Medway Clinical Commissioning Group

NHS Medway CCG

Urgent and Emergency Care Review and Redesign Programme

COMMUNICATION AND ENGAGEMENT PLAN

Draft v0.7.1

Document History

Document Owner Medway Urgent and Emergency Care Steering Group

Document Location

Document Status The current status for this document is ***DRAFT***

Revision History

Approvals This document requires approvals to be signed off and filed in project files

Name	Responsibility	Date of approval	Version
Karen Barkway	Interim Head of Urgent Care		
Clare Delap - NHS Medway CCG	Head of Engagement		
Claire Ripley - NHS Medway CCG	Deputy Chief Operating Officer and lead forUrgent Care		
Stuart Jeffery – NHS Medway CCG	Chief Operating Officer (SRO for Integrated Urgent Care Redesign)		
Medway Urgent and Emergency Care Redesign Steering Group	Co-ordination of Medway Comms and Engagement plans and sign off of comms and engagement processes across Medway CCGs		

1. Introduction

NHS Medway Clinical Commissioning Group (CCG) are improving the way urgent and emergency care services are delivered in Medway. We will build on previous engagement activities to make sure that local people, staff and clinicians have an opportunity to get involved in our plans. Together with other CCGs in Kent we are enhancing telephony services through 111, and we are also improving how people access face:face urgent care in line with NHS England Five Year Forward View. Medway Health and Social Care Overview and Scrutiny Committee (HASC) reviewed the current proposals in March 2017, and deemed that some elements of the proposals constitute a significant variation requiring a 12 week formal public consultation.

We need to understand the views and experiences of all patients, public, stakeholders and staff upon whom the proposed changes may have a direct impact, including people who live in directly neighbouring areas. This is so that by the end of November 2017 Medway CCG can make an informed decision on the future shape of urgent and emergency care services in Medway ensuring the best possible outcome and experience for patients through the provision of high quality, safe, sustainable, and affordable services.

We therefore propose holding a consultation for 12 weeks beginning 3rd July 2017 ending Friday 22nd September 2017.

This paper sets out how patients and clinicians have been involved so far, and the plans for engagement and communication during the consultation. It includes a draft consultation document including the questions we will ask in the consultation.

2. Background

2.1. Background to the changes

The vision for the *Urgent and Emergency Care system* published in November 2013 under the leadership of Sir Bruce Keogh, Medical Director of the NHS that the *Urgent and Emergency Care Review and Redesign Programme* aims to achieve is:

- For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families.

- For those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and a good recovery.

The urgent and emergency care review and redesign programme aims to consolidate the current often confusing and complex urgent and emergency care system to introduce a single simplified fully integrated service that is able to better support people with urgent care needs to get the right advice in the right place first time. This approach will ensure that people with more urgent needs receive treatment in centres with the right facilities and clinical expertise. They will provide more effective communication across health and social services as well as the voluntary sector in order to maximise patient experience, eradicate duplication, and increase the chances of survival and a strong recovery.

The redesign of urgent and emergency care services directly supports the delivery of the National 'must do's' to ensure more than 95 percent of patients wait no more than four hours in A&E by reducing avoidable attendances to A&E. It also supports the CCG Five Year Forward View by developing and integrating services as well as the CCG corporate objectives 2 and 3 to deliver financial balance and reduce costs as well as improved patient experience, patient/public engagement and clinical involvement.

2.2. How local people, patients and clinical staff have been involved in our plans so far

Our proposed changes are the result of local discussions that began over three years ago to address some of the recognised challenges to delivering urgent and emergency care and to respond to recommendations published within the Keogh Review in November 2013. Medway CCG feelthat leaving services as they are would not allow the CCG to deliver the quality of care that the Medway population deserves, nor would it provide Medway with the financial sustainability needed to deliver that care.

During 2014 and 2015 Medway, Swale and Dartford Gravesham and Swanley CCGs conducted a programme of research and engagement to ascertain current experiences, research current usage, and to gather patient and staff views and agree a set of principles for design. People said they wanted 24/7 access to a single point locally with senior level triage providing access to GPs as well as mental health care. They wanted integrated IT systems that supported collaborative and seamless working across primary, community, acute and social care providers to prevent duplication and to save patients and their families from having to find their way through what can be a very complicated system.

Activities included surveys, expert research into alternative models, analysis of patient flow, information from providers, a large stakeholder design event and a series of meetings of a patient engagement group and a clinical reference group focusing on six themes:

- To deliver a 24/7 high quality integrated and locally appropriate response to urgent care needs to reduce demand at A&E departments and prevent unnecessary acute hospital admissions.
- To deliver a health and social care coordinated response to preventing unnecessary acute hospital admissions and reducing demand at A&E whilst securing rapid high quality access to emergency care for those who need it.
- A local urgent care centre operated by primary care led team is able to signpost people to more appropriate services, diagnose treat and discharge in a timely way or fast track individuals to emergency treatment within the hospital.
- Redesign of the front end of A&E with access to an integrated team to streamline patient flow away from the hospital.
- Reduced demand in A&E leading to improved waiting time performance and a better patient experience.
- Fewer conveyances to hospital with the implementation of a wider range of alternative pathways of care including the management of falls leading to a reduction in acute bed requirements.

Full details of the engagement activities and outcomes can be found in Appendix A.

3. The proposed model

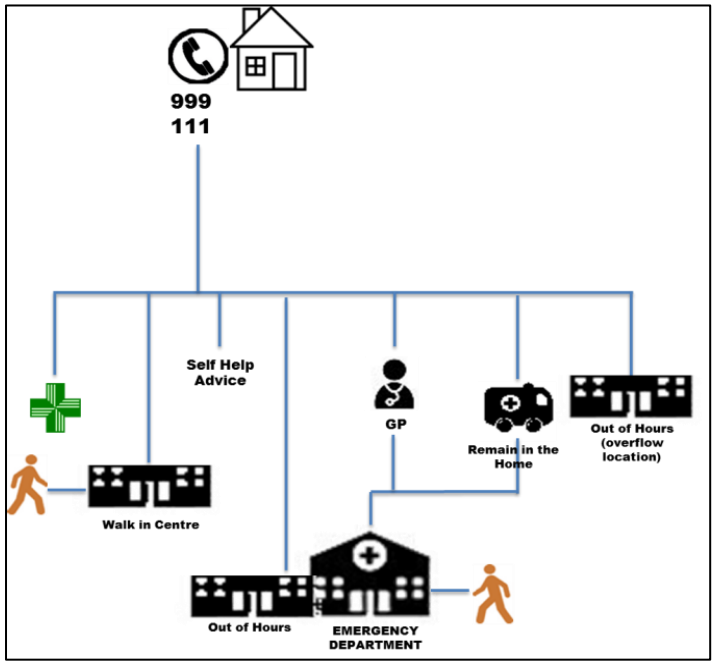
The feedback and information gathered in 2014 – 15 was used to develop a model which will consolidate, enhance and strengthen urgent and emergency care services.

We propose establishing an Urgent Care Centre co-located with the Emergency Department at Medway NHS Foundation Trust. The Urgent Care Centre will be open 24 hours a day / 7 days a week. It will be GP led and provide a single point of access with senior triage ensuring patients are triaged to the most appropriate care (i.e. emergency department, minor injuries unit, frailty pathway,paedatrics or ambulatory care pathway) and providing access to diagnostics such as x-ray and pathology.

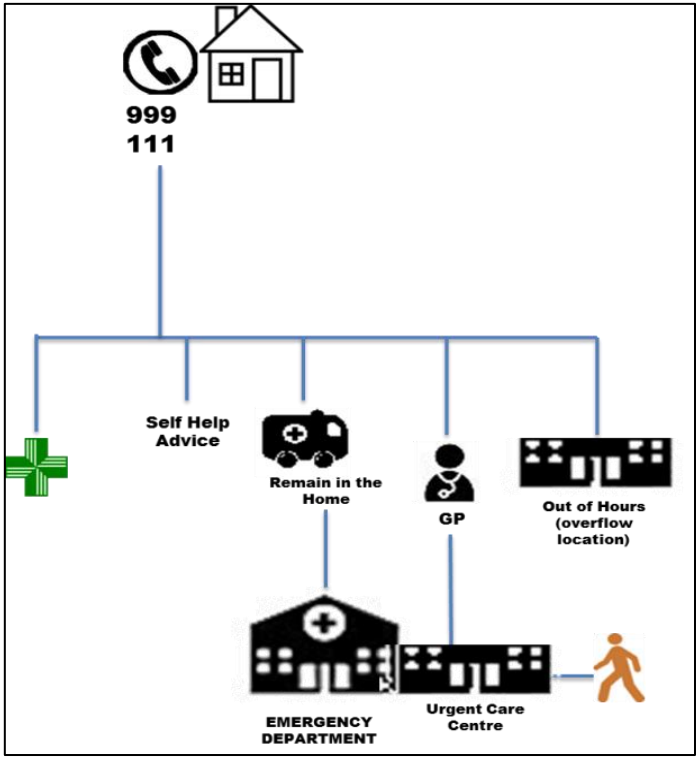
The Urgent Care Centre will be the front door to care for people who make their own way to hospital with injuries and illnesses. In order to enhance services in this way we will move the existing emergency and urgent care services currently located at Balmoral Gardens Walk in Centre.

In addition we are improving NHS 111 services so that people can easily go to the right place first time and get the care they need as quickly as possible. With enhanced telephony care being introduced alongside NHS 111 through development of an Integrated Clinical Advice Service (ICAS) there may be instances where patients can be guided towards self-care through access to advice from clinicians such as pharmacists, GPs, dental and mental health practitioners over the telephone.

Current Model - multiple points of access, Emergency Department used as front door



Proposed Model – Single point of access, new urgent care centre used as front door, backed up by improved 111 service



Further details on the proposed model can be found in the consultation document.

4. Communications and Engagement Objectives

Our approach to consultation and to the communications and engagement activities surrounding it will be open and transparent, and targeted. We will be compliant with legislative frameworks and national policy guidance. The objectives of communications and engagement are:

To undertake public consultation on the proposed new service model fully inline with legislation

- To communicate the case for change for the redesign of urgent and emergency care in Medway, so that all audiences are clear about why change is needed
- To improve local understanding about urgent care so that our local population are better able to contribute to the redesign process
- To ensure that our patients and public, providers, voluntary sector and social care partners are co-designers and formally consulted on the service model options
- To make sure we engage with populations who are less listened to or protected under equalities legislation
- To communicate effectively to all stakeholders throughout the redesign programme, appropriately for their differing needs and requirements, and using a variety of methods and media formats
- To ensure that there is an environment that supports active, open participation and dialogue, so stakeholders feel that their contribution is sought after and valued, and that they understand how they have contributed to the options for change.
- To continue to engage with local people and with staff who deliver services throughout each stage of our commissioning in line with national guidelines

5. Who we are consulting

We aim to engage as many people and groups as possible from the local area. The list below illustrates the broad range of stakeholders we anticipate will have an interest in getting involved and influencing the proposals, and this plan outlines our strategy for engaging each of these key groups. In partnership with Medway Council and voluntary community sector contacts, we have built a large database of all the organisations to contact. We will begin with those who were involved in the earlier stages to help us design the proposed model.

Patients & Public	Clinicians & Staff	Government & Regulators	Political	Partners & Providers	Media
• Residents of Medway • Patients and current users of services • Residents of Swale – likely to use MFT urgent care centre • Members of the patient reference group – involved in producing the proposed model • Healthwatch • People who are less likely to be listened to and those with protected characteristics • PPGs • The voluntary and community sector	• Staff and staff Unions • Acute hospital staff • Members of the clinical reference group – involved in producing the proposed model • Community services providers staff • Mental health trust staff • GPs, Dentists, Opticians, Pharmacists • LMC, LDC, LPC, LOC • Royal Colleges • Universities and medical schools • Health Education bodies	• Monitor • Department of Health • NHS England • Professional Bodies • Medway Council • Kent County Council	• Local MPs • HASC • Health and Wellbeing Board • Councillors • Leaders	• Acute hospital & community services providers • Staff in neighbouring areas • Mental Health trust staff • Neighbouring areas • GPs, Dentists, Opticians, Pharmacists • Ambulance service • Voluntary & Community Groups • Independent Sector • Housing Organisations	• Local • Specialised • National • Trade Press • Council Papers • TV/Radio

6. How we will actively engage people in the consultation

Engagement during the consultation and in the period following it will be led by the Head of Urgent Care and the Head of Engagement at Medway CCG. We have commissioned the services of an independent public engagement agency to develop a range of tailor made communications and engagement solutions that support the effective delivery of the urgent and emergency care programme objectives. This will include the development of consultation questions, review of consultation plans and analysis of the responses gathered from groups, events and individuals. We are also working in partnership with voluntary and community sector organisations across Medway through the Involving Medway Pilot which includes a strategic community and voluntary sector network and capacity to work directly with some less listened to communities.

In order to engage all the above groups we propose carrying out a series of activities over the summer of 2017. The formal consultation launches on July 3rd and lasts for 12 weeks. We are taking a reflective and iterative approach to engagement, at regular points the team will review the feedback we are receiving and reflect on the model and on our communications accordingly.

6.1. The Health and Adult Social Care Overview and Scrutiny Committee (HASC)

In June we will present our pre-consultation and consultation approach to HASC for feedback. This will include how we will consult with them as a statutory requirement and how we will consult the broader public and stakeholders. We will meet with members of HASC on an individual basis during the formal consultation period, and will be grateful for their views not only on this plan but also on the consultation document.

6.2. Publication of an accessible consultation document

We will publish a copy of the consultation document, including a survey, on the CCG website and ask our statutory and voluntary partners to publicise this link and share the details for the online survey through their own websites, notice boards and published materials. We will work wih our colleagues at Medway Council and within local providers and primary care as well as Patient Participation Groups (PPGs) and community groups to make sure we distribute documents as widely as possible. Printed copies of the consultation document will be disemminated through:

- Meetings with the voluntary sector

- Through community groups
- Public events during the summer
- Hospitals - A&E department
- GP surgeries
- Pharmacies
- Community based primary care services (walk-in centres, Healthy Living Centres)
- Medway Council accessible areas
- Libraries

The full consultation document will be circulated to key stakeholders and will be available at public events and meetings we attend. The consultation document will be accompanied by an accessible presentation used at all events.

We will write directly to all those involved in the urgent and emergency care redesign in 2014/15 to inform them of the consultation and to hold, where possible, dedicated sessions with them to review how their previous input has resulted in the proposed model.

6.3. Public meetings

We will issue an invitation to two meetings, one towards the beginning of the consultation period and one towards the end. The meetings will build on the large scale events we held in November 2014 which formed the pre-consultation process. The meetings will:

- be based on the consultation document.
- give people a chance to question senior staff and reflect on their responses.
- be fully accessible and as interactive as possible.
- be led by note takers and facilitators from the CCG.
- produce reports which we will publish as part of the consultation response.

6.4. Engagement Workshops – Swale

We are aware that many of the potential users of the enhanced urgent care centre at Medway NHS Foundation Trust could live outside Medway. We are working with Dartford Gravesham and Swanley (DGS) and Swale CCGs to develop a small number of workshops for people who live in Swale. These will cover both the changes taking place to local urgent care being led by DGS and Swale and will also introduce Medway's consultation on the enhanced urgent care centre.

6.5. Drop-in sessions and outreach work

In order to reach out to people using current services we will hold drop in sessions at the Walk in Centre, Emergency Department at Medway NHS Foundation Trust and MedOCC to enable patients to find out more about the consultation and ask questions. Each drop-in session will be run by the urgent care and engagement teams from the CCG whose role is to encourage consultation documents to be completed and to answer questions on the consultation. The sessions include a stand and publicitly material.

We will work with Medway NHS Foundation Trust and Medway Community Health care Trust Communications and Engagement Leads to go along to existing specialist interest patient groups and League of Friends Meetings, to distribute materials to busy departments. We will also target public members / governors of Medway NHS Foundation Trust.

We have undertaken postcode analysis of existing services to enable targeted outreach work towards those areas who would be particularly affected by the changed models of care for example people who use the Balmoral Walk in Centre.

6.6. Engaging the Voluntary and Community Sector

As part of the Involving Medway pilot, Medway CCG is supporting a voluntary and community sector strategic health network led by Medway Voluntary Action and consisting of key partner organisations representing a range of local populations. We will hold a facilitated discussion with this network to gather the views of the sector and to ask the sector to publicise this across their networks and encourage people to respond. Where possible we will attend existing meetings within the wider network and as organized by other partners such as Medway Council to encourage discussion around the redesign. We are in discussion with Healthwatch Medway on how to best gain the views of its members and the communities they works with.

6.7. Patient Participation Groups (PPGs)

In July we are holding a dedicated meeting of PPG chairs across Medway to discuss the proposed redesign and to encourage PPGs to use local meetings to gather feedback. We will continue to engage the PPG network in the consultation.

6.8. Focus Groups with less listened to communities

The Involving Medway project is working closely with a number of community organisations who represent those who live in vulnerable circumstances and are likely to make use of urgent care services but who are less likely to take part in consultation exercises. As part of the approach to equality and inclusion, we will hold two to three focus group discussions to explore views and to consider what underlies the views of respondents within the nine protected characteristics. This will enable us to gather rich data from targeted communities about their views on the proposals. Options to incentivise these groups will be explored if recruitment is difficult.

Our approach will be to aim to provide groups participating in the targeted focus groups with summary documents a week before the event, where possible. By doing this, we can seek to address equality and diversity needs by enabling us to provide the consultation documents in additional languages, large print or Braille if required. The Consultation Summary Document will be carefully prepared to ensure the information is easy to read, clearly understood. Providing the information one week in advance gives sufficient time for participants to digest and reflect on the information prior to taking part in the consultation process.

We are using the Equalities Impact Assessment to guide us on further engagement with less listened to communities and to make sure we take account of all populations with protected characteristics in line with Equalities legislation. The aim is for these groups to have an opportunity and be actively encouraged to respond to the consultation to ensure that it is fair and equitable.

7. Direct engagement with NHS staff including clinicians and those working in primary care

We are developing a separate consultation document for clinicians – co-produced by a GP lead on urgent care and are working on a programme of engagement with NHS staff in secondary, primary and community settings. It will be responsibility of each NHS provider organisation to ensure that they fulfil their legal duty and consult their staff and the CCG team will support NHS organisations as much as possible. We are currently working with key NHS stakeholders (provider organisations, CCGs, and independent contractors) to determine and agree the range of activities that will meet the needs of their staff.

Activities will include:

7.1. Targeted discussions with GPs and GP staff

We will contact and distribute materials to GP practices, via practice forums and promote the consultation via our GP bulletin. We have scheduled in discussions at all upcoming Local Care Team Meetings to ensure the widest input possible from GPs and staff within primary care.

We also plan to work with NHS England to strengthen working with independent contractors such asdentists, pharmacists and opticians to gain access to their patients and relevant local patient groups, practices and localities.

7.2. Ongoing engagement with statutory partners and stakeholders

We plan to engage stakeholders during the consultation period by having one to one meetings with key individuals such as MPs, Council Leaders, HASC Chairs and other targeted consultees as well as attending existing meetings for example Health and Wellbeing Boards, Local HASC and Local Medical Councils. We will also hold specific meetings with staff who are most likely to be impacted by the proposed changes including those working in A&E, WIC and GP OOHs to provide further information about proposed changes and the potential impact on their roles.

7.3. Medway Foundation Trust Staff and Clinicians

We are in discussion with the urgent care clinical leads and with the Trust Communication and Engagement leads regarding support for direct engagement with staff working within current urgent care settings. The CCG can provide materials and support events where possible and we will be guided by the Trust to make best use of trusted channels of communication.

8. Our commitment to an accessible and inclusive approach

Our commitment to be as inclusive as possible is underpinned by legislation in place to ensure that all public services make every effort to engage specific groups in consultation to improve and redesign services. The 2010 Equalities Act (updated to Equality Duty 2011) makes clear the responsibility of public services to make additional effort to engage specific groups as a means of improving decision making. Essential to a good consultation is a clear consultation document and summary.

We will produce:

Documents in plain English – we have selected an independent organization to make sure our consultation document is easy to read and plan to have this checked by experts who sit on the CCG Patient Experience and Patient and Public Engagement steering group.

An easy to read consultation document and response form – we will use recognised word and picture formats to effectively communicate with people with learning needs or those who have a basic knowledge of the English language. The draft version of the document will be piloted with a Learning Disability advocacy group to ensure it is readable. This document will be cascaded through our voluntary community sector contacts and taken to relevant focus groups.

Materials in different print formats and offer translation services - upon request this could include large print, braille and audio formats. We are aware that not everyone speaks English and will explore the most commonly spoken languages across Medway to select the top spoken languages and offer a translation service. This means, that throughout the consultation period and during all our events and roadshow activities, if we need translation we can immediately access a telephone service. In addition, we will offer to translate the consultation document upon request.

9. Ongoing Analysis

Throughout the consultation period we will also receive regular response monitoring reports from the independent consultation analysis agency (who we will use to collect and analyse the responses). We will monitor this information closely to identify any demographic or other trends which may indicate a need to adapt our approach or refocus efforts elsewhere, for example a high response rate from a particular ethnic group/age group/borough or equally a very low response from a potentially affected staff group for example.

10. Our communications and media approach

Our approach will be a balance between various different channels of communication: face to face activities, digital and news media. We hope this will ensure that all people are able to get involved in a way that best suits them.

10.1. Digital communications

Website: We will provide a dedicated Urgent and Emergency Care Review and Redesign section on the Medway CCG Website. Visitors to the site will be able to access all Urgent and Emergency Care Review and Redesign information in one place, with quick links to key documents and online feedback channels. We will use this to publicise all public events and to keep an up to date list of questions received and answers. There will be a dedicated email question and answer facility.

Social Media : Twitter and Facebook will be used to keep online stakeholders informed, signpost and facilitate discussion, leading up to, during and after the consultation period. We aim to build on existing relationships with our online stakeholders and to engage new audiences with a particular emphasis on young people, working adults, and the housebound among others. Twitter will also be used to complement offline

engagement – proactively forming relationships with hard to reach groups and individuals It will also enable us to rapidly respond to inaccurate media and social media stories.

10.2. Media approach

The media continues to be important in influencing public perception and reaction to Urgent and Emergency Care. We will continue to work with the local media and communicate key messages for the Urgent and Emergency Care Review and Redesign during the consultation through the channels they provide. Medway CCG has a dedicated expert facility through our partners at Maxim PR who will lead all activity including:

- Inviting journalists to events and facilitating interview requests to maintain transparency throughout the process. Work closely with local journalists and ensure they are fully briefed on the reasons for Urgent and Emergency Care Review and Redesign and why local clinicians believe it will improve services and save lives.
- Working with press teams across stakeholder organisations to make sure messages are consistent. Ask NHS communication colleagues to include a link to the *Urgent and Emergency Care Review and Redesign Consultation Survey* in their proactive press releases.
- Responding to all media enquiries in a timely and helpful manner.
- Ensuring that inaccurate information about the programme is rebutted.
- Regular evaluation of media coverage to assess its effectiveness, adapting it as appropriate.
- Exploring paid for advertising in order to generate a good response to the consultation and explain the programme to local people.
- Working with colleagues in neighbouring CCGs, NHS England, The Department of Health to ensure that messages are consistent.

Media audiences include:

- All local newspapers
- National press and broadcast media
- Professional journals such as Health Service Journal, Pulse, Nursing Times, Nursing Standard and GP
- Medway Council newsletters and websites
- Local NHS Trust newsletters and websites
- Local community newsletters and websites

- Online media via social media strategy
- Key NHS and health policy commentators and bloggers.

During the consultation period, we expect to continue to carry out extensive reactive media work and we will continue to provide a 24/7 media service. We will also seek to ensure that all areas of the review are covered, including our plans for NHS 111 and the development of the Integrated Clinical Advice Service (ICAS) and the Medway Model and extended access to primary care.

11. Responding to the consultation

We will provide the following mechanisms for response:

- Freepost address – for returning paper responses to the consultation questions
- A dedicated consultation email address
- Online – including a web form and via social media e.g. Twitter and Facebook
- Face to face

PEA consultancy has been commissioned to manage the response process, and will be responsible for collation and analysis of all responses. This is a standard part of any NHS public consultation and will be procured to ensure a formal, independent and objective provider is in place to analyse the responses and to produce the final consultation response analysis report.

All feedback, whether verbal or written, will be collected as part of the formal response by an independent organisation PEA consultancy who will receive, log, collate, monitor and analyse the responses.

We recognise the importance of letting people know how and where their involvement has influenced the decisions that will be made. It is important that our stakeholders, patients and the wider public are made aware of the outcomes and what the next steps will be. We will ensure that feedback is made available through the CCG website at the end of the consultation programme, and will provide information on where to access feedback at each consultation event. This will allow participants to be informed of when, where and how they can find out about the consultation findings. We will explore additional feedback opportunities through partner organisations and local media.

12. Consultation Milestones

Date	**Event**
20th June	HASC meeting
3rd July	Online launch of consultation
10th July	Copies of document printed and circulated
22nd September	Consultation ends
20th October	Business Case discussion at MCCG Governing Body – including consultation responses
30th Novembertbc	Consultation response published

13. . Engagement beyond the consultation

Medway CCG is committed to continuing to engage people in the period following the consultation to ensure that local people, staff and clinicians continue to be involved in the decisions we make around procuring a new service and through to service implementation.

We will:

- Carry out wide reaching communications following the consultation and provide answers to any queries
- Set up a panel of local users to get involved in decision making around any procurement of new services
- Ensure that feedback from patients and families is built into future service delivery
- Review the new model with GPs and other clinicians
- Provide staff with opportunities to feedback on how urgent care is developing as we go forward

14. Risks

Risk	Mitigating Actions
Communicating	
People believe that this is only about cutting costs and that patient care will suffer	Be open and up front about the financial challenges the local NHS is facing, and be equally clear about the clinical quality and safety changes the local NHS is facing
People believe that this will lead to hospital closures and stakeholders and the public are encouraged to save local hospital campaigns by people or organisations who do not understand the need for change	The programme is clinically-led and evidenced-based, and will improve the quality of patient care and safety. We are developing plans that will improve care for everyone in Medway Make sure misinformation in the press or local media is corrected Good stakeholder briefing programme to ensure they understand the project's status and can that they can influence others

Risk	Mitigating Actions
Involving and Influencing	
NHS clinicians and staff do not get involved in developing the case for change and do not accept or understand emerging new service models.	Involve clinicians in leading engagement activities Develop training and briefing to support their role Consult with clinicians on best approach to clinical engagement Work in partnership with communications colleagues in provider trusts to involve clinicians and staff
Engagement and consultation 'fatigue'.	We will make sure that processes are transparent, and that outcomes are communicated clearly and within reasonable timescales. More sustainable relationships should be fostered with a range of key target groups, so that stakeholder relationship managers build up strong relationships and good understanding over time. Engagement and consultation should be targeted, and clearly explained
Process and resources	
Clinicians lack capacity therefore do not influence their patients and colleagues to get involved in the discussion.	Consult with clinicians on best approach to clinical engagement Ensure that communication and engagement plans are integrated where possible into existing activities and meetings.
Insufficient investment or staffing for communication and engagement	Utilise available resource across North Kent to support the programme to ensure investment is appropriately targeted and capacity is utilised effectively. Build on existing foundations available through social media and partnership working. Decisions around investment should be made strategically, with the benefits of communication and engagement clearly spelt out
Engagement approach and process is criticised by stakeholders as not being robust or far reaching enough	Secure external expert advice on approach and process Involve local authority stakeholders and seek feedback on approach at

Risk	Mitigating Actions
	an early stage Ensure that a clear audit trail of decisions and activity undertaken is maintained

Appendix A. Urgent and Emergency Care Redesign Details of engagement outcomes 2014 – 2015 ***[not included in Committee papers]***

Appendix B. Stakeholder Analysis

Stakeholder Group	Includes
Internal: The CCG Board Executive Team Quality and Safety Team Medicine Optimisation team	**Characteristics:** **Commissioners leading the development of the model and the implementation of the new service.** **Needs and Interests:** **Commissioners of the service** **Potential:** **Leading the development of the project and accountable for the delivery on the project to agreed timescales.** **Risks:** **Reputational, financial risk if the programme is not developed on time and to the agreed budget.**

Stakeholder Group	Includes
Patients and the public: Patients/carers (incl past and future) Patient groups Resident groups Voluntary, community and faith organisations Communities of interest (eg BME communities, carers, children and young people, older people,users of mental health services, LGBT) Healthwatch Health Networks Prison Service	**Characteristics:** **Service users** **Needs and Interests:** **Service model that is developed will need to be designed to meet the identified needs of the local population ensuring access to care at the right time in the right place.** **Potential:** **To ensure new model meets the identified needs of the public, need to undergo patients consultation as the redesign may result in a change in the way in which current services are accessed. i.e. Walk in Centre primary care provisions may no longer be provided at the current site in the way they are currently provided.** **Risks:** **Patient complaints and dissatisfaction with the new service model. If patients are not given the opportunity to comment on the design of services and the CCG do not articulate the case for change affectively.** **Increased confusion in the access to service as patients do not understand the design of the new service.**
Political: Local MPs Leader of the county and borough councils Borough Councils	**Characteristics:** **Scrutiny over the new model to ensure that model has been developed in line with established governance procedures and follows due process.** **Needs and Interests:** **Representative of the needs of their local constituants**

Stakeholder Group	Includes
HASC Parish Councils	**Potential:** **To ensure that the model has been developed in line with due process and appropriate consultation has been undergone with regards to service change and redesign the model will need to be presented to HASC for scrutiny.** **Risks:** **That the model is not supported by local MPs and the engagement approach is criticised by way of a judicial review.**
Government and Regulators NHS England CQC Monitor	**Characteristics:** **Health authorities** **Needs and Interests:** **Oversee the development of the model to ensure that it is in line with the national guidelines and service requirements.** **Potential:** **Oversight of the model and development through the Local A&E Delivery Boards, to ensure the model meets identified needs within the Local A&E Delivery Boards and supports the wider system to ensure delivery of national targets assocated with urgent care such as the 4 hour ED target.** **Risks:** **That the model developed is not appropriate to meet the needs identified across the system and is not developed in line with the Integrated Urgent Care Commissioning Standards.**

Stakeholder Group	Includes
Partners, commissioners and providers (current and potential): Other local CCGs: KMPT Medway FT Dartford and Gravesham NHS Trust Medocc SECAmb Medway Community Healthcare Kent Community NHS Foundation Trust IC24 Fleet Healthcare KCC Medway Council 111 Local GP federations Local Hospices Potential bidders	**Characteristics:** **Existing service providers that may be impacted by the development of the new model** **Existing service providers that will need to be aligned with the new model with potential development of pathways to ensure integration across the system.** **Needs and Interests:** **Providers who may wish to bid for the service when model is finalised** **Providers who may be impacted by the model when it is finalised i.e. existing service providers of services in scope of this review** **Potential:** **Clinical input required from those services within scope of the redesign to inform the development of the model to resolve current issues being experienced across the system** **Clinical input to support engagement from patients to understand patient needs are considered in the development of the model** **Risks:** **Lack of clinical engagement in the development of the model means that model does not address all concerns that exist within the system** **That new model when implemented is not understood by clinicians causing confusion across the system.**

Stakeholder Group	Includes
Media: Local newspapers and broadcast Regional newspapers and broadcast Trade journals National media Information websites Community media networks Pre-recorded video media eg in GP practices CCG internet Social media	**Characteristics:** **Local and national reporting about the programme of redesign and the impact that this has on the quality of service that is being provided across Medway.** **Needs and Interests:** **Reporting on the urgent care system and the meeting of national targets** **Reporting patient experience stories** **Potential:** **Reporting on the development of the programme** **Support patient engagement and consultation** **Reporting patient complaints re service closures associated with the new model development** **Risks:** **People who are not assured by the development of the programme could use the media to gain support of these concerns.**