

Pre-consultation engagement approach

September 2024
Appendix A

Pre-consultation engagement and consultation requirements and engagement process

Service change process: statutory obligations 1 of 3

- The NHS has a **legal duty to involve people when planning or making changes to health services.**
 - Any substantial variation in service provision requires formal consultation with local authorities and will usually also require public consultation.
 - There are a number of legal requirements that apply to consultation
 - Consultation allows people chance to give their views on the proposed changes.
- The National Health Service Act (2006) requires all NHS organisations to make arrangements to involve service users or their representatives in planning services, developing proposals for service changes and decisions on changes made to services.



Service change process: statutory obligations 2 of 3

- The specific duty for commissioners is set out in s.14Z45:
The integrated care board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways) —
 - (a) in the planning of the commissioning arrangements by the integrated care board,**
 - (b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on — (i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or**
 - (ii) the range of health services available to them, and**
 - (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.**
- Service change is “any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and / or the geographical location from which services are delivered.”

Service change process: statutory obligations 3 of 3

- All service change programmes need ownership, support and leadership from commissioners to make sure legal requirements are met.
 - NHS commissioners in England have the strategic lead for deciding what health services should be provided and how they should be configured in their area.
- The 2013 Health Scrutiny Regulations place on NHS commissioners a statutory duty to formally consult a local authority where the NHS has under consideration any proposal for a substantial development of the health service in the area of that local authority, or for a substantial variation in the provision of such a service.
- NHSE has set out a two-stage independent assurance process where public consultation is required (See [Addendum to Planning, assuring and delivering service change for patients \(March 2018\). NHS England, May 2022](#)):
 - **Stage 1** involves a strategic sense check of the case for change normally conducted before the detailed process of developing proposals is started.
 - **Stage 2** requires commissioners to produce a pre-consultation business case (PCBC) for the purposes of testing and assessing the robustness of the proposals before they proceed to consultation where required. Preparing for and completing stage 2 assurance will assist NHS bodies in meeting their statutory obligations. At stage 2, NHSE will decide if additional assurance is needed prior to consultation.

How will we listen? (1)

Type of engagement	Details
Community meetings / events	A series of community meetings to be held in easily-accessible locations across the core population area. To be held at different times of day (daytime and evening) to enable a broad range of people to attend.
Pop-up events / roadshows	Roadshow events will be held in key locations across the core population area. To be held at different times of the day (daytime and evening) to enable a broad range of people to attend.
Condition-specific patient support groups and networks	We will work with across organisations and wider partners to connect with condition-specific patient support groups and networks. This will mean we can hear from people who have, or who may, use specific services in the future.
Focus groups	Focus groups will be arranged to cover a range of different audiences, prioritising those most likely to be impacted by a change in hospital location and under-represented communities and health inclusion groups. Focus groups are often groups of less than 10 people and are conversations where feedback is captured.

These are examples of the type of methods we intend to use to support consultation activities and are subject to change.

How will we listen? (2)

Type of engagement	Details
Contact with existing patients – clinics, consultations, and bedside conversations	Subject to infection prevention and control (IPC) requirements, we will provide display materials for inpatient / clinic waiting areas relating to proposals under consultation. If guidelines allow at the time – and where judged appropriate – we will also arrange for Trust volunteers to spend time in these areas, to share information with patients and ask them to complete questionnaires or make them aware of how to contribute.
Contact with previous patients	We will seek to involve patients who have previously used hospital or health and care services through Trusts, NHS and local patient groups and networks

These are examples of the type of methods we intend to use to support consultation activities and are subject to change.

How will we raise awareness

Type of engagement	Details
Ambassadors / influencers	Ambassadors or influencers will be recruited to help share information about the programme, raise awareness and encourage consultation questionnaire completions among their networks and communities.
Trust members and ICB Citizens Panel	Groups of members and registered local people with organisations encouraged to complete questionnaire and share information with friends and family.
Partner networks	We will share information about the consultation with partner organisations and offer to provide presentations to groups. These partner organisations are able to reach a diverse range of individuals such as voluntary partners.
Paid (promotional advertising)	A range of content will be produced across social media, radio and outdoor. This will depend on budget. We will explore the use of community radio for content / potential advertising.
Community platforms	We will look to promote the consultation through community platforms such as Nextdoor and local community forums (e.g. Facebook Groups).
Partners	A range of content will be produced across social media, posters and in writing to be shared with partner organisations, such as wider NHS partners, local councils and local MPs.

These are examples of the type of methods we intend to use to support consultation activities and are subject to change.

Channels for listening to feedback

Type of engagement	Details
Written correspondence	A freepost address / pre-paid envelopes will be in place for those people wishing to submit a written questionnaire submission or to send comments and feedback on proposals through the post.
Emails	An email address will be in place for those wishing to send comments and feedback.
Phone line	We will take feedback from members of the public over the phone, as required. All phone conversations will be logged.
Social media	Content will aim to raise awareness but also comments and messages will be captured where possible – particularly those in direct messages.
Questionnaire	A set of questions will be designed, to gather both qualitative and quantitative data about people’s experiences. This will be something we encourage all contacts to complete.
Website	Information will be available on the website and encourage people to contribute feedback.

These are examples of the type of methods we intend to use to support consultation activities and are subject to change.

Current programmes in Lancashire and South Cumbria planning for pre-consultation engagement and formal consultation:

Programme

Shaping Care Together

New Hospitals Programme

Acute clinical reconfiguration programmes:

Head and neck, urology, cardiac and vascular services

Women and Children's Transformation Programme

(NHS Specialised Commissioning - across the North West)

Timescales

Pre-consultation engagement commenced - July to end September 2024

Awaiting outcome of national NHP review
Potential of pre-consultation engagement from Quarter 4 2024/25
TBC

Targeted engagement underway. Further engagement on new models from September 2024

Timelines for further pre-consultation engagement to be confirmed.