



Consultation Plan

1. Introduction

The purpose of the consultation plan is to describe our approach to formal public consultation on the proposed changes to podiatry services in both Greater Huddersfield and Kirklees. The plan describes what we already have in place and what else we intend to do to consult with staff, the public, patient, carers and key stakeholders.

2. The purpose of the consultation plan

The purpose of the consultation plan is to describe our process for formal consultation and how we will reach our audience. We will ensure that our methods and approaches are inclusive and tailored to each audience which includes:

- Existing patients, carers and their representatives
- Minority groups identified in the EIA
- Key stakeholders including partner organisations
- Podiatry colleagues
- Particular interest groups
- Locala Members

The plan sets out the proposed activity and the resources required to deliver the plan. The intention of the plan is to help people understand what to expect from the formal consultation, how they will be involved and how long the process will take. The purpose of the consultation is to:

- Raise awareness of and provide information on the changes being proposed.
- Involve all stakeholders in discussions about the proposed changes and draw out any issues and concerns.
- Support us to pay 'due regard' to our equality duty in our decision making and ensure any negative consequences are minimised by promoting positive outcomes.
- Work with stakeholders to consider potential solutions to any issues raised.
- Gather feedback which will inform the decision about the proposed changes to Podiatry Services

3. Aims and objectives of the consultation

The aim of the formal consultation is to facilitate genuine and meaningful involvement to ensure we can reach, inform, communicate and formally consult with local people from Kirklees. In delivering this aim the objectives will be:

- To complete the consultation in a 12 week period.
- To communicate clearly and simply our plans using various formats and approaches.
- To provide an explanation of the plans and the considerations given to those plans.
- To gather feedback on these plans using a variety of mechanisms as part of formal consultation such as face to face, electronic and paper surveys.
- To analyse the feedback from the formal consultation process.
- To provide a report of findings on the consultation to decision makers and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to staff, public, patients, carers and key stakeholders on the findings of the formal consultation and any decision to change the way services are currently provided or delivered.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process.

4. Engagement and pre-consultation engagement activity

We carried out patient engagement in December 2015. Drop in sessions were held in six clinics, Monday 16 November – Monday 14 December 2015. Posters were sent to each location to inform patients when the sessions were taking place, clinicians were also asked to inform their patients and GP surgeries where clinics take place were asked to let their Patient Engagement groups about the sessions.

The sessions were run by Locala representatives who asked patients to complete a survey and have a more in depth discussion about the service. Patients were also given the opportunity to complete an online survey or use a paper copy to complete and return in a SAE or post into a postbox in the health centres.

We aimed to engage a diverse cross section of patients' representative of our patient population. 51 patients took part in the survey.

Themes for the engagement were:

- Frequency and current use of the service
- Levels of satisfaction with the current service
- Access to appointments
- Method of travel to appointments

From the engagement people told us:

- Patients are happy with the service
- The majority travel by car to their appointments
- Patients would like more choice of appointments
- Patients would like a more efficient booking system

A second round of engagement was carried out in June-July 2016. Surveys were distributed to all clinics in order to gather patient views. This allowed a broader footprint than in the previous engagement delivered in December 2015. The surveys were given out by podiatrists to individual patients over a period of three weeks. The aim was to gather a representative sample group of patients currently accessing services.

A total of 304 responses to the survey. Themes from the engagement were:

- What people use the service for and how often
- How they might be affected if NICE guidance is applied
- What concerns they have

From the engagement people told us:

- 73% of people use the service for general foot care of which 63% is nail cutting
- The majority of patients (179) use the service every 9-12 weeks
- People were concerned about how they would be able to manage their own foot care

The main concerns were:

- Will I still receive the service?
- Where else would I go to get the care and treatment I need?

In addition we received only 43 responses to the question relating to Nice Guidance which would suggest that people may not have understood how the guidance would be applied and who would still receive a service, and who would not. Any further communication needs to ensure that patients understand what the NICE guidance means for them.

5. Consultation Mandate

NHS North Kirklees Clinical Commissioning Group, NHS Greater Huddersfield Clinical Commissioning Group (CCGs) and Locala Community Partnerships need to understand the views of patients, stakeholders and staff living and working in Kirklees who are or could be directly impacted by the proposals about the way in which Podiatry Services are provided in the future.

This is so that by the end of the consultation period, the CCGs and Locala CIC can make an informed decision about the future model for delivering podiatry services to ensure that services provided are clinically appropriate, of a high quality, safe, sustainable and affordable resulting in the best possible outcome and experience for patients using the service in the future.

6. Consultation process

What we already have in place

We currently have a number of mechanisms in place which help us provide information and communicate with a range of stakeholders. These mechanisms will continue to be utilised throughout this process. The current mechanisms are:

- **Colleagues** are already being engaged through team meetings which will continue throughout this process
- **Local councillors and MPs** will be included in the formal consultation once the proposals have been through overview and scrutiny
- **Overview and Scrutiny Committees** are being kept up to date with our plans through presentations and briefings
- **Patient Opinion, Friends & Family and complaints** we will use the information gathered to help us understand individual experiences.
- We will ensure local **GP practices** are aware of any engagement and consultation and promote participation via surgeries
- **Patient Reference Groups and membership councils**
- **Healthwatch**
- **Community Voices** and the third sector in Kirklees

What else do we need to do?

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion. We have identified groups where feedback needs to be captured and where mechanisms need to be in place to ensure this happens. The formal consultation will be delivered over a 12week period using the following approach.

Consultation activities

- **Launch** – The consultation launch will take place in the first week of formal consultation. The consultation section on the Locala website will go live and have links to a consultation document with questionnaire which can be completed online or printed off and returned via a freepost address, a schedule of any planned events and activities, and a Q&A section with responses.
- **Information Sessions (drop-in)** - To ensure minority groups identified as not taking part in the engagement process have an opportunity to have their say, we will deliver information sessions in selected locations around Kirklees. Considerations will be given to different access needs, including religious festivals, older and younger people and those with caring responsibilities.
- **Elected representatives** - We will use face to face meetings and written briefings to ensure key stakeholders are informed and involved. In addition the Overview and Scrutiny Panel for Health and Social Care will be formally consulted on our plans.

7. Communication

We will produce a range of communication materials to support the consultation process including:

- Full consultation document with questionnaire
- Electronic questionnaire
- Posters and flyers
- A dedicated section on the Locala website

- **Key messages:** We will ensure the key messages to support the consultation are consistent, clear and easy for people to understand, this will help people get involved in the consultation process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say.

- **Consultation document:** to include:
 - What the consultation is about in a clear and simple way
 - What are the proposed changes and why
 - How to give your views and deadline for submitting responses
 - Questionnaire
 - Equality monitoring
 - How to access alternative versions
 - How we will be using these findings/views
 - When and how a decision will be made

- **Staff training:** We will ensure they are appropriately trained to deal with queries from their patients.

- **Website:** the Locala and CCG websites will contain information about the consultation and how people can give their views.

- **Social Media:** Throughout the consultation period we will use social media as a communication tool to promote the consultation to the public.

- **Media:** We will work with local journalists to disseminate key messages this will involve proactive (press releases) and reactive (statements in response to enquiries) media relations.

- **Partnership working:** We will work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.

- **Questions and Answers (Q&A):** We will monitor feedback received via questionnaires, at events and through the media and other mechanisms on an ongoing basis. Where appropriate/necessary, we will respond to feedback directly, by updating our website and using other communications mechanisms to clarify any factual information or correct inaccuracies.

Consultation activities:

Target Audience	Delivery Method
Service users	<ul style="list-style-type: none"> • Printed material • Media/social media • Third sector organisations • Focus Groups
Stakeholders	<ul style="list-style-type: none"> • Written briefings • Face-to-face meetings if required
Elected members/ Councillors/MPs	<ul style="list-style-type: none"> • Written briefings • Face to face meetings if required • Website • Media/social media
Media	<ul style="list-style-type: none"> • Media releases • Social media
Local GP practices	<ul style="list-style-type: none"> • Practice visits where appropriate • Bulletins • Website • Posters

8. Equality

To ensure the consultation process meets the requirements to evidence due regard has been paid to equality and diversity, all the consultation activity will be equality monitored to assess the representativeness of the views gathered during the formal consultation process.

After reviewing our patient engagement feedback we have identified a number of groups who are were not adequately represented. These groups will be targeted to ensure they are represented in the consultation process.

- Men who use the service
- Children and young people who use the service
- Asian/ Asian British and other ethnic groups other than White British
- Religion and religious belief other than Christianity

Once gathered the consultation data will be analysed. This 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.

Throughout the consultation a view will be taken to identify any underrepresentation, where found, measures will be taken to address through the consultation process.

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.

9. Analysis of data and presentation of findings

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. A simple summary and easy read version will be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

10. Consultation timeline

Delivery of a formal public consultation	12 weeks	2 May – 21 July 2017
Deliberation of findings	6 weeks	24 July – 1 September
Overview and Scrutiny Panel for Health and Social Care deliberation of findings and feedback.	4 weeks	4 – 29 September
Decision making	2 weeks	2 – 13 October
Announcement of decision		W/c 16 October