Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Appendix 7 - Proposed public consultation plan

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Proposed public consultation

This chapter describes the proposed next steps for public consultation

1.1. Consultation focus

The Stroke Services Reconfiguration Programme will develop a draft consultation document which will focus on the core proposed changes to the Stroke Services in Bristol, North Somerset and South Gloucestershire, as well as outlining other supporting developments and service improvements. The two core elements to be consulted on, explained in detail in chapter 7 of the pre-consultation business case, are:

1. **Immediate treatment:**

- **It is proposed that all patients with a possible stroke diagnosis are directed to Southmead Hospital for immediate specialist stroke care.**
- South West Ambulance paramedic crews that attend a patient with a possible stroke diagnosis within the past 24 hours convey them to the HASU at Southmead Hospital for immediate care and treatment, regardless of where they live in the BNSSG area (the only exception to this are patients in the Sedgemoor area, whose closest hospital in place of Weston Hospital is Musgrove Park Hospital in Taunton).
- Anyone that suffers a stroke as an inpatient within the BRI or Weston Hospital and can be safely conveyed (i.e. does not have any other specialist care needs that require treatment at the original site) is transferred via a blue light ambulance to the HASU at Southmead Hospital.
- Anyone that walks into an emergency department in the BRI or Weston Hospital and is diagnosed with a possible stroke is transferred via a blue light ambulance to the HASU at Southmead Hospital.
- Anyone identified as needing further investigations following review in a TIA clinic are directed to the HASU at Southmead Hospital for specialist review and possible intervention.
- Anyone identified in primary care as having a possible stroke diagnosis would be either admitted directly to the HASU or assessed in an ambulatory setting (SDEC/TIA clinic)

2. **Changes in hospital provision:**

- **It is proposed that a single Hyper-acute stroke unit (HASU) with specialist thrombolysis and thrombectomy services, allied to neurology and neurosurgical services, will be introduced at Southmead Hospital, North Bristol Trust, (NBT).**

Two options for ASU care are put forward for consideration:

- **Option 1**: a single ASU, co-located with the HASU on the Southmead Hospital site is the clinically preferred option for stroke care.

    - **Option 2**: an ASU on the Southmead site and a second ASU at Bristol Royal Infirmary (BRI). This additional ASU would also support inpatients under other specialities (e.g. Bristol Heart Institute) who cannot be transferred for specialist stroke care. Both ASU's would be supported by the single HASU proposed at Southmead Hospital.

- Anyone from the BNSSG area that has suffered a stroke and needs inpatient hospital care following immediate treatment would have a length of stay at Southmead Hospital on the HASU (average length of stay = 3.5 days).
- **Under option 1**, anyone needing ongoing inpatient treatment beyond the hyper-acute phase would "step down" to the single ASU co-adjacent to the HASU within Southmead Hospital (average length of stay = 6 days).
- **Under option 2**, people from the NBT catchment area needing ongoing inpatient treatment beyond the hyper-acute phase would "step down" to the ASU co-adjacent to the HASU within Southmead Hospital, people from the BRI and Weston Hospital catchment areas would "step down" to ASU care provided within the BRI.
- **Under option 1**, anyone needing specialist stroke support that cannot be transferred to the single HASU and ASU at Southmead Hospital as a result of critical interdependencies with other BRI specialities would be cared for by an onsite medical and therapy team at the BRI.
- **Under option 2**, anyone needing specialist stroke support that cannot be transferred to the single HASU and ASU at Southmead Hospital as a result of critical interdependencies with other BRI specialities would be cared for by the BRI based stroke team.

Under both options, if there is ongoing rehabilitation and/or care needs that can only be met as an inpatient once a patient is medically fit for discharge, this would be provided in a subacute rehabilitation unit (SARU). It is recommended that Weston Hospital is proposed as a fixed point for one of the two sub acute rehab units.

- The location of the second sub acute unit will be determined as part of the consultation process.
- HT Executives recommend naming a 'preferred' option based on the Clinical Senate advice which indicated Option 1b

1.2. Consultation process

Legal requirements

As an NHS commissioner we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health and the fifth test set by NHSE. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners
- Assurance that any significant hospital bed closures can meet one of three conditions:
    - Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
    - Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
    - Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

There is also a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- **Section 242, of the NHS Act 2006**, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.

- **Section 244** requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees)

- **The NHS Act 2012, Section 14Z2** updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

    - in the planning of the commissioning arrangements by the group

- in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them
- in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

We need to make sure that our consultation activities meet the requirements of The **Equality Act 2010**, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The Equality Impact Assessment found in Appendix 6 details the impact assessment across these 9 protected characteristics, and lists the associated mitigations. It also recognises the considerations regarding the prevalence and impact of strokes, and also how the COVID-19 may affect these groups.

1.3. Consultation principles and priorities

The Stroke Services Reconfiguration Programme recommends launching a public consultation about two potential options for immediate and acute stroke treatment and care.

Our consultation plan will be underpinned by some fundamental principles and priorities. As well as shaping the content and activity of our consultation, these principles and priorities will form the basis of our evaluation of the plan.

Our legal duties:

- **Consultation proposals must still be at a formative stage:** Public bodies need to have an open mind during a consultation and decisions cannot already be made. People need to be clear on what can and cannot be influenced by public input and opinion.

- **There must be sufficient information around proposals to permit informed consideration:** People involved in the consultation need to have enough information to provide an informed input into the process. This might include an impact assessment of the costs and benefits of the options being considered.

- **Consultations should last for a proportionate amount of time:** Sufficient time should be given to enable people to make an informed response and there must be enough time to analyse the feedback. The proposed consultation period is 12 weeks.

- **Consultation feedback must be conscientiously taken into account:** Decision-makers should be able to evidence how they have taken consultation responses into account. At least one month has been allocated for compiling consultation feedback after the end of the consultation period and the feedback will be taken into account when creating a Decision Making Business Case.

Consultation principles:

Consulting with people who may be impacted by our proposals

- We will reach out to people where they are, in their local neighbourhoods and in local networks.
- We will make sure that there are 'no surprises' for staff whose jobs may be affected by the review and that they will hear from us first about the proposals and have an opportunity to respond. We will ensure that they are aware of the process, understand how their roles may be impacted and will ensure they understand how they can give their views on the consultation.
- We will cover the geography, demography and diversity of Bristol, North Somerset and South Gloucestershire.
- We will identify groups more affected by stroke and in particular, what it is about these groups that may make it more likely that they will have a stroke. Particular reference to protected characteristics and consideration of health inequalities across BNSSG, also in line with the Public Sector Equality Duty (PSED). Further details around how protected characteristic groups are affected by stroke can be found in the Equality Impact Assessment in Appendix 6.

Consulting in an accessible way

- We will provide detailed information on websites to ensure transparency. We will also produce targeted public-facing documents (some printed as we know not everybody wants to access information digitally), summaries, case studies and social media content.
- We will make sure our public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information; accessible to everyone and available on request in a range of languages and formats.
- We will make clinical information and agreements available to the public.
- We will provide a range of opportunities within our consultation; reaching out to people where they are, in their local neighbourhoods and in local networks, physically and digitally.

Consulting through a robust process

- We will make sure that local people and the staff working in organisations affected by the proposals across Bristol, North Somerset and South Gloucestershire have confidence in our consultation process, ensuring it is open, transparent and accessible.
- We will be clear and up front about how all views can influence decision-making, explaining it will not be possible to do everything everyone wants and why difficult decisions have to be made.
- We will widely advertise and do our best to make sure people are aware of our consultation even if they choose not to participate.
- The consultation will run for twelve weeks to allow people to give their views and we will provide regular reminders about progress and the closing date.
- We will strive to ensure we are acknowledged locally and nationally to have undertaken a meaningful and effective consultation process and will seek support for our consultation plan and process from the Health Overview and Scrutiny Panel in our ongoing engagement with them.

Consulting collaboratively

- We will work collaboratively with individuals, stakeholders and partner organisations to deliver to our legal duty and to maintain our agreed consultation principles. We will also make the most of the opportunities of partnership working to reach out to as many people as we can in a meaningful way across Bristol, North Somerset and South Gloucestershire.
- Our information will be relevant to local groups, being clear about what the proposals mean for each geographical area and for each group of people taking account of their interests, diverse needs and preferences.

Consulting cost-effectively

- We will strive to ensure our consultation budget is spent wisely and used effectively in terms of reach and response, delivering good value for money.

Consulting for feedback

- We will monitor and evaluate our consultation process consistently and in a systematic way, including capturing feedback and comments from events, meetings, surveys, discussions and individual responses
- We will commission several interim reports in terms of consultation response analysis, to assess progress on where, how and from whom we are receiving feedback and responses, so we can target our activity to address gaps in feedback geographically or demographically
- The analysis of feedback will be done independently, and the independent report shared publicly
- The results of our consultation and the feedback received will be thoroughly and conscientiously considered and used to inform decision-making.

1.4. Planned consultation approach and methods

Our current approach will include a variety of consultation methods to reach a wide range of people, in particular higher risk and seldom heard groups and those communities who may be disproportionately impacted by the proposed changes.

It is proposed that the consultation runs for 12 weeks from June to August 2021.

Table 1 outlines the planned consultation methods.

Our consultation plan and consultation document will:

- Offer the same level of information to people attending consultation events and/or who ask to be given updates
- Be clear how proposals have been developed including why some have been discounted and others preferred
- Put as much information as possible in the public domain including showing the clinical, operational and population health evidence behind the need for change and for our proposals
- Provide regular updates to everyone in the local health and care system about progress and next steps in the programme and enable clinicians and other key programme decision-makers to have wide-ranging discussions which enable challenge and debate.

Advice and Guidance

The consultation plan and the consultation documents have been regularly reviewed with the BNSSG CCG Patient and Public Involvement Forum (PPIF), Stroke HIT Service User Group and the programme's Communications and Engagement Group to take on board any additional comment or ideas and to ensure that they are clear and well-understood. The consultation comms and engagement EIA (section 2.0) has also been reviewed and built on by the PPIF and local voluntary and community sector partners across the region.

The Evidence Centre

In addition, we have taken advice from an independent research and evaluation organisation called the Evidence Centre to help us design non-leading questions that meet the highest standards of research design for this sort of exercise. They were also responsible for undertaking cognitive testing on the consultation questionnaire to ensure that our target audiences find it easy to understand and respond to. We shall continue to work with the Evidence Centre through the consultation to provide independent monitoring and analysis of the consultation responses. We will monitor this information closely on a weekly basis to identify any demographic trends which may indicate a need to adapt our approach regarding consultation activity. An example would be under representation from a particular demographic group or geographic area, particularly where there is a demonstrable disproportionate impact

upon individuals within that group. It will also help us identify any themes and areas to explore further through the remainder of the consultation.

The Evidence Centre will also provide an interim report half way through the consultation which shall be shared with The Patient and Public Involvement Forum and Governing Body for discussion. Once the consultation has finishes, they will then provide a final independent thematic report which will be publically available. Both reports shall provide an independent evaluation on the outcomes of the consultation to that date, based on all responses provided.

The Patient and Public Involvement Forum

The Patient and Public Involvement Forum (PPIF) is a committee of the Governing Body, including representation from Healthwatch. It is chaired by the lay member for patient and public involvement. The forum is responsible for ensuring that the CCG fulfils its duties around patient and public involvement and equality and diversity. Throughout the pre-consultation period, the PPIF have been sighted and given feedback on the plans for consultation and the consultation documents. They also helped with the design of the Consultation Comms and Engagement EIA (Section 1.8) by giving comments on the groups identified as being disproportionately impacted by stroke and accessibility to the consultation, with the associated mitigating actions. This included sharing insights on appropriate assets and networks for BNSSG CCG to work with through the consultation to drive response rates and attendance at consultation events from the public. Working with the PPIF has provided reassurance that the CCG is meeting its duties in the planning of the consultation and the delivery of the associated documents.

We also plan to present interim results half way through the consultation with (PPIF) for reflections on initial findings. This will allow the opportunity for discussion and analysis on themes to date, as well as helping to identify any groups or areas which may need further consulting. This can be done by comparing consultation targets (section 1.7) to the responses received from specific groups, as identified in the Equalities Impact Assessment. This will help guide next steps for the remainder of the consultation period.

Covid-19

It is recognised that the COVID-19 outbreak has affected, and continues to affect, people and their communities differently. It is important that the planned consultation methods and approaches consider how specific groups may be disproportionately affected by COVID-19, and the impact this may have on their ability to be consulted effectively. This Equalities Impact Assessment found in Appendix 6 further considers the COVID-19 impact associated with each of the 9 protected characteristics, as well as further aspects where stroke service change may impact the BNSSG population.

Table 1 – Overview of planned consultation methods

Consultation method	Approach overview / description
General publicity &	Public information promoted via a diverse mix of

information sharing	physical and digital channels (with use of physical channels adapted to reflect changes in response to Covid-19) e.g. advertising in local media, posters and postcards, support on social media, as well as via NHS organisations and established stakeholder channels. This will include proactive and tailored information to be communicated or shared with specific communities or groups
Website / online media	Designated webpage with comprehensive guide to consultation, events and activities, regularly updated Including information to help the public to understand the impact of the proposed changes on them individually
Telephone and freepost	To support open and accessible communications between the programme and interested parties, the consultation team will be directly accessible via telephone and post mechanisms in addition to online contact information. This will ensure the opportunity to give feedback is available to those who may be digitally excluded or less digitally experienced. As detailed in the EIA there is a need to offer a range of methods for the consultation activities to ensure certain groups are not excluded.
Representative survey	Random sampling led by an independent provider to gain the views of a representative sample that is reflective of the geography and demography of the region. Within this approach we have the ability to boost specific sub-groups e.g. specific geographical areas or demographic groups who are disproportionately impacted by proposals. Although the gold-standard method for this approach is face-to-face, we currently recommend using a computer assisted telephone or CATI approach instead to reduce the risk and safety concerns about face to face interviewing due to Covid-19. This may be reviewed in the future should the current situation change.
Online quantitative survey	This work would supplement the representative sample outlined above and would be comprised of a self-selecting sample, who respond to the survey in response to general publicity or specific outreach. We would be able to compare the two samples and identify any key differences or similarities between them, both in terms of response and demographic

	monitoring. Independent free text coding of survey responses would also be conducted to develop a deeper understanding of any insights gathered, including areas of concern and potential mitigations.
Listening events & community workshops	These will be public meetings and drop-in sessions to provide an opportunity for detailed conversations with the public, local commissioners and providers. The exact details of these events are still to be finalised, however we would be likely to arrange multiple events which would give us sufficient coverage in terms of geography. Whether these events are remote or in-person is entirely dependent on our ability to hold face-to-face meetings in the summer of 2021 because of the covid-19 pandemic; which we will assess nearer the time. As it stands, it is expected that any large scale events would be held remotely using video conferencing with the option of 'dialling in' to the meeting. Smaller consultation meetings with specific groups or communities may take place in person if it is safe and appropriate to do so. These sessions would take a lead from voluntary sector organisations already very active in the community (Bristol After Stroke and the Stroke Association) with supported face-to-face and virtual groups already occurring. Each meeting or event, where possible, will have a feedback loop built in to inform those involved of how comments have or will be used in the development of the proposals.
Qualitative focus groups and interviews	As per the Equality Impact Assessment related to the Stroke Reconfiguration Programme, particular groups or individuals are likely to be disproportionately impacted by our proposals and we will need to make extra effort in order to ensure the views of these groups are captured effectively. We are likely, therefore, to hold a number of targeted focus groups and interviews in order to develop insights which may be specific to these groups. These additional consultation activities are likely to be distributed appropriately on a geographical basis as well, to ensure that our feedback reflects the population as much as possible. Whether these focus groups and

	interviews are remote or in-person is entirely dependent on our ability to hold face-to-face meetings in the summer of 2021 because of the covid-19 pandemic; which we will assess nearer the time
Staff engagement	There is already representation of each clinical area and staff group on the clinical design group for the reconfiguration. Through cascade via clinical leads in each provider and clinical area, MDT colleagues have been involved in co-design of the proposals and comments have been shared, collated and used to guide and refine the development of the pre-consultation business case. **During the consultation period, staff will be able to attend all public consultation events.** Before and during the public consultation there will be deliberate, focused staff engagement events organised in each of the different clinical areas in the current stroke pathway to allow staff to provide formal feedback or comments on the proposals. This will include all members of the multi-disciplinary team, in both acute and community settings and also carers and other community staff employed by local authorities. The format will likely be a blend of in-person (where Covid-19 restrictions permit), telephone and digital engagement methods. Each meeting or event will have a feedback loop built in to inform those involved of how comments have or will be used in the development of the proposals. It is expected that further staff engagement will take place up to and once the Decision Making Business Case is approved. Any employer-led formal consultation with employees, on potential changes to individual job roles to support the implementation of proposed changes, would happen at this stage. As the staffing models have developed it is clear that there are sufficient roles in the reconfigured services for all staff currently employed in stroke care services across BNSSG.

1.5. Ensuring Consultation Methods are Accessible

As reported within the Equality Impact Assessment (EIA) found in Appendix 6, considerations around the delivery of specific activities within the consultation need to be made to ensure the opportunity to be involved is fully accessible and meets the diverse needs of the population. It is also important that those who are the most affected by stroke have equitable access to any consultation activities that are planned.

A range of both physical and digital channels will be used when sharing and promoting information about the consultation and the associated activities. This will ensure that those who are digitally excluded or less digitally experienced, for example those who are older or from areas of higher deprivation, still have the opportunity to be take part in the consultation. We shall also work closely with community and voluntary organisations, alongside partners such as Healthwatch to drive participation through the consultation. The EIA describes how in general, people from more deprived areas have an increased risk of stroke. We also know that those from deprived areas are more likely to be disproportionally affected by COVID-19. By offering a range of channels and methods for any consultation events, it means that these individuals will still have the opportunity to be involved in the consultation process.

Considerations around the format of any consultation activities and their promotion will also be taken. For example, as highlighted in the EIA there may be a need for disabled people to have information in a specific format, for example braille, larger font or audible. There are also considerations around ethnicity and language. The EIA describes how across BNSSG 10% are from black or minority ethnic (BME) backgrounds, and how individuals from BME backgrounds are almost twice as likely to have a stroke as white people. Within our consultation principles we have emphasized the importance of consulting with those who may be impacted by the changes, and making sure we consult in a way that is accessible. To address this we will offer and deliver translations and interpreter services for any consultation events and materials.

Another factor which will be addressed is making sure that there are a range of dates and times for any consultation activities. This will avoid exclusion of groups, for example those who may be of a younger working age, or individuals who are parents or carers with commitments during certain times or days.

Currently it is still unclear whether face to face events and meetings will be allowed to take place due to COVID-19 restrictions. As it stands, it is expected that any large scale events would be held remotely using video conferencing with the option of ‘dialling in’ to the meeting. Smaller meetings with specific groups or communities may take place in person if it is safe and appropriate to do so. This approach will continue to be reviewed as clarity becomes available on the restrictions in place. Again, the benefits of being able to offer both online and face to face activities means that there are a wider range of options for people from different groups to be involved with the consultation. Any accessibility requirements for both options will be considered, for example if organising a physical meeting making sure that the

location is accessible and has the correct facilities for specific needs of a group or individual, or making sure that online meetings consider that some participants may be using screen readers and the delivery of the session needs to be suitable.

As we move closer to the consultation, we will continue to define and develop the details of the consultation activities. We will continue to refer to the EIA for reference to ensure that the consultation activities delivered meets the broad range of requirements that the population of BNSSG.

1.6. Consultation materials

At the core of our consultation will be a consultation document which will clearly lay out the basis on which we are consulting, the background to the consultation, a summary of the data upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed. This document will be presented in language which easy to understand by the public, will also seek feedback and will also promote the various other methods by which people can take part in the consultation.

The consultation document and associated materials will be published on a dedicated section of the *Healthier Together* website under the *Stroke Services Reconfiguration* section. This will be clearly signposted from the CCG website and system partner websites. It will host general information about the programme and consultation, including the case for change, structure charts and maps; meeting papers and other key decision documents; clinical evidence and data used to inform the design of proposals and decisions; documents and data relating to *Stroke Services Reconfiguration;* and the consultation questionnaire.

It is essential to ensure that we target, and cater for, groups and individuals with additional requirements, those responding on behalf of another individual and those who are less familiar with the subject matter. To best meet the needs of people with additional requirements we will:

- Produce documents in plain English
- Produce our consultation document and response form in an aphasia friendly version
- Produce our summary consultation document and response form in accessible formats, such as ‘Easy Read’ and audio formats
- Produce materials in different print formats on request e.g. Large Print, Translation Service, Braille

The consultation materials will be co-designed with those with lived experience and representatives from the stroke programme board to ensure accessibility and suitability of the final materials.

1.7. Consultation Targets

1. Background and context

Our overall aim as a programme group is to provide high quality communications and consultation events to enable and facilitate a successful public consultation for changes to stroke care in BNSSG.

As a key part of this goal, we want to set clear goals for the total number of responses received to the consultation; the volume of individual pieces of feedback to the consultation received (via completed consultation surveys, comments made at public events, emails, Tweets, phone calls, letters and so on). This will allow us to measure the success of the consultation, as well as making sure we gain a representative view of our population.

Estimating the target for responses is not an exact science, and there is no set formula we can apply which will work for every consultation. Furthermore, the target will be used to set a 'minimum standard' we should achieve through this consultation, and our focus will be to ensure we have as many responses as possible with the consultation, in particular with those identified through our communications and engagement Equality Impact Assessment (EIA) (section 1.8)

Please note; we will also be carefully monitoring the volume of opportunities to see created by our activity during the consultation. Opportunities to see, equates to the volume of the population who have had an opportunity to see or hear about the consultation, through broadcast, print and social media. We recognise that 'opportunities to see or hear' do not necessarily equate to people reading or listening, so we are more focussed on setting targets for how many individuals have actively engaged with the consultation as a result of this activity.

2. Responses Target

We would recommend a response target of at least **1,500** responses to the consultation; this is a robust sample, which would allow data accuracy to +/- 2.5 percentage points at a total sample level. Again, as outlined above, there is no definitive measure for the level of sample to work with, but represents, in our view, a proportionate level of responses for a consultation of this kind.

Within this full sample, we would set quotas for some specific and identifiable groups from our EIA, to ensure that critical groups identified within the EIA are sufficiently large and robust to provide a representative view. Again, these represent the minimum expected level of sample to be delivered; we will design our consultation to maximise the level of response from all of the groups outlined below.

Table 2 – Response Targets

Group	Comment	Specific sub-cells	Min. sample size
Age	Probably of stroke increases with age, but also important to ensure that	16-34 year olds	340

	younger age groups feel included and engaged in the consultation.	35-54 year olds	330
		55-64 year olds	140
		Over 65s	200
Disability	Need to consider the associated challenges with disability around accessibility to consultation events and communications materials	To be defined	TBC
Ethnicity	Those from Black and South Asian communities are twice as likely to have a stroke than white people.	Ethnic minority groups	100
Sex	Men are at a higher risk of having a stroke at younger ages than women and historically, we have found that men are less likely to engage with engagement activities.	Males	490
		Females	510
Areas of higher deprivation	People from more deprived areas have an increased risk of stroke. They are also more likely to have issues with travel, as well as more likely to be digitally excluded	Multiple deprivation indices 1-2	160
Geography	Need to ensure that we have a robust representation from across BNSSG, to ensure that those who will be most impacted by a change in services due to travel times will be given a chance to contribute to the consultation.	Bristol	480
		North Somerset	230
		South Glos.	290
Carers	Changes in stroke services are likely to impact carers, and their caring responsibilities may impact ability to receive communications and take part in the consultation events.	To be defined	TBC

3. Learnings from elsewhere

BNSSG Healthy Weston Consultation 2019

As a recent comparison, the response target set for the 2019 Healthy Weston consultation was 1,250, which was calculated as approximately 1% of the adult-aged catchment population for Weston General Hospital. Whilst the geographical footprint of the catchment for the BNSSG Stroke consultation is larger than that for Healthy Weston, our ingoing hypothesis is that the volume of individuals who will feel that the topic of the consultation will have a direct impact on them will be much lower.

The Healthy Weston consultation also did not set targets for specific sub-groups within the population, which we feel is more relevant to include for this consultation, given the disproportionate impact of stroke on some communities, as well as the specific accessibility issues experienced by some groups, especially in the context of the current COVID-19 restrictions.

Kent and Medway Stroke Consultation 2018
The registered population of Kent and Medway is around 2.2 million people. During the Kent and Medway 2018 stroke services consultation the target of 3000 responses was set. The priority whilst setting this target was to reach a representative sample of the population to ensure that there was awareness of the proposals, sufficient opportunity to comment and a rich source of feedback and insight to make sure that future decisions on the shape of urgent stroke services are ones that reflect the needs of the local population. The quality of feedback to the consultation was important alongside the quantity.
The population across BNSSG is roughly 1 million, so the target of 1500 responses aligns to the numbers set during the Kent and Medway consultation where the population is roughly double. Similarly to Kent and Medway, our aim is for feedback to be representative of people and communities across the BNSSG, and that it will deliver rich insights into people's views. Kent and Medway did not set targets for specific sub-groups within the population; however it appears they did monitor these numbers to ensure a representative sample was achieved overall.

Arden and East Midlands Stroke Consultation 2019-2020
Arden and East midlands Commissioning Support Unit (CSU) serves a population of over 1 million people. Although their response targets have not been shared, their overall response rate was roughly 750 responses. This was comprised of 117 people attending consultation events, 336 questionnaire returns, and engagement with over 300 people from seldom heard and community groups.
During the BNSSG stroke consultation, a representative survey conducted by an independent fieldwork agency shall take place gathering responses from roughly 1000 people. In addition to the representative survey, there shall be consultation events, questionnaire returns (online, face to face, freepost etc.) and other consultation events and activities with specific community groups. We are aiming for a minimum of 500 responses on top of the representative survey, which in comparison to the 750 gained during Arden and East Midlands stroke consultation seems a realistic and achievable target to set.

4. Monitoring our responses

By monitoring our responses, it will allow us to measure the success of the consultation, as well as evidencing how we have consulted a representative sample of the population, including those who may be disproportionately impacted by the changes, as identified in the EIA.

We shall internally monitor all responses provided during the consultation and perform analysis on a weekly basis to track demographics and geographic data to ensure we are meeting our targets. Monitoring responses will also allow us to ascertain whether any groups need further targeted consultation activity to enable an increased response rate. It is worth noting that our representative survey collected by an independent fieldwork agency will also enable a representative sample of the population of BNSSG to be collected, and will be able to target the groups in the table above to allow targets to be achieved.

The Evidence Centre will also provide an independent interim report half way through the consultation which shall be shared with The Patient and Public

Involvement Forum and Governing Body. This shall provide an independent evaluation on the outcomes of the consultation to that date, based on all responses provided. This again can be used to assess progress and can be used to plan next steps to ensure targets are met through the remainder of the consultation period.

1.8. Public relations, stakeholder management, news and media

We will work with the media on a proactive and reactive basis – updating them proactively with key updates and milestones and responding quickly to any of their enquiries as they arise. To support us to do this we will create a rolling set of questions and answers and briefing documents on key elements of the programme. These will be updated regularly as the consultation progresses.

We will actively promote consultation events and opportunities through the local news media and social media, and will also consider, where required, advertising in local press and on social media to further amplify the messages and encourage involvement.

Specific media handling plans will be created for significant milestones throughout the consultation, including in each case, key messages, detailed questions and answers, targeted media, arrangements to offer broadcast interviews and photograph/filming opportunities, a record of who has been approached and briefings offered.

Detailed communications and consultation plans will be put in place to cover the launch, proactive public relations activity with all our stakeholders and reactive communications. A bank of stories and case studies that illustrate the case for change and the expected benefits of the proposals will be developed. An efficient and effective approvals process will also be important in terms of reacting quickly to negative or inaccurate articles and signing of the development of any new materials to respond to issues and themes as they come through the consultation.

1.9. Consulting With Staff

While it should be noted that this will not be a formal staff consultation at this stage, as the programme is still seeking to consult with the public on two main options in relation to the acute pathway considerations, staff engagement and views are recognised as a crucial part of the public consultation and steps will be taken to ensure there is the opportunity to discuss and capture them. Staff will therefore be able to attend any public consultation events and give their response.

Any formal staff consultation would not be undertaken until after a public consultation and decision making business case has been completed and approved. Staff consultation will be undertaken on the basis of organisational change principles and in line with relevant legislation including where appropriate Transfer of Undertakings Protection of Employment (TUPE) regulations.

2.0 Consultation Comms and Engagement EIA

To support the consultation and drive communications and engagement activity in a way that ensures equity for all, a stroke comms and engagement EIA has been created. This is based on the Programme EIA (Appendix 6). This has been reviewed by the Stroke Programme board, the CCG's Patient and Public Involvement Forum (PPIF) and local voluntary and community sector partners.

Table 3 – Comms and Engagement EIA

Group	Consideration	Comms plan and mitigations	Engagement plan and mitigations	Covid-19 considerations and mitigations
Disability	Stroke is one of the leading cause of disability (can affect speech, mobility, memory, balance, vision, spatial awareness, swallowing, bladder and mental health). If you have already had a stroke you're also at a higher risk of having another one. Need to consider the associated challenges with disability around access (both physical or to online resources), and with communication. Learning disabilities are associated with increased cardiovascular risk	Consideration of formats for any consultation communications <u>Mitigations</u> Materials tested and co-designed with service users (including those with disability), BNSSG Patient and Public involvement forum (PPIF) and specific disability groups. <u>Targeted communications</u> Formats to include: Easy read Aphasia friendly Large print Animations Braille BSL Audio Subtitles Using local assets and networks to share materials and consultation messaging	Consideration of location/platform and delivery for any consultation events. For example, ensuring any event locations can meet individual's needs (e.g. wheel chair access), or that online meetings or resources can support the use of a screen readers etc. Working with disability reference group as part of finalisation of materials and approaches Ensure chairing and running of events – whether online or in person is inclusive to those with a disability <u>Targeted engagement</u> Focus groups Interviews Surveys Established support meetings Using local assets and networks to share materials and consultation events	Those with sensory impairment (blind, partially sighted, Deaf or deaf [partial deafness], touch, spatial awareness); those with dual impairment (e.g. deafness or blindness); and those with sensory difference (autism and sensory processing disorder) are a vulnerable group in relation to covid-19. We will look to hold smaller groups when consulting with those with disabilities making sure any Covid-19 regulations are being followed. We will also offer digital means of consultation as an alternative and work closely with local voluntary and community networks to help individuals within this group take part.

Age	Probability of stroke increases as you get older. Most likely age for stroke after 55. Ageing population within North Somerset The ability to travel may prove more challenging with older age, particularly increased reliance on public transport for any face to face consultation events. More likely to have issues accessing digital comms and engagement channels Higher incidence of sensory, cognitive and physical impairments within this cohort It's important younger age groups who can also be affected by stroke are considered. They need to feel included and consulted with. Older people from Black, Asian, Minority Ethnic communities and whose first language is not English will need particular methods of consultation	Using both digital and non-digital channels including: - Newspaper and local publications - Publications from equalities organisations - Radio - Online advertising - Social media - Leaflets/flyers - Billboard/posters - Council newsletters / parish council / community newsletters - Animation It's important that any imagery used with in the comms materials includes a diverse range of ages from different ethnic backgrounds, so as not to exclude anyone, including younger generations who may also be affected by stroke <u>Targeted communications</u> Using local assets and networks to share consultation materials and comms messaging. Using local comms channels in areas with older age groups e.g. North Somerset. Also using targeted distribution of physical materials in these areas. Alternative formats (BSL, large text, audio etc.) as per below	Offering a range of consultation event methods including: - Virtual meetings and events - Face to face meetings and events - Telephone and freepost - Online survey <u>Targeted Engagement</u> Using local assets and networks to share materials and consultation events Attending established meetings and groups Targeted events within areas where there is an older average age, or where engagement with older people in that area may be adversely impacted by other factors under consideration e.g. transport, diversity.	There may be increased hesitancy to travel or mix with others in older age groups who may have been shielding or are still heightened to Covid-19 anxieties. To mitigate we shall offer a variety of methods and channels for any consultation activities. And ensure that any face to face events are covid-19 secure and implement social distancing measures in place. The increased use of digital comms and consultation methods due to Covid-19 may be less accessible to older generations. To mitigate, we will offer physical channels such telephone and freepost, and face to face consultation events. Normal support and social meetings/groups may have been paused due to Covid-19, impacting on the information being passed to these individuals (will contact groups to understand which are still running on a digital basis and which will need to be prioritised at a later date). Any groups not meeting using alternative contact routes through organisers to share information The representative quantitative survey will ensure a diverse range of ages are captured for feedback

Ethnicity	Those from Black and south Asian communities are almost twice as likely to have a stroke than white people Poor health outcomes linked to Gypsy, Roma and traveller populations Considerations around culture and language need to take place to make sure that individuals from different ethnic backgrounds are able to engage in a meaningful way	Considerations around format and delivery of consultation comms materials <u>Targeted communications</u> Providing translations for materials and messaging. The main languages identified by BNSSG CCG for requested resources were: Arabic, Albanian, Bengali, Chinese (Cantonese), Chinese (Mandarin), Farsi, Gujrati and/or Hindi, Kurdish Sorani, Pashto, Punjabi, [Tigrinya], Somali, Turkish, Urdu Using networks to share targeted materials and comms messaging. Linking with trusted community and faith leaders.	Considerations around format and delivery of consultation events <u>Targeted engagement</u> Offering translation and interpreter services for any materials and/or events Running specific targeted engagement with these groups, including: Focus groups Interviews Attending meetings Translated surveys Considering locations for events, for example offering pop up events or meetings in local community centre or place of worship Using local assets and networks to share materials and consultation event opportunities. Linking with trusted community and faith leaders to deliver t events and share information around consultation opportunities.	Evidence suggests that COVID-19 may have a disproportionate impact on people from Black, Asian and minority ethnic groups. Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. There may be increased anxiety around travel and face to face events from this group. To mitigate, we shall offer a variety of consultation methods, physically, digitally and via telephone, and deliver targeted comms and engagement with this group. The representative quantitative survey will also ensure a diverse range of ethnicities are captured for feedback. We have also requested a boosted ethnic minority sample from the independent fieldwork agency, to deliver an additional N=200 responses from individuals from ethnic minority groups.

Religion	Religion and culture is closely linked to ethnic communities. There are certain practices and customs that need to be considered, including religious practices and events including fasting. Also need to consider language and communication barriers and customs/traditions which may prevent certain groups from visiting certain locations or partaking in specific activities. It is important that consultation comms and events are culturally appropriate for those from particular religious groups	As above	As above Considerations around dates and times for any events. Making sure they do not clash with any religious events or practices. Making sure any face to face events are held in locations that are comfortable for people of specific faiths.	As above

Sex	1 in 5 women, and 1 in 6 men will have a stroke. Men are at a higher risk of having a stroke at a younger ages than women	There is limited evidence to suggest the proposed consultation comms plan will have any associated risks relating to sex.	There is limited evidence to suggest the proposed consultation engagement plan will have any associated risks relating to sex. However, traditionally online survey feedback tends to under-represent male population. Our representative sampling approach will set quotas by gender to ensure this is mitigated in part. Also, look for partnership with men's groups to be considered Females are more likely to have childcare responsibilities so any engagement events need to be accommodating and take into account time, days etc.	If consultation plans affected by Covid-19, the representative quantitative survey will capture a representative split of sex within their responses
Areas of higher deprivation	In general, people from more deprived areas have an increased risk of stroke. They are also more likely to be digitally excluded, and may have more issues with travel.	Considerations around format and delivery of consultation comms messaging. Offering a variety of physical and digital channels <u>Targeted communications</u> Physical distribution of messaging, such as leaflets, flyers, postal, banners within these areas. Linking with community associations to share comms messaging	Considerations around format and delivery of consultation events. Offering a variety of physical and digital opportunities <u>Targeted engagement</u> Visiting local areas to conduct face to face events, e.g. surveys, focus groups, meetings or interviews. Linking with community associations to host and promote consultation events	Those from deprived areas are more likely to be disproportionally affected by COVID-19. If consultation plans affected by Covid-19, the representative quantitative survey will ensure the voices of those from areas of higher deprivation are captured for feedback. Where face to face interviewing is not possible to offer random sampling telephone interviewing, based on high penetration of a landline/mobile phone.

Carers	Changes in stroke services likely to impact carers. Caring responsibilities may impact individuals ability to receive communications and attend consultation events	<u>Targeted communications</u> Using local assets and networks to share materials and comms messaging Using a variety of comms channels both physical and digital	<u>Targeted engagement</u> Using local assets and networks to share materials and consultation events. Offering a range of times, dates and locations (both physically and digitally) for engagement, to fit around caring responsibilities	Local reports around carers' 'energy to engage' being low following Covid-19 need to be considered. It's important that any comms and consultation activities are as easy to participate in as possible.
Rural areas	People in rural areas might have less local support Increased probability of needing to travel for meetings, less transport links. Increased age in rural areas, such as North Somerset	<u>Targeted communications</u> Local publications Flyers and leaflets in local GP practices, places of worship, community centres, shops, pubs etc. Local radio Postal comms	<u>Targeted engagement</u> Offering a variety of consultation events, both online and face to face. Offering meetings and running events in rural areas Visiting local facilities to run pop up events at locations such as supermarkets	Due to increased age in rural areas, there may be increased anxiety to travel and attend face to face meetings. Therefore, delivering local comms and engagement, and using both physical and digital channels, will ensure a diverse range of opportunities to be involved. If consultation plans affected by Covid-19, the representative quantitative survey will ensure a representative range of geographical areas are captured for feedback.

Pregnancy and new parents	The incidence of stroke in young and middle-aged adults is increasing, with pregnancy related strokes occurring in 30 in 100,000 pregnancies; strokes are three times more common among pregnant the non-pregnant individuals aged 15-44 years Increased difficulty around travel for those who are pregnant or with young children. Increased caring responsibilities for those with new children. Those who are pregnant may have hospital appointments and other commitments which may affect ability to attend events	<u>Targeted communications</u> Using local assets and networks such as pregnancy and parent groups to share materials and comms messaging. Sharing materials in pregnancy and parent group venues.	<u>Targeted engagement</u> Offering a variety of consultation, both online and face to face, being accommodating of those who may be pregnant or with young children. Offering events at a variety of times and days to accommodate for childcare or healthcare commitments. Visiting local facilities where support groups to run pop up events.	There may be increased anxiety to travel and attend face to face meetings if pregnant. Therefore, delivering local comms and events, and using both physical and digital channels, will ensure a diverse range of opportunities to be involved.

Assets and Networks

Working closely with existing networks and assets will help facilitate the sharing of consultation events to specific groups. Using trusted networks will enable the opportunity for involvement within the consultation to those who may be most affected by the changes, or those who may not usually access our normal channels of communication. This will also allow tailored formatting and delivery considerations to take place, for example the sharing of messages and materials in another language, or the setting up a meeting with an interpreter.

Group	Assets and network
Age	Bristol Older Peoples Forum South Gloucestershire over 50's forum North Somerset older peoples champion group Age UK Bristol Age UK South Glos Bristol Ageing Better Age UK North Somerset Bristol Support Hub for older people (go via Age UK)
Disability	South Gloucestershire Disability Equality Network Deaf Health Network Bristol Disability Equality Forum Compass (North Somerset) The Misfits Centre for Deaf Bristol Autism Support Services Cerebral Palsy Plus Studio Upstairs MIND SISH Sight Loss Councils/Pocklington Trust Sight Support West Macular Society WECIL Bristol After Stroke
Sex	Bristol Women's Voice Mens Shed Group The FA (walking football) Womankind

Group	Assets and network
Ethnicity	Black South West Network Bristol Black Carers Dhek Bhal Nilaari BBC Core Race Equality Network Malcolm X centre Chinese Carers service Bristol Somali Resource Centre South Gloucestershire race equality network Bristol and Avon Chinese women's group North Somerset BME network Sirona Contact for Gypsy and Roma Travellers Bristol BME Elders Health & Wellbeing Project Somali Forum Bristol Refugee Rights Gypsy, Roma Traveller contacts through local authorities, Housing associations and trusted health visitors
Religious beliefs	Bristol Multi-Faith Forum Muslims for Bristol BNSSG Places of worship
Areas of higher deprivation	Wellspring Settlement Easton Community Centre Malcolm X centre Knowle West Healthy Living Centre Hartcliffe community centre Citizen's Advice Bureau Lockleaze Neighbourhood Group Ambition Lawrence Weston Heart of BS13 Community Associations Southmead Development Trust Hartcliffe and Withywood Community Partnership Inns Court Community and Family Centre The Withywood Centre Knowle West Alliance Filwood Hope and South Bristol Advice.

Group	Assets and network
Carers	Bristol Black Carers Chinese Carers service Nilaari The 2 Way Street Young Carers Voice Carers Strategy Implementation Group (CSIG) – South Gloucestershire GPs PPGs PPN Local Authority Carers leads BNSSG Carers Group Parent Carers Dementia Carers Carers Support Centre
Rural areas/locality based	Voluntary Action North Somerset (VANS) West of England Rural Network
Pregnancy and baby groups	Bristols Life Pregnancy Care Services Mothers for Mothers Bristol Mums Group Baby Sensory – Bradley Stroke New Life Antenatal classes South Glos Parents and Carers Weston-Super-Mum Yatton Library and children's Centre The Daisy Foundation Antenatal: Weston Super Mare Southmead maternity services Cossham Birth centre Maternal voices
Others (including care and high risk groups)	The Care Forum Bristol OSCAR Sickle Cell and Thalassaemia Centre British Heart Foundation CASS (Community Access Support Network) BNSSG Patient & Public Involvement Forum (PPIF) Various groups represented within the Building Healthier Together Delivery Group of VCSE organisations Healthwatch North Somerset, Bristol and South Gloucestershire