

# Communication & Engagement Process – A Review by the Public Reference Group

**A working document:  
December 2012**

# Contents

<b>1.</b>	<b>Executive Summary</b>	<b>1</b>
1.1	Background	1
1.2	The public reference group	1
1.3	The key questions	1
1.4	The evidence base	1
1.5	Observations – our conclusions	1
	1.5.1 Approach to consultation & communications	1
	1.5.2 Specific consultation activities	2
1.6	Recommendations	7
<b>2.</b>	<b>Introduction</b>	<b>8</b>
2.1	Background	8
2.2	The public reference group	8
2.3	The key questions	9
2.4	The evidence base	9
2.5	This report	10
2.6	About pinpoint	10
<b>3.</b>	<b>Our observations</b>	<b>11</b>
3.1	Approach to consultation and communications	12
	3.1.1 Existing policy and best practice	12
	3.1.2 Joint working	12
	3.1.3 Timescales	12
	3.1.4 Fairness	13
	3.1.5 Equality	14
	3.1.6 Representativeness	14
	3.1.7 Accessibility	15
	3.1.8 Awareness	15
	3.1.9 Handling and analysis	16
	3.1.10 Accountability	17

3.2	Specific consultation activities	18
3.2.1	Consultation document	18
3.2.2	Publicity	18
3.2.3	Public consultation events	20
		22
<b>4.</b>	<b>Our conclusions</b>	
		23
<b>5.</b>	<b>Our recommendations</b>	
		24
<b>6.</b>	<b>Moving forward</b>	

<b>Appendices</b>		
1.	Public Reference Group membership	25
2.	Public Reference Group terms of reference	27
3.	Engagement plan	34
4.	Public meeting 'do's and don'ts'	39
5.	Consultation toolkit' – group contact/requests	42

# 1. Executive Summary

## 1.1 Background

- In July 2012, NHS Greater Manchester launched 'New Health Deal for Trafford (NHDFt)', a 14 week consultation proposing a change in the way that services are delivered at Trafford General Hospital, to ensure they remain safe, high quality and sustainable for the future. It is within this context that NHS Greater Manchester established a Public Reference Group (PRG).

## 1.2 The Public Reference Group

- Reporting to the New Health Deal for Trafford Strategic Programme Board (SPB), PRG was set up to scrutinise the communication and public engagement processes relating to the consultation to ensure that they are fair, objective, accessible and transparent.
- Bringing together representatives from the different localities within Trafford and community / voluntary organisations, PRG met regularly to receive information, comment and advise on the forward process.
- PRG also reviewed particular elements of the consultation on an ongoing basis, to include the consultation document, public meetings and associated publicity.

## 1.3 The key questions

- Through the scrutiny process, PRG reviewed the consultation process against a series of key questions, taking into account issues of fairness, equality, representativeness, accessibility, awareness, accountability, and timescales.

## 1.4 The evidence base

- PRG considered evidence in a variety of forms, to include presentations, minutes of meetings, the engagement plan, the decision-making process, consultation documentation, publicity materials and a document outlining the views of the Save Trafford General Campaign Group.
- Members of the group attended engagement events and SPB meetings acting as 'observers' and undertook mystery shopping activities.

## 1.5 Observations – our conclusions

### 1.5.1 Approach to consultation and communications

#### Existing policy and best practice

- PRG are confident that NHS Greater Manchester took relevant policy and best practice into account in the design and delivery of the

communication and engagement process, producing an engagement plan that was flexible and able to react to change.

- In line with requirements set out in the NHS Operating Framework for 2010-11, PRG are confident that, as far as possible, strengthened public and patient engagement has been undertaken.

#### Joint working

- PRG agree that, following the initial planning stage, the consultation has been implemented jointly with partnering and neighbouring organisations. PRG have had opportunity to inform the process on an ongoing basis.
- PRG note that a longer lead-in time to plan the consultation would have been useful and feel that they could have added value to the process at this earlier stage, had the opportunity been available.

#### Timescales

- PRG consider 14 weeks to be a sensible timescale for the consultation period, proportionate to the level of change involved.
- On review of consultation responses received by 3<sup>rd</sup> October 2012, it was obvious that information had reached a very wide base of residents, even in areas where distribution difficulties had been experienced.

#### Fairness

- Based on their observations, PRG are satisfied that the communications and public engagement processes relating to the consultation have been fair, objective, accessible and transparent.
- PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.

#### Equality

- Notwithstanding issues relating to the non distribution of consultation documents, PRG felt that, on consideration of feedback from Imogen Blood, independent equality impact specialist, the public, patients and stakeholders had a fair opportunity to give their comments to the consultation proposals.
- Those from protected characteristics can be included in the above, following responses received from additional focus groups and specific groups requesting to use the consultation toolkit.

#### Representativeness

- PRG are satisfied that the 1,400 responses reported at the meeting on the 10<sup>th</sup> October 2012 present a response from a representative number of the population and that additional work has been conducted with specific target groups.

### Accessibility

- Whilst they are happy that the mix of engagement and communication methods used by NHS Greater Manchester enabled those that want to be involved, to get involved via a method relevant and appropriate to them, initial concern was raised that consultation documents were not distributed to all residents across the borough.
- PRG are now satisfied with the steps NHS Greater Manchester took to ensure anyone interested would be able to access a consultation document and put their views forward.
- PRG note that the user-friendly style of the final consultation document and response form gave respondents some freedom to voice their views, positive or negative.
- The title of the consultation: 'a new health del for Trafford' could be interpreted by some as 'involving all services aimed at all Trafford people' This could have benefitted from additional user testing, however PRG are pleased NHS Greater Manchester altered presentation material with this in mind.

### Awareness

- NHS Greater Manchester worked hard, utilising various methods to raise awareness of the consultation and engagement process. This has worked, ensuring that the process was both fair and transparent.
- Whilst the Save Trafford General Campaign Group helped raise awareness of the consultation, PRG felt that on occasion, language used, particularly at the public presentations, may have caused confusion for some members of the public.

### Handling and analysis

- Following discussions with the independent analyst Dr Janelle Yorke, PRG are confident that the handling and analysis of engagement and consultation process responses will be fair and accurate.

### Accountability

- Feeding into the decision-making process, the group are confident that meetings of the SPB are chaired independently and without any bias to a particular decision.
- On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public, presenting a fair and transparent process that will stand up to independent questioning.

## **1.5.2 Specific consultation activities**

### Consultation document

- On review of the draft consultation document PRG advised that the colour yellow was very difficult to see and raised some concern that information regarding changes to A&E was unclear.
- Concern was raised regarding distribution difficulties. Considering additional publicity taken forward by NHS Greater Manchester, together

with that carried out by the Save Trafford General Campaign Group, PRG are satisfied that those members of the public who wanted to respond, have been able to do so.

### Publicity

- PRG are satisfied that the level of ongoing publicity and variety of methods used (TV, newspaper coverage, social media, stakeholder briefings, flyers) worked to raise awareness of the consultation and opportunity to get involved.

### Public consultation events

- PRG members attended one stakeholder event and 17, out of 18 public meetings. On a small number of occasions it was felt that members of the public were struggling to understand what was being outlined and that the chair should ask panel members for clarification. This improved after the first couple of meetings.
- The complexity of some questions raised by the Save Trafford General Campaign Group caused confusion amongst members of the public. Whilst on occasion the chairs could have been stronger, they struck a good balance between members of the public who wanted to listen and learn, but could not understand some of these questions.
- Additional consultation activity aimed at discussing transport issues in more depth will ensure the affect proposals could have on the community will be taken into account as part of the decision-making process.

## **1.6 Recommendations**

- Provide a longer lead-in period to a consultation, allowing for adequate planning.
- Establish a public reference group as part of the pre-consultation phase, providing an avenue by which the draft communications and engagement plan can benefit earlier from independent scrutiny.
- When seeking to distribute materials, where possible use one delivery body, building adequate timescales into the approach.
- Aim to receive the highest number of public responses via the least cost.
- Ensure health and social care staff and others working to deliver public services (libraries / leisure centres / community centres) are aware of the consultation and able to raise awareness and signpost those interested to consultation documentation.
- Consider the submission of 'written' questions as part of a public meeting.
- Ensure a set of 'meeting rules' are made clear and understood by all those in attendance.
- Where possible use one 'chair' to ensure continuity and provide an appropriate briefing.

## 2. Introduction

### 2.1 Background

The 14 week 'New Health Deal for Trafford' (NHDfT) public consultation was launched in July 2012.

The consultation, developed by NHS Greater Manchester, along with local clinicians, patients, residents and community groups, proposes a change in the way that services are delivered at Trafford General Hospital, to ensure the hospital remains a safe and viable setting in which to provide excellent standards of care and that services are delivered to ensure that they remain safe, high quality and sustainable for the future. It will also enable valuable funds to be released and better used to develop an 'integrated care' system in Trafford<sup>1</sup>.

The consultation sought to gain the public's, patients' and stakeholder views on the proposal. Listening to the views and opinions of local residents' and other stakeholders, and putting them at the heart of the planning and decision-making processes, is critical to the success of the consultation. It is within this context that NHS Greater Manchester established a Public Reference Group (PRG). This report serves as a record of the Public Reference Group's public consultation findings.

### 2.2 The Public Reference Group

The Public Reference Group was set up to scrutinise the communication and public engagement processes relating to the consultation, to ensure that they are fair, objective, accessible and transparent.

The PRB reports to the New Health Deal for Trafford Strategic Programme Board (SPB) (via the Communications and Engagement Project Group). Minutes of the PRB meetings are published and circulated to the New Health Deal for Trafford SPB, and will be circulated to Trafford and Manchester Local Authority Overview and Scrutiny Committees and Trafford and Manchester Local Involvement Networks. Their final report will be circulated to the above organisations and to NHS Greater Manchester Board.

Representatives from different localities within Trafford and community/voluntary organisation were invited to take a place on the PRG<sup>2</sup>. For a list of organisations invited, alongside those who attended see appendix one.

---

*1 The vision for future NHS services in Trafford is that of an 'integrated care system'; essentially building a local NHS that is developed around the specific health needs of its residents. One that provides patient-centred, affordable and effective healthcare in local communities, as close to people's homes as possible, for example, in clinics, in GP surgeries and in homes, rather than just in hospitals.*

*2 Please note, Manchester LINK were also invited to attend Public Reference Group meetings.*



PRG met monthly and on occasion fortnightly (September/October), to receive information about the communication and engagement processes relating to the NHDfT consultation.

Throughout the process PRG monitored and where appropriate challenged the actions and processes of NHS Greater Manchester to ensure the consultation was fair, objective, transparent and accessible. They were also invited to observe public and stakeholder meetings to check that information provided to the public is understood, and that all those attending know how to respond to the consultation. Information gathered has been used to collect evidence for this report. See appendix two for more detail on the groups' Terms of Reference.

## 2.3 The key questions

When scrutinising the engagement and communication processes and composing their report, key questions considered by PRG can be summarised as follows:

- Has the process been planned jointly with partner or neighbouring organisations?
- Did the public, patients and stakeholders have a fair opportunity to give their comments to the consultation proposals, including those from protected characteristics<sup>3</sup>?
- Has strengthened public and patient engagement been undertaken?
- Has the handling and analysis of responses to the engagement and consultation processes been fair and accurate?

When conducting their deliberations, the group also took into account existing policy and best practice, together with issues of equality, representativeness, accessibility, awareness, accountability and timescales.

The group reviewed particular elements of the consultation on an ongoing basis, to include the consultation document, public meetings and associated publicity.

## 2.4 The evidence base

To ensure their deliberations, observations and resulting recommendations were informed, PRG considered evidence in a variety of forms, to include presentations, minutes of meetings, the engagement plan, the decision-making process, consultation documentation, publicity materials and a document outlining the views of the Save Trafford General Campaign Group. Members of the group attended engagement events and SPB meetings acting as 'observers' and undertook mystery shopping



---

<sup>3</sup> Protected characteristics as noted in the Equality Act 2010 include: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity (including breastfeeding mothers); race, religion and belief; sex and sexual orientation.

activities, for example, visiting GP surgeries to check that consultation documentation was available and that staff were adequately informed. See appendix three for more information on the engagement plan.

## **2.5 This report**

Compiled by Pinpoint, the Independent Chair of the group, this report sets out the approach taken and details the outcomes of the scrutiny process from the point of view of PRG, outlining the key themes and issues arising, making a number of recommendations for the future. Finally, NHS Greater Manchester feed back to PRG and provide advice on the role of the group as they move forward to implement the proposed changes.

## **2.6 About Pinpoint**

Established by Helen Bidwell, Pinpoint is an independent organisation, delivering consultation, engagement and research solutions to its clients, producing high quality, realistic and actionable results.

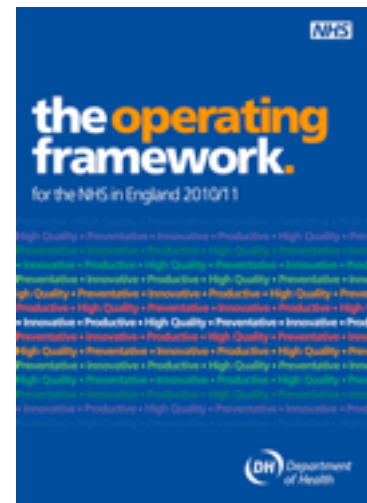
# 3. Our Observations

## 3.1 Approach to consultation and communications

### 3.1.1 Existing policy and best practice

In addition to their own experience and evaluation of what constitutes a successful consultation process, NHS Greater Manchester sought to take the following policies and best practice into account through the design and delivery of the communication and engagement process:

- The Cabinet Office ‘Consultation Principles’ 2012.
- Sections 242(1B) of the Health and Social Care Act 2006 and 2008’s guidance ‘Real Involvement: working with people to improve services’.
- Trafford Compact code of practice
- Trafford Borough Council’s Statement of Community Involvement Review, February 2010.
- The four 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, requiring existing and future reconfiguration proposals to demonstrate:
  - Support from GP commissioners
  - Strengthened public and patient engagement
  - Clarity on the clinical evidence base; and
  - Consistency with current and prospective patient choice.



#### Observations:

*PRG are confident that NHS Greater Manchester took the above guidance into account in the design and delivery of the communication and engagement process.*

*They are satisfied that the engagement plan was flexible in its nature, allowing changes to be made to ensure those interested, were provided with an opportunity to put their views forward.*

*In particular, actions taken and recommendations made to NHS Greater Manchester by PRG have worked to ‘strengthen public and patient engagement’ throughout the process and ensure that the seven consultation criteria have been achieved.*

*PRG understand a number of responses have been submitted by GP Commissioners<sup>4</sup> and how they will be taken into account through the decision-making process.*

### 3.1.2 Joint working

PRG were asked if they felt that the consultation process had been planned and implemented jointly with partner or neighbouring organisations.

#### **Observations:**

*PRG were not aware that the consultation process had been 'planned' jointly with partner or neighbouring organisations and were unsure how realistically this could be achieved.*

*Members of PRG felt that they could have added more value to the process if they had been brought together earlier, as part of the pre-consultation planning phase.*

*PRG have evidenced joint implementation of the consultation process with partner and neighbouring organisations, to include statutory, community and voluntary organisations. NHS Greater Manchester has engaged with various stakeholders to share and discuss their vision for the future. These include Trafford and Manchester Health Overview and Scrutiny Committees, Central Manchester University Hospitals NHS Foundation Trust, Trafford Clinical Commissioning Group, Trafford Council, Trafford Provider Services, North West Ambulance Service, local Trade Unions, Local Medical Committee, Trafford GP Forum, Trafford Local Involvement Network, Manchester Local Involvement Network.*

*PRG would like to acknowledge that, as a stakeholder, Trafford Council appeared to be negative about the consultation process initially and the proposals for change.*

### 3.1.3 Timescales

Consultees were given 14 weeks to respond to proposals contained within a NHDfT. This time period is two weeks more than the minimum expected period of consultation. On the 3<sup>rd</sup> of October, PRG were asked, if, taking the distribution problems into account, they felt 14 weeks was a sufficient time period for a consultation of this nature or whether this should be extended by a further two weeks.

#### **Observations:**

*PRG consider 14 weeks to be a sensible timescale as the consultation period covered holiday months and note that a consultation of this nature could actually be held over a shorter time period, if held at a different time of year. The group feel that the timescale was proportionate to the level of change*

---

<sup>4</sup> Responses were submitted from Trafford Clinical Commissioning Group (CCG), Central Manchester CCG, South Manchester CCG, Trafford Primary Health Ltd and Oldham CCG. A response was also received from Partington GPs.

*involved and financial implications. It also enabled the process to remain more focussed.*

*The request for an extension was seriously considered, but with the reported level of consultation responses received by the 3<sup>rd</sup> October, it was obvious that the information had definitely reached a very wide base of residents, even in the areas where distribution difficulties had been experienced.*

#### 3.1.4 Fairness

The group were asked to consider if the public, patients and stakeholders have had fair opportunity to give their comments to the consultation proposals, including those from protected characteristics. When considering this question, PRG also took into account issues of equality, representativeness, accessibility, awareness and accountability.

##### **Observations:**

*PRG consider that the approach taken by NHS Greater Manchester has been fair and objective, and that every effort has been made not to afford any weight to a particular group or interest. NHS Greater Manchester have been responsive to arising 'needs', organising additional public meetings where required, visiting particular groups/organisations, conducting focused discussions with particular target groups.*

*PRG raised concern that not ALL residents received a copy of the consultation document. The group note that NHS Greater Manchester took adequate steps to ensure issues with distribution were overcome.*

*PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.*

*The group acknowledge that the presentation of one option could have put some off responding as they could presume 'it was a done deal'. Linked to this, they are pleased that the consultation response form included opportunity to provide free comment.*

*PRG believe that if an alternative option had been presented that was both clinically and financially viable, it would have been considered as part of the decision-making process.*

*The group were satisfied that consultation methods have been creative and engaging, and have been used to inform those interested about the proposed changes, drawing out their knowledge of the issues through a two-way dialogue.*

*It is evident NHS Greater Manchester sought to involve a wide range of clinical professionals throughout the engagement process, enabling their vision and enthusiasm for the proposals to have real meaning for their audience.*

*PRG acknowledge the submission of a document from the Save Trafford General Campaign Group outlining their views. On consideration of questions raised at public meetings by the group, and the detailed content of the document, PRG felt they did not need to meet at this juncture. They felt that, if they allowed one interest group to meet with them, then they would need to open the invitation to other interest groups and that this was not appropriate at this stage.*

### 3.1.5 Equality

PRG received a presentation from Imogen Blood of Imogen Blood & Associates, an independent consultant commissioned to conduct an equality impact assessment of the consultation process. The aim of the assessment is to check that the consultation process does not discriminate against any disadvantaged or vulnerable people.

#### **Observations:**

*On consideration of Imogen's presentation<sup>5</sup>, PRG agreed that the consultation process and responses received to date omitted those from some of the 'protected characteristic' groups outlined in the Equality Act 2010.*

*PRG agreed with the recommendation to hold additional focus groups with the following target groups, prior to the consultation deadline of the 31<sup>st</sup> October 2012:*

- *Potential users of orthopaedic services from East Manchester.*
- *Users of maternity services from Trafford (to include pregnant and breastfeeding women).*
- *BME residents from outside Old Trafford.*
- *Young people in Trafford.*

*Based on Imogen's presentation, the group are satisfied this action will ensure the consultation process meets requirements of the Equality Act 2010.*

*Use of the 'consultation toolkit'<sup>6</sup> to structure the content of the focus groups was seen as a fair and inclusive approach.*

### 3.1.6 Representativeness

PRG were asked if the consultation exercise reached a representative sample of the population, or where appropriate, all the target groups.

#### **Observations:**

*PRG are satisfied that the 1,400 responses reported at the meeting on the 10<sup>th</sup> October 2012 present a response from a representative number of the*

---

<sup>5</sup> Heard on the 3rd October 2012

<sup>6</sup> The 'consultation toolkit' provides those interested with background material and a series of questions and case studies they can use to structure their own focus group/ discussion event.



*population. Indeed, any additional responses received will be a positive and deliver what will be a reliable set of results.*

*It was noted that the response received to date already exceeds the industry standard expected for a consultation of this nature. It is understood Ipsos MORI state that anything over 1,000 would be deemed to be effective.*

*PRG are pleased to note that NHS Greater Manchester managed to achieve engagement with the additional target groups, in particular, those of protected characteristics.*

### 3.1.7 Accessibility

When considering whether the public, patients and stakeholders have had fair opportunity to comment on the consultation proposals PRG took into account the ability to access relevant and informative information.

#### **Observations:**

*PRG are happy that the approach taken by NHS Greater Manchester, notably, the mix of engagement and communication methods used, has enabled those that want to be involved in the consultation, to get involved via a method that is relevant and appropriate to them.*

*They agree that those interested have been able to access the information they require to provide an informed opinion, be that via the consultation document, TV, adverts, Twitter, Facebook, the consultation website, presentations, consultation toolkit, DVD, group talks, telephone etc.*

*PRG note that the user-friendly style of the final consultation document and response form gave respondents some freedom to voice their views; positive or negative.*

*There has, however been concerns regarding the distribution of consultation documents, namely that documents were not distributed to ALL residents across the borough. PRG are now satisfied that NHS Greater Manchester have taken steps to ensure anyone interested has been able to access a document and put their views forward.*

*PRG would like to note that the title of the consultation: 'A New Health Deal for Trafford' could be interpreted by some as involving 'all services aimed at all Trafford people' and this could have benefited from additional user testing. When raised by the group they are pleased that NHS Greater Manchester altered consultation materials, for example presentations used at public events, to ensure the focus of the consultation was understood.*

### 3.1.8 Awareness

PRG considered issues of awareness in order to ensure there had been '... fair opportunity to give their comments ...' throughout the consultation process.

### **Observations:**

*The group would like to acknowledge that, as with any consultation, you cannot expect everyone to want to get involved.*

*NHS Greater Manchester worked hard, utilising the various methods to raise awareness of the consultation and opportunity for involvement, and to ensure the process was both fair and transparent.*

*Importantly, they are happy that where possible, publicity has worked, highlighting to potential respondents how they can put their views forward.*

*Out of 25 practices reviewed through the mystery shop, 11 had summary documents available, 7 had promotional materials (e.g. posters) on display and 15 receptionists said they were aware of the consultation<sup>7</sup>. Some reception staff felt unable to accept/display consultation documents from the mystery shoppers until they had checked with their practice manager (several of who were not on site). Five practices advised they had received documents but had run out.*

*Whilst accepting that the Save Trafford General Campaign Group also helped to raise awareness of the consultation, PRG felt that on occasion, the language used, particularly when voicing opinions during 'questions' at the public presentations, may have caused confusion with some members of the public.*

#### **3.1.9 Handling and analysis**

PRG received a presentation from Dr Janelle Yorke, an independent consultant commissioned to take forward analysis of the consultation document responses. They were then asked if they are satisfied that the handling and analysis of responses has been fair and accurate.

### **Observations:**

*PRG are happy with the process being used to both handle and analyse the consultation responses. They are satisfied that the individual conducting the process is 'independent and professional', residing outside the area served by the NHDfT consultation. When the results are presented they will be both fair and robust.*

*The PRG noted that respondents' additional comments in the free text responses will be analysed and felt that this will provide NHS Greater Manchester with a deeper understanding of people's views. They consider this to be very important information, which should be taken into account by the SPB when making their final recommendations.*

*The group asked how the feedback from the other consultation mechanisms will be considered, for example those from the public meetings and focus groups. They are confident that this will happen and urge NHS Greater Manchester to make their decision based on the 'whole' picture.*

---

<sup>7</sup> Please contact [newhealthdeal@trafford.nhs.uk](mailto:newhealthdeal@trafford.nhs.uk) for a copy of the mystery shop findings.



### 3.1.10 Accountability

When considering issues of accountability, PRG questioned whether they had fulfilled their role. They also considered accountability of the Strategic Programme Board and NHS Greater Manchester.

#### **Observations:**

*PRG are accountable to the Public of Trafford by assuring that the consultation process is fair, objective, accessible and transparent. At first the group were sceptical about the review process and were unsure how much of their advice would be taken on board by SPB. In fulfilling their role, PRG have:*

- *Reviewed the design of the consultation document and engagement plan.*
- *Asked for consultation information to be made available to four additional special interest groups.*
- *Attended the stakeholder meeting and 17<sup>8</sup> public meetings to observe fairness, coverage of the consultation information and the questions asked by the public, ensuring information was relevant for purpose.*
- *Heard the expert advice/guidance from Imogen Blood Associates and Janelle Yorke, who produced the results from the Public Consultation and the Chair of the Strategic Programme Board, Mr. John Schultz.*
- *Produced this final report for the Strategic Programme Board on the transparency of the whole engagement/consultation process.*

*To date, the group are satisfied that SPB and NHS Greater Manchester have listened to advice provided by PRG, for example advice submitted regarding 'do's and don'ts' for public meetings (see appendix four).*

*PRG are also pleased that, based on the evidence presented, NHS Greater Manchester have reviewed the consultation process on an ongoing basis, taking a flexible approach, making alterations when required.*

*Following a presentation from John Shultz, chair of the SPB, the group are confident that SPB meetings are chaired independently and without any bias to a particular decision.*

*On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public. They agree that this will help the process to be fair, transparent and stand up to independent questioning.*

---

<sup>8</sup> Please note the meeting held at the Zion Arts Centre, Hulme was not observed.

## 3.2 Specific consultation activities

As part of the scrutiny process, PRG conducted an ongoing review of specific consultation activities, to ensure the methods used were fair, objective, transparent and accessible. Specific activities include the consultation document, public consultation events and publicity mechanisms.

### 3.2.1 Consultation Document

PRG reviewed the initial draft summary consultation document.

#### **Observations:**

**Content:** PRG expressed some concern that information regarding proposed changes to A&E was unclear in the draft summary document.

PRG advised NHS Greater Manchester that the colour yellow was very difficult to see, particularly if sight impaired.

**Distribution:** Concerns were raised regarding the distribution of consultation documents. PRG were kept informed of distribution issues relating to the summary document's non-arrival in some areas. Postcards advertising the consultation were subsequently posted out to specific postcodes, which were highlighted as not receiving the original consultation document advising householders to contact NHS Greater Manchester directly if they wanted to respond. The group acknowledge that some areas did not receive the postcard.

PRG also note that there has been a concern that the consultation has not been promoted well enough in Sale Moor. Further promotion was undertaken, including distribution of flyers and summary documents in public places, and a paid for advertisement in the Hale, Altrincham & Sale Independent (a free newspaper) with front-page coverage. Additional press releases were sent to all local media advising of the final few weeks to have say in the consultation. PRG noted that the issue of non-receipt of information caused some problems in the areas affected. PRG subsequently were of the opinion that 100% delivery rates could not be achieved via newspaper circulation and advised NHS Greater Manchester to seek alternative methods of distribution in future.

Nonetheless, taking into account additional publicity taken forward by NHS Greater Manchester, together with that carried out by the Save Trafford General Campaign Group, PRG are satisfied that those members of the public who wanted to respond to the consultation have been able to do so.

### 3.2.2 Publicity

PRG were kept informed of publicity throughout the consultation process and provided with an opportunity to comment on, for example venues, flyers / posters used to advertise public events.

## Observations:

**Website:** The NHDfT website is considered to be accessible and easy to use. PRG note that when a link on the website was not working NHS Greater Manchester took action to ensure it was promptly repaired.

**Social media:** PRG consider the social media activity (Twitter / Facebook) to have worked well as a tool used to raise awareness and keep people informed.

**Media coverage:** TV coverage was viewed as minimal. PRG noted some activity at the start of the consultation process and a mention on the 26<sup>th</sup> September via the BBC's NHS day. The group acknowledged that the level of TV coverage is very dependent on what the top stories are that day and that any mention, however small is good.

NHS Greater Manchester provided a Media Briefing session, just before the commencement of the consultation, to ensure that all key media staff were aware of the consultation.

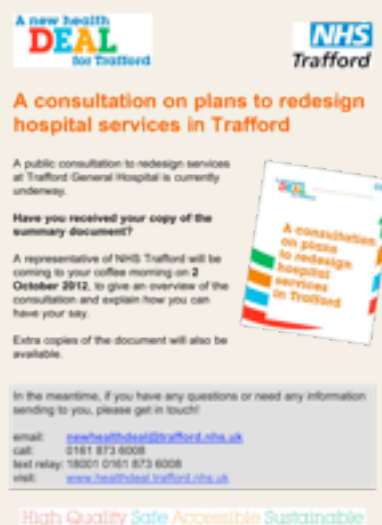
PRG are satisfied with the amount of newspaper coverage regarding the consultation.

The media (press and TV) were kept up to date on developments during the consultation by receiving media releases on a regular basis.

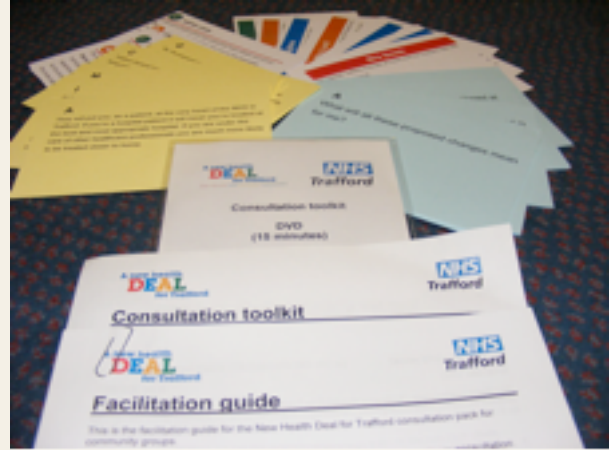
Members noted that some media coverage (via both TV and newspapers) took place as a result of work carried out by the Campaign group Save Trafford General. They agreed all media coverage that raises awareness of the opportunity for involvement is a good thing.

**Stakeholder briefing:** PRG felt that the stakeholder briefing was poorly attended. The group were informed that NHS Greater Manchester met with all three political parties prior to the stakeholder briefing resulting in their non attendance at the planned event.

**Flyers:** Single-page leaflets have been used to advertise public events. The PRG accepts these have worked well in raising awareness of the consultation, explaining how the public can access information and put their views forward.



**Consultation toolkit:** Development of material that could be used by individual groups not able to attend public presentations has been viewed as positive by the PRG. The Group is pleased that the 'consultation toolkit' has been requested by 9 groups (see appendix five), a number of which can be listed as those of 'protected characteristics', thus allowing them access to presentational material and the opportunity to put forward their individual views on the consultation.



### 3.2.3 Public consultation events

PRG members attended one stakeholder event and 17 out of 18 public meetings in order to review the process and ensure meetings were fair, transparent and that information presented was relevant & understandable.

#### **Observations:**

*In general meetings were held in accessible venues with good access to public transport links and parking.*

*Rooms were laid out well with plenty of seating available and good visual access to presentations.*

*On a small number of occasions it was felt that members of the public were struggling to understand what was being outlined and that the chair should ask panel members for more clarification. This improved after the first couple of meetings with much less jargon being used and discussions generally being much more understandable.*

*Save Trafford General Campaign group appeared to dominate some of the meetings, particularly during the question and answer sessions. The group noticed a pattern emerging in terms of the questions being asked with a number being repeated at different meetings.*



*PRG felt that on occasion, the various chairs could have been stronger in their direction, however they also understand the need to provide the campaign group with a fair hearing. They felt the chairs struck a good balance between the ordinary members of the public who wanted to 'listen and learn' but who could not understand some of the more complex questions being put forward by the Save Trafford General campaign group. The chairs worked to ensure the group got a fair hearing whilst allowing others an opportunity to ask questions. They did not allow anyone present to 'hog' the floor.*

*Panel members did not duck questions.*

*The above feedback was reported back to NHS Greater Manchester on an ongoing basis.*

*Following the initial meetings it became clear that 'transport' was an ongoing issue for some members of the community. Following discussions with PRG, NHS Greater Manchester conducted additional consultation activity aimed at discussing the issue in more depth. Such activity included the establishment of a transport sub-group, a stakeholder event, a survey of A&E users, and two focus groups (held in Partington and Urmston). Subsequently, PRG are satisfied that proposals to address transport and the affect this could have on the community will be taken into account as part of the decision-making process.*



## 4. Our conclusions

- In line with requirements set out in the NHS Operating Framework for 2010-11, PRG are confident that, as far as possible, strengthened public and patient engagement has been undertaken.
- PRG agree that, following the initial planning stage, the consultation has been implemented jointly with partnering and neighbouring organisations. PRG have had opportunity to inform the process on an ongoing basis.
- PRG note that a longer lead-in time to plan the consultation would have been useful and feel that they could have added value to the process at this earlier stage, had the opportunity been available.
- PRG consider 14 weeks to be a sensible timescale for the consultation period, proportionate to the level of change involved.
- PRG understand why the consultation process focused on the presentation of one option and agree that it would be misleading to present the public with options that were not viable. However, they feel more could have been done initially to explain this to the public, via consultation materials and public events.
- Notwithstanding issues relating to the non distribution of consultation documents, PRG felt that, on consideration of feedback from Imogen Blood, independent equality impact specialist, the public, patients and stakeholders had a fair opportunity to give their comments to the consultation proposals. Those from protected characteristics can be included in the above, following additional focus groups and specific groups requesting to use the consultation toolkit.
- PRG are satisfied that the 1,400 responses reported at the meeting on the 10<sup>th</sup> October present a response from a representative number of the population.
- Following discussions with the independent analyst Dr Janelle Yorke, PRG are confident that the handling and analysis of engagement and consultation process responses will be fair and accurate.
- Based on their observations, PRG are satisfied that the communications and public engagement processes relating to the consultation have been fair, objective, accessible and transparent.
- Feeding into the decision-making process, the group are confident that meetings of the SPB are chaired independently and without any bias to a particular decision.
- On review of the forward process, the group are satisfied that the results of the consultation will be made accessible to the public and that the decision-making process will be held in public, presenting a fair and transparent process that will stand up to independent questioning.

## 5. Our recommendations

As a result of their observations, PRG make the following recommendations, to be taken into account when implementing future communication and engagement processes.

- A number of the issues faced by a new health deal for Trafford consultation relate to timescales. Provide a longer lead-in period to allow for adequate planning.
- Establish a public reference group as part of the pre-consultation phase, providing an avenue by which the draft communications and engagement plan can benefit earlier from independent scrutiny.
- When seeking to distribute materials, where possible, use one delivery body, building adequate timescales into the approach.
- Aim to receive the highest number of public responses via the least cost.
- Ensure health and social care staff<sup>9</sup> and others working to deliver public services (libraries / leisure centres / community centres) are aware of the consultation and able to raise awareness and signpost those interested to consultation documentation.
- Consider the submission of 'written' questions as part of a public meeting. Providing an opportunity for participants to write and submit questions before a break will provide the chair with an opportunity to ensure a fair distribution of question content and panel members with an opportunity to deliver a more considered response. Questions / points of clarification can then be included or emphasised at future presentations to avoid repetition.
- Ensure a set of 'meeting rules' are made clear and understood by all those in attendance.
- Where possible use one 'chair' to ensure continuity and provide an appropriate briefing.

---

<sup>9</sup> For example those working at GP surgeries, to include practice managers and reception staff.

# 6. Moving Forward

## 6.1 The decision-making process

*Insert comments from PRG after December 19<sup>th</sup> 2012.*

## 6.2 Response from the Strategic Programme Board

*To be included after December 19th 2012.*

## 6.3 Role of PRG

- The Public Reference Group has undertaken an important task in overseeing the process of public consultation and in scrutinising the consultation, and decision-making processes, to ensure that they were fair, objective, accessible and transparent.
- The public reference group will therefore continue to meet until a final decision is made, regarding the New Health Deal for Trafford, by the Board of NHS Greater Manchester on the 24th January 2013. Thereafter the group will meet to receive feedback from the Board of NHS Greater Manchester, which should allow the group to produce a final version of their report.
- In the event of a referral to the Secretary of State for Health, and a subsequent review by the Independent Reconfiguration Panel (IRP), the Public Reference Group may well be asked to contribute to the review process. This is likely to be at the discretion of the IRP and on an ad-hoc basis.
- When a final conclusion to the proposals outlined in the New Health Deal has been reached the implementation of any changes will commence. Public scrutiny is likely to occur via existing mechanisms.



**Appendix One**  
**PRG Group Membership**

Name	Representative of
Mark Bailey	Mark Bailey representing Trafford Youth Cabinet
Colin Barson	Voluntary Community Action Trafford (VCAT) (resigned 28/07/12)
Helen Bidwell	Independent chair (joined 30/08/12)
Suzie Burke	Flixton resident (resigned 06/09/12)
Judie Collins	Altrincham League of Friends and Timperley resident (joined 26/09/12)
Ann Day	Trafford LINK and Lostock resident
Sandra Griesbach	Flixton resident
Doug Gurr	Childrens Rights Apprentice (Trafford Council) (joined 26/09/12)
Jean Johnson	Engage group and Partington resident (joined 30/08/12)
Pat Lees	Altrincham resident
Don McGeachin	Resident
Linda Mrozinski	Altrincham League of Friends (resigned 26/07/12)
Marilyn Murray	Trafford LINK
Ralph Rudden	Trafford Diverse Communities Board & Sale resident
Jennifer Yates	Urmston resident
Alison Starkie	NHS Greater Manchester (joined 26/07/12)
Tracy Clarke	NHS Greater Manchester (Minutes)

**Others invited to join the PRG but declined**

- Mark Nesbitt, P3 Training and Consultancy

**Others invited to join the PRG but either did not attend meetings or respond back to invitation to join**

- Manchester LINK
- Trafford Carers Centre
- Trafford General Hospital
- League of Friends
- G Force, Sale
- St Johns church, Old Trafford
- Broadheath partnership
- Broomwood partnership
- Old Trafford partnership
- Old Trafford Liaison Group
- Sale Moor stakeholder group
- Positive Partington
- Genie Networks
- Davyhulme Childrens' Centre

**Appendix Two**  
**PRG Terms of Reference  
& duties**

# New health deal for Trafford

## Public reference group

### Terms of reference

---

#### Introduction

The **new health deal for Trafford** is the project set up to bring together clinicians, patients, local residents and community groups to help shape the future health and social care services in the borough.

This consultation has been launched to gather people's views on proposals to implement the necessary redesign of Trafford's local hospital services, and more specifically, services at Trafford General Hospital, which are not currently financially viable or clinically sustainable, meaning they are not fit for the future. If this is not tackled now it would threaten the quality and safety of the services, but would also threaten any future opportunity to create the type of care that people have told the health service in Trafford that they want and expect into the future.

The consultation therefore seeks people's views on proposals to change local hospital services as part of a journey over several years to develop integrated care in Trafford. It specifically seeks views on proposed changes to the way unplanned (urgent care) and planned care, including orthopaedic services, are provided to those who currently receive these services at Trafford Hospitals/Central Manchester University Hospital NHS Foundation Trust.

#### The external reference group

NHS Greater Manchester recognises that the views of stakeholders and the public are paramount when planning health services and as a result, we are establishing a public reference group. This new group will scrutinise the communication and public engagement processes relating to a **new health deal for Trafford** to ensure that the public consultation process is fair, objective, accessible and transparent. This will include publishing a final report to state whether this has been achieved.

#### Reporting

The public reference group will report to the **new health deal for Trafford** strategic programme board (via the communications and engagement project group) and its minutes of meetings shall be published and circulated to the **new health deal for Trafford** strategic programme board, Trafford and Manchester Local Authority Overview and Scrutiny Committees and Trafford and Manchester Local Involvement Networks. Their final report will also be circulated to the above organisations and to NHS Greater Manchester Board.

The agenda and minutes of meetings will be agreed by the chair and circulated to all members for approval and ratification.

#### Membership

Invitations to join membership will include:

- Independent chair or representative from public reference group (first meeting may be led by NHS Trafford representative)
- Representatives from Trafford Healthcare NHS Trust reconfiguration patient reference group
- Trafford LINK representative
- Manchester LINK representative
- Carer representative
- Those who expressed an interest at pre-consultation engagement events
- Diverse Communities Forum/Board representative
- Trafford General Hospital League of Friends representative
- Altrincham General Hospital League of Friends representative
- Young people's representative
- Community and voluntary organisation representatives
- Residents

### **Attendance at meetings**

Persons who are not members of the public reference group may attend at the invitation of the chair.

### **Servicing of meetings**

NHS Trafford will provide an individual to take minutes and arrange meetings as appropriate.

### **Duties**

#### **(a) Pre-consultation and throughout the consultation process**

To have oversight of the manner in which NHS Greater Manchester engages and communicates with local people regarding the proposal to develop a new model of hospital care in Trafford.

To attend the **new health deal for Trafford** public consultation events as observers (on a rotational basis) to check that information provided to the public is understood and that all those attending know how to respond on the consultation.

To read the draft consultation summary document and provide feedback and suggestions to ensure the document is clear and easy to understand and meets accessibility guidelines.

To provide feedback on draft publicity materials, as required, which may be used to publicise the consultation and public meetings.

To monitor the engagement/communication processes undertaken by NHS Greater Manchester and assess whether these have been fair, objective, accessible and transparent.

#### **(b) Post consultation**

To oversee the handling and analysis of responses to the engagement and consultation process and report back any anomalies to NHS Greater

Manchester Board (via the **new health deal for Trafford** Strategic Programme Board) relating to matters of fairness and accuracy in their assessment.

To produce a report advising whether the engagement/communication processes have been fair, objective, accessible and transparent, and present this to the Strategic Programme Board.

To advise on whether the results and feedback of the engagement process have been taken into account by the Strategic Programme Board as it develops the preferred option.

Version 3

10 Sept 2012

AS/TC

## **New health deal for Trafford**

### **Public reference group - duties**

#### **Background**

The public reference group has been set up to scrutinise the communication and engagement processes relating to a new health deal for Trafford to ensure that the public consultation process is fair, objective and accessible.

Over a period of around six months, the group will meet monthly to receive information about the communication and engagement processes relating to a new health deal for Trafford consultation. They will also be invited to observe public meetings and a stakeholder meeting to check that information provided to the public is understood and that all those attending know how to respond to the consultation.

This information will be used by the group to collect evidence for their report which will be produced by the end of November and presented to the new health deal for Trafford strategic programme board on 19 December 2012.

#### **Process and outputs**

The group should consider the following questions when scrutinising the engagement and communication processes and composing their report on whether the engagement and communication process has been fair, objective and accessible:

- Has the process been planned jointly with partner or neighbouring organisations?
- Did the public, patients and stakeholders have a fair opportunity to give their comments to the consultation proposals, including those from protected characteristics?
- Has the handling and analysis of responses to the engagement and consultation process been fair and accurate?

#### **The public reference group is not expected to:**

- Scrutinise processes other than communications and engagement relating to the new health deal for Trafford consultation
- Scrutinise the planning of the consultation (except for communications and engagement processes)
- Comment on the content of the main consultation document
- Receive copies of Strategic Programme Board (SPB) minutes of meetings or communications and engagement project group minutes - but they will receive regular updates from these meetings either verbally or via briefing notes

<b>Pre-consultation and throughout the consultation process</b>	
<b>Duty</b>	<b>How</b>
To have oversight of the manner in which NHS Greater Manchester engages and communicates with local people regarding the proposals to develop a new model of hospital care in Trafford	<ul style="list-style-type: none"> <li>• Receive regular updates regarding communication and engagement plans and activities</li> <li>• Receive stakeholder briefings</li> <li>• Receive media releases</li> <li>• Receive promotional material</li> <li>• Public reference group to note all documents received.</li> </ul>
To read the draft consultation summary document and provide feedback and suggestions to ensure the document is clear and easy to understand and meets accessibility guidelines	<ul style="list-style-type: none"> <li>• Draft copy of summary will be circulated at one of the meetings with attendees being able to provide comments</li> </ul>
To attend the new health deal for Trafford public consultation events as observers (on a rotational basis) to check that information provided to the public is understood and that all those attending know how to respond to the consultation.	<ul style="list-style-type: none"> <li>• Rota for observers will be developed – all group members to advise Tracy Clarke of their availability</li> <li>• Pro-forma will be available for all observers to complete to ensure consistency of recording</li> <li>• Public reference group to use the evidence to advise public meeting facilitator of any major problems and also use as evidence for the public reference group final report</li> </ul>
Where able, attend the stakeholder event on 8 August at Sale Waterside.	<ul style="list-style-type: none"> <li>• Attendance at the event to learn more about the New health deal for Trafford</li> <li>• Act as observers (or take part as participants if individuals wish)</li> <li>• Pro-forma will be available for all observers to complete, to ensure consistency of recording</li> </ul>
To provide feedback on draft publicity materials, as required, which may be used to publicise the consultation and public meetings.	<ul style="list-style-type: none"> <li>• Flyers, adverts and other promotional material, may be circulated to group members (where time permits) for comments. There are times when publicity material is produced quickly to respond to need. A copy of the publicity material used will be forwarded to group members to take note.</li> </ul>
To monitor the engagement processes undertaken and assess whether these have been fair, objective and accessible.	<ul style="list-style-type: none"> <li>• To receive evidence regarding the engagement processes</li> </ul>



<b>Post consultation</b>	
<b>Duty</b>	<b>How</b>
To oversee the handling and analysis of responses to the engagement and consultation process and report back any anomalies to new health deal for Trafford Strategic Programme Board relating to matters of fairness and accuracy in their assessment	<ul style="list-style-type: none"> <li>Group members will receive a copy of the engagement report to scrutinise and report back on whether there are any anomalies relating to matters of fairness and accuracy</li> </ul>
To produce a report advising whether the engagement and communication processes have been fair, objective, accessible and transparent	<ul style="list-style-type: none"> <li>Produce short report</li> <li>Representative/s of the public reference group to present their findings to the new health deal Strategic Programme Board on 19 December</li> </ul>
To advise on whether the results and feedback of the engagement process have been taken into account by the new health deal for Trafford Strategic Programme Board as it develops the preferred option	<ul style="list-style-type: none"> <li>Feedback by those public reference group members who attended the Strategic Programme Board meeting on 19 December regarding the response by Strategic Programme Board</li> <li>Minutes of Strategic Programme Board minutes of meeting</li> </ul>

8 Aug 2012

TC/AS

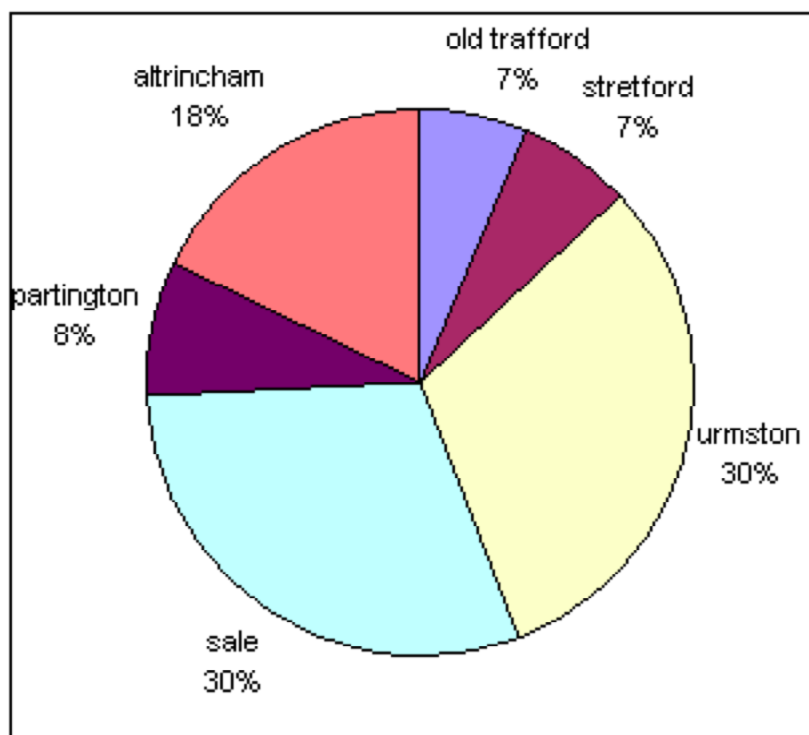
## **Appendix Three**

### **Engagement plan**

## Consultation engagement work

### Interim demographic report of consultation responses

The chart below shows the current breakdown of where those who are responding to the consultation live (please note: 10% did not provide their postcode information):



When matching this to the size of these different areas in relation to household numbers (which is only being used to show proportional responses, and will not be used for the formal analysis work), this shows that in terms of responses received:

- There is proportionally over-representation in Partington, Urmston and Sale.
- There is slight under-representation from Stretford and Old Trafford.
- There is significant under-representation from Altrincham (and in particular the WA14 postcode).

We would expect there to be a higher response rate from the areas in closest proximity to Trafford General Hospital, therefore feel that there is a need to increase responses from the Stretford area.

We would expect to see less responses from areas close to the large majoring hospitals, for example, Old Trafford and Altrincham, but as Old Trafford has high levels of deprivation and BME communities, we need to ensure that every step has been taken to gather feedback and remove any potential barriers to responding.

Although the number of Partington responses are positive, due to the issues this area has around social deprivation and transport we also need to ensure that people here are given as many opportunities to respond as possible.

Other demographics related to responses received show that:

- Less than 2% of responses are from ethnic minorities
- A very small number of responses are from younger people
- 1% of responses are from non-Trafford residents

This demographic analysis combined, and feedback and issues raised during the consultation so far, highlights a need to increase response rates from the following communities:

- Residents in Stretford
- Residents in Partington
- BME communities, in particular within Urmston, Davyhulme, Flixton areas and Pakistani community (the Pakistani community are relatively high users of A&E services)
- Younger people (under age 18)
- Young adults (age 19-30)
- Manchester residents (in particular East Manchester and those most likely to use orthopaedic services, e.g. older people, sportspeople)
- People with mental health issues

Response rates are already reasonable in terms of sexuality, but as this is one of the 'protected characteristics' as defined by the Equality Act 2012, work will be carried out with a local LGBT group.

In addition, we recognise the importance of actively engaging groups relating to the following communities, which are not captured by the response form:

- Pregnancy and maternity
- Carers

### **Community group work already carried out**

We have already carried out the following work with community groups to encourage people to take part in the consultation as detailed below.

#### Promotional visits to groups:

- Partington Parish Council
- Sale Moor Community Partnership
- Old Trafford Partnership
- Older peoples' coffee morning with residents of Chapel Road, Sale

### Engagement meetings:

- Trafford LINK
- Trafford Youth cabinet
- Trafford Centre for Independent Living

### **Further engagement in the next four weeks**

In order to improve response rates in the required communities, our plan for the remainder of the consultation is below.

#### Residents in Stretford

- Engage through housing association residents groups
- Additional public event in Stretford area

#### Residents in Partington

- Ear 4 U Community Cafe

#### BME communities

- Engage through community groups to reach people within Old Trafford:
  - LMCP care link (Asian older people)
  - Pulling Together (Asian women)
- Additional public event in the Old Trafford area
- Bespoke discussion group to reach BME within Urmston, Davyhulme, Flixton areas

#### Younger people (under age 18)

- Bespoke discussion group to reach people under age 18

#### Young adults (age 19-30)

- Bespoke discussion group to reach people age 19-30

#### Manchester residents

- Bespoke discussion group to reach East Manchester residents who are most likely to use orthopaedic services, e.g. older people, sportspeople

#### Mental health

- BluSci Wellbeing centre (Partington, and focus on drug and alcohol)

## LGBT

- Liaison with Lesbian and Gay Foundation to ensure organisational response, representing the interests of LGBT community

## Pregnancy and maternity

- Bespoke discussion group to reach currently and recently pregnant women (including groups / people based in Partington)

## Carers

- Engage through Trafford Carers Centre

**We recognise that some people / groups may have barriers to completing the consultation response form, so support will be provided, and where appropriate themes will be collected from the group-based discussions carried out in order to feed them into the consultation analysis.**

## General

- Engagement through community groups toolkit – requests so far include:
  - Seymour Park Primary School parents group
  - Big Life Families at Old Trafford Community Centre
  - Lostock Partnership
  - The Stroke Network
  - Stretford BME community (full details TBC)
- Engagement through other community groups of interest:
  - Genie Networks (Deaf people)
  - Delamere toy library (Parents, social deprivation)
  - A group in Broadheath (liaising with Broadheath partnership to identify, as people in this area could be users of TGH)
  - Residential and nursing homes

## **Appendix Four**

### **Public meeting 'do's and don'ts'**

## Dos and don'ts for independent chair

---

The following 'dos and don'ts' have been put together using feedback from the public reference group, and feedback from observers that have been at previous briefings and events.

**Don't** feel scared to ask the panel to do something which they have been previously been advised to do. It is your role to ensure that all those at the event have a fair opportunity to see, hear and understand what is being said. All panel members have been briefed of what is expected of them.

**Do** ensure that the panel and audience use the microphone equipment – use of the PA systems are **mandatory** for every event. If the sound is not being amplified clearly, ask those using mics to move it closer to their mouth.

**Do** test that the audience can hear ok and **watch the audience** throughout the event to check if any seem displeased. Some audience members may feel embarrassed to say they did not hear what was being said, so it is useful for you to 'read' their body language also.

**Do** ask panel members to **stand up** when responding to a question during the Q&A session. It's much easier to get a message over clearly if a person can be **seen and heard**.

**Do** pick up on use of any acronyms or technical language used – and ask the panel to fully explain what they are talking about. Some common ones include: **CMFT, ICU, MAU, POAU, CCG**. Some people have also told us that they don't understand what terms like **model of care** or **community, primary, secondary** and **social care** mean. If this happens during the presentations, ask the panel member to explain after they have finished their part of the presentation.



## Dos and don'ts for spokespeople

---

The following 'dos and don'ts' have been put together using feedback from the public reference group, and feedback from observers that have been at previous briefings and events.

**Do** use the microphone equipment – use of the PA systems are **mandatory** for every event.

**DO** stand up when responding to a question during the Q&A session.

**Don't** use any acronyms or technical language – some common ones include: **CMFT, ICU, MAU, POAU**. Some people have also told us that they don't understand what terms like **model of care** or **community, primary, secondary** and **social care** mean, so please ensure you fully explain what you are talking about.

**Do** be passionate as this will help show you believe in what is being proposed.

**Don't** stare at the slide when presenting. It's ok to take short glances at the slides, but you need to make sure you talk directly to the audience. (Keep hold of a printed version you can reference if that's easier.)

**Do** provide situational / patient examples wherever possible, as audiences so far have found these very persuasive and also helpful for their understanding of the issues.

**Don't** huddle together with colleagues during the break or at the end of the event as this creates a 'them and us' environment.

The independent event chair will be fully briefed on these guidelines, and will make sure that they are being adhered to.

## **Appendix Five**

**Consultation Toolkit –  
group contact/requests**

## Groups / organisations contacted to promote toolkit:

- Trafford Carers Centre
- Arthritis Care, Altrincham & District
- Age UK Trafford
- Alzheimers Society (Trafford)
- Trafford LINK
- Genie Networks
- The Counselling and Family Centre
- ACE Women's Group
- VCAT
- Henshaws Society for Blind People
- New Way Forward
- Lions Club of Urmston
- Disability Advisory Group
- Altrincham & Bowden Civic Society
- Trafford Care & Repair
- Blue SCI
- Voluntary Transport Group
- Cancer Aid & Listening Line (CALL)
- Henshaws Society for the Blind
- G Force
- Citizens Advice Trafford
- Altrincham & Bowden Civic Society
- St Francis Church
  - Trafford Tenants and Residents Federation
  - The Stroke Association
  - Sale Moor Community Partnership
  - Family and Support Network (FASNET) Trafford
  - Stockdales of Sale and Altrincham
  - Special Education Needs Family Support Group (SENFSG)
  - Trafford Care & Repair
  - Trafford Mental Health Advocacy Service
  - Woodsend Community Group

## Requests for community toolkit:

Organisation	No of consultation documents required
Childrens Rights service Trafford Council	20
Big Life Families based at Old Trafford Community Centre	30
Extended Services Seymour Park School	25
Lostock Partnership	30
Stroke Association (Salford)	30
National Osteoporosis Group (Salford)	14 <i>Having reviewed the information, the secretary did not feel they would have time on their agenda to use the toolkit.</i>
Heart and Stroke Group, Flixton	25
Cllr Amina Lone, Deputy executive member for Finance and HR, Manchester City Council, Members services room 108, Town hall, Manchester, M60 2LA <a href="mailto:Cllr.a.lone@manchester.gov.uk">Cllr.a.lone@manchester.gov.uk</a>	30