

# **Special Adults Wellbeing and Health Overview and Scrutiny Committee**

**4 December 2018**



## **Shotley Bridge Hospital Update – Communications and Engagement Plan**

### **Report of North Durham Clinical Commissioning Group (CCG)**

**Mike Brierley, Director of Corporate Programmes, Delivery and Operations**

**Rachel Rooney, Commissioning and Development Manager**

#### **Electoral division(s) affected:**

Countywide

#### **Purpose of the Report**

- 1 The purpose of the report is to outline to the County Durham Adults Wellbeing and Health Overview and Scrutiny Committee the proposed communications and engagement plan for services currently delivered from Shotley Bridge Hospital.
- 2 The following report outlines the key drivers for change, national guidance on engagement and consultation, a focus on the engagement period and finally a proposal on the medium list of options to be used for engagement.

#### **Executive summary**

- 3 No decisions have been made about future service delivery.
- 4 Any future plans will be based on the local Clinical Strategy for delivering the best care for our patients and the feedback we receive from the local population.
- 5 Any future plans will need to co-ordinate with the delivery of Community Services and integration with GPs and Local Authority services.
- 6 We have recognised and committed to the provision of a modern healthcare facility in this area, any future plans need to be able to demonstrate sustainability to meet future demand.

- 7 The report details what will be engaged upon and how that information will be used to refine options and inform formal consultation.

### **Recommendation(s)**

- 8 Based on the content of the report and ongoing engagement with the committee the committee is asked to consider the content of the report,
- 9 County Durham Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:
- (i) Consider the timescales for engagement and consultation and provide feedback on this
  - (ii) Review the medium list of options for engagement
  - (iii) Agree to receive regular updates on progress throughout engagement and consultation, in particular to receive a report on the 1<sup>st</sup> April 2019

### **Background**

#### **10 Current Site**

- a) Shotley Bridge Community Hospital (SBCH) is a NHS Property Services (NHSPS) freehold site comprising a medium sized hospital building circa 10,500 m<sup>2</sup> gross internal area (GIA), which formed part of a larger hospital site, the majority of which has been demolished.
- b) The buildings on the site consist of a six storey tower with basement containing wards, offices and various day services including a day theatre, outpatient's areas and various one and two storey extensions to the tower buildings containing ancillary services, outpatients, a restaurant and offices.
- c) The main tower was constructed in 1969 with a two storey tower and basement with corridor link in circa 1950. A rear extension was added in circa 1990 with further extensions in 2001.
- d) The associated building infrastructure services to the older blocks have not been replaced since their original installation and as such have exceeded the expected operational lifespan, leading to a number of operational risks.

#### **11 Current Services**

- a) There are a range of services currently delivered from Shotley Bridge Hospital.

b) These services include;

- Range of outpatients
- Rehabilitation bed provision
- Urgent care
- Diagnostics
- Chemotherapy
- Theatre

c) These services are all part of the scope of engagement and consultation and options for each service line are detailed from point 34 of this document.

## **12 Drivers for Change**

a) There are significant operational running costs to operate the current site at Shotley Bridge (approx. £1.8m).

b) There are also significant backlog maintenance costs associated with the current site (approx. £4m).

c) North Durham CCG is committed to commissioning services which best meet the needs of the local population within environments that are modern and fit for purpose.

## **13 National Guidance Regarding Engagement and Consultation**

a) CCGs have a duty to engagement and consult on any potential major service change (NHS Act 2006).

b) The Government has set out four key tests (below) in relation to major service change which are fundamental to any proposed transformation;

- i. Strong public and patient engagement.
- ii. Consistency with current and prospective need for patient choice.
- iii. Clear, clinical evidence base.
- iv. Support for proposals from clinical commissioners.

c) A fifth test relates to any transformation which affects bed configuration;

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

Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions

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).

d) CCGs are also bound by the duties set out as part of the Equality Act 2010.

#### **14 Project Governance**

- (i) A Reference Group has been established and has been meeting since October 2017. The group has representation from the MP, local Councillors, the CCG, clinical lead and County Durham and Darlington Foundation Trust (CDDFT), as well as the Director of Integrated Community Services.
- (ii) The Reference Group is chaired by Councillor Lucy Hovvels (Chair of the Health and Wellbeing Board).
- (iii) The Reference Group receives and considers reports and information as part of the project to help inform and consider potential options.
- (iv) The CCG have also set up a project group which has representation from the local Patient Reference Group, Friends of Shotley Bridge Hospital, Healthwatch (as an observer), the clinical lead and various Trust and CCG representatives.
- (v) The aim of the project group is to help inform and shape the future of the project.

#### **Engagement and Consultation**

- 13 North Durham CCG need to present a clear, coherent vision for the future provision of healthcare services in Shotley Bridge and the wider locality that is evidence based and is subject to engagement and consultation with members of the public.

- 14 North Durham CCG have been involved in pre-engagement activity with key stakeholders to update on progress.
- 15 North Durham CCG are proposing to lead a period of engagement and formal consultation to inform the outcomes of this project.
- 16 Engagement and consultation will focus on the potential future service model and location.
- 17 The first stage will be public engagement which will help shape the content and methodology for formal consultation. Formal consultation will be held over a suggested 12 week period starting in April 2019.
- 18 North Durham CCG will feedback to the Overview and Scrutiny Committee following this period (at the meeting on the 1<sup>st</sup> April 2019).
- 19 The CCG will present the findings from the engagement phase and will seek assurance on proposals for formal consultation.

### **Engagement Phase**

- 20 It is proposed that the CCG will start formal engagement with members of the public and key stakeholders on the 10<sup>th</sup> January for a period of 8-10 weeks. This will be extended if weather adversely impacts on people's ability to feed in.
- 21 The engagement process will be used to inform and gather feedback from members of the public and key stakeholders.
- 22 The public will be asked key questions based on the information and proposed medium list of options (see section on options).
- 23 The engagement methodology to be used includes dedicated events, focussed surveys, an ongoing presence at the current site and working groups which include councillors and MPs.
- 24 The CCG will utilise existing mechanisms to carry out focussed engagement including CCG and Trust patient and public forums.
- 25 The CCG will also seek support from the local authority to outreach into care provision and people's own homes through domiciliary care; this will give those more isolated communities the ability to feed into the process.
- 26 The CCG will engage with local networks across the voluntary and community sector.
- 27 As a CCG we are committed to ensuring that engagement is accessible and inclusive.

- 28 During this engagement period commissioners will seek to inform members of the public of our proposed medium list of options.
- 29 All information will be presented as part of a comprehensive engagement document – outlining key information and options.
- 30 The CCG will ask key questions based on these service model options (listed in section starting at point 34) as well as asking the public if there are any areas that they feel have been missed.
- 31 As part of the engagement phase the CCG will also begin to explore potential geographical areas where future facilities may be located.
- 32 Information gathered from engagement will be used twofold;
- (i) To help inform decision making criteria on short list of options.
  - (ii) To be used as part of the overall information fed into the options appraisal process. The result of the options appraisal will be a short list of scenarios both in terms of service model and site to then formally consult on.
- 33 The information gathered will be used to help populate a pre-consultation business case which will be presented to Overview and Scrutiny Committee in April 2019.

### **Medium List of Options for Engagement**

- 34 The medium list of options will be broken down into key components based on services currently delivered from Shotley Bridge Hospital.
- 35 Each option will be presented within the engagement document with supporting narrative to give context and rationale.
- 36 At this stage there are no preferred options presented as the feedback will help inform recommended scenarios for consultation.

### *Urgent Care Centre*

- 37 In July 2017 NHS England published “Urgent Treatment Centres – Principles and Standards” which sets out the 27 standards to be implemented to meet the goals of the Five Year Forward View.
- 38 The services provided at Shotley Bridge Hospital meet the standards for an Urgent Treatment Centre.
- 39 The CCG is committed to delivering services which help to reduce the burden on busy A&E departments.

- 40 The service has 24/7 nurse practitioner cover with GP leadership in place.
- 41 The CCG has recognised (utilising data) that services aren't well utilised during the hours of 00:00-08:00.
- 42 The CCG is also cognisant of the recruitment and retention issues relating to the GP workforce.
- 43 On this basis there are three options proposed at this stage;
- (i) **Option 1** – remove all urgent care services from the Derwentside area and use existing primary care access and urgent care at University Hospital North Durham (UHND)
  - (ii) **Option 2** – provide services as is 24/7
  - (iii) **Option 3** – provide services as is, with only home visits during the hours of 00:00 – 08:00

### *Bed Provision*

- 44 North Durham CCG recognises there is a need for bed provision within the Derwentside area.
- 45 Further work is required to understand the impact of any potential changes on this cohort of patients.
- 46 Within Shotley Bridge Hospital there are currently eight GP-led beds.
- 47 Within the Derwentside area there are seven Intermediate Care Plus beds and options for 'spot-purchasing' beds both of which are within the independent sector.
- 48 At this stage we would like to engage on four options for future bed provision in the area;
- (i) **Option 1** – Utilise independent sector bed provision already in place and dispose of the 8 NHS GP-led beds
  - (ii) **Option 2** – Continue with existing arrangement of 8 GP-led beds based within a 'health' facility and a mixture of block and spot purchasing within the independent sector
  - (iii) **Option 3** – Consolidate all existing bed provision into one integrated health and care facility to create a ward of 16 beds. No provision delivered within independent sector facilities.

- (iv) **Option 4** – utilise health facility beds as above options with additional palliative use.

### *Chemotherapy Unit*

- 49 Currently there are chemotherapy services (clinical oncology) delivered from Shotley Bridge Hospital.
- 50 Based on the information available at this stage the CCG want to engage the public on these three options;
  - (i) **Option 1** – to remove chemotherapy provision from any future health facility in the Derwentside area
  - (ii) **Option 2** – to continue delivering chemotherapy intervention at a local health facility
  - (iii) **Option 3** – to continue delivering chemotherapy intervention at a local health facility and explore the opportunity of delivering further infusion based services i.e. IV antibiotics.

### *Theatre provision*

- 51 Currently there are theatre based services within Shotley Bridge Hospital.
- 52 At this stage the CCG is reviewing information regarding local and national strategies for workforce as well as best practice and latest clinical safety guidelines.
- 53 Based on our initial observations and discussions with local clinical leaders in this field we believe that we need to explore alternative options to those currently being delivered.
- 54 At this stage we propose the following options;
  - (i) **Option 1** – to invest in local theatre services within Derwentside on the basis that a thorough review of clinical guidelines will be undertaken
  - (ii) **Option 2** – to discontinue services locally and consolidate on existing acute sites

## *Diagnostics*

- 55 Currently there are plain film x-ray facilities available at Shotley Bridge Hospital as well as ultrasound.
- 56 The options relating to the future provision of an urgent care centre create an evidence base for access to x-ray and diagnostic facilities within a health facility.
- 57 At this time we believe there are two options for diagnostics;
- (i) **Option 1** - to provide x-ray and ultrasound services within any future health facility
  - (ii) **Option 2** – to consolidate any existing x-ray and ultrasound services into major sites i.e. UHND

## *Endoscopy*

- 58 Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.
- 59 Going forward there is a case to be reviewed in terms of the clinical and financial viability of such a service locally. What we do know is that currently diagnostic targets are being met.
- 60 Information will be reviewed as part of the engagement phase with County Durham and Darlington Foundation Trust (CDDFT) with regards to clinical and safety standards relating to such procedures.
- 61 At this stage North Durham CCG believe there are two options for engagement on endoscopy services;
- (i) **Option 1** – deliver services within a local facility for the population of Derwentside with on-site decontamination facilities
  - (ii) **Option 2** – deliver services within a local facility for the population of Derwentside with off-site decontamination facilities *Outpatients*
  - (iii) **Option 3** – consolidate endoscopy services onto the 3 main acute sites of CDDFT – UHND, Bishop Auckland Hospital (BAH) and Darlington Memorial Hospital (DMH).\*
- \*Choice would remain available for other providers at different locations

## *Outpatients*

- 62 There are a range of outpatients currently delivered at Shotley Bridge Hospital.
- 63 For each service line delivered as part of the outpatients offer there is an option to continue or stop delivery.
- 64 The CCG and CDDFT would like to continue to deliver care closer to home whilst recognising that outpatient activity has reduced across all specialities and all sites over time due to changes in pathways and medication.
- 65 Further work will be required to understand future need and demand.
- 66 The table below outlines the outpatient clinics available all of which have the ability to be retained locally as an option and during engagement each service line will be given the option of this as well as potential centralisation.

| Service Line  | Option 1              | Option 2        |
|---|-----------------------|-----------------|
|   | Local Health Facility | Consolidate     |
| Cardiology  |                       |                 |
| Clinical Photography  |                       |                 |
| Contraception and Sexual Health   |                       |                 |
| Community Dietetics   |                       |                 |
| Dermatology   |                       |                 |
| Diabetes  |                       |                 |
| Ear, Nose and Throat  |                       |                 |
| Gastroenterology  |                       |                 |
| General Surgery   |                       |                 |
| Geriatric <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Movement Disorder</li> </ul> |                       |                 |
| Haematology   |                       |                 |
| Midwifery   |                       |                 |
| Obstetrics  |                       |                 |
| Ophthalmology   |                       |                 |
| Oral Surgery  |                       |                 |
| Paediatrics   |                       | *at Stanley PCC |
| Pain (Tier 3 Management)  |                       |                 |
| Plastics  |                       |                 |
| Respiratory   |                       |                 |
| Retinal Screening   |                       |                 |
| Rheumatology  |                       |                 |
| Trauma and Orthopaedics   |                       |                 |
| Urology   |                       |                 |
| Vascular  |                       |                 |
| Women's Health  |                       |                 |

### *Options Regarding Site*

- 67 In terms of the site the engagement period will be used to initiate discussions about the site of any modifications to existing or new build.
- 68 The options will be around existing site vs new site. With both of these the CCG will explore with the public the considerations to be made with any improved building.
- 69 We will begin to explore issues regarding access and transportation as well as any other factors which the public feel is important to them. This will help us to design the decision making criteria used to determine any preferred options for consultation.

### **Timescales**

- 70 The CCG has discussed this with the Reference Group and there was some concern regarding the time of year and the potential for adverse weather conditions. With this in mind we have committed to reviewing the engagement period and reviewing in light of the weather, if there is any disruption we will extend the engagement period and have built this into timescales.
- 71 The following outline timescales are proposed for engagement and consultation as well as the potential for consultation start date. Please note these timescales are indicative and subject to change.
- Public engagement January 2019 for a period of 8-10 weeks
  - Public Consultation April – July 2019 (12 weeks)
  - Outline business case to NHS England after engagement and consultation (Spring-Summer 2019)
  - Full Business case Summer-Autumn 2019
  - Construction late 2019/early 2020

### **Background papers**

- NHS Act 2006
- Equality Act 2010
- Planning, assuring and delivering service change for patients, NHSE April 2018

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## **Appendix 1: Implications**

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### **Legal Implications**

Statutory duty of CCGs to engage and consult as outlined within the Equality Act 2010 and NHS Act 2006.

### **Finance**

Financial implications in terms of effective use of public money

### **Consultation**

Duty to consult on major service change

### **Equality and Diversity / Public Sector Equality Duty**

The duties set out in the Equality Act 2010 will be followed throughout engagement and consultation and focus will be paid to the nine protected characteristic groups to ensure fair access to engage.

### **Human Rights**

N/A.

### **Crime and Disorder**

N/A

### **Staffing**

Staff will be formally engaged and consulted as part of this process.

### **Accommodation**

Development of existing or new site for services currently delivered from Shotley Bridge Hospital.

### **Risk**

Risks and mitigations have been documented as part of the overall project but also in relation to communications and engagement (detailed in appendix 2).

### **Procurement**

Any procurement will be carried out following NHS guidelines.

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## **Appendix 2: Draft Communications and Engagement Plan**

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### **Healthcare in Derwentside Draft Communications and Engagement Plan**

#### **1. Introduction to the plan**

This Communications and Engagement plan is to provide an overview of the process of engagement activity to support information gathering and conversations in advance of the formal consultation.

Through the engagement period we will gather views of local patients, family members, carers and the wider public, alongside healthcare providers and clinicians, local GPs, Local Authority (including Public Health), voluntary and community sector organisations and other stakeholders in relation to; The potential for developing health services in and around Derwentside.

However this part of the process will not deliver a final option at this stage. Instead this process is part of the preparation for the formal consultation. The engagement process will seek to help move from a long list of all the possible scenarios to an informed and viable short list. Comments made throughout engagement will be considered as part of a clinically led options appraisal which will be based on criteria including delivering high quality services in a sustainable way.

This engagement process does not seek to make any firm decisions about what the final outcome would be, but rather to progress the conversation towards what the realistic outcomes are which will then be subject to the formal consultation process.

The project relates to work being undertaken across North Durham and more specifically across the north west locality of the North Durham geography that relate to services in Derwentside and surrounding areas.

#### **2. Situation**

- Significant operational costs to sustain the current Shotley Bridge Hospital site
- Existing Shotley Bridge Hospital site is beyond operational lifespan
- Considering future infrastructure required to support current and future delivery of services

- Any new infrastructure needs to support implementation of the new Community Services contract and development of Teams Around Patients (TAPS)
- We know the demographics across 'Derwentside' are changing (Around 34% of the population is aged 50+. This is projected to rise to around 40% by 2020. Around 8% of the population is aged over 75+. This is projected to rise to 10% by 2020).
- A project steering group (including local Councillors and MPs) has been meeting since autumn 2017 to specifically look at these issues
- A working group (including staff from NDCCG, Durham County Council, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust as well as patient representatives and Healthwatch County Durham) has also been meeting since autumn 2017 to consider current information about services provided

### **3. Aims and Objectives**

- Consider information and data relevant to the need for healthcare provision in 'Derwentside'
- Consider options for the future Shotley Bridge Community Hospital estate in relation to future service delivery
- To inform stakeholders about the long list of options / scenarios
- To work with stakeholders to review and evaluate each proposal and its viability
- To seek out any other potential scenarios to inform the consultation
- Ask stakeholders their views on the range of services we propose to deliver in the future
- Seek feedback on proposals for the locations where services may be delivered
- Ensure that a diverse range of voices are heard through the use of inclusive approaches
- To ensure two way dialogue throughout using a 'you said, we did' approach which feeds through to formal consultation
- Establish the basis upon which we can deliver an open, transparent and evidenced consultation process
- To run a process which maximises community support and meets the required tests set out in National Guidance

### **4. Strategies**

In order to achieve the stated objective(s) the project will

- Utilise a standard set of briefings and information to establish core messages
- Utilise key messages which clearly articulate the range of scenarios to ensure that members of the public are fully informed with which to feed into the engagement process

- Reach out to relevant key stakeholders, patients and local population in the areas identified
- Offer the opportunity to comment more widely to local patients through Healthwatch, Area Action Partnerships (AAPs) and other suitable networks in each part of the area included

## **5. Methods of engagement**

These will include:

- Intention to have an 8 week window for the engagement period
- Hold a series of public sessions at community venues in the areas identified
- Hold public sessions at the Shotley Bridge Hospital site
- Continue to engage directly with local campaign groups and interested parties
- Hold specific sessions with staff involved in the services currently delivered at the Shotley Bridge Hospital site
- Reach out to staff working in the delivery of Community Services
- Reach out to staff working in Primary Care in locally defined area
- Continue to engage with local representative bodies involved in local healthcare planning and delivery
- Continue to engage with local MPs and Councillors and local AAPs
- Continue to meet with working groups throughout

## **6. Methods of communication**

These will include

- North Durham CCG's Patient Reference Group meetings
- North Durham CCG's Patient Public and Carer Engagement Committee
- Healthwatch (or similar community organisations) contacts and networks
- GP bulletins for primary care staff (e.g. Headlines)
- Briefings and resource information (as identified and developed) through GP Teamnet / CDDFT intranet where required
- Routine meetings with local MPs and councillors
- Health and Wellbeing Board meetings (as required)
- Health Overview and Scrutiny meetings (as required)
- CCG websites and social media – potentially to include FAQ and other similar public facing materials (could include resources for practices to use with patient groups)
- Staff briefing and bulletins through existing channels

## **7. Key messages**

Key messages need to be developed to communicate effectively with patients, the public, political and wider stakeholders and the media. At this stage we know that:

- No decisions have been made about future service delivery

- Any future plans will be based on the local Clinical Strategy for delivering the best care for our patients
- Any future plans will need to co-ordinate with the delivery of Community Services and integration with GPs and Local Authority services
- Recognise there is a need for a site in this area, any future plans need to be able to demonstrate sustainability to meet future demand

## **LONG LIST OF OPTIONS TO GO INTO THIS SECTION ONCE APPROVED**

### **8. Stakeholders**

Included below is an outline of the key groups that will need to be communicated and engaged with as part of this process. A more detailed breakdown of these contacts will be formulated as part of the engagement materials and resources.

| <b>Internal:</b>  | <b>External:</b>   |
|---|--|
| • North Durham CCG  | • Patients   |
| • Durham Dales, Easington and Sedgfield CCG                       | • Wider public   |
| • Darlington CCG  | • Carers   |
| • County Durham and Darlington NHS Foundation Trust               | • Health and Well-being Board                                    |
| • City Hospitals Sunderland NHS Foundation Trust                  | • Overview and Scrutiny Committee                                |
| • Tees, Esk and Wear Valley NHS Foundation Trust                  | • Durham County Council Adults Health Service                    |
| • North East Ambulance Service NHS Foundation Trust               | • Durham County Council Childrens Health services                |
| • North Durham CCG Patient Reference Groups                       | • Healthwatch  |
| • North Durham CCG Patient, Public and Carer Engagement Committee | • Local MPs and Councillors                                      |
| • Staff currently working at Shotley Bridge Hospital site         | • Area Action Partnership  |
| • Community services staff (via CDDFT)                            | • MyNHS membership   |
| • Local Medical and Pharmaceutical Committees                     | • Local Campaign groups (FOSBH)                                  |
| •   | • Local press and media  |
| •   | • Local Voluntary and Community Sector organisation and networks |
| •   | • Church and Faith Groups  |

|   |                                       |
|---|---------------------------------------|
| • | • Care Homes / Nursing care providers |
|---|---------------------------------------|

**9. Equality**

In line with established policy and process, the principles of equality and diversity will underpin all communication activity. Alternative formats will be produced as necessary and appropriate.

**10. Evaluation and Review**

The plans and proposed engagement activity will be collated and used to inform the pre-engagement activity as part of this defined consultation process. During and after this period of engagement updates in relation to patient engagement will be provided to the various stakeholders identified above as appropriate. A summary engagement report outlining the work undertaken and key themes from it will be made available once completed. Information from this piece of pre-engagement will be taken forward into the formal consultation.

**11. Actions**

The CCG Engagement Lead will work alongside the relevant Communications / Engagement leads from partner organisations and others as appropriate. Specific communications advice will be sought from NECS colleagues who will be co-ordinated to help deliver the overall objectives of the strategy. **Methods of delivery**

**Overview of engagement methods**

Detailed below are the key aspects to the engagement processes which will be incorporated into the project. These are not necessarily written in chronological order in the tables below.

## 12. Risks and Mitigations

| Risk  | Potential mitigation  |
|---|---|
| <p><b>Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved</b></p> | <p>Plan developed identifying relevant stakeholders and partners</p> <p>Ensure all stakeholders receive appropriate updates and feedback</p> <p>Ensure appropriate stakeholders are invited to participate in a way that is accessible to them</p> <p>Ensure clear communication of messages through robust communications plan, including updates on CCG website, stakeholder bulletins and through My NHS</p> |
| <p><b>CCG does not engage with marginalised, disadvantaged and protected groups</b></p>   | <p>Plan identifies relevant groups and organisations. Also work with local voluntary sector groups, community organisations and partners to access these groups and communities</p>   |
| <p><b>Accessibility of activities and appropriate feedback mechanisms to those taking part</b></p>  | <p>Ensure clear contact for EasyRead, translations or alternative formats</p> <p>Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities</p>   |
| <p><b>Managing expectations of members of the public</b></p>  | <p>Ensure adherence to communications and engagement plan and advise CCG of any issues that arise</p>   |
| <p><b>Any proposals for change may be seen as a cost-cutting exercise by members of the public</b></p>  | <p>Ensure adherence to communications and engagement plan and advise CCG of any issues that arise</p>   |
| <p><b>The engagement may be subject to challenge</b></p>  | <p>Appropriate governance policies / standards will be put into place to ensure correct procedure and equality analysis are maintained throughout</p>   |