

Our Healthier South East London

Elective adult inpatient orthopaedic services

Pre-consultation feedback, learning and next steps

Background

The focused pre-consultation work took place in August and September 2016. Informed by the early equalities analysing scoping exercise it targeted those people and communities most likely to be affected by the suggested changes. A wide cross-section of local people took part, including older people, carers, people with physical disabilities, learning disabilities, people living in areas of deprivation, refugees, black and minority ethnic groups and transgender people. People were invited to public meetings and focus groups or to respond online. In total, over 400 people took part, with most of these attending a face-to-face engagement activity and only fourteen replying online.

Purpose of pre-consultation

The aim of the pre-consultation work was to inform the development of the full consultation – both in terms of the content, and how it is framed to the public, and the approach to consultation activities. We also asked people whether they understood how the work related to the wider health and care landscape across south east London.

The University of Kent was commissioned to independently analyse the findings and write up the report.

In addition to the above, during this phase of work, we had further in-depth discussions with the Planned Care Reference Group, Equalities Steering Group and the South East London Stakeholder Reference Group. Feedback and recommendations from these meetings have also informed our plans for consultation.

What we learned and what we'll do as a result

1. Feedback from pre-consultation on the content of the proposals

People were asked if, having read the proposals, they envisaged a **positive or negative impact** on them and what could be done to make things better, or to mitigate against any negative impacts.

What was said:

The majority of feedback related to concerns around transport and access. Impacts on discharge arrangements, facilities, staffing, waiting times and patient choice were also frequently mentioned.

What we'll do as a result:

We need to be clearer about travel impact. We will publish information from our travel analysis and do further work looking into the impact of each option on travel times. In our consultation document and supporting materials we will also look at what impact the options could have on individual patient journeys through the planned care pathway so that people can see how the changes might affect them.

We also asked whether people thought there were **other solutions** that we haven't considered that could improve planned adult inpatient orthopaedic surgery.

What was said:

There were fewer responses to this question during the focus groups and events. However, several groups fed back that they wanted more local specialist treatment. During the Planned Care Reference Group meeting (on the 29th September 2016) there was a very strong message the people would like the programme to provide more information about what the 'enhanced status quo' could look like.

What we'll do as a result:

Given this feedback, the programme will develop a plain English description of what is meant by the expression 'enhanced status quo' and how this has been used as a baseline for evaluating the consolidated options. This clearer description will be reflected in the consultation document and supporting materials.

2. Feedback from pre-consultation on the approach to formal consultation

People were also asked **how they would like to be involved in the formal consultation**; what information they would need and in what format.

What was said:

Face-to-face meetings were popular and people were in favour of joining up with existing groups and networks. As well as holding these types of event, the feedback also suggested ways of making the process more inclusive. Several groups said there should be more effort made to reach people most affected, understand their issues and what it is like to be the patient. Also to get involvement from as many and as wide a range of people as possible, for example using easy materials, offering to provide material in different languages, and greater involvement of Black, Asian, and minority ethnic (BAME) groups.

What we'll do as a result:

Our approach is being informed by the early equalities analysis which identified groups most likely to be impacted by change. We are conducting another equalities analysis during consultation which will build on this work, digging deeper into the potential impacts of each option on those affected groups and highlighting what actions can be taken to mitigate against any negative impacts – and enhance positive ones.

We have worked with key partners (including patients and the public) to develop a comprehensive stakeholder map which identifies those who will be interested or affected by the proposed changes. We have supporting communications and engagement plan per stakeholder which is tailored to their needs. It includes a wide reaching approach to disseminating information ensuring as many people as possible are signposted to our online consultation hub. This is underpinned by a suite of consultation materials, in formats tailored to the audience and including: easy read; summary versions; audio versions and translations upon request. We will also promote opportunities for giving face-to-face feedback: holding a deliberative event in each borough (with the possibility of two events in some boroughs to improve access); focus groups with people who have protected characteristics; road shows at provider trusts and a consultation hearing where people will be invited to present evidence to support their argument.

Throughout all of our communications materials we will clearly explain how the proposals could benefit local people - the impact changes could have on their experience of services. As a result if the feedback we will also apply for a 'Crystal Mark' for the main consultation document to ensure it is easy to understand.

3. Feedback from pre-consultation on the wider health and care context

What was said:

Many groups did not answer this question, and about half of those that replied did not know or were unclear about the wider work of OHSEL. The other half that gave a reply had at least a broad understanding of the aims, such as working together across boroughs, encouraging people to live more healthily, and providing information networks.

What we'll do as a result:

We need to be clearer about how this piece of work fits into the local Sustainability and Transformation Plan. We will ensure that our consultation messaging is framed in this context.

In summary

The feedback from pre-consultation has been vital in shaping our approach to consultation. We now understand some of the key concerns from members of the public and can ensure that these are addressed in our consultation materials. As a result we will provide clearer information on what the enhanced status quo means and how it compares to the consolidated model; the financial impact of any changes and how the changes could affect the experience of individuals and their journeys through the planned care pathway. Our materials will also be more appropriate and better pitched to our audience. Not only will we ensure that our public facing materials are clear, honest and accessible to local people, we will also ensure that we produce suitable materials for workforce colleagues and provide further opportunities for them to be involved during formal consultation.