What to expect from an NHS Public Consultation
This guide will help you to:

- understand why consultations happen
- know what the law says about consultation
- understand what good consultation looks like
Money
Health services are overspending, and face a budget deficit of £400 million by 2020 if nothing changes.

Workforce
One in five of Devon GP's may leave the NHS within the next 5 years. There is also a need to improve recruitment and training of care workers.

Demand
Especially from an ageing population, where more people need looking after because of cancer, stroke, dementia etc.

Improvements in care mean that older people are better able to live well at home with long term health conditions. So more services need to be provided in community settings and at home, rather than in acute hospitals.
Why should consultations happen?

When NHS managers are planning large scale changes to services, they need to understand how patients and the public might be affected.

We all have different ideas about the services we need, where they should be located, and how they should be funded. So there may not be clear ‘right or wrong’ answers. But talking things through with the general public gives NHS managers a better chance of making good decisions.

The following pages explain the legal requirements for consultations, and set out some ‘good practice’ principles.
What does good consultation look like?

For large scale service change, NHS organisations must satisfy themselves that all these tests are met:

- There must be clarity about the clinical evidence underpinning the proposals.
- The proposals must have the support of the GP commissioners involved.
- The proposals must genuinely promote choice for patients.
- The process must have genuinely engaged the public, patients and local authorities.

Health services must ensure:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers

The Lansley Tests

All public consultations must observe the law. The legal principles state that:

- Consultation should occur when proposals are at a formative stage (i.e. there is no firm plan in place)
- Consultations should give sufficient reasons for any proposal to permit intelligent consideration (i.e. there must be enough information to enable the public to consider the options)
- Consultations should allow adequate time for consideration and response (the complexity of the issues and the size of the potential population to be consulted with will determine what is reasonable in the circumstances)

There must be also be clear evidence that the consultation responses, or a summary of them, have been considered by the consulting authority.

What guidance should the NHS follow?

The Gunning Principles (the law on public consultations)
What does good consultation look like?

To help public bodies comply with their legal requirements the government published a set of consultation principles in February 2016.

Step 1. A need for change arises - so the NHS has to set out the case for change

A good case for change should identify the issues, analyse the current situation, and develop evidence of the need for change.

For NHS Trusts and Clinical Commissioning Groups, involving governors, trustees and members can improve the way in which the plans are presented for public opinion.

Step 2. Pre-consultation. Developing options for the potential change

By involving the public in this phase, the consulting organisation can get a good idea of “where there are divisions of opinion”. It can start to understand what concerns people the most, and can make “allowances for views that might not yet have been fully considered”.

Public meetings aren’t always the most effective technique. The public can suggest other approaches that might work better. Consultation techniques can be adjusted throughout the whole process, according to the needs of communities.

The NHS, as a public authority, must consider equality of opportunity for people under the Public Sector Equality Duty, and how they could be affected by the proposals. If people from these groups can understand the need for change, their views will be invaluable in helping to form community led solutions to the issues.
This is where the general public are presented with options for service change.

You can expect clear information about the reasons for change and options being put forward. This should include information about the pre-consultation phase. Information should be in accessible formats: online, hard copy, other languages. Interpreter services should be available on request.

It should be clear how you can give your views. Opportunities should be available for face to face discussion and feedback. There should be a variety of settings which include anyone in the community.

You can expect regular updates on what activity has been undertaken to listen to the public.

There’s no minimum or maximum period of time over which the consultation ought to take place. However public sector consultations should last for a “proportionate” amount of time. If people disagree with the timescales, there should be ways for them to be heard and responded to.

The process should include anyone currently affected by the proposed change, as well as people who may need services in future.

This phase communicates the final decision and how public feedback contributed to the decision. You can expect a description of how the options for change were altered, proving that the NHS listened to the feedback received.

You can expect a description of the decision making process and next steps.

Wrong decision? Continue reading to learn more about challenging the process.
What to do if you think the decisions are wrong

Challenge the process

The Independent Reconfiguration Panel (IRP) is the independent expert on NHS Service change. Anyone concerned about issues relating to local health service changes in their area can seek free, informal advice from the IRP.

Please visit https://www.gov.uk/government/organisations/independent-reconfiguration-panel for more information.

Your local county councillor can help with any requests for a review, which the IRP can assess, and where suitable, carry out. It is important to realise that although a review may decide that the correct procedure was not followed, it does not mean that starting a new process will change the outcome of the decision.

Challenge the budget

Clinical Commissioning Groups and local Healthwatch organisations are not political lobbying groups. If you disagree with the funding for health and care services, please contact your local MP.

Parliament decides NHS funding. Allocations to Clinical Commissioning Groups are set by NHS England, according to a national funding formula. This takes account of a range of demographic factors such as age, sex, socio-economic deprivation and health inequalities. As public servants, Clinical Commissioning Groups must act on the requirements of the Department of Health, by funding the services for which they hold commissioning responsibility and keeping to spending limits.