



Croft House Surgery

Consultation Plan

NHS Greater Huddersfield CCG

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Contents

	Page
1. Introduction	4
2. Background	4
3. Legislation	5
• Health and Social Care Act 2012	
• The Equality Act 2010	
• The NHS Constitution	
4. Principles for Consultation	7
5. What engagement has already taken place?	7
6. Aim and objective of the consultation	9
7. Consultation	10
8. Communication	12
9. Equality	15
10. Non pay Budget	15
11. High level timeline for delivery	16
12. How the findings will be used	17

1. Introduction

The purpose of the 'Consultation' plan is to describe a process which will help us to consult with local people on proposed change of location for Croft House surgery based in Slaithwaite, Huddersfield. Croft House Surgery is part of Colne Valley Group Practice. Colne Valley Group practice and NHS Greater Huddersfield CCG want to ensure through this consultation that the future proposed change meets the needs of the local population and that any change of location considers the views of the local practice population and any key stakeholders.

This plan describes the background to the consultation, the legislation relating to any service change, what people have already told us and how the CCG will consult with the local practice population and stakeholders. The purpose of the plan is to provide information on our approach to consulting with local people on:

- A proposed change of location of Croft House Surgery to Globe Mills based in Slaithwaite, Huddersfield.

The proposal is a single option consultation and the rationale for this is set out in the background section below.

Findings from the consultation will be used to support the CCG to make a final decision on the change of location and help Colne Valley Group Practice consider the views of the practice population and key stakeholders on the proposal.

2. Background

Croft House surgery has existed since 1963, when three local doctors purchased the former mill owner's home on the A62.

This was initially an ideal location but over the years there has been an increasing need for more space to offer more services and accommodate more staff. Although the surgery has expanded into three adjoining cottages and a neighbouring car-park, as well as converting more of the original building, there is still not enough space and the space has lots of disadvantages for patients and staff. Challenges include the difficulties of access (including stairs) for people with disabilities or mobility problems, small rooms that restrict the care that can be offered, limited parking and no opportunity for confidential conversations in reception.

It is not possible to solve these problems by extending or developing the current premises. To make sure that we can provide high quality care for our patients into the future we need to move.

The practice has been looking out for new premises for several years but there haven't been any suitable options until now. This has included considering whether it would be possible for us to move into the Slaithwaite Health Centre with the practice there, but the building works that would be needed could not be done without that practice temporarily moving out, which would cause major disruption and impact on services for patients for many months.

There is now an opportunity for the surgery to move to the ground floor of the new Globe Mills development in Slaithwaite and to have purpose-built facilities that would support provision and development of services into the future. The practice would all be on the same level, giving big improvements in access and facilities, and there would be more parking available.

Globe Mills is about 0.2 miles closer to Slaithwaite village centre than the existing building. It takes an average of about 5 minutes to walk between the two buildings. Globe Mills is closer to the railway station and village bus-stops, but further from A62 bus stops, than Croft House Surgery. There would be a bridge over the canal to link Globe Mills to the village centre. There is enough space for a pharmacy.

The CCG's Primary Care Commissioning Committee has considered potential options for the relocation of Croft House surgery, including the following criteria: costs, disruption to existing practices during transition period; timescales for delivery (and impact of continued uncertainty); risk; range of options; practice views.

3. Legislation

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals 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, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

To ensure we meet our statutory obligations we must satisfy the principles set out in Gunning. The 'Gunning Principles' are applied if a decision is taken to judicial review. The gunning principles are:

- Consultation must take place when the proposal is still at a formative stage.

- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account.

It is worth noting that it is not the decision that is tested but the process that has been followed to come to that decision.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of consultation activity and in the review as a whole.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles; the organisation must be aware of their duty set out below.

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

This formal consultation will fulfil part of our consideration of our legal duty.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4. Principles for Consultation

In addition to the legislation NHS Greater Huddersfield CCG has a 'Patient Engagement and Experience Strategy'. This strategy has been developed alongside key stakeholders. The strategy sets out our approach to consultation and what the public can expect when we deliver any consultation activity. The principles state that we will;

- Make sure our methods and approaches are developed with a specific target audience in mind e.g. young people.
- Identify the best ways of reaching target audiences and use them.
- Always provide an easy read version of any document and offer translated versions relevant to the community as required.
- Equality monitor participants so we ensure the views reflect the whole population.
- Use different methods or specifically target communities where we become aware of any under-representation.
- Target our public meetings so they cover all the local geographical areas that make up Greater Huddersfield.
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required.
- Purchase our resources for delivering consultation activity from the local community whenever it is possible.
- Inform our partners of our consultation activity and share our plans.

Consultation is the formal process of asking the public their views on any proposals to change the way a service is provided and delivered. This process is supported by our legal obligations (see section 3 - legislation). Any formal consultation process requires us to follow a legal process so that we can ensure local people have a voice and an opportunity to provide us with their view. Consultations will be based on what we already know and should only take place when we have already engaged with the public (see section 5).

These principles set out what the public can reasonably expect us to do as part of any consultation activity and any process has to preserve these principles to ensure public expectations are met.

5. What engagement has already taken place?

An engagement process was led jointly by NHS England and In January 2015 NHS England worked with Colne Valley Family Doctors (now Colne Valley Group Practice) to understand the views of patients in the proposed change of location for Croft House Surgery in January 2015 in order to develop a business case.

Colne Valley Family Doctors distributed a comments card to gather patient views on a possible relocation; in addition a poster was created and displayed in reception. There was also a dedicated display board which included a 'You Said, We Did' response to questions

as they came up. The comments card included the following narrative, and a comments section:

'We at Colne Valley Family Doctors have always listened to our patients and over the last few years we have had feedback regarding our location and premises. We are aware that there are issues with our current premises around disability access, car parking, confidentiality in reception and not having the capacity to bring in new services due to the restriction on space.

In view of this we have been in discussion with the Hartley Group to consider moving our practice into the *Globe Mill Development*. This will fully take place in the next 12-18 months or so subject to approval by NHS England. We would like to reassure all our patients that the services we offer at our practice will be protected and, in actual fact, it means that the quality of your experience and range of services will be improved.

However, we would be grateful if you have any thoughts or comments that you let us know by completing the comments box below and handing into reception. We can take these into account when planning the relocation in the months ahead'

5.1 Findings from the engagement process:

The practice received 12 completed forms. The feedback has been grouped into the themes below and each comment has been copied verbatim from the original form.

- I would support the move to new premises to provide better facilities and access for the disabled.
- This will ease the parking problems and support the regeneration of the area. I am in support of a relocation of the doctors.
- I think this is an excellent idea – providing access for all is extremely important. Utilisation of redundant buildings for such purposes is an ideal way of protecting the local heritage for local people.
- Very good. The sooner the better.
- I think this is a positive move. It will be easier for access etc. and in terms of travel, is no difference to anyone who already uses Colne Valley Family Doctors.
- Brilliant idea! The practice and people are lovely but your building is terrible for bringing in babies and toddlers.
- Brilliant idea!
- Sounds a good plan. I realise this will locate the surgery near the other practice, but I am not sure what impact this will have.
- Very good idea.
- Very pleased to hear.
- Excellent idea, long needed doing. You have our full support
- A few patients have requested a coffee machine in the waiting room when we move to the new site.
- Can we keep Cohen's chemist?

- Good idea to move to better premises for reasons above but Manchester Road is much more accessible – far easier than having to go through/into Slaithwaite.
- Although it would seem well developed already, can I register my reservations about the practice moving to Globe Mills. Why move so you are virtually on top of the Health Centre? CVD's 'unique selling point' is its location - you are able to more easily serve the people living on this side of the valley and up and down the main A62 artery; plus you are right on top of a very regular bus route. That cannot be said of buses running into the village centre. I know parking is an issue though I have recently seen that the public car parking opposite the old Star pub was being offered for sale by Kirklees council. Might this be a cheaper solution, bearing in mind the investment that had already gone into extending the practice in recent years. Finally, is parking going to be any better at Globe Mills? Parking shortages are already a contentious issue plus the amount of traffic is already increased with the opening of the supermarket, and presumably set to increase further as Globe Mills swings into use. I know Croft House is not perfect but can you be sure that what you are moving to is going to solve all the problems? I'm am yet to be convinced

In addition Jason McCartney who was the local MP at this time, also provided a letter of support for the proposal to relocate Croft House Surgery from the current location.

6. Aim and objectives of the consultation activity

The aim of the consultation activity will be to capture the views of patients of the practice and any key stakeholders on the proposals for future arrangements for changing the location of Croft House Surgery in Slaithwaite, Huddersfield. The target audience for consultation will be:

- Patients of Croft House Surgery
- Staff and health care professionals working in or from Croft House Surgery
- Other stakeholders

The aim of the formal consultation is to facilitate genuine and meaningful involvement to ensure we can reach, inform, communicate and formally consult with patients of the practice and key stakeholders. In delivering this aim the objectives will be:

- To complete the consultation in a 6 week period (The standard 12 week period has been reduced as the target audience is mainly the practice population and timescales will ensure decision making can take place in a timely manner)
- To communicate clearly and simply the proposal using various formats and approaches.
- To provide an explanation of the proposal, the considerations given to the proposal and describe how this will deliver service improvements for patients of Croft House Surgery.
- To gather feedback on the proposal using a variety of mechanisms as part of formal consultation such as face to face, electronic and paper surveys.

- To ensure we formally consult with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for formal consultation as appropriate.
- To understand who is most likely to be impacted by the plans, utilising the equality analysis and ensure that these groups are particularly targeted.
- To analyse the feedback from the formal consultation process.
- To provide a report of findings on the consultation to decision makers and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the formal consultation and any decision to change the way services are currently provided or delivered.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process.

7. Consultation

A consultation document will be developed bringing together information about current services, why things need to change and setting out proposals for future arrangements for Croft House Surgery.

A survey will accompany the consultation document (see appendix 1) which includes a number of questions we need to ask all patients and stakeholders to ensure we can make an informed decision on the future location of Croft House Surgery. In addition each respondent will be asked to complete an equality monitoring form (see appendix 2) to ensure we reach a diversely representative sample of our local population.

All responses will be gathered online, by networks or through the CCG Freepost address to encourage responses.

7.1 What do we plan to do?

To ensure formal consultation can take place we will need to provide more opportunities for communication and information sharing and discussion, offer patients and stakeholders the chance to host conversations and directly target identified groups.

The formal consultation will be delivered over a 6 week period using a number of mechanisms.

7.2.1 Consultation activities:

- **Launch** – The consultation launch will take place in the first week of formal consultation. The content on CCG and Practice website will go live and contain more about the consultation and links to a consultation document. The practice and CCG website will provide information on how to respond to the consultation which will include a questionnaire which can be downloaded and

printed and an electronic survey. We will also launch through communication channels such as local media, social media and radio as appropriate. As part of our launch we will provide, where appropriate, partner organisation communication leads with information to share among their networks.

- **Staff who use the practice** – We will build on existing platforms in organisations where we know staff from outside organisations use the surgery. This will include staff notice boards, websites, staff briefings and local intranets. A range of opportunities for consultation including events, presentations and information sessions will be promoted.
- **Thelma Walker MP** - We will use our regular, scheduled face to face meeting and/or written briefing to ensure the local MP is informed and involved. In addition the Kirklees Overview and Scrutiny Committees (OSC) will have an opportunity to be formally consulted on our proposals.
- **Direct mail out** – We will send information about the consultation to every household on Croft House surgery practice list and Marsden Health Centre patients who do not have a mobile number registered with the practice. This information will inform patients of the consultation and provide details of how to respond. This information will provide a number of response options to ensure all patients can provide a view.
- **Text message** – The text message facility in the practice will be used to promote the consultation to patients who are contactable by this mechanism. This will include patients registered at Marsden Health Centre who may use Croft House surgery. The practice can reach 8,499 patients using this facility from the 10,490 practice patient population. The text message will be used at the launch of consultation, and one subsequent reminder will take place during the consultation period.
- **Drop in to speak the Assistant Practice Manager/Practice Manager** – Due to the limited availability of rooms at Croft House surgery the practice will run a weekly appointment session for at least two hours each week so people can talk directly to the assistant practice manager/practice manager. The sessions will run weekly, one on each day of the week during the lunchtime period. The purpose of the drop in will be to reach people who may want to come in and talk to someone about the proposals and provide a view, or gather more information to inform a view.
- **Stakeholders** – Stakeholders who would like more information can request that someone present the proposals at a formal meeting or gathering. Each request will be considered individually and an approach put in place.

- **Waiting room** – a stand with information about the proposal will include consultation documents in various formats including easy read and a drop box for people to post responses at the surgery. Hard copy responses will also be able to be sent using the CCG FREEPOST address.

8. Communications

8.1 Communication material

Target audiences

We have identified the key target audiences below as well as the main mechanisms that will be used to reach them during the consultation period.

Target Audience	Communication Mechanisms
Patients	<ul style="list-style-type: none"> • Drop in sessions • Text message/household letter • Printed material in practice and other local outlets • CCG/practice website • CCG/practice social media channels • Local media (tbc) • Existing meetings and forums • Patient Reference Groups • Third sector organisations • Third Sector umbrella organisations • Patient groups • Carers groups
OSC/Health and Well-being boards	<ul style="list-style-type: none"> • Written briefing • Further information/meetings as requested
Practice staff	<ul style="list-style-type: none"> • Notification via clinical system • Update in weekly admin meetings
HealthWatch	<ul style="list-style-type: none"> • Written briefing • Face-to-face meetings as requested
Elected members / Councillors/MPs Thelma Walker MP Cllr Donna Bellamy Cllr Nicola Turner Cllr Rob Walker	<ul style="list-style-type: none"> • Written briefing • Further information/meetings as requested • Drop-in sessions

Target Audience	Communication Mechanisms
Local Professional Committees	<ul style="list-style-type: none"> • Written briefing • Further information/meetings as requested
Media	<ul style="list-style-type: none"> • Media release • Reactive/proactive content developed as required
Other stakeholders	<ul style="list-style-type: none"> • We will write to any stakeholders who may have an interest or need to know about the change of premises. These stakeholders will have an opportunity to respond to the consultation

Communication resources

The CCG will produce of a range of communication materials to support the consultation process as indicated below.

- Full consultation document with questionnaire. We will encourage the use of material provided online however these items will also be made available to the public/stakeholders in a printed format on request from the practice
- Accessible, easy read and translated material will be available on request. The practice does not serve a diverse population and translated versions of documents are not anticipated at this stage
- There will also be a contact telephone number for people who want to find out more and complete their survey over the telephone.
- Script and FAQ for use by practice staff that the practice will be involved in drafting
- Script and FAQ for use on practice website
- Script/content for practice bulletins/noticeboards
- Content for local papers/news outlets if required with the practice advising of any local publications e.g. parish newsletter etc. they would like to use
- PowerPoint slides for events as requested
- Pop-up stand/s if required
- Leaflets and posters promoting the consultation and drop-in events for use in local outlets such as post office, library, town hall, shops etc. with practice staff or Practice Reference Group Network (PRGN) taking a lead on distributing these local

Communications mechanisms

- **Practice website:** The practice website must contain information about the consultation and how people can give their views and obtain information in

alternative formats. Information should include the consultation document and a link to the online survey.

- **CCG website** will contain information about the consultation as above.
- **GP membership:** Information about the consultation will be included on The CCG intranet (practice pages) and in CCG's GP bulletin Fortified.
- **Social Media:** The CCG will use its Twitter channel to promote the consultation.
- **Media:** the CCG will prepare a press release for the main local daily paper (Huddersfield Examiner). The practice should highlight any additional local media either online or in print format. The CCG will support the practice in relation to media handling and the development of reactive statements over the duration of the consultation.
- **Partners:** We will work with the practice to understand what other local communications channels, networks and outlets exist and to provide material in an appropriate format as required.
- **Leaflets/posters** promoting the consultation and drop-in events to be available in the practice and distributed locally to shops, library, and other community venues as appropriate.
- **Questions and Answers (Q&A):** We will monitor feedback received via questionnaires, at events and through the media and other mechanisms on an ongoing basis. Where appropriate/necessary, we will respond to feedback directly, by updating our website and using other communications mechanisms to clarify any factual information or correct inaccuracies.
- **Key messages:** key messages will be included in consultation material. These will be consistent, clear and easy for people to understand and support their involvement in the process.
- **Consultation document:** to include:
 - Description of our proposals
 - What is changing and why
 - What the consultation is about in a clear and simple way
 - How to give your views and deadline for submitting responses
 - Questionnaire
 - Equality monitoring
 - How to access alternative versions
 - How we will be using these findings/views
 - When and how a decision will be made

Communicating outcomes

The CCG and practice will publish the report of consultation findings on their websites. Any decisions will be communicated via the practice website, notice board and published on the GHCCG website.

9. Equality

To ensure the consultation process meets the requirements on the organisations to evidence due regard has been paid to their equality duties all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided.

We will ensure that our consultation process targets protected groups. We will identify any people who are more likely to be impacted by potential changes. We will also work with our equality team to ensure all adjustments and arrangements are made to enable protected groups to participate fully in the consultation process. Where needed we will create accessible, other language and easy read copies of the consultation.

Once gathered the equality data captured during consultation will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the consultation a view will be taken to identify any underrepresentation where found, measures will be taken to address through the consultation process.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

10. Non pay budget required

Formal consultation	
Item	Estimated Cost
Information posted to all households	55p per unit
Text messaging	Practice facility

Consultation document – Summary document, questionnaire, design, printing, electronic format	In house cost
Interpreters, translations Accessible formats – Language, large print, Braille and easy read	500
Posters in GP practices and localities	No cost
Media and advertising	tbc
Freepost	500
Data input and analysis	tbc
ESTIMATED total budget required	£tbc

11. High level time line for the delivery of consultation

What	By When
Preparation and planning for consultation	February 2018
OSC	February 2018
Formal consultation starts (6 weeks)	Midday 15 th February 2018
Consultation ends	Midday 29 th March 2018
Data input	9 th April 2018
Analysis and report including equality data	27 th April 2018
Draft report of findings ready	1 st May 2018
Deliberation on findings from consultation SMT and OSC	2 nd May 2018
Decision-making by CCG - Quality Committee and Finance and Performance	tbc
Governing Body/Primary Care Commissioning Committee	tbc
Public feedback	tbc

12. How the findings will be used

The findings from the consultation will be used alongside any existing intelligence to inform decision-making on the future arrangements for the change of location for Croft House Surgery. All intelligence, including the equality findings from consultation will be captured into one report and supported by the equality impact assessment

This report will provide an overview of consultation and the feedback received. The report will be received through internal reporting mechanisms and a decision will be made.