



DRAFT Consultation Plan

National Rehabilitation Centre

December 2019

1. Introduction

The purpose of the consultation plan is to describe our approach to communications and engagement for the formal public consultation on the development of inpatient rehabilitation services at the Regional Rehabilitation Centre (RRC). The RRC is being developed on the Stanford Hall Rehabilitation Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC) and is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

We have already undertaken patient, staff, clinical and wider stakeholder engagement to inform our proposals. This consultation plan sets out how we will undertake a public consultation on a set of options for developing NHS services at the RRC. These options are informed by our pre-consultation engagement activity.

This plan aims to ensure that our public consultation enables those affected by our proposals, and the wider public, to give their views and for those views to be considered in our final model for the RRC. The plan also aims to ensure that our consultation is presented in a way that enables proper, informed consideration of our proposals by clearly articulating the impact of each option under consideration.

2. Background to the consultation

In 2012 there was a breakthrough in the ability to treat serious injury in England with the establishment of 22 trauma centres across the country. These centres have ensured that those who suffer serious injury receive the full range of treatment and care within the shortest possible time. The trauma centres have been an undoubted success with 19% more people now surviving despite having sustained a serious injury.

A Regional Rehabilitation Centre (RRC) is being developed as a centre of excellence in patient care and training and research. Serving patients across the East Midlands the RRC will be created on the Stanford Hall Rehabilitation Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC) and is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

Following a period of pre-consultation engagement, which has involved patient, staff, clinical and wider stakeholder engagement, we are launching a public consultation to enable our proposals to be considered prior to implementation. The proposal we are consulting on is informed by that engagement and will be clearly set out in our consultation document.

3. Aim and objectives

We will deliver a best practice consultation, accessing advice and guidance from the Consultation Institute and drawing on our local Healthwatch organisation's access to marginalised and seldom heard communities.

The Consultation Institute will undertake an advice and guidance role, providing feedback on this Consultation Plan, our Consultation Document and other materials. We have worked with the Consultation Institute in an advisory capacity throughout our pre-consultation period.

Our local Healthwatch form part of a task and finish group drawn together to oversee our patient engagement activity throughout our pre-consultation engagement and into the formal consultation period. Healthwatch will be supporting our consultation more directly through the consultation period, providing engagement support to enable us to reach some of our most marginalised and seldom heard communities. The engagement Healthwatch will carry out as part of the consultation responds directly to the Equality Impact Assessment carried out on the proposals.

Our high-level objectives are:

- Ensure that our consultation is transparent and meets statutory requirements and best practice guidelines
- Undertake significant and meaningful engagement with local stakeholders, building on the findings of our pre-consultation engagement activity
- Clearly articulate the implications, impact and benefits of our proposals
- Create a thorough audit trail and evidence base of feedback
- Collate, analyse and consider the feedback we receive to make an informed decision.

4. Principles for consultation

We will undertake our consultation in line with the legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate AND with The Gunning Principles, which are:

- That consultation must be at a time when proposals are still at a formative stage
- That the proposer must give enough reasons for any proposal to permit of intelligent consideration and response
- That adequate time is given for consideration and response
- That the product of consultation is conscientiously taken into account when finalising the decision.

In addition, we will adopt the following principles to ensure best practice:

- Make sure our methods and approaches are tailored to specific audiences as required
- Identify and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and seldom heard groups to participate
- Provide accessible documentation suitable for the needs of our audiences, including easy read
- Offer accessible formats including translated versions relevant to the audiences we are seeking to reach
- Undertake equality monitoring of participants to review the representativeness of participants and adapt activity as required
- Use different methods or direct activity to reach certain communities where we become aware of any underrepresentation
- Arrange our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Inform our partners of our consultation activity and share our plans.

5. Resources

We have accessed external support throughout our pre-consultation activity, working with communications and engagement agencies that specialises in consultation work and with the Consultation Institute. For our public consultation, we will allocate resources according to our strategic approach, seeking external support for:

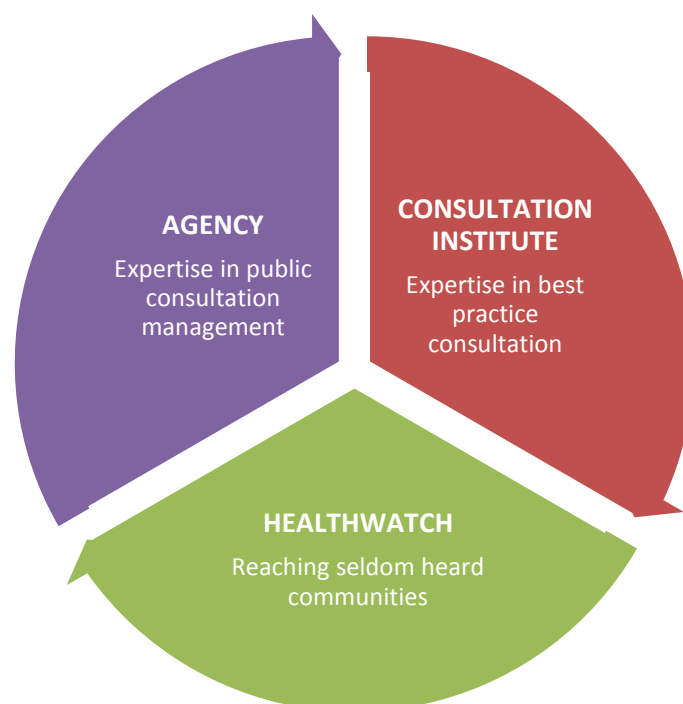
- Overall management and delivery of the consultation (agency support)
- Analysis and reporting of findings (agency support)
- Specialist advice and guidance (Consultation Institute)
- Community engagement and targeting of seldom heard communities (Healthwatch).

Our internal Communications and Engagement Team will provide coordination to support consultation activity. They will also support the production of materials and delivery of engagement activities.

6. Strategic approach

We will draw on three core areas of support to ensure our consultation meets its objectives. Each of these areas brings a specific benefit to the consultation:

Figure 1



1. Expertise on best practice - Consultation Institute
2. Ability to reach seldom heard communities across Nottingham and Nottinghamshire - Healthwatch
3. Expertise in the management of public consultation – Agency.

7. Key milestones

Table 1 below provides a summary of the key milestones that should be considered as part of the consultation.

Table 2

Milestones/Deliverables	Timescales	Lead
PHASE 1 - Pre-consultation assurance		
NHSE mock assurance panel - COMPLETE	31 Oct	CCG
Progress update to Governing Body - COMPLETE	7 Nov	CCG
Progress update to County Health Scrutiny Committee* - COMPLETE *City HSC cancelled for pre-election period	8 Nov	CCG
NHSE/I Informal Finance Discussion - COMPLETE	19 Nov	CCG
Agency appointed	16 Dec	CCG
Agency and C&E Team begin arranging public events, setting up feedback channels and developing Consultation Document and associated materials	16 Dec – 6 Feb	Agency
NHSE/I Checkpoint Meeting	6 Jan	CCG
1 st draft Consultation Document and associated materials	13 Jan	Agency
Feedback and redrafting of Consultation Document and associated materials (includes feedback, advice and guidance from Healthwatch and Consultation Institute)	13 Jan – 30 Jan	Agency
All engagement activity and events booked and confirmed	24 Jan	Agency
Final draft Consultation Document	30 Jan	Agency
PCBC and Consultation Document to GB confidential session	6 Feb	CCG
OGSCR meeting	11 Feb	CCG
CFO approval	W/C 17 Feb	CCG
PCBC and final Consultation Document to GB	5 Mar	CCG
PHASE 2 - Public consultation		
Public consultation period	9 Mar – 17 Apr (6 weeks)	Agency
PHASE 3 - Consideration of consultation findings		
Analysis and reporting	17 Apr – 1 May (2 weeks)	Agency
Findings Consideration Panel 1	20 Apr	CCG
Final report on consultation findings	1 May	Agency
Findings Consideration Panel 2	4 May	CCG
Development of final proposals	1 May – 29 May	CCG
Presentation of final proposals to Governing Body	4 June	CCG

8. Summary of findings from pre-consultation activity

We have undertaken the following activity through our pre-consultation engagement period to inform our options for consultation, and this consultation plan:

Phase 1 patient engagement

We have undertaken two periods of patient involvement. For our first round of patient engagement, three focus groups were held in July with patients who are likely to be eligible for treatment at the RRC. These focus groups helped us identify patients' views of our early RRC proposals, patient-identified impacts and concerns. This engagement was specifically targeted for those who would be eligible for inpatient rehabilitation services at the RRC.

Clinical and stakeholder engagement

We presented our early, draft proposals to Health Scrutiny Committees; the regional Clinical Senate and our Governing Bodies.

Staff engagement

Staff who may be affected by the relocation of existing inpatient rehabilitation services have been engaged throughout the pre-consultation period, with fortnightly face-to-face briefings held with staff at Linden Lodge, which may be relocated as part of our proposals. While the relocation of existing services is not yet determined, we have proactively engaged with staff early on who may be affected.

Travel Impact Analysis (TIA)

A TIA was held to identify the impact on patients, carers and families' travel times to the RRC.

Equality Impact Assessment

An EIA was undertaken based on our early, draft proposals. A second EIA was undertaken following patient, clinical and stakeholder engagement and subsequent changes to the PCBC. The EIAs have informed development of our proposals and our approach to engagement and consultation. Equality and health inequalities will be a continuing consideration for our proposals.

Findings

The following were identified as key themes to explore through further engagement:

- The potential benefits for and impact on patients of each option for change
- Views on specific relocation of service proposals
- Levels of support for the options for change
- General views on the RRC, its location and its co-location with a military site
- Feedback on the referral criteria
- Impact on accessibility including travel and visitation
- Impact on and mitigations for potential isolation
- Continuity of care including interdependency with other services
- Discharge planning
- Mental health support.

The following were identified as areas to refine for our pre-consultation business case:

- Refine the financial case
- Clarify how accessibility will be addressed, particularly with regard to travel, visitation and isolation
- Clarify interdependency with wider clinical pathways
- Undertake further analysis of the impact of referral criteria on patient journeys
- Clarify impact on flow and capacity i.e. what we have now and what we are proposing to replace it with
- Provide more detail on access to the defence facilities
- Provide more detail on discharge and links to community services
- Clarify the workforce plan
- Provide more detail on mental health provision
- Describe the procurement implications.

Phase 2 patient engagement

During October we carried out a second round of patient engagement. The purpose of this was to explore the key themes from all of the above in more depth. We held six focus groups specifically targeted to gather feedback from neurological patients, major trauma, complex MSK, traumatic amputees, incomplete spinal cord injury and severely deconditioned patients. A survey was also developed for this period of engagement, which generated 150 responses.

The key themes from the findings of the engagement can be summarised as follows:

- Patients were mostly supportive of the proposals for an RRC, citing the quality of the facilities
- Concern about potential loneliness and isolation, given the remote location of the centre
- Issues with access to the centre, including transport – although parking was seen as a positive, particularly compared to parking facilities for current inpatient rehabilitation services
- Concern about being treated on a military site and uncertainty around how this would work in practice
- Concern that referrals would be cherry-picking of the patients with the best potential for positive outcomes
- Families, carers and partners ability to visit and to stay overnight
- Concern about existing rehabilitation services, including wider outpatient services.

10. Summary of consultation activity

Pre-launch

We will continue with a thorough programme of key stakeholder engagement leading up to the start of the consultation. This includes meetings scheduled with Health Scrutiny Committees; Governing Bodies and staff briefings.

We will issue a stakeholder briefing, proactive press release and social media promotion to share details of the consultation and how people can feedback. We will target local, regional and national charities who represent patients who may be affected by our proposals (e.g. brain injury charities) and encourage them to respond directly to our consultation.

A core consultation document and supporting materials will be developed for the consultation. This will include information about our proposals and a questionnaire to gather feedback. Our consultation document and supporting materials will all be available online, in printed format on request and in other languages and formats as required.

We will develop a bespoke web presence for the consultation, acting as a one-stop-shop for all consultation materials and information. This will provide a simple signposting solution for all our consultation activity.

We will secure external support for the consultation, including expert advice and guidance; overall management and delivery of outreach engagement.

Launch and consultation period

The survey within our consultation document will be available online and in hard copy on request, and for outreach engagement. We will regularly monitor responses and take action to target any groups who are underrepresented.

A series of engagement events will be held with affected patients, charities, families and carers. We will continue an on-going dialogue with patients, drawing insights from previous engagement to inform discussions throughout the consultation.

We will commission our local Healthwatch to undertake community outreach activities to reach communities who are vulnerable and seldom heard. This activity will be shaped to respond to the Equality Impact Assessment (EIA) carried out on our proposals.

The consultation launch will take place in the first week of formal consultation. We will issue briefings to stakeholders and undertake promotional activities through our digital channels and local media.

10. Channels and methods

Audience	Method
Service users affected by proposals	Targeted engagement events/focus groups; briefings through existing forums and groups; media; social media
General public	Media; social media
Staff	Face-to-face briefings; staff briefing document; Trust's internal communication channels; media; social media
Health Scrutiny Committees	Formal presentations; face-to-face briefings (Chairs); media; social media
MPs and Councillors	Stakeholder briefings; media; social media
Local, regional and national charities representing patients affected by	Direct letter inviting feedback in writing; Stakeholder briefings; media; social media

proposals	
Local VCS	Stakeholder briefings; media; social media
GPs	GP newsletters; stakeholder briefings
Media	Proactive press release; stakeholder briefing

11. Key messages

Key messages will be developed through the agency commissioned to support the consultation.

12. Consultation document and supporting materials

The following will be developed to support the consultation:

- Consultation document
- Questionnaire
- Easy-read questionnaire
- Live FAQs document
- Stakeholder briefing
- Staff briefing
- Press release
- Web page housing all consultation information
- Discussion guide for focus groups
- Feedback forms
- Letter to local, regional and national charities
- Phone-line for further information and support in completing questionnaire
- Email address for comments and feedback on proposals
- Range of social media assets promoting the consultation.

13. Capturing feedback, analysis and reporting

We are providing a range of channels, detailed in this plan, to facilitate feedback on our proposals. We will commission an independent organisation to assist in the design of the survey, collation of feedback, analysis and reporting. This will include feedback received through:

- Survey responses
- Qualitative responses through direct emails, feedback forms and telephone calls
- Transcripts of focus group discussions
- Minutes of meetings
- Letters
- Petitions
- Direct social media messages.

There will be an interim analysis report two-weeks into the consultation. The findings of this review will inform action to be undertaken over the final two weeks of the consultation.

Once the formal consultation data input has taken place and the data analysed, we will ensure that all the intelligence is captured into one report. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

14. Meeting our duties on equality and health inequalities

CCGs have separate legal duties on equality and on health inequalities. These duties come from:

- The Equality Act 2010
- The NHS Act 2006 as amended by the Health and Social Care Act 2012

In developing our Consultation Plan we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

To inform our proposals and to help shape our pre-consultation engagement and this Consultation Plan, independent Equality Impact Assessments (EIAs) have been carried out in June 2019 and October 2019. This analysis has informed our approach to ensuring we meet our duties under the Equality Act 2010. It has also informed how we consider our duties to reduce health inequalities.

To respond directly to the recommendations in the EIAs we have commissioned Healthwatch to undertake targeted engagement with a range of groups during the consultation. This engagement will focus specifically on how a person's specific needs, identity or characteristics may affect their experience of inpatient rehabilitation services, and thus what mitigations we need to consider in our plans.

Healthwatch will be undertaking engagement with the following Inclusion Health Groups (as defined by the NHS Equality Delivery System):

- Homeless people
- People living in poverty
- People who are long-term unemployed
- People in stigmatised occupations
- People experiencing poor health outcomes

Healthwatch will also be undertaking targeted engagement to help us understand the views of those that share the following protected characteristics:

- Age
- Disability
- Race
- Religion and belief
- Sex

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- Sexual orientation.

To ensure the consultation process meets the requirements to evidence that due regard has been paid to our equality duties, all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided. Halfway through the consultation we will review responses so far and adapt our approach to seek more feedback from any groups that might not so far have fed back.

Once gathered the consultation data will be independently analysed. At a mid-point in the consultation, analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

15. Activity Plan

Detailed plan to be developed.