

Communications and engagement report: pre-consultation for children's surgery and anaesthesia and hyper acute stroke services



April 2016

1. Introduction

As Commissioners Working Together (CWT), we are a collaborative of eight clinical commissioning groups (CCGs) across South and Mid Yorkshire, Bassetlaw and North Derbyshire and NHS England.

Some people have better experiences, better outcomes and better access to services than others – and to ensure that everyone experiences the highest quality and safest service possible, we are working with all local hospitals and care providers, staff and patient groups to understand how best to do this for the benefit of everyone in the region.

Over the last year, we have focused on four key areas – reviewing both hyper acute stroke and children's surgery and anaesthesia services, urgent and emergency care and have also developed a partnership with Macmillan for people living with and beyond cancer.

Between January and April 2016, we held an open pre-consultation for the review of children's surgery and anaesthesia services and also hyper acute critical care services across the region.

The purpose of the pre-consultation communications and engagement work was to gather views and input to inform plans and the development of the options for future service configuration. These options will inform our consultation that will be opening to the public in September 2016.

2. Methods and approach

During pre-consultation, we focused our efforts on three key groups:

- Patients, carers, families and the wider public
- Clinicians and staff working in the services
- Place-based stakeholders such as Overview and Scrutiny Committees (OSCs), Health and Wellbeing Boards, MPs and other interested groups.

A comprehensive stakeholder map – developed with input from all CCGs – helped to shape and inform the approach and develop appropriate methods and ways of connecting with our identified audiences.

We followed the NHS England Planning, Assuring and Delivering Service Change for Patients Guidance (November 2015) and had conversations with and learned from colleagues in parts of the country where successful, large-scale engagement has already taken place (eg Manchester and Wakefield).

Our approach was inclusive and included:

- Overarching strategic communications and engagement from the Commissioners Working Together team
- CCG-led local conversations and awareness raising based on comprehensive, place-based communications and engagement plans
- Regionally-led clinical and managerial engagement
- Clinically informed materials
- Clinically led communications materials
- Patient and public involvement in development of materials

Our methods have included:

- Digital communications and engagement through our website, with background about why changes are being considered and materials. This was the central point for signposting and survey responses
- An online survey, asking the questions:
[What matters to you when accessing children's surgery and anaesthesia services?](#)
[What matters to you when accessing critical care for people who have had a stroke?](#)
- Social media – Twitter and Facebook led
- Events, supported by the same toolkit (presentation, topline messages and Q&A)
- Broadcast and print media releases and conversations
- One to one briefings and updates with place-based stakeholders, via regular chief officer briefings
- Briefings with Healthwatch
- Setting up a Joint Health Overview and Scrutiny Committee

A working group with all communications and engagement leads from our eight CCG's, along with communications leads from the region's acute provider organisations and NHS England has been meeting regularly since June 2015. As well as helping to shape the communications and engagement approach, the group has met to discuss what materials were needed to support local conversations (which were subsequently developed by the core team) and update on engagement progress.

As well as promoting the pre-consultation, each CCG has been leading on local conversations with local groups and communities – ranging from established patient and public participation groups to health ambassadors (representing community and interest groups such as the homeless, asylum seekers and the deaf community), parent and carer groups (including a group for parents with children who have autism), stroke groups, disability networks and local employers. These have been complemented by regional events with clinicians, staff involved in the services and patient and public representatives.

3. Overview of communications and engagement activity

The pre-consultation period started in January 2016 and since early February, the website has seen a significant increase in traffic, with 6,756 page views between 1 February and 15 April. The top three page destinations throughout pre-consultation were:

- /what-we-do/childrens-surgery/share-your-thoughts
- /what-we-do/critical-care-stroke-patients
- /what-we-do/children's-surgery

Interest in the Commissioners Working Together Twitter and Facebook presence has also grown – with Twitter followers increasing at a rate of around 50 a month and tweet impressions averaging around 15,000. Profile visits reached almost 1,300 in February and over 1,100 in March. Facebook has also helped raise awareness of the pre-consultations, with videos of the clinical leads and patients reaching more than 700 users. A blog from the clinical lead for children's surgery services was read by 140 individual users with Twitter being the main source of traffic.

For further awareness raising, contact was made with the region's key media with briefings given and a press release issued. This also resulted in an article in the Health Service Journal (HSJ) – a national trade publication.

Collectively, as a core team and as individual CCG's we have held, attended and shared information at 22 events. This includes patient and public participation groups, parent and carer forums and stroke support groups. Attendance at the events has varied from audiences of 15 to over 200.

We have also been gathering views on a one-to-one basis in outpatient clinics, local authority settings, sixth form colleges, stroke groups and parent and carer forums.

By the end of the pre-consultation phase, we received 247 online responses as well as written feedback from each of the events. We estimate that more than 500 face to face conversations have taken place; though the awareness of the need to look at changing the two service areas has reached many thousands.

3.1 Overview of clinical engagement

In establishing the workstreams and subsequent pre-consultations, clinical spokespeople were identified and have been involved in helping shape the messaging for our various communications and engagement methods and materials.

At least five clinical workshops were held centrally throughout the pre-consultation phase and Commissioners Working Together workstream leads continue to work with clinical representatives from each commissioning and provider organisation in South and Mid Yorkshire, Bassetlaw and North Derbyshire to ensure all plans and developments are clinically-sound and sustainable.

We have also actively engaged with and worked alongside a number regional clinical experts from the Yorkshire and Humber Strategic Clinical Network throughout this process, where they have attended events, acted as spokespeople and been kept informed through regular e-bulletins and face to face meetings.

3.2 Overview of MP engagement

Building on existing relationships, each individual clinical commissioning group held the responsibility for communicating and engaging with their local MPs through regular briefings with the respective Chief Officers.

4. Overview of communications and engagement activity by area

Complementing the overarching communications and engagement activity and support from the core team, local CCG based activity was also carried out. Each CCG followed similar methods and approaches for engaging with their respective stakeholders and local populations.

4.1 NHS Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group (Barnsley CCG) carried out various communications and engagement activity for the two workstreams, alongside promoting the pre-consultations, and how to get involved, via their website which was supported by social media signposting from their Facebook and Twitter accounts (over 9,700 followers).

Quantitative communications included the promotion of the pre-consultations via e-bulletins to various partner organisations and patient and public groups from across Barnsley. This included information being distributed to their patient council, OPEN (a public engagement network of around 200 members), GP patient reference groups (PRG's) and to local partners from across health and social care, as well as their local authority and voluntary sector organisations.

Patient and public communications and engagement

Qualitative engagement in Barnsley with patients and the public included the pre-consultations being discussed at the Barnsley Patient Council meeting on 24 February 2016. The meeting was attended by members of local GP patient reference groups from across Barnsley with a presentation given by a member of the CWT core team alongside open,

participatory discussion on the pre-consultations. Feedback from this meeting has been incorporated into the overall themes.

Further qualitative engagement for the pre-consultation into hyper acute stroke services included attendance at an Afternoon Tea Party and Dance held by the Rotary Clubs of Barnsley, which provided an afternoon of company, discussions and entertainment for lonely, elderly and socially isolated people from across the borough. Over 200 people were in attendance and took part in a number of informal, face to face discussions. Again, the feedback was then incorporated centrally.

Staff and partner communications and engagement

Qualitative engagement with partner organisations, which did also include some patient groups and representatives, was the presentation of and discussions on the work of Commissioners Working Together and the pre-consultations at Barnsley CCG's Commissioning Plans Event on 12 February 2016. As well as having a stand with information to take away, round table discussions on the workstreams were had with the 50+ people in attendance.

Barnsley CCG built on their strong relationships with their partner and provider organisations for further quantitative communications and engagement activity. Promotion of the pre-consultations and the opportunities to get involved was included in:

- Voluntary Action Barnsley's weekly e-bulletin as well as through social and digital media (their own website and Facebook and Twitter accounts)
- South West Yorkshire Partnership NHS Foundation Trust circulated the information to all practice governance coaches in Barnsley, including physical and community services as well as mental health. Information was also sent widely to staff within physical and community services, including district nurses.
- Barnsley Hospital NHS Foundation Trust promoted the pre-consultations via their own existing networks, including Barnsley Parents and Carers Forum.
- Via their volunteering and engagement team, Barnsley Metropolitan Council promoted the pre-consultations to their staff, area teams and through their Service User and Carer Groups database (of which there are over 200 members).

Communications and engagement with seldom heard groups and those in protected characteristics

As well as qualitative engagement at the Rotary Club event for elderly and socially isolated people, Barnsley CCG targeted the following groups for promotion of and involvement in the pre-consultations:

- Barnsley BME Women and Children Forum
- Healthwatch Children and Young People
- Barnsley Maternity Service User Group

4.2 NHS Bassetlaw Clinical Commissioning Group

NHS Bassetlaw Clinical Commissioning Group (Bassetlaw CCG) posted information on the pre-consultations and the links to the central online surveys on their own website and supported the awareness raising via their social media accounts (over 2,900 followers on Twitter and 50 on Facebook).

Patient and public communications and engagement

Qualitative engagement by Bassetlaw CCG throughout the pre-consultation phase included attendance at their Patient Experience Steering Group. The group, consisting of patient representatives from across Bassetlaw, received a presentation on the two pre-consultations with the opportunity for follow up, participatory discussion.

Quantitative communications and engagement included the dissemination of pre-consultation information through various community and voluntary sector organisations in the area. These included:

- Bassetlaw Action Centre
- Advice Bureau, and;
- Bassetlaw Community Voluntary Services.

Staff and partner communications and engagement

Further awareness raising included the dissemination of information through Bassetlaw CCG's Working Voices project. This is an ongoing partnership project between the CCG and the workforce of five local employers – Eatons Electrical, Ryton Park Primary School, BPL, North Nottinghamshire College and Bassetlaw CAB.

Regular updates on the work of Commissioners Working Together and the pre-consultations were also given at Bassetlaw CCG's Governing Body meetings throughout the phase.

4.3 NHS Doncaster Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group (Doncaster CCG) actively promoted the pre-consultations, engaging with a wide range of local communities for involvement in the two pre-consultations. This was complemented by hosting locally tailored online surveys on their website which was signposted to from their own Twitter account of over 9,500 followers

The former chair of Doncaster CCG also promoted the pre-consultations through his regular comment piece in the Doncaster Star.

Patient and public communications and engagement

Qualitative engagement for the pre-consultation into children's surgery and anaesthesia services included attendance at seven participatory events with various patient and public groups including; two local colleges, Doncaster Parent's Voice, Doncaster's patient and participation group network and Happy Hands, Doncaster's Deaf Parent Group.

Similarly, qualitative engagement for the hyper acute stroke services pre-consultation included attendance at three participatory events with a local stroke group, Doncaster Speakability and the Doncaster Stroke Support Group.

Vox pop sessions were also carried out at the Civic Building in Doncaster, engaging members of the public in 1:1 conversations about the two pre-consultations and feeding their views into the overall feedback.

Quantitative engagement on the two workstreams included the distribution of information, including how to get involved to targeted patient and public groups across Doncaster, including children's centres, parent partnerships, carers' services and charities.

Staff and partner communications and engagement

Quantitative communications and engagement activity was carried out with Doncaster CCG's partner organisations through the distribution of information and survey questions for all internal and external publications of the following:

- Doncaster Metropolitan Borough Council
- Public Health
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- The Doncaster Chamber of Commerce
- St Leger Homes (who provide housing services for the 21,000 council-owned homes in Doncaster)

The online survey was also distributed to a number of BME community groups and to the CCG's Health Ambassadors who represent a range of seldom heard community groups such as the homeless and asylum seekers.

Communications and engagement with seldom heard groups and those in protected characteristics

Through their various communications and engagement activity, Doncaster CCG also targeted the below groups with information and opportunities to get involved:

- Doncaster Men's Group
- Doncaster Age UK
- Doncaster Mencap
- Doncaster Mind
- Doncaster Autistic Society
- Doncaster Deaf Parent and Toddler Group

- The LADDER group (supporting young people across Doncaster with a range of disabilities)

4.4 NHS Hardwick and NHS North Derbyshire Clinical Commissioning Groups

NHS Hardwick and NHS North Derbyshire Clinical Commissioning Groups (CCGs) submitted joint communications and engagement activity plans and reports and worked jointly to target their respective populations and audiences.

Information on the pre-consultations was posted on their individual websites and supported by social media signposting through their respective Twitter accounts (over 3,700 combined followers).

Patient and public communications and engagement

Qualitative engagement covering the two CCGs included attendance at two participatory events and meetings where information was shared and discussions had on the two pre-consultations. This included a focus group at the Derbyshire Stroke Centre on Thursday 17 March 2016. Feedback from this group has been incorporated into the central themes.

Quantitative communications and engagement by the two CCGs included the contacting of and dissemination of information to at least ten specific patient and public groups relevant to each service. The opportunity to have a face to face discussion with a member of either Hardwick or North Derbyshire CCG was also offered to these groups, which included, the North Derbyshire Stroke Club, Dales and High Peak Council for Voluntary Service, the Derbyshire Parent forum and Cypress Parent Support Group.

Staff and partner communications and engagement

Quantitative communications and engagement across the two areas included the mass communication of pre-consultation information through each CCG's internal and external publications, chief officer blogs, GP newsletters and information shared with the provider organisations in the region, Chesterfield Royal Hospitals NHS Foundation Trust and Derbyshire Community Health Services.

Due to the engagement with and by building on their relationships with partners, information was then cascaded independently via the local Healthwatch and NVDA (a registered charity supporting health related voluntary organisations across Derbyshire) to their own stakeholders and audiences.

The executive teams of each CCG provided regular updates to the region's Health and Wellbeing Board and information was also shared amongst all Patient Participation Groups (PPGs) and practice managers in the region.

4.5 NHS Rotherham Clinical Commissioning Group

Overarching communications and engagement methods carried out by NHS Rotherham Clinical Commissioning Group (Rotherham CCG) included the publishing of the pre-consultations on their website with links to the central feedback surveys on the Commissioners Working Together site. This was supported by further digital and social

media engagement with signposting from the CCG's Twitter account (to over 7000 followers).

Quantitative communications also included the inclusion of the pre-consultations in emails out to all 31 Rotherham GP practices as part of their regular GP e-bulletin, alongside articles printed in internal and external partner publications and newsletters, for example, those of The Rotherham NHS Foundation Trust and Rotherham Metropolitan Borough Council.

Patient and public communications and engagement

Rotherham CCG had a strong focus on qualitative engagement with various face to face conversations having taken place throughout the pre-consultation phase. These conversations included targeted engagement with local groups for stroke survivors and those having suffered from other neurological conditions. Presentations on the two workstreams were given to these individual groups in February and March 2016 with discussions then feeding into the overall pre-consultation feedback.

For the children's surgery and anaesthesia workstream, qualitative engagement was carried out with the Rotherham Parent's Forum. The forum is an active group of parents and carers who work with health and care organisations who provide services for disabled children and their families in Rotherham.

Further qualitative engagement with patients and the public included presentations to and discussions with the Rotherham PPG network, made up of patient and public representatives from across all GP practices in the area. Workstream leads from the central Commissioners Working Together team also attended this participatory event and were able to discuss the pre-consultations and also answer any questions the audience had.

Staff and partner communications and engagement

Information on the work of Commissioners Working Together and how to get involved with the two pre-consultations was also shared via qualitative engagement with a number of Rotherham CCG's partner organisations. For example, the CCG had regular catch ups with Healthwatch Rotherham throughout the pre-consultation period as well as chief officer and chair conversations with the local health overview and scrutiny committee.

Communications and engagement with seldom heard groups and those in protected characteristics

Communications and engagement targeted to groups as identified in the protected characteristics included the sending of information, including how to get involved and respond to the pre-consultations, to the Rotherham Disability Network and Older People's Forum with an offer of attendance at participatory events and focus groups.

4.6 NHS Sheffield Clinical Commissioning Group

Complementing the various methods used by NHS Sheffield Clinical Commissioning Group (Sheffield CCG) during the pre-consultation phase was their overarching use of digital engagement and social media. Information on both Commissioners Working Together workstreams was published on the CCG's website which included links and information on

how to get involved via the CWT main site. This was supported by signposting from their Twitter account (to over 9,500 followers).

Patient and public communications and engagement

In terms of qualitative engagement, Sheffield CCG built on their strong links with their largest provider organisation, Sheffield Teaching Hospitals NHS Foundation Trust (STH) where the pre-consultation questions for hyper acute stroke services were incorporated into the stroke service's own patient feedback survey. A dedicated volunteer attended the hospital based six-week review clinic and talked through the questionnaire and pre-consultation information with all patients and carers who accessed the stroke service within the pre-consultation phase. From this, 63 1:1 patient conversations were had by STH's stroke service and fed into our patient and public feedback.

Qualitative engagement for the children's surgery pre-consultation included attendance at and conversations with the Sheffield Parent Carer forum and attendance at Sheffield Children's Hospital NHS Foundation Trust's outpatient department for 1:1 conversations with parents and carers of children who either needed or had gone for a follow up appointment following elective surgery.

Quantitative communications and engagement activity in Sheffield for both pre-consultations included the signposting to the central online surveys in multiple and various online forums including; Involve Me, Citizen Space, Mumsnet, the Health and Wellbeing Board, Healthwatch and a mail out to Voluntary Action Sheffield and members of various voluntary and community groups in the city.

Staff and partner communications and engagement

Qualitative engagement with Sheffield CCG's partner organisation's boards included regular updates to Sheffield's Health and Wellbeing Board with partners providing support and feedback. Ongoing, face to face updates and information on the pre-consultations, with opportunities for feedback, were also given to the joint overview and scrutiny committee. Information and plans for the pre-consultations were also shared by the CCG at the Sheffield Engagement Leads Group which includes communications and engagement representatives from Sheffield City Council, NHS provider organisations and Healthwatch. It was from linking with this group that STH then incorporated the pre-consultation questions into their stroke service patient feedback survey.

Sheffield CCG also contacted each of the GP practices (of which there are 88 in Sheffield), practice managers and patient participation groups across the city to raise awareness of Commissioners Working Together, our work and how to get involved in the pre-consultations.

Communications and engagement with seldom heard groups and those in protected characteristics

In Sheffield, information on the pre-consultations, including how to get involved, was disseminated through the Equality Hub Network representing the following groups across the city:

- Age hub for younger and older people
- BME hub
- Carers' hub
- Disability hub
- LGBT hub
- Religion/belief hub (including those of no religion)
- Women's hub

4.7 NHS Wakefield Clinical Commissioning Group

NHS Wakefield Clinical Commissioning Group (Wakefield CCG) also supported their more targeted communications and engagement activity through the use of social and digital media. The online surveys, and links to the Commissioners Working Together site, were posted on their website and signposted to via their own Twitter account of over 8,400 followers.

Patient and public communications and engagement

Qualitative engagement with patients and the public included the attendance at two participatory events, one of PIPEC (the CCG's patient group) and the other, a patient reference group network meeting with representatives from across Wakefield's patient groups. Presentations were given on the two pre-consultations, followed by discussions with the groups and feedback given centrally.

Quantitative patient and public communications and engagement included contact being made with and the dissemination of pre-consultation information to a number of targeted groups relevant to each workstream. These included:

- Individual members of a former Wakefield Stroke Group
- St George's Stroke Survivor Group
- Age UK
- Carers Wakefield
- Healthwatch
- Young Lives consortium
- NOVA (an umbrella voluntary and community sector forum)

Staff and partner communications and engagement

Staff and partners of Wakefield CCG were also targeted through a variety of communications and engagement methods. This included CCG staff briefings, internal and external bulletins, including GP newsletters and information on the pre-consultations was

shared with the CCG's provider organisations, public health colleagues and board updates to the overview and scrutiny committee.

Communications and engagement with seldom heard groups and those in protected characteristics

In terms of targeted communications and engagement activity to seldom heard groups and those within protected characteristics, Wakefield CCG's stakeholder engagement database is based on the nine protected characteristics with information cascaded to all groups, including voluntary, community and other interested groups and sectors. Information on the pre-consultations and how to get involved was also sent specifically to:

- The Wakefield District Disabled Patient Partnership Support group, and;
- DIAL – the disabled information and advice service.

5. Themes emerging throughout the pre-consultation

5.1 Children's surgery and anaesthesia pre-consultation

The following points were consistent in the feedback in terms of what people said mattered to them. The top three strongest themes are highlighted:

- **Safe, caring, quality care and treatment.**
- **Access to specialist care.**
- **Care close to home.**
- Communication – between children, parents, carers and their clinicians – and also between hospitals.
- Being seen as soon as possible.

The following points were also raised:

- Having appropriate facilities, especially for parents and carers who need to stay over.
- Successful operations.
- A willingness to travel for specialist care.
- Consideration for children with complex needs – especially around pre-surgery service.

5.2 Critical care for people who have had a stroke pre-consultation

The following points were consistent in the feedback in terms of what people said mattered to them. The top three strongest themes are highlighted:

- **Being seen quickly when get to a hospital.**
- **Being seen and treated by knowledgeable staff.**
- **Safety and quality of the service.**
- Fast ambulance response times / travel times.
- Good access to rehabilitation services locally.

The following points were also raised:

- More education on the prevention of strokes.
- Involving family and carers (as they know the patient best and can advise while in critical condition).

The detailed verbatim patient and public feedback received in the online survey and during conversations is available on request.

Patient and public sample quotes when asked what mattered to them when accessing care:

Feedback from patients/public	Service area
“A service of the highest quality ensuring that the wishes and feelings of the child and family come first and professional help and guidance is given in the simplest of terms.”	Children’s surgery and anaesthesia
“Good outcome and excellent quality care, choice of hospitals”	Children’s surgery and anaesthesia
“That they’ll have the best possible care, that they wouldn’t be frightened and could have mum, dad or relative with them as much as possible, that they suffered as little discomfort as possible before, during and after surgery.”	Children’s surgery and anaesthesia
“If my child was havin an op, I’d probably say id want to know the risks, I want to know information about the procedure, is it the best staff possible and the best location”	Children’s surgery and anaesthesia
“Prompt treatment, good rehabilitation and robust care plans and referrals where appropriate to other services and an overall seamless package of care.”	Hyper acute stroke services
“Person centred care, support for patient and family”	Hyper acute stroke services
“experienced caring staff, rapid treatment and aftercare”	Hyper acute stroke services
“fast quality service, information and advice for me and my family”	Hyper acute stroke services

6. Evaluation and next steps for consultations

During this pre-consultation phase, through various qualitative and quantitative communications and engagement methods and activities, we provided multiple opportunities for the communities of South and Mid Yorkshire, Bassetlaw and North Derbyshire to get involved and help shape the future of hyper acute stroke and children's surgery and anaesthesia services.

All feedback from the pre-consultation communications and engagement activity and conversations will be used to help inform the development of the two business cases for change which are due to be developed and agreed by June 2016 prior to options for consultations being considered. We will clearly state how the views of people have been taken into consideration within the options, appraisal, business case and consultation materials.

The methods and approach of communications and engagement activity will also be built on to produce a full communications and engagement strategy and plans for public consultations which are due to open in September 2016.

In the meantime, we will continue to have an open, honest and accessible approach to communications and engagement and will continue to keep all our stakeholders and those involved so far, up to date with the work and progress of Commissioners Working Together and its' individual workstreams.

Commissioners Working Together Stakeholder map: Power/influence and interest level

	Little or no interest	Moderate interest	High interest
<p>High Power/Influence</p>	<ul style="list-style-type: none"> All media: (currently at low interest, high power but some titles will shift right as the programme progresses and will require watching brief): BBC online, BBC Look North, BBC East Midlands, ITV Calendar, ITV Central East BBC Radio Leeds, BBC Radio Sheffield, BBC Radio Derby, Dearne FM, Hallam FM, Trax FM, Sine FM, Rother FM, Capital FM, Derbyshire Times, Worksop Guardian, Gainsborough Standard, The Star, Sheffield Telegraph, Barnsley Chronicle, Doncaster Star, Doncaster Free Press, Wakefield Express, Pontefract and Castleford Express, Yorkshire Evening Post, Rotherham Advertiser 	<ul style="list-style-type: none"> Regulators (Monitor, CQC). Monitor is currently working with Rotherham Hospital trust on an action plan and may also be involved in discussions with other hospitals. All of the hospitals will be subject to CQC inspections NHS England area teams:(East Midlands, Yorkshire and the Humber) Clinical Senates: (East Midlands, Yorkshire and the Humber) Health and Wellbeing Boards: Barnsley, Derbyshire, Doncaster, Nottinghamshire, Rotherham, Sheffield, Wakefield 	<ul style="list-style-type: none"> MPs: Sarah Champion, Kevin Barron and John Healey (Rotherham); John Mann (Bassetlaw); Harry Harpham, Paul Blomfield, Nick Clegg, Louise Haigh, Clive Betts, Angela Smith (Sheffield); Rosie Winterton, Ed Miliband, Jon Trickett, Caroline Flint (Doncaster); Mary Creagh, Yvette Cooper, Paul Sherriff (Mid Yorks); Natascha Engel, Toby Perkins, Dennis Skinner (NE Derbyshire, Hardwick); Dan Jarvis, Michael Dugher (Barnsley) Council cabinet members with relevant portfolio: Sheffield - Jackie Drayton (CYP), Mazher Iqbal (public health), Mary Lea (health, care independent living). Doncaster – Nuala Fennelly (CYP), Pat Knight (public health and wellbeing), Chris McGuinness (vol sector). Chesterfield – Chris Ludlow (health and wellbeing), Helen Bagley (health and wellbeing). Barnsley – Margaret Bruff (children and safeguarding), Jenny Platts (communities). Wakefield – O M Rowley (CYP), P A Garbutt (adults and health). N E Derbyshire – Lilian Robinson (community safety and health). Bassetlaw – none listed for health. Rotherham – currently decisions taken by government appointed commissioners. Joint OSC members: Clinical staff working in the services where change may happen (Barnsley Hospital, Chesterfield Royal Hospital. Doncaster and Bassetlaw Hospitals, Mid Yorkshire Hospitals, Rotherham Hospital, Sheffield Children’s Hospital, Sheffield Teaching Hospital) Chairs and chief officers of all CCGs: Barnsley – Nick Balac, Lesley Smith. Bassetlaw – Steve Kell, Phil Metham. Doncaster – Nick Tupper, Chris Stainforth. Hardwick – Steven Lloyd, Andy Gregory. North Derbyshire – Ben Milton, Jackie Pendleton. Rotherham – Julie Kitlowski, Chris Edwards. Sheffield – Tim Moorhead, Maddy Ruff. Wakefield – Phillip Earnshaw, Jo Webster. Members of all CCGS, via the governing body and comms teams in each CCG.

**Moderate
Power/Influence**

- **Local Authority commissioners**
- **All mental health provider trust boards:** (via chairs and chief executives) Rotherham, Doncaster and South Humber – Lawson Pater, Kathryn Singh. South West Yorkshire Partnership – Ian Black, Steven Michael. Sheffield Health and Social Care – Alan Walker, Kevan Taylor. Nottinghamshire Healthcare – Professor Dean Fathers, Ruth Hawkins.
- **Voluntary organisations working with people who may be affected by changes**
- **Healthwatch:** Sheffield – Carrie McKenzie (chief officer). Barnsley – Carriane Stones (chief officer). Rotherham – Tony Clabby (chief officer). Doncaster – Philip Kerr (chief officer). Bassetlaw – Christine Watson (chief officer). Derbyshire – Karen Ritchie (chief officer). Wakefield – Nicholas Esmond (chief officer). Nottinghamshire – Joe Pidgeon (chief officer).
- **Patient groups related to any potential service changes** (will move up the grid if become organised)
- **Working Together Provider Partnership**
- **All foundation trust governors:** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.
- **All acute hospital trust boards:** (via chairs and chief executives). Barnsley – Stephen Wragg, Diane Wake. Doncaster and Bassetlaw – Chris Scholey, Mike Pinkerton. Chesterfield – Helen Phillips, Gavin Boyle. Mid Yorkshire – Jules Preston, Stephen Eames. Rotherham – Martin Havenhand, Louise Barnett. Sheffield Children’s – Nicholas Jeffrey, Simon Morrit. Sheffield Teaching – Tony Pedder, Sir Andrew Cash.
- **Ambulance service trust boards:** (via chairs and chief executives). East Midlands – Pauline Tagg, Sue Noyes. Yorkshire – Della Cummings, Rod Barnes.
- **Unions** representing staff where changes could be made. Regional reps for Unite, Royal Colleges, MiP, Unison, GMB.

**Little or no
power/influence**

- Staff at NHS Greater East Midlands Commissioning Support unit
- Staff in CCGs
- Staff in NHS provider organisations (acute, mental health, ambulance)
- Staff in GP practices
- Voluntary groups (could move up and right)
- Communities and community groups (could move up and right)
- **All foundation trust members** (via membership offices in trusts). Barnsley, Sheffield Teaching, Sheffield Children’s, Rotherham, Doncaster and Bassetlaw, Chesterfield.