The North West London Hospitals NHS Trust

Involvement and Consultation Strategy for Health Care Changes in Brent and Harrow

Introduction

This paper provides an update for the Board on the process for patient and public involvement and consultation in respect of a patient centred clinical model and the future deployment and delivery of the Trust's services. It seeks the Board's approval for an amended involvement and consultation strategy, in the light of new developments since the last Board meeting.

Summary

The Trust, PCTs and practice-based commissioners are looking for radical changes to deliver modern, responsive and affordable health care for local people.

There has been considerable work on new clinical models, but there are no detailed proposals for service changes as yet. Contrary to speculation, there are no current plans to close Accident and Emergency Departments at Northwick Park and Central Middlesex.

The Trust and PCTs are planning to engage people to achieve the right transformation for Brent and Harrow. Such transformation can only happen with the full involvement of clinicians, staff, patients, stakeholders and the local community. This paper seeks approval for an involvement and consultation strategy that will support people in altering their way of thinking and provide a firm foundation for successful change.

Background

At the last meeting in July, the Board received a report from the Director of Strategic Reconfiguration that outlined a consultation process for November 2006. The aim of the process was to support the Trust's strategic plans to deliver modern health care in a changing world, building on the work completed under the *Better Care Without Delay* programme and the Board's discussion in May on Strategic Options.

At the July Board meeting, it was agreed that the Trust's project team would work with the Brent and Harrow PCTs and with NHS London, the strategic health authority, to gain agreement and co-ordination. These discussions, including two meetings of the Joint Programme Board as part of the governance arrangements, have established a strong partnership commitment to this project.

Two issues arose from these discussions that required a review of the scope, content and timing of the proposed process:

 NHS London is working on a pan-London strategy. Any formal consultation on service changes will need to be timed and agreed with NHS London to ensure common direction and consistency. Such proposals should have the full involvement of local people and stakeholders before reaching the stage of formal consultation. 2. The Joint Programme Board felt that the proposed process should broaden its scope and timing to include the commissioning plans of the PCTs.

As a consequence, and given how important it is for local people that there is coherence between the commissioning PCTs and the main provider Trust, a new involvement and consultation strategy is now presented for Board approval.

Summary of the Involvement and Consultation Strategy

1. Objectives

The proposed involvement and consultation strategy is designed to:

- Support both commissioners and the main NHS hospital provider in breaking through barriers to reach agreed plans that will work together to provide better care and sustainable, viable services
- Inspire ideas and that will inform decisions and secure credibility and success in implementation
- Increase awareness and understanding of the issues
- Fit with the emerging pan-London strategy
- Use and develop best practice public involvement, meeting all the requirements of the Health and Social Care Act's duty to consult

2. Scope

The revised strategy for involvement and consultation now covers the development of PCT commissioning plans as well as the Trust's strategic plan. Put simply, it recognises that the right health care changes for Brent and Harrow will come from local people, staff and professionals looking at the whole picture of what health funds can buy and what services can provide.

Subject to further suggestions on the branding of this strategy (by 4 October), the working title is:

Health Decisions Together
Planning the right health service changes for Brent and Harrow

3. Timing (see summary schedule in appendix 1)

The revised strategy allows more time for the informal stage of consultation, from October until December 2006, and this will also take in the emerging strategic directives from NHS London.

This phase 1 of the process is designed to inform people so that they can have meaningful involvement. The outcome will be presented for more detailed decisions in January 2007. Phase 2, from January to May 2007 will include formal consultation on any proposed substantial variations in service arising from the outcome of phase 1.

Changes that may not require formal consultation could be implemented as early as January 2007; changes that would require formal consultation could be implemented in June 2007 at the earliest.

4. Content

Phase 1 will engage people in discussions covering:

- New thinking in health care policy implications, trends, developments, the healthcare environment
- Areas that can and need to improve efficiency, financial position, workforce changes
- What the Trust and PCTs have been considering so far the Trust's clinical model, changes in patient pathways, practice-based commissioning strategies.

Phase 2 will formally consult people on any proposed substantial variations in service arising from phase 1. For example, this could include changes in the Trust's services that may be required in order to respond to new commissioning choices, different clinical pathways and improvements in efficiency.

5. Method (see summary schedule in appendix 1)

Phase 1 will have a core programme of workshops plus discussions within established forums such as patient forums, community forums, clinical forums and staff meetings. Health Overview and Scrutiny Committees will be involved in overseeing the process in line with scrutiny arrangements.

The core workshop programme will include:

- One full day workshop for key stakeholders (up to 150)
- Four open access workshops (up to 50 people), two during the day time and two in the evening in locations across Brent and Harrow
- Two workshops aimed at both primary and secondary care clinicians
- Two workshops aimed at both PCT and Trust staff
- Existing meetings e.g. PPI forums, Local Authority forums, clinical and staff forums etc.
- Additional meetings on request
- One-to-one meetings with MPs and other leading representatives

The process will be supported by a distribution of information materials to include:

- A simple discussion document (max 12 pages) and feedback form
- Fliers, leaflets, posters raising awareness and providing information on how to get involved
- Briefing notes
- Web pages, including an online feedback form
- Presentation and workshop materials

There will be a supporting press release and publicity schedule to raise awareness and advertise workshop dates.

The website and information materials will provide signposts to more detailed documentation, the Trust's written up clinical model for example, for those who wish to be involved at that level.

Phase 2 will have a detailed consultation document for any proposals for a substantial variation in service, including financial information. It is proposed to produce a short video that will serve during the formal consultation phase and beyond. This medium has advantages in illustrating difficult concepts and connecting people with ideas.

6. Governance

The project will be steered by the groups listed in the July Board paper, with a slight adjustment to the Stakeholder Group. A Communications and PPI Group has been set up with Communications and PPI leads from the PCTs and North West London Hospitals and other representatives will be invited to join this Group, including from the Local Liaison Forum. This Group will maintain informal links with a larger panel of stakeholder representatives to take advice on process and comments on written materials.

Resources

A budget of £15,000 has been proposed for this project to cover venue hire and catering for workshops (£7,000), printing costs (£5,000) and video production (£3,000). This is in line with budgets that have already been set aside within the Trust, but the possibility of cost-sharing between the Trust and PCTs has yet to be decided.

Next steps

The project team is producing a simple discussion document and feedback form for publication in the week beginning 9 October, plus other information materials including web pages to support the process. The workshop programme is being arranged so that dates may be included in this document.

A draft of the discussion document is to be circulated on 26 September to members of the Joint Programme Board, Trust Strategy & Development Committee and others for comment and final approval by 4 October.

This paper seeks the Trust Board's approval to the process which is supported by the Brent and Harrow Joint Programme Board and the Trust's Strategy and Development Committee.

Wendy Smith Communications Manager (Strategic Reconfiguration Project) 20/9/06

Appendix 1 – Summary of the Project Schedule

<u>Informal consultation (phase 1)</u>

w/b 9 Oct Distribution and launch of discussion materials

W/b 30 Oct Stakeholder day

Ws/b 30 Oct, 6 Nov Clinical workshop sessions W/b 6 Nov Staff workshop sessions

Ws/b 13, 20 Nov Open workshops

Tba Area consultative forums

Tba Additional meetings as requested

Tba HOSC meeting(s)

15 Dec Deadline for feedback from informal consultation

w/b 18 Dec Analysis of feedback and preparation of outcome report End Dec Outcome report to Programme Board for consideration in

reaching recommendations to Boards

Early Jan 2007 Programme Board meeting

Formal Consultation (phase 2)

Early Jan Agreement from NHS London

Mid Jan Start of consultation – distribution, website release

Mid April Deadline for feedback

End April Analysis of feedback and preparation of outcome report End April Outcome report to Programme Board for consideration in

reaching recommendations to Boards

Mid May Completion of PCT prospectuses and Trust strategic plan