

# Joint Services Review

## Involvement and Communications Strategy

05 April 2012: Version 2.7

### Introduction

1. On 27 January 2012 we (the NHS in Worcestershire) began a Joint Services Review (JSR). The review will mainly focus on acute hospital services (those provided at the Alexandra, Kidderminster and Worcestershire Royal Hospitals), but it will also look at the wider health and care system, particularly in relation to care ‘pathways’ between hospitals, community services and general practices. We have produced ‘Key messages’ and a ‘Question and answer briefing’ about the review. These are available to the public, and as appendices 1 and 2 to this document.
2. The review is based on five principles.

<b>Led by clinicians</b>	<ul style="list-style-type: none"> <li>• Clinical leaders (for example, hospital consultants and GPs) from the local NHS will jointly lead the review.</li> <li>• They will lead the discussion on future options for health services with patients and the public.</li> <li>• They will make formal recommendations on how we organise care and services against agreed criteria and quality standards.</li> </ul>
<b>Rigorous</b>	<ul style="list-style-type: none"> <li>• We will fully assess all options for reshaping our services against best clinical evidence (for example, we will look at the best-performing hospital services elsewhere and look at the reasons why this is the case).</li> <li>• We will agree criteria for developing and assessing options for improvements to the quality and safety of services.</li> <li>• An independent Peer Review Panel, chaired by Professor Bernard Crump, will carry out expert independent clinical monitoring of how we are developing options for changes to services.</li> </ul>
<b>Inclusive</b>	<ul style="list-style-type: none"> <li>• The review will involve patients, the public, staff, our partners and the media.</li> <li>• We aim to carry out the review in an open, honest and well-timed way and give everyone an opportunity to have their say.</li> <li>• A Stakeholder Reference Board will monitor how we are involving patients and the public throughout the review.</li> </ul>
<b>Open and transparent</b>	<ul style="list-style-type: none"> <li>• We will make the challenges facing health services, and the options for change, public in our Involvement and Consultation Strategy.</li> <li>• We are committed to involving the public throughout the whole review process, and will give you opportunities to contribute and comment as we develop the options.</li> <li>• We will make sure that we meet all legal requirements and guidance when we consult you.</li> </ul>
<b>Managed and resourced</b>	<ul style="list-style-type: none"> <li>• The review is important and has an effective control and decision-making process.</li> <li>• The review is complex, with many parts, and we will manage it through a Programme Management Office and standard project-management methods.</li> <li>• Our partner organisations are committed to making sure the review has enough clinical and management resources and support.</li> </ul>

## Purpose

3. The purpose of this strategy is to:
  - make sure that the review meets and exceeds national requirements and guidance for consulting and involving you in developing options for future health services (we have included these requirements and guidance as appendix 3);
  - help the review to meet its principles of being inclusive and open;
  - build trust in the review (trust in the data used, the process, our partners and so on) and agree about its conclusions; and
  - provide a framework for planning specific ways we can involve you and communicate with you.
4. Consulting and involving people will have to be a ‘work in progress’ – we cannot predict all of the activities (such as updating social media, issuing project updates and organising events) we will need to carry out and will have to develop these in response to feedback from stakeholders, the public and patients.

## Objectives

5. The objectives of the strategy are to:

- 1) involve the public, patients and our partners at each stage and phase of the review in order to build trust and credibility for the project;
- 2) give everyone the opportunity to comment and involve those who rarely have a say in the design of health services;
- 3) use feedback given to us at meetings, through the website and at public events to help us shape the options for change and reflect this back to those who have contributed;
- 4) have a planned approach to involving people and communicating with them based on evidence from how this has worked well elsewhere;
- 5) answer to the rest of the JSR and Stakeholder Reference Board project for the work we do;
- 6) be open and do our best to use different methods to achieve this, such as regular newsletters, social media, public meetings and podcasts; and
- 7) have the positive reputation of the whole review in mind throughout.

6. In appendix 4 we set out performance indicators to show how we plan to measure how we meet our objectives.

## Management, planning and resources

7. The JSR Steering Group will formally approve the strategy. A Stakeholder Reference Board has been set up to oversee how we consult and involve people – see ‘Terms of reference’ in appendix 5 – and we will ask them to endorse the strategy.
8. There will be an involvement and communications planning workshop for each phase of the review. These workshops will tap in to local knowledge and produce a project plan describing the activities we will carry out in each phase (such as newsletters, use of the website and focus groups). The JSR Steering Group will approve the project plans and the Stakeholder Reference Board will endorse them. We will adapt our activities in response to the feedback we get from stakeholders, the public and patients.
9. An involvement and communications project team will deliver this strategy. The project team will:
  - promote involving the public and communicating with them;
  - develop the strategy and project plans;
  - use the same project-management documents as the rest of the project;
  - set up the methods we use to involve and communicate with people;
  - co-ordinate activities with the rest of the JSR project; and
  - produce reports after each phase of the JSR.
10. The project team will not produce information for the public by themselves. This will need to be done together with the health professionals. The health professionals will decide on the messages they want to get across and the project team will try to make them ‘patient friendly’ so that patients and the public can understand and comment on them.

# Main considerations

## Our audience

11. There are five main groups we want to involve and communicate with.
  - **Main stakeholders.** These include local councils, other statutory agencies and the voluntary and community sector.
  - **Patient advocacy groups.** These groups represent the interests of specific groups of patients – for example, older people, people who have chronic conditions and so on.
  - **Hard-to-reach groups** who typically find it difficult to take part in consultation and who need more time and effort to make sure that their views can be heard.
  - **Other members of the public.**
  - **NHS staff.**
12. We will update key messages (appendix 1) and try to use these alongside all of the information we provide so that we tell a consistent story that patients and the public can understand.
13. All of our communications will be in ‘plain English’ in a way which all of the groups listed above can access. We will communicate using written briefings, and video and verbal presentations.
14. The hard-to-reach groups are listed below. We will work to identify any others not listed here. The project team will work with representatives from these groups to make sure we meet their needs. This is likely to include focus groups and other activities.
  - ✓ People with learning disabilities.
  - ✓ People with mental-health problems.
  - ✓ People with hearing loss and/or sight difficulties.
  - ✓ Young people.
  - ✓ Black and minority ethnic groups - especially gypsies and travellers, the Polish community, and the Bangladeshi and Pakistani communities.
15. While we can plan how we will involve and communicate with you, we also need to react to public opinion and feedback as it happens, and especially in response to uninformed or opinionated views, or confusion between the review and other NHS changes – for example those arising from the Health and Social Care Bill. We plan to include a ‘Myth Buster’ page on our website (see point 20) and interviews with health professionals to clarify particular issues.

## Communication

16. We will reach people by:
  - passing information to stakeholders;
  - digital media;
  - passing information on face-to-face (see point 22);
  - questionnaires and surveys; and
  - the local press.
  
17. **Digital media** will include the following.
  - A **website**, which will allow people to comment on options for reshaping NHS services as they are suggested and other proposals. We have already set up a site (<http://www.worcestershirehealth.nhs.uk/joint-services-review.aspx>), and will develop it as the review goes on.
  - Facebook, Twitter and YouTube accounts.
  
18. We will share information with stakeholders and patient groups through a set process: from us to our main stakeholders (including district and parish councils, the voluntary and community sector, schools, GP surgeries and the Worcestershire Hub) and from them to a wider audience. When we send out the information we will say how groups and individuals can comment on it (through the website, by email, by letter and so on).
  
19. **Face-to-face communication** will include the following.
  - **Launch meetings.**
  - **Focus groups.** Early on with four specific patient groups – **women and children, older people, acute services and elective care** – and later with hard-to-reach groups.
  - **Roadshows.** Held at accessible venues to make the most of opportunities for contact with the public.
  - **Summits and debates.** Events where patients and the public can comment and ask questions. (This may also include radio debates, which while not strictly face-to-face will allow people to question and comment in ‘real time’.)
  - **‘Involvement champions’** to raise awareness and spread the main messages about the review and any options and proposals. We will recruit these champions and train and support them. They will include:
    - ✓ **clinical champions**, who will have a major role in our contact with the public and patients about options and proposals, the thinking behind them and their merits;

- ✓ **stakeholder champions;**
- ✓ **public and patient champions;**
- ✓ **hard-to-reach group champions; and**
- ✓ **staff champions.**

20. **We will use questionnaires and surveys** early on to get your views about current services, and then later to get feedback on specific proposals.
21. We will give the **local press and radio** information about the review and about any options and proposals, and readers and listeners will have the opportunity to comment. We have attached a list of local press as appendix 6.

## Using feedback

22. We will need to be clear about how we have used your feedback to influence how we develop options and proposals for reshaping our services. The review will need to show the feedback received and how we have adjusted options and proposals as a result.
23. While we may not be able to respond to every piece of feedback or comment individually, we should aim to:
  - produce a summary of the feedback and comments received at each phase of the review and make it available to the public;
  - formally consider the feedback at each phase; and
  - produce a summary of how we have adjusted options and proposals as a result of feedback – perhaps in a ‘You Said - We Did’ format.

## Phases

24. There are six phases to involvement and communication.

- a) Make you aware of the review and how you can get involved.
- b) Develop the ways we communicate with you.
- c) Involve you in developing the options we suggest.
- d) Consult you on the options as they develop.
- e) Formal consultation with stakeholders and the public.
- f) Response to formal consultation.

25. The outline of the activities in each phase is as set out below.

	Digital media	Information to stakeholders	Face to face	Questionnaires and surveys	Local press
i.	Online presence established	Key messages and Q&A disseminated Materials place in libraries, GP surgeries etc	Launch events Briefings for key stakeholders / development of relationships	Baseline views about current services	Press releases
ii.	Interactive website created Social media accounts	Complete list of groups collated and segmented Cascade tested	Members for patient focus groups identified		
iii.	Content disseminated Feedback collated and presented back to JSR	Content disseminated Feedback collated and presented back to JSR	Patient focus groups aligned to clinical working groups Feedback collated and presented back to JSR		Press releases and adverts
iv.	Content disseminated Feedback collated and presented back to JSR	Content disseminated Feedback collated and presented back to JSR	Roadshows Summits and debates Focus groups with hard to reach groups		Press releases and adverts
v.	Content disseminated Feedback collated and presented back to JSR	Content disseminated Feedback collated and presented back to JSR	Roadshows Summits and debates Focus groups with hard to reach groups	Views on specific proposals	Press releases and adverts
vi.	Use of feedback in informing final business case	Use of feedback in informing final business case			Use of feedback in informing final business case

## Appendix 1 – key messages

- 1) We (the NHS in Worcestershire) are working on a joint review of health services to get the best possible healthcare for the county which will last into the future. The review will mainly focus on acute hospital services, but it will also look at the wider health and care system, particularly in relation to care 'pathways' between hospitals, community services and general practices.
- 2) Health services in Worcestershire are facing the same challenges as the NHS elsewhere, with services needing to change as society changes and public resources come under pressure. 'No change' is not an option – we want improvements in services.
- 3) Local health professionals will lead the development of the review and propose options for changes to services. The review will involve professionals, patients, the public and our partners throughout.
- 4) We do not know what the results of the review will be but we are committed to carrying out the review openly and honestly and making sure everyone has the right information at the right time so that they can have their say. A Stakeholder Reference Board will monitor how we are involving patients and the public and an independent panel of clinical experts will review the draft proposals for change before we consult the public.
- 5) The review began on January 27 2012 and we aim to complete it by November 2012. During this period we will consult the public and stakeholders extensively and we want to encourage as many people as possible to get involved. We know that the more we listen to professionals, patients, the public and our partners, the better our options and future plans will be.

# Appendix 2 – Joint Services Review

## Questions and answers

### What is the Joint Services Review?

- The Joint Services Review (JSR) is about openly reviewing our options (involving all our stakeholders) to help us to decide how best to reshape hospital and other health services in Worcestershire – together and for the better.
- The main focus of the review will be on acute hospital services, but it will also look at the wider health and care system, particularly in relation to care ‘pathways’ between hospitals, community services and general practices.
- Throughout the review, we aim to keep the public informed about our progress in deciding what Worcestershire’s opportunities and options are. This will give you the chance to have your say about the future of health services in the county. We aim to carry out the review openly and honestly and ensure everyone has the right information at the right time so that they can have their say.

### Why is there a need to change?

- Worcestershire health services are facing the same challenges as the rest of the NHS, with services needing to change as society changes and public resources come under pressure.
- We want to keep Worcestershire healthy and continue to meet its healthcare needs, so ‘no change’ is not an option for us. The NHS is under new management locally and this adds to getting a fresher perspective on the challenge of maintaining high-quality and affordable services.
- We want improvements in services and the opportunity of securing safe, high-quality services which will last into the future.

### How will the review work?

- We hope the review will help us to be as objective as possible in understanding what the opportunities and options are, and how to prioritise between them. There is growing evidence of what works and doesn't work in healthcare and we will use this evidence to help our review.
- So far, we think there are five basic steps in the work we are doing. We believe that this work will take at least 11 months to complete.

- 1) The first step is to understand exactly why we need to change, and to be able to share that in simple and clear language with all our stakeholders – professionals, patients and the rest of the public. We aim to involve people in a way that is ‘second to none’.
  - 2) The second step is to decide what we need to achieve and what measures we can use to find out whether an option will meet these goals or not.
  - 3) The third step is to look as openly and objectively as possible at the range of options for lasting, high-quality and affordable services.
  - 4) The fourth step brings all these steps together to work out which option meets Worcestershire’s needs the best.
  - 5) The final step in the review happens when we have some preferred options. We need to show why we think a particular option is the best way forward and what the benefits and any consequences are. We will use open and formal public consultation to do this.
- We are keen for our plans to involve patients and the public to be monitored. A Stakeholder Reference Board will give further 'quality assurance' on how we are involving people. We have also organised an independent panel of clinical experts who will review the draft proposals for change before we consult the public.

#### **How and who decides what are the options?**

- A group made up of health professionals will come up with options for changes to services and will assess the benefits and consequences of these options against an agreed set of criteria. They will tell stakeholders about these options and the Joint Services Review Steering Group will approve them.
- Wherever possible, health professionals will lead the debate with local people about the options. We will consult extensively on options – both as they are being developed and before any formal public consultation.
- Health Secretary Andrew Lansley has outlined his four criteria (see below) for changes to NHS services, and we will take these criteria into account when developing our options.
  - 1) There must be clear evidence supporting the proposals for change.
  - 2) The proposals must have the support of the GP commissioners.
  - 3) The proposals must genuinely promote choice for patients.
  - 4) The review process must have genuinely involved the public, patients and local authorities.

## What happens from this point?

- We are only at the 'starting point' in doing any of this work and so don't yet have any answers. Our aim is to involve you as early as we can without causing any unnecessary or uninformed speculation. The only thing we know for certain is that we must change – staying as we are is not an option. We also know that the more we involve professionals, patients, the public and our other partners, the better the final options will be.

## How do I find out more?

- Once the review has been formally approved, we will hold a series of public meetings across the county, starting in the middle of February (dates to be confirmed). This will give you the opportunity to meet the people who will be leading the review, hear more about the aims of the review and how it will be carried out, and ask questions.
- We are setting up a website where staff, patients and the public will be able to find out more about the review. In the meantime, we have a project page at [www.worcestershirehealth.nhs.uk/joint-services-review.aspx](http://www.worcestershirehealth.nhs.uk/joint-services-review.aspx) where you can find more information.
- If you have any questions, please email [worcsnhsjsr@worcestershire.nhs.uk](mailto:worcsnhsjsr@worcestershire.nhs.uk)

## Appendix 3 – national requirements and guidance

### Secretary of State for Health's 'four tests' (May 2010)

The 'four tests' listed below are designed to build confidence within the service and with patients and communities.

- 1) There must be clear evidence supporting the proposals for change.
- 2) The proposals must have the support of the GP commissioners.
- 3) The proposals must genuinely promote choice for patients.
- 4) The review process must have genuinely involved the public, patients and local authorities.

### The 'Duty to Involve' for the NHS (Section 242 of the NHS Act 2006)

Under this duty we must:

- 1) review the information we already have about the needs of our community to make sure we are making the best use of it;
- 2) take stock of the groups and people we already involve and consult to make sure we are involving as many of them as possible;
- 3) think about what outcomes we want when involving people in the future;
- 4) think about how we can 'join up' what patients and the public tell us that they want with what scientific data and evidence tells us that the population needs;
- 5) consider the steps we will need to take to make sure involvement is part of every part of the review; and
- 6) think about the resources we may need to have in place to meet our new duties.

This strengthened 'Duty to Involve' when planning and providing services came into force on 3 November 2008. The guidance that accompanied the new duties (known as 'Real Involvement') has the following pointers to help the NHS involve communities more effectively. We should:

- 1) be clear when we need to involve you and involve you at the very start of a process;
- 2) be clear with you about what we can influence and what we cannot (such as the total funding available to the local NHS);
- 3) be open and frank; and
- 4) be prepared to listen to what our community tells us.

## Nicholson guidelines

These are based on the Sir Ian Caruthers report published in February 2007.

- 1) Reasons for change should be built on clear evidence and benefits for patients. The case for any change needs to be stronger and better put. Recent reports make it clear that major changes to services are first and foremost about saving lives.
- 2) It is critical that clinical and other staff are involved in developing proposals. More needs to be done to involve health professionals, other staff and their representatives at a local, regional and national level.
- 3) Good preparation and understanding the process (consultation and putting proposals in place) is crucial – there are big differences in the quality and suitability of proposals.
- 4) It is essential that local proposals are properly co-ordinated – some areas have clear strategies, while others don't. Primary care trusts should be at the centre of major changes to services, encouraging improvements where appropriate.
- 5) Strategic Health Authorities should use the Service Improvement Readiness Framework to make sure that proposals for change are reliable and fit for purpose.
- 6) There should be 'gateways' in place to make sure that all necessary action has been completed to the required standard before moving on to the next stage.
- 7) Communications need to be strengthened. Consultation documents should contain specific, relevant, clear information written in plain English for local stakeholders to comment in an informed way on local proposals.
- 8) New leadership teams need to review schemes they have inherited, and assure the Department of Health that they are fit for purpose, while making sure that they work with local stakeholders – consulting, listening and involving them in their local NHS.

## National Independent Reconfiguration Panel's 'critical list' (Dec 2010)

The following is a 'critical list' of what is likely to lead to failure of a review.

- 1) Not enough involvement with the community and stakeholders in the early stages of planning change.
- 2) The clinical case for change has not been convincingly described or promoted.
- 3) Not enough consideration given to options for working differently across sites or across different NHS organisations.
- 4) Proposals that emphasise what cannot be done and play down the benefits of change and plans for more services.
- 5) Important content missing from plans to reshape services and limited methods of passing on information.

- 6) Health agencies caught on the back foot about the three issues most likely to attract opinion from the local community – money, transport and emergency care.
- 7) Not enough attention given to the responses of stakeholders and the public during and after the consultation.

## The NHS Constitution (2009)

The constitution sets out the principles and values of the NHS in England. It sets out the rights of patients, public and staff, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to make sure that the NHS is run fairly and effectively. The clarity of the document, as well as some of its provisions may be useful to our review and the involvement and communications process.

## Appendix 4 – performance indicators (how we measure how we are doing)

Objective	Performance indicators
8) Involve the public, patients and our partners at each phase of the review in order to build trust and credibility for the project.	Number of people who attend ‘face-to-face’ events. Number of hits on the website. Volume of correspondence.
9) Give everyone the opportunity to comment and involve those who rarely have a say in the design of health services.	Report from activities with hard-to-reach groups.
10) Use feedback given to us at meetings, through the website and at public events. to help us shape the options for change and reflect this back to those who have contributed – perhaps using a ‘You Said - We Did’ format.	Summaries of the feedback received at each phase. Summaries of how we have adjusted options and proposals as a result (for example, in a ‘You Said - We Did’ format).
11) Have a planned approach to involving people and communicating with them based on evidence from how this has worked well elsewhere.	Produce and approve plans which explain what communication and involvement activities we will carry out in each phase.
12) Answer to the rest of the JSR project and the Stakeholder Reference Board for the work we do.	Consider end-of-phase reports by the review Steering Group and the Stakeholder Review Board.
13) Be open and do our best to use different methods to achieve this such as regular newsletters, the use of social media and public meetings.	Formally ask for and record the views of the Stakeholder Review Board.
14) Have the positive reputation of the whole review in mind throughout.	Analyse positive and negative feedback and its effect on the review.

# Appendix 5 – Stakeholder Reference Board

## Terms of reference

### Members

- Professor Rod Griffiths – Independent Chair
- Richard Taylor
- Cllr Marcus Hart – Worcestershire County Council Cabinet Member for Health and Well-Being
- Leaders of district councils or their representatives
- Ann Montague-Smith – LINK Chair
- Peter Pinfield – Healthwatch Chair
- Representative from Hereford and Worcestershire Chamber of Commerce
- Representatives from the Voluntary Sector – Worcestershire Association of Voluntary Organisations in Community Care and Community First
- Representative from Worcester University
- Representative from the Local Medical Committee
- Others to be decided

### The board will be supported NHS Executives and health professionals, including:

- Eamonn Kelly, Chief Executive, NHS Worcestershire
- Penny Venables, Chief Executive, Worcestershire Acute Hospitals NHS Trust (WAHT)
- Dr Richard Harling, Director of Public Health
- Chris Fearn, Director of Strategy, WAHT
- Dr Anthony Kelly, Chair of Worcestershire Clinical Senate
- Dr Charles Ashton, Medical Director, WAHT
- Dr Carl Ellson, Clinical Commissioning Group Lead, South Worcestershire

### Aims

- 1) To make sure that the Joint Services Review gives the local public, patients and other stakeholders enough opportunity to influence how we develop and consider options for changes to our services.
- 2) To make sure that the review meets legal requirements and best practice for NHS involvement and consultation.

The Stakeholder Reference Board will not consider the advantages of proposed changes – this will be done through the Joint Services Review project. The board’s role is to make sure that the local public, patients and other stakeholders are given enough opportunity to influence how we develop and consider the options.

### Objectives

- a To consider and endorse an Involvement and Communications Strategy for the Joint Services Review, and to review this at intervals to make sure that it is still appropriate.
- b To help people be aware of and understand the review and the role of the board – and encourage a wide section of the community and a wide range of public and patient groups to get involved.
- c To act as a focal point for local public, patients and other stakeholders to raise issues and concerns about involvement and consultation.
- d To receive and consider evidence and assurances about involving and consulting people and assess whether the Involvement and Communications Strategy is being properly followed.
- e To highlight to the Joint Services Review Project Steering Group where the above is not the case and the action that needs to be taken if so.

### Meetings

- Meetings will be held in public.
- Agendas will be published in advance and minutes published following meetings.
- Part of each meeting will be given over to public questions.

### Roles and responsibilities of members

- To attend meetings or nominate an appropriate person to go in their place.
- To contribute constructively.
- To act as a representative for public, patient and stakeholder views about involvement and consultation.
- To declare any interest which is relevant to the review.

### Resources

- A Project Manager will manage the business of the board.
- A Secretary will organise agendas and take minutes.

## Key outputs

Objective		Relevant outputs and timescales	Associated information
a	To consider and endorse an Involvement and Communications Strategy for the Joint Services Review, and to review this at intervals to make sure that it is still appropriate.	<ul style="list-style-type: none"> <li>• Involvement and Communications Strategy endorsed (March 2012)</li> <li>• Involvement and Communications Strategy reviewed (April 2012)</li> </ul>	
b	To help people be aware of and understand the review and the role of the board – and encourage a wide section of the community and a wide range of public and patient groups to get involved.	<ul style="list-style-type: none"> <li>• Information and press releases about the role of the board.</li> <li>• Meetings held in public.</li> <li>• Interactive website allowing stakeholders to comment on how we involve people and communicate with them.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of stakeholder groups sent information.</li> <li>• Number of people at public meetings.</li> <li>• Number and type of people visiting the website.</li> </ul>
c	To act as a focal point for local public, patients and other stakeholders to raise issues and concerns about involvement and consultation.		
d	To receive and consider evidence and assurances about involving and consulting people and assess whether the Involvement and Communications Strategy is being properly followed.	<ul style="list-style-type: none"> <li>• Formal assessment of involvement and consultation process.</li> <li>• Formal recommendations to the JSR project.</li> </ul>	
5.	To highlight to the Joint Services Review Project Steering Group where the above is not the case and the action that needs to be taken if so.		

### How often meetings will be held?

- February 2012: Induction meeting.
- End of February/early March 2012: two to three meetings to consider and endorse the Involvement and Communications Strategy.
- April 2012: two to four meetings to review the Involvement and Communications Strategy and make sure it is being properly followed.
- June 2012: one to two meetings to sign off the involvement and communications process before formal consultation.

### How will the board work?

- Patients and the public will give the board their views about how they are being involved and communicated with, either through email or in person to individual members of the board.
- We will provide evidence and assurances about how well we believe the involvement and communications process is working.
- Based on the above, the board will judge whether the strategy is being followed and how well the process is working.
- The board will report their judgement to the JSR Steering Group along with any action they think is necessary.

## Appendix 6 – local press

Publication	Circulation / Distribution	Readership	Readership location
Hereford Times	34,705	95,583	Hereford, Leominster, Hereford Rural
Ludlow & Tenbury Wells Advertiser	4,682	12,759	Ludlow, Tenbury Wells, Knighton
Malvern Gazette & Ledbury Reporter	14,749	39,678	Malvern, Ledbury, Upton-upon-Severn
Worcester News	14,616	38,672	Worcester, Great Malvern, Droitwich, Pershore
Worcester Standard	36,533	52,420	Worcester, Droitwich
Berrow's Worcester Journal	41,505	60,322	Worcester, Pershore, Upton-upon-Severn
Bromsgrove & Droitwich Standard	37,197	53,466	Bromsgrove, Droitwich
Bromsgrove & Droitwich Advertiser	32,585	46,806	Bromsgrove, Droitwich, Birmingham
Evesham & Cotswold Journal	28,307	42,180	Evesham, Pershore, Stow-on-the-Wold
Dudley News	30,409	44,745	Dudley
Halesowen News	34,982	51,559	Halesowen, Birmingham, Dudley
Kidderminster Shuttle	36,802	54,629	Kidderminster, Bewdley, Stourport-on-Severn
Stourbridge News	48,000	71,877	Stourbridge, Dudley, Hagley
Redditch Advertiser & Alcester Chronicle	39,588	59,013	Redditch, Alcester, Birmingham
Redditch & Alcester Standard	41,049	60,609	Redditch, Alcester, Birmingham
Evesham & Pershore Observer	26,327	43,413	Evesham, Pershore
Express and Star	TBC	TBC	Wyre Forest
BBC Hereford and Worcester	TBC	TBC	TBC
Wyvern radio	TBC	TBC	TBC
Radio Wyre	TBC	TBC	TBC

(Source – ratecards for individual press)