

## **Appendix A: Communications and engagement plan (Phase two engagement)**

# **Communications and engagement plan**

**PHASE TWO ENGAGEMENT**

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Appendix 1. Communications and engagement action plan

Appendix 2. Patient and community groups

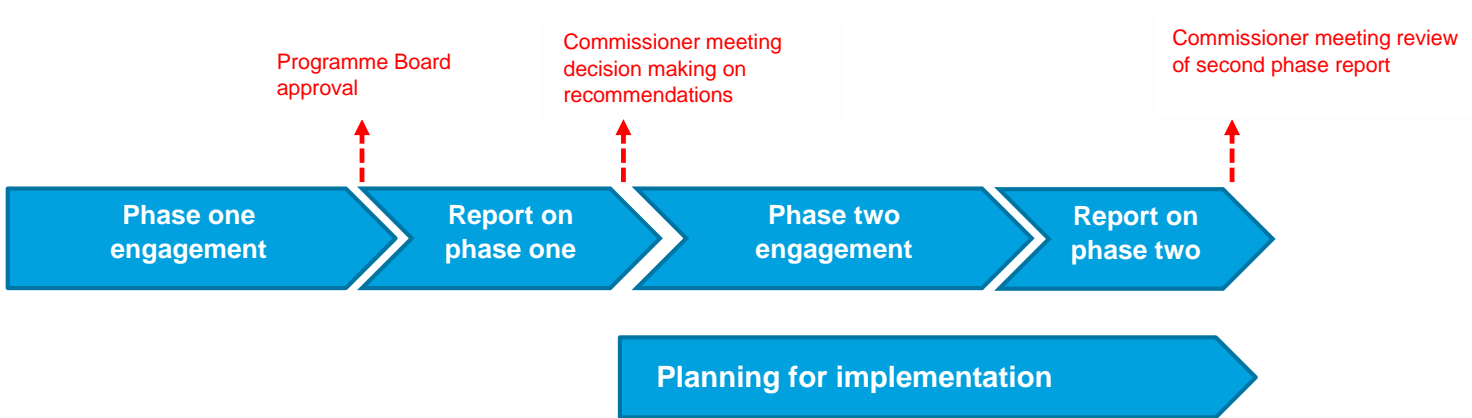
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# 1. Introduction

NHS England, working with local clinical commissioning groups (CCGs), is proposing to develop specialist cancer and cardiovascular centres in north and east London and west Essex. This engagement strategy sets out our proposed approach and timetable for engaging all those with an interest in the programme. It follows good communications practice and focuses on what will be meaningful to our stakeholders, as opposed to the production and promotion of programme outputs.

This communications and engagement strategy has been developed to ensure NHS England meets its duty under section 242 of the NHS Act 2006 to promote involvement and consultation in any service change. This legislation has been updated following the passing of the Health and Social Care Act 2012, but the importance of engaging with the public with regards to service change is still a very important focus and part of the process. The three Joint Health and Overview Scrutiny Committees (JHOSCs) have agreed that formal consultation under section 244 is not required.

The engagement has been divided into two phases with planning for implementation work being undertaken concurrently (see below). Further details of each phase of engagement can be found below.



## 2. Phase one engagement

A case for change *Improving specialist cancer and cardiovascular services in north and east London and west Essex* (October 2013) described how some specialist treatments for five types of cancer and heart disease need to be provided in fewer hospitals. The case for change included preliminary recommendations from clinicians, working through UCLPartners, as to where these services could be provided.

A 38-day engagement exercise was undertaken to inform the development of commissioners' preferred recommendations. As part of this engagement we set out the background to the project as a whole covering information such as:

- The need for the specialist centres
- Current service provision and required service standards
- The preliminary recommendations from clinicians about how and where these specialist services should be provided.

The proposed models of care for these services were described in the case for change. For cancer, patients would have the majority of their care in local hospitals including diagnostics, chemotherapy, radiotherapy and follow-up care. Those patients who are suitable for specialist treatment would receive this at a designated centre.

For cardiovascular, patients requiring specialist care would be treated at a proposed new integrated cardiovascular centre at St Bartholomew's Hospital. Specialist services from The Heart Hospital would transfer to St Bartholomew's Hospital, alongside services from The London Chest which are already due to transfer to St Bartholomew's in 2015.

A report on this phase of engagement has been developed and was published on 12 March 2014, on the established dedicated page on NHS England's (London Region) website<sup>1</sup>. In tandem to this process, NHS England's Regional Director for London, in liaison with the Joint Overview and Scrutiny Committees (JHOSCs) has taken the decision that the proposed changes do not require formal consultation.

## 3. Phase two engagement

Following the Commissioner Decision Meeting between NHS England, and Camden City and Hackney, Enfield, Haringey and Islington CCGs, agreement was reached on commissioner's preferred options for change and to proceed to the next stage of the programme. This includes a further phase of engagement, planning for implementation and the development of an assurance framework.

The programme will undertake a second phase of engagement and further scrutiny to enable local people to offer further feedback on commissioners' preferred options and input into the planning for implementation work.

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<sup>1</sup> <http://www.england.nhs.uk/london/engmt-consult/>

The engagement strategy for the next phase involves a number of measures to address issues that have been raised consistently through engagement undertaken so far. As travel and access has been raised consistently during the first engagement phase, an advisory workshop on this issue (and others including pathway integration and managing impacts on other services) will be held.

In order to ascertain that the programme is engaging with all interested and affected patient and community groups in the area, the programme liaised with local branches of Healthwatch to receive their feedback and ensure that all affected groups across the patch are included and engaged with as part of this phase. Key documents will continue to be available in other languages on a request basis.

A number of dependencies have been identified for this second phase of engagement:

- An **equalities impact assessment** has been developed as part of the initial business case. The outcomes of the assessment will be used to refine this communications and engagement strategy to ensure potentially-impacted groups are involved in the programme.
- **Endorsement of the recommendations by commissioners** as outlined in the Business Case
- Phase two engagement is planned to take place during a time of political change, with **local elections** scheduled for May 2014. Candidates will campaign on health issues and look to build a profile locally on opposition to perceived 'NHS cuts'. The elections will inevitably result in changes to our political stakeholders, as councillors and possibly MPs lose their seats and new councillors and MPs come on board.
- **Planning for implementation** work will be led by trusts with NHS England providing oversight and assurance. Whilst this is a separate workstream requiring a different approach, many of the same stakeholders are involved. Therefore strategies and approaches should be read in conjunction and any issues arising requiring media and communications management should be jointly reviewed.

## 4. Scope

The second phase of engagement is on the centralisation of specialist services for five types of cancer and cardiovascular disease. The engagement will include commissioners' preferred configuration of specific hospital sites to meet service standards and provide excellent care for the population, and planning for implementation work.

The engagement will cover the adult specialist cancer services listed below. Whilst stakeholder advisory workshops will provide the opportunity to learn more about prevention, early diagnosis, non-specialist treatment (such as radiotherapy, chemotherapy and non-specialist surgery) and follow-up, no changes are proposed to these services and they are not being engaged on. Phase two engagement activities reflect the relatively small numbers of patients that would be affected by the proposals, if approved.

Pathway	Clinical scope	Approx impact of the proposed changes (Feb 2012-Jan 2013)
Brain	Brain cancer surgery	97 of 831 procedures
Head and neck	Head and neck cancer surgery	241 of 394 procedures
Urology	Complex prostate cancer surgery (radical prostatectomies)	93 of 275 procedures

	Complex kidney cancer surgery (partial and full nephrectomies)	145 of 239 procedures
	Complex bladder cancer surgery	32 of 71 procedures
Blood	Acute myeloid leukaemia (level 2b) treatment	18 of 118 patients
	Haematopoietic stem cell transplantation (level 3b) treatment	53 of 274 procedures
Oesophago-gastric (OG)	OG (stomach or throat) cancer surgery	53 of 131 procedures

The engagement will cover the proposed development of a single integrated cardiovascular centre that brings together **adult specialist cardiovascular services** currently provided at The Heart Hospital and The London Chest Hospital and St Bartholomew’s for the population of north and east London. There is no change proposed to specialist cardiovascular services provided, only the relocation of some services from The Heart Hospital (thoracic surgery, some outpatient services and specialist support will be retained at UCLH) to a new facility at St Bartholomew’s Hospital approximately 2.5 miles away.

Whilst the supporting materials will include information on the move of specialist cardiovascular services from The London Chest to St Bartholomew’s, this change was subject to a separate engagement process and has already been decided.

## 5. Aims and approach

### Aim

The overriding aim of our engagement is to ensure that all stakeholders have a chance to give their feedback on commissioners’ preferred options for change, and influence the planning for implementation work. This means that:

- The local and strategic impacts and benefits of the programme should be explained in order for all parties to form a clear view of the need for specialist centres.
- Stakeholders should be informed in good time during the evolution of the programme, enabling them to have a meaningful say and to influence its development.
- All parties, ranging from formal scrutiny through to local communities and patient groups, should have good access to accurate and high quality information on the programme, communicated at all stages of the planning for implementation work.

### Approach

Our approach to engagement and involvement is informed by previous engagement programmes including Healthcare for London, Health for North East London and the pan-London review of cancer and cardiovascular services (2010) and the engagement on specialist urological services in north east London and west Essex (2013), and by best practice. This involvement has to be proportionate to the extent of the proposed service changes.

We recognise that to achieve effective engagement, we will need to take into account the specifics of each cancer pathway and cardiovascular disease, the localities impacted and the stage of the programme. Although we provide information here on the broad range of engagement techniques we

intend to implement, the strategy is designed to allow some flexibility of approaches, taking into account local needs and changing requirements as the programme progresses.

Due to the wide geographical area and high level of interest in specific pathways, we require a range of communication and engagement approaches. In some cases, we are providing information to stakeholders, whereas in others we are looking also to engage with stakeholders and communities to gather views and opinions.

In parallel with the proposed community engagement activities, we are also committed to ongoing scrutiny of the programme. This includes working closely with the JHOSCs and Healthwatch to ensure that our engagement methods are appropriate to the communities concerned.

As part of the planning for this next stage of engagement, we met with several local branches of Healthwatch and where face to face meetings were not possible, the programme team shared the proposed approach electronically to seek comments and feedback.

In addition, the programme team attended a meeting of The Heart Hospital Patient and Carer Information Group to discuss the planned approach and hear the views of attendees.

Further information on all meetings that took place as part of this phase of engagement will be outlined in the Phase Two Engagement Overview Report.

### What we will engage on

We will engage on commissioners' preferred options for change and the proposed detail of the programme:

- Outcomes of the London Clinical Senate Review
- Proposals for minimising and/or mitigating any potential impacts (i.e. patient travel and ensuring a seamless pathway for patients as they move from diagnosis to treatment to aftercare).

## 6. Who we will engage

The stakeholders have been categorised into four different groups based on their perceived levels of influence and interest in the programme and specialised services to enable communications activity to be effectively planned. Those with a high level of interest and influence are the top priority for communications; these are the individuals and organisations that we need to work closely with to deliver the programme.

<p><b>Partner</b></p> <p>Key stakeholders with whom NHS England will work in partnership to help to deliver the programme</p>	<ul style="list-style-type: none"> <li>• Local commissioners (CCGs)</li> <li>• UCLPartners</li> <li>• London Cancer</li> <li>• Cancer pathway boards</li> <li>• Trust management teams including chief executives, medical directors, cancer and cardiovascular leads (clinical and non-clinical)</li> <li>• Trust communication teams (to help facilitate the process for wider dissemination) and HR teams where job roles may be affected</li> <li>• London Clinical Senate</li> </ul>
<p><b>Involve and engage</b></p>	<ul style="list-style-type: none"> <li>• CCGs in north and east London, and bordering areas of Essex / Herts</li> </ul>

<p>Stakeholders who will need to be actively involved and engaged on the programme</p>	<ul style="list-style-type: none"> <li>• JHOSCs in north east and central London</li> <li>• Patient and public representatives – in particular cancer and cardiovascular groups representing service users and carers, local Healthwatch, borough, community and hospital patient and public groups.</li> <li>• Cancer Partnership Group and The Heart Hospital Patient Group</li> <li>• Service users</li> <li>• Trust clinicians and staff working in cardiovascular and cancer units: staff who are likely to be affected, primary communicators in trusts (clinical directors, medical directors, chief executives)</li> <li>• Primary care staff working in cardiovascular and cancer – GP cancer leads, GPs with a special interest in cancer/cardiovascular, pan-London groups</li> <li>• Charities – national cardiac charities, cancer charities and trust charities</li> <li>• Community – including traditionally under-represented groups, which may have a specific interest in the proposals such as older people, councils of voluntary services, third sector / voluntary organisations</li> <li>• London Ambulance Service</li> <li>• Interest groups (e.g. Friends of Barts, London Chest Hospital campaigners)</li> <li>• Potentially impacted groups as identified by the equalities impact assessment</li> </ul>
<p><b>Inform</b></p> <p>Stakeholders who need to be aware of the programme, kept informed of the main developments and have an opportunity to respond</p>	<ul style="list-style-type: none"> <li>• OSCs in north east and central London, and bordering areas of Essex / Herts / London (inc. Westminster OSC)</li> <li>• Health and Wellbeing Boards</li> <li>• Local authorities across north east London, north central London and bordering areas of Essex / Herts / London</li> <li>• Directors of Adult Social Services (north and east London / Essex / Herts / Westminster)</li> <li>• MPs and AMs across north east London, north central London and bordering areas of Essex / Herts / London or with a special interest in cancer / cardiovascular services</li> <li>• Chairs of health select committees for cancer and cardiovascular</li> <li>• NTDA</li> <li>• Monitor / Co-operation and competition panel</li> <li>• The Patients Association</li> <li>• Professional bodies</li> <li>• Department of Health</li> <li>• NHS staff of partner organisations (including acute trusts), primary care, and public health staff</li> <li>• East of England Ambulance Service</li> <li>• Academic staff at UCL and QMUL</li> <li>• Local medical committees across north central and east London and West Essex</li> <li>• The public at large</li> <li>• Health opinion formers – Kings Fund and NHS Confederation</li> <li>• Trade unions</li> <li>• Media</li> </ul>



## 7. Channels

**Targeted communications** will be developed for our key audiences. This will include targeted letters to stakeholders and briefings to teams within the organisations involved. The interactivity of face-to-face communication is crucial to this process, and telephone and email should only be used in support of this.

**Established printed, digital and face-to-face channels within partner organisations.**

Communication leads at the organisations involved will support the communications with staff, using established internal channels including intranets, electronic bulletins, and management briefings. Public facing materials will be written in plain English and accessible versions available on request.

**External channels.** The established dedicated page on NHS England’s (London Region) website for the commissioner-led engagement would provide a central resource for information about the programmes, with links from CCG websites. We will also continue to utilise partner websites (UCLPartners and Trusts) and other established communication channels (such as GP newsletters).

**Meetings and discussion events.** The programme team will continue to attend meetings as requested by stakeholders. As part of the commissioner-led engagement, a specific discussion event will be held for the prostate cancer proposals in outer north east London and a series of advisory group workshops will be organised around the planning for implementation work looking at travel, whole pathway integration and service impacts.

## 8. Timings and key milestones for communications and engagement

High-level project milestones and associated communications and engagement activities are outlined below. The timings are indicative only and dependent on appropriate approvals. A detailed action plan to support these activities is outlined in Appendix 1, which is a working document and will be modified throughout the programme lifecycle.

<p><b>Phase one engagement report</b></p> <p><b>12 March</b></p>	<ul style="list-style-type: none"> <li>• Continue discussions with CCGs around next steps and decision-making.</li> <li>• Discuss programme and planned engagement activities with:             <ul style="list-style-type: none"> <li>○ CCGs</li> <li>○ Local Healthwatch groups</li> <li>○ JHOSC Chairs and officers</li> <li>○ Patient advisory groups (Cancer Participation Group and The Heart Hospital Patient and Carers Group)</li> </ul> </li> <li>• Review stakeholder mapping and database.</li> <li>• Review initial findings of initial equality screening and travel analysis and develop key messages.</li> <li>• Maintain the log of communications and engagement activities and feedback that will provide a single source of information.</li> <li>• Publish engagement report on NHS England’s website.</li> <li>• Communicate the publication of the engagement report with stakeholders (including all those who responded to the phase one engagement) with a cover letter outlining next steps and reiterating the standing offer to attend meetings.</li> </ul>
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<p><b>Preparation for phase two engagement</b></p> <p><b>March - April</b></p>	<ul style="list-style-type: none"> <li>• Continue discussions with CCGs and JHOSCs</li> <li>• Continue to attend meetings, as requested.</li> <li>• Develop draft public-facing leaflet summarising commissioners' preferred recommendations, including testing (draft word document to be considered by patient groups and the Programme Board). Associated activities e.g. design to move forward following.</li> <li>• Develop 'How your comments have informed our plans' crib sheet / fact sheet.</li> <li>• Prepare stakeholder communications to support launch of phase two engagement (website text, stakeholder letters, core slide pack, FAQs and key messages).</li> <li>• Plan prostate cancer discussion event in outer north east London around the outcomes of the London Clinical Senate review and issue dates for diary</li> <li>• Plan stakeholder advisory workshops (travel, system integration and service impact) and issue dates for diary.</li> </ul>
<p><b>Phase two engagement</b></p> <p><b>23 May (five week period)</b></p>	<ul style="list-style-type: none"> <li>• Launch five week commissioner-led phase two engagement period             <ul style="list-style-type: none"> <li>○ Publish public-facing summary leaflet on website</li> <li>○ Online survey to gather feedback on commissioners' preferred options</li> <li>○ Issue stakeholder letters and copy of the leaflet; invite meeting / feedback</li> <li>○ Issue internal comms across all trusts</li> </ul> </li> <li>• Attendance at meetings with staff and patient support groups, as requested</li> <li>• Continue to support internal communications, led by trusts</li> <li>• Hold prostate discussion event and stakeholder advisory workshops.</li> <li>• Targeted communications to groups identified in the initial equalities assessment</li> </ul>
<p><b>Post-engagement</b></p>	<ul style="list-style-type: none"> <li>• Analyse feedback and develop engagement report to be fed into the phase two business case for final decision-making by the Commissioner Programme Board.</li> <li>• Ongoing discussions with scrutiny committees</li> <li>• Attend meetings, as requested</li> </ul>

## 9. Key messages

Key messages have been developed to communicate the case for change and clinical recommendations. Draft messages for phase two engagement are as follows; further messages will be developed following the outcomes of the London Clinical Senate review:

- We want to create world class services for cancer and heart disease and improve outcomes for patients through the latest treatments, research and medical innovation that people in London deserve – both now and in the future.
- If we were to improve local survival rates for heart disease and all cancers in line with the rate for England, over 1,000 lives could be saved each year
- A 2010 pan-London review found that we need to concentrate specialised services in fewer, larger centres in order to deliver world class standards of care and address fragmentation of services.
- Under the proposals, St Bartholomew's Hospital would become the centre for specialist treatment of heart disease, and University College Hospital, working within a virtual system of hospitals including The Royal London, St Bartholomew's, The Royal Free and Queen's in Romford, would become a centre for the specialist treatment of cancer.

- These centres would act as hubs in a new connected system of care including local hospitals, primary and community care services that would provide consistently excellent services and deliver most care close to patients' homes.
- The proposals build on the UK strategy to bring equity and excellence to specialised services, and the London-wide reviews in 2010 which found that Londoners with cancer and heart disease had poorer outcomes and experience than those treated elsewhere in the country.
- Clinical recommendations for cancer and cardiovascular have been independently reviewed by the London Clinical Senate. They have concluded that the process through which NHS England (London) has developed commissioning recommendations was, overall, a robust one.
- Specialist centres would work with local hospitals and GPs to improve the whole patient pathway. Most care would continue to be provided locally.
- If approved, these new arrangements would be delivered progressively from December 2014. This would ensure patients needing complex procedures have access to highly-trained senior consultants and diagnostic facilities, 24 hours day.
- We have listened to feedback from patients, the public, staff and other stakeholders and changed our plans where appropriate.

Further messages will be developed for key audiences and messages around specific pathways will also be included in all communications, as appropriate.

## 10. Roles and responsibilities

### ***NHS England and clinical commissioning groups***

NHS England, as the lead commissioner for specialised services, and CCGs will lead the commissioner-led engagement process. A Commissioner Programme Board, made up for NHS England (with delegated responsibility given to the London Region) and relevant CCGs, will be the decision-making authority on the proposals for specialised cancer and cardiovascular services.

NHS England has written to those CCGs who commission some services which would be impacted by the proposal requesting a formal response on how they wish to be involved in the decision-making process. CCGs can choose to 'meet in common' with or delegate responsibility to NHS England (London Region). Formal responses from CCGs have all been received and indicate their respective positions. The following CCGs have indicated they would like a decision making role; Enfield, Camden, Haringey, Islington and City and Hackney. Barnet CCG confirmed they are delegating their decision to NHS England as commissioner for specialised services.

### ***UCLPartners***

UCLPartners supports NHS provider organisations in the region, and will coordinate provider input to the commissioner-led engagement.

### ***Provider trusts***

Provider trusts will support the dissemination of materials internally and ensure that staff and other internal groups have an opportunity to attend a NHS England / CCG led engagement activities and have answers to questions, using the centrally agreed key messages.

## 11. Risks

Some stakeholders have petitioned for a formal consultation and have a level of expectation that consultation will occur. This is particularly sensitive for the prostate cancer pathway.

*Mitigation:* Key messages around the outcomes of the London Clinical Senate review will ensure that we are communicating a robust clinical case for change. A prostate discussion event will also be held to allow these stakeholders a platform to discuss the outcomes of the review with clinicians.

Barts Health is currently in a period of **financial turnaround**. There may be concerns that proposed changes are being driven for financial reasons rather than clinical reasons.

*Mitigation:* Key messages around the case for change will ensure that we are communicating a clear, robust clinical case for change.

## 12. Evaluation

Engagement will be assessed based on the:

- quality of feedback received in supporting the development of the right solutions
- completion of engagement activities according to the plan/specified timescales
- ability to move forward to implement proposals.

A weekly communications workstream report will be updated as part of the wider programme team papers showing work in progress.

## Appendix 1 – Communications and engagement action plan

Regular activity to include: reviewing and updating communications plan and materials (Q&As, key messages), updating feedback and activities logs with input from all providers meeting with the communications leads, overseeing media and social media coverage, providing a communications ‘round-up’ on outputs of the various workstreams.

Audience type	Stakeholder group	Activity	Responsibility
Involve and engage	CCGs	<ul style="list-style-type: none"> <li>Attend meeting of board or executive to discuss and attain views on decision-making, as requested</li> <li>Letter with update on programme and engagement report</li> <li>Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred recommendations and public leaflet</li> <li>Attend meeting of board or executive to update on programme and attain views on the initial business case, as requested</li> </ul>	NHS England and UCLP
Involve and engage	JHOSCs	<ul style="list-style-type: none"> <li>Share high level communications and engagement plan</li> <li>Letter with update on programme and engagement report</li> <li>Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred recommendations and public leaflet</li> <li>Attend meetings with JHOSCs or link in with pre-arranged updates from trusts</li> </ul>	NHS England and UCLP
Inform	OSCs and local authority DASS	<ul style="list-style-type: none"> <li>Letter with update on programme and engagement report</li> <li>Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred recommendations and public leaflet</li> </ul>	NHS England and UCLP
Inform	Health and Wellbeing Boards	<ul style="list-style-type: none"> <li>Letter with update on programme and engagement report</li> <li>Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred recommendations and public leaflet</li> </ul>	NHS England and UCLP
Involve and engage	Cancer Partnership Group	<ul style="list-style-type: none"> <li>Letter with update on programme and engagement report</li> <li>Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred recommendations and public leaflet</li> <li>Presentations on commissioners preferred recommendations, as requested</li> </ul>	NHS England and UCLP
Involve and engage	The Heart Hospital Patient and Carers Group	<ul style="list-style-type: none"> <li>Letter with update on programme and engagement report</li> <li>Share draft communications and engagement plan</li> <li>Invitation to stakeholder advisory workshops</li> <li>Letter with commissioners’ preferred options and public consultation</li> </ul>	NHS England and UCLP

Audience type	Stakeholder group	Activity	Responsibility
		<ul style="list-style-type: none"> <li>• Presentations on commissioners preferred options , as requested</li> </ul>	
Involve and engage	Healthwatch (local)	<ul style="list-style-type: none"> <li>• Letter with update on programme and engagement report</li> <li>• Share high level communications and engagement plan</li> <li>• Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Offer to meet with Healthwatch groups</li> </ul>	NHS England and UCLP
Involve and engage	Patient groups (including support groups, national and local reference groups)	<ul style="list-style-type: none"> <li>• Letter with update on programme and engagement report</li> <li>• Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Offer to attend meetings with patient groups</li> </ul>	NHS England and UCLP
Involve and engage	Staff	<ul style="list-style-type: none"> <li>• Intranet article with update on programme and engagement report</li> <li>• Intranet article with commissioners' preferred options and public consultation document</li> <li>• Ensure regular, ongoing communications about proposals are provided through regular trust communication channels</li> <li>• Meet with unions , as requested</li> </ul>	UCLP to co-ordinate and support  Trust comms to lead
Involve and engage	Other clinicians (including London members of national clinical reference group)	<ul style="list-style-type: none"> <li>• Letter with update on programme and engagement report</li> <li>• Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Offer opportunity to meet</li> </ul>	NHS England and UCLP
Involve and engage	Service users	<ul style="list-style-type: none"> <li>• Letter to trust and CCG comms leads to disseminate information via local networks</li> <li>• Provide hard copies of summary leaflet for display at hospital sites</li> <li>• Provide hard copies of summary leaflet to GPs for display at local practices</li> </ul>	UCLP to co-ordinate and support  Trust and CCG comms to lead
Inform	MPs	<ul style="list-style-type: none"> <li>• Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Offer opportunity to meet</li> </ul>	All. NHS England and UCLP to co-ordinate, trusts to send comms to those they have relationships with
Inform	Chairs of health select committee	<ul style="list-style-type: none"> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Offer opportunity to meet</li> </ul>	NHS England and UCLP
Involve and engage	Cancer and cardiovascular charities	<ul style="list-style-type: none"> <li>• Letter with update on programme and engagement report</li> <li>• Invitation to prostate discussion event and stakeholder advisory workshops</li> <li>• Letter with commissioners' preferred options and public consultation document</li> </ul>	NHS England and UCLP

Audience type	Stakeholder group	Activity	Responsibility
Inform	NTDA	<ul style="list-style-type: none"> <li>• Offer opportunity to meet</li> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Engagement via programme executive team</li> </ul>	NHS England
Inform	Monitor / CCP	<ul style="list-style-type: none"> <li>• Letter with commissioners' preferred options and public consultation document</li> <li>• Engagement via Senior Responsible Officer</li> </ul>	NHS England and UCLP
Inform	Media	<ul style="list-style-type: none"> <li>• Provide press release around commissioners' preferred options and next phase of engagement</li> <li>• Contact local non-English media outlets regarding event details of stakeholder advisory workshops</li> </ul>	NHS England and UCLP

## Appendix 2 – Patient and community groups

### Cancer patient groups and charities

- Asian Cancer Support Group - North London
- BME Cancer Voice
- Cancer Black Care
- Cancer Equality (cancer support service for the black and minority ethnic community)
- Cancerlink
- Cancer Partnership Group
- Cancer Recovery Foundation
- Cancer Research UK
- Barnet and District Cancerlink
- CAST – Cancer Advisory Service Team (BHRUT)
- Cherry Lodge Cancer Information and Resource Centre
- Chetona - Bengali Cancer Support Group
- CYANA (Cancer You Are Not Alone) – Newham
- Enfield Macmillan Support Team
- Essex Cancer Network
- Health and Cancer Information Support Centre - Homerton
- Helen Rollason Cancer Charity
- Hertfordshire Cancer Support Group
- Hertfordshire Cancer Support Group for Women
- Herts Against Cancer
- London Cancer Support Centre
- Macmillan Cancer Support
- Macmillan Cancer Support (Hertfordshire)
- Macmillan Cancer Information & Support Centre – Newham, Romford, Royal Free, UCLH
- Maggie's cancer centre
- Marie Curie Cancer Care
- National Cancer Intelligence Network
- National Cancer Alliance
- NELCN Clinically Effective Pathway Board
- New Perspective on Living with cancer support
- North East London Cancer Help Centre – Ilford
- North Central London Cancer Network
- Pro Cancer Research Fund Patient Support Group
- Somerset Gardens Volunteers Cancer Support Group (Haringey)
- The Rarer Cancers Foundation
- West Essex Macmillan Cancer Support
- Whipps Cross Cancer Support Group



### **Urological cancer patient groups and charities**

- Action on Bladder Cancer
- APPLE (Association of Prostate Patients in London and Essex)
- Association for Prostate Awareness
- CADGERS (Patients diagnosed with cancer of the bladder, prostate, kidney, penis)
- East London Association of Prostate Cancer Awareness
- Greater London Prostate Cancer Support Group
- Hackney Prostate Cancer Support Group
- James Whale Fund for Kidney Cancer
- Kidney Cancer UK
- Men's Den Prostate Cancer support group
- Orchid Cancer Appeal
- P.H.A.S.E - Prostate Health Advice Support and Education
- Pelican Cancer Foundation
- Proactive Group
- Prostate Cancer Research Centre
- Prostate Cancer Support Association (PSA)
- Prostate Cancer UK
- Prostate Help Association
- Prostate Research Campaign UK
- PSA Prostate Cancer Support Association
- Redbridge Prostate Cancer Support
- The Prostate Cancer Charity
- The Urology Foundation
- UCAN (Urological CANcers)
- Urology Cancer Research and Education
- Urostomy Association

### **Upper GI cancers patient groups and charities**

- Oesophageal Patient Support Group – London
- Oesophageal Patient Support Group – Romford
- Oesophageal Patient Support Group – Watford & Mount Vernon
- Oesophageal Patient's Association
- Ochre Charity

### **Head and neck cancers patient groups and charities**

- Chelmsford Head and Neck Group Essex
- CHINS (Barking Havering and Redbridge)
- HANSG (Head and Neck Social Group)

- Mouth Cancer Foundation

### **Brain cancers patient groups and charities**

- Brain & CNS Support Group
- Brain and Spinal Injury Centre
- Brain and Spine Foundation
- Brain Tumour Action
- The Brain Tumour Charity
- The Brain Tumour Charity – Romford and Chelmsford Support Groups
- Brain Tumour Consortium
- Brain Tumour Support Group
- Brain Tumour UK
- Chelmsford Brain Tumour Support Group
- Hammer Out
- Low Grade Glioma Group
- Meningioma UK
- Meningioma UK - Enfield
- Meningioma UK - Romford
- Neurosupport
- Samantha Dickson Brain Tumour Trust
- Spinal Cord Tumour Association
- Spinal Cord Tumour Forum

### **Hematopoietic progenitor cell transplantation and treatment of acute leukaemia patient groups and charities**

- Anthony Nolan Trust
- Leukaemia & Lymphoma Research
- Leukaemia Cancer Society
- Leukaemia CARE
- South Essex Lymphoma Self Support Group

### **Cardiovascular patient groups, societies and charities**

- Barts Hearts
- Blood Pressure Association Wolfson Institute of Preventive Medicine
- British Association for Cardiac Rehabilitation (BACR)
- British Association for Nursing in Cardiovascular Care (BANCC)
- British Cardiovascular Society
- British Society for Heart Failure
- British Society of Cardiovascular Imaging

- Cardiac Heart Support Group - Chelmsford & District
- Circulation Foundation
- Essex Heartbeat
- Heart Rhythm UK
- Heart Throbs
- Hearts of Harlow Cardiac Support Group
- HERTBEATS Hertfordshire
- King of Hearts
- National Heart Forum
- Pumping Marvellous
- Take Heart Cardiac Support Group
- The British Cardiac Patients Association
- The British Heart Foundation (BHF)
- The Heart Hospital Patient and Carers Group
- UK Health Forum
- Bengali Tower Hamlets Heart Support Group London

### **Older people and carers**

- Advocacy Plus
- Age UK – all branches across affected boroughs
- Age Concern
- Barnet Carers Centre
- Barnet Older People's Assembly
- Bikur Cholim Ltd
- Bengali Workers Association
- City and Hackney Carers Centre
- City & Hackney Older People's Reference Group
- Camden Carers Service
- Carers of Barking and Dagenham
- Carers London
- Carers in Hertfordshire
- Care Newham
- Carers Network Westminster
- Carers Trust
- Crossroads Care Central and North London
- Crossroads Care Essex
- Crossroads Care Havering
- Crossroads Care Hertfordshire South
- Crossroads Care Lea Valley
- Crossroads Care Redbridge, Epping and Harlow
- Enfield Carers Centre

- Enfield Over 50s Forum
- Hampstead Community Centre
- Harrow Carers Centre
- Promoting Independence Group (Camden Council Housing and Adult Social Care Directorate)
- Redbridge Carers Support Service

**Locality patient groups**

- Epping Forest User Consultative Committee
- ONEL People's Platform
- Patient Experience Board (UCLH)

**Community and voluntary organisations**

- Alzheimer's Society
- African and Caribbean Disablement Association
- Awaaz - Community Voices
- Bengali Women's Health Project (BWHP)
- Jewish Care
- Hackney Chinese Community Services
- Haringey Association of Voluntary and Community Organisations
- Newham Voluntary Sector Consortium
- Tower Hamlets Council for Voluntary Service