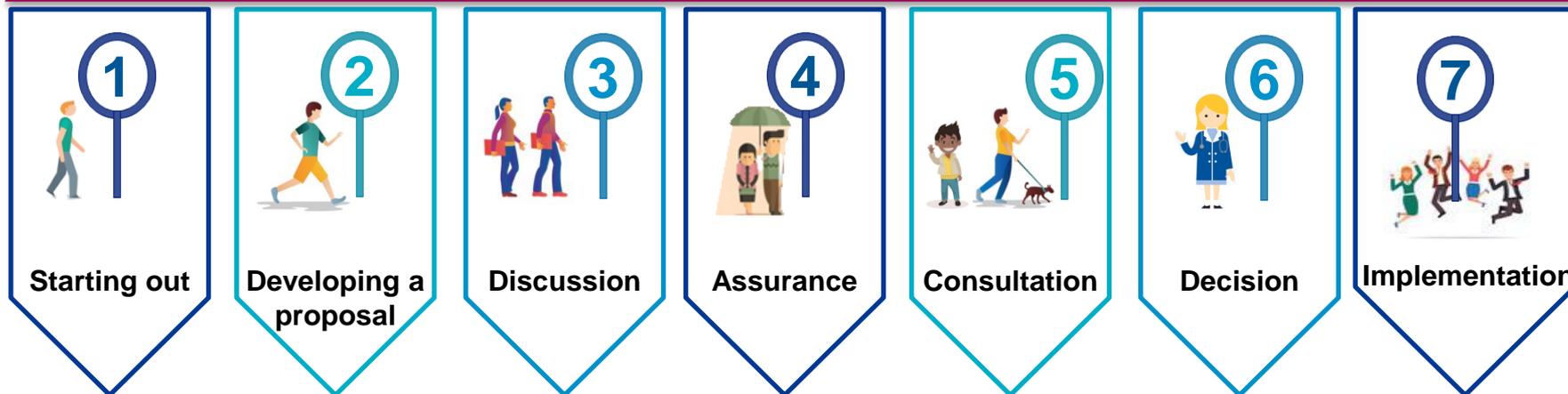




WHERE ARE YOU ON YOUR RECONFIGURATION JOURNEY?



Key questions to ask and resources



Starting out



- Have you established good working relationships with your local Healthwatch, Health and Wellbeing Board, and Health Overview and Scrutiny Committee?
- How do you plan to frame the debate about what may be contentious change? Is there a clear narrative on why change is necessary and a focus on what can be done to improve services?
- How will your narrative openly discuss finance? The focus could be on delivering value in the form of better experience and outcomes for patients and more appropriate use of resources, as well as potential savings.
- How will your narrative address safety and quality? Can you define the tangible benefits of change (e.g. numbers of lives saved /disability avoided)?
- How will the clinical case be convincingly described and promoted? Is there a resourced communications programme in place to gain widespread public understanding of the case for change?
- Are plans in place to harness the strength of NHS staff as potential key advocates for change? How will staff be offered the opportunity to input into proposals and regularly kept informed about progress?
- Do you have effective document controls? Keep minutes of internal and external meetings; email correspondence; evidence used to inform the proposed changes; the engagement and consultation process that has been undertaken, etc. All documents need to be suitable for public scrutiny.
- Is your planned approach open and transparent about how proposals will be developed, how local people will be able to influence the process and how decisions will be made? Have you set out clear timeframes for each stage?
- Have you scheduled a reconfiguration 'sense check' meeting with your local NHS England team to discuss best practice, agree an approach to assurance, benefit from good practice and learning from other programmes?

Resources	Key programme document	Contact
IRP learning from reviews NHS Confed making the case resources NHS England service change guidance Example case for change (Gt Manchester) NHS Improvement comms toolkit	Case for change (inc. do nothing scenario modelling)	NHS England reconfiguration lead





Developing a proposal



- ✓ Be mindful of potential challenge. Ensure procedures are properly followed and decisions are documented.
- ✓ How to develop a clinically-driven case for change, using primary and secondary care clinical advocates? How might clinicians engaged in shaping service redesign be supported to take on leadership roles?
- Consider clinical or outcome based standards rather than service models driven by site specific considerations.
- How can patients help to co-produce change proposals? Engaging patients in redesigning services makes it more likely that reconfiguration will succeed in delivering better experience and outcomes
- Engage early with NHS England (inc. Clinical Senate) including considering the 4 tests for service change and the bed closures test (April 2017)
- Has legal advice been sought to inform governance and decision making processes? A legal view on the approach to consultation may also be helpful at this stage.
- Are proposals developed in the context of a broader vision of integration of services and aligned with other key programmes (e.g. UEC, 7 day services, integration)?
- ✓ Have the interdependencies with other services, organisations or areas (e.g. neighbouring areas/orgs; ambulance; community; MH and specialised services) been thoroughly mapped?
- Have all options been considered including a do nothing scenario?
- How can proposals be framed in terms of potential gains rather than losses/closures? Consider the narrative and language to describe what's being proposed and why.
- Have you considered engage stakeholders/public to help draw up decision making or hurdle criteria? These criteria can then be used to shortlist options.
- Is there a clear analysis of the travel and transport implications of the proposals including any proposed mitigating actions.
- Have you taken account of choice, procurement and competition issues? In addition to ensuring proposed changes improve quality and patient choice and do not create health inequalities, plans must take account of the public duties of the Equality Act 2010 (s.149).

Resources

[NHS England service change guidance](#)
(including the four tests for service change and bed closures test)

Key programme document

Draft pre-consultation business case

Contact

NHS England reconfiguration lead
Clinical Senate manager

1. Starting Out?

2. Developing a proposal

3. Discussion

4. Assurance

5. Consultation

6. Decision

7. Implementation



Discussion



- Are you content that your proposals meet the four tests for service change and the bed closures test and have you had initial discussions with NHS England? In which case formal discussion with the local authority should be undertaken.
- Have you formalised your engagement with local authority Health Scrutiny Boards and Health and Wellbeing Boards, to agree their roles in the process and the regularity of ongoing discussions? There is a legal duty to consult local authority scrutiny functions in respect of major service changes (on a final set of proposals) but it is also good practice to involve them in the development of proposals earlier in the process. Engagement with Health and Wellbeing Boards is not a requirement but is good practice and their feedback can be complementary to the discussions with health scrutiny.
- Have you completed your stakeholder mapping (to include stakeholders, staff, patients and the public) and used this to inform a communications and engagement strategy? This might include beginning to discuss/test emerging proposals with key stakeholders and using their feedback to iterate the proposed approach.
- Have you had the appropriate discussions with health and social care organisations to establish the interfaces of your proposals with the wider health system, for example with neighbouring areas, specialised services, community, mental health or ambulance providers? Do you require changes to the way in which they interact with your services? Are you fully sighted on their future plans and have you taken any of their change proposals into account when planning your own programme?
- Are arrangements in place to correct any inaccuracy / misrepresentation of the programme quickly and consistently?

Resources

[NHS England service change guidance](#)
NHS England service change toolkit
Business case guidance

Key programme document

Pre-consultation business case (final)

Contact

NHS England reconfiguration lead
Clinical Senate manager

1. Starting Out?

2. Developing a proposal

3. Discussion

4. Assurance

5. Consultation

6. Decision

7. Implementation

4



Assurance



- Have you developed a pre-consultation business case with the financial, activity and workforce implications clearly described and triangulated? In which case the next step is to work with NHS England to provide stakeholders, staff and the public with confidence in the proposals and to mitigate the risks of successful challenge.
- Have you factored into your timetable that assurance of service change is rarely linear, consideration of financial and other factors may require initial proposals to be amended as new ideas are brought forward?
- Does your pre-consultation programme timeline provide appropriate time for NHS England's assurance process to de-risk proposals and mitigate against successful challenge (be it via a referral to SoS or a Judicial Review)?
- Have you discussed and agreed with NHS England an assurance approach that is proportionate to the scale of the change being proposed?
- Are you clear about the requirement to provide evidence for assurance against the four tests for service change and the bed closures test and good practice standards? This helps to minimise risks and gives stakeholders confidence in the programme. Feedback from the assurance process will help to inform next steps.
- Are the proposed models predicated on capital availability – if so has this been tested and can we be clear how the assurance and capital approval processes align?

Resources

NHS England service change guidance and toolkit – your reconfiguration lead can share a copy.

Key programme documents

Evidence for assurance (inc. draft consultation document and communications plan)
NHS England assurance feedback

Contact

NHS England reconfiguration lead
Clinical Senate manager

1. Starting Out?

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Consultation



Before undertaking consultation have you:

- carefully considered the timing of the consultation in light of wider factors such as electoral cycles
- an effective communications and media (inc. social media) handling plan that articulates clearly and consistently the case for change and frames the proposals in terms of gain;
- a detailed plan for reaching all groups who will be interested in the change (inc. staff engagement plans); and
- clear and compelling information on the range of options being tested, that is accessible.
- Consult at the appropriate stage in the process. The consultation must be able to inform the key decision(s).
- How can you ensure discussions are open with the public invited to share their views on the range of possible solutions and any alternatives, and to validate the decision making criteria?
- How will you maximise use of clinical spokespeople and have they received media training?



- How will you communicate, explaining all options clearly, in plain English, and present them objectively? If money is an issue, will you be upfront about costs and their impact on resources and services? Any figures must be based on sound calculations that will withstand public scrutiny.
- Consider whether your consultation document needs to be in different languages, easy-read versions or communicated in ways that engage hard-to-reach groups or minorities who might be affected by any change
- Are you planning to use the full range of channels to engage with public and invite responses? What about hard to reach groups and those with a particular interest in the services in question?
- How will you monitor the consultation process (including on social media), address concerns and rebut inaccuracies?
How can you tailor your consultation process and messages to avoid prejudicing or pre-empting a decision?

Resources	Key programme document	Contact
<ul style="list-style-type: none"> • Cabinet Office consultation guidance • The Gunning principles for consultation • Healthier Together consultation document <ul style="list-style-type: none"> • NHS Confed doc 	<p>Consultation document and plan</p>	<p>NHS England reconfiguration lead / comms and engagement colleagues</p>





Decision



- Have you ensured the decision making process (including the papers and information on which a decision will be based) are legally robust?
- Can you demonstrate to stakeholders that the whole change process is clear and transparent, including making the key decisions in public?
- Will you make sure that consultation responses and their subsequent analysis are managed independently and that any alternative proposals put forward during the consultation are captured and examined against the same decision making criteria as the initial options?
- Do the papers and supporting information on which a decision will be made describe the full range of options considered; how the options for consultation were arrived at; consultation feedback and how it has shaped the options for decision; and the criteria to be used in decision making? This might be in the form of a decision making business case with refreshed financials and any other information that may have changed over the course of the consultation period (from the pre-consultation business case).
- How will CCGs be able to show that they have taken account of the views of the public, patients and/or their representatives in coming to a decision? How did the views expressed in the consultation inform the final decision? How will the decision be communicated to relevant stakeholders and partners?

Resources

[Example decision making documents from Gt Manchester](#)

Key programme document

Independent analysis of consultation feedback
Decision making business case

Contact

NHS England reconfiguration lead

1. Starting Out?

2. Developing a proposal

3. Discussion

4. Assurance

5. Consultation

6. Decision

7. Implementation

7



Implementation



- Has a clear option been determined following public consultation and agreement reached to enact the proposal? Then the programme should proceed toward implementation. NHS England local teams will be available to offer ongoing support and may seek further assurances from the programme.
- Have resources been identified to develop a programme implementation plan? This should set out how the detailed changes will be taken forward, when and by whom. Individual organisations may need to maintain their own detailed implementation plans (e.g. covering the construction or redesign of specific parts of the hospital estate) which was also need to include the appropriate capital and/or procurement processes . Are key milestones identified so progress can be monitored?
- Are arrangements in place so the programme can remain mindful of potential clinical interdependencies and any cross boundary issues which may emerge or continue to develop during the implementation phase?
- How do you plan to maintain communications with public and stakeholders?
- Can some quick wins be identified and communicated to demonstrate progress?

Resources

[Example implementation plan from Gt Manchester](#)

Key document

Programme implementation plan

Contact

NHS England reconfiguration lead

1. Starting Out?

2. Developing a proposal

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