meetings; thus ensuring advice is always available.

- Focus Groups

These groups are usually relatively small, 6-10 people, and provide opportunities to discuss an issue in depth but in an informal setting.

- User Groups

Useful mechanisms for keeping patients/carers in touch with the people who provide a service. This sort of group can be useful in a variety of settings and levels.

- Newsletters

Whilst not really a method of public involvement, newsletters can provide a useful approach to keeping the public informed for raising awareness of public involvement issues and for giving feedback to a wider audience. Articles for newsletters can be commissioned from a range of sources (Health Promotion, specialists working in NHS Trusts, voluntary and community organisations, the Trust, health care professionals, practice staff, patients and local people etc.)

A newspaper is relatively inexpensive and can easily be used to target selected groups or focus on specific issues, but their most significant drawback is that people might not read it and see it as 'Junk mail'.

- Making results more representative

Consultation can produce results that do not represent the views of local people as a whole. Those responsible for setting up consultation exercises should avoid methods in which consultees select themselves and should instead look carefully at how a statistically representative sample of the population might be identified and targeted.

It is also very important to consider the make up of the local community and to avoid the risk of token consultation or involvement. It would, for example, be a mistake to expect one person to be able to represent an area's black and ethnic minority community unless they can tap into the whole spectrum of cultures, interests and needs concerned.

Also, when considering young people, boys will often have very different views and priorities to girls. Care should therefore be taken to ensure that when targeting consultation at these groups every effort is made to obtain the views of as wide a range of people as possible.

Questions might be worded in a way that seeks to draw out the various perceptions and perspectives of a diverse target group. In addition, special efforts should be made to reach excluded groups such as young and old people, travellers etc.

ANNEX D - Aide-memoire to good practice

The following is designed to help those involved in consultations on service changes. This is not designed to be a definitive checklist, nor is it an exhaustive list of good practice. However, it is drawn from the key principles of consultation.

It is good practice to include all stakeholders such as PPI Forums, councils, local support groups, local patient participation groups and voluntary organisations.

Ongoing involvement and communication with local patients, groups and the public

- Do you have a strategic plan for systematic and continuous involvement and communication with patients/carers, user representative groups and the public more generally?
- Do you have good relations with your PPI Forum? Do they attend Board and Trust meetings and are they generally engaged in discussions about local health service planning and development issues?
- Do you regularly seek to publicise and invite debate about local health service planning and development issues?
- Do you seek to listen to and inform local community and voluntary groups about service planning and development issues?
- Do you know what issues are important to different groups of local people?

Consultation on proposals for specific service changes

- Have you raised and discussed the underpinning issues before developing proposals for change?
- Have you involved local patients/carers and other interested parties from the outset?
- Have you actively sought the views of likely interested local groups?
- Have you developed a consultation plan clearly identifying the consultation process and timetable that involved patients/carers?
- Are any public meetings, conferences, focus groups etc well planned (e.g. have arrangements been made for these to be independently chaired and facilitated)?
- Have you arranged meeting for a time when people can come (for example people who work or have child care arrangements to make)?
- Have you supported local patients/carers and interested groups in developing their own proposals?
- Have you allowed choice by presenting fairly argued options?
- Have you explained why any particular option is preferred?
- Have you considered raising issues, publicising proposals in local newspapers?
- Have you built up relationships with the local media (newspapers, journalists, radio and television)?

Information

- Have you considered what information you might be asked for (what you have readily available or can easily provide may not be sufficient)?
- If you know relevant information will not be available at the beginning of the consultation have you indicated when it will be provided?
- Have you provided contact details for further information or clarification?
- Have you thought about providing information that meets the needs of all patients/carers e.g. from ethnic minorities, or those with a physical or sensory impairment?

Timescale

- Have you allowed sufficient time for people to consider your proposals and to respond?
- Did you discuss the timetable with local patients/carers and other interested parties?
- Have you made allowances for problems arising from the time of year (e.g. Christmas and the summer holiday months)?

Consideration of responses and feedback

- Have you taken into account all responses to the consultation?
- Have you clearly explained the reasons for final decisions, including why alternative proposals have been rejected? (It is good practice to publish a written explanation – this need not address each individual response, but rather cover general themes of responses).
- Have you set up a process for keeping respondents briefed on progress with implementation?