

Stroke Review Pre Consultation Business Case

Appendix Cii

Healthwatch review of patient and public
engagement

9 January 2018

For the attention of Patricia Davies, SRO for Kent & Medway Stroke Services

Re: Kent & Medway Stroke Review Process

Healthwatch Kent would like to add our support for the above process. Healthwatch has a statutory requirement to ‘Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services’.

Involvement with the public:

Healthwatch Kent staff and volunteers attended many of the engagement events and reported back positively about them. Our Chief Executive Officer took part in a round of events along with the Stoke Association, asking the statutory organisations frequently asked questions from the public. Healthwatch was very happy to support the engagement in this way and felt the events went well.

We have been a member of the Stroke Programme board for two years representing patient views and we also chair the Kent and Medway STP Patient & Public Advisory Group who were briefed in a dedicated teleconference and able to ask questions about the process.

Scrutiny of the process;

Healthwatch Kent has a clear process for acting as a critical friend on consultations. This is based on our Best Practice Guides on Consultations and Pre-consultation Engagement available on our website. This process is undertaken by Healthwatch Kent volunteers and is based on the evidence of the activities and the planning and quality of what has been undertaken, from a lay person’s view, but informed by training from The Consultation Institute. For it to be objective, the volunteers will not have been directly involved in supporting the engagement activities, ensuring our findings are evidence based. We have reviewed the first two stages of the four-stage consultation process, our conclusions for each are below:

1. Establishing the case for change

Issue	Review of evidence seen
Is there clear evidence for the case for change?	This review has become part of the Kent and Medway Sustainability and Transformation Partnership (STP) which has a clear Case for Change. In line with this there is also a well presented and evidenced case for change in stroke provision which has been presented to the public. It was recognised that the current configuration of services is not delivering best clinical outcomes for patients. The Case for Change was published in March 2017 in easy read format and translated into the top ten languages across Kent and Medway. Other formats are available on request.



Issue	Review of evidence seen
Has there been a review of previous similar consultations?	A review of national evidence showed that Kent and Medway were not meeting the benchmark as defined by the Sentinel Stroke National Audit Programme and the legacy of the London review of services.
Has an initial impact screening been carried out?	An initial impact screening has been carried out by Mott McDonald which is a readable, very comprehensive document which also includes an equally comprehensive Equality Assessment. This was commissioned by the STP Programme Board.
Have the public been involved in any way with developing the case for change?	A wide-ranging programme of engagement activities began in July 2015 and continued through to July 2017 across Kent and Medway. This engagement involved members of the public and clinicians including all CCGs. "Stroke survivors, their families and carers and members of the public have played a key part in shaping potential future models of care". (Pre-consultation Business Case, v6 p24 October 2017). Full timetable of meetings and stakeholder events provided.
Was there a written plan for the pre consultation stage?	There is no obvious explicit plan for the next stage, but one is implied / included in notes taken during the course of the engagement events with stakeholder groups as the process evolved.

2. Pre-consultation

Item	Review of evidence seen
Was a more detailed impact assessment carried out? Did it clearly identify the communities that should be involved in preconsultation engagement?	The case for change and its impact assessment clearly identifies the communities which should be included in the pre-engagement consultation and a copy is available. Better engagement of hard to reach groups was identified in notes from the engagement events.
Was the most appropriate method of engagement used for each group?	Multiple methods of engagement were adopted, ranging from focus and deliberative groups (people's panels), presentations for public audiences to web presence, surveys social media, on-going briefings and narratives for key audiences, newsletters and bulletins, particularly associated with the STP, and facilitated conversations, with CCGs, community and voluntary groups and public engagement events where independent observers were invited to attend. Analysis was made of attendance and highlighted that further engagement was required with BME groups in North Kent in 2016, and seldom heard groups in Thanet. These were addressed. MIND and Carers First were approached to facilitate engagement with people having suffered a stroke in Swale.
How much time was given to the pre-consultation and was this sufficient to develop a robust set of options?	The process of engagement started in July 2015 when stakeholders, including the public, were asked what they wanted from a stroke service. A programme of events continued through to July 2017 during which time notice was taken of comments from the public and clinicians and the case for change and options evolved from these at meetings of the Joint Committee. In November 2016, five events were held in key areas designed to update participants on the detailed work to date to develop and shortlist options. Media coverage began in 2015 with the launch of the review and a statement sent on behalf of the Kent and Medway CCGs. This two-year window has provided sufficient



Item	Review of evidence seen
	time to ensure a robust pre-consultation period and has been used as such.
Did the engagement result in the identification of options to be considered in the consultation?	Yes. "An options evaluation process was designed that enabled the programme to move through a 'funnel' from an initial possibility of a significant number of options down to a small number of options to undergo further analysis, before agreeing the options that would go to consultation". Testing and refinement has taken place based on discussions with patient representatives, patient representative groups, local authorities and the local HOSC.

Addition of 5th option

We have reviewed the reasons for the recent review of the options and received details of how the option was re-evaluated in line with the original option development process. We are satisfied this has been done with as much due diligence as reasonable in the short timescale.

Conclusions

With our involvement with the engagement and Programme Board, together with our objective review of the pre-consultation processes, we can confirm that we have found the Stroke Review to have been a robust process that Healthwatch Kent support as good practice in its engagement with patients and public.

Communication with the public has been clear and the options development process has been transparent, and we look forward to agreement for the full consultation to go ahead. Considering the enormous potential benefits to the public, and the risks if this review does not proceed quickly, we would hope to see this agreement given as soon as possible as soon as possible.

Kind regards,



Steve Inett
CEO Healthwatch Kent
On behalf of the Healthwatch Kent Steering Group

