

Healthwatch Kent Consultation Critical Friend Report

Organisation: West Kent Clinical Commissioning Group Consultation: Gluten free consultation Date: 2 February 2017

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

Healthwatch Kent acts as a critical friend to organisations who carry out consultations. We have produced a Best Practice Guide to Consultations and we compare the process organisations have followed with this best practice.

Where possible we work with organisations in preparing consultations to give the public's perspective on what will work best.

Healthwatch Kent volunteers reviewed the process of the above consultation. Our findings are below.

The Process

1. Establishing the case for change

Are there clear objectives and evidence for the case for change which have been shared with the organisation?

No clear objective other than to save money. Evidence, all based on cost savings, is given in the consultation document, and in the presentation paper to the HOSC. The proposal appears to be based on budgetary issues not clinical need.

Has a plan been put in place to achieve these objectives? Is it fit for purpose? No plan apparent other than the descriptive on page 3 of the Consultation Document under the heading "The Consultation".

Is there a clear communication strategy to convey the plan to the public and stakeholders that will support making the objectives reality?

Yes there is a plan. Refer to page 3 of the Consultation Document. It was presented at the September CCG meeting but it was not minuted how many public were present, if any. It is minuted that no questions were asked. The public were given further opportunities to ask questions at the Board meeting on November 29th, but no questions were forthcoming. It was also presented at the Health Overview & Scrutiny Committee on 25th November where Healthwatch Kent commented on the proposals.

Is the plan resourced adequately? What previous experience or good practice was used to evaluate this?

No resources highlighted.

What activities are planned to take place as part of communication and engagement?

Healthwatch Kent Consultation Critical Friend Report

“Extensive leafleting”, consultation document and questionnaire, working with partners such as Healthwatch Kent, Patient Participation Groups and their Chairs, the West Kent Health Network to promote consultation across the area. Stands and attendance at public events and places with high footfall, banners and dedicated pages on the Clinical Commissioning Group website, social media activity by the Clinical Commissioning Group’s Facebook and Twitter pages, press releases to local media and finally, a public meeting to discuss relevant issues at the end of the consultation period.

2. Preconsultation

What focus groups were identified for engagement?

Healthwatch Kent, Coeliac Society, Parents in Children’s Centres, Disability Forums.

Did these cover the relevant interest groups and stakeholders, and was the most appropriate method of engagement used for each group?

The Finance Director from the CCG came and talked to some Healthwatch volunteers. The discussion was focused on the ‘Mending the Gap’ proposals. Changes to Gluten was mentioned in passing but there was not a detailed discussion.

We understand from the Coeliac Society that they were not engaged prior to the consultation. They formally raised concerns direct to the CCG when the consultation was published.

It is unclear how local Coeliac patients were involved prior to the consultation.

How much time was given to the pre-consultation and was this sufficient to develop a robust set of options?

Not known. There is no evidence of how pre-consultation was carried out.

Was an Equalities Impact Assessment undertaken?

Was the result of this assessment used to inform the quality of received responses?

We requested a copy of the Equalities Impact Assessment. We received an Equalities Analysis which does not discuss what communities will be adversely affected by this potential service change nor how the CCG will reach them to seek their views.

Were the right questions asked of the right people, by the right method, at the right time?

No evidence provided. From the figures and government averages about 670 people receive gluten free products on prescription. We do not know if any of these people were contacted directly to ask their views?

Did the engagement result in the identification of options to be considered in the consultation?

Healthwatch Kent Consultation Critical Friend Report

No evidence of engagement prior to the consultation commencing, and the Clinical Commissioning Group have presented only two options - to fund or not to fund. Healthwatch Kent would have liked to see discussions with the public that may have explored other options.

3. Consultation

Were the options presented in such a way as to be understood by the wider population?

The Consultation Document is very readable and easy to understand, although it reads as giving bias towards the preferred outcome. We are not aware of any different formats being made available.

Was the timescale for the consultation proportionate to the impact, and realistic, to allow a considered response from all stakeholders?

Yes

Was clear information available, including information about the pre-consultation phase, to allow stakeholders to make a quality judgement about their decision?

Nothing available about pre-consultation. Information is clear but focusses on the benefits of withdrawing prescriptions, with little on the potential negative effects.

Were multiple methods of access to the public used?

Information was distributed widely, and there were five roadshow stands in public places to capture people and get their views. There was one public meeting with low attendance.

Were consultation events held to allow public discussion of the options, and were these the most effective method to reach all groups?

We attended the public meeting on 25th January and noted the following:

Eight staff from the Clinical Commissioning Group and twelve members of public attended, they were all patients but covered a wide age range.

The Clinical Commissioning Group presented a balanced argument and made it clear that a decision had not been made yet. As it was a small audience they could talk in a single group and raise concerns. It felt like an open and honest conversation to inform the consultation.

Were regular updates provided during the consultation period?

No

Conclusions

The consultation has been well publicised and the Clinical Commissioning Group utilised many of its networks including the Patient Participation Group Chairs and social media. A public roadshow has been undertaken to try to ensure a broad range of feedback to the consultation.

Healthwatch Kent Consultation Critical Friend Report

However, Healthwatch remains concerned about the lack of engagement that should have taken place prior to the start of the formal consultation stage. This is a legal requirement before any consultation. Had this have been completed, perhaps the CCG would have better understood the issues and concerns of patients and been able to offer a range of options for discussion at the consultation stage.

In addition Healthwatch has concerns that there are limited options presented in the consultation. Although the consultation document is very clear, it does not present a range of options, nor does it address the potential impact on patients should this service be removed.

Next Steps

Healthwatch would like to see evidence that the decision has considered the impact on patients and looked at ways to mitigate this.

Response from West Kent Clinical Commissioning Group

Thanks for this further clarification. It is helpful to understand that the legal duty to which you refer emanates from case law rather than statute. As discussed, when we met before Christmas, I think we are agreed that, in future, it will be helpful for the Clinical Commissioning Group (CCG) and Healthwatch Kent (HWK) to confer ahead of proposals for service change, as we have done for the current engagement on over the counter medicines. (Notwithstanding our current joint working and the financial pressures facing you, the CCG did share with you our thoughts about the safeguards HWK should put in place when its sister organisation is marketing engagement services.)

You are also right that the CCG has not been advised by NHS England to follow the Gunning Principles in terms of pre-consultation engagement. However, from what I can see, our formal consultation does follow them:

Consultation must take place when the proposal is still at a formative stage' - the CCG has been clear that no decision has been taken and it will not be taken until the results of the consultation have been analysed and presented to the CCG's Governing Body;

Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response' - the CCG has been clear about the financial pressures it faces and the need to consider carefully the best use of its limited resources. Nonetheless, the consultation document did outline the reasons why there has been prescribing of gluten-free products to date and described those who would be affected by the proposal;

Adequate time must be given for consideration and response' - the CCG allowed two full calendar months for response to its consultation, which your report acknowledged as satisfactory;

The product of consultation must be conscientiously taken into account' - as above, Governing Body will not make its decision until it has digested the analysis of contributions received through the consultation.

Healthwatch Kent Consultation Critical Friend Report

In addition, I would contend that, although there may not be an obligation to consult on all available options, the CCG has allowed for consultation to influence the options before it. Although formally the proposal was to cease the prescribing of gluten-free products, the consultation mechanisms clearly allowed patients, carers and the public to suggest compromises, such as restricting the range of products prescribed or allowing exemptions for certain categories of patient (e.g., children, or families with several coeliacs).

Finally, I would stress that the CCG sought the widest possible range of views about the gluten-free products proposal. We anticipated that those directly affected would understandably have objections but we felt it right to canvass views from the broader public, as the proposal arose from the CCG needing to consider how to obtain best value for money and meet its statutory financial targets at a time of considerable financial pressure.

In short, the CCG appreciates the advice you have provided and we are committed to working closely with HWK to ensure mutually agreeable engagement and consultation arrangements for future proposals for service change. In this case, we feel that our consultation has been wide-ranging and has allowed for the possibility of multiple options being put to the Governing Body when it opines on this matter in March.

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