

Report on the Public Reference Group

The East Sussex PCT's established a Public Reference Group in February 2007, prior to the start of the formal Fit for the Future consultation. The overall aims of the group were:

- To ensure that patient and public perspectives were considered throughout the development and implementation of the Fit for the Future programme in East Sussex.
- To oversee and assess the consultation process from a patient and public perspective.

Terms of Reference were agreed at the inaugural meeting (Appendix 1). It was decided that the group would be set up for the duration of the consultation, although they could, if appropriate, continue to work post consultation under revised terms of reference.

The group was chaired by Rita Lewis, Non Executive director from East Sussex, Downs and Weald PCT. Other members included representatives from PCT and East Sussex Hospital Trust (ESHT) Patient and Public Involvement Forum's (PPIF), ESHT League of Friends, the Health Overview and Scrutiny committee, and PCT staff – the Director of Patient and Public Engagement and patient engagement and communications officers. Following the first meeting of the group, members of the campaign groups declined to continue to attend as they considered their representation to be a conflict of interest; however they did attend several meetings as observers and continued to receive minutes for information. The Maternity Services Liaison Committee and representation from an East Sussex-wide CVS network were also invited to join, but were unable to find anyone to attend.

Meetings were held monthly during the consultation period, and the group undertook the following:

- Reviewed feedback from the discussion phase and stakeholder meetings, and agreed which issues should be addressed in the consultation document
- A working group reviewed and advised on the content of the consultation document
- Reviewed the communications and engagement plan and suggested improvements to the process
- Received regular updates on the consultation process
- Advised on the venues and format of the public meetings
- Reviewed the PPIF evaluation of public meetings, and made suggestions for improvement, such as using an independent chair, allowing written questions, and securing consultant obstetrician and midwifery representation on panel.
- A working group undertook an equality impact assessment
- Discussed the process for handling Option 5 and other proposals received as a response to the consultation
- Discussed interim arrangements to obstetric services post 1 August 2007

- Completed a 'stocktake' questionnaire at mid point so that further improvements could be made to the process - such as promoting the consultation at stands in supermarkets (Appendix 2) and ensuring potentially harder to reach groups were targeted
- Discussed wider Fit for the future issues
- Received a presentation on population projections from the Principal Planner (Demography and Housing), East Sussex County Council
- Discussed future Patient and Public Involvement strategy

At the final meeting on 6 July, a paper outlining the way forward for patient and public involvement was discussed. Members agreed, in principle, to be part of a co-design process for the PCTs' PPI strategy.

Following the close of consultation 27 July, Public Reference Group members were contacted to feedback on lessons learnt, and suggest any examples of good practice that can be used to inform patient and public engagement in the future. Group members completed a questionnaire that reviewed the public consultation process. This gave an opportunity to answer a series of questions related to the process of consultation and to provide additional free text comments and suggestions. It should be noted that where a respondent indicated a partial success in meeting an aim, by selecting *partially*, they then made suggestions about how to improve this for the future or acknowledged the limitations of a given objective.

A summary of their responses is set out below.

Question	Numbers of responses		
	Yes	No	Partially
Do you think the overall aims of the Public Reference Group were achieved?	3	0	4
Do you think the membership of the group was right?	4	0	3
Do you think the membership of the group was sufficiently able to represent and identify the wider interests of the community?	1	2	4
Do you think that patients and the public had sufficient opportunity to find out about the consultation?	5	2	0
Do you think that patients and the public had sufficient opportunity to make their views known in response to the consultation?*	5	0	1
Do you think the consultation materials (document, poster, flier, presentation at meetings etc.) were helpful to the public?	2	1	4
Do you think the process of consultation was enhanced as a result of the Public Reference Group?	5	1	1
* NB 1 questionnaire returned with no response to this question			

Key themes arising from the feedback are summarised below:

Public Meetings

The general feedback is that these were well organised with an independent Chair allowing a full and fair opportunity for the public to question the panel. The opportunity to allow dissenting views was commended although issues were raised about enabling the public to express views that were not in line with the campaign groups. The spread of venues was proper and fair and arranged variously at different times of day to accommodate people's different needs and preferences. The presentations given by the PCT improved during the consultation process as a result of feedback and were made more accessible to the audience. Greater publicity about the meetings in the week they were to take place would have been helpful, in addition to general advertising further in advance.

Consultation materials

The PRG needed to have had earlier input into the consultation document and more say in how the document looked. More detailed (and accurate) information on costings, safety criteria and statistics should have been made available earlier and been well distributed.

Role of PRG

The membership of the group could have been improved by widening the representation to include young people, ethnic minorities, and members of the public directly affected by the proposals. However, it was acknowledged that it had been hard to address the membership issues and focused work with identified target groups was carried out during consultation.

The group was able to make recommendations about the consultation process that led to change and improvements and acted as a good sounding board in assessing process to date at any given point. It helped in identifying gaps in public understanding such as population figures and facilitated the provision of further information to support the process.

Process of consultation

The process for handling other options in response to the consultation was not as clear and consistent as it could have been and clarity was needed over how views of the public could influence the final decision. The focus on maternity services meant that engagement was neglected in wider Fit for the Future issues.

Overall, the feedback was positive and useful and the role of Public Reference Group was both valued and evidenced improvements to the consultation process.

Lisa Compton
Director of Patient and Public Engagement and Corporate Affairs
September 2007

Appendix 1

Public Reference Group Fit for the Future East Sussex

Terms of Reference

Aim

To ensure that patient and public perspectives are considered throughout the development and implementation of the Fit for the Future programme in East Sussex.

To oversee and assess the consultation process from a patient and public perspective.

Objectives

1. To discuss the impact of emerging options in respect to patient experience, outcomes and accessibility of services, and feedback key messages to the Sustainability Board and PCT Boards.
2. To consider the views of other relevant groups e.g. Clinical Reference Group, and identify areas where additional information or evidence would help inform the proposals for change
3. Provide advice, support and transparency about the public consultation process in order to maximise public engagement.
4. Comment on consultation materials and associated communications prior to publication.
5. Represent and identify the wider interests of the community including members' respective organisation/ locality etc. and disseminate progress back.
6. Review the public consultation process following its conclusion and share finding with the PCT's.
7. To review feedback from the discussion phase, and ensure key messages are acted on in regard to the consultation process.
8. To share and build on examples of good engagement in order to progress with public involvement beyond the formal consultation process

Membership

Core Membership will consist of one representative from each of the following organisations / groups:

Health Overview and Scrutiny Committee (HOSC) (Member to attend as an observer)

Hastings and Rother PPI Forum

East Sussex Downs and Weald PPI Forum

East Sussex Hospitals PPI Forum

Kent and Sussex Ambulance PPI Forum
Sussex Partnerships PPI Forum
ESHT League of Friends
Non Executive Director Hastings and Rother PCT
Non Executive Director East Sussex Downs and Weald PCT
Director of Patient and Public Engagement and Corporate Affairs (or nominated manager)
Programme Director, Fit for the Future
Member of the Clinical Reference Group
Director, ESHT
PCT PPI managers
PCT and ESHT Communications managers

In addition members can be co-opted to the group appropriate to the topic under discussion.

Accountability

The group will report to the Sustainability Board via the Programme director, F4F and/or the Director of Patient and Public Engagement and Corporate Affairs. Minutes of each meeting will be considered by the Sustainability Board.

Chairmanship

The group will be chaired by a Non Executive Director from East Sussex Downs and Weald PCT.

Code of Conduct

- . we ensure everyone's right to speak
- . we respect the opinions of others without criticism
- . we listen to each other and respond with sensitivity
- . we provide accurate and practical information
- . we ensure that when asked to give a view, that it is a personal view unless specifically represented and clarified otherwise
- . we work in mutual cooperation and agree to respect any information
- * we agree to respect the confidentiality of working documents and any information not yet in the public domain.
- * we will mutually agree what information goes out on behalf of the group

Frequency of meetings

Meetings will be held monthly, or more frequently as agreed

Location of meetings

Venues will alternate between the Hastings and Eastbourne localities.

Appendix 2

Public Reference Group and PPIF – “Stock Take” Questionnaire.

At a previous PRG we distributed a short ‘stock take’ questionnaire to look at how the Fit for the Future consultation is progressing and identify any areas for action. This was also distributed to the PPI Forums. Nineteen people have now completed the questionnaire and their input has been extremely useful to us in our ongoing efforts to engage as many local people as possible, as effectively as possible. Below is a list of our questions with the corresponding answers. To this we have added background information and updates on any actions taken as a result of their input.

QUESTION: Do you know of any stakeholder groups or “hard to reach” groups or geographical areas that have not been properly engaged in this public consultation?
ANSWERS: Yes: 9 No: 9 1: ‘Hard to say’
QUESTION: If you answered “YES” to question one please identify any groups in the box below.
ANSWERS: <ul style="list-style-type: none">• Wheelchair users• Local organisations• Church• Mother & child groups• Midwives very silent• ? Nursery groups• General ‘members of the public’• Upper Dicker/Lower Dicker area• Excluded groups• After care• Celebrating cultural diversity network• Young people.
<p>UPDATE: <i>As indicated at the meeting, the PCTs have already been in contact with and in many cases met many local organisations including mother and child groups – in fact we wrote to over 400 organisations offering to attend meetings. A list of the organisations visited was appended to the paper taken to the June PRG. There have also been several meetings with midwives, and they have recently been represented on the panel at public meetings. We have attempted to engage with general ‘members of the public’ by holding roadshows in shopping centres and more recently at supermarkets in less populated areas.</i></p> <p><i>However, as a result of this feedback we have contacted the Disability Forum, the Young Peoples’ Council, and the Celebrating Cultural Diversity Network to ask if we could meet with them to discuss the consultation.</i></p>

QUESTION:

This public consultation currently involves a range of activities including public meetings, focus groups, distribution of consultation documents, road shows and small group briefings. Do you think this range of activities is adequate?

ANSWERS: Yes: 12 No: 7

QUESTION:

If you answered "NO" to question three please state in the box below what other activities you think should be undertaken and explain why.

ANSWERS:

- Web site not adequate
- Communication re. meetings
- Distribution of document to opinion leaders
- Advertising in local press
- Options to translate key document
- Options to engage with travellers
- Reaching the 'man on the street'
- Further PR in last three weeks

UPDATE: *Our communications team has audited and adapted the website throughout the consultation period as a direct response to comments like those raised at the meeting and to incorporate new information as it arises. Any concerns or suggestions about the website are really helpful to us in informing this process.*

Our most recent audit has addressed some functionality issues and further information on the background to the development of options 1-4 and the latest developments to review option 5 is now incorporated.

All public meetings have been advertised in local newspapers and in press releases issued to local print and broadcast media. They are also printed in the full and summary consultation documents, which have been widely circulated throughout the county. We do intend to ensure there is further publicity in the final three weeks on the formal consultation period.

The consultation document has also been distributed to all our key local stakeholders, including opinion leaders such as MPs, local councillors, chairs of voluntary organisations.

A translation service has been available throughout the consultation in order to provide information in other languages, or in Braille. Details are identified on page 2 of the main document.

QUESTION:

Members of the public are quite properly raising a number of questions about the proposals contained in the consultation document. In your discussions with members of the public have you heard any questions that you don't think have yet received an adequate answer?

ANSWERS: Yes: 9 No: 8 No answer: 2

QUESTION 6)

If you answered "YES" to question five please detail any questions in the box below.

ANSWERS:

- financial information
- safety information including travel
- increased cost of other services
- neighbouring trust plans / cross border issues
- issues other than maternity e.g. ENT, dentistry
- Publishing answers to questions raised
- After care, long term and intermediate care
- Delays of wheelchair applications and digital hearing aids.

UPDATE: *Information on the safety and financial implications of our proposals are included in all of our consultation communications in a way that is accessible and meaningful to a wide audience. However, the comments of this group have been helpful to us in indicating that some of our stakeholders want access to a greater level of detail. We have recently posted some more detailed financial information on our website and will take specific requests for information on safety and finances into account in developing any further public briefings. Additionally, FAQ's are available on the website.*

The process for dealing with complex questions where an answer is not immediately available – or indeed to those which do not relate directly to the consultation is to:

- *explain why we are not able to help immediately and offer to find out more on the enquirers behalf*
- *or, to provide appropriate contact details to allow the member of the public to pursue their enquiries.*

It is entirely understandable for local people to request information about what is planned in terms of other services, and in terms of other areas. However, this consultation focuses on maternity, special baby care and gynaecology services in East Sussex and it is on these issues that we have focussed much of our communications. Our 4 proposals for change will not impact significantly on other hospital or community services in East Sussex. Neither will they detract from our PCT boards' commitment to maintaining two viable hospitals in East Sussex.

Wherever possible (and relevant) we have offered what information we can about other services in East Sussex and planned changes to services in neighbouring trusts. However, in many cases - particularly in West Sussex - decisions about service changes were not made until late June.

In the absence of published information, representatives from West Sussex PCT were invited to attend all the meetings where there were cross-border issues to discuss their plans. Now that the West Sussex plans are available we will be able to address any questions relating to cross border issues more comprehensively. The two consultations are not running concurrently because the local NHS does not believe that the review in East Sussex will materially affect decisions taken in West Sussex – or vice versa. The East and West Sussex PCTs will of course work with the SHA and ensure that any cross border issues are taken into account by their boards when any decisions are made. However, these NHS organisations agreed earlier this year that the need to change maternity services in East Sussex was pressing and that there were not sufficient grounds to hold up the public consultation process.