

Independent Review of Consultation Process

“A Picture of Health” NHS Lanarkshire

APPENDIX 1 - Consultation Template

May 2006

	<p>There was an engagement consultation which was from 2 November 2004 to 7 January 2005. This was followed by a period from 2 December 2004 to December 2005 where strategic redesign work was undertaken through an engagement methodology involving stakeholder including public, users, carer, staff (including staff side), community groups and partner agencies.</p> <p>The formal public consultation on PoH was 30 January 2006 to 28 April 2006.</p>	<p>Ref 3a and 3b Ref 13</p>
<p>Was there an agreed consultation process with</p> <p>I. a clear timescale</p>	<p>Engagement Process 2 November 2004 to 7 January 2005</p> <p>I. Public engagement documents set out a timescale of initial consultation on engagement and identified intention to produce a strategy later in 2005. Distributed to all households in Lanarkshire</p>	<p>A summary of engagement process was set out in Appendix 1 of the PoH Public Consultation Document</p> <p>Ref 3a and 3b Because the mail drop was not comprehensive particularly in Clydesdale additional copies were distributed through GPs, health centres and pharmacists. It was too late to negotiate an additional distribution. We held a meeting with Clydesdale United a health interest group to try to compensate for the lack of delivery on 7 March 2005. The lesson learnt from this was to use the Royal Mail for the second household distribution because although they are significantly more expensive they could demonstrate a higher %</p>

<p>II. aims, objectives, parameters and projected outcomes</p>	<p>II. The full and summary PoH Engagement Report, November 2004 set out:</p> <ul style="list-style-type: none"> • aims and guiding principles (these were consulted on) • health of people of Lanarkshire • what people want from their health services • current health services • why things are changing now • how changes will affect services • questionnaire to submit views 	<p>delivery</p> <p>Ref 3a and 3b</p>
<p>III. roles and responsibilities identified?</p>	<p>III. The Public and other stakeholders were invited to identify their interest in being involved in redesign workshops in the areas of:</p> <ul style="list-style-type: none"> • Planned care • Unplanned care • Chronic disease services • Older people's services • Emergency surgery • Urology • Gynaecology • Acute psychiatry 	<p>Response to questionnaire collated and list of interested stakeholders collated Ref 6</p> <p>Role and responsibilities of Programme and Project Boards Ref 7</p> <p>Remit of Picture of Health Steering Group (succeeded Clinical and Financial Sustainability Working Group) Ref 8</p> <p>Programme Brief and Programme Plan agreed by the Picture of Health Steering Group Ref 9</p>
<p>IV. Identified who was to be consulted</p>	<p>IV. Engagement document stated that a series of redesign workshops would be set up over the</p>	<p>Ref 3a and 3b</p>

<p>V. when consultation would take place</p> <p>VI. range of approaches outlined</p> <p>Was there an agreed consultation process with</p>	<p>coming months involving a wide range of staff, patients and other interested parties. People could express interest in becoming involved.</p> <p>V. Consultation period for engagement ran from 2 November 2004 to 7 January 2005</p> <p>VI. Stakeholder, public and staff meetings. Development of web site. Focus groups questionnaire</p> <p>The focus groups were established to provide input from a geographical and demographic representative sample of the general public and well community groups such as black and ethnic community. The focus groups informed a values base against which all the PoH proposals were assessed</p> <p>Findings of the engagement consultation and focus groups were set out in the Feedback Report May 2005. This was distributed to 900 stakeholders and placed on the web site</p> <p>Public Consultation 30 January 2006 to 28 April 2006</p> <p>I. Public engagement documents set out a timescale of initial consultation on engagement. Distributed to all households in</p>	<p>List of meetings and consultation events for staff and public and stakeholders. Ref 10</p> <p>Ref 10 Papers commissioning web site Ref 11 Public and community groups focus group report Ref 12</p> <p>Engagement Feedback Report Ref 13</p> <p>Process set out in Board paper 21 December 2005 Ref 14 and full and summary consultation document set</p>
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<p>I. a clear timescale</p>	<p>Lanarkshire Used Royal Mail this time so much better delivery – estimated 90%. Again in areas where poorer deliver additional copies were sent to health providers (GPs, health centres, hospitals)</p>	<p>out the consultation timescale and what would happen following consultation. This was also set out on the web site and in advertising Ref 15a and 15b</p>
<p>II. aims, objectives, parameters and projected outcomes</p>	<p>II. Full and summary document restated aims, principles, vision and values and planned outcomes</p>	<p>Ref 15a and 15b</p>
<p>III. roles and responsibilities identified?</p>	<p>III. Public and stakeholder were invited to submit their comments on the proposals in writing, via web site or e-mail. Also invited to attend the public meetings</p>	<p>Ref 15a and 15b</p>
<p>IV. Identified who was to be consulted</p>	<p>IV. Summary consultation document was distributed to all households in Lanarkshire during February 2006 this invited comment from Lanarkshire public. Full and summary consultation document sent out to 900 stakeholders with invitation to comment and request a local meeting</p>	<p>Ref 15a and 15b Cover letter to stakeholders setting out consultation process Ref 16</p>
<p>V. when consultation would take place</p>	<p>V. Consultation period and public meetings clearly set out in all documents, web site and advertising</p>	<p>Ref 15a, 15b and 16</p>
<p>VI. range of approaches outlined</p>	<p>VI. Public, local and staff meetings, web site contact us, e-mail and in writing</p>	<p>Ref 10, 15a, 15b and 16</p>

<p>What arrangements have been considered to enable people to participate?</p>	<p>Public and stakeholder participated in the development of PoH proposals through project boards, focus groups and a range of redesign workshops.</p> <p>The areas of urology, gynaecology, thoracics and acute psychiatry were fast tracked due to more urgent changes being required.</p>	<p>Membership of major service redesign project boards:</p> <ul style="list-style-type: none"> • Planned care • Unplanned care • Long term conditions management (chronic disease) • Older people's care <p>Ref 17</p> <p>Focus groups to identify values Ref 12 Focus groups on emergency services Ref 18</p> <p>Redesign workshops (Engagement Workshop December 2004 Ref 19, Summer Engagement Workshop June 2005 Ref 20, Acute Services Engagement Workshop October 2005 Ref 21, Option Appraisal Report November 2005 Ref 22) – the reports from all these events were circulated to the full stakeholder list of 900, the participants and provided on the web site.</p> <p>Redesign workshop events were held for urology, gynaecology on 7 January 2005 and Haematology event Ref 23. This lead to a separate public consultation on urology and gynaecology June to 2 September 2005 Ref 24</p>
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	<p>A diagram sets out the development phases of PoH</p>	<p>A redesign workshop was held of acute psychiatry on 7 January 2005 Ref 25 and following this the PoH Steering Group with input from Mental Health Strategy Group (includes user and care representation) agreed to bring acute psychiatry back within the timetable of the overall PoH.</p> <p>An engagement event took place on thoracic services in July 2004. The public consultation on thoracic services was February to 5 May 2005 Ref 26</p> <p>Programme plan diagram Ref 27 which was circulated to PoH Steering Group and senior managers. It was also displayed as a poster at some stakeholder events E.g. Scottish Health Council workshop</p>
<p>What practical arrangements have been considered to enable people to participate?</p>	<p>Meetings during engagement and consultation were arranged across Lanarkshire in geographically accessible settings and in physically accessible venues</p> <p>Focus groups used to access difficult to reach groups and community groups</p>	<p>List of meetings as part of engagement process Ref 28</p> <p>Focus groups to identify values Ref 12 Focus groups on emergency services Ref 18</p>

	<p>Translation of all summary documents offered and conversion to alternative format Hearing induction loop fitted in venues. Signers available at all public meetings</p> <p>List of 900 stakeholders regularly written to with all new documents and updates</p> <p>Staff, stakeholder and press briefings throughout consultation and engagement process</p> <p>Transport available and provided</p> <p>Public representatives members of project boards</p>	<p>All published PoH documents</p> <p>Copies of letters to stakeholders Ref 29</p> <p>Copies of staff and stakeholder briefings Ref 30 press briefings Ref 49</p> <p>Ref 62</p> <p>Membership of Project Boards Ref 17</p>
What financial arrangements have been considered to enable people to participate?	User and carers were offered payment of travel and other expenses for all workshops and meetings	Policy on payment of expenses and record of payments made Ref 31
What resources were required for the consultation process?	A bid was funded by the PoH Steering Group and NHS Lanarkshire Strategy Group to fund the engagement and consultation process on PoH. During 2005/06 this equated to around £300,000	Expenditure monitoring spreadsheet Ref 32
Was the consultation plan published?	Consultation plan was presented at the Area Clinical and Area Partnership Forums as well as being agreed at the PoH Steering Group. The latter two meetings are reported to Board at public board meetings. Presentations were undertaken by the Chief Executive to the senior management team. The communication plan was published at a stand at the Summer Engagement Workshop 22 June	Communication at meetings on PoH Progress Ref 33

	2005. It was also presented to Senior Managers at a Chief Executive's briefing meeting for comments and was submitted to the main decision making groups in both the primary care and acute divisions during the Summer 2005	
Who was involved in the production of the plan?	Logistic Group drew up the plan which was ratified by the PoH Steering Group	Communication plan and timeframe documents Ref 34
Was Board approval sought/gained?	The communication plan and timeframe was ratified by the PoH Steering Group It was not approved by the Board however the PoH Steering Group is made up of Executive Directors. The overall programme plan went to the Strategy and Redesign Committee which includes Non Executives. Reports on progress on the communication plan were provided to the fortnightly meetings of the PoH Steering Group	Notes of PoH Steering Group Ref 35

Consultation Material

Issue	Response	Evidence
Was a consultation document produced?	Engagement Yes Public consultation Yes	Ref 3a and 3b Ref 15a and 15b
When was it produced?	Engagement August to October 2004	Note of Clinical and Financial Sustainability Working Group and establishment framework Ref 36

	<p>Public consultation May 2005 to January 2006</p>	
How was it circulated?	<p>Engagement and Public Consultation Documents</p> <p>Summary document was distributed to:</p> <ul style="list-style-type: none"> • all households in Lanarkshire by Royal Mail • libraries • health centres, GP practices, pharmacists, dentists, hospitals • all staff through staff magazine distribution mechanism <p>Full documents to stakeholders list of 900:</p> <ul style="list-style-type: none"> • public • voluntary sector and community groups • partner agencies • local politicians • Scottish Health Council 	<p>Postcode distribution list, cover letters and stakeholder list Ref 37</p> <p>Ref 37</p>
What other methods were used?	<p>Public Consultation DVD produced summarising main proposals</p>	<p>DVD Ref 38</p>
Does the material outline the proposals in an easy to understand manner?	<p>Yes</p> <p>Summary documents produced for both the engagement and public consultation. These were produced by NHS Lanarkshire's communication department and laid out by the medical illustration department</p> <p>Both documents offered translation on request and transferring into other formats such as audiotapes. These were taken up for the public consultation summary document.</p>	<p>Documents Ref 3 and 15</p> <p>E-mails confirming transfer / translation into alternative formats Ref 39</p>

	DVD was produced by a professional communications company to support a standardised, well presented and simplified message for all consultation meetings	Invitation for tender for DVD Ref 40
Are the reasons for the proposals clear?	<p>Yes Both engagement and public consultation documents set out why services need to change in a clear manner</p> <p>For the public consultation this was supported by media and staff briefings and advertorials</p>	<p>Ref 3 & Ref 15</p> <p>Briefings Ref 30 and advertorials Ref 50</p>
Were public policies that affected the consultation made clear to everyone involved?	<p>Yes Both engagement and public consultation documents set out the national and local policy context.</p> <p>The public consultation document outlined the context of the Building a Health Service Fit for the Future, 2005 (Kerr report) and the Scottish Executive response Delivering for Health (2005). Reference is made throughout the document showing the alignment of the proposals within PoH to these reports. Appendix 7 sets out the links to the local key actions in Delivering for Health.</p> <p>The public consultation document also sets the proposals for area such as health improvement, mental health, learning disabilities, older people's and children's services within the context of current NHS Lanarkshire and partner agencies strategies.</p>	<p>Ref 3 & Ref 15</p> <p>Throughout PoH document and Appendix 7 of the full report.</p> <p>Throughout the document and Appendix 9 giving the references</p>
Was information about contact points for further	<p>Yes The full and summary engagement and</p>	Full engagement document – Ref 3

<p>information/clarity included?</p>	<p>consultation documents all provided information on contact points offering by post, e mail, website.</p> <p>The engagement documents focussed on a questionnaire to gain views on health and health services.</p> <p>The web site reinforced this information and had a contact us mechanism. For the engagement process this was an interactive forum for comments and queries</p>	<p>page 18 and questionnaire Summary engagement document – page 6 and questionnaire</p> <p>Full consultation document – page 5 Summary consultation document – back page (page 20)</p> <p>Specification of original web site. The web site was updated with the launch of a new NHS Lanarkshire web site. Contact us screen print Ref 42</p>
<p>What were the options proposed?</p>	<p>Options were developed on the configuration of acute services.</p> <p>These emerged from an earlier piece of work undertaken by the acute division Associate Medical Director in 2003. General surgeons undertook an initial option appraisal in 2004 and this was followed up later in 2004 by a PoH December stakeholder event.</p> <p>To gain further views from consultants, 33 interviews were carried out with general surgeons, anaesthetists and orthopaedic surgeons in May 2005. Meetings then took place with consultant staff. A proposal was developed for one emergency hospital for Lanarkshire and two planned care hospitals.</p> <p>This proposal was put to the Summer Engagement</p>	<p>Consultation paper Hospital Services in Lanarkshire from August 2004 and General Surgery option appraisal Ref 43</p> <p>Engagement Workshop December 2004 Ref 19</p> <p>Summary of interviews, May 2005 Ref 44</p> <p>Report on meetings with consultants, June and July 2005 Ref 45</p> <p>Summer Engagement Workshop June</p>

	<p>event in June 2005 and received limited support. As a result more extensive work was carried out with clinical staff. Focus groups for the public were also commissioned to gain more information on the public's concerns and views about changes to acute services. This led to the development of a proposal for two emergency hospitals and one planned care hospital. This proposal was supported at a stakeholder event on 27 October 2005. Further meetings then took place with clinical staff to gauge support.</p> <p>An option appraisal event was held on 10 and 22 November to consider the options of the status quo and the permutations of two emergency and one planned care hospital.</p> <p>At its meeting on 21 December 2005 the Board supported the proposal of two emergency hospitals one of which would be Wishaw General and one planned care hospital. There was no differentiation made between the option of either Hairmyres or Monklands being a planned care hospital as it was felt the option appraisal had not been decisive on this issue. It was decided to consult on two options</p> <p>The workshop on acute psychiatry on 7 January 2005 was followed by work with stakeholders to reach a preferred change</p>	<p>2005 Ref 20</p> <p>Future Options for Critical Care in Lanarkshire paper and meetings with clinical staff September 2005, Ref 46</p> <p>Focus groups on emergency services Ref 18</p> <p>Acute Services Engagement Workshop October 2005 Ref 21</p> <p>Option Appraisal Report and Evidence Report November 2005 Ref 22</p> <p>Board paper 21 December 2005 Ref 14</p> <p>Report on acute psychiatry engagement event 7 January 2005 Ref 24</p>
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How did the Board outline they would consider alternative suggestions?	The consultation paper requested views on the overall PoH as well as on the options for acute services	Consultation documents
Was Board approval sought /gained?	Board approval was given to consultation document 21 December 2005	Board paper 21 December 2005 Ref 14

Notification of the consultation – (focus on public consultation)

Issue	Response	Evidence
How were people informed of the process?	Notification went out: <ul style="list-style-type: none"> • Launch event on 30 January 2006 to which a cross section of the 900 stakeholders were invited (focused on user, carers and community groups) • To the 900 stakeholders with a letter just prior to consultation and a letter with the consultation documents • To staff through a staff briefing and briefing meetings at the hospitals • To public through press briefing, door drop to all households and advertisements 	Launch invitation and briefing Ref 47 Letters to stakeholder Ref 16 Staff briefings Ref 48 Press briefings Ref 49 and advertisements Ref 41
What methods were used to raise awareness of/encourage participation in the process?	Launch event Letter to stakeholders offering local meetings Staff briefings Press briefings Advertising	Ref 47 Ref16 Ref 48 Ref 49 Ref 41
What information was circulated?	A cover letter, full document and summary to the 900 stakeholders	Letters to stakeholder Ref 16

	<p>The summary consultation document was distributed to:</p> <ul style="list-style-type: none"> • all households in Lanarkshire • libraries • health centres, GP practices, pharmacists, dentists, hospitals • all staff though staff magazine distribution mechanism <p>Press briefings and advertorials giving information about key areas which had been picked up as frequently asked questions from correspondence, staff consultations, public consultations and media coverage</p> <p>Adverts on street lighters across Lanarkshire</p> <p>Frequently asked questions section was provided on the web site</p> <p>About a third of the written correspondents (letter e-mail or contact us from the web site) were sent a covering letter thanking them for their contribution and attaching a frequently asked questions sheet. The remaining correspondents will receive a standard or an individual letter at the end of the</p>	<p>Distribution list and stakeholder list Ref 37</p> <p>Press Briefings Ref 49 Advertorials covering frequently asked questions (these went out the second half of the consultation period in April. Prior to this there was a press briefing which outlined why services needed to change) Ref 50</p> <p>Example invoice Ref 51</p> <p>Page prints from the web site Ref 52</p> <p>Copy of standard letter and frequently asked questions sheet Ref 53</p>
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	consultation.	
At what stage?	<p>The letter to stakeholders went out at the start of the consultation</p> <p>The distribution of the summary document to staff and households took place in February 2006</p> <p>Press briefings, advertorials went out across the three months of the consultation</p> <p>Frequently asked questions were available on the web site from end of February 2006</p> <p>Correspondence was replied to throughout the consultation period with the bulk going out in March 2006</p>	<p>Cover letter</p> <p>Progress reports to PoH Steering Group Ref 54</p> <p>Ref 49 and 50</p>
When was the consultation period?	30 January 2006 to 28 April 2006	

Consultation overview

Issue	Response	Evidence
What form did the consultation take?	<p>Engagement process to place to inform consultation process</p> <p>Household distribution of summary document requesting individual responses</p> <p>Web site advertised in press and street lighters</p> <p>Letter to stakeholders requesting response</p>	<p>Ref 54</p> <p>Ref 52</p> <p>Ref 16</p>

	<p>14 public meeting across Lanarkshire</p> <p>17 smaller meetings with local communities. Near the end of the consultation process community groups offered a local meeting did not want one as they felt they had had sufficient opportunity to comment</p>	<p>Summary of transcripts of public meetings Ref 55</p> <p>Database of local meetings Ref 56</p>
How were the methods chosen?	<p>Based NHS guidance:</p> <ul style="list-style-type: none"> • NHS HDL (2002) 42 Consultation and Public Involvement in Service Change – Draft Interim Guidance • Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services, Guidance for the Scottish Executive Health department and NHS Scotland, 2004 • National Standards for Community Engagement, Community Scotland, 2005 <p>Informed by meetings with Argyll and Clyde , Forth Valley and Ayrshire and Arran Health Boards and links with Lothian Health Board</p> <p>Liaison with Scottish Health Council local office</p> <p>Expertise of the members of the logistics group and PoH Steering Group</p>	<p>Independent review template</p> <p>Minute NHS Ayrshire and Arran 17.10.05 Ref 34</p>
How did the methods enable diverse views to be expressed?	<p>Links made to Dialogue web site for young people across Lanarkshire</p> <p>Modern Studies departments written to at all</p>	<p>Contact to web site and letter to schools Ref 57</p> <p>Ref 57</p>

	<p>secondary schools</p> <p>Local meetings with community groups at times and venues convenient to them on request</p> <p>Translation of all summary documents offered and conversion to alternative format</p> <p>Care was taken in planning the format of the public meetings to ensure the level of debate and informative discussion was maximised. This included:</p> <ul style="list-style-type: none"> • A clinically focussed panel who would be able to respond directly to public concerns • An experienced, independent chair to challenge the panel on the public's behalf and to support the proceedings • Panel members were trained in skills to communicate in a public meeting environment • Logistics arrangements for the meetings were carefully planned in relation to accessible venues, largest venues in the geographical care, arrangements for the public to meet and be greeted with tea, coffee and biscuits, hearing loops and microphones. At two of the meeting signers for the deaf were available. Free accessible transport was provided for the meetings covering rural areas. 	<p>Brief for local meetings Ref 58</p> <p>E-mails confirming translation and conversion to audio tape Ref 39 and Ref 15</p> <p>Public meeting brief Ref 60 and checklist Ref 59</p> <p>Tender invitation for independent chairing Ref 40</p> <p>Training dates for panel members Ref 61</p> <p>Community notices for transport to public meetings Ref 62</p>
Outline the interested parties and members of the	Stakeholder list sets out breadth of individuals and groups directly corresponded with	Stakeholder list Ref 37

public who were involved.	List of local meetings	Database of local meetings Ref 56
What information were people given prior to the consultation?	<p>Engagement process documented above provided information to the public, staff and stakeholders</p> <p>The public meetings were timed to take place following the household distribution of the summary document</p>	<p>Section above on planning the consultation</p> <p>Progress report to PoH Steering Group Ref 54</p>
What information did they receive at the meetings/groups/sessions?	<p>Summary documents distributed in advance</p> <p>The format of the public, staff and the local meetings was a welcome, DVD and then question and answers session.</p> <p>At the public meeting a question form was provided on each chair. This was to allow individuals who wished the Chair of the meeting to read their question out for them or if the member of the public had not had a chance to ask a question or make a comment it could be posted in a feedback box</p> <p>Additional copies of the summary document were made available as well as copies of the full document</p> <p>The Scottish Health Council also distributed questionnaires at the public and staff meetings.</p>	<p>Ref 15</p> <p>Public meeting and local meeting brief Ref 60 and 58</p> <p>Copy of question form Ref 63</p>
Did the proposals change during the period of	The proposals on the configuration of acute services changes during the engagement process	Consultation paper Hospital Services in Lanarkshire from August 2004 and

<p>consultation?</p>	<p>as documented General surgeons undertook an initial option appraisal in 2004 and this was followed up later in 2004 by a PoH December stakeholder event.</p> <p>To gain further views from consultants, 33 interviews were carried out with general surgeons, anaesthetists and orthopaedic surgeons in May 2005. Meetings then took place with consultant staff. A proposal was developed for one emergency hospital for Lanarkshire and two planned care hospitals.</p> <p>This proposal was put to the Summer Engagement event in June 2005 and received limited support. As a result more extensive work was carried out with clinical staff. Focus groups for the public were also commissioned to gain more information on the public's concerns and views about changes to acute services. This lead to the development of a proposal for two emergency hospitals and one planned care hospital. This proposal was supported at a stakeholder event on 27 October 2005. Further meetings then took place with clinical staff to gauge support.</p> <p>An option appraisal event was held on 10 and 22 November to consider the options of the status quo and the permutations of two emergency and one planned care hospital.</p> <p>At its meeting on 21 December 2005 the Board</p>	<p>General Surgery option appraisal Ref 43 Engagement Workshop December 2004 Ref 19</p> <p>Summary of interviews, May 2005 Ref 44</p> <p>Report on meetings with consultants, June and July 2005 Ref 45</p> <p>Summer Engagement Workshop June 2005 Ref 20</p> <p>Future Options for Critical Care in Lanarkshire paper and meetings with clinical staff September 2005, Ref 46</p> <p>Focus groups on emergency services Ref 18 Acute Services Engagement Workshop October 2005 Ref 21</p> <p>Option Appraisal Report and Evidence Report November 2005 Ref 22</p> <p>Board paper 21 December 2005 Ref 14</p>
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	<p>supported the proposal of two emergency hospitals one of which would be Wishaw General and one planned care hospital. There was no differentiation made between the option of either Hairmyres or Monklands being a planned care hospital as it was felt the option appraisal had not been decisive on this issue. It was decided to consult on two options</p>	
<p>I. What influenced this change? II. Was further information issued? III. To whom? IV. When?</p>	<p>I. It became apparent over late Summer / Autumn 2005 through discussion with clinical staff that the proposed model of one emergency site would not cope with emergency demand</p> <p>II. Further information was issued on 20 April in relation to cross boundary flow and capital and logistics for acute services. It was made clear at the beginning of the consultation that the further work would be carried out inform the debate. The consultation period for these two papers was extended to 15 May 2006</p> <p>III. and IV. The information was issued to the 900 stakeholders, a MSP briefing took place on 31 March and a press release and media briefing was undertaken on 20 April</p> <p>A staff consultation event on cross boundary flow and capital and logistics was held on 21 April 2006 and a stakeholder event for users, carers and community groups was held on 27</p>	<p>Ref 22</p> <p>Cover letter and papers on cross boundary flow and capital and logistics Ref 64</p> <p>Ref 64</p> <p>Letter of invitation to events on 21 and 27 April 2006 Ref 65</p>

	<p>April 2006</p> <p>Two issues were raised consistently during the consultation period by stakeholders:</p> <ul style="list-style-type: none"> • relationship of proximity of inpatient emergency services to deprived and elderly populations • further information on the sustainability of the status quo for acute services <p>As a consequence further work was commissioned on these areas prior to the Board decision making</p>	
Do the proposals affect more than one NHS Board area?	The proposal on cross boundary flow for emergency services affect Forth Valley and Greater Glasgow and Clyde Health Boards	The paper on cross boundary flow was jointly produced with these health boards and was commissioned by the West of Scotland Regional Planning Group Ref 64
What was the interface with NHS Lanarkshire's usual communication processes/structures with communities, service users and the public?	Presentations on PoH were made to the Health and Care Partnership groups meetings	Minutes of Health and Care Partnership meetings Ref 68
What evidence is there of ongoing discussions with all interested parties as specific issues are explored and proposals are developed?	<p>Workshops throughout the engagement period provided an opportunity to check with interested stakeholders their involvement in the process</p> <p>Interest was demonstrated in the PoH and in particular the proposals on acute services by the 3000 written responses, petitions and press coverage</p>	<p>Workshop December 2004 Ref 19, Focus groups to identify values Ref 12</p> <p>Focus groups on emergency services Ref 18</p> <p>Redesign workshops (Engagement Summer Engagement Workshop June 2005 Ref 20, Acute Services Engagement Workshop October 2005 Ref 21, Option Appraisal Report</p>

		<p>November 2005 Ref 22) – the reports from all these events were circulated to the full stakeholder list of 900, the participants and provided on the web site.</p> <p>Redesign workshop events were held for urology, gynaecology Ref 23 on 7 January 2005. This led to a separate public consultation on urology and gynaecology June to 2 September 2005 Ref 24</p>
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Key Interest groups

Issue	Response	Evidence
What participative sessions were held with key interest groups?	<p>Workshops and focus groups set out in section on planning the consultation</p> <p>As part of the consultation the local meetings were participative</p>	<p>Workshop December 2004 Ref 19, Focus groups to identify values Ref 12 Focus groups on emergency services Ref 18 Redesign workshops (Engagement Summer Engagement Workshop June 2005 Ref 20, Acute Services Engagement Workshop October 2005 Ref 21 Database of local meetings Ref 56</p>
Who attended these sessions? (designations/agency not	A list of participants is included in all the workshop report except for the option appraisal and the workshop on 27 October 2005 which are attached	List of participants for option appraisal and 27 October 2005 Ref 66

names)	Report on events on 21 and 27 April 2006 are still being drawn up	Ref 69(Draft note)
<p>Were there follow-up feedback sessions?</p> <ul style="list-style-type: none"> I. Dates II. Attendance III. How was information shared? 	<p>The workshop report and the focus group reports were circulated to stakeholder and participants and included on the web site</p> <p>The workshops involved the same stakeholders so they were aware of the development of PoH proposals</p> <p>Notes of the discussion at the local meetings and staff meetings were taken to feed into the consultation report</p>	<p>Workshop December 2004 Ref 19, Focus groups to identify values Ref 12 Focus groups on emergency services Ref 18 Redesign workshops (Engagement Summer Engagement Workshop June 2005 Ref 20, Acute Services Engagement Workshop October 2005 Ref 21, Option Appraisal Report November 2005 Ref 22) – the reports from all these events were circulated to the full stakeholder list of 900, the participants and provided on the web site.</p> <p>Redesign workshop events were held for urology, gynaecology Ref 23 on 7 January 2005. This lead to a separate public consultation on urology and gynaecology June to 2 September 2005 Ref 24</p> <p>A redesign workshop was held of acute psychiatry on 7 January 2005 Ref 25 and following this the PoH Steering Group with input from Mental Health Strategy Group (includes user and care representation) agreed to bring acute psychiatry back within the</p>

	Frequently asked question was published on website and advertorials	<p>timetable of the overall PoH.</p> <p>An engagement event took place on thoracic services in July 2004. The public consultation on thoracic services was February to 5 May 2005</p> <p>Ref 26 Ref 50 and Ref 52</p>
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Public Consultation

Issue	Response	Evidence
Outline the process of consultation and debate with the public.	The format of the public, staff and the local meetings was a welcome, DVD and then question and answers session	Public meeting and local meeting brief Ref 60 and 58
Dates, venues and attendance of meetings	Dates, venues and attendance of 14 public meeting attached	Ref 67
encouragement/assistance to attend	Free accessible transport was provided for the meetings covering rural areas	Community notices for transport to public meetings Ref 62
material provided (state whether in advance or at the meeting)	<p>Summary consultation document provided in advance of the meeting</p> <p>Information on website</p> <p>At the public meeting a question form was provided on each chair. This was to allow individuals who wished the Chair of the meeting to</p>	<p>Ref 15</p> <p>Copy of question form Ref 63</p>

	<p>read their question out for them or if the member of the public had not had a chance to ask a question or make a comment it could be posted in a feedback box</p> <p>Additional copies of the summary document were made available as well as copies of the full document</p> <p>The Scottish Health Council also distributed questionnaires at the public and staff meetings.</p>	
how were views recorded?	<p>A recording was made of each of the public meetings. These were transcribed into a verbatim record</p> <p>Notes were taken at the staff and local meetings</p>	Summary of transcripts of public meetings Ref 55
how were views from these sessions publicised?	The transcripts and notes from the staff and local meetings were summarised to provide a report for the NHS Lanarkshire Board meeting in May 2006	Board paper on public, local and staff meetings Ref 68

Service users

Issue	Response	Evidence
How were service users/patient involved?	<p>Service users and carers were involved in the workshops leading to the development of the PoH proposal. They were represented at local meetings and as community groups as part of the focus groups</p> <p>The public were involved by requesting involvement in the service redesigns on the</p>	<p>Workshop reports</p> <p>Focus groups to identify values Ref 12</p> <p>Focus groups on emergency services Ref 18</p> <p>Engagement Feedback Report Ref 13</p>

	<p>questionnaires in the engagement consultation</p> <p>Service users, carers and the public were included in the 900 stakeholder list</p> <p>Representative service users, carer and the public were involved in the option appraisal for acute services in November 2005 as well as representatives of community councils who were brought in to provide fresh opinions and to provided a more balance geographical spread of representation</p> <p>The Haematology redesign involved individual patient interviews</p>	<p>Stakeholder list Ref 37</p> <p>List of participants for option appraisal and 27 October 2005 Ref 66</p>
<p>details of focus groups and interviews (dates, numbers of groups, numbers attending etc)</p>	<p>Focus group reports</p>	<p>Focus groups to identify values Ref 12</p> <p>Focus groups on emergency services Ref 18</p>
<p>I. numbers of service users</p> <p>II. how views were incorporated</p>	<p>I. Focus group reports</p> <p>II. First set of focus groups established public values, which were used by the project boards developing the PoH proposal. The Summer Engagement workshop June 2005 evaluated each of the proposals against these values. The values were also included as criteria in the acute service options appraisal</p>	<p>Focus groups to identify values Ref 12, Focus groups on emergency services Ref 18</p> <p>Summer Engagement Workshop June 2005 Ref 20</p> <p>Option Appraisal Report November</p>

	The second set of focus groups informed the development on acute services and were reported into the Acute Services Engagement event on 27 October 2005	2005 Ref 22 Acute Services Engagement Workshop October 2005 Ref 21 ,
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Wider perspectives/Community Planning

Issue	Response	Evidence
Outline the process to gain a wider public perspective	The focus groups involved a cross section of the public and community interest groups	Focus groups to identify values Ref 12 , Focus groups on emergency services Ref 18
what was the interface with the community planning partnerships?	Presentations on PoH were made to the Health and Care Partnership groups meetings	Minutes of Health and Care Partnership meetings Ref 65
what methods were used?	Focus groups and meetings	Ref 12 and Ref 18
what encouragement was given to participate?	Letters to stakeholders and actively placing PoH on community partner agendas. Taking all opportunities to include debate on PoH Additional support offered – financial assistance, transport, language	List of meetings and consultation events for staff and public and stakeholders. Ref 10
what information was provided?	Briefing papers were provided to the focus groups	Focus groups to identify values Ref 12 , Focus groups on emergency services Ref 18
how was discussion promoted/encouraged?	Launch event Letter to stakeholders offering local meetings Staff briefings	Ref 47 Ref 16 Ref 48

	Press briefings Advertising	Ref 49 Ref 41
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Written comments

Issue	Response	Evidence
How were written comments sought?	Distribution of summary documents Launch event Letter to stakeholders Public, local and staff meetings Staff briefings Press briefings Advertising	Ref 3 and 15 Ref 47 Ref 16 Ref 67 Ref 48 Ref 49 Ref 41
Who from?	Public, users, carers, community groups, staff, partner agencies, politicians	Summary of written correspondence Ref 69
What formats were used?	Questionnaires as part of engagement consultation Methods for providing written comments set out in the engagement and consultation documents. This was e-mail, contact us on web site, free post for written submissions, question forms at public meetings. Several petitions were also received	Ref 3a, 3b and Ref 15 Full engagement document Ref 3 – page 18 and questionnaire Summary engagement Ref 3 document – page 6 and questionnaire Full consultation document Ref 15 – page 5 Summary consultation document – back page (page 20)

Change and feedback

Issue	Response	Evidence
<p>How were opinions/suggestions input into the process?</p>	<p>During the engagement process stakeholders were jointly involved in the development of the PoH proposals as members of project boards, attendees at meetings, workshop and focus groups. Also by responding to the engagement questionnaire.</p> <p>During the consultation stakeholders were able to input their opinions through public, local and staff meetings and in writing and through petitions.</p>	<p>Ref 3, Ref 10, Ref 12, Ref 13, Ref 17, Ref 19</p> <p>Ref 3, Ref 10, Ref 12, Ref 13, Ref 17, Ref 19</p>
<p>How was information feedback to participants in the process?</p>	<p>Participants at workshops, focus groups and meetings received reports and notes of these events.</p> <p>Stakeholders were invited back to events through out the engagement process and so were able to get feedback on the development of the proposals in PoH.</p> <p>Main reports including focus group reports were placed on the web site.</p> <p>Letters were sent out to the 900 stakeholders to update them on progress throughout the engagement and consultation process.</p> <p>The local meetings were often with the same</p>	<p>Ref 12, Ref 13</p> <p>Ref 10</p> <p>Ref 10, Ref 16</p>

	<p>community groups over time.</p> <p>Progress reports were provided to community planning groups and NHS Lanarkshire Area Clinical Forum and Area Partnership Forum.</p> <p>Staff briefings and press briefings were provided throughout the engagement and consultation process.</p> <p>Frequently asked questions were published on website and advertorials</p>	<p>Is there a copy of what went to community planning?</p> <p>Ref 30, Ref 41</p> <p>Ref 52</p>
How were outcomes shared?	Outcomes were shared as part of feedback as above.	Ref 12, 13, 30, 50, 52, 53
What methods were used?	Written forms, presentations, meetings and web site	Ref 12, 13, 30, 50, 52, 53

Evaluation of the process – to be completed later

Issue	Response	Evidence
How did you evaluate the process?	Independent review of process against national guidance. Scottish Health Council will monitor the effectiveness of NHS Lanarkshire at engaging with the public.	
What were the main issues?		
How did evaluation affect		

the process?		
What lessons did you learn?		
What plans are there to act on your learning?		

Decision-making – (Board has not yet made decision)

Issue	Response	Evidence
How were consultation response incorporated into the process?		
When was a decision made?		
Were the reasons for the decision clear?		
Is it clear why alternatives were not adopted?		
How was decision communicated to all stakeholders?		

A Picture of Health Review of Engagement and Consultation Process

Title	Reference
Paper setting out the establishment of Clinical and Financial Sustainability Programme	1
Workshop of the Clinical Strategy Forum September 2004	2
Full and summary A Picture of Health (PoH) public engagement document	3a 3b
Notes of Clinical and Financial Sustainability Programme meetings	4
Logistics Group Terms of Reference	5
Response to questionnaire collated and list of interested stakeholders collated	6
Role and responsibilities of Programme and Project Boards	7
Remit of Picture of Health Steering Group	8
Programme Brief and Programme Plan	9
List of meetings and consultation events for staff and public and stakeholders	10
Papers commissioning web site	11
Public and community groups focus group report	12
Engagement Feedback Report	13
NHS Lanarkshire Board Paper 21 December 2005	14
Full and Summary consultation document	15a 15b
Cover letter to stakeholders setting out consultation process	16
Membership of major service redesign project boards	17
Focus groups on emergency services	18
Redesign workshops (Engagement Workshop December 2004	19
Summer Engagement Workshop June 2005	20
Acute Services Engagement Workshop October 2005	21
Option Appraisal Report November 2005	22
Urology, Gynaecology and Haematology Redesign Workshops	23
Consultation Document on Urology and Gynaecology	24
Acute Psychiatry Redesign Workshop	25
Consultation Document on Thoracic Services	26
PoH Programme Plan diagram	27
List of meetings as part of engagement process	28
Letters to Stakeholders	29

Staff and Stakeholder Briefings	30
Policy on payment of expenses and record of payments	31
Expenditure monitoring spreadsheet	32
Communication at meetings on PoH Progress	33
Communication plan and timeframe documents	34
Notes of PoH Steering Group	35
Notes of Clinical and Financial Sustainability Working Group	36
Postcode distribution list and stakeholder list	37
PoH DVD	38
E-mails confirming transfer / translation into alternative formats	39
Invitation for tender for DVD	40
Advertisements	41
Web site contact us screen print and telephone enquiries	42
Hospital Services in Lanarkshire from August 2004 and General Surgery option appraisal	43
Summary of interviews, May 2005	44
Report on meetings with consultants, June and July 2005	45
Future Options for Critical Care in Lanarkshire paper and meetings with clinical staff September 2005	46
Public consultation launch invitation and attendees	47
Public consultation launch staff briefings	48
Press briefings	49
Advertorials covering frequently asked questions	50
Street lighters example invoice	51
Frequently asked questions page prints from the web site	52
Copy of standard letter and frequently asked questions sheet	53
Progress reports to PoH Steering Group	54
Summary of transcripts of public meetings	55
Database of local meetings	56
Contact to web site and letter to schools	57
Brief for local meetings	58
Public meeting checklist	59
Public meeting brief	60
Training for panel members	61
Community notices for transport to public meetings	62
Copy of question form	63

Cover letter and papers on cross boundary flow and capital and logistics	64
Letter of invitation to events on 21 and 27 April 2006	65
List of participants for option appraisal and 27 October 2005	66
Dates, venues and attendance of 14 public meeting	67
Minutes of Health and Care Partnership Meetings	68
Board paper on public, local and staff meetings	69