

Hampshire Together: Modernising our Hospitals and Health Services

Our consultation activity report

Report on the formal public consultation activity

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1 Summary

We undertook a 14-week public consultation from December 2023 to March 2024 on three options for the site of a new hospital in Hampshire and potential changes to acute hospital services.

During the consultation there were:

- 10,164,199 opportunities to see or hear about the consultation (our reach)
- 98,482 people from our local communities, staff and stakeholders actively and directly interacting with the consultation in the ways described below
- 6,020 responses received

We achieved this through a range of consultation activity including:

- Holding 124 events:
 - 27 public listening events – a mix of face to face and online
 - 14 public pop-up and exhibition events
 - One launched briefing and six listening events for Hampshire and Isle of Wight wide health and care staff
 - 33 Hampshire Hospitals staff meetings and events
 - 43 Hampshire Hospitals staff pop-up and drop-in events
- Attending 14 community groups who invited us to attend their meetings
- Attending 13 stakeholder meetings we had been invited to attend
- Proactively developing and issuing 17 press releases
- Responding to 28 media enquiries
- Producing and promoting over 10 videos explaining different aspects of the proposals
- Responding to 230 emails and phone calls
- Creating content for Hampshire Together and other NHS and partner social media channels, with 138 posts (Hampshire Together Facebook page and on X) and just under 300 comments (Hampshire Together and Hampshire Hospitals staff social media feeds)
- Sending out 147 packages of consultation materials including consultation documents, flyers and posters
- Contacting 236 community groups and representatives to seek their support to promote the consultation to their members, respond on behalf of their group with the offer of us attending one of their meetings
- Sending 18 stakeholder briefings to ensure key stakeholders, including community groups and representatives, were regularly updated on the consultation
- Commissioning five focus groups and 501 telephone surveys recruited to and carried out by an independent research agency

All of the feedback received during the consultation has been independently analysed and will be used to shape and inform the final proposals and allow us to consider mitigating actions for concerns that were raised.

This consultation has been assessed by the Consultation Institute, under its Consultation Quality Assurance Scheme. The Institute has confirmed that the consultation has been awarded best practice in terms of meeting the principles and requirements of the Consultation Charter [\[The-](#)

[Consultation-Charter-2017-edition.pdf \(consultationinstitute.org\)](#)]. Best practice is the highest award that can be made.

2 Introduction

This document describes the comprehensive and proportionate consultation activity that was undertaken in order to engage with local people, groups and stakeholders on options that looked at where to build a new hospital for Hampshire and different ways of delivering acute, hospital-based care for people in Hampshire in the future as compared to now.

This activity was delivered through a robust and comprehensive consultation plan which should be read in conjunction with this document.

Our consultation focused on the shortlisted options for the site of a new hospital and potential changes to acute hospital services that emerged from previous significant options development and appraisal work involving a wide range of stakeholders. With an agreed shortlist of options for consultation, we ran the consultation from 11 December 2023 to 17 March 2024 for 14 weeks. Our consultation sought to understand how the proposals will impact on the local population, including current, recent, and potential future users of health services, their families and loved ones, staff, and stakeholders.

Our approach to consultation was informed by best practice principles and complies with our legal and statutory duties. It was built on learnings and changes in practice resulting from the coronavirus pandemic, recognising that some individuals and groups remain concerned about the risk of contracting the virus while others now prefer alternative, 'remote' or digital methods of engaging.

We believe that the consultation plan and activity was proportionate and took account of people having varying levels of interest and prior involvement in our proposals. Consultation activities were designed to reach and collect feedback from a broad range of audiences, including the seldom heard, those with protected characteristics under the equalities' legislation, the digitally excluded and other disadvantaged or inclusion groups, through a mixture of channels. How people want to participate in public consultations varies widely, and we offered different ways to receive information and participate, recognising for some groups, engagement preferences may have permanently changed since the coronavirus pandemic. Once we launched our consultation, we maintained a flexible approach to engaging with people, assessed the effectiveness of the activities identified in the plan and adjusted them as needed.

3 About the consultation plan

The consultation plan sets out how we approached the formal consultation. It was informed by best practice principles and guidelines from NHS England, the Cabinet Office, and the Consultation Institute. We also built on the experience and feedback from our pre-consultation engagement work with stakeholders and key audiences. The plan was reviewed and scrutinised by a range of stakeholders and partners and discussed with the Joint Health Overview and Scrutiny Committee.

4 Consultation scope

The scope of the public consultation focused on the shortlisted options that look at different ways of delivering acute, hospital-based care for the people of Hampshire in the future as compared to now. We did not set out to consult on every step of the patient pathway but on options that look at where to build a new hospital for Hampshire and different ways acute, hospital-based care

services that people need and use can be delivered. This is set in the context of our overall ambition for more integrated, joined-up care with primary and community-based facilities and making sure people get the right care, at the right time, in the right place.

In geographical terms, the consultation primarily covered areas in north and mid Hampshire which include the Alton, Andover, Basingstoke, Eastleigh, and Winchester areas. It also included engagement activity in bordering communities and neighbouring areas, particularly where patient flow data indicates that people living outside the direct catchment of the Trust may be impacted by the proposals. The overall population in the interim Integrated Impact Assessment study area is 871,000 residents.

In addition, Hampshire Hospitals NHS Foundation Trust provides some regional specialised services. For example, it leads in the field of tertiary liver cancer and colorectal cancer and the regional haemophilia service is based at Basingstoke and North Hampshire Hospital. Hampshire Hospitals NHS Foundation Trust has clinical links with University Hospital Southampton NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Royal Surrey County Hospital NHS Foundation Trust and Royal Brompton and Harefield NHS Foundation Trust for some specialised services. It also has links with Hampshire County Council at Firvale for paediatric respite services.

Hampshire Hospitals is also commissioned by NHS England to provide a highly specialised service and is one of only two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer).

We targeted users, and patient groups representing users of these specialised services as part of our consultation activity to inform them and to make sure they had an opportunity to comment on our proposals.

5 Consultation principles

The principles set out below underpinned our consultation plan and shaped the content and activity developed and our approach to evaluating the results.

- Consulting with people who may be impacted by our proposals
- Consulting in an accessible and flexible way
- Consulting well through a robust and fair process
- Consulting collaboratively
- Consulting cost-effectively
- Independent evaluation of feedback

More detail on each principle is provided in the consultation plan.

6 Consultation aims and SMART objectives

Our aims for the consultation were to:

- Raise awareness of the proposals and how to contribute to the consultation across the affected geography
- Collect views from the full spectrum of people who may be affected – including patients, service users, carers, staff, stakeholders, and the public – gathering feedback from individuals and representatives

- Develop a set of consultation questions which provide an opportunity to comment on all of the matters that are open to influence
- Ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics, seldom heard communities and other marginalised, disadvantaged or inclusion groups
- Ensure those methods reflect the physical and attitudinal changes to engagement since the pandemic
- Explain how the proposals have been developed and what they could mean in practice, accurately and without bias providing all the information people need to give informed responses to the proposals
- Ensure that we preserve the integrity of the consultation period to the best of our ability should unforeseen circumstances threaten to undermine, or derail planned activity
- Meet or exceed our reach and response targets within the timeframe and budget allocated
- Ensure NHS Hampshire and the Isle of Wight can consider fully the responses and feedback and take them into account, in decision-making, with sufficient time allocated to give them thorough consideration
- Explain to consultation respondents how their feedback has been taken into account by decision-makers

Specific, measurable, achievable, realistic, and time-bound (SMART) objectives were key to ensuring that our consultation activity could be accurately assessed and measured.

Our SMART objectives for the consultation and how we would measure these were:

SMART objective	Measure/assessment
<p>Opportunities to see or hear about the consultation – reaching a minimum of 435,500 people (approximately 50 per cent of the population identified in the interim Integrated Impact Assessment study area) about the proposals during the consultation period</p>	<p>To be achieved through the activity set out in the consultation plan (outputs) and reach of social media, media, advertising, etc</p>
<p>Target for active and direct engagements</p> <p>Patients, families, carers and local people – 7,000 Staff and volunteers – 8,650 Stakeholders – 50</p> <p>15,700 people (approximately 1.8 per cent of the population identified in the interim Integrated Impact Assessment study area)</p>	<p>To be achieved through mailings to staff and stakeholder distribution lists, meetings and events, drop-in exhibitions, pop-up stands, social media interactions, focus groups, telephone polling, targeted outreach work</p>
<p>Target for responses</p> <p>Patients, families, carers and local people – 1,300 Staff and volunteers – 1,280 Stakeholders – 20</p> <p>2,600 separate responses to the consultation (approximately 0.3 per cent of the population)</p>	<p>Collecting responses to the consultation (including questionnaires, focus groups, emails, social media interactions, phone calls, letters, comments at events)</p> <p>To note: petitions and locally organised questionnaires will be counted as one</p>

SMART objective	Measure/assessment
identified in the interim Integrated Impact Assessment study area)	<p>response for the purpose of achieving the target for responses</p> <p>Any petitions and locally organised questionnaires will be reported clearly as a part of the overall consultation responses and the detail included in the consultation report</p>

As set out in our SMART objectives above, the targets for reach and responses were key measures of success in our evaluation of the consultation. We set targets based on previous experience of planning and delivering consultations. The targets were set to balance informing people and collecting a wide range of responses and perspectives with delivering a cost-effective consultation within a proportionate budget. A review of these targets and level of achievement formed part of our mid-point review of consultation activity, to identify where there may be areas in our activity that needed to be strengthened.

7 Meeting our SMART objectives

We meet our SMART objectives as detailed:

Objective	Target total	Achieved total
Reach – Opportunity to see or hear about the consultation	435,500 (min) people will have seen or heard about the consultation	10,164,199
Engagement – active and direct engagement	15,700 (min) people will have had an active and direct engagement: <ul style="list-style-type: none"> 7,000 patients, families, carers and local people 8,650 staff and volunteers 50 stakeholders 	98,482: <ul style="list-style-type: none"> Public – 53,952 Staff – 44,024 Stakeholders – 506
Responses – to the consultation	2,600 separate responses to the consultation: <ul style="list-style-type: none"> 1,300 patients, families, carers and local people 1,280 staff and volunteers 20 stakeholders 	6,020: <ul style="list-style-type: none"> Public – 4,482 Staff – 1,468 Stakeholders – 70

We tracked our performance against these targets throughout the consultation through a Consultation Evaluation Framework, detailed in Appendix A. This enabled us to be agile during the consultation and to identify where there may be areas in our activity that needed to be strengthened.

8 Protected characteristics and deprived populations

Whilst the interim Integrated Impact Assessment carried out as part of the Hampshire Together Programme's pre-consultation phase demonstrated that there is no difference between the

options for people with protected characteristics and deprived populations compared to the general population, we believe it was important to be proactive in engagement with some specific groups within the protected characteristics, as they are the population groups considered more likely to require the services under review, and therefore those who will be most impacted by planned service changes.

The following table sets out these groups and the consultation activity undertaken for each:

Key populations	Consultation activity
<p>Age – Ageing population within the catchment area.</p> <p>The ability to travel may prove more challenging with older age, particularly increased reliance on public transport.</p> <p>Potential reliance on carers or family members for transport.</p>	<ul style="list-style-type: none"> • Raised awareness of the proposals through appropriate voluntary and patient community networks often used by this age group • Made sure information was available on request in large print and audio formats to allow for age-related changes in vision • Provided a mix of online and in-person opportunities, and online and hard copy documents to allow us to engage with those who use online facilities and those that do not
<p>People with disabilities or sensory needs – For those with physical impairments potential obstacles can include travel and access.</p> <p>Along with the ability to travel, the desire to travel may also be less for those with a disability.</p> <p>Potential reliance on carers or family for those who need additional assistance.</p> <p>It is acknowledged that individuals may have more than one of these conditions.</p>	<ul style="list-style-type: none"> • Made sure information was available in Easy Read • Braille, British Sign Language video, small and large text, and audio versions of information were made available on request • Promoted the consultation period with local disability forums and offered a range of ways for people to provide feedback including via questionnaire, email, telephone, etc • Provided a mix of online and in-person opportunities, and online and hard copy documents to allow us to engage with those who use online facilities and those that do not • Offered a specific focus group for people with disabilities
<p>Gender reassignment (trans)</p>	<ul style="list-style-type: none"> • Liaised with local trans groups to promote the proposals and engagement opportunities • Offered a specific focus group for trans people to encourage a safe space to share experiences and feedback on our proposals
<p>Marriage and civil partnership – It is expected that the proposed changes will have a limited impact on people based on their marital or civil partnership status.</p>	<ul style="list-style-type: none"> • Addressed through wider consultation activity
<p>Pregnancy and maternity – Travel to be considered, particularly for those with existing childcare needs or pregnant.</p>	<ul style="list-style-type: none"> • Addressed through wider consultation activity and holding a dedicated listening event

Key populations	Consultation activity
<p>Ethnic minorities – To consider making sure people who don't have English as their first language can access the consultation.</p>	<ul style="list-style-type: none"> • Provided opportunities for the consultation document and questionnaire to be requested in the five most common languages • Promoted the consultation period with local faith and cultural groups • Raised awareness of the consultation with 'Friends, Families and Travellers' (national charity working on behalf of all gypsies, travellers, and Roma) • Offered a specific focus group for people from different ethnic minorities
<p>Religion or belief – People with different religious beliefs access healthcare in different ways.</p> <p>Important that we understand access points in the context of any service change.</p>	<ul style="list-style-type: none"> • Used existing relationships with leaders of places of worship across the catchment area to promote engagement with the proposals • Promoted the consultation period with the local interfaith forum • Ensured religion and beliefs could be discussed in the focus groups
<p>Sex – It is expected that changes will have a limited impact on people based on their sex.</p>	<ul style="list-style-type: none"> • Made sure there are appropriate images men and women can identify with in the design of consultation materials • Linked with men and women's groups for example, Men's Sheds and the Women's Institute • Focus groups and telephone interviews included all sexes
<p>Sexual orientation – It is expected that the proposed changes will have a limited impact on people based on their sexual orientation.</p>	<ul style="list-style-type: none"> • Liaised with local LGBTQ+ groups to promote the proposals and engagement and consultation opportunities • Offered a closed focus group to encourage a safe space to share experiences and feedback on plans
<p>Other disadvantaged or inclusion groups – carers</p>	<ul style="list-style-type: none"> • Worked with local carers organisations to raise awareness of the consultation period • Offer a range of consultation activities on different days and at different times so carers have the opportunity to participate around their caring schedule • Provided a mix of online and in-person opportunities, and online and hard copy documents to allow us to engage with those who use online facilities and those that do not
<p>Other marginalised, disadvantaged or inclusion groups – areas of socioeconomic deprivation.</p> <p>Hampshire Hospitals sites whose residents will be impacted by the proposed changes are Popley in</p>	<ul style="list-style-type: none"> • Raised awareness with local community and voluntary groups that reach this audience for example, food banks, housing associations, homeless charities • Provided a mix of online and in-person opportunities, and online and hard copy

Key populations	Consultation activity
<p>Basingstoke and Stanmore in Winchester.</p> <p>In addition, the following five LSOAs are considered priority communities: Andover, Newbury Road; Basingstoke, Popley; Alton, Westbrooke and Eastbrooke; Eastleigh West; Winchester Stanmore.</p>	<p>documents to allow engagement and consultation with those who use online facilities and those that do not</p> <ul style="list-style-type: none"> • Produced information in a variety of formats using plain English to ensure information was widely accessible • Ran enhanced social media advertising promoting the consultation and how to get involved targeted specifically to people living in these geographies • Offered a range of ways to respond that are ‘free’ – including freepost address, email and online • Offered a specific focus group for people in areas of socioeconomic deprivation
<p>Given NHS Hampshire and Isle of Wight’s wider commitments to reach certain groups we will also aim to reach:</p> <ul style="list-style-type: none"> • Armed Forces community • People with and affected by dementia • People with psychological needs 	<ul style="list-style-type: none"> • We specifically raise awareness of the consultation with the following groups: <ul style="list-style-type: none"> • Blind Veterans UK • Hampshire Cultural Trust • Royal British Legion – Andover • SSAFA (Military families) • Alzheimer’s Winchester • Dementia Friendly Winchester • Andover Mind • Solent Mind • Young Minds

9 Consultation materials

We developed a suite of core materials including a full consultation document, summary consultation document, which was also available in Easy Read, and a consultation questionnaire.

In line with best practice criteria for consultation documents, our main consultation document included:

- The objectives of the consultation
- Details of how people could contribute to the consultation and how feedback will be used
- A summary of our ‘case for change’ and why we are proposing to organise services differently in the future
- Details of how patients and the public have been involved so far
- Details of the options with relevant, clear, and transparent information, including what distinguishes each option
- Details of the implications of the proposed changes, and of no change, with pros and cons for each option
- An explanation of how options have been developed and how and why some options were eliminated from the process through a thorough and robust evaluation process
- A set of key questions to guide responses
- Email, freepost address and telephone contacts for responses

- Contact details for the consultation team who will respond to questions, complaints, or comments about the consultation process
- The dates of the consultation period (start and finish)
- An explanation of what we will do with the responses to the consultation and next steps in the decision-making process.

In addition, the consultation document was:

- Written to be as concise and accessible as possible, using jargon-free straightforward language
- Widely accessible and available in a printed format free of charge
- Available online through the consultation website (and linked to from Hampshire Hospitals, NHS Hampshire and Isle of Wight and other partners' websites)
- Available in a short, summary booklet format as well
- Available as an 'easy read' summary – for those with learning disabilities, who don't have English as their first language, and for others who prefer this format
- Available in other formats (Braille, British Sign Language video, small and large print, audio) and languages on request
- Supplemented by further information for those people who want more detail (for example through access to the PCBC published online, or through publication of factsheets on key issues, FAQs, etc)

The questionnaire was developed by the communications and engagement workstream in conjunction with an independent research/engagement organisation to ensure we designed clear and non-leading questions. There was a mixture of ranking style questions, asking people how strongly they agree or disagree with specific points, plus open questions with a free text response.

We endeavoured to prepare all our public facing consultation materials in straightforward, jargon-free language. We worked with our dedicated Readers' Panel, Healthwatch Hampshire and others as part of our drafting and testing process to make sure materials were clear, easy to read and understandable to people with no prior involvement in the proposals.

Braille, British Sign Language video, small and large text, and audio versions of the main consultation document were made available on request.

We are aware that not everyone speaks English and offered translations of our core materials on request. This was noted in key documents in the most common languages used across Hampshire.

We produced a summary consultation document in Easy Read, commissioned from an accredited provider of 'easy read' materials. This document was promoted through our voluntary community sector contacts, taken to events, and was available to view and download online.

10 Consultation activities

Our consultation activities were designed to reach and collect feedback from a broad range of audiences through a mixture of channels. How people want to participate in public consultations varies widely, and we offered different ways for people to participate.

Our plans took account of people having varying levels of interest and prior involvement in the proposals. Some would have been actively involved in the proposals through work to develop the

case for change or developing and assessing the options. Others would find out about the plans for the first time through the formal public consultation.

Consultation activities	Frequency, numbers, format
Affected hospital services	<p>We worked directly with specific services affected by the proposals to promote the consultation to their staff and patients.</p> <p>The use of staff and patient groups and networks to disseminate information and making flyers and posters available for hospital waiting areas, highlighting where printed and virtual consultation documents and resources were available.</p>
41 public events – in person and online	<p>We held a combination of virtual and face-to-face sessions which included:</p> <ul style="list-style-type: none"> • 17 face-to-face public listening events across the impacted geography. Events were held across different days and times of days including daytime and evening. Numbers were limited with attendees required to register in advance • 10 online public listening events – similar in content and format to the face-to-face meetings providing opportunities for patients and members of the public, to hear about the proposals from clinical and other leaders of the programme, and to discuss the proposals in small groups with their views captured for the programme leaders to hear and understand different viewpoints • Three drop-in exhibitions and 11 pop-up stalls to raise awareness and provide information about the proposals • Details of events were made available on the Hampshire Together consultation webpages and publicised through media, social media, and other channels
Five focus groups	<p>Dedicated online discussion groups commissioned from an independent research agency with up to 10 agency-recruited attendees per group. The groups included a structured presentation and discussion with a specific remit to collect feedback from the general public, as well as patients, carers and relatives of services affected, from people in different geographic areas and seldom heard/protected characteristic groups</p>
501 telephone surveys	<p>Structured discussions to capture responses from a representative sample of the public. This work was commissioned from an independent specialist research agency</p>
14 patient/community group visits and online events	<p>Information provided so these groups could promote the consultation amongst their members. Attending, by invitation, existing meetings of established patient/community groups</p>
Hospital site display stands	<p>Displays at Hampshire Hospitals main sites/services during the consultation period to engage patients, visitors and hospital staff</p>
76 Hampshire Hospitals staff events	<p>Hampshire Hospital’s communications team co-ordinated a range of staff events, information provision, and discussions to encourage responses from staff on the proposals for change and the consultation options</p>

Consultation activities	Frequency, numbers, format
Seven Hampshire and Isle of Wight system staff events	NHS Hampshire and Isle of Wight's communications team co-ordinated Hampshire and Isle of Wight system wide staff online events. They also facilitated sharing of consultation information with primary care teams across the geography
South Central Ambulance Service (SCAS) staff	SCAS' communications team were provided with information and materials to promote information about the consultation and associated activities to encourage their staff to engage and respond to the consultation
Other NHS providers staff events	NHS communications teams were provided with information and materials to promote the consultation and associated activities to encourage their staff to engage and respond to the consultation
County, city, district and borough council staff	Local authorities' communications teams were provided with information and materials to promote the consultation and associated activities to encourage their staff to engage and respond to the consultation
13 stakeholder, councillor and MP briefings	We offered briefings to stakeholder and council meetings at county and district/borough/city level (in addition to formal updates to JHOSC). We attended parish/town council presentations/briefings on request. We provided one to one and/or group briefings for MPs

11 Staff engagement

The proposals we consulted on affect a wide range of staff and professional groups and we wanted to ensure that all voices from 'board to ward' were heard. All staff in health and care across the consultation geography were invited to feedback into the consultation through the main questionnaire and contact points, rather than having a staff specific questionnaire. We ensured that a variety of engagement methods were available so that staff could contribute within their professional and personal lives.

We were committed to ensure staff, particularly those staff who may be directly affected by the proposals, heard about them through us first. This was vital if we were to show consideration and respect and builds on the way we have involved staff in the design and development of the proposals as the programme has progressed.

Staff too are often local residents, patients, and carers, with the same concerns as other members of the public about health and care services. It was essential that they are aware of and engaged about the consultation and had the opportunity and means to tell us what they thought.

In advance of the consultation launch, staff who may be directly affected by the proposed changes were invited to be briefed on the proposals and options for consultation and made aware of the opportunities to attend briefings (face-to-face and virtual) to give their views. It should be noted that at this stage the individual impact for staff and 'what this means for me' is not known in detail (not least as no decisions on the future shape of services have yet been made).

Following the launch of the consultation, our staff engagement approach included the following activities:

Staff events

We held:

- Seven virtual briefings/listening events for health and care staff across Hampshire and Isle of Wight, including hospital teams, GPs and their practice staff and primary care teams, ambulance, community, public health, and social care teams
- 33 Hampshire Hospitals staff meetings and events
- 43 Hampshire Hospitals staff pop-up and drop-in events

The aims of the events were to:

- Provide detailed information and to answer questions which enabled people to make a considered response to the consultation
- Gather rich feedback on benefits, concerns, issues, and potential mitigations
- Explain the proposals and enable leaders and clinicians involved in the programme to be questioned and to understand the balance of opinion by exploring views on the options

Existing internal communications channels

Intranets, newsletters and bulletins, staff briefings and existing meetings were all used to engage with staff. For example, NHS Hampshire and Isle of Wight's Stay Connected App and all-staff briefing meetings, and Hampshire Hospital's weekly Q&A sessions, Facebook staff group and Trustnet.

The communications and leadership teams in NHS Hampshire and Isle of Wight and provider organisations were responsible for this activity, using materials and content developed by the programme team. NHS Hampshire and Isle of Wight's communications team distributed information to GP practices and primary care networks and promoted the consultation via existing bulletins to GPs and their practice staff. They also sought to work through existing networks to reach wider primary care teams and independent contractors such as dentists, pharmacies, and opticians.

14

Speakers' bureau

Approximately 100 staff from across the health and care system signed up to support awareness raising and signposting to more information about the consultation. They also supported the range of consultation activity including presenting and speaking at events and facilitating table discussions.

12 Media approach

We worked proactively with the media throughout the consultation period. Our area has a diverse range of media outlets, from 'ultra-local' publications to wider Hampshire and the Isle of Wight focussed broadcast, print and online news outlets. All are important in informing, shaping, and reflecting public perception and reaction to proposed health and care changes. We worked with the media to communicate overarching key messages for the consultation and to convey more detailed information for the population on specific services or aspects of their care that may change as a result of the proposed options, for example on maternity or cancer care. We did this by issuing regular media releases on different aspects of the proposals.

We used social media as another route to engage people in our consultation including targeted boosted social media activity for identified geographical areas with the area and key demographics as identified by the interim Integrated Impact Assessment.

We used a mixture of submitting editorial content, media releases and proactive briefing to produce free coverage and some paid for advertising where this was felt to be cost effective.

We responded to 28 media enquiries received during the consultation and pro-actively supported media outlets with requested interviews and filming opportunities.

We targeted all local media outlets including print, online, regional broadcast and community-based radio stations, and the Health Service Journal with information about the consultation.

13 Activities and materials for audiences outside north and mid Hampshire including regional specialist services

Hampshire Hospitals provides some national and regional specialist services, with residents from other parts of the region and UK travelling to the hospitals and receiving care from services affected by the proposals. These include:

- Pseudomyxoma peritonei (a rare form of abdominal cancer)
- Liver and colorectal cancer
- Haemophilia service

We targeted users, and patient groups representing users, of these specialist services as part of our consultation activity to inform them and to make sure they had an opportunity to comment on the proposals. We provided information about the consultation and invite them both to respond and to cascade information to their local networks. We also ensured there were materials about the consultation situated in the waiting rooms and clinical areas at the hospitals where these services are provided.

14 Distribution channels

We distributed a range of consultation materials using online and physical channels to meet the varying preferences of our target audiences and stakeholders; balancing the need to make hard-copy materials available with our usual ‘digital by default’ approach and delivering a cost-effective consultation.

Digital distribution

Channels	Materials
<p>Websites</p>	<p>We revised the Hampshire Together website to be our online consultation hub – www.hampshiretogether.nhs.uk/</p> <p>The online consultation hub hosted all consultation information in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It also included details of events and had the more technical pre-consultation business case document and appendices.</p> <p>NHS Hampshire and Isle of Wight’s and Hampshire Hospital’s websites both highlighted the consultation and directed people to the Hampshire</p>

Channels	Materials
	Together website with other NHS and health and care partners were invited to do the same.
Email bulletins/ stakeholder updates	<p>We issued updates through the consultation period (start, middle and end) to our stakeholder list. This directly reached key stakeholders and individuals including district, borough, city and county councillors, parish council central contacts, MPs, and a wide range of patient and public representatives and voluntary/community groups.</p> <p>We also provided content about the consultation for our partners to include in their own e-bulletins/newsletters during the consultation.</p>
Social media	<p>We created accessible and engaging video, imagery and copy to explain the complex elements of the consultation and proactively encourage people to have their say.</p> <p>The dedicated Hampshire Together Facebook and X channels were used as the official accounts to keep online stakeholders informed and to promote the consultation to the public.</p> <p>This was supported from the more established accounts of NHS Hampshire and Isle of Wight and Hampshire Hospitals on those platforms, but also more widely on LinkedIn, Nextdoor and Instagram.</p> <p>We used social media to promote consultation events to people in the local area, as well as general promotion of the online questionnaire and the other options to have their say.</p> <p>Recognising the need to reach people living in specific geographies – as identified by the interim Integrated Impact Assessment – we used paid for social media advertising to further target people living in those locations. We also used paid for social media to boost our reach to adults under the age of 30 as a group less likely to proactively attend events or engage with the consultation. This significantly increased the visibility and reach of the consultation with both of these audiences.</p> <p>The social media content earned over 710,000 impressions (opportunities to be seen) with just over 20,000 people engaging by clicking to learn more, sharing posts, reacting to posts and commenting.</p>

Physical distribution

We reflected on the impact of the pandemic in distributing materials to people and pro-actively reached out to venues such as libraries, GP surgeries and shops to see if they would display materials. This then informed our distribution with some sites being sent a package of materials and others being written to about the consultation and offered a package of materials if they were able to help to promote it.

We also sent materials as requested to a wide range of partners and interested groups to cascade information through their own networks.

With all distributions we included details of how to request further copies of materials as required.

15 Collecting responses

We provided the following mechanisms for people to respond to the consultation:

- A questionnaire with specific questions about the options and proposals for change (available in print with a freepost return address and online)
- Freepost address
- Email address
- Phone line/voicemail
- Telephone polling
- Targeted focus groups
- Online listening events – including Zoom/Teams meetings with key spokespeople
- Physical in person listening events in accessible locations and venues where people will feel confident about attending
- Targeted outreach work through voluntary and community groups and organisations to reach seldom heard audiences and those with protected characteristics

Respondents were encouraged, but not required, to use the main questionnaire.

16 Analysis of consultation responses

In line with best practice for a consultation of this nature we commissioned an independent research/engagement organisation, ORS, to analyse the responses and produce a non-biased objective report summarising all feedback received during the consultation period. All feedback, whether verbal or written, was collected, logged, collated, and reported on by ORS.

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17 Mid-consultation review

Throughout the consultation period, with the support of our independent research partner, we monitored responses to identify any demographic, geographical or other trends which may indicate a need to adapt our approach regarding consultation activity or refocus efforts to engage a specific group/locality.

We commissioned a ‘mid-point review’ report from our research partner. This gave a high-level view of the number and type of responses received in the first half of the consultation period. It gave a breakdown of where responses had been received from geographically, and across which demographic characteristics. It also provided a high-level sense of the emerging themes from the consultation responses and feedback already received.

We used the mid-point review report to assess progress against our SMART objectives, and to inform any flex or specific additional focus needed in terms of activity during the second half of the consultation period. This highlighted that we should further promote the consultation to and reach out to young people and the specific geographical areas identified in the interim Integrated Impact Assessment. To address this we undertook some more, very targeted social media activity and attended events for young people.

18 Post-consultation analysis

Following consultation close, our research partner analysed all responses and consultation activity feedback, and compiled a non-biased, objective, detailed, consultation report. The independent

report identifies trends and themes from the consultation responses. NHS Hampshire and Isle of Wight will consider the consultation feedback in full and decide what actions need to be taken in response.

The independent research organisation was sent all feedback gathered across all channels, including for example, formal questionnaires, notes from public meetings, listening event, focus group reports, individual and organisation response letters, telephone polling outputs, and petitions submitted by campaign groups. Petitions were reported clearly as a part of the overall consultation responses and the detail included in the consultation report.

Individuals' comments provided to the independent organisation were anonymised. Attributable organisational and elective representative responses were also published as part of the post consultation report.

19 Decision making process

The consultation feedback will be used to shape and inform the final proposals and allow us to consider mitigating actions for concerns that are raised.

Consultation responses will be used alongside a range of other evidence gathered as part of the decision-making process (including clinical, financial, workforce, estate, travel time evidence, etc) and any other relevant information which may become available before a final decision.

Consultation responses will be used to:

- Help decide which option is taken forward
- Identify if changes are needed to help develop the option taken forward
- Identify actions to progress opportunities to improve / mitigate concerns raised

18

This decision-making process will comply with the NHS England guidance '*Planning and Delivering Service Changes for Patients*'.

Following consultation, the MoHHS programme team, will:

- Develop the Decision-Making Business Case (DMBC) on behalf of NHS Hampshire and Isle of Wight for non-specialised (local) services, and NHS England Specialised Commissioning for specialised services using the results of formal public consultation to improve, refine and shape the proposals for final decision-making and to review any additional evidence or information that has come to light during the consultation period and is relevant to the proposals
- Undertake a mirrored decision-making process (NHS Hampshire and Isle of Wight for non-specialised (local) services, and NHS England Specialised Commissioning for specialised services) and widely communicate the results of these processes
- Continue to engage and involve patients, staff and local communities in the development of implementation plans of any proposals agreed

20 Conclusion

Our consultation activity report demonstrates how we delivered a best practice consultation and fulfilled our statutory consultation duties. We made the most of appropriate technologies, methodologies, and mechanisms to respond to the changing face of consultation, engagement, and involvement work. We used face-to-face and digital/virtual methodologies to make sure we had effective ways to communicate, engage and consult with a wide spectrum of groups and individuals on our options for change. Once consultation was underway, we maintained a flexible approach. Through assessing the effectiveness of the activities, we amended our approach as appropriate.

Appendix A – Consultation evaluation framework

Objective	Activity indicators	Number	Total		
Reach – Opportunity to see or hear about the consultation	435,500 (min) people will have seen or heard about the consultation	Social media reach	Public Hampshire Hospitals staff	670,483 40,215	10,164,199
		Media coverage reach		6,884,643	
		Advertising reach		2,568,858	
Engagement – active and direct engagement	15,700 (min) people will have had an active and direct engagement: <ul style="list-style-type: none"> 7,000 patients, families, carers and local people 8,650 staff and volunteers 50 stakeholders 	Mailings	Public Staff (inc staff briefing) Stakeholders	32,210 40,254 311	98,482: <ul style="list-style-type: none"> Public – 53,952 Staff – 44,024 Stakeholders – 506
		QR code hits		1,285	
		Listening event sign-ups	Public Hampshire and Isle of Wight staff	811 47	
		Hampshire Hospitals staff drop-in and pop-ups attendance		1,069	
		Public pop-up attendance		1,244	
		Public exhibitions attendance		278	
		Meeting and event attendance	Community events Stakeholder meetings	523 195	
		Social media engagement	Public Hampshire Hospitals staff	17,552 2,654	
		Focus group sign-ups		49	
		Responses – to the consultation	2,600 separate responses to the consultation: <ul style="list-style-type: none"> 1,300 patients, families, carers and local people 1,280 staff and volunteers 20 stakeholders 	Questionnaires	
Correspondence – emails, phone calls, letters and FOIs	Public Staff Stakeholders – General Stakeholders – Formal			165 17 25 23	
Listening events attendance	Public Hampshire and Isle of Wight staff			480 21	
Hampshire Hospitals staff events				779	
Focus groups attendance				35	
Social media comments	Public Hampshire Hospitals staff			274 15	
Telephone surveys				501	