



# Health Scrutiny Panel

## 27 March 2014

<b>Report title</b>	<b>Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/ 17 – Progress Report</b>	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Sarah Norman, Community	
<b>Originating service</b>	The Royal Wolverhampton NHS Trust	
<b>Accountable officer(s)</b>	Dr J Odum	Medical Director
	Tel	01902 695958
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<b>Report to be/has been considered by</b>	Health Scrutiny Panel 27 March 2014	

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. Approve the methodology used to undertake the consultation about plans for Urgent and Emergency Care in Wolverhampton.
2. Consider and comment on the outcomes from the formal and informal consultation with the public about the plans for Urgent and Emergency Care in Wolverhampton.
3. Support the finalisation of the Urgent and Emergency Care Strategy, taking into consideration patient's feedback and comments.

## **1.0 Purpose**

- 1.1 The purpose of this report is to update the panel on progress with the consultation on the joint Urgent and Emergency Care Strategy.
- 1.2 The report outlines the methodology implemented for the city-wide consultation on the proposed plans for Urgent and Emergency Care provision in Wolverhampton. The report also includes an overview of the consultation responses and outcomes.

## **2.0 Background**

- 2.1 The draft Joint Urgent and Emergency Care was approved by the relevant stakeholder organisations during November 2013. This allowed a 3-month consultation period on the strategy to begin. Formal consultation commenced on 2 December 2013 and closed on 2 March 2014.
- 2.2 The Panel requested that at the end of the consultation period that a further report on progress was presented to a future panel meeting for consideration.
- 2.3 The consultation enabled the proposals for the future of Urgent and Emergency Care Services in Wolverhampton to be shared with our stakeholders. The consultation was undertaken in line with the requirements and principles contained within the One City Community Engagement Strategy (2013).
- 2.4 The specific aims of the consultation were:
  - To communicate the key aims of the strategy and promote the opportunities for people to get involved.
  - To establish and provide a range of methods – both targeted and general – for people to feed back their views.
- 2.5 The consultation was undertaken by the Commissioning Support Unit (CSU) with leads from both Wolverhampton CCG and The Royal Wolverhampton NHS Trust. All public events were chaired by a Lay Advisor for the PPI – Wolverhampton CCG.

## **3.0 Methodology and Engagement**

- 3.1 From the outset it was essential to ensure that there was public/ patient involvement in the development of the consultation messages and materials to ensure that the right messages were relayed in an appropriate and engaging manner.
- 3.2 A task and finish group was established in order to discuss and agree the methods of communication, the key groups/ communities to communicate with, and the key messages to be shared with other patients and members of the public.

### 3.3 The task and finish group consisted of:

- Communications and Engagement Leads (CSU) x 3
- Lay Advisor for PPI – Wolverhampton CCG
- Senior Equality and Diversity Manager – CSU
- Project Manager x 2 (CCG/RWT)
- Patient representative – South East Staffordshire & Seisdon Peninsula
- Healthwatch Wolverhampton representative

### 3.4 The task and finish group met three times and worked together to ensure that the documentation for the consultation gave people all of the relevant information in a well-coordinated, easy to read format.

### 3.5 To enable a successful communication and engagement approach there needed to be clearly defined messages. These were:

- Patients should receive the right care, in the right place, the first time.
- Wolverhampton Clinical Commissioning Group (WCCG) and The Royal Wolverhampton NHS Trust (RWT) along with their health and social care partners are working **together** to improve the quality of urgent and emergency care services in Wolverhampton.
- There is a drive and a need to make system wide changes to urgent and emergency care services so that they are sustainable, cohesive and work better together.
- There is a determination to simplify and improve access to urgent and emergency care services so that they are used in the **best** way by everyone.
- Stakeholder views count. They are the service users and their views are essential to developing the right systems for Wolverhampton.

## 3.6 Engagement

To enable delivery of the key messages there were a number of events scheduled. Creating a range of accessible events was important to the Urgent Care Working Group (UCWG). Three of the sessions were evening sessions taking place over a two-hour period to allow attendees to learn about the proposals and take part in discussions. The events were held at various locations across the City to reflect the three constituencies of South East, South West and North East. A larger daytime event was also arranged in the centre of the city to which health, social care and third sector professionals were invited in addition to members of the public.

Events took place as outlined in Table 1 below, attendees satisfaction is also outlined:

**Table 1 – Formal Consultation Sessions**

Venue	Time	Attendees	Event satisfaction survey
<b>The Mercure Goldthorne Hotel</b> 126 Penn Rd, Wolverhampton, WV3 0ER	Tuesday 14 January 2014 6pm – 8pm	22	Felt to be useful: 100% Felt able to contribute: 100% Happy with Q&A session: 76%
<b>Wolverhampton Science Park</b> Glaisher Drive, Wolverhampton, WV10 9RU	Tuesday 28 January 2014 6pm – 8pm	14	Felt to be useful: 100% Felt able to contribute: 100% Happy with Q&A session: 71%
<b>The Molineux</b> Waterloo Road, Wolverhampton, WV1 4QR	Friday 31 January 2014 2pm – 4pm	25	Felt to be useful: 92% Felt able to contribute: 96% Happy with Q&A session: 68%
<b>Bilston Town Hall</b> Church St, Bilston, WV14 0AT	Tuesday 11 February 2014 6pm – 8pm	7	Felt to be useful: no data Felt able to contribute: no data Happy with Q&A session: no data
Overall totals		68	Felt to be useful: 97.3% Felt able to contribute: 98.6% Happy with Q&A session: 73.3%

The decision was taken to schedule all of the formal events within the City to send a clear message to attendee's that the events were focussed on care in Wolverhampton. This was to avoid confusion with plans that were out for public consultation at the same time in respect of both Walsall and Dudley urgent and emergency care services.

Each formal session followed a set-structure for continuity:

- Introduction to, and explanation of, the proposed strategy.
- A facilitated table discussion to address issues/ questions of delegates.
- Formal collation of questions from attendees that require a response.
- Collation and theming of concerns and questions
- Sharing of questions and answers with the wider audience.
- Completion of the consultation survey forms to allow delegates to consider and feedback their views.

To complement the larger formal events, there were a series of local drop-in sessions arranged to provide information to the public, i.e. the consultation document, Choose Well information (to support patient education about services) and to allow the public to ask questions and feed into the consultation process on an informal basis.

**Table 2 – Informal Consultation Sessions**

Date	Venue
Tuesday 10 December 2014	Showell Park Walk-in Centre
	Library (NE)
	Children's Centre (NE)
Wednesday 11 December 2013	Gem Centre
	New Cross – Emergency Department
Tuesday 7 January 2014	Phoenix Walk-in Centre
Thursday 16 January 2014	Queen's Square – 'Choose well' bus
Monday 3 February 2014	Phoenix Centre – Out-of-hours
Tuesday 4 February 2014	Penn Hospital
Wednesday 12 February 2014	Civic Centre reception area
	Wolverhampton University
	Paget Road College
	Wellington Road College
Wednesday 25 February 2014	New Cross Hospital (Greggs)
	New Cross – Main Outpatient Department
Friday 28 February – Saturday 1 March 2014	The Mander Centre, Wolverhampton City Centre

The drop-in sessions allowed the public to discuss the plans on a more informal 1:1 basis and these informal events sought to reach a broader population of people who do not usually engage through the CCG and RWT's existing engagement structures. Due to the informal nature of the drop-ins, it is not possible to calculate precise numbers of people reached.

The consultation document was also taken to a number of existing engagement groups to further assist the communication.

**Table 3 – Using Existing Engagement Networks**

Organisation	Engagement Group	Date
Wolverhampton CCG	Joint Engagement Assurance Group	30/01/2014
The Royal Wolverhampton NHS Trust	Governors' Meeting Membership group	December 2013 (then, ongoing)
South East Staffordshire and Seisdon Peninsula CCG	PPG groups and other patient members	December 2013 (then, ongoing)
Wolverhampton City Council	Wolverhampton One City database	December 2013 (then, ongoing)
	Wolverhampton elected members	

	Wolverhampton Public Health Wolverhampton Social Care	
Healthwatch Wolverhampton	Board	25 February 2014

### 3.7 Equality & Diversity

A separate short survey was undertaken, targeted at voluntary and community organisations who work with protected characteristic groups as defined by the Equality Act 2010. This survey was kindly distributed by both the Wolverhampton Equality and Diversity Forum (EDF) to their membership list, and by the Wolverhampton Voluntary Sector Council using their organisational database.

This survey was designed to be complementary to the consultation questionnaire, and to capture any currency of information, through the knowledge and understanding of representative groups, about how urgent and emergency care services are operating. The questions asked about:

- Positive experiences of urgent care health services?
- Any difficulties experienced?
- Improvements which could be made?
- Whether services understand (or don't understand) the particular needs of different groups?
- Whether people feel listened to?
- Whether privacy and dignity are respected by services?

The survey ran over a six week period from early January through to 21st February 2014. 23 organisational responses were received. The findings from this survey will form part of a separate equality analysis of the Urgent and Emergency Care Strategy. In general the responses have been positive and focussed on the operational responses by providers of urgent and emergency care to specific patients' needs (particularly the needs of people with mental health problems, and patients with learning disabilities). Issues have not been raised concerning the rationale for the proposed changes, or for the proposed re-siting of urgent care facilities in Wolverhampton.

Wolverhampton CCG will work with provider organisations to ensure that as re-modelled urgent and emergency care services develop and are implemented, that thorough consideration is given to the appropriate collection of equality monitoring information, and that equality analyses (impact assessments) help to inform the receptiveness and sensitivity of services to diverse needs.

### 3.8 Supporting Communication Methods

Table 4 outlines the communication methods that supported the consultation:

**Table 4 – Supporting Communication**

<b>Tool</b>	<b>Where/who</b>
Consultation document that explains the problems, proposals for change and how to take part	Used at all engagement events, shared with key partners and placed within GP practice and hospital waiting areas
Pull-up banners	Used at events/stands
Posters promoting the events	GP practices, community venues, hospital areas
Post cards to promote the events	GP practices, community venues, hospital areas
Twitter	@NHSinWolves
Facebook	Wolverhampton Today
PowerPoint pack to help PPGs, patient and community groups to cascade information on the consultation	Events and shared with partners
Web site ( <a href="http://www.wolverhamptonccg.nhs.uk/urgentcare">www.wolverhamptonccg.nhs.uk/urgentcare</a> ) containing information, all key documents and also survey	Online
Web survey, replicating the survey at the back of the consultation document	Online and via iPads at drop-in sessions
Local media (media releases)	Available as Appendix 1
Totem TVs (Information Point)	Across RWT site
Website providing information and direct link to the consultation site	RWT INTRANET (internal website) and INTERNET (external website)

City-wide communication and engagement took place in order to inform staff, partners, patients and the public about the proposals to improve urgent care, and promote the opportunities that people have to get involved. The plan included:

- Internal communications within Wolverhampton CCG, The Royal Wolverhampton Trust, South East Staffordshire and Seisdon Peninsula CCG, and limited internal communications within Walsall and Cannock Chase CCGs to promote the engagement events in Wolverhampton.
- Communication with city partners including; public bodies, third and voluntary sector, and patient/community groups. Groups were provided with publication materials to help to inform.

- Patients and members of the public were communicated with using various methods including; social media, a consultation website. local media and information displayed at health and community venues (GP practices, clinics, libraries, dental surgeries etc).

All media messages were issued jointly by the CCG and acute trust, and written pieces included, where possible, a quote from clinical leads from both organisations.

Press releases/ media coverage is available to view at **Appendix 1**.

### **3.9 Communications Schedule and Stakeholders**

The following stakeholders were communicated with as part of this plan:

- Wolverhampton patients and service users (via targeted drop-ins, media and web)
- Seisdon Peninsula patients and service users (via the CCG communications lead)
- Carers
- GPs and CCG/practice staff
- RWT Shadow Council of Governors
- RWT hospital and community staff
- RWT Members and Patient Experience Forum
- Wolverhampton Local Pharmaceutical Committee
- Wolverhampton Local Dental Committee
- Wolverhampton LOC Local Organising Committee ?
- Wolverhampton Public Health
- City Council staff
- Overview and Scrutiny Committee (OSC)
- Health and Wellbeing Board
- Local Councillors and MPs (direct via email lists)
- Healthwatch Wolverhampton
- CCG engagement groups (all via mailing lists)
  - Joint Engagement Assurance Group (JEAG)
  - GP Practice Partnership
  - Patient and Public Partnership
  - Clinician and Allied Professionals' Forum
  - Community Leaders' Forum
  - GP Locality Groups
  - PPG Locality Groups
  - Patient Partners (members scheme)
- Black Country Partnership NHS Foundation Trust
- Walsall CCG
- Cannock Chase CCG (via Staff and Lancashire CSU)
- Media (via the CSU Media Team)
- Wolverhampton Voluntary Sector Council (via Sharon Essex: 01902 328981)
- Community and social groups (via LNP contact lists)
- Local colleges and university

Details of the communication schedule is listed in **Appendix 2**.



## 4.0 Progress and Appraisal

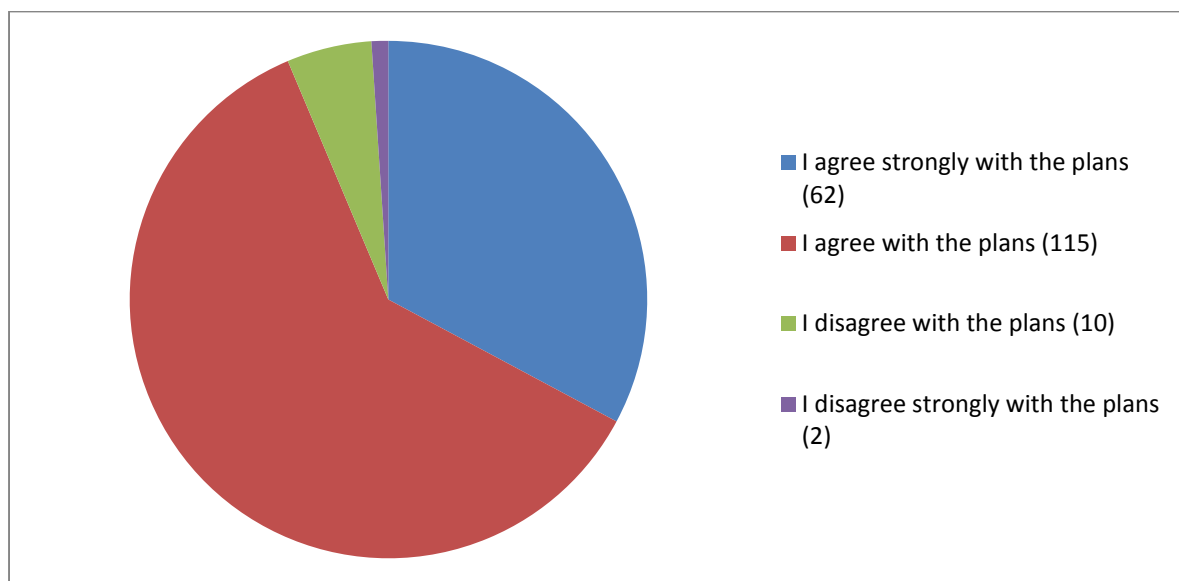
### 4.1 Progress and Outcomes

During the consultation the following feedback outputs were received:

- **204 survey responses**, gathered through the website, in hard copy and via face-to-face interviews at drop-in events;
- Many questions and comments – these give us a sense of the ‘worry’ areas of respondents;
- Direct communication to the CCG or RWT, such as letter or emails.

### 4.2 Overall support

The key question we posed to respondents was their response to, and agreement or disagreement, with the proposals. This question was asked following explanation of the plans, either face-to-face, through the consultation document, or via the website.



Of those respondents that answered this question (189 in total) those who agreed with the plans numbered 115 (61%) and those who strongly agreed with plans numbered 62 (33%). **This means that 94% of those surveyed support our plans.**

### 4.3 Qualitative feedback

A number of additional comments were provided throughout the process. In order to discern actionable insights from this feedback we have themed the feedback and listed it below in priority order, with the theme having the most feedback listed first. This gives a sense of the strength of sentiment around the themes raised.

Theme	Summary of feedback
<b>Access to services</b> <i>23 comments</i>	<ul style="list-style-type: none"> <li>• The overall sentiment expressed relates to people's difficulty in getting the appointment they wanted or needed at their GP practice. People said the current opening hours were difficult for working people whose only option is to use out-of-hours or urgent/emergency care services.</li> <li>• People shared concerns about long appointment waits and suggested they felt urgent and emergency care services were the only option if they needed care quickly.</li> <li>• Respondents shared expectations around GPs visiting more vulnerable patients.</li> <li>• Appointment systems could also be improved, such as how telephone and web systems work, and the allocation of appointment slots. The sentiment shared on this suggests the nine-point plan entitled 'General Practitioner Appointment System' developed by the former LINK would support practices to meet their patients' expectations for the management of appointments. This plan has been endorsed by Healthwatch in its feedback to the consultation process dated 28 February 2014.</li> </ul>
<b>Transport and Parking</b> <i>20 comments</i>	<ul style="list-style-type: none"> <li>• Throughout the consultation there has been a lot of focus on the impact that the re-location of Showell Park WiC will have on people's ability to travel to and park at the new centre. There was a clear sentiment expressed that the re-location would negatively affect residents near to and using Showell Park who would incur cost and inconvenience to accessing the new services at New Cross. Some believed these would be prohibitive for a number of patients, such as those on low incomes, the unwell, frail or vulnerable. A respondent posed the question on whether this might result in more ambulance calls.</li> <li>• The estate at New Cross and surrounding neighbourhood was also a concern, with respondents asserting the area could not cope with additional patients coming in to the site, and also from other areas as a result of the Mid Staffordshire NHS Trust closure.</li> </ul> <p>Respondents called for new thinking on the site layout and traffic flow, drop-off points and other elements beyond the New Cross borders, including:</p> <ul style="list-style-type: none"> <li>○ Parking is seen as a real problem and inadequate as it stands now with concern expressed about how it will stand up in the future. There was no mention of the new multi-storey car park, so communicating this to infrequent</li> </ul>

	<p>users of the hospital might be beneficial.</p> <ul style="list-style-type: none"> <li>○ More bus routes. Healthwatch called for an improved bus service provision across the site or consideration of a ring/park and ride service. Additionally it recommended research be carried out to consider the possibility of siting a small bus terminal with a drop off point near the Wolverhampton Road entrance. Some called for subsidised transport to the site.</li> <li>○ A new traffic plan to be developed as part of the wider Neighbourhood Plan.</li> <li>○ Better information from bus companies on site, such as electronic arrival/departure boards and interactive route finders, similar to those found at train stations and bus termini.</li> <li>● A couple of concerns were raised about charging 'Blue Badge' holders to park.</li> <li>● There was positive sentiment about the services being under one roof that would make it easier for people to access another service easily if they needed (e.g. go from WiC to ED if a condition deteriorated).</li> </ul>
<p><b>General support for plans</b> <i>12 comments</i></p>	<ul style="list-style-type: none"> <li>● A number of respondents reaffirmed their support for the plans saying they believed the proposed new design would reduce pressure on A&amp;E through the provision of more appropriate care for people's needs. There was a feeling that it can be difficult to change behaviour, so the new proposals will be able to provide the right care, at the right time, in spite of whether a patient's decision to attend ED was correct or not.</li> <li>● Respondents said the centre provides the opportunity for a broader skills mix to be co-located, which might help resolve people's problems more smoothly, reducing admissions.</li> <li>● Feedback suggests some believe the changes will make care more seamless and better quality.</li> <li>● Healthwatch said it agreed with the principle of creating a simple system with fewer options, layers and improved information will be better for the people of Wolverhampton. It did stress the importance of on-going involvement of patients and residents in the development of the service specification.</li> </ul>
<p><b>Education and communication</b> <i>10 comments</i></p>	<ul style="list-style-type: none"> <li>● A constant theme throughout our engagement is the sense of confusion about how the system works, how it is organised, and how it can be used most effectively by patients. Respondents told us they wanted to see</li> </ul>

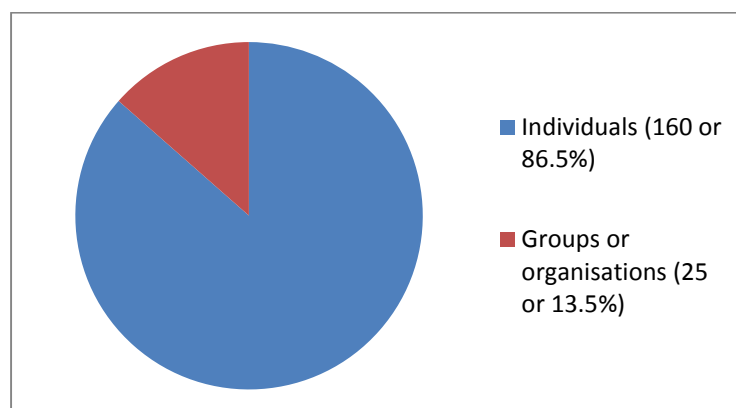
	<p>information/education campaigns to help people to make the right choices. Part of this should be about conveying how precious a resource the emergency services are, which could be instilled in youngsters through schools. This view emphasises the importance of investment in on-going communications, such as 'Choose well'.</p> <ul style="list-style-type: none"> <li>Healthwatch told us it recognises that both confidence and awareness needs to be raised in the NHS 111 service. The discrete campaign pilot 'call 111 before you go' will be of interest to the group.</li> </ul>
<b>Primary care</b> <i>9 comments</i>	<ul style="list-style-type: none"> <li>There was uncertainty expressed about the actual improvements planned within primary care. One respondent suggested our plans should be reconsidered when the new GP contracts are in effect.</li> <li>People said they were pleased with the care they received at their practice, but thought access should be more consistent.</li> <li>There was support for a 'strong presence' of primary care in ED, with primary care triage at the front in order to 'prevent abuse of A&amp;E'.</li> </ul>
<b>Pharmacy</b> <i>7 comments</i>	<ul style="list-style-type: none"> <li>Many comments received in this area pointed to demand for a 24 hour pharmacy to be located within the centre. Some respondents requested a commercial pharmacy, allowing for other toiletries and goods to be purchased on site. There was the view shared by Healthwatch that the current pharmacy provision is not effective.</li> <li>One respondent asserted that community pharmacies should be key to wider plans and that pharmacists should be provided training to meet modern demands.</li> </ul>
<b>Quality</b> <i>6 comments</i>	<ul style="list-style-type: none"> <li>There was mixed feeling on waiting times, with some expecting them to reduce, but others to increase.</li> <li>Respondents called for more nurses and a proper standards monitoring system.</li> <li>Concern that the Phoenix Centre is not GP-led and does not see babies under one year old.</li> </ul>
<b>Eye Care</b> <i>6 comments</i>	<ul style="list-style-type: none"> <li>There was a demand for information on the impact of the proposed changes on the Eye Infirmary, including its connectivity to the new centre. There is an expectation that the services should be linked or co-located in order to make it easier for eye care patients to travel between the two. This should be supported with clear and accessible information.</li> </ul>

	<ul style="list-style-type: none"> <li>Healthwatch expressed the view that more needs to be done to clarify care pathways for ophthalmology urgent care patients.</li> </ul>
<b>Concern /disagreement</b> <i>4 comments</i>	<ul style="list-style-type: none"> <li>There was concern about the numbers of people who might use the service and the impact this would have on quality and safety.</li> </ul>
<b>Other comments</b> <i>10 comments</i>	<ul style="list-style-type: none"> <li>There were calls for the service to be future-proof, with better emergency access, such as a helipad, and scans and high dependency beds nearby.</li> <li>There was a strong theme around having specialists on-hand to support mental health patients. Additionally, respondents called for LD nurses in order to improve access to services by people with a learning disability and ensure it addresses findings in the 'Death by Indifference Report' and 'Confidential Inquiry into the Premature Deaths of People with Learning Disabilities'. It was also suggested that improving mental health care in the community would reduce emergency admissions.</li> <li>Respondents wanted to see a number of elements incorporated into the new centre including catering, telephones and free water taps.</li> <li>Reaching out to and supporting carers was seen as key to preventing crisis and emergency admissions.</li> </ul>

## Respondent make-up

### Representation

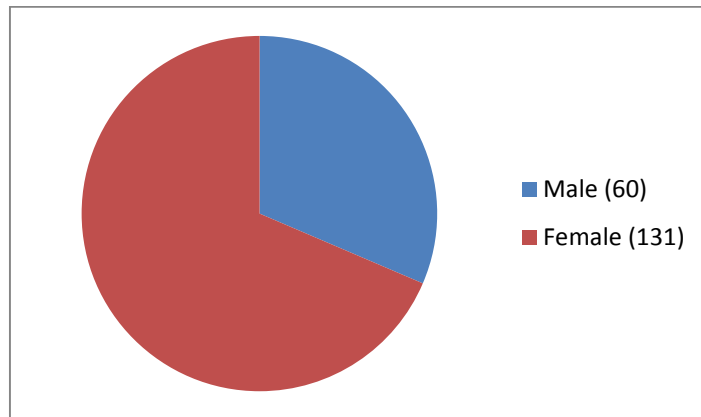
A little over one in ten responses were from organisations representing a wider group of professionals, patients or residents.



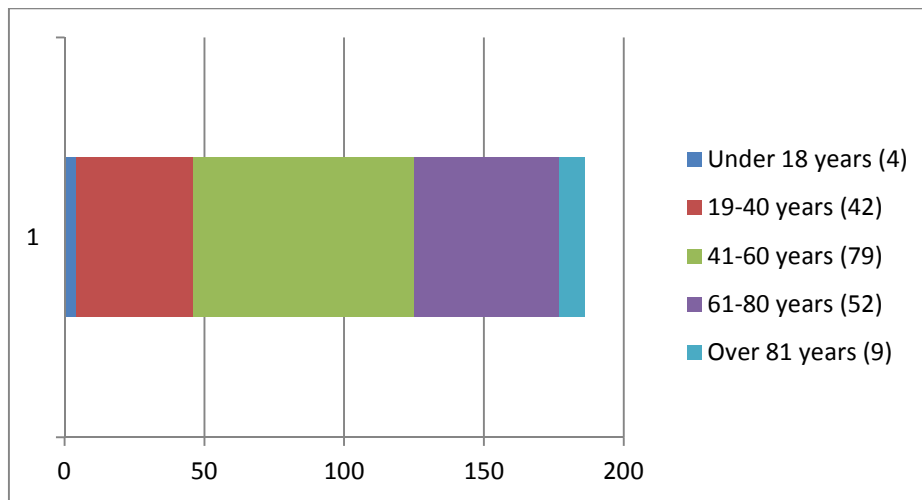
## *Demography*

We captured data on respondents' demography on a voluntary basis.

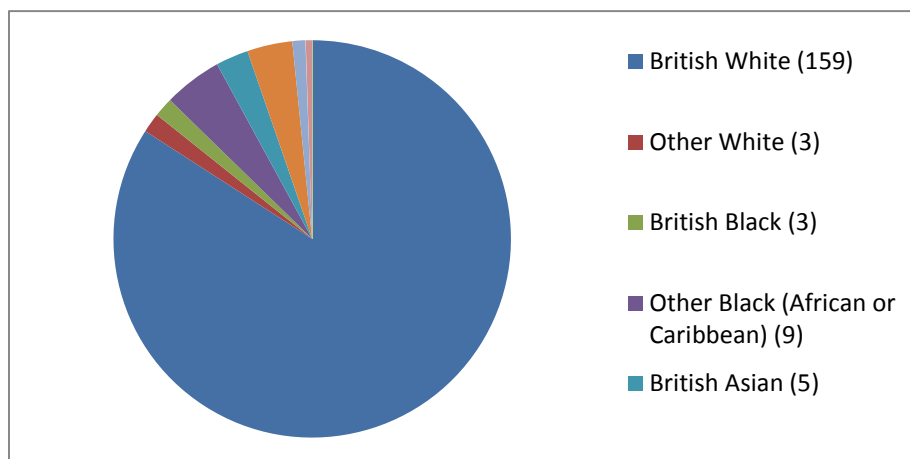
### **Sex**



## Age



## Ethnicity



### 4.4 Appraisal

This report requests that the Health Overview and Scrutiny Panel formally appraise that the consultation was undertaken in accordance with the One City Community Engagement Strategy (2013) and supports the finalisation of the Strategy, taking into consideration patient's feedback and comments.

### 5.0 Financial implications

5.1 There are no financial implications arising from this report

## **6.0 Legal implications**

6.1 There are no legal implications arising from this report.

## **7.0 Equalities implications**

7.1 There are no equalities implications arising from this report.

## **8.0 Environmental implications**

8.1 There are environmental implications arising from this report.

## **9.0 Human resources implications**

9.1 There are no human resource implications arising from this report

## **10.0 Corporate landlord implications**

10.1 There are no for the Council's property portfolio arising from this report.

## **11.0 Schedule of background papers**

11.1 A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17 - Health Scrutiny Panel (7.11.13)



## **Appendix 1 - Details of Urgent Care consultation press releases and media coverage**

Our first news release announcing the consultation (issued on November 22) and subsequent discussion with the Express & Star has set the tone of media coverage as positive and factual.

We issued a second news release, giving the venues and dates of the public meetings (Join public meetings on urgent and emergency care in Wolverhampton), on 17 December.

- This was covered twice in the Express & Star (28 December and 7 January).
- Dr de Rosa did a pre-recorded interview with Signal Radio on 13 January, which was broadcast on 14 January on the hour from 1300 to 1700

We issued a third news release about the public meetings (Six weeks left to have your say on urgent and emergency care in Wolverhampton) on 23 January.

We arranged interviews with Dr Morgans for Free Radio and Heart FM on 27 January. Coverage included Free Radio, broadcast on the hour from 0800 to 1300 on 28 January

- Further coverage in the Express and Star on Feb 3

A fourth media release was issued on February 26th 2014 to further raise awareness of the pop up shop running over the weekend of 28 Feb/1 Mar.

- Coverage in Express and Star 28 Feb

James Turner  
March 2014

## Appendix 2 - Communication Schedule

The following schedule of communications took place in order to raise awareness and encourage involvement in the consultation process:

Type of communication	Description	When
Letter sent to councillors, MPs, Healthwatch, GPs, providers	This provided advance notice of the consultation	w/c 18 November
Staff message within RWT/WCCG – including staff at Showell Park	This provided advance notice of the consultation	w/c 18 November
Joint press briefing and/or news release – launches consultation	Brief provided to the media	w/c 18 November
News release – Not sure if it's an emergency? Call NHS 111	Part of Choose well winter campaign – localised news release	w/c 18 November
Team W presentation	Informing member GP practices of the strategy	27 November 2013
Announcement on the start of the consultation to be sent to all stakeholder groups (see lists in section 4)	Sent by email with a link to the web resources	2 December 2013 to 6 December 2013
Listing on Wolverhampton One City database	A listing created on the city's engagement database in line with local Compact guidance	2 December 2013
Poster and copies of the consultation document sent to GP practices, hospital waiting areas and	Summarised the consultation process and set out how people can get involved	2 December 2013 to 6 December 2013

other community venues		
News release – Choosing well over Christmas	Localised version of Choose well campaign news release	Early to mid-December 2013
News release – round-table event 1	Invited residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	Early w/c 6 January 2014
Wolverhampton Today (social media)	A story added to the council's facebook page having almost 30,000 followers	9 December 2013
Email	PDF strategy sent to Seisdon GPs and groups	9 December 2013
Email reminder for first event	Reiterate key messages. Sent to: <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• WVSC</li> <li>• Staff/members within WCCG/RWT/SESSPCC/ Wolverhampton City Council/</li> <li>• RWT patient members</li> <li>• CCG patient members</li> </ul>	w/c 6 January 2014
CCG 'Partner News' newsletter	Front page piece on the newsletter, sent directly to key CCG stakeholders and patients via practice waiting areas	w/c 13 January 2014
Reminder of forthcoming event	Circulated among CCG/South East Staffs & SP CCG, and RWT patient members and stakeholders	21 January 2014
News release – round-table event 2 (10 days before event)	Invited residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	23 January 2014
Social media	CCG twitter and council's Wolverhampton Today facebook page (30,000 followers)	23 January 2014
News release – round-table event 3	Invited residents to have their say, messaging about reasons for	Early w/c 27 January 2014

(10 days before event)	consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	
News release – professional and public event at central venue (14 days before event)	Invited residents to have their say, messaging about reasons for consultation, why it's important people get involved. Where and when. Highlight other ways people can get involved if they can't attend on the day	Early w/c 27 January 2014
Free Radio, Heart FM, Capital FM	Short item on the daytime bulletins promoting the event taking place 28 January 2013	28 January 2014
Reminder news release – citywide event at central venue (In 7 days before event)	Still places available... reiterate previous messages	Early w/c 3 February 2014
Signal 107 radio interview	Dr De Rosa reaffirmed key messages. Pre-rec played on the hour all day	13 February 2014
Response to constituent enquiry via Cllr Angus (ward: Bushbury North)	Detailed information provided on the draft strategy and consultation process	13 and 23 February 2014
Wrap-up news release – seven days left to have your say (7 days before end of consultation)	Coming to end of public consultation – people have 7 days left to make their views known	w/c 24 February 2014

Following three months of engagement, the CSU closed the Consultation and began analysis of the information collected and responses given to the questionnaire.