

North Staffordshire and Stoke on Trent Clinical Commissioning Groups Communications and Engagement Plan

“New Model of Care” Phase 2 Renamed “My Care My Way – Home First”

Communication and engagement objectives

Purpose

This document sets out the second phase planned approach to communications and engagement to support the New Model of Care “My Care My Way – Home First”.

Overall aims

The aim of this phase 2 communication and engagement plan is to:

- Outline the planned communications and engagement activity throughout the consultation.
- Establish a range of methods to enable patients, the public and stakeholders to feedback their views and be part of the phase 2 consultation process.
- Develop a final report detailing the outcome of the public consultation to collate views and themes for consideration by the CCG’s Governing Bodies

A first phase of engagement with local stakeholders/communities commenced in December 2014 and involved the widespread sharing of a comprehensive briefing, developed with support from Health watch and included targeted individuals (i.e. MP’s) through media, existing third (voluntary) sector, general practice and local authority networks.

The first phase concluded with the national general election and a second phase of engagement will commence in June 2015. This will include a required formal consultation for the “My Care My Way – Home First” new model of care in autumn/winter.

Case for Change

Introduction and Context

NHS North Staffordshire CCG and NHS Stoke-on-Trent CCG plan buy and oversees the delivery of healthcare for nearly 500,000 residents within Northern Staffordshire and have a duty to commission the best services they can for their local populations to deliver the best possible outcomes.

Historically within Northern Staffordshire, services have been based around beds and too many patients are admitted into hospital when they could stay at home and be treated within the community. Available clinical evidence tells us that there are better ways to provide care and deliver better outcomes for many people currently admitted to community hospital and as a result, over the past two years there has been an investment of £12million in a range and quality of community health services (such as district nurses, intermediate care teams and specialist nursing teams) to ensure that support and care are based around the individual patient with the ultimate aim of delivering high quality care, closer to home. To date we have seen a significant increase in the numbers of nurses, therapists and support workers within the community and a growth in the number of patients accessing care within their own homes with patients reporting

positive outcomes and experiences.

This has culminated in the development of a New Model of Care, known as My Care My Way – Home First. The implementation of the proposed model of care should ensure that a patient's journey is supported from the point of acute (hospital) admission to discharge home, delivered by a single organisation to ensure that the journey is integrated, smooth and trouble-free without the delays currently being experienced. The CCGs intend to further increase the provision of more intensive care within people's homes and look to ensure that patients who can be treated within the community without the need for a hospital admission will be able to access high quality and timely care when required.

It is expected that the benefits of the proposed new model of care would provide a focus of rehabilitation with more patients returning or remaining within their own homes with support during periods of illness. Clinical evidence demonstrates that a person's condition deteriorates if they spend more time in hospital than needed. One study found that the muscles in a person over 80 will suffer the equivalent of ten years ageing over a ten days spell in hospital. It's not just that though. It's the effect on someone's independence that matters as well. We know that patients who spend too long in hospital find it much harder to cope physically and emotionally when they get back home again and through the proposed model of care, we hope to change this to enable patients to continue to lead full and independent lives wherever possible.

Over the next few months, we will be working with other NHS bodies, local councils and patient groups to consult on our plans for change within the local NHS, seeking patient and public views on how best to deliver health services across Northern Staffordshire.

What does the My Care, My Way – Home First model of care look like?

We have developed a plan in line with national guidance on how urgent and emergency care should develop in the future. Part of this would see GPs becoming more involved in coordinating care for their patients at home. We think this will create more responsive, effective and personalised care outside of hospital including district nurses working closely with GPs and specialists to plan care for people who are frail or vulnerable.

We also want to ensure patients get intensive support and rehabilitation in their own home, close to home where possible, so they don't need to go in to hospital unnecessarily.

It is proposed that patients who require an admission to a bed, Royal Stoke University Hospital will be responsible for a patient from the moment they are admitted to hospital through to their final assessment and discharge, including their recovery at home or, if necessary, in a community hospital bed. The plans involve the Royal Stoke University Hospital taking on the management of the beds at Bradwell and Cheadle Hospitals. The Trust will also have the ability to discharge people home with community-based care and support in place, reducing the number of days a patient will need to stay in hospital.

By making sure one team is responsible for a patient throughout their care, it will give people a more seamless experience and reduce the need for them to be assessed several times and to be transferred between teams. This model of care has been implemented in other parts of the country successfully with positive patient outcomes reported and an increase in the numbers of patients being treated within their own homes.

Our key focus is to ensure patients get intensive support and rehabilitation in their own home and close to home where possible, so they don't need to go in to hospital unnecessarily. As part of the proposed reconfiguration of care, we will pay for less community hospital beds in the future and instead, invest in better ways to care for patients in their own homes.

We think it is really important that a variety of healthcare services are available in the community and we'll carry on paying for healthcare in the community and services like district nursing and specialist nursing teams which offer care closer to home and stop people from having to go to hospital if they don't have to. We are working with local doctors, hospitals and community hospitals to design optimal pathways of care.

What will this mean?

The CCGs have undertaken an exercise to understand what services are needed in the community to ensure the successful implementation of the My Care, My Way – Home First model of care is achieved.

We will require 4845 Intermediate care packages to be delivered within patients' own homes to both prevent admissions but to also ensure patients can be discharged directly home without a further stay in a hospital bed. The likely impact is that fewer community intermediate care beds will be required.

Commissioners are also working closely with the Staffordshire and Stoke-on-Trent Partnership Trust and the Royal Stoke University Hospital to develop a service within A&E to ensure that patients are discharged home from A&E with the right clinical assessment, and with support where required and therefore reducing the requirement for an admission into a bed.

What have people told us so far?

The first phase of engagement commenced in December 2014 and involved the widespread sharing of a comprehensive briefing, developed with support from Healthwatch, to targeted individuals including MPs, through the media, existing third sector, general practice and local authority networks.

We wanted to make sure that we could involve patients and local people to help shape the future services provided. We began talking to people in December 2014 and then again throughout this year. As part of the engagement we also had an online survey and paper questionnaires available. On the whole feedback has been very positive with the key themes being that:

- Patients benefit from being at home
- Patients prefer to be at home
- Support for the proposed model in principle

But survey respondents also requested assurance that

- There is capacity in community services to support this
- Reassure the public about the future of community hospitals
- There will be support for spouse/family/carer
- Patients will be followed up in the community
- This is carefully implemented
- The investment is made to support the changes to the model of care.

As a result of this feedback, the CCGs have prepared media briefings outlining our plans and have also provided information of workforce numbers, investment and the shape of the workforce to deliver the new model of care.

We have also set up a Stakeholder Communications Group in which a number of representatives from Healthwatch and other patient groups attend to support the development of patient events and patient and public facing documentation.

In addition, representatives of the North Staffordshire and Stoke-on-Trent CCGs have attended existing meetings of overview and scrutiny committees (OSCs), patient groups, voluntary sector groups and primary care localities. Alongside all of this activity interviews have taken place on local radio.

Healthwatch Stoke-on-Trent in partnership with the CCGs held 24 awareness events during August 2015, to promote their organisation and the work they do locally. Venues for these sessions included supermarkets, health centres, Bentilee Neighbourhood Centre and Longton Market. As part of these events, Healthwatch was able to share information about My Care My Way – Home First and ask questions.

Our plans for Consultation

To make sure that all the necessary healthcare services are available and to keep people in their own homes wherever possible we need to change the way we have been doing things.

We want to make sure that we involve patients and local people to help shape the future services provided.

We began talking to people in December 2014 and will continue to do so during the period of consultation that runs from 12th October 2015 to the 17th January 2016.

The key questions that we are looking for answers to during the consultation period are as follows:

- **Is there anything further we should be considering with regards to the My Care My Way model of care?**
- **Are there further mitigations we should put in place/consider in proposing this change?**
- **Are there any question/issues that individuals would like to raise as part of this process?**

RESEARCH – history; cultural context, Evidence Base

Nationally/regionally/locally/best practice etc.

Evidence Base:

The association between bed rest and functional decline over 18 months10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80 a study by **Gill et al (2004)**.

The relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity, and social activity. **Kortebein P, Symons TB, Ferrando A, et al**

Functional impact of 10 days of bed rest in healthy older adults. **J Gerontol A Biol Sci Med Sci. 2008; 63:1076–1081.**

The Principles to improve Care for Older People (Prof. Ian Philp): **Health Service Journal May 2012**

One person – main point of contact and assessment with input from others if needed – inter professional working not just parallel MDT approach: **Liew D, Liew D, Kennedy M.**

National Commissioning Board, Everyone Counts: **Planning for Patients, (2013-2014)**

National Commissioning Board, **The CCG Outcomes Indicator Set, (2013-2014)**

The Kings Fund, **Older People and Emergency Bed Use, (2012)**

Department of Health. **Care Closer to Home / Our Health Our Future review -Lord Darzi report (DH 2007)**

Department of Health. **No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH 2000)**

Department of Health. **Direction of Travel for Urgent Care (DH 2007)**

The Operating Framework for the NHS in England 2014/15

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

The Health and Social Care Act 2012

http://www.local.gov.uk/c/document_library/get_file?uuid=e0e0321b-49f1-4ec2-9e73-5ba379e0787b&groupId=10180

Department of Health - Liberating the NHS, 2010

<https://www.gov.uk/government/.../liberating-the-nhs-white-paper>

Department of Health - **Taking Healthcare to the patient, 2005**

Kings fund -**Specialist in out-of-hospital settings 2014**

Future Hospital Commission – **Caring for Medical Patients – RCP 2013**

<https://www.rcplondon.ac.uk/projects/future-hospital-commission>

Department of Health;2009 Transforming Community Services

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215624/dh_126111.pdf

Managing capacity and demand across the patient journey –**Alder S, Silvester K, Walley P 2010**

A National Evaluation of the Costs and Outcomes of Intermediate Care for Older People - **Barton P, Stirling B 2006**

Clinical and Service Integration: The route to improved outcomes - **Curry N, Ham C 2010**

<https://www.kingsfund.org.uk/sites/files/kf/Clinical-and-service-integration-Natasha-Curry-Chris-Ham-22-November-2010.pdf>

Avoiding Hospital Admissions: What does the research evidence say? - **Purdy S, 2010**

Integrating Health and Social Care in Torbay: **Improving care for Mrs Smith. Thistlethwaite P, 2011**

Imminence of death among hospital inpatients: Prevalent cohort study-**David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 Palliat Med**

Emergency Department Length of Stay independently predicts Inpatient length of stay. **MJA 2003; 179; 524-526**

CCG Five year Plan

North Staffordshire Integrated Strategy Operating Plan

Keogh Report: Urgent and Emergency Care Review

<http://www.nhs.uk/nhsengland/keogh-review/Pages/urgent-and-emergency-care-review.aspx>

British Geriatrics Society: Fit for Frailty

<http://www.bgs.org.uk/index.php/fitforfrailty-2m>

Everyone Counts: Planning for Patients 2013/2014

<http://www.england.nhs.uk/everyonecounts/>

West Midlands Quality Review – LTC

<http://www.wmgrs.nhs.uk/review-programmes/view/long-term-condition>

Francis Report: Robert Francis report into the failings at Mid Staffordshire foundation Trust

http://www.kingsfund.org.uk/projects/francis-inquiry-report?qclid=CNDI3lqh1cUCFQ_MtAodDUqAgA

Healthcare Commission – **Urgent Care Review (DH 2008)**

Royal College of Physicians. Acute Medical Care – the right person, in the right setting – first time (**RCP 2007**)

Seven Ways to No: **Delays NHS Institute for Innovation and Improvement 2010**

Enforcement Policy: **Care Quality Commission: (CQC 2012)**

Urgent Care Strategy: **Northern Staffordshire LHE (2014-2017)**

Call to Action Report (2014)

<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/>

Acute Medical Care of Elderly People, **British Geriatrician Society (2011)**

<http://www.bgs.org.uk/index.php/readingsubjectlist/206-acutecare>

AUDIENCES/STAKEHOLDERS

The following is a high level stakeholder list of our target audience

Internal (key)

- CCGs
- CCG, GP's and GP Practice staff
- NHS England

External – General

- The Royal Stoke Acute Hospital
- Staffordshire and Stoke on Trent Partnership trust
- North Staffordshire Combined Healthcare
- Staffordshire County Council
- Health Watch
- Councillors
- NHS England

MPS

- Bill Cash MP (Stone)
- Ruth Smeeth MP (S-O-T North)
- Karen Bradley MP (Moorlands)
- Paul Farrelly MP (Newcastle-under-Lyme)
- Robert Flello MP (S-O-T South)
- Tristram Hunt MP (S-O-T Central)
- Jeremy Lefroy (Stafford)

Government/regulators/Assurance

- Overview and Scrutiny Committees (Stoke on Trent, Staffordshire and Moorlands and Newcastle under Lyme.
- NHS England

Patients/carers/public/communities:

- CCG patient Participation Groups
- My Care My Way – Stakeholder Communication and Engagement Group
- Voluntary, community sector organisations
- Communities of interest (Protected groups)

Partners

- Local Medical Council
- Local Authorities County, City and district councils
- Third sector
- Health and Wellbeing Board
- Housing Providers
- Midlands and Lancashire Commissioning Support Unit

Providers

- GP practices
- Hospital Trusts

- Care/nursing homes
- Hospices
- Independent Sector

Media

- Local – print and broadcast
- WEBSITE – CCG
- Social media – twitter
- My Care My Way brochure
- Survey – paper and website

Commissioning Support Unit, Communications and Engagement hold the detailed list including breakdown of protected group and will use the list and make contact via email and follow up with telephone call.

SWOT Strengths, Weaknesses, Opportunities and Threats

Strengths

- Improved patient experience
- Improved use of taxpayers' money
- Integrated Care
- Established model of insight and involvement
- Strong partnership between the CCGs and providers
- Strong relationships with Engaging Communities

Weaknesses

- Communication process between providers and staff
- Coordination of public messages due to multiplicity of Boards

Opportunities

- Patient empowered to take responsibilities for their care
- Freedom of choice for patients
- Working closely with the Health and Well Being Boards

Threats

- Size and diversity of Staffordshire and Stoke-on-Trent
- Public confusion about responsibilities in the restricted NHS
- Engagement fatigue
- Negative perceptions of services
- Perceived postcode lottery
- Seen as restricting choice
- Perceived as a money saving initiative

TOOLS and TACTICS

Internal

- Face-to-face staff meetings/briefings
- Email
- Internal newsletters to all partner organisations
- Letters to staff without easy PC access

- Internal team and divisional meetings
- Marketing materials
- CCG weekly newsletters
- SSOTP, NSCHC, UHNM, The County Hospital internal communications channels

Stakeholder Communication and Engagement Group

Following feedback from both Healthwatch organisations, other voluntary organisation attendees at the phase 1 drop in sessions and a public event on 30th March 2015, it was decided that a working party should be formed in order to ensure we reach the networks of all voluntary organisations, key stakeholders, Providers and staff to ensure that we have a wider audience within North Staffordshire to engage and communicate with appropriately.

This group will help to shape proposals in the second phase of the engagement process to ensure that Minority group views are captured. **SEE APPENDIX 1**

Stakeholder Communication and Engagement Group Appendix 1

Protected Groups represented	Organisation	Name	NS CCG	SOT CC	
Age	Age UK Age UK	John Larkham Peter Bullock	√	√	
Homelessness	Arch	Nicky Lowry Head of Business Development	√		<i>Invited -No response to email</i>
	Aspire Housing				
	Voices	Ben Wilson	√	√	<i>(Homelessness caused by MH/alcohol/substance misuse)</i>
Mental Health/Age	Changes (12 Steps to Mental Health)	Barbra Wain	√	√	
	Alzheimer's Society	Sharon Wright	√	√	
	Dementia Advocacy Project Beth Johnson	Jane Snape/Betty Machin	√	√	
	Brighter Futures	Charlotte Kay		√	
9 "My Care My Way"	Step Up - Step Down phase 2 v 0.4				

Gender					This will be covered by all general comms and consultation
Gender Reassignment					This will be covered by all general comms and consultation
Disability Physical and Sensory	DDeaflinks	Laura Thirlwall	√	√	<i>Attended first meeting but latterly had paper circulation</i>
	Diabetes UK	Malcolm Barber		√	
	Breathe Easy	Keith Sims	√	√	
Ethnicity / Race					This will be covered by all general comms and consultation
Sexual Orientation (LGB)	Stoke on Trent Pride			√	No response to email invite This will be covered by all general comms and consultation
Religion or Belief			√	√	This will be covered by all general comms and consultation
Marriage and Civil partnership (workforce only)				√	This will be covered by all general comms and consultation
Pregnancy, maternity and breastfeeding mums			√	√	This will be covered by all general comms and consultation
Carers	North Staffs Carers Association	Philip Webb		√	

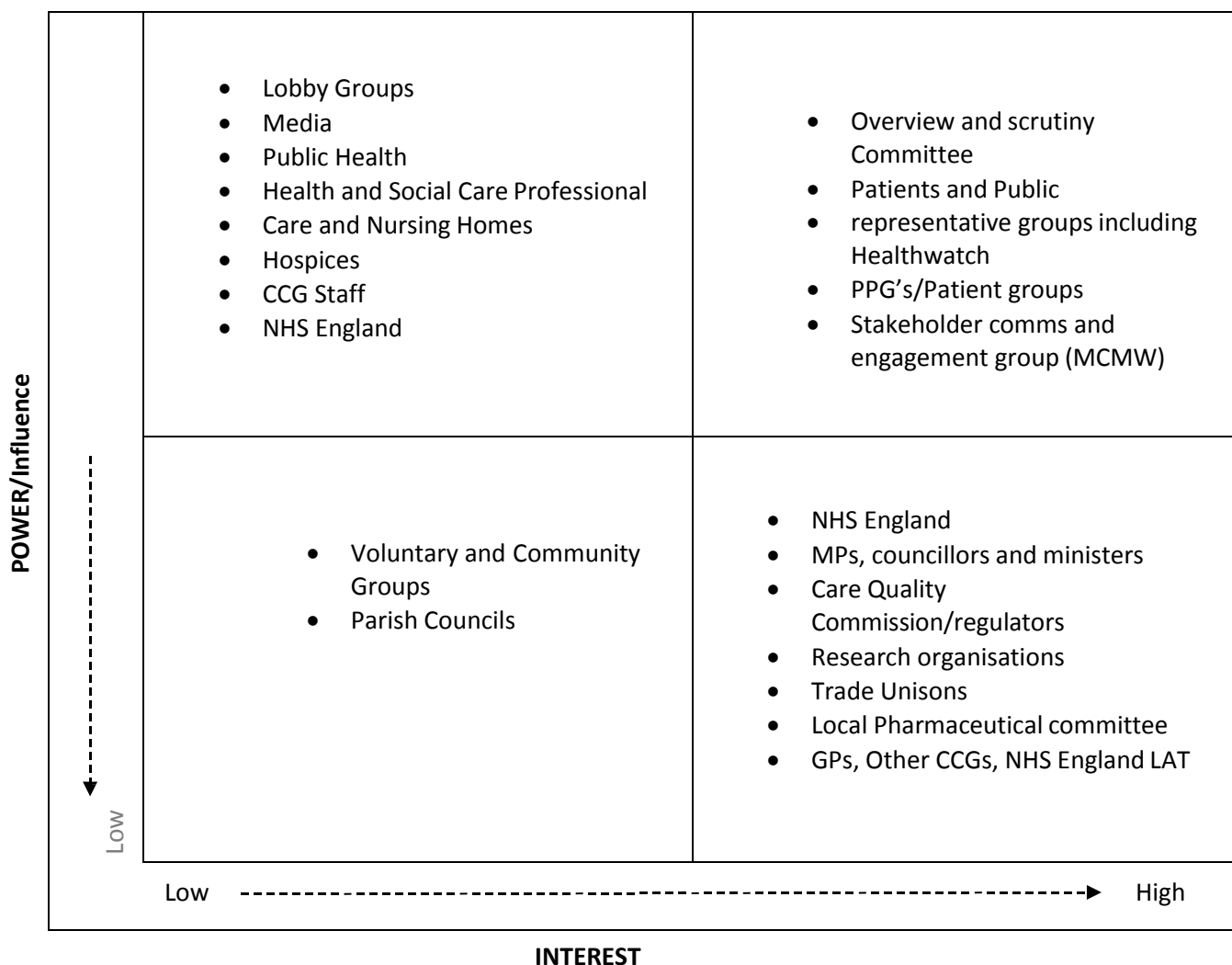
	Crossroads Carers	D Agostinelli	√		
Military Veterans					This will be covered by all general comms and consultation
Other stakeholders					
Health Watch	Stoke on Trent	Val Lewis, Dave Rushton	√	√	
	Staffordshire	Sue Baknak			
Midlands and Lancashire Commissioning Support Unit		Filippa St Aubin D'ancey Ann-Marie Dale			
Provider Staff	UHNM	Liz Limbert Head of Communication and Engagement Andy Ashcroft Communication Manager			This will be covered by provider general comms and consultation
Provider Staff	SSOTP	Jess Dickson Senior Communication and Engagement			This will be covered by provider general comms and consultation
Provider Staff	NS Combined Healthcare	Annie Roberts Head of Communication and Engagement			
Provider Staff	Stoke on Trent Local Authority	Hayley Webb Communication and Engagement Mandy Pattinson Scrutiny Officer		√	

Provider Staff	Staffordshire County Council	Nicholas Pountney Communication and Engagement Lead Tony Jackson Scrutiny Officer	√	√	
CCG Patient Participation	Lay member	Margy Woodhead Maggie Matthews	√	√	Attendee Attendee
West Midland Ambulance		Deb Adams Murray Macgregor Comms lead	√ √	√ √	Attendee
Cheadle Patient Participation Group		Dorothy Clohesy	√		Attendee
Moorlands Patient Participation Group		Peter Bailey	√		Attendee

Terms of Reference



New Model of Care
comms Sub group To



Date	Time	Meeting	Venue	Attending	Audience	Feedback from this event
28 th May 2015	10am-12pm	Stakeholder Comms Group	Medical Institute		Stakeholders Voluntary sector	See Notes
15 th June 2015	15.00-16.30	Healthwatch Stoke: Health and Care Group	Rose price Room Dudson Centre	Health and Care volunteers	Health and Care volunteers	See Notes
18 th June 2015	18.00-19.30	Community health Voice	Cobridge Health centre	volunteers	volunteers	Marcus Warnes Attended
23 June 2015	10am – 12MD	Stakeholder Comms Group	Windsor Room Stoke Town Hall	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
1 July 2015	9.30-10.30	Stakeholder Comms Group	Minton Room Herbert Minton Building	Health and Care volunteers	Health and Care volunteers	See Notes
8 July 2015	19.00-21.00	Newcastle Health and Wellbeing	Civic Centre Merrial Street Newcastle	Councillors Public media	Councillors Public media	Marcus Warnes Attended
9 July 2015	8.00-8.30	Radio Stoke Interview	42 Cheapside, Hanley, Stoke on Trent ST1 1JJ		Patients and Public	Marcus Warnes
9 July 2015	10.00-11.30	Stoke Adult Overview and Scrutiny	Civic Centre Glebe Street Stoke	Councillors Public media	Councillors Public media	Marcus Warnes, Stuart Poynor
14 July 2015	10.00-12.00	Stakeholder Comms Group	Room 5 Changes	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
28 July 2015	1.30-15.00	Stakeholder Comms Group	Room 4 Changes	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
29 July 2015	19.30-21.00	Ipstones Parish Council	Memorial Hall Ipstones ST10 2LD	Patients and Public	Patients and Public	
11 August 2015	14.00-16.00	Age UK Dudson Centre	Hope Street Hanley	Voluntary sector	Voluntary sector	Marcus Warnes
17 August 2015	19.00-21.00	Save Longton Cottage Hospital Public Meeting	St Gregory's Church, Heathcote Road	Public	Public	Marcus Warnes Andrew Bartlam Stuart Poynor
18 August 2015	a.m.	BBC Radio Stoke		Media	Patients, Public and Media	Marcus Warnes
25 August 2015	10.00	Stakeholder Comms	Minton Room, Herbert Minton	Stakeholders Voluntary	Stakeholders Voluntary sector	See Notes

	12.00	Group	Building	sector		
8 September 2015	11.30 13.00	Stakeholder Comms Group	Minton Room, Herbert Minton Building	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
9 September 2015	14.00 16.00	Stoke Adult Overview and Scrutiny	Civic Centre Glebe Street Stoke	Councillors Public media	Councillors Public media	Marcus Warnes,
22 September 2015	10.00 12.00	Stakeholder Comms Group	Room 5 Changes	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
24 September 2015	10am – 12pm	Moorlands Rural & Werrington Patient Locality Group	Cheadle Hospital	Patients/Public	Patients/Public	Becky Scullion
30 September 2015	19.00- 21.00	Newcastle Health and Wellbeing Scrutiny Committee	Committee Room 1 Newcastle Civic Offices	Councillors Public media	Councillors Public media	Marcus Warnes
6 October 2015	9.30- 11.00	Stakeholder Comms Group	Minton Room, Herbert Minton Building	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
20 October 2015	10.00 12.00	Stakeholder Comms Group	Minton Room, Herbert Minton Building	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
21 October 2015	1- 1.30pm	Cross Rhythms Radio	Cross Rhythms Radio Station	Patients /Public	Patient/Public	Recorded session
23 October 2015	13.00- 16.00	Public Consultation	The Moat House	Public	Public	CSU Feedback & Ind Evaluation
3 November 2015	13.00- 16.00	Public Consultation	Fenton Manor	Public	Public	CSU Feedback & Ind Evaluation
9 November 2015	18.00- 21.00	Public Consultation	CoRE	Public	Public	CSU Feedback & Ind Evaluation
20 November 2015	15.00- 18.00	Public Consultation	Leek Moorlands	Public	Public	CSU Feedback & Ind Evaluation
23 November 2015	10.00- 13.00	Public Consultation	Bentilee Neighbourhood Centre	Public	Public	CSU Feedback & Ind Evaluation
27 November 2015	14.00- 17.00	Public Consultation	Guild Hall Cheadle	Public	Public	CSU Feedback & Ind Evaluation
8 December 2015	9.30- 11.00	Stakeholder Comms Group	Minton Room, Herbert Minton Building	Stakeholders Voluntary sector	Stakeholders Voluntary sector	See Notes
5 January 2016	16.20 19.15	Stoke on Trent Patient Congress	Herbert Minton Building Minton Room	COO Patient congress Other stakeholders		Briefing update

				Voluntary sector		
13 January 2016	10.00 14.00	Tunstall Market	Tunstall	Public		Hand out of leaflets/survey and 1:1 discussions
14 th January 2016	10.00 12.00	Middleport PPG	Middleport Health Centre	Public PPG membership		Briefing update
16 th January 2016	10.00 14.00	Longton Market	Longton	Public		Hand out of leaflets/survey and 1:1 discussions

Communications and engagement plan to support My Care My Way (New Model of Care) for North Staffordshire and Stoke-on-Trent CCGs
Planned activities and events for second phase

Appendix 4

Date	Activity	Comments
September 2015	Script narrative produced	Narrative produced and signed off and used by all stakeholders to ensure consistent message
September 2015	Social Media/Press release briefing	Bank of information produced and scheduled
12 th October 2015	Consultation Launch	Launch of official consultation
September 2015	Budget	Identify joint budget figure for consultation
September 2015	Identify venues for consultation	X 6 venues required
September 2015	Ensure email account from phase 1 still active	To use first phase email account
12 October 2015	Issue press release	Mark start of consultation Primary Care through Dr Emma Sutton
12 October 2015	Flyers issued detailing venues	
12 October 2015	Plan detail of events	Independent Chair and Independent Facilitators nominated
12 October 2015	Survey produced and signed off to go live	Uploaded to website
October 2015 to January 2016	1:1 Media interviews with CCG representatives	Identify representatives

September 2015	Preparation of proposals	Agreement by NHS England
12 October 2015	Publication of proposals	CCG's respective website, Twitter and possibly Facebook.
12 October 2015	Message to stakeholders	Emailed to respective communication leads
12 October 2015	Staff briefings – global email sent to all staff within UHNM/SSOTP	Communication and Engagement leads to disseminate
12 October 2015	Stakeholders- telephone call to key players including MP's and OSC	Communication and Engagement Staff to liaise with Key Players
12 October 2015	Public Consultation Commences	
27 th November 2015	Minimum of 6 public facing events completed	
January 2016	Further distribution of reminder of survey via: <ul style="list-style-type: none"> • PPGs • Patient Congress • Membership • Voluntary Organisations (stakeholder database) Local market stall engagement Tunstall Market Longton Market	Communication and Engagement Team
13 th January 2016 16 th January 2016		

17th January 2016	Consultation Ends	
End February 2016	Review of feedback. Independent evaluation.	Communication and Engagement Team to co-ordinate
End February 2016	Feedback and evaluation	Communication and Engagement Team to co-ordinate
March 2016	Publication of the outputs from the consultation	