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# SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

**21st May 2002**

**Addresses**

For action
Chief Executives, NHS Boards
Chief Executives, NHS Trusts
Chief Executives, Special Health Boards
Local Health Councils
Voluntary Health Organisations

For information
Chief Executives, Local Authorities


**Enquiries to:**

Miss Laura Ross
Health Planning and Quality Division
Ground East Rear
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2378
Fax: 0131-244 2989
Email:
laura.ross@scotland.gsi.gov.uk

**Further copies available from, and comments to:**

Ms Jan Quinn
Health Planning and Quality Division
Ground East Rear
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2839
Fax: 0131-244 2989
Email: jan.quinn@scotland.gsi.gov.uk

http://www.scotland.gov.uk


Dear Colleague

**CONSULTATION AND PUBLIC INVOLVEMENT IN SERVICE CHANGE – DRAFT INTERIM GUIDANCE**

1. *Patient Focus and Public Involvement,* which was published in December of last year, contained a commitment to revise the current guidance on closure and change of use of health service premises.

2. Draft interim guidance has now been prepared and is being issued widely to the NHS and other interested parties. A copy is attached for your information. In addition the guidance is available at www.involvingpeople.org.uk.

3. The Scottish Consumer Council (SCC) and Scottish Health Feedback (SHF) have been commissioned to consult key stakeholders on the draft guidance. In the meantime, NHSScotland bodies are expected to adopt the principles set out in the draft guidance.

4. If you have any comments on the draft please send them to Ms Jan Quinn (see opposite for details).

5. This interim guidance will subsequently be revised to reflect the outcome of both the SCC/SHF work and a consultation on a revised public involvement structure for NHSScotland which will issue shortly. The report of a recent wide-ranging pre-consultation exercise on this issue, is also available at the involving people website.

Yours sincerely

GODFREY ROBSON
Director of Service Policy and Planning

INVESTOR IN PEOPLE

# CONSULTATION AND PUBLIC INVOLVEMENT IN SERVICE CHANGE

## DRAFT INTERIM GUIDANCE FOR CONSULTATION

Scottish Executive Health
Health Planning and Quality Division

3 May 2002

# REVISED GUIDANCE ON CONSULTATION AND PUBLIC INVOLVEMENT IN SERVICE CHANGE

## About this draft guidance

1. This draft guidance replaces the Scottish Home and Health Department circular entitled 'Closure and Change of Use of Health Service Premises', dated 3 June 1975 (the '1975 guidance').

2. This is interim guidance for NHSScotland and will be revised again once the new public involvement structure outlined in *Patient Focus and Public Involvement*, has been put in place (April 2003). A full public consultation on a public involvement structure, and a new role for Local Health Councils, will be carried out during 2002.

3. Consultation can fall into a range of differing categories, for example:
   - A means of collecting views on a fairly open-ended topic
   - A means of collecting views on the pros and cons of alternative proposals
   - A means of collecting views on a specific proposal
   - A means of developing a proposal or option.

Within NHS Scotland public involvement should be a key feature of consultation.

## Why involve patients, public and communities?

4. *Patient Focus and Public Involvement* which was published in December 2001, sets out a framework for NHSScotland which aims to change the culture of the health service in the way in which it interacts with the people it serves and the way services are delivered. The paper signals that it is no longer good enough to simply do things *to* people; a modern healthcare service must do things *with* the people it serves.

5. In this respect, patient and public involvement is a **very important** part of improving the quality of service provided by NHSScotland, and needs to be given a high priority.

6. Effective public involvement can

- be a potential catalyst for change
- provide a real opportunity to build public trust
- help achieve a step change in public health
- help strengthen public confidence and contribute to rebuilding our NHS.

7. Public involvement can also reduce the risk of providing inappropriate services or services that do not deliver in a way people want or need them. It can provide a different perspective that might otherwise be overlooked by professionals and managers and can result in some very different and innovative solutions. As a result there is the potential to improve service quality as well as becoming more responsive.

8. Public and patient involvement is a specific commitment in *Our National Health* to

- give patients a stronger voice
- involve people and communities in the design and delivery of the health service

> *We value the NHS as a public service which belongs to the people. Patients, staff and communities have a right to be involved in decisions which affect them.*
>
> *Our National Health page 50*

9. An awareness of the importance of public involvement is not new, but there has at times been a tendency for it to be seen as an 'add on', or simply a lower priority requirement. Guidance has stressed the importance of taking the views of the public into account when making decisions and has over time become more specific, but still the public often complains of 'tokenism' and of feeling excluded.

> *Services need to be responsive not just to the needs of individual patients but also to the preferences of the public at large. To redesign services from the perspective of patients – and to reflect this in all aspects of health service planning – requires finding our what patients and communities want; and consulting them over proposals for change.*
>
> *Designed to Care, page 9, Scottish Office, 1997*

10. NHS Boards and Trust must strengthen existing partnerships and develop new working partnerships with people who use their local services and ensure opportunities for patient and public involvement are integrated as the norm in the way they work.

11. The voluntary sector links into the Health Service in a number of ways at national and local level. Like the NHS the voluntary sector is a complex amalgam of different organisations, often with very different interests, and of variable size from small self help groups to national organisations. The voluntary sector is important, not just in terms of engaging users more effectively, but as a partner for service delivery. It is therefore **very important** to ensure the voluntary sector has a role in planning services.

## When statutory consultation is necessary

12. The role of Local Health Councils and their involvement in service change has often been seen as public involvement. This is not the case, and has come about due to the provisions of Regulation 6(1) of the National Health Service (Local Health Council)(Scotland) Regulation 1990 (SI 1990 No 2230). This states that "every relevant Health Board shall so far as is practicable consult each Council in its area on any substantial development or variation in any of the services for the provision of which the relevant Health Board is responsible".

13. Of the various provisions in these Regulations it is the word 'substantial' that has caused the most uncertainty. It is difficult to provide any definition of what constitutes a substantial variation in service. What may be considered substantial in one Board area may not be in another. This is a matter that calls for common-sense taking account of the proposed change and its effect on health service users. The permanence of a proposed change is not, however, a guide as temporary solutions should also be consulted on if the proposals significantly affect service users.

14. The presumption should always be to involve those affected, those who might be affected, or those with an interest in a proposed service change, at the earliest possible stage.

Regular dialogue and close involvement with relevant stakeholders in the development stage may ease the formal consultation process.

*Management changes*

15. There is no current requirement to consult on changes in management structures or organisational changes which do not affect service users. However, it is good practice for key stakeholders, health councils and interested voluntary organisations to be kept informed of such changes.

*Primary care*

16. The requirement for Boards to consult also covers proposals that amount to substantial developments of, or variations in, those aspects of primary care in which Boards have a role to play, for example, strategic plans for primary care services, location of general practitioner premises, out of hours services. The requirement to consult does not, however, cover the way in which practitioners choose to organise their own practices but they should be encouraged to consult their patients about such changes.

## Public Involvement in service change

17. NHS Boards need to take a pro-active and positive approach to issues that need public involvement in areas of potential service change.

18. NHS Boards should note that:

- 'end process' consultation is <u>not acceptable</u>
- they should consult on all service change including new services
- they should develop proposals for service change in partnership with all affected groups and communities
- they should formally consult on the outcome of that development process.

19. The key principle should be that involving the public is part of an integrated process of communication and discussion; where communities, public, patients and NHS staff have opportunities to influence decision-making. An inclusive process may not always result in universal support for a proposal but it should demonstrate an NHS that listens, is supportive and has genuinely taken account of views and suggestions.

20. NHS Boards will be expected to be able to clearly demonstrate that they have followed these principles for service change proposals. Any inadequacies identified will be addressed by the Performance Assessment Framework, and appropriate action taken in-year.

21. As with the 1975 guidance, proposals for major service change, including closure of existing premises, will require Ministerial approval. As well as demonstrating that appropriate and adequate public involvement has gone into developing the proposals, NHS Boards are required to submit their final proposals and a report on the outcome of consultation to the Minister for Health and Community Care for final approval. The Minister may require further consultation where he feels public involvement has been inadequate.

22. An example framework, which demonstrates the use of a variety of mechanisms for involving the public when considering a significant service change, is attached at **Annex A.**

## Requirements for a valid consultation

23. A consultation exercise should have the following features:

***Adequate information***

24. When formal consultation takes place, a consultation document will need to be produced. This must be easy to understand and must be readily available. It must contain sufficient information for the reader to be able to understand the reasons for the proposals and to come to an informed conclusion. It needs to explain the perceived benefits that are expected to flow from the change. It should also include information about contacts for further information or clarification and a list of those being consulted.

25. As service change is an evolving process, it may not always be possible to provide all the necessary information at the beginning of a consultation process. If this is the case, it should be made clear at the outset and an indication given of what will be available and when. One option might be for a two-stage or pre-consultation process to refine policy and develop a proposal for formal consideration.

***Adequate time***

26. Involvement should start as early as possible and sufficient time should be allowed for any consultee to consider and respond to the proposals. It is usual practice to allow three months for consultation exercises on proposed service changes, but it may be reasonable to allow a shorter period where the circumstances justify it (e.g. where the details of the proposal have already been the subject of public debate or intensive public involvement). It should be noted that even if information about a proposed change has been in the public domain and interested parties have made their views known, this does not remove the need for a formal consultation.

***Genuine consideration***

27. The consultation document may indicate a preferred option, but it must also be clear that all responses to the consultation will be considered. In particular, the Board must give genuine consideration to any alternative suggestions that are put forward as a result of the consultation.

28. It is good practice to consult a wide range of interested parties and members of the public. A failure to do so could lead to the consultation process being flawed and any decision invalid.

29. If a proposal is likely to affect the population of more than one NHS Board area, then stakeholders in both communities should be consulted. In these circumstances it is reasonable for one Board to lead on the consultation provided all interested parties are consulted.

30. A diagram showing a consultation process is attached as **Annex B**

## Early and ongoing communication

31. Although a period of formal consultation on specific proposals may be appropriate at some stage, the key principles for consultation should form part of a broader ongoing process of the Boards' communication with, and involvement of, communities, service users and the public.

32. Consultation needs to begin when proposals for service change are at a formative stage and before they have become decisions. It is good practice to involve all interested parties in discussion about the issues affecting local services both generally and in respect of specific areas. It is also good practice to have ongoing discussions with all interested groups as specific issues are explored and proposals are developed.

## Openness

33. One of the key principles of *Patient Focus and Public Involvement* is to build public confidence in the NHS. An important factor in achieving this will be an open and clear processes for planning and consulting on service change. It is good practice to publish a plan that sets out a clear process and timetable. It is also good practice to involve local stakeholders in the development of such plans.

## Methods of consultation

34. Traditionally, consultation has tended to follow a regular pattern, based around the publication of a formal consultation document and formal public meetings. Such methods can play an important part in consultation, particularly in formalising proposals and inviting responses. However, there are many other ways in which consultation can take place and which can help maximise user input to the process.

35. **Annex C** sets out a brief overview of some of the techniques that are available. While some methods may be more successful than others for achieving a particular outcome or for reaching specific sectors of the community, there is no one method that can be said to be the best. Different situations will require different approaches.

36. **Annex D** provides an aide-memoire to good practice

**Scottish Executive Health Department**
**Planning and Quality Division**

**April 2002**

## ANNEX A
## Model/example of a Framework for Public Involvement in a Major Service Change

1. **NHS Board agrees a process** that provides a clear timetable for decision making, identifies who and when to consult and the range of approaches that will be used.[1]

2. It is important to ensure that **service users are involved in developing any alternatives/options prior to proceeding with a formal consultation** process.

3. **Initial stage of the consultation process should have a number of participative sessions** to gain views of key interest groups on a range of options.
   - user groups
   - doctors and clinical staff
   - nurses and other professional staff
   - trade unions
   - professional advisory committees
   - Trusts
   - community groups
   - Local Health Councils/other patient representative groups
   - Local authorities

   Participants should be positively encouraged to attend by awareness raising efforts such as newsletters etc and should be sent briefing packs in an appropriate format, in advance of the sessions.

4. **Feedback session and full public debate.**
   It is important to feedback and share all the comments made. It is also important that the public is aware of the feedback and is not disadvantaged when entering into a public debate.
   - Feedback session to present key issues from the open session to the various groups giving groups opportunity to comment on the summarised points.
   - Full public debate. Important to record <u>all</u> views and to ensure these are well publicised. (e.g. newsletter or newspaper.)

5. **Focused consultation groups**, made up of service users, should be used to ensure patient experiences are incorporated.

6. **Obtaining a wider perspective of public attitude and links to community planning process**. Well planned surveys, possibly using established local council/citizen panels.

7. **Seeking written comments**. Although it is important to ensure people realise that anyone can submit written comments, it is also necessary to ensure written comments are sought from others (local councils, local councillors, MSPs and MPs, Ambulance Service - where ambulance services might be affected). NB this is not intended as a definitive list.

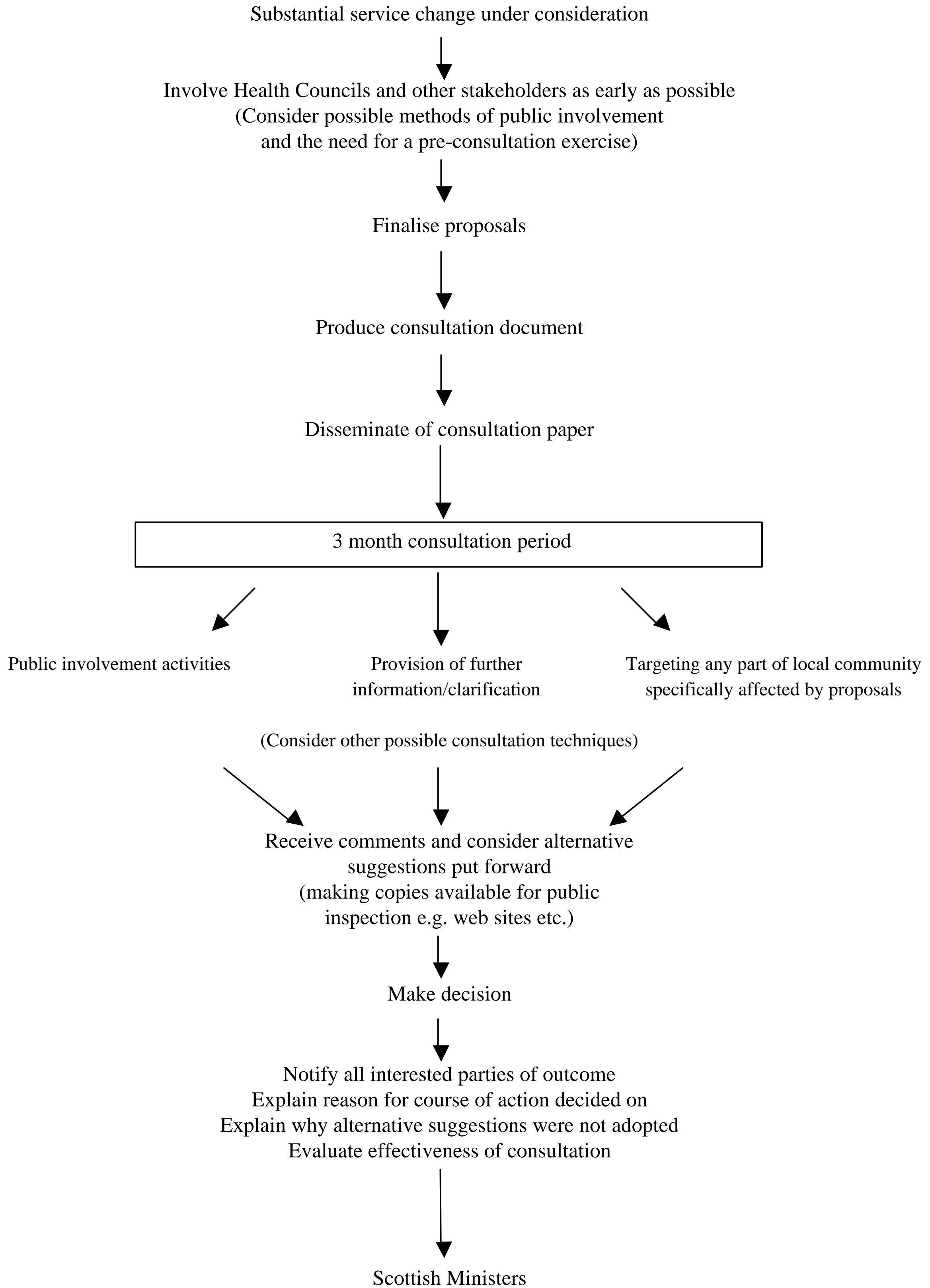
8. **Recommendation for change and feedback**. A process with this level of involvement at the early stages is more able to take account of different perspectives. Feedback loops will be

[1] 'Building Strong Foundations: Public Involvement in the NHS' a toolkit for developing patient and public involvement will assist NHS Boards.

important even after a decision is made and even if it there was general support for the proposal, with opportunities for making people who have been involved and the wider public aware of the outcome.

**ANNEX B**

## PUBLIC CONSULTATION



**ANNEX C**

# EXAMPLES OF DIFFERENT APPROACHES TO INVOLVING THE PUBLIC[2]

**1. Health Forums**

A Health Forum is normally an on-going series of public meetings held with voluntary and community groups and representatives from local health services and local authority services. The agenda for the meeting is open and allows people to highlight their concerns and queries.

Any action that is taken is on a multi-agency basis and there must be feedback to the relevant patient/service user/carer groups.

It is also possible to create health forums from local people. Potential training requirements of forum members must be identified to ensure they feel able to participate fully in discussions.

This approach provides opportunities for local people to raise their concerns and is an integrated, whole system, multi-agency approach. As a result it encourages joint working.

**2. Open House/ Open Surgeries**

A time when members of the public have the opportunity to meet with a representative of the organisation/health system and ask questions face to face.

**3. Panels**

Panels can be very helpful to inform planning and help prioritise decisions requiring a wider population view.

Citizens Panels/Talk Back Panels

Used to gather views on plans, service developments and specific health issues. The membership of Citizens Panels and 'Talk Back Panels' should match the demographic profile of the area covered with a rolling membership that allows new members to be substituted every 4-6 sessions. These approaches are often features of Local Government and Health Boards should see this as a potential opportunity for sharing and joint working.

User/Carer Panels

These are more commonly used in secondary care where service users and carers maintain a longer-term relationship with the service (e.g. cancer, diabetes, mental health services), but can be readily adapted across the system. Members have direct experience of the services being discussed and a genuine desire to make services better for future service users and carers. A panel approach provides an opportunity for direct liaison and feedback between panel members and service providers and members can become involved in design and implementation of service developments.

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[2] See 'Building Strong Foundations: Public Involvement in the NHS'

Citizen's Juries
A Citizen's Jury is generally made up of 12-16 local people recruited to represent the general public in a community. They hear evidence and discuss specific policy issues that may have an impact on their community. Members of the Jury are given the opportunity to listen to and cross-examine expert witnesses in order to help them develop an informed opinion and to make recommendations for action.

Key stakeholders form a steering group to oversee the Jury's development. This group makes key decisions about witnesses to be called, material to be presented to the Jurors. The Jurors are able to request additional information, including witnesses, during the course of the Jury. The Jury is paid to attend and at the end of their deliberations they make a decision on the question that was posed.

**4. Patient Councils**

Members of the public are used to inform local decision-making. Anyone who is interested can be involved to provide a mix of skills, age, sex, ethnic group and other socio-demographic characteristics.

The Patient Council in some areas have hosted patient awareness meetings on specific topics suggested by the public, e.g. stress, coronary heart disease and strokes. Their advantage is that they can pull together a cross section of the public, encourage two way dialogue and provide an opportunity to respond directly to patient questions.

**5. Whole System Conferences**

A Whole System Conference enables interested parties from a wide variety of groups to contribute to service development plans. An invited audience, representing key interest groups, meets to try and reach a consensus view on a particular issue. It should involve people with a range of different interests, such as medical, nursing, managerial, community, voluntary, users and carers.

**6. Seminars/Workshops**

These are formally organised discussion groups that aim to share, exchange and receive information. They provide an opportunity to engage in multi-disciplinary discussion, to explore difficult issues in detail and encourage sharing of experiences and good practice.

**7. Group work**

Advisory Groups
Advisory Groups need to include a mixture of professionals and patients and can ensure views of user go direct to key health professionals. These can be permanent groups with regular meetings; thus ensuring advice is always available.

Focus Groups
These groups are usually relatively small, 6-10 people, and provide opportunities to discuss an issue in depth but in an informal setting.

User Groups
Useful mechanisms for keeping users of a service in touch with the people who provide it. This sort of group can be useful in a variety of settings and levels.

**8. Newsletters**

Whilst not really a method of public involvement, newsletter can provide a useful approach to keeping the public informed for raising awareness of public involvement issues and for giving feedback to a wider audience. Articles for newsletters can be commissioned from a range of sources (Health Promotion, specialists working in NHS Trusts, voluntary and community organisations, the Health Board, the Executive, health care professionals, practice staff, patients and local people etc.)

A newspaper is relatively inexpensive and can easily be used to target selected groups or focus on specific issues, but their most significant drawback is that people might not read it and see it as ‘Junk mail’.

**9. Making results more representative**

Consultation can produce results that do not represent the views of local people as a whole. Those responsible for setting up consultation exercises should avoid methods in which consultees select themselves and should instead look carefully at how a statistically representative sample of the population might be identified and targeted.

It is also very important to consider the make up of the local community and to avoid the risk of token consultation or involvement. It would, for example, be a mistake to expect one person to be able to represent an area's black and ethnic minority community unless they can tap into the whole spectrum of cultures, interests and needs concerned. Also, when considering young people, boys will often have very different views and priorities to girls. Care should therefore be taken to ensure that when targeting consultation at these groups every effort is made to obtain the views of as wide a range of people as possible. Questions might be worded in a way that seeks to draw out the various perceptions and perspectives of a diverse target group. In addition, special efforts should be made to reach excluded groups such as young and old people, gypsy travellers etc.

**ANNEX D**

## AIDE-MEMOIRE TO GOOD PRACTICE

The following ideas are designed to help those who are involved in consultations on service changes. This aide-memoire is not designed to be used as a mechanical checklist, nor are the ideas in it an exhaustive list of good practice. However, they are drawn from the key principles of consultation and the experience across the NHS.

It is good practice to include all stakeholders such as local health councils, local support groups, local patient participation groups and voluntary organisations.

***Ongoing involvement and communication with local users, groups and the public***

Do you have a strategic plan for systematic and continuous involvement and communication with service users, user representative groups and the public more generally?

Do you have good relations with your Health Council? Do they attend Board and Trust meetings and are they generally engaged in discussions about local health service planning and development issues?

Do you regularly seek to publicise and invite debate about local health service planning and development issues?

Do you seek to listen to and inform local community and voluntary groups about service planning and development issues?

Do you know what issues are important to different groups of local people?

***Consultation on proposals for specific service changes***

Have you raised and discussed the underpinning issues before developing proposals for change?

Have you involved local service users and other interested parties from the outset?

Have you actively sought the views of likely interested local groups?

Have you developed a consultation plan clearly identifying the consultation process and timetable? Were local service users and other interested parties involved in its development?

Are any public meetings, conferences, focus groups etc well planned (e.g. have arrangements been made for these to be independently chaired and facilitated)?

Have you arranged meeting for a time when people can come (for example people who work or have child care arrangements to make)?

Have you supported local service users and interested groups in developing their own proposals?

Have you allowed choice by presenting fairly argued options?

Have you explained why any particular option is preferred?

Have you considered raising issues, publicising proposals in local newspapers (especially free papers)?

Have you built up relationships with the local media (newspapers, journalists, radio and television)?

***Information***

Have you considered what information you might be asked for (what you have readily available or can easily provide may not be sufficient)?

If you know relevant information will not be available at the beginning of the consultation have you indicated when it will be provided?

Have you provided contact details for further information or clarification?

Have you thought about providing information that meets the needs of all service users e.g. from ethnic minorities, or those with a physical or sensory impairment?

***Timescale***

Have you allowed sufficient time for people to consider your proposals and to respond?

Did you discuss the timetable with local service users and other interested parties?

Have you made allowances for problems arising from the time of year (e.g. Christmas and the summer holiday months)?

***Consideration of responses and feedback***

Have you taken into account all responses to the consultation?

Have you clearly explained the reasons for final decisions, including why alternative proposals have been rejected? (It is good practice to publish a written explanation – this need not address each individual response, but rather cover general themes of responses).

Have you set up a process for keeping respondents briefed on progress with implementation?