Creating an NHS fit for the future

Public consultation in East Sussex (Spring 2007)

An appraisal of the NHS public consultation process

This document is an assessment and evaluation of the public consultation process conducted by the East Sussex Downs and Weald and Hasting & Rother Primary Care Trusts between 26 March and 27 July 2007. It is based on information supplied by the PCTs.

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Avril Baker is an independent consultant who specialises in public consultation for professional clients and organisations particularly in the areas of health, planning and property development. Based in Bristol, Avril Baker devises, implements and/or analyses stakeholder and public consultation programmes in relation to major developments or changes in organisations and services.

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Apart from her work on this report Avril Baker has no current connection with NHS organisations in East Sussex.

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Executive summary

NHS services for the population of East Sussex are commissioned by the East Sussex Downs and Weald Primary Care Trust and the Hastings & Rother Primary Care Trust. In October 2006 a clinical assessment group involving local healthcare professionals, PCT non-executive directors and executives from the PCTs and the East Sussex Hospitals NHS Trust, met to analyse a number of key local health issues particularly issues surrounding birthing services. As a result four options for change were developed.

Having developed these options, the PCTs undertook a period of pre-consultation stakeholder engagement in January and February 2007 and then in May 2007 went out to formal public consultation. This report assesses the process adopted by the PCTs in conducting that public consultation.

Using a number of guidelines that exist to help NHS organisations ensure they conduct public involvement and consultation in an effective and appropriate manner this report establishes a set of "tests of adequacy and appropriateness" based on the key factors addressed in guidance documents and concludes that the consultation was assessed to have passed 16 out of 20 basic tests of adequacy and appropriateness (and to be borderline on the other 4) and the consultation document was assessed to have passed 10 out of 12 basic tests of adequacy and appropriateness (and to be borderline on the other 2).

The report also makes a number of negative comments and a number of positive comments. It notes:

- The total number of response consultation forms returned by individuals was rather low
- The questionnaire in the consultation document could have been designed a little better
- The PCTs might have distributed a larger number of the full consultation documents

It also notes, however:

- The PCTs organised and/or attended a large number of meetings (87)
- And encouraged the generation of a significant number of new options (9)
- The PCTs distributed a large number of summary documents (almost 20,000)
- The formal questionnaire response rate may also have been low because a significant number of people decided to support one of the local petitions instead
- The PCTs generated a wide range of responses in different formats including hard copy questionnaires, online questionnaires, letters, emails and verbal responses (at public meetings)

A number of individuals and campaign groups raised criticisms of the consultation process but the PCTs also received warm praise for their commitment to engaging with stakeholders.

The report concludes that no public consultation programme is ever perfect and there are always lessons to be learned. This public consultation exercise included examples both of good practice and lessons that might be learned for the future.

But overall local PCTs in East Sussex are entitled to feel they conducted this consultation in a generally fair, adequate and appropriate manner.

Background

The scope and purpose of this report

This report provides an assessment of the process adopted by the East Sussex Downs and Weald and Hastings & Rother Primary Care Trusts in conducting the *Fit for the future* consultation. Specifically, it assesses the adequacy and appropriateness of consultation activity, taking into consideration national best practice guidance.

The *Fit for the future* public consultation

NHS services for the population of East Sussex are commissioned by the East Sussex Downs and Weald Primary Care Trust and the Hastings & Rother Primary Care Trust. These two PCTs are governed by separate boards but share the same executive team. The main local provider organisation is the East Sussex Hospitals NHS Trust.

In response to the South East Coast Strategic Health Authority's *Fit for the future* agenda designed to update NHS services across Kent, Surrey and Sussex, the PCTs assembled a project team to advance the agenda locally. The project team undertook a detailed 'discussion phase' review in early 2006, evaluating all NHS services in the area.

The discussion phase involved extensive stakeholder engagement and a series of clinical workshops to capture suggestions and ideas for improving a wide range of NHS services. However, the case for making substantial changes to services was strongest in relation to maternity, specialist baby care and inpatient gynaecology. Change in these areas would require the PCTs to consult with the public under Section 242 of the National Health Service Act 2006.

The relevant services are currently provided in East Sussex on two hospital sites: the Eastbourne District General Hospital and the Conquest Hospital, Hastings. Midwife-led care is available at a midwife-led maternity unit in Crowborough, but access to midwife services in the community (for antenatal care, postnatal care and home births) is limited.

In October 2006 a clinical assessment group involving local healthcare professionals, PCT non-executive directors and managers from the PCTs and the East Sussex Hospitals NHS Trust, met to analyse the issues in depth. As a result, further meetings were held and four options for change were developed:

Option 1: Consultant-led maternity, special baby care and specialist gynaecology at Eastbourne, supported by midwife-led care at Crowborough

Option 2: Consultant-led maternity, special baby care and specialist gynaecology at Hastings, supported by midwife-led care at Crowborough

Option 3: Consultant-led maternity, special baby care and specialist gynaecology at Eastbourne supported by midwife-led units at Hastings and Crowborough

Option 4: Consultant-led maternity, special baby care and specialist gynaecology at Hastings supported by midwife-led units at Eastbourne and Crowborough

Having developed these options, the PCTs undertook a period of pre-consultation stakeholder engagement in January and February 2007, involving four meetings in Hastings, Eastbourne and Uckfield which were attended by 235 people.

At the meetings it was explained to participants that stakeholder feedback during the discussion phase would be used to inform the PCTs' overarching commissioning strategy, but that there would be a consultation on maternity, specialist baby care and inpatient gynaecology services. The PCTs made efforts to involve a representative cross-section of local residents including hard-to-reach groups. Discussions were held in small groups and recorded for future reference. The pre-consultation engagement was used – in part – to develop the criteria upon which any future decisions, following consultation, would be made.

Assessment methodology

NHS and government guidance

Section 242 of the National Health Service Act 2006 places a duty on strategic health authorities, primary care trusts and NHS trusts, to make arrangements to involve and consult patients and the public in planning services they are responsible for and developing and considering proposals for changes in the way those services are provided.

A number of different guidelines exist to help NHS organisations ensure they conduct public involvement and consultation in an effective and appropriate manner. These include:

- *Strengthening Accountability – Involving Patients and the Public* – Department of Health policy guidance on Section 11 of the Health and Social Care Act 2001
- *Strengthening Accountability – Involving Patients and the Public* – Department of Health practice guidance on Section 11 of the Health and Social Care Act 2001 (now section 242 of the NHS Act 2006)
- *The Cabinet Office Code of Practice on Consultation*
- *The Cabinet Office Guidance on its Code of Practice on Consultation*
- *The Independent Reconfiguration Panel best practice guidance*
- *Service Improvement: Quality Assurance of Major Changes to Service Provision* (a report by Sir Ian Carruthers which was circulated by the chief executive of the NHS to Chief Executives of Strategic Health Authorities on 28 February 2007)

The Cabinet Office Code of Practice on Consultation establishes six consultation criteria (not all of which apply to every NHS consultation) and its guidance on the code details a number of other best practice issues. "Strengthening Accountability" and the Independent Reconfiguration Panel best practice guidance offer other key pointers towards best practice.

The recently published Carruthers report was the result of an analysis of a number of consultation processes across England. While it recognises that 'each SHA will need a tailored strategy for consulting upon and managing change', it identifies key learnings that are applicable across the NHS in England and across a wide range of service reconfiguration activities, including the need for:

- organisational leadership and business processes
- local leadership
- stakeholder engagement
- delivery of results

Of the 17 recommendations in the Carruthers report, six are designed for action by primary care trusts, ten for strategic health authorities and one for foundation trusts.

Tests of adequacy and appropriateness

For the purposes of this report the *Fit for the future* consultation process and associated consultation document have been analysed against a set of "tests of adequacy and appropriateness" based on the key factors addressed in the guidance documents referenced above. The analysis tables that follow outline how adequately and appropriately each factor was addressed by the PCTs'

Critique of the consultation process

The *Fit for the future* consultation process has been assessed against twenty key tests of adequacy and appropriateness and categorised as having passed the assessment (PASS), failed the assessment (FAIL) or being borderline between pass and fail (BORDERLINE).

	Key issue	**Commentary on *Fit for the future***
1.	NHS organisations should consult widely.	The PCTs did consult widely, distributing almost 20,000 consultation documents or summary documents and holding almost 90 meetings on the key issues raised. The consultation received considerable publicity and generated a significant number of responses. **Assessment: PASS**
2.	Formal public consultations should last for a minimum of 12 weeks.	The consultation lasted for 17 weeks, which included a 4 week 'purdah' period for local elections. **Assessment: PASS**
3.	Proposals should be clear.	A clear description of each of the PCTs' proposals was provided in the consultation document alongside a table showing where consultant and midwife-led maternity care, specialist baby care and in-patient gynaecology care would be delivered under each of the PCTs' options. Supporting communication materials including press releases and website copy also provide clear descriptions of the options. **Assessment: PASS**
4.	There should be a clear timescale for responses.	The consultation document clearly states the deadline for responses. When the consultation timetable was extended (by agreement with key stakeholders) this was publicised on the consultation website and in the local media. **Assessment: PASS**
5.	Responses should be analysed and PCTs should give feedback and show how the consultation influenced final decisions.	The PCTs have demonstrated a commitment to enabling consultation feedback to influence the outcome by being open to alternative proposals, putting resources in place to analyse those proposals and offering a platform to campaigners at public meetings. In line with accepted best practice, the consultation feedback is being analysed by an independent analyst (Dr Debbie Singh) who will submit a report to the PCT boards. The PCTs are also planning an event to share consultation feedback with key stakeholders and would be well advised to ensure there is adequate feedback on

		the consultation website and that such feedback is widely publicised. **Assessment: PASS**
6.	A consultation should have clear consultation objectives.	The *Fit for the future* consultation document outlines four consultation objectives. **Assessment: PASS**
7.	A consultation should identify key stakeholders at the planning stage.	Key stakeholders were identified and are listed in the consultation document along with a summary of pre-consultation engagement. **Assessment: PASS**
8.	Those undertaking consultation should conduct pre-consultation engagement and discussion.	The East Sussex PCTs conducted pre-consultation engagement and published details of this work in the consultation document and on the consultation website. **Assessment: PASS**
9.	An engagement and consultation exercise should involve written (formal) and non-written (informal) activities.	The consultation involved both formal and informal activities including a questionnaire, written responses, public meetings, staff and stakeholder meetings and focus groups. **Assessment: PASS**
10.	Those undertaking consultation should "manage the expectations" of stakeholders.	Members of the consultation team made themselves available to stakeholder groups at every stage of the process and made significant efforts to manage the expectations of stakeholders. Positive feedback on the process from the Patient and Public Involvement Forum spokesperson are evidence of this. The consultation team also sent many letters and emails responding to questions and issues raised by consultation respondents and despatched a number of rebuttal letters to clarify inaccurate information published in the local media. However, some consultation respondents expressed frustration with the process, confusion about the timescale and uncertainty about the proposals. It is never easy to "manage expectations" especially when local campaigners are running high-profile (though entirely legitimate) campaigns. The PCTs sought to "manage expectations" but only with limited success. As a learning point for the future the PCTs may wish to consider whether more bi-lateral, private update meetings with key local spokespeople (such as local MPs) might be helpful.

		Assessment: BORDERLINE
11.	In so far as is possible those undertaking consultation should ensure that they receive views from a representative range of stakeholders.	The consultation team made considerable effort to engage as many stakeholders as possible. Evidence from Dr Debbie Singh's report (p13) suggests the age range of respondents was very wide and the geographical breakdown of respondents was also wide ranging. **Assessment: PASS**
12.	Efforts should be made to consult "hard to reach" groups.	Efforts were certainly made to consult with hard to reach groups, including invitations to participate to organisations representing young people, disabled people and black and minority ethnic groups but there is limited evidence of success and more efforts could have been made in this respect. **Assessment: BORDERLINE**
13.	Consultations should be well publicised.	This consultation was widely publicised with advertising, posters, media coverage, roadshows, e-newsletters and on the consultation website. Media coverage about the proposals appeared in all the key local print and broadcast outlets. **Assessment: PASS**
14.	Consultation responses should be independently checked and validated.	The consultation responses were independently analysed by Dr Debbie Singh and her report will be presented to the PCT boards. **Assessment: PASS**
15.	PCTs should normally lead the preparation and consultation on service improvement proposals	The East Sussex PCTs led the preparation and consultation. **Assessment: PASS**
16.	A senior clinical lead should be identified at the outset, and should have support to help ensure that clinicians are involved in the development of proposals for change	Pre-consultation clinical engagement led to the PCTs' original four options for change being developed and clinicians were involved in the development of proposals. Clinicians (including a hospital consultant, a local GP and the local director of public health) were available for attendance at public meetings. Clinicians were also actively involved in providing responses to questions and challenges from consultation respondents. Clinicians were recruited from both within the PCT and the campaign groups to participate in the New Options Assessment Panel.

		A post-consultation GP event has been organised to establish ongoing GP involvement in the implementation of any changes. **Assessment: PASS**
17.	Chairs, chief executives and boards should actively champion proposals at every stage; development, consultation and delivery. Their role must be pro-active, not passive.	The chairs, chief executive and boards of the two East Sussex PCTs were active at every step of the process, including the development of proposals, the criteria for decision-making and the consultation document itself. The chief executive and chairs were actively involved in consultation activities, and a number of non-executive directors attended public meetings. **Assessment: PASS**
18.	Before embarking on the process, it is important to have a clear evidence-based communications and stakeholder engagement strategy, which is managed and effectively delivered throughout and makes best use of clinical evidence like the Tsar reports	The *Fit for the future* project team designed and implemented a comprehensive calendar of communications activities and a communications strategy document was developed. The consultation document and other communications material makes reference to clinical evidence including Tsar reports, and links to these were made available throughout the process on the consultation website. The case for change in this consultation is very complex, and (particularly in the early stages of the consultation) it was not articulated as clearly as it could be. As a future learning point, the PCTs should strive to convey such a complex message more effectively from the outset. **Assessment: BORDERLINE**
19.	Every service improvement scheme should have a clear stakeholder engagement plan involving the most senior officers and clinicians in the organisation, which includes involving stakeholders routinely and regularly throughout the lifecycle of the service improvement programme.	A comprehensive (and developing) calendar of stakeholder events for this change project has been in place since 2006. *Fit for the future* has been discussed at many stakeholder meetings and a clinical spokesperson or a senior officer has generally been present at these meetings. I commend the planning of further engagement activities and recommend that stakeholder engagement should continue throughout the implementation stage. **Assessment: PASS**

20.	It is essential that the local NHS has effective communication processes in place to respond to, and where necessary correct, any misleading information which enters the public domain, and to promote an effective understanding of the proposals for change.	The rebuttal of false information is challenging not least because it is often debateable whether information is true or false. The *Fit for the future* project team was faced with two extremely active campaign groups and in this environment, a large amount of information was put into the public domain – sometimes on a daily basis. Whether the counter-information was accurate or inaccurate is a matter for others to judge. However, there were designated resources put in place to identify and rebut inaccuracies and a significant amount of evidence to demonstrate that the PCTs did this as effectively as they could under demanding circumstances. This said, it is always the case that more could have been done. **Assessment: BORDERLINE**

Critique of the consultation document

A commentary on the *Fit for the future* consultation document against key criteria

The available best practice requires formal consultation documents to follow certain parameters. The table below outlines the key parameters and notes the independent consultant's view as to whether the *Fit for the future - next steps* consultation document followed each parameter.

	Parameters	**Commentary on *Fit for the future***
1.	The consultation document should be concise and widely available.	The consultation document is readable and reasonably concise. The document was circulated widely in appropriate locations and was available throughout the consultation process on the consultation website. **Assessment: PASS**
2.	The language of the consultation document should be accessible, clear, concise and written in plain English	In general the language used is appropriate and the proposals for change in particular are clearly explained. As with most consultation documents, however, there is room for improvement. **Assessment: BORDERLINE**
3.	The objectives of the consultation exercise should be clearly stated	They are; under a sub-heading entitled 'consultation objectives' in the executive summary (pages 6 and 7). **Assessment: PASS**
4.	Proposals should be set out clearly and transparently.	Each of the PCTs proposals is described clearly. **Assessment: PASS**
5.	Consultation documents should contain specific, relevant, clear information	It is never easy to balance the need for an accessible and "user-friendly" consultation document with the need to provide maximum information. This consultation document contains some information which is not directly pertinent to the proposals and might therefore be judged to lack relevance. The document could have been better structured to make it clearer how the contextual information supports the case for change. On balance, however, the document is adequate in this respect. **Assessment: PASS**

6.	Consultation documents should explain why service improvement is required, setting out what the results of change will look like in terms of clinical, patient and financial benefits, presenting a balanced view	The consultation document attempts to do this. Relevant information is peppered throughout the document and a letter explaining the views of the consultant obstetricians and gynaecologists delivering the services is provided to demonstrate the clinical view. A single section summarising the clinical benefits of each option with financial benefits etc would have been clearer and more accessible. **Assessment: BORDERLINE**
7.	Consultation documents should provide details of all options for change with well balanced pros and cons for each option	A table of pros and cons for each option is supplied on page 38. **Assessment: PASS**
8.	The consultation document should inform the public of how they can contribute to the consultation and state clearly how respondents should respond	This information is supplied on page 39. **Assessment: PASS**
9.	The consultation document should include a list of stakeholders	A list of stakeholders appears on page 16. **Assessment: PASS**
10.	The consultation document should include a contact point for any respondent who wishes to complain about the consultation process	The contact point for complaints is provided on page 39. **Assessment: PASS**
11.	The consultation criteria in the Cabinet Office Code should be reproduced in the consultation document	The criteria appear on page 7. **Assessment: PASS**

12.	The consultation document should include an accessible executive summary	The executive summary sets out clearly the timescale and process as well as the main themes on which the PCT is seeking to stimulate debate, the case for changing specific services and the proposals themselves. **Assessment: PASS**

The questionnaire in the consultation document is generally well designed but the wording and/or design of at least two questions could have been improved. Question 5 is an attempt to prioritise decision making factors and invites respondents to give each of eleven factors a score out of ten. There is nothing to stop respondents giving every factor a very high score indicating, in effect, that all eleven factors are a priority… and this is, indeed, what happened (see Debbie Singh's report). It might have been more helpful to invite all respondents to nominate those factors (perhaps a maximum of three or five) that they felt to be most important. This might have helped to differentiate the factors more effectively.

Question 7 is somewhat unclear in the sense that somebody living a few miles outside Lewes might consider themselves to live closest to "Lewes" or closest to "other". This question would be improved if the slightly confusing "other" box was removed.

Activity and response analysis

This section contains a simple, numerical summary of consultation activity and the level of response it generated. It does not assess the content of responses. This is covered in a separate report by Dr Debbie Singh.

Activity	Numeric
Copies of the full consultation document distributed	1555 - distributed to individuals, libraries, post offices, supermarkets, pharmacies, GP surgeries and hospitals.
Copies of the consultation document summary distributed.	18,525
PCT roadshows	2 - in Eastbourne and Hastings
Feedback formats	6 - mail, email, questionnaire, electronic feedback form, public meeting, focus group)
Consultation meetings	87 - with 1370 people attending
Focus groups	2

Response	Numeric
Response forms from individuals (hard copy and online)	250
More detailed responses delivered by mail or email (from individuals or organisations)	133
New options for change (other than the four options proposed by the PCTs) generated by the consultation.	9 - Some came from organisations and some from individuals.
Types of individuals/organisations responding	9 - Local authorities, hospital trusts, neighbouring PCTs, patient representative groups, campaign groups, political parties, businesses, PPI groups and forums
Petitions received (mail and email)	9 - including one postcard petition. In total 9263 people signed mail or email petitions and 2280 people appended their names to the postcard petition.

By comparison with other NHS public consultations this represents a reasonable level of activity and a reasonable balance of responses. Indeed I do not know of any other NHS public consultation that has generated as many as nine new options for change during the course of the consultation. This, itself, might be deemed to be a significant measure of success.

Analysis of process issues raised by consultation respondents

In her report on the key trends emerging from the consultation feedback Dr Debbie Singh reports on several consultation "process" criticisms made by consultation respondents. This section analyses and addresses these criticisms.

- **A number of respondents said they would have valued the opportunity to comment on other services in addition to birthing services.**

It is understandable that members of the public may sometimes feel that NHS consultations appear to take place in a piecemeal manner. If PCTs consult on one or two specific issues alone they can be accused of failing to take a holistic approach but if they wait and seek to consult on everything at once they may find themselves waiting a very long time and holding up service improvements in specific areas. In this particular case the pre-consultation discussion phase covered the full range of local NHS services but birthing services were the only services where (at the start of the consultation) proposals had crystallised to the point where public consultation could take place. Residents of East Sussex will have an opportunity to be consulted on other changes in the future (not least, for example, on the PCTs' Strategic Commissioning Plan) and all PCTs now have a duty to consult with their local communities on an ongoing basis.

- **A number of local authorities suggested that the PCTs should be considering the inter-relationships between health and social care and broader changes in primary care and social care that may impact upon birthing services.**

I understand the PCTs are carefully considering these inter-relationships but this point is a timely reminder of the importance on such ongoing consideration.

- **Some respondents felt the scope of the consultation was too limited and that it should have taken into account changes planned in neighbouring areas.**

It is essential – when making decisions on this consultation – that PCT boards should take into consideration planned changes in neighbouring areas. The local Strategic Health Authority and the East Sussex PCTs gave appropriate consideration to this issue before the public consultation began and judged that on balance there was no reason to delay the consultation process. Efforts were made to communicate the East Sussex proposals to bordering residents in West Sussex including inviting representatives from West Sussex PCT to public meetings and issuing a press release announcing the launch of the West Sussex consultation.

- **Some people suggested the consultation process should have been postponed or extended when new options emerged during the consultation process.**

There is no requirement to extend or postpone public consultations when new ideas emerge. Indeed the emergence of new ideas is – in many senses – what public consultation is all about. If extension or postponement were required under these circumstances then those who opposed any change in services could extend consultation indefinitely simply by placing a new idea on the table every month or so. This said, should the PCTs ultimately decide to adopt a proposal that has emerged during the consultation process but which was not one of the PCTs' original four proposals, it would be wise to allow a brief, additional period of consultation. Four weeks might be an appropriate period. This would allow the PCTs to explain the thinking behind their decision and give the local community an opportunity to reflect upon the decision and to offer its observations before implementation.

- **It was suggested that the PCTs had failed to make it clear enough that a public consultation is not a referendum.**

The PCTs did make this clear on a number of occasions (indeed it is made clear on page 45 of the consultation document) but it could have been made even more clear. A learning point here is that perhaps future consultation documents should have a short section explaining that public consultations are not a vote but rather an attempt to improve proposals for change.

- **Campaign groups argued that the consultation period was not continuous (as required by best practice guidance) as it was halted for one month because of local elections.**

I understand the consultation was not halted but rather it was extended by four weeks. Consultation activities continued during the four weeks of the local elections campaign but in line with what is widely perceived to be "best practice" the PCTs did not hold any public meetings during this period.

- **Some respondents said they were disappointed that some of the public meetings had degenerated into "arguments" between campaign groups and the PCTs "rather than allowing members of the public and other stakeholders to explore the issues in depth" (Debbie Singh report p.55)**

This is a fair comment but not one that is wholly within the control of the PCTs. The PCTs invited a well-known local journalist of some standing to chair the large public consultation meetings and generally speaking that worked well. If the PCTs had taken a stronger stand and refused to allow local campaigners a voice they would – quite rightly – have been criticised for stifling public debate. It is never easy to get this balance right.

Conclusion

No public consultation programme is ever perfect. There are always lessons to be learned and this public consultation exercise was no exception.

The total number of response consultation forms returned by individuals was rather low (just 250) and arguably if the PCTs had distributed a larger number of the full consultation documents the number of responses may have been higher. But against this the PCTs did distribute a large number of summary documents (almost 20,000) and the formal questionnaire response rate may also have been low because a significant number of people decided to support one of the local petitions instead.

The PCTs certainly generated a wide range of responses from different formats including hard copy questionnaires, online questionnaires, letters, emails and verbal responses (at public meetings) and this is certainly a positive.

By comparison with other NHS consultations the PCTs organised and/or attended a large number of meetings (87) and generated a large number of formal new options (9). The consultation team gave particular attention to alternative options (other than those proposed by the PCTs) that came from within the community. Indeed the consultation document included an invitation for respondents to submit new options as part of their response, and the PCTs established a New Options Assessment Panel under the chairmanship of Prof. Stephen Field to help assess the value of these new options.

The consultation was assessed to have passed 16 out of 20 basic tests of adequacy and appropriateness (and to be borderline on the other 4) and the consultation document was assessed to have passed 10 out of 12 basic tests of adequacy and appropriateness (and to be borderline on the other 2).

The consultation achieved a range of responses from across the age range (see Dr Debbie Singh's report – page 13). It is not uncommon for NHS public consultations to elicit a disproportionately large response from older residents. It may be that the nature of this consultation (maternity and birthing services) made it easier to engage with younger residents.

The consultation also achieved a good geographical spread of responses with just over 30% of formal questionnaire responses coming from Hastings and Rother and just over 30% coming from Eastbourne (see Dr Debbie Singh's report – page 13).

Considerably more women than men responded formally to the consultation (see Dr Debbie Singh's report – page 13) but this is hardly surprising given the nature of the issues under discussion.

A considerable number of individuals and campaign groups raised criticisms of the consultation process (see section above) but the PCTs also received warm praise for their commitment to engaging with stakeholders.

Lewes District Council argued...

“The Council further contends that the consultation process was deeply flawed. Residents should have been offered a coterminous or ‘joined up’ opportunity to comment on the future options affecting the delivery of their health services in both East and West Sussex, simultaneously.”

But Rother District Council said...

“Rother would like to congratulate the PCTs on a well-conducted, inclusive and open consultation process. We look forward to a constructive outcome, based on consensus where this can be achieved.”

A local Patient and Public Involvement Forum representative said...

"I have attended a lot of the meetings that have been held about this and having sat back and watched what's happened and taken part in some of them, I don't believe the PCT could have done a better job of consultation in any way, shape or form. They have had a reference group which has advised them and asked questions at all times. They have been very open in all the meetings and taken hold of people leading the meetings. They have written out asking if there are any groups that haven't been approached and had responses back and attempted to speak to those groups.”

Overall local PCTs in East Sussex are entitled to feel they conducted this consultation in a generally fair, adequate and appropriate manner.