

Appendix A: Communications and engagement plan

PRE-CONSULTATION COMMUNICATIONS AND ENGAGEMENT PLAN

**Research excellence, world-class services and the best outcomes for patients:
delivering the vision for specialised cancer and cardiovascular services**

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Purpose of this document

This document outlines the plan to communicate proactively and engage with staff and external stakeholders about the proposed changes for specialised cancer and cardiovascular services.

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1. Introduction

Commissioners are planning to engage on a clinical case for change and proposals to change the way we deliver specialised cardiovascular and cancer services in north and east London and west Essex. The pre-consultation engagement will be led by NHS England (as the lead commissioner for specialised services) and CCGs.

This communications and engagement plan sets out the strategy and activities for undertaking a pre-consultation engagement. To ensure clear, coherent, consistent and credible communication, all partners will use this framework and core messaging to co-ordinate and contextualise targeted communications.

Views received during the commissioner-led pre-consultation engagement will inform the development of any proposals for consultation. A separate communications and engagement plan would need to be developed for the purposes of consultation.

2. Background

CARDIOVASCULAR PROPOSALS

Proposals to integrate cardiovascular services in a world-class heart centre

To deliver the best possible outcomes for cardiovascular care, clinicians believe we need to concentrate the specialised services, teaching and research that are currently provided by two trusts – UCLH and Barts Health – into one dedicated heart centre. Clinicians from Barts Health, the Royal Free and UCLH have been involved in developing the clinical recommendations.

National and international evidence demonstrates a clear link between higher volumes of patients treated and better patient outcomes. Specialised centres that have frequently practicing teams and full facilities, with high patient throughput, generally have better patient outcomes.

In addition to improving outcomes, a global centre of excellence would attract the most talented clinicians, trainees and researchers and maximise our opportunities to draw in support from industry in terms of research and driving innovation in clinical practice. Further opportunities for sub-specialisation will improve even further the quality of patient care and patient experience.

Clinicians are working together to develop a case for centralising the following specialised cardiovascular services in one heart centre:

- Treatment of adult congenital heart disease
- Cardiac surgery
- Interventional cardiology
- Cardiac rhythm management
- Inherited heart disease
- Imaging for heart disease
- Heart failure specialised treatment
- Anaesthetics

Many cardiovascular services will continue to be provided by local hospitals, primary care and/or in the community. The team of staff at the heart centre would work together as a co-ordinated network with staff in the other hospitals, taking collective responsibility for each patient's care pathway. These proposals would ensure continuity of care for all patients.

CANCER PROPOSALS

Building on the London-wide review of cancer services, clinicians are developing their case for changing some specialised cancer services. Clinicians are exploring a number of cancer pathways including:

- Urological cancers – bladder, prostate and renal – specialised surgery
- Head and neck cancers - specialised surgery
- Oesophogastric (OG) – stomach and oesophagus cancers - specialised surgery
- Lung cancer – thoracic surgery
- Brain and central nervous system – neurosurgery and neuro-oncology
- Hematopoietic progenitor stem cell transplantation and bone marrow transplantation and care of patients with acute myeloid leukaemia

Clinicians believe that centralising highly specialised services for these cancers will deliver improved clinical outcomes for patients and a better patient experience, as well as bringing access to novel therapies and best practice to every patient in a way that was not possible before.

3. Objectives

The aim of this communications and engagement plan is to involve staff, clinical commissioning groups, patient and public representatives and other stakeholders in the development of proposals for reconfiguring cancer and cardiovascular services across north central London, north east London and bordering areas of Essex, Hertfordshire and London.

The engagement activities outlined in this plan aim to inform and engage local stakeholders, including Health Overview and Scrutiny Committees (HOSCs) and/or Joint Health Overview and Scrutiny Committees (JOSCs), ensuring an appropriate level of scrutiny.

Prior to going forward to consultation, commissioners will consider:

- support from GP commissioners;
- strength of public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

4. Audiences

<p>Partner Key stakeholders with whom the decision makers will work in partnership to help to deliver the programme</p>	<ul style="list-style-type: none"> • Joint Development Group (with representatives of NHS England, London Cancer, CCGs and NEL CSU) for cancer • Cancer pathway boards • London Cancer Board • Specialised services strategic programme board • Trust management teams including chief executives, medical directors, cancer and cardiovascular leads (clinical and non-clinical) • UCLPartners executive • Trust communication teams (to help facilitate the process for wider dissemination) and HR teams where job roles may be affected
<p>Involve and engage Stakeholders who will need to be actively involved and engaged on the programme</p>	<ul style="list-style-type: none"> • Local commissioners for whose populations the proposals do not represent a substantial change • GPs in north east and north central London, and bordering areas of Essex / Herts / London • Local Medical Committees

	<ul style="list-style-type: none"> • Scrutiny representatives and support officers: OSCs, JOSCs in north east and central London, and bordering areas of Essex / Herts / London (inc. Westminster OSC) • Health and Wellbeing Boards • Directors of Adult Social Services in areas where patients are more likely to be affected by the proposals • Patient and public representatives – in particular cancer and cardiovascular groups representing service users and carers (e.g. cancer network forums, cancer partnership group in north east London and north central London and west Essex), Healthwatch groups, borough, community and hospital patient and public groups. • Cancer participation group (NEL / NCL / Herts and Essex) • National patient group • Service users • Cancer Pathway Boards • Clinical Reference Group – London members (DH) • Trust clinicians and staff working in cardiovascular and cancer units: staff who are likely to be affected, primary communicators in trusts (clinical directors, medical directors, chief executives) • Primary care staff working in cardiovascular and cancer – GP cancer leads, GPs with a special interest in cancer/cardiovascular, pan-London groups • MPs in areas where patients are more likely to be affected by the proposals ie. travel and access or with a special interest in cancer / cardiovascular services • Chairs of health select committees for cancer and cardiovascular • Chairs of all parliamentary groups for cardiovascular health and cancer • Charities – national cardiac charities, cancer charities and trust charities • Community – including traditionally under-represented groups, which may have a specific interest in the proposals such as older people, councils of voluntary services, third sector / voluntary organisations. • Interest groups (e.g. Friends of Barts, London Chest Hospital campaigners) • NTDA • Monitor / Co-operation and competition panel • Office of Fair Trading • The Patients Association • Professional bodies • MPs and AMs across north east London, north central London and bordering areas of Essex / Herts / London • Local authorities across north east London, north central London and bordering areas of Essex / Herts / London
<p>Inform Stakeholders who need to be aware of the programme, kept informed of the main developments and have an opportunity to respond</p>	<ul style="list-style-type: none"> • Department of Health • NHS staff of partner organisations (including acute trusts), primary care, and public health staff • Academic staff at UCL and QMUL • Trade unions • Local medical committees across north central and east London and West Essex • The public at large (N.B. the public would be formally consulted in the next phase – delivery of the consultation) • Health opinion formers – Kings Fund and NHS Confederation • Media

5. Communications strategy

Contextualisation will be critical to achieving our communication objectives:

Setting the proposals in the context of the Francis report

In developing their recommendations, clinicians will be guided by the principles of the Francis Report to ensure we deliver first class care to patients and local populations. The proposed changes to cancer and cardiovascular services aim to improve patient outcomes (in terms of survival rates and functional outcomes) as well as patient experience of care.

Setting proposals in the context of agile, 21st century collaborative working

In light of the Francis report and the recognition that we need to improve the health of our local populations, hospital trusts can no longer work in silos. Organisation boundaries must not and cannot impede the commitment to deliver improvements at scale across the partnership.

Setting the proposals in the context of the whole patient pathway

Specialist centres will be one part of the whole patient pathway. Clinicians aim to improve prevention, integration and specialist care in order to deliver better outcomes. The majority of services will continue to be provided locally at GP surgeries or local hospitals.

Proactive and open communications will reduce the reputation risks:

Taking staff with us

Working in partnership with UCLP and provider trust, we will engage with staff and be clear about the opportunity to influence any proposals. Communications will aim to address any concerns that staff may have about proposed future ways of working. We will set our communications in the context of benefits to patients.

The communications advice we give to clinical leaders will need to adapt as the programme develops. Initially, many of the questions people will ask – is my role secure or how will it change? – will not have answers, and we will need to support managers with the language to handle uncertainty and ambiguity without appearing to be evasive. Finally, our openness needs to be reflected in accessible language that ‘tells it as it is’ as far as possible.

We will brief staff via:

- Clinical workshops
- Team meetings
- Core printed and electronic communications channels used by individual trusts (intranets, chief executive blog, staff bulletin/newsletters, monthly management briefing, one to ones)

These communication channels will also be used to challenge any rumours that find traction in the organisation.

Reassuring external stakeholders

The communications plan includes a proactive programme of external stakeholder communications and engagement to ensure that they are primed with the correct positioning and understand the rationale for the proposals and process for engagement.

Using evidence to demonstrate the benefits

Both internal and external stakeholders need to understand the proposals and the rationale for changing services. We need to gather compelling clinical evidence to support this. In addition, real life patient and staff stories and examples of benefits achieved through collaboration will work to demonstrate this (reference the delivery of hyper acute stroke units).

Maximising existing relationships

Commissioners will work collaboratively when planning the stakeholder engagement programme, ensuring we build on existing relationships with key individuals and groups.

Communicating the message in the messenger

NHS England and CCGs will work together to lead engagement activities to demonstrate their partnership approach. Wherever possible we will use respected clinicians and peers to support communication with professional groups, stakeholders, patient groups and the public.

Involve patient representatives

Patient representatives will continue to be involved in developing the proposals through their active participation in clinical working groups. In addition to a proactive programme of stakeholder engagement, we will consider other mechanisms to engage patient representatives including patient participation groups and / or travel advisory group.

Emphasise the opportunity for patients and the public to have their say

We will communicate the plan for pre-consultation and consultation to assure patients and public that they will have an opportunity to get involved in the work at an early stage (pre-consultation engagement) as well as at formal consultation stage which will be aimed at patient and public representatives, stakeholders and the wider public. Communications will be clear about how feedback can influence proposals.

6. Communications risks and mitigation

Managing the rumour mill

The communications and engagement plan is intended to restrict the space available for incorrect information by communicating clear, coherent and consistent information in a sustained way and in the context of the proposals. Vital to this will be staff and external stakeholders hearing **consistent messaging from all levels of the organisation, from the board/exec team down, and that leaders and managers challenge rumours with the same degree of consistency**. Clarity can be provided on the business case for the specialised services implementation programme.

Clinical leads will need to ensure that communication is two way and that they are testing its success by taking regular 'temperature checks' to make sure that messaging is getting through to staff as intended.

Overcoming cynicism and fatigue

The risks of cynicism stem from the fact that these previous proposals for improving healthcare have been time consuming, discussed at a local level for a number of years and/or have been unsuccessful and expensive. Clinicians at both St Bartholomew's Hospital and UCLH have been involved in discussions about a proposed consolidation of services, and have provided their views and input to this. As cancer service delivery is also being reviewed, there may be comments about swapping services across trusts. Providing open and honest communications, with regular briefings, will help to mitigate this risk and minimise potentially damaging periods of uncertainty.

Reducing the risk of negative media coverage

At the launch of pre-consultation engagement, we will brief key media. Preparation for this includes:

- Media briefing, background information and Q&As
- Briefing key spokespeople on the key messages, and potential challenges from the media
- Developing the evidence base and case for change
- Briefing independent commentators to speak knowledgeably, and consistently, on our behalf.

Ensuring wide clinical and patient involvement at an early stage

Engagement must ensure there is an opportunity for patient and clinical representatives to influence proposals at a **formative** stage.

Before any proposals for consultation are finalised, we will undertake meaningful engagement with clinicians (representing all staffing levels and professions), patient representatives and stakeholders.

Focus on the clinical case for change

Given the financial challenges facing Bart's Health, there may be concerns that proposed changes are being driven for financial reasons rather than clinical reasons. Key messages will be further developed alongside the case for change to ensure that we are communicating a clear, robust clinical case for change.

7. Positioning and key messages

We will present the proposals from the perspective of patient benefit and the wider strategy for improving cancer and cardiovascular services. The emerging clinical cases for change will be imperative in shaping the narrative and messaging; draft messages are as follows:

- We want to involve clinicians and patient and public representatives in developing proposals
- Clinicians believe that we can save more lives and improve the quality of life for people with cancer or cardiovascular disease
- This is a once-in-a-generation opportunity to provide amongst the best clinical results in the world for specialised services
- National and international evidence demonstrates a clear link between higher volumes treated and better patient outcomes for complex conditions. Specialised centres that have frequently practicing teams and full facilities, with high patient throughput, generally have better patient outcomes.
- Clinicians are looking at improving the whole patient pathway. Most care will continue to be provided locally
- Clinicians are leading the work to develop recommendations for improving cancer and cardiovascular services
- No change is not an option – two thirds of premature deaths in London are a result of cancer and cardiovascular diseases
- A robust consultation process will take place to seek views of patients, the public, staff, and other stakeholders
- Decisions on the recommendations will be made by NHS England and Clinical Commissioning Groups
- Concentrating specialised services in other clinical areas has saved lives and reduced disability – establishing hyper acute stroke units in just eight London hospitals has reduced mortality rates in London by 28%.
- Cardiac clinicians have been working together across the partnership to develop proposals to improve outcomes for patients with heart disease. Clinicians are recommending that cardiovascular services currently provided at UCLH's Heart Hospital in Westminster and Barts Health are centralised in a single centre for global excellence at Barts Hospital. Supported by QMUL and UCL, this will create a clinical and academic centre of excellence, embedded within a partnership wide cardiovascular system.
- Our strategy for cancer services is similar, with a vision co-created by clinicians for a virtual centre across the whole region, with a series of hubs for specialised care. This will deliver improvements in early diagnosis, patient experience and outcomes and opportunities for involvement in research. Care will be delivered locally wherever possible.
- Recommendations for cancer and cardiovascular are being independently reviewed.
- The proposals will result in better outcomes for patients, better value for the taxpayer, and increase our global competitiveness in life-sciences for cancer and cardiovascular disease.

8. Channels

Targeted communications

Targeted communications will be developed for our key audiences. This will include targeted letters to stakeholders and briefings to teams within the organisations involved. The interactivity of face-to-face communication is crucial to this process, and telephone and email should only be used in support of this.

Established printed, electronic and face-to-face channels within partner organisations

Communication leads at the organisations involved will support the communications with staff, using established internal channels including intranets, electronic bulletins, management briefing and the new vision and values.

External channels

A dedicated microsite for the commissioner-led engagement and consultation would provide a central resource for information about the programmes, with links from NHS England and CCG websites. We will also utilise partner websites (UCLPartners website; Trust websites) and other established communication channels (such as GP newsletters).

Meetings and events

A programme of meetings and events will be organised as part of the commissioner-led pre-consultation engagement and wider consultation process. This will include specific workshops for stakeholders and clinicians.

9. Roles and responsibilities

Pre-consultation engagement will be led by NHS England (as the lead commissioner for specialised services) and CCGs.

On behalf of NHS England, Nadine House, at North and East London Commissioning Support Unit will be the lead for communications relating to the commissioner-led pre-consultation engagement process. The CSU will liaise with UCLP and trust communications professionals to ensure a clear, consistent and co-ordinated approach to communications and engagement activities.

NHS England and clinical commissioning groups

NHS England (London), through specialised commissioning, will be the decision making authority on the proposals for specialised cardiovascular and cancer services. Where proposals relate to non-specialised cardiovascular services, CCGs will have responsibility for decisions to approve change. NHS England and CCGs will lead the commissioner-led pre-consultation engagement process.

UCLPartners

UCLPartners represents the NHS provider organisations in the region, and will support NHS England and CCGs in their role in leading the pre-consultation engagement. The communications team at UCLPartners, led by Amanda White, will support the dissemination of materials and ensure clinical representation at any meetings where the proposals are being discussed.

Provider trusts

Provider trusts will support the dissemination of materials internally and ensure that staff and other internal groups have an opportunity to attend a NHS England / CCG led engagement activities and have answers to questions, using the centrally agreed key messages.

10. Timings and key milestones for communications and engagement

Phase 1: project initiation June-August 2013	Phase 2: Launch of commissioner-led pre consultation engagement September - October 2013 ¹	Phase 3 – preparation for consultation October-November 2013 ²
<ul style="list-style-type: none"> • Review and challenge case for change from a communications perspective. Further editorial review to prepare for publication • Undertake stakeholder mapping and database development, in particular understanding interest groups and their likely views and influence. • Map patient and clinical involvement to date, undertake a gap analysis • Establish cancer and cardiovascular Patient and Public Advisory Groups (PPAGs). Draft cases for change and engagement plan shared with groups. • Consider Travel Advisory Group in partnership with travel workstream • Develop a log of communications and engagement activities and feedback that will provide a single source of information (to be regularly maintained with input from commissioners) • Initiate discussions with CCGs (meetings requested late July / early Aug), in particular those with decision making responsibility for cardiovascular services. (NB decision making CCGs to be represented on programme governance and be in agreement with cases for change and the pre-consultation engagement plan.) • Initiate discussions with local authorities / scrutiny officers (inc. Westminster) • Clarify role and involvement of Health and Wellbeing Boards in the programme and to request meeting with Chair • Invite early discussion with Monitor / NHS TDA about likely impact of proposals • Plan stakeholder and clinical workshops and issue dates for diary. NB. Confirm opportunity for engagement with patients 	<p><i>Phase 2a(non-site specific recommendations for cancer)</i></p> <ul style="list-style-type: none"> • Launch commissioner-led pre-consultation engagement period <ul style="list-style-type: none"> ○ Publish cases for change ○ Issue media release ○ Issue stakeholder letters; invite meeting / feedback by mid Oct. ○ Issue internal comms across all trusts • Commence trust clinical workshops (dates tbc) • Host stakeholder workshop (date tbc) • Discuss programme and possible arrangements for joint scrutiny with JOSCs and OSCs (one to one with Chair and/or attend Sept meetings as requested) • Discuss programme, emerging proposals and planned engagement and consultation activities with broader group of CCGs (in addition to those with decision making responsibility, see above) • Discuss programme, case for change and planned engagement and consultation activities with Healthwatch groups • Commence meetings with patient support groups <p><i>Phase 2b(site specific recommendations for cancer)</i></p> <ul style="list-style-type: none"> • Issue update to stakeholders; invite feedback by mid Oct. • Continued discussions with CCGs – focus on proposals for consultation and preferred providers; views sought from CCGs 	<ul style="list-style-type: none"> • Undertake four tests' analysis • Review initial findings of Equality Impact Analysis and develop key messages (publish with papers to go to boards for approval to proceed to consultation) • Review initial findings of travel analysis and develop key messages (publish with papers to go to boards for approval to proceed to consultation) • Prepare pre-consultation engagement report • Develop draft consultation document and questionnaire, including testing (draft word document to be considered by boards as part of approval to proceed to consultation) NB. <i>TBC whether in scope for NEL CSU support. Associated activities e.g. alternative formats and design to move forward following</i> • Develop consultation plan (<i>TBC whether in scope for NEL CSU support</i>)

¹ Communications and engagement activities are dependent on development of documentation such as clinical case for change and clinical evidence and must undertaken in alignment with EIA and travel analysis

² Timing of activities need to be seen as part of wider programme plan. Current timing assumes documentation will be required for Nov boards (and not required to be received by committees meeting in Sept)

<p>and clinicians to inform development of proposals and designation criteria / weighting</p> <ul style="list-style-type: none"> • Initiate discussions with Healthwatch and seek representation from expert patient groups on PPAGs • Following initial discussions with CCGs, LAs and Healthwatch, confirm programme plan i.e. exact dates for pre-consultation engagement discussions • Prepare stakeholder communications to support launch of commissioner-led pre-consultation period (to coincide with publication of case for change, along with key messages and FAQs) • Workshop with clinical spokespeople • Host clinical workshop with MDs(20 Aug) 	<ul style="list-style-type: none"> • Continued discussions with JHOSCs and HWB (as appropriate) – focus on proposals for consultation and preferred providers; views sought from OSCs; confirm arrangements for scrutiny during consultation • Engage and inform stakeholders and staff on proposals for consultation and preferred providers – repeat wider clinical trust discussions • Continue with internal communications • Continue meetings with patient support groups 	
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11. Pre-consultation communications and engagement programme

Regular activity to include: reviewing and updating communications plan and materials (slide deck, Q&As, key messages), updating feedback and activities logs with input from all providers meeting with the communications leads, overseeing media and social media coverage, providing a communications 'round-up' on outputs of the various workstreams.

Overview of pre-consultation engagement activities (*see below for detailed activities*)

Timing	Activity	Audience	Responsibility
July	<ul style="list-style-type: none"> Initial email / briefings 	CCGs, OSCs, Healthwatch, Patient Advisory Groups, Health and Wellbeing Boards, Patient Support Groups, Charities	NHS England and relevant CCGs
August	<ul style="list-style-type: none"> Invitations to hold date for clinical workshops 	CEs, MDs, cancer and cardiovascular clinicians, national CAG, CCGs	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Invitations to hold date for stakeholder workshop 	CCGs, OSCs, Healthwatch, Patient Advisory Groups, Health and Wellbeing Boards, Patient Support Groups, Charities	NHS England and relevant CCGs
	<ul style="list-style-type: none"> High level messages re programme on UCLP and Trusts' websites and intranets 	Staff / Public	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Share draft cases for change for comment 	Patient Advisory Groups / CCGs	NHS England and relevant CCGs
Sept – Oct	<ul style="list-style-type: none"> Launch commissioner-led pre-consultation period 	All	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Letters sent with cases for change to key stakeholders 	All	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Promotion of engagement / cases for change via media 	All	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Cases for change / launch of engagement publicised on internal and external comms channels – consideration to dedicated microsite 	All	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Host clinical and stakeholder workshops 	All	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Attendance at key meetings of CCGs, OSCs, Healthwatch, HWBB, Patient Advisory Groups, Patient Support Groups 	CCGs, OSCs, Healthwatch, Patient Advisory Groups, Health and Wellbeing Boards, Patient Support Groups	NHS England and relevant CCGs
	<ul style="list-style-type: none"> Communicate clinical recommendations for cancer services 	All	NHS England and relevant CCGs

Engagement activity by stakeholder group

Date	Audience type	Stakeholder group	Activity
July - Nov	Involve and engage	Local commissioners for whose populations the proposals do not represent a substantial change	<ul style="list-style-type: none"> Email to update CCGs on programme (w/c 1 July) Meetings with Chair / Chief Officer (Aug-Sept) about programme, proposals and governance³ Invitation to stakeholder event (Sept) Invitation to clinical workshops (Sept) Letter with outline proposals and case for change (Sept / Oct) Attend meeting of board or executive to discuss and attain views on case for change / PCBC (October)
	Involve and engage	GPs and LMCs	<ul style="list-style-type: none"> Invitation to clinical workshops (Sept / Oct) Letter with outline proposals and case for change (Sept)
	Involve and engage	OSCs and JOSCs	<ul style="list-style-type: none"> High-level briefing shared with JHOSCs / OSCs (July / Aug) Invitation to stakeholder event (Sept) Letter with outline proposals and case for change (Sept) Meeting with Chair to discuss programme, proposals, engagement plan and requirement for joint scrutiny (Sept) Attend meetings with JOSCs/OSCs or link in with pre-arranged updates from trusts (Sept - Oct)
	Involve and engage	Local authority DASS	<ul style="list-style-type: none"> Initial briefing / discussion (Aug) Invitation to stakeholder event (Sept) Share high level communications and engagement plan (Sept) Letter with outline proposals and case for change (Sept)
	Involve and engage	Local authority Council Leader / Chief Executives	<ul style="list-style-type: none"> Letter with outline proposals and case for change (Sept) Offer of meeting to discuss (Sept - Oct)
	Involve and engage	Health and Wellbeing Boards	<ul style="list-style-type: none"> Discuss approach with DASS / Scrutiny and update communications and engagement plan (Sept) Invitation to stakeholder event (Sept) Letter with outline proposals and case for change (Sept) Attend meeting as appropriate (Sept - Oct)
	Involve and engage	Cancer Participation Group	<ul style="list-style-type: none"> Discussion with group about having a formal role in providing advice from a patient and public perspective regarding the developing proposals and process of engagement / consultation (July - <i>complete</i>)

³ NB CCGs with decision making governance to be involved in formal programme governance structures

Date	Audience type	Stakeholder group	Activity
			<ul style="list-style-type: none"> • Share draft communications and engagement plan (Aug) • Share draft cases for change (Sept) • Invitation to stakeholder event (Sept) • Presentations on cases for change (Sept) • Confirm content for presentations to future meetings (Sept) • Share draft consultation plan (timing tbc) • Share draft consultation document (timing tbc)
Aug - Nov	Involve and engage	Cardiovascular Participation Group	<ul style="list-style-type: none"> • <i>Confirm arrangements for establishing group utilising existing networks where possible – initial discussions with Tom Bolger (Barts Hearts group), LHP cardiovascular network</i>
Aug - Nov	Involve and engage	Healthwatch	<ul style="list-style-type: none"> • Initial discussion / email to brief; request involvement of people with a specific interest in cardiovascular / cancer (Aug) • Invitation to stakeholder event (Sept) • Share high level communications and engagement plan (Sept) • Letter with outline proposals and case for change (Sept) • Offer to meet with Healthwatch groups (Sept – Oct)
Aug - Nov	Involve and engage	Patient groups (including support groups, national and local reference groups)	<ul style="list-style-type: none"> • Initial discussion / email to brief with invite to participate in Patient Participation Groups (<i>check with CPG</i>) (Aug) • Invitation to stakeholder event (Sept) • Letter with outline proposals and case for change (Sept) • Offer to attend meetings with patient groups (Sept-Oct)
Aug - Nov	Involve and engage	Hospital and CCG patient groups	<ul style="list-style-type: none"> • Brief via regular meetings with Trust / CCG (on-going) • Invitation to stakeholder event (Sept) • Letter with outline proposals and case for change (Sept) • Offer to attend meetings with patient groups (Sept-Oct)
Aug - Nov	Involve and engage	Staff	<ul style="list-style-type: none"> • Diary date / invite for clinical sessions at the five trusts (Sept) • Share outline proposals and case for change with all staff (Sept) • Involve staff likely to be impacted by changes (through cancer pathway boards and heart centre service integration group) in clinical sessions (timing tbc) • Ensure regular, ongoing communications about proposals are provided through regular trust communication channels
Aug - Nov	Involve and engage	Other clinicians (including London members of	<ul style="list-style-type: none"> • Invitation to attend session with Medical Directors and / or trust sessions (timing tbc) • Letter with outline proposals and case for change(Sept)

Date	Audience type	Stakeholder group	Activity
		national clinical reference group)	
Aug - Nov	Involve and engage	Service users	<ul style="list-style-type: none"> • <i>Discuss how to involve with providers</i>
Aug - Nov	Involve and engage	MPs	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Offer opportunity to meet (Sept-Oct) • Invitation to stakeholder event to launch cases for change (Sept)
Aug - Nov	Involve and engage	Chairs of health select committees	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Provide opportunity to meet – book dates for meetings during consultation process
Aug - Nov	Involve and engage	Cancer and cardiovascular charities	<ul style="list-style-type: none"> • Initial discussion / email to brief (Aug) • Discussion with key charities around how to involve members (Aug) • Letter with outline proposals and case for change (Sept) • Invitation to stakeholder event to launch cases for change (Sept)
Aug - Nov	Involve and engage	NTDA	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Engagement via programme
Aug - Nov	Involve and engage	Monitor / CCP	<ul style="list-style-type: none"> • Initial discussion with CE Monitor – led by programme exec (Aug) • Letter with outline proposals and case for change (Sept) • Engagement via programme
Aug - Nov	Involve and engage	OFT	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept)
Aug - Nov	Involve and engage	Professional bodies	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Offer of meeting to discuss (Aug – Sept)
Aug - Nov	Involve and engage	The Patients Association	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Invitation to stakeholder event to launch cases for change (Sept)
Aug - Nov	Involve and engage	Trade unions	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Offer of meeting to discuss (Sept - Oct)
Aug - Nov	Inform	Academic staff at QMUL and UCL	<ul style="list-style-type: none"> • Share outline proposals and case for change with staff working in cardiovascular and cancer care – through academic leads (Sept)
Aug - Nov	Inform	Local authority communications leads	<ul style="list-style-type: none"> • Discuss LA mechanisms to promote engagement (Sept)

Date	Audience type	Stakeholder group	Activity
Aug - Nov	Inform	Community (CVS groups etc)	<ul style="list-style-type: none"> • Share case for change and materials for cascade (Sept)
Aug - Nov	Inform	Health opinion formers	<ul style="list-style-type: none"> • Letter with outline proposals and case for change (Sept) • Invitation to stakeholder event to launch cases for change (Sept)

Appendix 1 – key meeting dates**Meetings of Clinical Commissioning Groups (TBC)**

Area	Meeting	Meeting date (July)	Meeting date (August)	Meeting date (September)	Meeting date (October)	Meeting date (November)	Meeting date (December)
North Central London	Cabinet – representatives of all CCG chairs in NCL	TBC	TBC	TBC	TBC	TBC	TBC
	Barnet CCG board meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Enfield CCG board meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Camden CCG board meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Islington CCG board meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Haringey CCG board meeting	n/a	n/a	19	n/a	28	n/a
Waltham Forest and East London	Joint meeting of CCGs	n/a	n/a	18	n/a	n/a	n/a
	Tower Hamlets CCG board meeting	2	6	3	1	5	3
	Newham CCG board meeting	10	14	11	9	13	11
	City and Hackney CCG board meeting	TBC	n/a	27	25	29	20
	Waltham Forest CCG Board Meeting	24	n/a	25	n/a	27	n/a
Barking, Havering and Redbridge	Barking & Dagenham CCG Executive Committee	23	27	24	22	26	17
	Havering CCG Executive	24	28	25	23	27	18

	Committee						
	Redbridge Executive Committee	16	20	20	15	19	20
	Barking & Dagenham Governing Body Meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Havering CCG Board Meeting	TBC	TBC	TBC	TBC	TBC	TBC
	Redbridge Governing Body Meeting	TBC	TBC	TBC	TBC	TBC	TBC
West Essex	West Essex CCG	TBC	TBC	TBC	TBC	TBC	TBC
Hertfordshire		TBC	TBC	TBC	TBC	TBC	TBC

Meetings of OSCs / JOSCs

Area	Meeting	Meeting date (July)	Meeting date (August)	Meeting date (September)	Meeting date (October)	Meeting date (November)	Meeting date (December)
NCL	NCL JOSC	19	n/a	n/a	4	29	n/a
	Barnet - Health Overview and Scrutiny Committee	n/a	n/a	12	n/a	n/a	12
	Camden - Health Scrutiny Committee	2	n/a	19	n/a	26	n/a
	Haringey - Adults and Health Scrutiny Panel	8	n/a	19	n/a	11	12

	Enfield - Health and Wellbeing Scrutiny Panel	10	n/a	12	n/a	21	n/a
	Islington - Health Scrutiny Committee	18	n/a	3	n/a	n/a	n/a
WELC	INEL JOSC (no meeting dates confirmed; will establish meeting following discussion)	n/a	n/a	n/a	n/a	n/a	n/a
	Waltham Forest - Health, Adults and Older Persons Scrutiny Sub-Committee	2	n/a	3	n/a	21	n/a
	Tower Hamlets - Health Scrutiny Panel	n/a	n/a	3	n/a	19	n/a
	Newham - Health and Social Care Scrutiny Commission	2	n/a	3	1	5	3
	City of London - Health and Social Care Scrutiny Sub (Community and Children's Services) Committee	16	n/a	n/a	n/a	n/a	n/a

	Hackney - Health in Hackney Scrutiny Commission	8	n/a	2	10	13	9
BHR	ONEL JOSC	2	n/a	1	n/a	n/a	n/a
	Barking and Dagenham Health and Adult Services Select Committee	29	n/a	23	n/a	12	n/a
	Havering Health Overview & Scrutiny Committee	n/a	n/a	2	n/a	n/a	12
	Redbridge Health Scrutiny Committee	n/a	n/a	23	n/a	20	n/a
West Essex	Essex County Council - Health Overview and Scrutiny Committee	3		11	19	6	11
Herts	Herts County Council - Health Scrutiny Committee	n/a	n/a	17 and 25	n/a	n/a	11
Westminster		TBC	TBC	TBC	TBC	TBC	TBC

Appendix 2 – patient groups

All cancer patient groups and charities

- Asian Cancer Support Group - North London
- Cancer Black Care
- Cancer Equality (cancer support service for the black and minority ethnic community)
- Cancer Research UK
- Cancerlink
- Carers London
- CAST – Cancer Advisory Service Team (BHRUT)
- Cherry Lodge Cancer Information and Resource Centre
- Chetona - Bengali Cancer Support Group
- CYANA (Cancer You Are Not Alone) – Newham
- Enfield Macmillan Support Team
- Essex Cancer Network
- Helen Rollason Cancer Charity
- Hertfordshire Cancer Support Group
- Hertfordshire Cancer Support Group for Women
- Herts Against Cancer
- London Cancer Support Centre
- Macmillan Cancer Support (Hertfordshire)
- Maggie's cancer centre
- Marie Curie Cancer Care
- McMillan Cancer Support
- National Cancer Intelligence Network
- New Perspective on Living with cancer support
- North East London Cancer Help Centre –Ilford
- Patient Experience Board (PEB) (UCLH)
- Somerset Gardens Volunteers Cancer Support Group (Haringey)
- The Rarer Cancers Foundation

- West Essex Macmillan Cancer Support
- Whipps Cross Cancer Support Group

Urological cancer patient groups and charities

- Action on Bladder Cancer
- APPLE (Association of Prostate Patients in London and Essex)
- Association for Prostate Awareness (APA)
- CADGERS (Patients diagnosed with cancer of the bladder, prostate, kidney, penis)
- Cancer Research UK
- East London Association of Prostate Cancer Awareness
- Greater London Prostate Cancer Support Group
- Greater London Prostate Cancer Support Group
- Hackney Prostate Cancer Support Group
- Hackney Prostate Cancer Support Group
- Hackney Prostate Cancer Support Group
- James Whale Fund for Kidney Cancer
- Kidney Cancer UK
- Men's Den Prostate Cancer support group
- Men's Den Prostate Cancer support group
- Orchid Cancer Appeal
- P.H.A.S.E - Prostate Health Advice Support and Education
- Pelican Cancer Foundation
- Proactive Group
- Prostate Cancer Research Centre
- Prostate Cancer Support Association (PSA)
- Prostate Cancer UK
- Prostate Help Association
- Prostate Research Campaign UK
- PSA Prostate Cancer Support Association

- Redbridge Prostate Cancer Support
- The Prostate Cancer Charity
- The Urology Foundation
- UCAN (Urological CANcers)
- Urology Cancer Research and Education
- Urostomy Association

Upper GI cancers patient groups and charities

- Oesophageal Patient Support Group
- Oesophageal Patient Support Group – Romford
- Oesophageal Patient's Association
- Ohre Charity

Head and neck cancers patient groups and charities

- Chelmsford Head and Neck Group Essex
- CHINS (Barking Havering and Redbridge)
- HANSG (Head and Neck Social Group)
- Mouth Cancer Foundation

Brain and spine cancers patient groups and charities

- Brain & CNS Support Group
- Brain and Spinal Injury Centre
- Brain and Spinal Injury Centre
- Brain and Spine Foundation
- Brain Tumour Action
- Brain Tumour Support Group
- Brain Tumour UK
- Chelmsford Brain Tumour Support Group
- Hammer Out
- Low Grade Glioma Group

- Meningioma UK
- Meningioma UK - Enfield
- Meningioma UK - Romford
- Neurosupport
- Samantha Dickson Brain Tumour Trust
- Spinal Cord Tumour Association
- Spinal Cord Tumour Forum

Lung cancer - thoracic surgery patient groups and charities

- British Lung Foundation
- Roy Castle Lung Cancer Foundation

Hematopoietic progenitor cell transplantation and treatment of acute leukaemia patient groups and charities

- Anthony Nolan Trust
- Leukaemia & Lymphoma Research
- Leukaemia Cancer Society
- Leukaemia CARE
- South Essex Lymphoma Self Support Group

Cardiovascular patient groups, societies and charities

- Barts Hearts
- Blood Pressure Association Wolfson Institute of Preventive Medicine
- British Association for Cardiac Rehabilitation (BACR)
- British Association for Nursing in Cardiovascular Care (BANCC)
- British Cardiovascular Society
- British Society for Heart Failure
- British Society of Cardiovascular Imaging
- Cardiac Heart Support Group - Chelmsford & District
- Circulation Foundation
- Essex Heartbeat

- Heart Rhythm UK
- Hearts of Harlow Cardiac Support Group
- HERTBEATS Hertfordshire
- King of Hearts
- National Heart Forum
- Pumping Marvellous
- Take Heart Cardiac Support Group
- The British Cardiac Patients Association
- The British Heart Foundation (BHF)
- UK Health Forum