

APPENDIX 1

Proposed plans to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients at University Hospitals Birmingham NHS Foundation Trust (UHB)

Engagement and external communications plan

1. Purpose of the document

This is a joint plan between University Hospitals Birmingham NHS Foundation Trust (the Trust) and NHS Birmingham and Solihull Clinical Commissioning Group (the CCG). It sets out the approach for engaging and involving patients and the public in the proposals, and also describes the communication and engagement tools that can help us deliver the stated objectives.

2. Background and evidence for change

University Hospitals Birmingham NHS Foundation Trust is planning to improve how it delivers trauma and orthopaedic (T&O) and gynaecological (gynae) services to patients in Birmingham and Solihull. The two services are intrinsically linked in terms of bed and theatre capacity across three hospital sites; Good Hope Hospital (GHH), Heartlands Hospital (BHH) and Solihull Hospital (SH).

As well as investing £2.5million in areas where services are provided, the Trust plans to create centres of clinical excellence and provide the best possible experience for patients.

This may involve patients having their surgery/procedure in a different hospital to the one they do currently, in order to improve waiting times, reduce cancellations, and improve clinical outcomes. However, the Trust does not propose making any changes to where pre and post-op outpatients, x-rays and scans and therapy appointments take place – they will still take place at local hospitals. Proposed changes apply only to the patient's surgery/procedure.

There will be no service closures, but there may be relocation of services from one hospital site to another. All hospitals will continue to run Emergency Departments (A&E) or in Solihull's case a Minor Injuries Unit (MIU).

3. Context for involvement

Section 14Z2 Health and Social Care Act 2012, clearly sets out a legislative requirement for NHS clinical commissioning groups (CCGs) to involve their stakeholders at an early stage, and throughout any change programmes, at varying degrees. It is important that this legislation and NHS England's statutory guidance is duly noted, to avoid any legal challenge or democratic scrutiny. It must also be ensured that due and proper regard is given to the Public Sector Equality Duty, as set out in the Equality Act 2010.

NHS trusts and foundation trusts are also under a duty to make arrangements for the involvement of the users of health services, when engaged with the planning or provision of health services. This is set out in the NHS Act 2002, Part 12, Chapter 2, Point 242.

In consultation with, and further to agreement from, the Birmingham and Solihull Health Overview and Scrutiny Committees, engagement on these proposals will take place over six weeks, to enable respondents sufficient time to duly consider the proposals and to respond. A high-level process timeline can be found in Appendix one.

To support this process, an equalities analysis will be conducted in order to identify any potential disproportionately affected protected groups.

4. Objectives

Based on the situation outlined above, and communications and engagement best practices, the top level communication and engagement priorities are:

- An external reputation for transformational change;
- Creating a momentum of transformational change, including a shared vision of the benefits of doing things differently;
- The ongoing management of significant partnerships with the public and other key stakeholders;
- Engaging local people to build a vision for the future, ensuring that they are involved in decision making; and
- Starting to promote the vision of a local health system that encourages whole-system behaviour change, focussing on prevention, early intervention and demand management.

5. Potential benefits and impacts for patients

Heartlands Hospital (BHH)	Good Hope Hospital (GHH)	Solihull Hospital (SH)
Trauma & orthopaedics		
<p>Will deliver all non-ambulatory (e.g. patient cannot walk) trauma care – ambulances will take patients to BHH, rather than to GHH.</p> <p>Patients receive ‘enhanced recovery’ with support from ortho-geriatrician.</p> <p>Patients may be taken back to their local hospital for step-down care (on average after six days of enhanced recovery).</p> <p>Impact: potentially further for visitors to travel to see patients taken to BHH, rather than SH by ambulance*.</p>	<p>Will provide ambulatory (e.g. patient can walk) trauma.</p> <p>Retains day case, outpatient and fracture clinics.</p> <p>Impact: Sutton-based patients, and their visitors, will have to travel to Solihull for elective procedures*. Emergency patients will be taken by ambulance to BHH, not GHH.</p> <p>Less likelihood of cancellations due to emergency cases needing theatre time.</p> <p>Some patients will be seen, stabilised, sent home and then recalled for surgery/procedure at</p>	<p>Will provide all planned orthopaedic services and becomes a specialist centre.</p> <p>Retains day case, outpatient and fracture clinics.</p> <p>Solihull residents with a hip fracture are already taken by ambulance to BHH.</p> <p>Example patient who will be treated here: planned knee replacement.</p>

<p>Patients may transfer from one hospital to another for the next stage of their care journey</p> <p>Example patient who will be treated here: footballer who has snapped bone in lower leg, or older person who has broken their hip.</p>	<p>GHH. Better patient experience and outcome than remaining as an inpatient and waiting for theatre slot.</p> <p>Example patient who will be treated here: broken wrist or ankle.</p>	
Gynaecology		
<p>Will provide emergency gynaecology services in newly refurbished location, including a Gynae Assessment Unit. For patients who require a longer stay (over 23 hours), they may be transferred from BHH to GHH for their inpatient stay.</p> <p>All planned patients move to GHH</p> <p>Impact: patients, and their visitors, may have to travel further for planned gynae procedures. * Patients may be transferred from BHH to GHH for the next stage of their care journey (if over 23 hours).</p> <p>Example patient who will be treated here: patient having a miscarriage or ectopic pregnancy.</p>	<p>Becomes specialist centre. Gains approx.1588 patients a year.</p> <p>GHH will provide all planned/day case theatre activity, with an inpatient ward (Ward 2), a Gynae Assessment Unit* and an early pregnancy service.</p> <p>Example patient who will be treated here: removal of ovarian cysts or hysterectomy.</p> <p>* emergency trollies.</p>	<p>All planned patients move to GHH (approx. 652 a year).</p> <p>Currently no inpatient beds.</p> <p>Impact: patients, and their visitors, may have to travel further for planned gynae procedures*.</p>

* Please see appendix two for travel times between hospitals.

6. Key messages

The guiding principle of our messaging will be straightforward dialogue, that isn't too simplistic, patronising or defensive; promoting respect and recognition to our audiences. Knowledge and insight gained from engagement with our identified audiences must be used to shape key messages and will include identifiable golden threads.

The overarching key messages will be as follows:

- *University Hospitals Birmingham is investing £2.5m in its trauma and orthopaedics and gynaecology services.*
- *We want to improve patient's experiences of these services.*

- *We want to improve waiting times, reduce cancellations, have dedicated facilities for patients, create specialist theatre teams and improve clinical outcomes for patients accessing these services.*
- *We are striving to create centres of excellence.*
- *There won't be changes to where outpatients, x-rays and scans and therapy appointments take place – they will still take place at local hospitals.*
- *The proposed changes only apply to the patient's surgery or procedure.*
- *We know that some patients are already going to hospitals, other than their nearest one, for their surgery or procedures.*
- *Services provided at Queen Elizabeth Hospital Birmingham are not affected by the potential changes.*
- *Emergency patients who need to continue their care at another hospital, will be taken there by hospital transport.*

7. Materials and resources

A number of materials will be produced as part of the engagement. These will include a clear narrative, as well as supporting materials, which will raise awareness of the engagement and encourage people to take part.

In addition to the document as described above, materials will include:

- Online survey
- Stakeholder briefing
- Presentation for meetings and events
- Frequently asked questions
- Media pack – web and social media
- Key documents will also be published, to allow intelligent consideration of the proposals

8. Communications and engagement deliverables

Channels/audience	Delivery	Reach
sLetters to all patients on the waiting list for planned procedures – gynae and orthopaedics	Write a bespoke letter to patients currently on the waiting list advising them of potential changes, providing the evidence for change and seeking their feedback.	<i>TBC</i>

Letter for all planned gynae and orthopaedic patients who are going to be listed (i.e. added to the waiting list)	Supply letter to GPs and UHB consultants (in outpatient setting) which can be handed to patients who are going onto the waiting list.	TBC
Survey	Creation of an online survey to capture views.	Unknown at this stage.
news@ magazine (all issues across hospital sites)	Use the Trust's own magazines to create awareness amongst patients.	20,000 copies printed and distributed each month to all four sites.
News story on Trust and CCG websites	Publish story on the websites.	Combined average numbers of total website visits per month for the past six months = 150,000+
Trust's social media accounts	Use social media to raise awareness and drive traffic to website story.	Facebook: 14,880 likes Twitter: 19,700 followers
CCG's social media accounts	Use social media to raise awareness and drive traffic to website story.	Facebook: 12,200 likes Twitter: 11,000 followers Instagram: 1,120 followers
Posters in outpatient areas and imaging departments at BHH, GHH and SH.	Include brief details and QR code to survey.	Approx. 3,911 outpatient appointments per weekday across all HGS sites. Approx. 487 outpatient appointments per Sat/Sun

		across all HGS sites. Approx. 526,100 imaging appointments per year.
Foundation Trust Membership e-bulletin	Use the Trust's database of FT members.	49,723 members on the database.
CCG primary care bulletin	Include information in weekly e-bulletin circulated to all GPs and practice managers in Birmingham and Solihull.	350 people – all GPs and practice managers in the area.
Discussion at CCG PPG Forum	Discussion at existing meeting on 18 July.	Representatives from 50 + GP practices across Birmingham and Solihull.
Discussion at Patient Health Forum	Discussion at existing meeting.	Representatives from 50 + people across Birmingham with a long-term condition.
Presentation to all Patient, Carer and Community Councils.	Link in with Patient Experience team to organise a slot at the meetings.	125 patient and public members on the councils.
Carer Coordinators	Engage with the Trust's Carer Coordinators.	<i>TBC</i>
Presentation to GP forums	Present at CCG-led GP forums.	<i>TBC</i>
Stakeholder briefing	Briefing for key stakeholders e.g. MPs, Councillors, Healthwatch, voluntary sector etc.	<i>TBC</i>
Drop-in engagement events	Presentation and Q&A for local community, patients, stakeholders, Governors, staff etc.	Held during the week commencing 5 August at Good Hope, Solihull and South Staff

9. Analysis of feedback

An independent organisation will be appointed to analyse all responses and to produce a report thereby ensuring maximum openness and transparency. Feedback received from the online questionnaires will be included in a report, along with feedback obtained by other methods, for example, from engagement meetings and events, letters, emails, petitions and so on. The feedback will be categorised based on demographic data provided by the respondents.

10. Enquiries

A single telephone number and email address will be agreed. Telephone calls, emails and letters will be responded to from Monday to Friday, during normal working hours. Each enquiry will be recorded on a database and responded to by the appropriate team member in a timely manner.

Contact details will be made available for people require support in completing the questionnaire, or have any questions about the process. In addition, consideration will be given to how respondents whose first language is not English can be supported, for example, translation of the survey or interpretation through the use of a telephone-based interpretation facility.

There are also likely to be a number of Freedom of Information (FOI) requests, which are required to be responded to within a certain timeframe. FOI requests will be managed by the normal UHB/CCG FOI procedures.

11. Budget

Every effort will be made to ensure value-for-money is achieved during this process. However, this desire will need to be balanced with the reality of time constraints, the breadth and depth of the communications and engagement activities required as well as the specialist skills needed to deliver them. There may be a need to commission some additional, specialist support from external parties.

12. Evaluation

Measurement of communications and engagement outcomes will take place throughout the process; to ensure that we remain aligned to the delivery to our goals. Evaluation allows us to: improves the effectiveness of our activities; adapt our approach as situations change; and allocate our resources appropriately.

Effectiveness of the communications and engagement activities will be measured by:

1. The number of stakeholders who engage in the events;
2. The overall number of survey responses;
3. Number of survey responses aligned to the demographic profile of Birmingham and Solihull;
4. The number of questions and general enquiries received overall and from different stakeholder groups;
5. The tone of social media and media content;
6. For digital communications and social media; user statistics, number of posts, number of retweets, comments, likes and shares; and
7. How feedback given by all stakeholders has meaningfully influenced the proposals; this will be demonstrated via a 'you said, we did' communication.
8. Capturing lessons learnt to inform future communications and engagement plans.

Appendix one

High-level draft timeline

Key deliverable	Timescale
Initial dialogue with Birmingham and Solihull HOSC chairs	06 June 2019
Production of equality impact assessment / analysis of existing insight and data	By end June 2019
Commission external data analysis and reporting support	By end June 2019
Formal HOSC presentation (prior to engagement)	26 June 2019
Production of communications and engagement materials/deliverables	By end June 2019
Engagement starts	08 July 2019
Deployment of all deliverables	08 July – 16 August 2019
Engagement ends	16 August 2019
Independent engagement report completed	By end August 2019
EIA updated	August 2019
Formal HOSC presentations (post engagement)	Early September 2019
GOVERNANCE/DECISION MAKING POINTS	TBC - September 2019
Share feedback and decision with stakeholders	September 2019

Note: key dates are highlighted.

Appendix two

Driving – journey times:

Route	Time of day	
	10am	6pm
Solihull Hospital to Good Hope Hospital	22-30 mins	28-45 mins
Good Hope Hospital to Solihull Hospital	Avoiding motorway: 28-45 mins	Avoiding motorway: 30-50 mins
Solihull Hospital to Heartlands Hospital	14-28 mins	16-30 mins
Heartlands Hospital to Solihull Hospital		
Heartlands Hospital to Good Hope Hospital	20-35 mins	24-45 mins
Good Hope Hospital to Heartlands Hospital		

Public transport – journey times:

Route	Time of day	
	10am	6pm
Solihull Hospital to Good Hope Hospital	1 hour 17 minutes	1 hour 19 minutes
Good Hope Hospital to Solihull Hospital	1 hour 8 minutes	1 hour 15 minutes
Solihull Hospital to Heartlands Hospital	42 minutes	57 minutes
Heartlands Hospital to Solihull Hospital	40 minutes	43 minutes
Heartlands Hospital to Good Hope Hospital	54 minutes	58 minutes
Good Hope Hospital to Heartlands Hospital	49 minutes	52 minutes

Source: Google Maps, 2019: <https://www.google.com/maps>