

Decision Maker: Care Services Policy Development and Scrutiny Committee for pre-decision scrutiny
Care Services Portfolio Holder for decision.

Date: 19th June 2012

Decision Type: Non-Urgent Executive Key

Title: ORPINGTON HEALTH SERVICES CONSULTATION

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Chief Officer: Angela Bhan, Chief Executive, Business Support Unit, NHS Bromley

Ward: Borough-wide (with a focus on Orpington)

1. Reason for report

The report outlines the current plans for a consultation on the future of health services in Orpington, to be delivered by NHS Bromley, the commissioners of health services for the borough.

The report addresses several elements of this consultation exercise:

- The consultation plan – how we plan to involve local people in the consultation; and,
 - The consultation document – an outline of what the consultation will contain
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2. **RECOMMENDATION(S)**

2.1 The Committee is asked to:

- 1) Comment on the plan and document at this point in the process. If approval to consult is given by NHS London the next meeting in July will receive the full public consultation document.

2.2 The Portfolio Holder is asked to:

- 2) Endorse the consultation plan (summary) and comment on its robustness for reaching the target population for a consultation of this nature; and
- 3) Note the outline consultation document headings and comment on the structure and emerging content, with particular reference to what information the panel would be seeking from the consultation document.

Corporate Policy

1. Policy Status: New Policy:
 2. BBB Priority: Supporting Independence
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Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £ N/A
 5. Source of funding: N/A
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Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory Requirement: NHS public consultations are subject to **Section 244** of the **NHS Act 2006**
 2. Call-in: Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments: Councillors are supportive of the consultation principle and process

3. COMMENTARY

Orpington Health Services Project

The Care Services Sub-Committee will recall that the Orpington Health services project was established to develop a future vision for a range of services for the Orpington population aimed at maximising their health and well being.

It aims to recommend a solution which assures local provision of essential primary care and community services, provides enhanced health and wellbeing services and consolidates specialist services. A clinical case is made around hospital services so the expert opinions, supporting equipment and professional interfaces make best use of these valuable resources. The project also aims to resolve the future of Orpington Hospital as stipulated by the Independent Reconfiguration Panel following 'A Picture of Health'

Progress

Orpington Project Team continues including the full range of Stakeholders (5 members of public drawn from voluntary sector LINK patient groups and League of Friends), GPs, Staff side, SLHT Clinicians and public health. The group covers both the Commissioner and Hospital ownership issues and have:

- Undertaken a needs assessment
- Identified the services required to meet needs
- Calculated the space requirement to deliver care
- Undertaken an option appraisal on the best sites to deliver the new model of care
- Undertaken financial appraisal of options

The group have explored the services needed to deliver the needs assessment and considered:

- No change,
- Delivering these through a clinical hub model and
- Creating a health and well being facility to co- locate services

The emerging preferences are to retain a local set of services.

The proposed new services bring together Practices and the essential community and diagnostic services to support Primary Care in a preventative model supporting the out of hospital care agenda. Other outpatient services currently delivered in Orpington Hospital are proposed to be transferred to Princess Royal University Hospital – 2.6 miles away. For a discreet number of outpatients (dermatology, rheumatology, neurophysiology, breast post recovery clinic, oral surgery) there will be recommendations for moves to Queen Marys. Local community provision of several of these will be delivered through commissioner community care pathways.

The nature of the proposed change to services means there is a need to go to a full public consultation under section 242 of the NHS Act 2006.

Preparing for Consultation

Prior to going to consultation, we have been through two independent assurance processes and have approval for our pre-consultation business case from NHS London. This process is to ensure that we are ready for consultation and that our work to date has examined all of the available information to the right level of detail, including preferences for specific locations.

It is the intention to move to consultation in the summer. This is subject to approval by NHS London. Consultation guidance recommends that consultations taking place during public holidays or if a major event is taking place (ie – the London Olympics) should be extended over a longer time period and we believe that 14 weeks would be a sensible time period.

We have developed both a consultation plan and are in the process of drafting a consultation document to facilitate this process.

Our consultation plan has been reviewed by the Bromley Compact steering group, to ensure that we take account of the needs of the widest possible groups. It has also been reviewed by the NHS SE London Voluntary Sector Reference group and contributions have been made to make it as thorough as possible.

Guidance recommends the appointment of an independent third party to review responses to the consultation. We have tendered this opportunity and will appoint shortly. The recommendations for the future of Orpington services informed by the independently evaluated results of our public consultation will be presented to the Board of the Bromley PCT and also South London Healthcare NHS Trust for final decision making in the autumn.

Consultation plan

A consultation plan has been developed and has already been reviewed externally as detailed above. This is attached as **Appendix 1** to this document.

Guidance provided by NHS London¹ states that a consultation document should contain the following elements;

- Agree on a distribution strategy for the consultation document. Distribution could include:
 - one copy posted per household;
 - Using different methods of publicity, for example flyers, advertisements, word of mouth, letters, email and websites. These should be available in an accessible form for people with learning disabilities;
 - Copies available to be collected in public buildings e.g. libraries, hospitals, community medical centres, local government buildings; Available for collection from PCT offices
 - An electronic copy could also be made available for download through the formal consultation website.
- Schedule public meetings and forums for key stakeholders that will take place during the formal consultation process.
- Formal meetings should include a number of large public meetings held at different locations affected by the proposed reconfiguration;
- The SRO, Programme Director and Programme Manager should attend with the Clinical Lead taking a visible role in presenting the case for change and the potential reconfiguration options;
- A professional facilitator might be helpful in managing the process and flow of the meetings.
- Use a number of informal methods to engage stakeholders, including:
 - Focus group meetings;
 - Coffee morning events with local community groups;
 - Roadshows.

- Consider funding an independent facilitator to undertake outreach work with socially excluded groups and groups the NHS has traditionally found hard to reach;
- Present the methodology for analysing the formal consultation responses to the programme board for agreement. This methodology will depend heavily on the type of questions that have been included in the consultation document;
- Set out the timeline for responding to consultation. This timeline should specify when the PCTs will respond to the public and when they will make a final decision;
- Agree on the parameters for the final decision with the programme board. These parameters should include:
 - Who will make a decision?
 - In what forum?
 - What will be the decision making process?
 - How will stakeholder feedback be factored in?

Consultation document

A summary of the consultation document is provided as appendix 2 to this document. The document is still in development and is subject to approval by NHS London, so at this point we are providing the headings and content for consideration.

Guidance provided by the NHS London² states that a consultation document should contain the following elements;

- The consultation document should be concise and widely available.
- The language of the consultation document should be accessible, clear, concise and written in plain English. It should be available in other languages and formats on request.
- The objectives of the consultation document should be clearly stated.
- Proposals should be set out clearly and transparently.
- Consultation documents should contain specific, relevant, clear information.
- Consultation documents should explain why service improvement is required, setting out what the results of change will look like in terms of benefits to patients (whether in terms of clinical outcomes, experience or safety) as well as any financial benefits, presenting a balanced view.
- Consultation documents should provide details of all options for change with well balanced pros and cons for each option, including the implications of no change.
- Implementation plans (even in outline) should be provided for each option.
- A set of key questions should be included.
- The consultation document should inform the public of how they can contribute to the consultation and state clearly how respondents should respond.
- An email as well as a postal address should be given for responses.
- The consultation document should include a list of stakeholders.
- The document should include details of how patients and the public have been involved in its drafting.
- The consultation document should include contact details of someone who will respond to questions and someone independent to the consultation process, who will pursue complaints or comments about the consultation process.
- The consultation criteria in the Cabinet Office Code should be reproduced in the consultation document.
- The document should be available in paper format, free of charge and on a website from the start of the consultation.

- The document should state the date when, and the web address where the summary of responses will be published.
- The consultation document should include an accessible executive summary.

Non-Applicable Sections:	Policy Implications, Financial Implications, Legal Implications, Personnel Implications.
Background Documents: (Access via Contact Officer)	NHS London Reconfiguration Programme Guide - A Guide for PCTs v 2