

Aligning Healthcare Strategy for Leicester, Leicestershire and Rutland - Consultation Options for Next Stage Review

Paper to Joint Overview and Scrutiny Committee

4th February 2008

Members of the Joint OSC are asked to:

Consider the issues raised and offer their views on whether they would support the proposal to run a formal 12-week consultation as opposed to the standard 4-week consultation.

Next Stage Review Engagement Process – Where We Are Now

We are currently within the engagement phase of the Next Stage Review. This involves speaking to patients, public, staff and other key stakeholders about their views on the emerging themes from the 8 clinical workstreams. Feedback is used to influence directly the content of the proposals. At the end of this process, the components making up the proposals for each workstream will be sorted into two categories. The first category will include items where it is essential to implement initiatives quickly to meet urgent health needs; the second will be those items which require more deliberation as they are likely to result in changes in health service provision on varying scales and therefore need to be included in the consultation.

Issues of Complexity

The Next Stage Review for Leicester, Leicestershire and Rutland is particularly complex because it needs to incorporate the following:

- the Leicestershire County and Rutland (LLR) review of community health services within the counties
- engagement on a city community healthcare strategy
- more pressing as a result of the two items above, the development of a 'plan B' for acute services following the cancellation of the UHL 'Pathway' PFI scheme.
- Engagement on the emerging service strategy for Leicestershire Partnership Trust
- And of course, the national Next Stage Review requirements need to be satisfied in full

These are all sizeable pieces of work in themselves, but the risk of not pulling this work together would result in the following:

- consultation fatigue within the community
- significantly greater workload for all involved
- delay to the implementation of much-needed health improvement initiatives
- significant increase in associated costs
- increased risk that resulting plans might prove to be disjointed or incongruous.

Risks of Single Consultation and Other Drivers

It should be noted that because some of this work will be completed in advance of the Darzi Next Stage review work on a national level, a single consultation running from c. April to July 2008 may carry the risk that LLR proposals and conclusions may need to be revisited if they are not supported by overarching national plans. However, as the review on a regional level includes representation from clinicians within LLR, it is felt that this risk is low.

More importantly, the gaps within current healthcare provision and the requirement to develop revised plans following the cessation of the Pathway initiative are believed to be too significant to wait another six months or more to start consultation.

Consultation Options

There are two methods of consultation which might be considered: the 4-week standard process, and the 12-week full written process.

It was felt that the method of consultation should be absolutely appropriate to this level of complexity, ensuring that the people of LLR have every opportunity to feedback and influence plans throughout the process.

The benefits and risks of each option are described below:

4-Week Consultation Process – Benefits And Risks

The key **benefit** of a 4 week consultation is that it reduces costs and complexity, i.e.:

- Costs are reduced with fewer engagement events and activities
- Less public perception of 'engagement/consultation fatigue'
- There are less demands on timelines and schedules
- Speedier conclusion and potentially quickly implementation of key proposals agreed

The **key risk** is that a short consultation will be a 'paper exercise' only, i.e.:

- Less time to communicate the process and subject matter of the review
- Less time to understand and test options
- Less time to meet all the groups we want to consult with
- Less opportunity to influence the proposals
- Less evidence to support the development of proposals
- Less comprehensive understanding of proposals, perceptions and effects

12-Week Consultation Process – Benefits And Risks

The key **benefit** of a 12 week consultation period is that it focuses minds on developing and testing options for service changes in a way that makes sense to the general public, i.e.:

- It means we have to say clearly what are *options* for change really are...
- ...and the *implications* of this change
- It provides a way for all to *contribute to the debate* (although we understand that we need to provide a variety of means to contribute)
- It provides clear evidence of what is proposed and responses to proposals

The **key risk** is around being ready to consult on questions which are meaningful to patients, public and staff, i.e.:

- Our thinking is more advanced in some areas than others – will we be ready to go public by April in order to meet Darzi Review timetables?
- Producing a consultation document which does not hit the mark risks deepening consultation fatigue
- We are going beyond what most regions are doing at the moment

Recommendation and Caveat

Owing to the level of complexity described above, and the need to ensure all residents of LLR and other stakeholders have the opportunity to be involved in shaping plans, it is recommended that the health community undertake the full consultation approach.

It should be noted that legal advice will be sought prior to finalising the decision around content, i.e. the single consultation approach, to ensure that this method will not result in potential delays to delivering key components of the review (as outlined above) should issues arise.

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