



**A new health
DEAL
for Trafford**

Report on the consultation process

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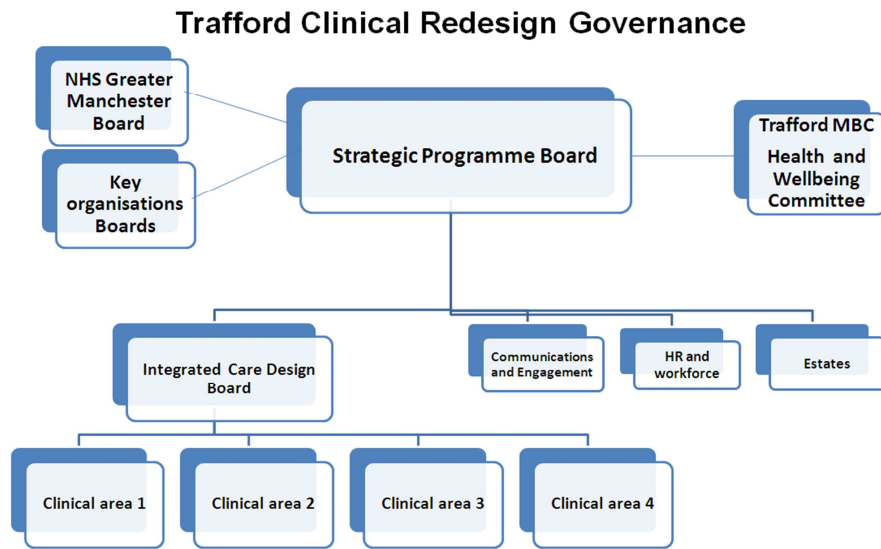
1. Introduction

- 1.1 This report outlines the consultation process that was carried out for the new health deal for Trafford project. The focus of this report is to outline, review and evaluate the consultation process. This review is carried out in line with the objectives set out in the new health deal communications and engagement strategy, and also the consultation strategy and plan (see appendices in section 10), in order to examine the effectiveness of the process, and its achievements.
- 1.2 The report provides a narrative of the process, while the appendices provide more detailed breakdowns of all activity undertaken and results achieved.
- 1.3 An overview of feedback and themes gathered throughout the pre-consultation engagement is given, however, it is important to note that the detailed feedback gathered from patients, the public, community groups and stakeholders to the proposals through the formal consultation process, (either by the response form, in writing, or through focused discussions or engagement), is provided as part of a separate, independent report.

2. Background and context

- 2.1 It is recognised that Trafford needs to develop a new system of healthcare. One that offers people accessible choice, high quality services, services that are personalised and integrated, and services that can be safely sustained in the future.
- 2.2 There are a number of reasons for this. Health outcomes in Trafford need to improve – 80% of deaths in the borough are caused by three types of disease: Cardiovascular disease (heart problems and stroke); chronic obstructive pulmonary disease (respiratory problems); and cancer. Those with mental health problems and learning disabilities have much poorer physical health than the rest of the population. And the growing, ageing population continues to put pressure on local health services.
- 2.3 Work began in 2008 to bring together doctors, nurses, other healthcare professionals, patients, local residents and community groups to talk about what a more integrated and cohesive approach to healthcare might look like.
- 2.4 Developing this integrated care system that both patients and clinicians wanted and needed, was unable to progress, however, due to a financial deficit within Trafford Healthcare NHS Trust, which ran the three local hospitals. An acquisition of the hospitals by Central Manchester University Hospitals NHS Foundation Trust went some way to resolving this deficit.
- 2.5 As part of this acquisition process it was acknowledged that services would not be able to remain the same at the trust's main hospital, Trafford General. Some services would not be clinically sustainable in the future due to the low volume of patients using them, and the hospital would continue to cost the local and regional health economy (Trafford and Greater Manchester) £19 million more a year than was being generated by hospital activity, meaning it was not financially viable.
- 2.6 Building on the clinical planning and public consultation work that had already started, work was undertaken to look at how services at the hospital could change to secure them for the future, based on the premise that no change is not an option. This project was entitled **a new health deal for Trafford**, continuing the name of the original integrated care service planning work.

2.7 The project itself followed a robust governance structure, and is detailed below:



3. Setting up the process

3.1 The National Health Service Act 2006 requires local health organisations to ensure that users of services and wider stakeholders are involved in the planning, development, consultation and decision-making of service change. As stated in the new health deal consultation strategy and plan, “we will consult with local patients, public, partners and key stakeholders, and utilise the feedback to influence the final decision that will determine any preferred option for the configuration of local services”.

3.2 Communications and engagement project group

3.2.1 With a project as complex as service reconfiguration at a local hospital, it was felt that it was important to set up a communications and engagement project group for the consultation process, to enable a wide variety of key stakeholder input to be incorporated into the planning work.

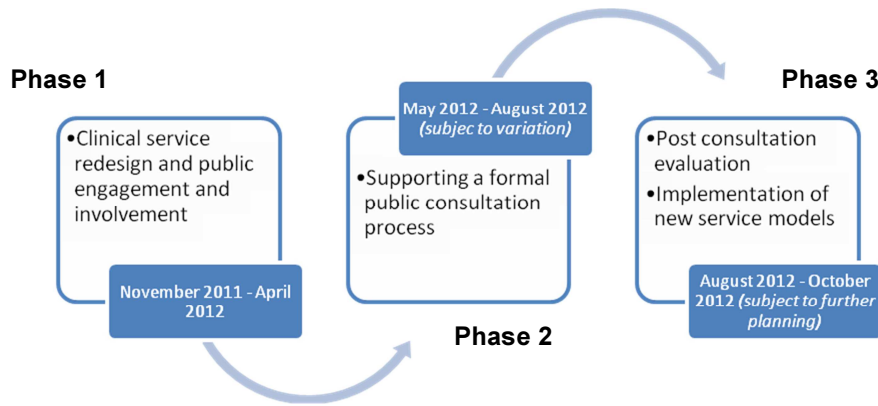
3.2.2 Communications and engagement leads from the following organisations were represented on the group:

- NHS Trafford / Trafford CCG
- NHS Greater Manchester
- NHS North / North West
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital South Manchester NHS Foundation Trust
- Trafford Provider Services / Bridgewater Community Healthcare NHS Trust
- Trafford Council
- Trafford Local Involvement Network (LINK)

3.2.3 Representatives provided key advice and expertise that fed into the planning of the new health deal consultation process, as well as vital support, implementation and delivery of activity during the pre-consultation engagement period and the consultation itself. The project group reported into the Strategic Programme Board (as outlined in the governance structure in 2.7).

3.2.4 Key planning documents were produced in conjunction with the project group, including the new health deal communications and engagement strategy and consultation strategy and plan. (See appendices in section 10.)

3.2.5 The following timeline for the consultation process (including pre-consultation engagement and the post-consultation analysis) was agreed as a series of phases, although the specific timescales themselves did change:



3.3 Branding and visual identity

3.3.1 It was felt that for a process that was likely to last around 18 months, it was important to create an identity that could become recognisable for the duration of the campaign. Draft visuals were presented to the project group, which approved a bright and eye-catching colour scheme that would then be used throughout all engagement activity and communications materials and channels.

3.3.2 As the reconfiguration work and consultation process was being led by NHS Greater Manchester, work was carried out in the context of the Healthier Together (formerly Safe and Sustainable) work beginning across the county. Therefore, it was decided that the new health deal identity would be accompanied by the Healthier Together strapline of 'high quality, safe, accessible, sustainable'.

4. Pre-consultation engagement

4.1 Pre-consultation option development phase

4.1.1 As previously detailed, conversations have been taking place since 2008 between clinicians, stakeholders and the public about the development of integrated care services in Trafford, as the vision for the future of healthcare in the borough. This period was the pre-consultation option development phase, which took place between June 2008 and November 2010. Further detail is provided in the pre-consultation engagement report (see appendices in section 10) but is summarised in the next section.

4.1.2

Date	Details
June to September 2008	<ul style="list-style-type: none"> - Major large scale conversation with the local population to help shape and determine health priorities for the next five years - Responses from the local population used to build the design process for a clinical conversation
October 2008	<ul style="list-style-type: none"> - Major clinical congress to understand the views of local people and start the process to design a new model of integrated care
November 2008 to February 2009	<ul style="list-style-type: none"> - A series of population-wide deliberative events to identify the appetite for integrated services and public's values that should inform any future development
February 2009	<ul style="list-style-type: none"> - Open public meeting between the board of NHS Trafford and local people - Views heard and debated to agree the policy for the framework for integrated care with the public - Pilot work was confirmed to test the concepts of integrated care with further public engagement
April 2009 to November 2010 (some activity is still ongoing)	<ul style="list-style-type: none"> - Community representatives (including members of Trafford LINK) formed a citizens' panel, which met five times with the integrated care project leads to inform future clinical developments - 31 conversations were held with representatives of seldom heard groups to identify trends relating to their experiences of health services - 15 patients were recruited and training to participate in clinical pathway design discussions with clinicians and health managers to inform proposed changes, and identify their

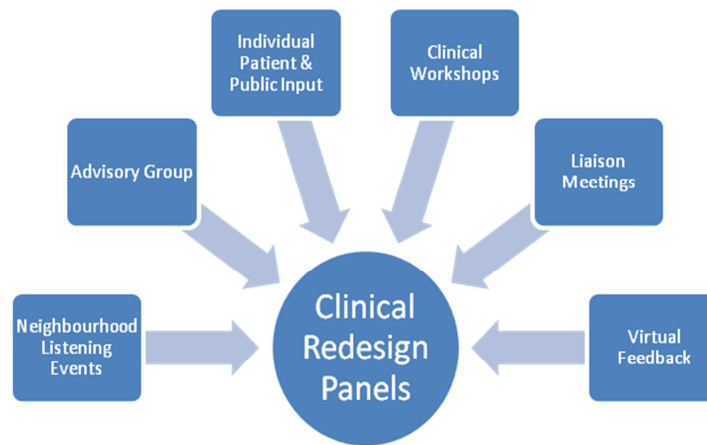
	perceptions of benefits - Stakeholder reference group established to include Trafford LINK in shaping the strategic discussions with board-level decision-makers - Regular briefings with OSC and senior councillors and MPs
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4.1.3 This work resulted in the following ‘people’s priorities’ being developed:

- A holistic, joined up service – Where appropriate providing health and social services in one location, but always ensuring continuity across the patient journey.
- Choice and flexibility – Including the location of treatment, time of treatment, treatment options and the consultant involved in a patient’s care.
- Sufficient resources – Ensuring that there are sufficient resources to support choice and flexibility, including equipment and staff to ensure shorter waiting times, longer opening hours and choice of practitioner.
- Efficiency – Ensuring that patients can trust and feel reassured that they are receiving the best quality care at all points, which includes cleanliness of hospitals, provision of fully trained staff and efficient communication both between staff, and between staff and patients.
- Communication and information – Ensuring publicly and easily available information about the full range of care and options available and communicating effectively with the public through a variety of methods to suit different needs.
- Access and location – Ensuring that services are in as central and convenient locations as possible for the majority with sufficient transport access for all, but especially those with greater need of assistance e.g. elderly, lower income families.
- Patient focus – Designing services around the needs of patients; ensuring that patients feel valued and cared for at all points in their journey; from the receptionist to the consultant.

4.2 Pre-consultation engagement (phase 1)

- 4.2.1 In order to ensure that what people had already told us that they wanted from their health services was still relevant, and that the ‘people’s priorities’ (section 4.1.3) still stood, it was considered important to undertake a focused period of pre-consultation engagement.
- 4.2.2 The tactical approach to the pre-consultation engagement phrase, as a continuation of the pre-consultation option development phase, was agreed by Trafford’s Overview and Scrutiny Committee (OSC) as outlined overleaf:



- 4.2.3 This took place between November 2011 and March 2012 and encompassed the following:

Type of engagement	Timeframe	Content
Five public listening events in locations across Trafford	December 2011	Background presentation on aims of new health deal and the case for change, and workshops to gather patient experiences and design the best vision for healthcare
Liaison meetings	November 2011 to March 2012	Ongoing discussions with a wide range of community groups, local area partnerships, neighbourhood groups

		and networks
Focus groups with seldom heard audiences: - Asian men - Families - Carers - People with mental health issues - Residents in deprived communities	January to February 2012	Discussions to outline the case for change and workshops to gather patient experiences and design the best vision for healthcare
Online survey	January to February 2012	Online version of the workshops undertaken during the listening events
Telephone survey	February 2012	Featured elements of the workshop questions from the listening events, but also featured more focused questions to establish how people use services, how they view transport to health services and quality of services
Targeted surveys for Manchester residents, Central Manchester University Hospitals NHS Foundation Trust members, Partington residents and those living in Partington	February 2012	A duplicate of the online survey, but with additional focused questions on transport and the potential changes for orthopaedic services
Five public listening events	February to March 2012	Presentation on new health deal project,

in locations across Trafford		incorporating feedback gathered from the public at the previous listening events, with workshops focusing on specific clinical areas and to gather feedback on how potential clinical models should be assessed
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- 4.2.4 1,107 people over 16 years of age were interviewed for the telephone survey. People were targeted to ensure widespread demographics that represented the Trafford population, and respondents were contacted at different times of the day and at weekends to ensure a wide range of residents had an opportunity to take part. The interview was in-depth, and followed the structure of the listening events, asking people about their use and experiences of local health and social care services, how they feel about access, quality and travel times, their priorities, and also their suggestions for future improvements. The results had a confidence interval (margin of error) of 2.95%.
- 4.2.5 The telephone survey and the other engagement methods combined meant a total of 1,848 people were engaged with and contributed to the discussions during this period. Full details, including information on how the pre-consultation engagement and opportunities to be involved were promoted to residents and stakeholders, can be found in the pre-consultation engagement report. (See appendices in section 10.)
- 4.2.6 Collation and evaluation of the feedback gathered during this period was undertaken in March 2012. The full information is detailed in the pre-consultation engagement report (see appendices in section 10), but in summary people broadly agreed with the original ‘people’s priorities’, and:
- People in Trafford consider ‘every-day’ services to be primary care services, such as GPs, dentists and pharmacies, and that it is important for people to be able to access these types of services in their local area.
 - Only 5% of people surveyed during the extensive telephone poll believed having A&E services at Trafford General Hospital was important, although many felt it was good to have them near to home. This was particularly true of those living in Davyhulme,

Flixton, Urmston and Stretford, and these residents were very concerned about the future of A&E at Trafford General.

- When it came to location, people wanted facilities within short travel times, but many said they were happy to travel further for specialist services. In the telephone poll, 82% said quality was more important than travel times. Significantly, more Old Trafford residents (90%) answered this way.
- The ideal patient experience can be summarised as one where patients are respected, have continuity of care, and are given appropriate attention and time. Clinicians should have a good knowledge of a patient's history or medical records, and patients want to be able to find out information about services easily. Most importantly, people want services that are easy to get to.

4.2.7 Throughout the pre-consultation engagement period the feedback received was used extensively for the new health deal project in the following ways:

- To shape the vision for the future of healthcare services in Trafford
- To feed directly into the clinical redesign discussion, which in many cases also involved patients in those meetings providing further 'real time capture' of patient experiences and views
- To feed into the option appraisal process, which would be used to determine the appropriateness and suitability of clinical models put forward

4.2.8 The clinical planning work resulted in an option appraisal of a number of clinical 'models'. The option appraisal process led to one proposal being put forward for consultation. This proposal encompassed a 'two step' change to services at Trafford General Hospital, with one set of changes to be implemented 'immediately', and the next step to take place within two to three years (dependent on other appropriate healthcare arrangements being put in place). These changes focused on a reduction in emergency care, and an increase in planned care and rehabilitation services on the site.

4.2.9 No engagement activity took place between April and May 2012 due to 'purdah' guidelines because of elections taking place.

5. Consultation aims, principles and methodology

5.1 Key consultation guidance and best practice guides were referenced to help inform the new health deal's consultation principles and methods. Namely:

- Department of Health 'Changing for Better' guidance (2008)
- Equality Act (2010)
- The Cabinet Office 'Consultation Principles' 2012
- NHS Act (2006) sections 242 and 244 and 2008's guidance 'Real Involvement: Working with people to improve services'
- NHS Constitution 2012
- Trafford Compact
- The four service reconfiguration tests against which current and future NHS service reconfigurations (significant changes to services) have to be assessed, as set out in the revised NHS Operating Framework for 2010/11. These require existing and future reconfiguration proposals to demonstrate:-
 - * Support from GP commissioners
 - * Strengthened public and patient engagement
 - * Clarity on the clinical evidence base
 - * Consistency with current and prospective patient choice

5.2 Aims and objectives

5.2.1 The consultation objectives were established as follows (see consultation strategy and plan in the appendices in section 10):

- To consult on the proposals with a representative range of internal and external stakeholders
- To build public and staff support for the proposed changes
- To meet the trust's obligations to consult with staff and external stakeholders about potential changes
- To meet the four service reconfiguration tests set out by the Secretary of State for Health
- To provide a channel for staff and external stakeholder views to inform the decision-making process

5.2.2 The aims therefore were to:

- Explain the case for change and dispel any myths, to provide people with an understanding of the issues so people feel empowered and enabled to be involved
- Give the local population a voice so they can share their views, opinions and concerns

- Ensure the consultation is meaningful, equitable and inclusive, and essentially, accessible for all
- Build relationships with key stakeholders to foster support for the proposals

5.3 Principles

5.3.1 The usual duration for a public consultation is 12 weeks. Because of the previously outlined 'purdah' election period when engagement is not allowed to take place, as some of the consultation period would fall over the summer holidays, it was decided to undertake 14-week consultation. This was scheduled to take place between Thursday 26 July and Wednesday 31 October.

5.3.2 The key audiences set for the consultation were as being the following statutory consultees:

- NHS commissioning staff
- NHS provider staff
- NHS staff representative organisations
- MPs
- Councillors
- Trafford and Manchester Health Scrutiny Committees
- Clinicians
- Patient groups
- Statutory NHS organisations, such as NHS North
- Provider NHS organisations, such as Central Manchester University Hospitals NHS Foundation Trust, South Manchester University Hospital NHS Foundation Trust and Salford Royal NHS Foundation Trust
- Community groups and organisations
- Voluntary groups and organisations
- Campaign and specialist interest groups and individuals
- The media
- Trafford LINK
- Trafford Health and Wellbeing Board
- Trafford Council officers
- Clinical Commissioning Groups in Trafford, South Manchester, Central Manchester, North Manchester and Salford.
- Independent healthcare contractors, including GPs, pharmacists, dentists and optometrists
- Local health representative committees, including LMC, LDC, LPC and LOC
- Relevant area-based organisations

5.3.3 In addition, work would be carried out specifically with diverse communities and groups according to the following protected characteristics that are traditionally under-represented, as defined by the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex (previously known as gender)
- Sexual orientation

5.3.4 Marriage and civil partnership is also a protected characteristic, but not one it was felt was relevant to this consultation.

5.3.5 The audience groups were subject to a stakeholder mapping exercise to help inform activity, and is detailed in the consultation strategy and plan. (See appendices in section 10.)

5.4 Methodology overview

5.4.1 In order to achieve the outlined aims and objectives for the consultation, it was felt that it was important to ensure there were a mix of methods for raising awareness and engaging the Trafford population and stakeholders in this process. Detail on this is set out in section 6.

5.4.2 In terms of providing responses to the consultation itself, a set response form was produced. The content of the response form was produced using the advice of the new health deal project team, and also statistical and analytical experts, to provide respondents with opportunities to provide quantitative and qualitative feedback. Although responses to the consultation made in other ways would also be accepted, for example, by letter, it was felt important to encourage as many individuals and organisations as possible to respond using this set template to enable the feedback to be analysed in a uniform and accurate way, providing robust statistical data.

5.4.3 As well as gathering views on the outlined vision for integrated care and the case for change, the form gave respondents the opportunity to make comments about all specific elements of the proposal, as detailed below:

- Orthopaedics
- Outpatients
- Day case surgery
- Intensive care and emergency surgery
- Accident and emergency

5.4.4 While providing a framework and activity plan for the consultation, the consultation would need to remain fluid, so throughout the process it could be continually examined where any gaps in engagement were in order to react, make changes, and set-up additional activity to ensure that everyone had a chance to have their say.

5.5 Methodology: Public Reference Group

5.5.1 It is recognised that the views of stakeholders and the public are paramount when planning health services and as a result, a Public Reference Group for the consultation process was established.

5.5.2 The group was set-up to scrutinise the communication and public engagement processes relating to new health deal to ensure that the public consultation process was fair, objective, accessible and transparent.

5.5.3 They would be asked to provide their comments on the process, and be given opportunities to make recommendations to ensure the consultation ran smoothly and effectively. They would also be asked to observe public information meetings, as well as other engagement activity, and provide feedback on consultation and promotional materials.

5.5.4 Minutes from the group's meetings would be presented to the new health deal Strategic Programme Board. They would also be asked to produce and present a report to the Strategic Programme Board, to enable their views to be incorporated into the decision-making process.

5.5.5 An independent chair with consultation and engagement experience, Helen Bidwell from Pinpoint Consultancy, was appointed to lead the group, and the group's membership was made up of individuals who live in various localities throughout Trafford. Membership was initially sought from those who had been members of the Trafford Healthcare NHS Trust Acquisition Patient Reference Group. An invitation for representation was also sent to the following partnerships: Broadheath, Broomwood, Lostock, Old Trafford, Partington, Sale Moor, Sale West & Ashton,

Woodsend; to Trafford Carer's Centre and also to Manchester Local Involvement Network.

- 5.5.6 Following the completion of the consultation period, the group would be asked to oversee the handling and analysis of responses to the consultation in relation to matters of fairness and accuracy in the assessment, and to report on whether the results and feedback of the engagement process have been taken into account by the Strategic Programme Board as it developed its recommendations for NHS Greater Manchester.

5.6 Methodology: Independent equality impact assessment

- 5.6.1 Independent equality and diversity expertise was sought in relation to the consultation process for protected characteristic groups. Specifically, an independent equality analyst was required to support the consultation by providing ongoing feedback on how the process could be more inclusive, compile and assess evidence of the steps that have been taken to capture the views of all equality groups, and produce an equality analysis of the consultation process in terms of access, experience and outcome.
- 5.6.2 Imogen Blood was appointed to undertake this work. She has extensive experience of conducting equality impact assessments in NHS and other settings. She began her career as a social worker and then moved into research and evaluation, is a consultant partner for Equality Works and an associate of the Equality & Diversity Network.

5.7 Methodology: Independent analysis of consultation responses and feedback

- 5.7.1 In order to ensure that responses to the new health deal consultation received high quality, impartial analysis, it was considered important to enlist independent and professional expertise to carry out this work.
- 5.7.2 An independent analyst or organisation was sought to provide analysis of quantitative and qualitative data to identify common themes from responses, issues raised by particular demographics and levels of support for the individual elements of the proposal as well as the proposal as a whole. Furthermore, the appointed analyst or organisation was required to be responsible for data entry of any hard copy consultation responses received.

- 5.7.3 Quotations were invited from four suppliers, made up of two independent analysts, a university research department and a national research agency. This range of supplier type enabled the different benefits that each would offer to be considered. On receiving quotations, it was determined that independent analyst Dr Janelle Yorke would be the most suitable supplier.
- 5.7.4 Dr Yorke is an experienced health services researcher with particular expertise in mixed methods and the integration of quantitative and qualitative data. She is a senior lecturer at Manchester University's School of Nursing, Midwifery and Social Work, and has previously worked with NHS Trafford on data analysis of a public consultation for improving breast care services (2008).
- 5.8 As context it is useful to note that there were a number of issues that came up during the pre-consultation engagement period that were likely to impact on the consultation. These are outlined below:
- Proposing changes to emergency care is often contentious and likely to be subject to negative media attention
 - Trafford General Hospital's status as the 'birthplace of the NHS' makes any proposed changes to services on the site emotive and potentially controversial
 - The case for change and the subsequent proposal to redesign services at Trafford General Hospital would be a relatively complex set of messages to communicate
 - The political landscape locally meant that there was opposition beginning to show to any changes being made at Trafford General Hospital
 - A local campaign group had set-up in opposition to any changes being made at Trafford General Hospital
 - Residents in the north of the borough, and in particular, the areas closest to Trafford General Hospital (such as Davyhulme, Urmston, Flixton and Streford), were likely to have stronger feelings to any proposed changes at Trafford General Hospital
 - There were particular issues in relation to transport for residents in Partington and Carrington
 - There were some feelings that the decisions regarding the proposed changes has already been made, and therefore the consultation wasn't necessary – exacerbated by the fact that clinicians had made it clear that no change was not an option, and also because only one proposal was being consulted on

6. The consultation (phase 2)

6.1 The 14-week consultation commenced on Thursday 26 July. What follows is a description of the consultation structure under broad activity headings, as a mix of 'information giving' methods were used in order to inform people about the case for change, the proposal under consultation, and also explain how they could get involved to encourage them to make formal consultation responses. More detail is provided in the full activity spreadsheet. (See appendices in section 10.)

6.2 Consultation document

6.2.1 A full consultation document was produced to explain in as clear and as concise way as possible the vision for the future, the case for change, the proposed changes at Trafford General Hospital that were subject to consultation, and how people could get involved. The document was based on NHS Greater Manchester's pre-consultation business case and was tested with key stakeholders, as they were the target audience for the document.

6.2.2 This document utilised the new health deal visual branding throughout, incorporating charts and tables wherever possible to help explain the complex issues, as well as patient stories to explain the potential changes.

6.2.3 500 documents were printed and sent out to the statutory consultees and key stakeholders. This included MPs, councillors, Trafford Council adult social services, overview and scrutiny committees, Trafford Children and Young People's Service, chairs and chief executives at Greater Manchester healthcare providers, clinical networks and GPs. Reminders were also sent to the stakeholders about the consultation throughout the process.

6.2.4 Hard copies of the full consultation documents were also made available to anyone who wanted one on request.

6.2.5 A summary version of the full consultation document was also produced. As the target audience for this was patients and the general public, and independent copywriter was commissioned to draft the summary, using plain English, easy to understand terms and to help present the information. Visuals were incorporated wherever possible.

6.2.6 The summary consultation document was tested with the Public Reference Group, which was asked to provide feedback on how

clearly presented and easy to understand the information was, and subsequently changes were made according to feedback given. The concepts within the document were also explained to a learning disability group at the Centre for Independent Living in Trafford to check on clarity of messaging. The group also worked with the new health deal team to develop an 'easy read' consultation response form.

- 6.2.7 Both the full and summary consultation documents incorporated an easy to use 'tear off' response form that could be completed, folded, sealed and posted using a pre-printed Freepost address label. Accessible and translated versions of both documents were provided on request.
- 6.2.8 It was outlined in the consultation strategy and plan (see appendices in section 6) that a summary document would be made available to all households in Trafford, which is not a statutory requirement but would make the consultation as accessible as possible. There are approximately 90,000 households in Trafford. The documents were not made available to all 231,000 residents, as it would have been impossible to tell how many individuals were living in each household. Instead, it was made clear on all the documents and through PR and communications activity (more in section 7) that interested parties could contact the new health team to request further copies.
- 6.2.9 114,000 summary documents were printed. 113,000 were posted out to households in Trafford. Of the 113,000 posted out to Trafford households, 78,000 were distributed via the Advertiser newspaper to all the areas in Trafford where they issue the paper. 35,000 were distributed via Royal Mail, to ensure areas not covered by the newspaper would still receive documents (namely Old Trafford, Sale West and Partington). Royal Mail's distribution also went over the Trafford borough boundaries to cover those areas of Manchester that sometimes access Trafford services, such as Whalley Range, Chorlton and Hulme. It should be noted that the consultation was also relevant to Manchester residents due to the planned orthopaedic surgery element of the proposal.
- 6.2.10 This distribution took place week commencing 13 August to allow for print lead times following completion of the document.
- 6.2.11 The remaining 1,000 documents were sent to the new health team so that further copies of the documents could be sent out at request, be taken to public information events, distributed to key

public areas such as libraries, and also to partner organisations.
(More is detailed in section 7.)

- 6.2.12 Versions with and without the response form, and a PDF of the response form on its own were also made available on the new health deal website. (More detail features in the website outline in section 6.3.) The documents went online on Thursday 26 July to statutorily open the consultation.
- 6.2.13 The delivery methods for the summary consultation document were tried and tested, having been used for previous NHS and council publications and guide. However, it came to light the week commencing 20 August that there were issues with the household distribution of the summary document in some of the Urmston and Stretford areas of Trafford. This related to the part of the distribution where the document was distributed via the Advertiser newspaper.
- 6.2.14 The new health deal team started issuing documents to people that got in contact who had not received one, and also recorded all postcodes where the requests had come from. Messages were put out via the local media, new health deal website, Twitter, Facebook and at events for people to get in touch with the team if they had not received the document through the door. Anyone who requested a document was sent one directly in the post.
- 6.2.15 By the week commencing 3 September, the new health deal team had been able to collect a range of postcodes to help provide a robust overview of where the distribution problems had been, with the analysis showing that the postcodes mainly affected by the were:
- M32 0
 - M32 8
 - M32 9
 - M41 0
 - M41 5
 - M41 6
 - M41 7
 - M41 8
 - M41 9
- 6.2.16 It was decided that a contact card would be sent to these households to ask them to get in touch with the new health deal team to request delivery of a summary document. A number of alternative distribution methods were examined, and it was decided

that 'households team' distribution, where teams hand deliver the material, would be used.

6.2.17 Following sign-off of the contact card by the public reference group, 28,000 A5 contact postcards were printed and delivered to the distribution company on Friday 14 September, and were delivered to affected households the week commencing 24 September (the earliest date possible allowing for the lead times on print and distribution).

6.2.18 An extra 5,000 summary documents were also printed and delivered to the new health deal team on Thursday 13 September to ensure that stock could be sent out to residents as requested. This stock was also used to continue replenishing summary documents at libraries and to make available at events. Distribution of the document was also widened to make them available in GP surgeries, in key hospital waiting areas and other health centres, and in other public areas. (More is detailed in the full activity spreadsheet in the appendices in section 10.) This was all carried out while there was still plenty of time for people to respond to the consultation before the deadline of Thursday 31 October.

6.3 New health deal website

6.3.1 During the pre-consultation engagement phase (phase 1) a website was developed for the new health deal project, which became a 'hub' for the consultation itself (phase 2).

6.3.2 The site was made fully accessible, and hosted a wide range of information on the case for change, and an outline of the proposals under consultation. A document store provided an easy place to download key documents in relation to the entire new health deal process, including the full and summary consultation documents, and the pre-consultation business case.

6.3.3 During the consultation process the new health deal film (more in section 7.8) featured on the homepage of the website, and the site was integrated with the campaign's social media channels, with the Twitter posts feeding live through the site.

6.3.4 Interactive features enabled users to sign up for new health deal news via the site or ask questions using a special contact form, and partner website links were included, as were news stories and promotion for the public information events. People could also use the site to register online for the public information events.

6.3.5 E-consultation software was incorporated into the website, so that people could read all the documentation, and respond formally to the consultation online.

6.4 Public information events

6.4.1 Because the subject matter of the consultation was complex, it was decided that a number of public information events would be set up to provide a platform to explain the case for change and the proposals.

6.4.2 The events (which took place between 14 August and 23 October) were set up in a range of locations and at a variety of times of day. They were promoted through paid-for adverts in the local media, as well as through PR, social media, through the new health deal website and using a variety of other promotional methods. (More is detailed in section 7.)

6.4.3 Key clinical and managerial spokespeople from the organisations involved in new health deal (specifically NHS Greater Manchester, NHS Trafford / Trafford CCG and Central Manchester University Hospitals NHS Foundation Trust) were identified to lead the events. Each spokesperson attended a comprehensive session of media and public consultation training, led by a former BBC health correspondent. They were also provided with regularly updated briefing materials, including key messages, key facts, and questions and answers, and spokesperson 'dos and don'ts' were produced to ensure that they presented and dealt with questions in a way that made it as easy as possible for the attendees to follow.

6.4.4 The events were structured so that a presentation was given to provide an overview, and then the floor was opened to questions. Those unable to attend events were given opportunities to submit questions beforehand. An independent chair was used for each event, to ensure that everyone had a fair chance to have their say.

6.4.5 People were asked to register for the events so that appropriate room accommodation and catering could be established, although no one was turned away if they came to the events without registering. Registration for the events could be done by calling or emailing the new health deal team, or by using the online booking form on the website.

6.4.6 To ensure the events were fully accessible, speaker equipment was used and print outs of the presentation were provided to attendees. A glossary of terms from the presentation was provided, in case

any acronyms were used by the spokespeople. Additional support, for any special requirements were also offered to all those attending.

- 6.4.7 Elements of the way the events were managed and structured evolved throughout the consultation, according to ongoing feedback given by observers from the Public Reference Group and Trafford LINK, as well as from the event feedback forms that attendees completed.

6.5 Focus groups and targeted engagement activity

- 6.5.1 Varied engagement activities were undertaken throughout the consultation process to ensure that views were captured from a wide variety of the public and stakeholders. Initially the role of the engagement team was to promote the consultation itself and the public meetings.
- 6.5.2 After receiving interim feedback analysis of the first 650 completed consultation responses, which included a demographic breakdown of the responders, NHS Greater Manchester endeavoured to undertake a more targeted approach of engagement. This was to ensure that we sought the views from those within the protected characteristics categories (Equality Act 2010) as being not as well represented in the consultation responses to date.
- 6.5.3 An engagement plan was developed from the information and shared with the independent equality impact assessor and also the Public Reference Group for its comments.
- 6.5.4 Different methods of engagement were undertaken (and are further detailed in the following sections):
- Bespoke discussion groups
 - Engagement with existing groups
 - Community toolkits
 - Promotional work with groups

6.5.5 Bespoke discussion groups

A series of bespoke focus groups were commissioned, whereby participants were recruited by on-street canvassers:

Group	Number of participants	Gender	Where participants live
19-30 year olds	7	Male 4 Female - 3	M16, M32, M33, WA15
Under 18 year olds	8	Male – 4 Female - 4	M32, M41
BME community from M41 and M32 postcode areas	7	Male – 3 Female - 4	M32, M41

6.5.6 Engagement with existing groups

Further engagement activity was commissioned to obtain the views of:

- East Manchester residents who may have experience of or need orthopaedic services in the future
- Pregnant women and/or those with recent experience of maternity services living in the Stretford, Urmston and Flixton areas

Rather than arranging specific focus groups for these sessions, established groups were targeted to undertake the engagement with:

Group	Location	Number of participants	Where do participants live?
Gentle exercise session	Heathfield Hall, Newton Heath	13	Mainly east Manchester
Stay and Play group	Stretford childrens centre	8	Mainly north Trafford area
Baby club session	Davyhulme childrens centre	6	Mainly north Trafford area

For all of the sessions (including those outlined in section 6.5.5), facilitators were asked to:

- Explain the consultation and proposal (using materials provided, which included the consultation DVD, Q&A cards and ideas for group discussions)
- Support participants to think through the issues involved
- Suggest each participant completes a consultation response form to record their personal response to the consultation
- Complete one consultation response form on behalf of each group, to ensure any discussion themes or qualitative responses are recorded and fed into the consultation analysis

Further focused engagement sessions were held with:

Group	Number of participants	Where do participants live?
Butterflies young parents group, Davyhulme Youth Centre	6	Davyhulme, Flixton and Urmston
Urmston Manor nursing home	1	N/A
Longsight and Moss Side Community Care Link	12	Old Trafford
G-Force safety event	15	Broomwood / Timperley
Trafford Centre for Independent Living	7	All Trafford
Blue SCI – Old Trafford	7	All Trafford
Ear 4 You café, Partington	9	Partington and Carrington

6.5.7 Community toolkits

In recognition that some groups or individuals may prefer to consider the consultation without the presence of staff associated with new health deal, a consultation toolkit of resources was developed to support groups and community workers in facilitating their own discussion events.

The toolkit contained a range of materials and ideas for activities to help people to learn about the new health deal proposal, consider the likely impact of any changes, and make an informed response using the consultation response form.

The overall aim of the toolkit was to empower community groups to have an active role in the consultation process and to encourage

responses from those who might not feel comfortable voicing their opinions direct to staff involved in administrating the consultation. However, support was offered should any group require a new health deal team member to attend their meeting or event.

The toolkit was promoted by directly contacting community and voluntary groups, via local media, using social media channels, the new health deal website, as well as the websites of partner organisations, including Voluntary and Community Action Trafford (VCAT).

6.5.8 Discussions and promotional work with groups

As well as the focused engagement approach, engagement with statutory, voluntary and community groups was undertaken to promote the consultation, discuss the consultation proposal, and advise people how to have their say. Several methods were used to achieve this, including attending existing group meetings, providing consultation updates to key contacts within the community about the consultation and distributing flyers for groups to share and display. This included groups such as Trafford's Cancer Patient User Partnership and the Lesbian and Gay Foundation (Manchester-based but covers Trafford.)

On some occasions community groups and stakeholders from certain localities were approached to help promote the consultation further. This was especially so when take up for public events was low or where the interim feedback analysis highlighted less responses within that area.

Where invited, community group meetings were attended to provide an outline of the consultation and to take questions from the audience. These included Partington Parish Council, Old Trafford Community Group and Trafford Local Involvement Network. The exception to this was one particular request from the Save Trafford Campaign group. The reason for this was that the group had already had a number of private meetings with managers and clinicians, had organised previous events that the new health deal spokespeople had attended, and had been strongly represented at a number of public information events.

Colleagues from Central Manchester University Hospitals NHS Foundation Trust and other fellow service providers helped to promote the consultation via their distribution channels and extensive network of voluntary and community groups, many of which were based in Manchester.

Emails were sent to an extensive network of fellow service providers, voluntary and community groups encouraging them to publicise the new health deal consultation through their networks.

6.5.9 It has also been documented where the new health deal team tried to organise particular engagement work, but for various reasons was not completed. (More detail features in the full activity spreadsheet in the appendices in section 10.)

6.6 Political stakeholder engagement

6.6.1 A wide range of political and stakeholder engagement was carried out (also taking place during the pre-consultation phase 1 period), and what follows is an outline of this.

6.6.2 Health scrutiny committees

The Trafford and Manchester Health Scrutiny committees were engaged early in the new health deal process. In October 2012 the individual committees agreed to form a joint health scrutiny committee, and ongoing engagement will take place with this group going forward.

Both health scrutiny committees approved the consultation strategy that was developed prior to public consultation. In addition, both committees received a copy of the pre-consultation business case and a draft version of the public consultation document, prior to the start of consultation, and were invited to provide comments. A timeline of engagement undertaken with the health scrutiny committees is provided below:

Date	OSC	Details
14 Dec 2011	Trafford	A presentation was made setting out key elements of pre-consultation engagement undertaken so far, lessons learned and a brief summary of future plans. An opportunity was provided for members to raise questions and any points of concern.
9 Feb 2012	Manchester	The committee received a short written briefing on the new health deal for Trafford (under item 9).

8 March 2012	Manchester	The committee received a report on the formal consultation process required to progress the new health deal for Trafford. The committee approved the approach.
13 March 2012	Trafford	The committee received a report from NHS Trafford's director of corporate affairs and partnerships on the formal consultation process required to progress the new health deal for Trafford. The committee approved the approach.
24 May 2012	Manchester	The committee received a written briefing on the new health deal for Trafford (under Item 9).
6 June 2012	Trafford	The committee received a presentation on the new health deal proposals and also received a draft version of the pre-consultation business case for comment.
21 June 2012	Manchester	The committee received a report regarding the clinical redesign of hospital based services in Trafford, an overview of the proposed new model of hospital based healthcare for Trafford, and the first draft of the full public consultation document developed for distribution to statutory stakeholders.
19 July 2012	Trafford	The committee received the final version of the pre-consultation business case and a final draft of the public consultation documents
28 Aug 2012	Manchester	NHS Greater Manchester provided written response to Manchester committee queries raised at June

		meeting.
11 Oct 2012	Joint	NHS Greater Manchester was informed a Joint Health Scrutiny Committee would be established.
17 Oct 2012	Trafford	Attended Trafford Health Scrutiny Committee, provided written report and presentation on consultation activities.
18 Oct 2012	Manchester	Attended Manchester Health Scrutiny Committee, provided report on consultation activities
29 Oct 2012	Joint	Attended Joint Health Scrutiny Committee and provided presentation

6.6.3 MPs and councillors

The leader, chief executive and corporate director for communities and wellbeing of Trafford Council, and the chair of Trafford Health and Wellbeing Board all sit on the Strategic Programme Board and have done since its formation. The corporate director for communities and wellbeing also attends the project steering group. These representatives have therefore been fully involved in the project from the outset and will continue to play a key role throughout the decision-making process.

Three briefing sessions (party specific) were held with Trafford councillors just before the start of the public consultation (phase 2). All elected members were invited to attend one of these sessions.

Local MPs were kept informed of the plans to commence public consultation and the likely content of this consultation.

6.7 General stakeholder engagement

- 6.7.1 Although extensive engagement took place with overview and scrutiny committees, MPs and councillors, it was felt that it was important to give wider stakeholders an opportunity to be briefed just before the start of the formal consultation process. Therefore, a specific stakeholder event was set up, which also provided an opportunity to test the presentation and event structure that could be used during the public information events.

6.8 Staff engagement

- 6.8.1 Central Manchester University Hospitals NHS Trust ran engagement sessions with its Trafford Hospital-based staff.
- 6.8.2 The sessions were well publicised in its fortnightly staff newsletter In Touch and in its weekly staff newsletter Wednesday Weekly News. The content of the briefings was consistent throughout, in line with the core presentation and the public information events.
- 6.8.3 Trafford's divisional director also held additional meetings with several staff groups throughout Trafford Hospitals including consultant sessions and meetings with A&E staff.
- 6.8.4 Trafford Provider Services / Bridgewater Community Healthcare ran a workshop style session for staff as part of its regular staff event, using the new health deal consultation toolkit materials to prompt discussions. Response forms were available and staff were able to complete these within the session.
- 6.8.5 NHS Trafford ran a drop-in information session for staff, to raise awareness about the consultation, explain the proposals and give staff the opportunity to ask questions. The session was promoted in advance through regular staff e-bulletins, which also included links to new health deal information online and the electronic response form.
- 6.8.10 Salford Royal, University Hospital South Manchester and North West Ambulance Service included regular information on staff intranets and in staff bulletins.

6.9 Clinical engagement

- 6.9.1 A key part of the consultation process has to be to ensure appropriate, sufficient and adequate engagement and communication with the clinical community, not just in Trafford, but in the footprint areas covered by neighbouring clinical commissioning groups. Clinicians were engaged to bring them in to a space for designing the new system to ensure clinical backing and to enable a clinically-driven case for change. A number of tactics were adopted to help achieve this, which are outlined in the following sections.

6.9.2 Kick start event

An evening meeting was held with all GPs from Trafford to provide a detailed briefing on the scale of the challenge facing the Trafford health economy, an update on the continuing strategy for integrated care and the likely next steps that would be involved in taking the programme forward. This took place before any formal launch to the clinical community. Formal presentations were made by lead GPs including Dr Nigel Guest and Dr George Kissen, and the meeting was well attended by the majority of Trafford's GP practices.

This event served to bring GPs in Trafford fully up-to-date with the financial situation regarding hospital provision in Trafford, as well as the consequences of the acquisition by Central Manchester University Hospitals NHS Foundation Trust, and initial thinking about how to take the strategic ambition for healthcare in Trafford forward.

6.9.3 Clinical design workshops

A range of clinical stakeholders have been involved in the development of proposed changes. Representatives from a range of clinical and professional backgrounds have attended workshops, meetings and public events to discuss and develop models of care. In addition, many have provided written and verbal input to the information contained within the pre-consultation business case and full and summary consultation documents.

Clinicians were fundamental to the development of the proposed changes. Original proposals for service change were developed by secondary care clinicians and over 40 representatives attended a clinical workshop in December 2011 where these initial proposals for service delivery were discussed. A summary of representatives is included in the pre-consultation business case, and the majority of these individuals have been involved in work that has taken place subsequently. The chief clinical officer of Trafford CCG also championed the process of clinical engagement by chairing the Integrated Care Redesign Board (ICRB), ensuring sufficient clinical representation at key meetings, events and during the option appraisal process. (See more in 6.9.5.)

All these organisations and individuals understand that it is important to inform and involve people in the process of developing new models for healthcare provision so that changes are made in

ways that take account of the views and experience of those affected.

6.9.4 Formal participation in governing structures

The programme was governed at a high level by the creation of a Strategic Programme Board. This board oversees the work of the project, acting as a committee of the NHS Greater Manchester board with delegated authority to undertake public involvement and consultations, and to make recommendations relating to the programme for redesign of clinical services in Trafford.

It is also a partner board to the Acquisition Programme board, and its primary function is to support the delivery of a safe, sustainable and financially viable model of healthcare services in Trafford. It has an independent chair and meets monthly and at exceptional times as determined by the chair. There are terms of reference, which outline the key functions of the Strategic Programme Board, and all meetings are minuted featuring details of key decisions and actions.

Membership of this board is at a senior level and includes representatives from a range of organisations, as shown below:

- NHS North
- NHS Greater Manchester
- NHS Trafford
- Trafford CCG
- Central Manchester CCG
- South CCG
- Trafford Council
- Central Manchester University Hospitals NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- Trafford Primary Health Ltd
- Bridgewater Community Healthcare Trust
- North West Ambulance Service
- Trafford Local Involvement Network (LINK)

6.9.5 Integrated Clinical Redesign Board (ICRB)

In addition, clinical engagement took place through the Integrated Clinical Redesign Board (ICRB), which is chaired by the chief clinical officer of Trafford CCG. The remit of this board in its initial phase (until the end of April 2012) is to review and test the clinical models of care that are developed under the project and to make

recommendations regarding models of care to the Strategic Partnership Board.

Thereafter, the remit of the board is to lead the integrated clinical redesign of services across the health and social care system within Trafford. Its membership comprises mainly Trafford clinicians, health and social care professionals from a variety of key stakeholders including Trafford Council, community services providers and acute providers. It is ultimately commissioning-led and clinically-led.

6.9.6 Face-to-face interaction and meetings

Throughout the past 12 months, leading clinicians have attended a range of other formal new health deal meetings. Specifically, the lead commissioning clinicians have attended Trafford Local Medical Committee (LMC). The purpose has been to provide briefing updates on the programme's processes and progress. More fundamentally, however, the attendance has focused on discussing the key aspects of the proposed design models as they have emerged and developed, to seek input from these influential committees.

In addition, a series of smaller briefing sessions have taken place between CCG lead clinicians and the senior executive membership of the LMC to discuss in the impact of the proposals for redesign and sense check and gather the views of the LMC in further detail.

A range of presentations have also been made to large and small groups of clinicians within Trafford. The purpose of these events has been to inform on progress and gather views on the emerging and developing models so that adjustments could be made after discussion with broader, generic groups of clinicians. Specifically the following has taken place:

- Briefing to all community service clinicians on the proposed models under design outputs
- Briefings to care professionals within associated areas including social care on the emerging models of care
- Large scale briefings to all GPs associated with Trafford Primary Health Ltd, which represents a significant majority of the Trafford GP interests
- Briefings on new health deal to Trafford GPs at the regular 'quarterly forums'

6.9.7 Briefing packs

A series of topic-based briefings were created and distributed to all Trafford GP practices, which also signposted to further information on the new health deal website, and were supplemented by e-newsletters. These briefings contained more detailed information about the key components of the proposals and provided further information about how to obtain more details or provide their formal consultation responses.

6.10 Transport

6.10.1 A transport project group was set up to look at transport issues in more depth, which would also have an extensive patient and public engagement element.

6.10.2 The consultation's public information events were used to gauge people's interest in getting involved in engagement around transport, and the information was collated and used by the transport project group to invite people to transport focus groups.

6.10.3 A plan was developed for dedicated transport focus groups and facilitated sessions, and a transport survey was developed and used in Trafford General Hospital's A&E department to examine current and future transport usage to A&E departments.

6.10.4 This work is ongoing.

7. Promotion and raising awareness

7.1 The aims when promoting the consultation were to:

- Make the case for change
- Improve the understanding amongst audiences of the core health issues
- Ensure active open participation and dialogue

7.2 The key messages for the campaign were, therefore:

- Right care, right time, right place
- Highest standards of care
- Cost effective services

7.3 The household distribution of the summary consultation document, and the public information events were only one element of the consultation. People were able to access the consultation response in many ways, and work was carried out prior to, and throughout the consultation period to raise awareness of how people could get involved.

7.4 The consultation was promoted extensively using a range of PR and promotional techniques. This began during the pre-consultation engagement phase, with patients, the public and stakeholders being told that the public consultation would begin in the summer of 2012, and continued until the week the consultation ended. (Next steps and updates on the decision-making process will continue to be communicated.)

7.5 The overall aim of the promotion of the consultation was to ensure active, open participation and dialogue, and ultimately encourage as many people as possible to make an official response to the proposals.

7.6 The new health deal branding was used on all posters, flyers and adverts, and the messaging in media releases reiterated the key aims and messages.

7.5 Advertising

7.5.1 Paid-for advertising was placed in local newspapers to raise awareness of the public information events.

7.5.2 The table below shows the dates of the adverts and where they appeared:

Date	Publication	Subject
Wednesday 25 July	Stretford and Urmston Advertiser	Advert announcing the start of the consultation and that events will be held
Wednesday 25 July	Sale and Altrincham Advertiser	Advert announcing the start of the consultation and that events will be held
August issue	Hale, Sale and Altrincham Independent	August and September event dates in Sale and Altrincham
Wednesday 8 August	Stretford and Urmston Advertiser	August and September event dates in Stretford, Urmston, Flixton and Old Trafford
Wednesday 8 August	Sale and Altrincham Advertiser	August and September event dates in Sale and Altrincham
Thursday 16 August	Stretford and Urmston Messenger	August and September event dates in Stretford, Urmston, Flixton and Old Trafford
Thursday 16 August	Sale and Altrincham Messenger	August and September event dates in Sale and Altrincham
Thursday 6 September	Stretford and Urmston Messenger	Still a chance to attend a public information event
Thursday 6 September	Sale and Altrincham Messenger	Still a chance to attend a public information event
Wednesday 10 October	Stretford and Urmston Advertiser	Additional events in Old Trafford and Stretford
Wednesday 10 October	Sale and Altrincham Advertiser	Additional events in Old Trafford and Stretford
Thursday 11 October	Stretford and Urmston Messenger	Additional events in Old Trafford and Stretford
Thursday 11 October	Sale and Altrincham Messenger	Additional events in Old Trafford and Stretford

7.6 Media relations

- 7.6.1 Journalists at local and regional media were already aware that the consultation would be taking place as media releases had been issued throughout the pre-consultation engagement (phase 1) period.
- 7.6.2 However, as it was important that the media were fully engaged throughout the process, a media launch was held in July 2012. Key journalists at local and regional titles were invited to a meeting with the clinicians and managers leading the consultation, where they were briefed on why change is needed and were given information about the consultation process itself.
- 7.6.3 Following this, news releases were regularly written and distributed, which resulted in the following **highlight** media coverage:

Date	Publication	Headline	Story
Weds 25 July	Advertiser	Future of hospital to be unveiled	Launch of the consultation
Thurs 26 July	Messenger	Health bosses want your views on Trafford General	Launch of the consultation
Thurs 26 July	BBC Online	Trafford General A&E closure plans put to public	Launch of the consultation
Fri 27 July	Manchester Evening News	Shake-up unveiled at historic hospital	Launch of the consultation
Tues 31 July	Health service journal	Consultation launched on Trafford A&E downgrade	Launch of the consultation
Tues 14 August	BBC Online	Trafford General A&E night closure plan meeting held	Details of meetings and how to book a place
Thurs 16 August	Stretford and Urmston Messenger	National backing for Trafford A&E plans	Front page splash about NCAT supporting proposals

Weds 29 August	Advertiser	Health team backs changes to hospital	NCAT supports the proposals
Thurs 30 August	Messenger	Have your say over hospital shake up	Reminder to get involved and of proposals, details of events, how to request a consultation doc
Tues 25 September	MEN	'Tools' to understand health plan	Community toolkit
Weds 26 September	BBC News	The changing NHS	Interview with Dr Nigel Guest about why change is needed
Thurs 27 September	Messenger	Have you had your say yet?	Reminder to get involved, community toolkit
October	Hale, Sale and Altrincham Independent	Have your say – the future of local hospital services are in your hands	Full page feature about why change is needed, ICS, what the proposals mean and how to get involved.
Fri 12 October	MEN	'New health deal for Trafford' consultation dates added	New consultation events, how to book a place
Thurs 25 October	MEN	One week left for residents to have their say on healthcare in Trafford	Reminder to respond before consultation closes

Please note: Scans of the coverage cannot be included due to Newspaper Licensing Authority regulations.

- 7.6.4 The team also received regular enquiries from journalists who wanted a comment about releases that the Save Trafford General campaign group had issued. These were treated as a further opportunity to promote the consultation, and responses were provided from the most appropriate spokesperson.

7.7 Social media, websites and broadcast

- 7.7.1 Social media channels were developed to cater for a wider, online audience. Facebook and Twitter accounts were set up, and these were regularly updated with details of the events and reminders as the dates drew closer.
- 7.7.2 These channels were also used to link to news stories on the new health deal website, and to the promotional film (see section 7.8).
- 7.7.3 To date the @newhealthdeal Twitter feed has 194 followers, but more importantly, the followers are what is considered 'high quality' for social media channels, in that they either live in the area and/or have an interest in local health services. This helped generate a number of active conversations about the consultation, as well as many recommendations in the form of 'retweets'.
- 7.7.4 The Facebook page only has 26 'likes' to date, but the page was left open so that users would not have to like the page to see information on it. The page was mainly used as a tool to signpost links to the new health deal website.
- 7.7.4 Partner organisations, such as Central Manchester, Trafford Council, VCAT, NHS Manchester, Salford Royal, North West Ambulance Service and University Hospital South Manchester also used its website and social media channels to help promote the consultation.
- 7.7.5 University Hospital of South Manchester NHS Foundation Trust included the consultation on its weekly radio show (which airs every Thursday at 2pm-3pm) via Wythenshawe FM, and Central Manchester used its in-house promotional screens to advertise it.
- 7.7.6 On a number of occasions, the new health deal team also commented on the Save Trafford General website with details of how people could have their say in the consultation, in response to posts by the campaign group.
- 7.7.7 QR codes were displayed on the full and summary consultation documents, as well as promotional flyers and posters, so that people using smart phones could link directly to information and booking for public information events, or complete a consultation response through their mobile.

7.8 Promotional film

- 7.8.1 A promotional film was commissioned, featuring clinicians leading the new health deal programme explaining why change is needed. It also featured a section explaining what the changes involved.
- 7.8.2 The film was made available on the new health deal website and was also made available on a DVD, which was distributed as part of the community group toolkit.
- 7.8.3 Several versions of the film were produced to cater for those with accessibility issues. There was a version with a BSL interpreter, one with subtitles and one with a BSL interpreter and subtitles. These versions were also included in the community toolkit.
- 7.8.4 In addition, a 'vox pop' film was also released, outlining some of the views gathered during the pre-consultation engagement period. All the films produced during the pre and during consultation period were also hosted on a new health deal YouTube channel.

7.9 Stakeholder and community group relations

- 7.9.1 Nine stakeholder briefings were sent to the same distribution list as the full consultation document between July and October. These briefings provided detailed updates of the consultation, and also explanations of the case for change and the proposals.
- 7.9.2 Specific articles were produced for a number of community publications and newsletters, including Partington Transmitter, Genie Networks and the Lesbian and Gay Foundation, and articles were produced and syndicated for partners and stakeholders to use.
- 7.9.3 All stakeholders and community groups were asked to regularly promote the consultation using their own contacts and communications channels.
- 7.9.4 As well as regularly carrying features on new health deal in its GP and consultant newsletters, Central Manchester University Hospitals NHS Foundation Trust also carried a range of briefing materials in its staff newsletter, 'In Touch', as outlined below:
 - 10 August, information and overview on the proposals
 - 24 August, FAQs from the initial staff briefing sessions
 - 7 September, implications for children's services

- 21 September, which services would change under the proposal, and which services would stay the same
- 5 October, last chance for staff to have their say

7.9.5 Information on new health deal was also regularly sent out to Trafford Provider Services staff and to NHS Trafford / Trafford CCG staff, and to Trafford GPs and practice staff via a commissioning-led 'primary care briefing'.

7.10 Directly targeted promotional activity

7.10.1 GP practices, pharmacies, dentists and opticians were all sent materials to help promote the consultation, which included a pack of flyers and posters.

7.10.2 After receiving feedback that not all GP practices were displaying promotional materials, the Public Reference Group undertook a 'mystery shopping' exercise to establish how many practices were actively taking part. The full results feature in the group's independent report on the consultation process, but this exercise enabled further contact to be made to all practice managers by email to remind them of the consultation, asking them to display promotional materials within their practice.

7.10.3 Following the reprint of extra summary consultation documents, GP practices were also asked to display copies of these in their waiting areas.

7.10.4 Posters promoting the consultation and the dates of the public meetings were displayed throughout Trafford General in main corridors and main waiting areas.

7.10.5 The summary consultation document was distributed via the following places in Trafford hospitals:

- Children's resource centre waiting area
- Trafford main information desk
- The restaurant
- Orthopaedics outpatients and plaster room waiting area
- Diabetes centre
- Phlebotomy waiting area
- Outpatient waiting areas
- Antenatal/Colposcopy waiting area
- Endoscopy waiting area
- A&E waiting area
- Radiology waiting area
- Pharmacy waiting area

7.10.6 It was also distributed in the main reception and atrium areas of:

- Manchester Royal Infirmary
- Saint Mary's Hospital
- Manchester Royal Eye Hospital
- Royal Manchester Children's Hospital

7.10.7 Regular e-flyers providing key information about the consultation were sent to a specific database of people that had signed up for new health deal news, either through the website or when completing contact forms at events. This database featured around 250 actively engaged people.

7.10.8 Promotional materials and stock of the summary consultation document were also regularly provided to all Trafford libraries and sure start centres, in conjunction with Trafford Council.

7.10.9 The consultation was promoted through Trafford Talks Health, the public-facing magazine that is produced by NHS Trafford (previously in conjunction with Trafford Healthcare NHS Trust). The magazine has a print run of 6,000 and is distributed to waiting areas in Trafford's hospitals, GP surgeries, dental surgeries and health centres, and is posted directly to people who are part of the Trafford Talks Health Network (664 people).

7.10.10 The new health deal first featured in the winter 2011/12 issue of the magazine, which was distributed in January 2012. The spring 2012 issue included a review of the pre-consultation engagement phase (phase 1), and details of how the information about the public consultation would be shared, and the summer 2012 issue had an in-depth, three-page feature that covered integrated care, why change is needed, information about the proposal, and details on how people could have their say.

7.10.11 When the magazine was posted directly to members of the Trafford Talks Health network, flyers promoting the consultation and public events were also sent with them.

7.10.12 The magazine will continue to be used to share information on the outcome of the consultation.

7.10.13 Local supermarkets, schools, colleges and nursing and residential homes were contacted and encouraged to promote the consultation. It should also be noted that new health deal PR and advertising featured in a number of issues of the local Independent

free newspaper, which has extensive distribution in supermarkets, garden centres, shops, restaurants, cafes and leisure centres across Trafford.

8. Outcomes and achievements (phase 3)

8.1 This section of the report provides an overview of the outcomes and achievements of the new health deal consultation. Further detail will be included in the appendices to this report, as well as in a range of other independently produced reports already outlined, such as the Public Reference Group observations and equality impact assessment.

8.2 Consultation response rates

8.2.1 The main aim of the activity undertaken during the 14-week consultation period was to generate as many quality responses to the consultation as possible.

8.2.2 During the consultation, a total of 1,927 responses were received. 1,505 were received in hard copy and 422 were received online (six of the online responses were completed using a smart phone).

8.2.3 28 of these were written responses (not using the response form) received by letter or email. This included seven letters from members of the public a written response from the Save Trafford General campaign group (see more in section 8.3), and written responses from Trafford Council and the Joint Overview and Scrutiny Committee. The remainder were received from organisations and key stakeholders.

8.2.4 It is important to note that the independent report would need to take into account any potential duplicates or incomplete responses when finalising the total number of responses used for analysis.

8.2.5 To put this into context, the following responses have been received for recent national NHS consultations:

- Liberating the NHS: Legislative framework and next steps – 6,000 responses
- Liberating the NHS: Greater choice and control – 617 responses
- Healthy Lives, Healthy People – 2,000 responses

8.2.6 More locally, the recent Healthy Futures consultation on the reconfiguration of planned cardiology and stroke rehabilitation services, which focused on the North East Greater Manchester sector covered by NHS Heywood, Middleton and Rochdale, NHS Bury, NHS Oldham, NHS Manchester and parts of the NHS in the East of Lancashire, received 1,461 responses.

8.2.7 It is acknowledged that the quality and demographic spread of responses is as important as the quantity of responses received, so the above figures are only outlined to provide some general comparative context to this consultation process. It is also acknowledged that each consultation has individually planned aims, objectives and strategies, so this is not intended to be used for benchmarking.

8.3 Save Trafford General campaign group petition

8.3.1 An active campaign group undertook a range of its own promotional activity before, during and after the consultation period.

8.3.2 In addition to providing its formal written response to the new health deal consultation, the Save Trafford General campaign group advised it had run two petitions as follows:

- Hard copy petition of over 12,500 signatures, titled: "We, the undersigned, demand that Trafford General Hospital's Accident & Emergency dept, including the hospital's intensive care unit, remain open 24 hours a day, 365 days a year, providing a full range of emergency services to the people of Trafford."
- Electronic petition of 984 signatures, titled: "Save A&E at Trafford General. Dear Dr Musgrave, Please don't close down our A&E department, the Intensive Care Unit, children's services and emergency surgery at Trafford General, birthplace of our NHS. We need these vital services."

8.3.3 Whilst it is acknowledged that these may present an indication of opposition to the new health deal consultation proposal, there are other factors to take into account when considering the Save Trafford General petitions as part of the final decision making process, as follows:

- A copy of the hard copy petition of 12,500 signatures submitted to the Prime Minister's office has not been received (either from the Prime Minister's office or from the campaign group directly), and only the title statement was provided – therefore the petition statement, the number and validity of signatures cannot be verified
- Examination of the electronic petition shows that almost a third of signatures originate from well outside Greater Manchester and in some cases, outside the UK
- For either petition, the time periods during which signatures were sought and in particular, whether signatures were gathered before publication of the consultation document, is not known, which

would limit signatories' ability to give informed consideration to the full detail of the new health deal consultation proposal

8.3.4 Processes for incorporating petitions into NHS consultations undertaken elsewhere, state:

- A consultation is not a referendum, i.e. a public vote. Attention should be given to appropriate ideas and arguments, rather than the largest number of signatures.
- People may be misled by petitions, which may not provide full information on the subject of the consultation and may focus on a single issue or the wrong issue, for example, saving a hospital when the hospital is not threatened with closure.

8.3.5 Furthermore, the structure of a petition makes it difficult to form direct comparison with responses received using either the new health deal response form or by letter, since a petition can only pose one closed question: "do you agree with the title statement?". For these reasons it is only possible to note the Save Trafford General campaign group petitions as an indication that there is some level of opposition to the emergency care elements of the new health deal consultation proposal. (The petition information and formal response made by the Save Trafford General campaign group was submitted to the independent analyst along with all other public and stakeholder responses.)

8.3.6 Section 8.3 of this report was sent to the Save Trafford General campaign group, with the offer that it could submit a response and/or comment on the information. No response has been received.

8.4 Consultation response details and demographics

8.4.1 All individual, organisational and stakeholder responses, as well as information gathered from focus groups and targeted engagement activity (see section 8.7), were submitted to Dr Janelle Yorke for independent analysis. 1,905 of the 1,927 total responses were analysed, after the removal of 22 responses that were either duplicates, spoilt or incomplete responses.

8.4.2 The analysis found the following:

- 67.7% of respondents supported (either fully or with some reservations) the vision for an integrated care system
- 67.2% of respondents supported (either fully or with some reservations) the reason for change

- 60.2% of respondents fully supported the proposed changes to orthopaedic services
- 71.9% of respondents fully supported proposed changes to outpatients
- 70.1% of respondents fully supported proposed changes to day case surgery
- 55.8% of respondents supported (either fully or with some reservations) proposed changes to intensive care and emergency surgery, while 41% did not support it
- 49.5% of respondents supported (either fully or with some reservations) proposed changes to accident and emergency, while 45.6 % did not support it

8.4.3 Where respondents completed the demographic information on the response form, the analysis also showed that:

- 90.5% of respondents were Trafford residents
- The highest number of respondents were from the M41 postcode area (Urmston, Flixton, Davyhulme), closely followed by the M33 postcode (Sale).
- 60.9% of respondents were female and eleven people were not assigned their identified gender at birth
- The stated year of birth ranged from 1926 to 1992
- 8.3% were non-white British.
- 60.8% of respondents stated that they 'did not have a disability', with 16% stating they have a long-standing illness, and 8.6% a physical impairment
- 42.3% of respondents were in full time work, although a high percentage (39.3%) did not respond to this question – many that didn't respond or ticked that they were 'unemployed, not looking for work' (35.4%) wrote in 'retired'

8.4.5 A full breakdown of response rates and demographics, including full analysis of the consultation feedback itself, features in Dr Yorke's independent report. The confidence interval (margin of error) for any of the percentages is +/-2.2%.

8.5 Public information events

8.5.1 There were a total of 375 attendees across all 18 public information events, broken down as follows:

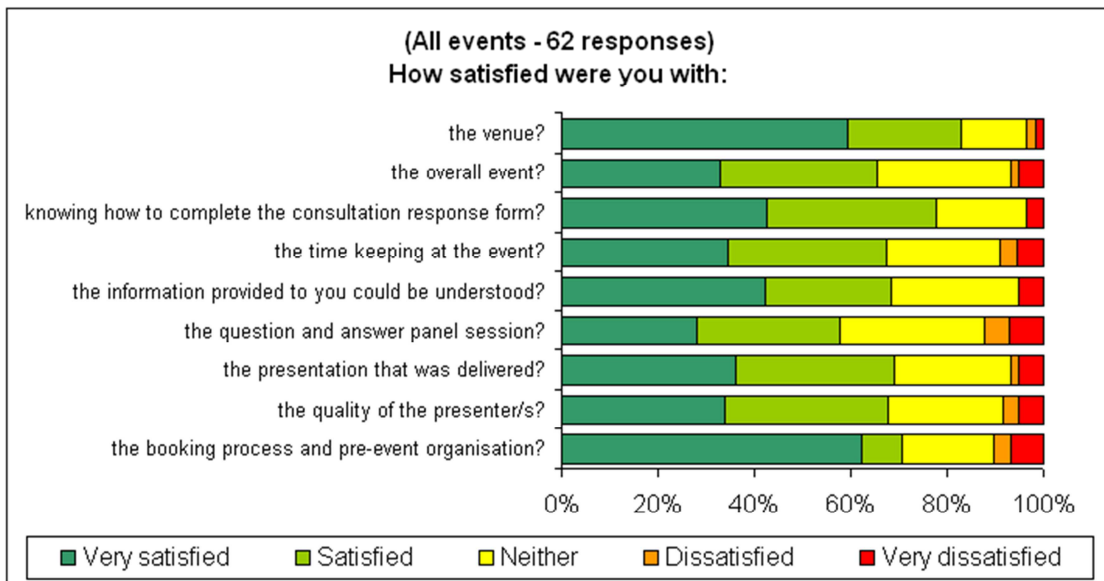
Date	Location	Attendees
14 August	Altrincham	20
16 August	Urmston	80
22 August	Sale	19

24 August	Stretford	20
31 August	Old Trafford	13
7 September	Partington	25
10 September	Davyhulme	33
12 September	Altrincham	24
14 September	Old Trafford	7
17 September	Stretford	31
20 September	Sale	18
24 September	Partington	15
27 September	Flixton	42
1 October	Cheetham Hill	3
4 October	Wythenshawe	3
8 October	Hulme	3
22 October	Old Trafford	11
23 October	Stretford	8

- 8.5.2 These figures are taken from the sheets that attendees were asked to sign on arrival at each event, and do not include any staff or spokespeople involved in running the event. They do include observers from the public reference group and Trafford LINK.
- 8.5.3 It should be noted that there may be some additional attendees who did not provide their signature, and some people may have attended more than one event. Therefore, these figures are intended as an indicative representation of the levels of attendance.
- 8.5.4 As well as setting up and running public information events in a variety of areas, locations and venues across Trafford, three events were set up in Manchester to provide residents that may be impacted by the orthopaedic proposals to be given a chance to have their say. These Manchester events also featured a specially tailored presentation. All events were also set up at a variety of times (morning, afternoon and evening) to give as many people as possible the option to attend an event.
- 8.5.5 The two final events (Old Trafford and Stretford) were set-up following analysis of the interim demographic consultation response report. It was acknowledged that the scheduling and timings for the previous Old Trafford events may have meant that people from certain religions were unable to attend. Therefore, a more appropriate day of the week and time was set-up for the penultimate event. It was also felt that the proportion of Stretford residents that had responded was relatively low in comparison to

other areas close to Trafford General Hospital, which is why a further event was set up there.

8.5.6 At each event, attendees were asked to complete an event feedback form. 62 completed forms were received (16.5% response rate), which showed general satisfaction across a range of criteria. In particular, 83.0% said they were either satisfied or very satisfied with the choice of venue, and 77.8% reported they were satisfied or very satisfied that they knew how to complete the consultation response form.



8.5.7 Almost a third (30.6%) of event feedback responses were received in relation to the Urmston event on 16 August. This event was one of the first events held and attracted the largest number of attendees, including a strong presence from the Save Trafford General campaign group. Satisfaction levels for this event in particular were significantly lower than for other events, and comments received show attendees of this event also generally had low levels of support for the consultation proposal.

8.5.8 Feedback from the events was reviewed throughout the consultation and where changes could be made to improve future events, they were. For example, the presentation was refined in response to feedback about technical terms and using real-life examples to illustrate what the proposal would mean for patients; an additional microphone was used to ensure more swift exchanges between speakers; and the event chair was re-briefed to ensure the structure of the meeting was clear to attendees and that opportunities to ask questions were fair.

8.5.9 When asked what worked well, attendees highlighted the quality of the presentation, the openness of the spokespeople and the opportunities for attendees to ask questions.

8.6 Staff events

8.6.1 Twelve events were held for NHS staff during the consultation period, which attracted 163 attendees made up as follows:

Date	Staff group	Attendees
6 August	Trafford General Hospital staff	50
9 August	Trafford General Hospital staff	20
15 August	NHS Trafford staff	6
6 September	Central Manchester staff	15
13 September	Trafford General Hospital staff	4
19 September	Central Manchester staff	15
20 September	Trafford General Hospital staff	3
21 September	Central Manchester staff	5
26 September	Trafford Provider Services / Bridgewater staff	40
5 October	Altrincham General Hospital staff	5
10 October	Trafford General Hospital staff	0

8.7 Focus groups and targeted engagement activity

8.7.1 A wide variety of groups were engaged with, meaning that the consultation could be taken face-to-face to lots of different types of people living in different parts of the borough. These ranged from parent and toddler groups to a community group for older people. Full details of all the engagement undertaken is detailed in the activity spreadsheet. (See appendices in section 10.)

8.7.2 A range of thorough and fruitful discussions took place, and all of this focused engagement activity was undertaken in a bespoke way, tailored specifically for each group to suit their needs. For

example, some groups had visits to explain about the consultation and how they could get involved or help us to spread the word to their contacts, whereas other groups were part of focus groups as well as producing their own individual and organisational consultation responses. Special support was also brought in when needed, such as the use of translators or interpreters.

8.7.3 A number of groups requested the community toolkit that was put together, either to be delivered by a member of the new health deal team, or to use to run their own engagement activity. The details are below:

- Trafford Youth Cabinet
- Big Life Families (at Old Trafford Community Centre)
- Seymour Park School
- Lostock Partnership
- Stroke Association
- National Osteoporosis Group (Salford)
- Heart and Stroke Group
- Cllr A Lone, Manchester City Council
- Age UK Trafford

8.7.4 Ongoing engagement activity, including targeting of specific groups and audiences, evolved over time to ensure that the resources of the new health deal team was being used to best improve the quality of the consultation responses generated. The intelligence to make these decisions were informed by an interim report (dated 21 September 2012) of the demographic data in relation to the first 650 consultation responses received (462 hard copies and 188 online).

8.8 Stakeholder engagement

8.8.1 The briefing sessions with the various political groups, members of Trafford Council and the MPs were very well attended.

8.8.2 14 people attended the stakeholder event at on 8 August, and covered representation was from Mastercall, Trafford Local Involvement Network, Voluntary Community Action Trafford, Diverse Communities Board, new health deal Public Reference Group, Trafford Youth Cabinet and two elected members of Trafford Council.

8.8.3 Invitations for this stakeholder event were sent to all Trafford Council's community partnerships (Sale West and Ashton Partnership, Broadheath, Broomwood, Lostock, Old Trafford, Sale

Moor, Partington and Woodsend); Trafford MPs; elected members of Trafford Council; and voluntary and community groups.

8.9 Summary

8.9.1 Overall, it is felt that the consultation process was a successful one, in that it met the original objectives:

- To consult on the proposals with a representative range of internal and external stakeholders
- To meet obligations to consult with staff and external stakeholders about potential changes
- To provide a channel for staff and external stakeholder views to inform the decision-making process

8.9.2 This can be shown by the evidence of the breadth and scope of activity that was carried out, as well as by the demographic breakdown of responses detailed in this report, and also in the independent analysis report and the equality impact assessment.

8.9.3 Engagement with the relevant audiences to enable the four service reconfiguration tests to be examined was carried out, although completion and acceptance of this will take place at the new health deal Strategic Programme Board.

8.9.4 In terms of the objective 'to build public and staff support for the proposed changes', and the aim to 'build relationships with key stakeholders to foster support for the proposals', this can be seen to have been achieved to some extent when looking at the results of the majority support for the proposal. It should be noted that Trafford Council, local political parties, the Joint Health Scrutiny Committee, and a number of special interest groups did not support the proposal.

8.9.5 It needs to be acknowledged that this consultation provided a framework and a process for people to learn about the case for change and the proposals for redesigning services at Trafford General Hospital. The process and the format of the response form enabled people to make up their own mind and give their own opinions and feedback on the proposals.

8.9.6 The following aims were achieved:

- Explain the case for change and dispel any myths, to provide people with an understanding of the issues so people feel empowered and enabled to be involved

- Give the local population a voice so they can share their views, opinions and concerns
- Ensure the consultation is meaningful, equitable and inclusive, and essentially, accessible for all

8.9.7 The evidence for this is the variety of ways in which the case for change and proposals were communicated to the public, and the range of methods in which people were able to get involved, find out more, and ultimately, have their say by making a formal consultation response. It should be noted that 'word-of-mouth' is a valid form of communication, and this campaign attracted a lot of discussion and recommendation, and the work of the Save Trafford General campaign group certainly contributed to this by helping to 'spread the word'.

8.9.8 People completing a response form were asked to provide information as to how they found out about the consultation. Of those that responded to this question:

- 52.8% found out through the various door drops
- 35.4% found out through the local media
- 16.1% found out through word-of-mouth
- 13.9% found out through posters
- 10% found out through other means, such as via local schools, from staff at Trafford General Hospital or local demonstrations
- 2.9% found out through the website and social media channels

8.9.9 Statistics on the usage of the new health deal website show that during the consultation period, that:

- There were 3,723 visits, and 2,554 of those visits were 'unique'
- 399 of the total visits came from mobile devices
- New visitors to the site accounted for 64.33% of users
- There were 10,556 page views, with an average of 2.84 pages per visit
- The highest number of visits took place on the day the consultation launched (Thursday 26 July), with high number of visits also following key promotional activity

8.9.10 Throughout the process, materials, presentations and explanations evolved according to ongoing feedback to ensure that the information was communicated as clearly as possible.

8.9.11 At all times, the consultation was made accessible to all, with information available in a wide range of places and in a wide range of formats. Translations, large print versions and special support

measures were provided on request, such as an easy read consultation response form and large print formats of the consultation document. People were also provided with lots of options for how to get in touch with the new health deal team.

- 8.9.12 The final stages of engagement activity with targeted groups, focusing on those with 'protected characteristics' was strategically planned based on an interim demographic response report received on 21 September 2012 to ensure that no areas, either geographic or thematic, were relatively under-represented as providing responses.
 - 8.9.13 If any issues occurred, such as the problems in a small number of areas with the delivery of the summary consultation document, the team reacted to provide solutions to ensure as many people as possible could get involved if they wanted to.
 - 8.9.14 Gathering almost 2,000 formal consultation responses can also be seen as a good achievement, due to the fact that it is quite a complex proposal to explain and people had a fairly extensive response form to complete, which encouraged not just quantitative responses, but qualitative comments as well.
- 8.10 Lessons learnt about the consultation process and its effectiveness will be gathered during the decision-making stage (phase 3), and will take into account feedback from the various independent reports, as well as using input from the new health deal strategic partnership board.

9. Cost analysis

9.1 What follows is a thematic breakdown of the costs of the consultation process for the pre, during and post-consultation activity.

(Please note: Some costs are estimations and/or subject to change. Costs for incidentals such as printing, postage, travel and expenses can not be provided or itemised.)

9.2 Pre-consultation (phase 1)

- Campaign identity creative	£1,260
- Website production and development	£750
- Media and public consultation training	£3,560
- Listening events	£1,164.62
- Advertising and promotion	£1,991
- Photography	£240
- Film production	£1,679
- Telephone survey and focus groups	£15,019
- Translations and interpreting (including BSL)	£286.20

9.3 Consultation (phase 2)

- Online software and website development	£7,800
- Full consultation document production	£7,272
- Full consultation document printing	£3,390
- Summary consultation document copywriting	£1,400
- Summary consultation document production	£2,835
- Summary consultation document printing	£43,745
- Summary consultation document delivery	£6,582
- Contact postcard production and printing	£572
- Contact postcard delivery	£1,301
- Freepost returns of consultation document	£2,000
- Film and community toolkit production (including subtitles and BSL)	£5,761
- Translations and interpreting	£889
- Public information events	£1,484
- Presentation production	£1,050
- Advertising and promotion	£2,698
- Independent chairing of public information events	£7,500
- Independent chairing of public reference group	£5,500
- Focus groups	£8,500
- Pay costs	£20,023

9.4 Post-consultation (phase 3)

- Independent equality impact assessment	£4,000
- Independent analysis of feedback	£11,500
- Transport project engagement (ongoing)	£4,620

10. Appendices

[Communications and engagement strategy](#)

[Consultation strategy and plan](#)

[Pre-consultation engagement report](#)

Full breakdown of all consultation engagement activity



Full breakdown of all
consultation engagen