



County Durham LINK Members response to the hyperacute stroke consultation

30 August 2011



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Introduction

In January 2009, County Durham LiNk and Darlington LiNk set up the Joint LiNk stroke working group to ensure the strategy for stroke services across County Durham and Darlington, particularly around community services was fully implemented.

This group has met several times to discuss the issues and monitor the progress of the strategy and has achieved the following:

- Submitted a report to NHS County Durham about the issues around stroke services across both areas, Durham and Darlington in February 2009.
- Sent a letter in September 2009 to NHS County Durham raising concerns that no further work had been completed in relation to community services since June 2009.
- Improved communication between the Joint working group and NHS County Durham by inviting them to attend regular meetings.

After a review in April 2010, it was agreed that the group should continue to monitor the changes to acute services through Seizing the Future, as they were aware of the issues being faced by operating hyperacute services at two sites.

Earlier this year NHS County Durham and Darlington contacted both LiNks separately about the forthcoming hyperacute stroke consultation. A meeting was arranged between the Joint LiNk stroke working group, Jill Simpson, Involvement, Scrutiny & Liaison Manager, Rachel Emery, Stroke Commissioner and Nicola Hepple and Gill Irving, Involvement Officers for NHS County Durham. Several aspects of the consultation document and process were looked at:

- Information and communication
- Consultation format
- Who and how: Target audiences and consultation mechanisms

The group made several recommendations to NHS County Durham and Darlington. Many of these recommendations were taken on board.

“We intend to embody your appeal to be both honest and bold by emphasising that:

- **people deserve better treatment,**
- **a single site will save lives and,**
- **speedy access to services is crucial**

We will be working closely with an external company to generate consultation materials and will therefore give a commitment to ensuring that this focus on safety and patients best interests remains throughout.” Summary of feedback and resulting action - County Durham Local Involvement Network and Darlington Local Involvement Network Joint Stroke Working Group - Proposed changes to hyper-acute stroke services - ‘Getting the consultation process right’ workshop: 13 April, 2011. (Appendix 1)

Raising LINK members awareness of the consultation

In addition to the publicity generated by NHS County Durham and Darlington, County Durham LINK used its website, bulletins and newsletter to raise both members and stakeholders awareness of the hyperacute stroke consultation, advertising the dates and times of the public meetings.

The consultation was advertised in the following publications:

Newsletter

- Issue 9, April 2011

Bulletins

- Update 30, 10 June 2011
- Update 32, 8 July 2011
- Update 34, 5 August 2011

Producing County Durham LINK's response

To enable County Durham LINK to produce a response to the hyperacute stroke consultation, which would reflect its members views, it was agreed that a survey should be produced.

This was done using SurveyMonkey and circulated to our members via email and a mailout with the following edition of our bulletin - Update 35, 19 August 2011.

A link to the survey was also posted on our website:
www.linkcountydurham.co.uk.

The survey not only contained questions that were asked within the consultation document itself, but asked questions about the consultation process, the information provided to members of the public and how easy it was to understand.

The results gathered from this survey have been used to produce this report.


County Durham and Darlington hyperacute stroke services consultation

NHS County Durham and Darlington, who plan and pay for health services locally are currently conducting a formal public consultation on the future of hyperacute stroke services from Monday 20 June to Sunday 11 September 2011.

While they feel that recent changes to local hospital services have helped to make significant improvements to stroke services, they recognise that more needs to be done to ensure all patients have the best possible treatment.

Services for stroke patients at the point that they are most seriously ill – known as hyperacute services - are currently provided from two hospitals in County Durham and Darlington; Darlington Memorial Hospital and the University Hospital of North Durham. The current information shows that patients may be best served if the service was centralised at a single hospital site ensuring that more patients have access to first-rate care, without having to travel outside of County Durham and Darlington.

If you would like to have your say, please complete our survey. The closing date for responses is Friday 26 August 2011 at 4.00 pm.



*1. Have you heard about the stroke consultation that is currently underway?

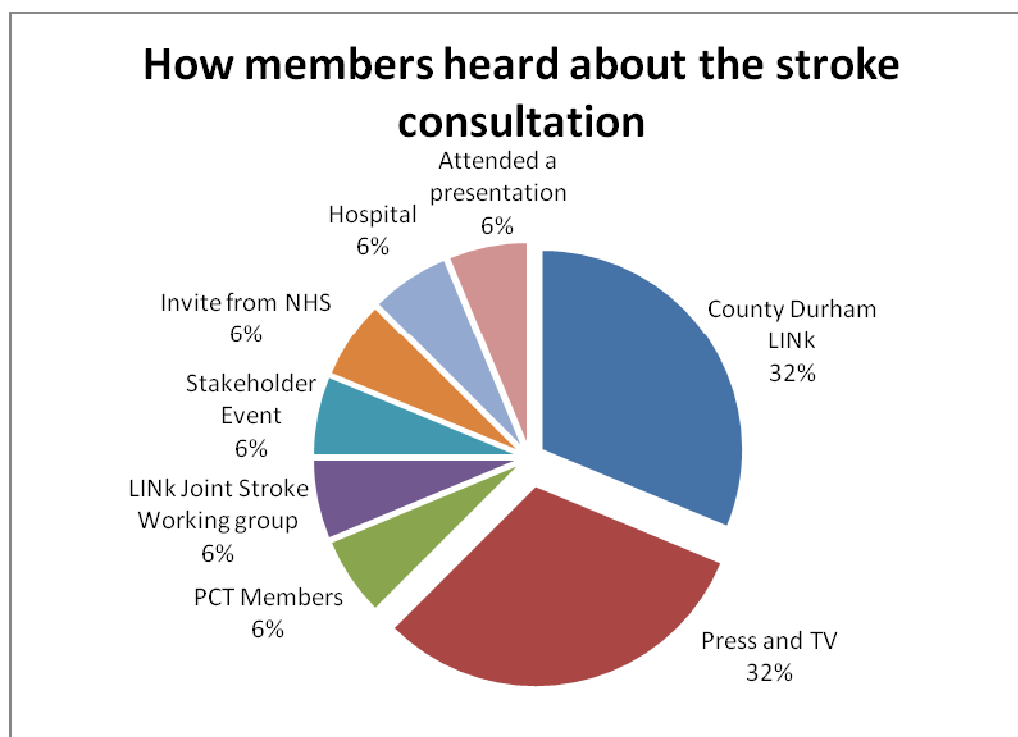
Yes No

Feedback on the consultation process

1. Awareness of the consultation

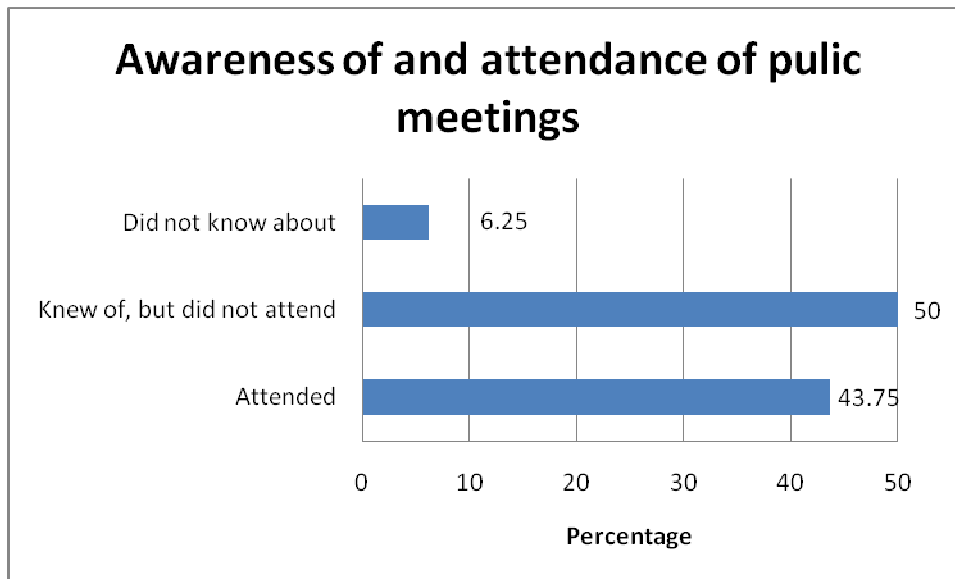
Of the LINK members that responded 93.8% had heard of the hyperacute stroke consultation. Most knew about the consultation either through the TV and Press coverage or from the LINK itself.

A full break down of how members heard about the consultation can be seen in the chart below.



2. Awareness and attendance of public meetings

Only a small percentage (6.25%) of our members stated they were unaware of the public meetings that were ongoing throughout the consultation period.



Those members that knew about the public meetings, but did not attend, gave the following reasons:

- Not convenient
- Family commitments
- Wrong times and dates
- Problems getting transport
- Health problems
- Distance / travelling
- Work commitments
- Member felt fully informed via the publicity and consultation information and did not need to attend a meeting.

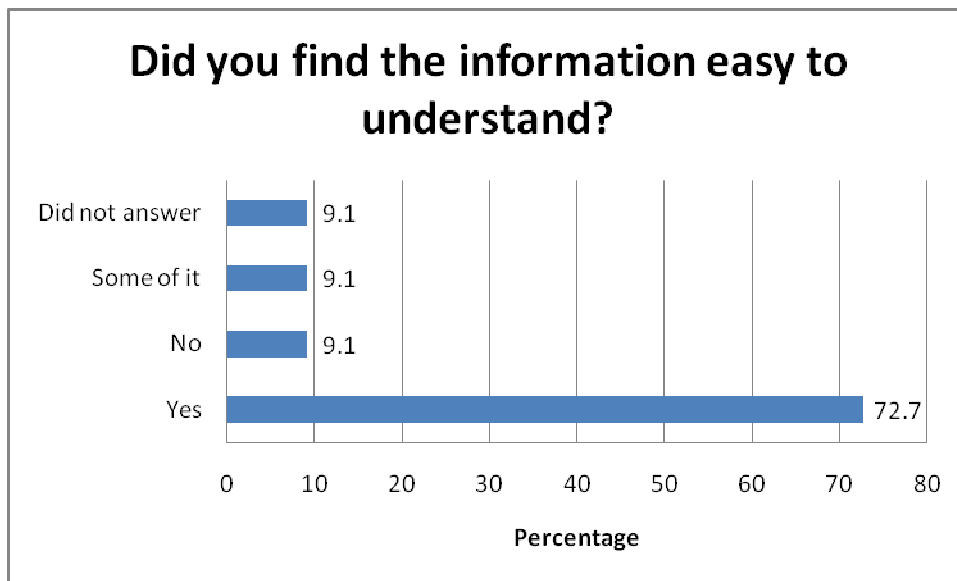
3. Consultation documents

Only 26.6% of the members who responded to our survey had sent in a personal response to the hyperacute stroke consultation.

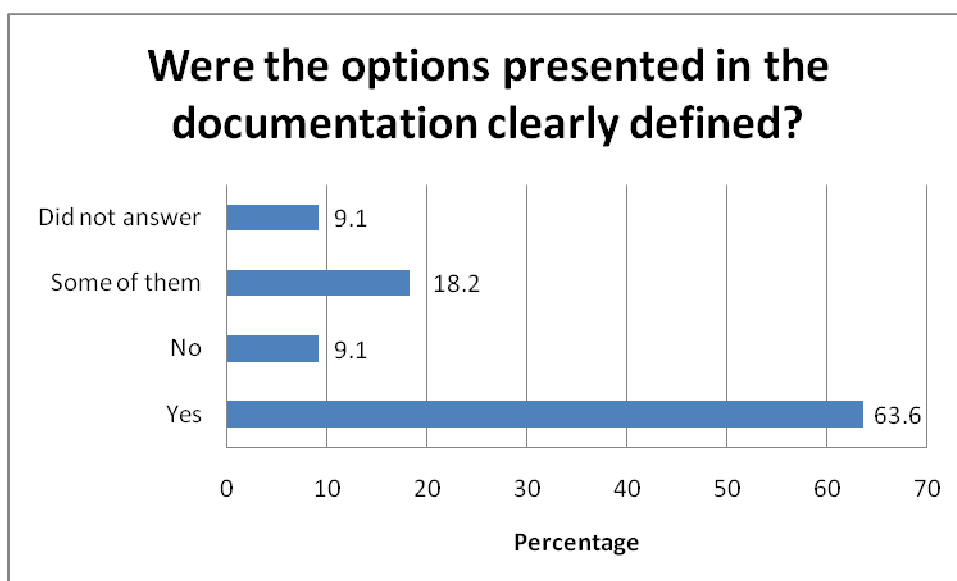
87.5% of the members who responded confirmed that they had had access to the relevant information and documents about the stroke consultation.

73.3% of those members had read the consultation document. Only one member gave a reason as to why they had not read the documentation. The reason given was; they had not yet had the time/opportunity to do so.

72.7% of those members that had read the documents said that the information was easy to understand.



63.6% felt that the options presented in the consultation document were clearly defined.



4. Members comments

- Myself and my partner attended a number of presentations and took part in focus groups with a number of community members, NHS staff, Doctors and Consultants.

The information was well presented and gave a clear indication of the reason for the change proposed.

- Every time this type of consultation takes place people fail to use the opportunities available for involvement, then when a decision is imminent they complain. They need to get involved to understand all the relevant facts.
- The information could only have been understood by a health economist. The question paper required that you agreed with what was on offer or do nothing.
- I think we need more consultation on the matter rather than a snap decision.
- Times usually clash with work commitments, although I do read all emails and correspondence sent to me.
- The whole picture is not really revealed in the consultation document with regards the travel issue. This remains an issue for many of the people. I have had a conversation with the consultant of the stroke unit who explained the travel time issue. Although some patients will travel a greater distance they will not have to wait in A&E, instead they will go straight to the hyperacute stroke unit. This in reality reduces the amount time when it takes to access treatment. This will mean no 4 hour wait in Accident and Emergency.
- The quality of stroke care in county Durham and Darlington has been under need of radical review for some time now. We have to take great cognisance of the advise given by clinicians. The arguments coming from Darlington about numbers of patients and

travel times include patients from north Yorkshire which can be a bit misleading.

- The provision reaching services by especially Teesdale needs to be more clear and there is a concern over how the weather will affect transport to services, particularly during the winter months and living in rural areas. Travelling times from upper dales must fit in with the appropriate recommended start of treatment for stroke patients. The Air Ambulance has been mentioned but the role has not been made clear and what provision is there at UHND for this and what happens when the service is not in operation.

Response to the consultation

1. The split-site model cannot continue

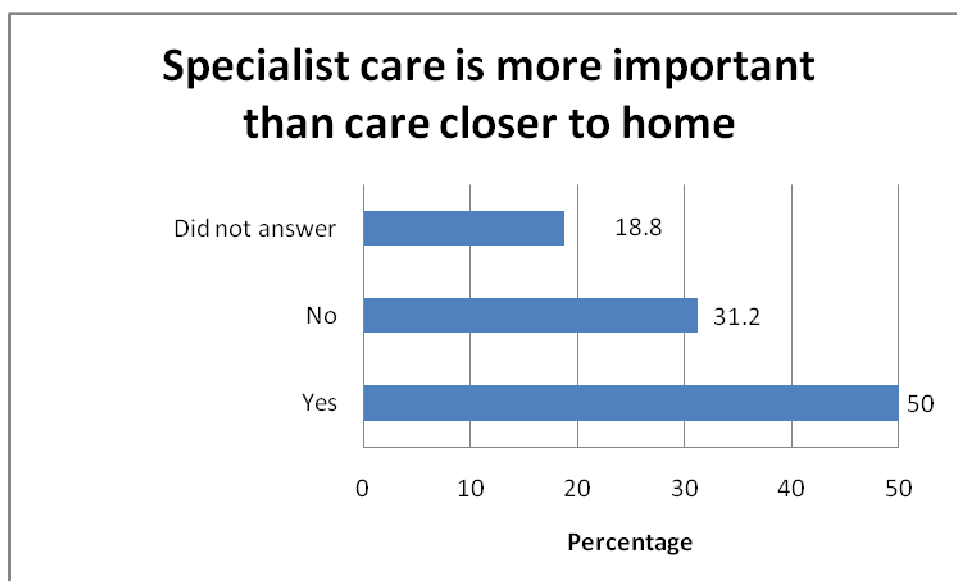
62.5% of the members that responded agreed that there was a need to change the present provision for hyperacute stroke services.

2. The single site is the best model

56.2% of the members that responded agreed that the service should be moved to one site. Providing areas further from the single site will have access to specialist treatment within the first crucial hour of the patient suffering a stroke.

3. Specialist care is more important than care closer to home

50% of the members felt that specialist care provided at a single location, if it was able to meet their needs, was more important than having care closer to home.



4. The preferred option (Durham) is the best option

56.3% agreed with this statement. One member noted that if one site is necessary steps need to be taken to ensure that it is fully staffed at all times to adequately cope with the obvious pressures on one specialist hospital.

5. Comments from members who disagreed with Q4.

- I don't believe that is the right way to go about the stroke unit. Lives are at risk and why should it be all at Durham University Hospital. I feel very strongly about this.
- My friend would have died if it was at one site.
- Patients need less travel time – less stress.
- Wife had a transient ischaemic attack (TIA) stroke this year; need to keep it local the sooner the treatment begins the better chance a patient has got.

6. Other comments made about this consultation

- I trust those with the decisions to make, to make the right decision and I wish them all the very best.
- I can appreciate the concerns of some who feel time is wasted on an ambulance trip, but I have great faith in the Paramedic and his ability to transport me to the best place possible, for the best treatment possible and if that is a single location so be it.
- Having attended a public meeting and listened to all the options, I now feel that one acute site is the way forward.
- I would like to see the best service delivered within easy access. People need to be educated that in the event of a stroke you need to call the emergency services (999) as some people seem to dial 111.

- Improving stroke care for the people of County Durham and Darlington is essential.

As announced recently on local television - The last stroke sentinel audit placed the standard of stroke provision for local people as being in the bottom 25% in the country as services are not achieving key quality standards. Doing nothing is therefore not an option.

Political interference and self interest must be put aside with any decisions made resulting in improved outcomes for patients in County Durham and Darlington.

It is not sustainable for the Trust to run two hyperacute units and so the proposed changes mean that hyperacute services will be delivered at one site, the preferred site being the University Hospital of North Durham.

Data taken from a specific time period shows that out of all patients taken to hospital with a suspected stroke, 925 people were taken to the University Hospital of North Durham and 683 to Darlington Memorial Hospital. This would indicate the greater need for the Unit to be placed in the Durham hospital.

What matters is that hyperacute services offer the best possible outcome for local people.

Clinicians support the preferred option of a single site based at the University Hospital of North Durham, where there is said to be a "greater capacity more readily available at the University Hospital of North Durham for the ultra sound, CT and MRI scanning to support swift access and diagnosis both in and out of hours."

An improved service offered would therefore benefit all stroke patients.

Assurances must be given that closing one unit would result in an improved service by ensuring:

- direct admission to the stroke unit
- immediate assessment by a specialist stroke consultant
- emergency access to diagnostic services - including access to diffusing scanning and results interpreted by a stroke specialist
- thrombolysis available 24/7 and given as far as possible within 3 hours of the onset of the stroke
- treatment and care given by staff skilled in stroke care
- ability to swallow tested within 24 hours
- be monitored 24/7 in a high dependency bed
- bed numbers increased to deal with increased demand on one site and beds ring fenced for stroke patients - especially the thrombolysis bed
- TIA services available 7 days a week - to ensure all patients with a suspected TIA will be seen within a 24 hour period
- ideal pathway of care for stroke patients achieved for the majority of stroke patients

Conclusion

The consultation period ran over a 12 week period from Monday 20 June to Sunday 11 September complying with HM Government Cabinet Office Code of Practice on Consultation.

There were originally 8 public meetings scheduled during this period, however after a request from a LINK member, an additional 4 meetings were held. This demonstrated the level of commitment that NHS County Durham and Darlington had to this consultation process and County Durham LINK recognises that it is impossible to find meeting times, dates and venues to suit everyone. Clearly there were other ways for members of the public to become involved and find out more about the consultation process besides attending a public meeting.

Information was available in both hard copy and electronic formats, either upon request or by accessing the website www.haveasay.org.uk. Information was also available in alternative formats and other languages.

Based on the results gathered from our members County Durham LINK acknowledges that the consultation and public meetings were well publicised. Most found the information and consultation documents were readily available and easy to understand with the options being clearly defined.

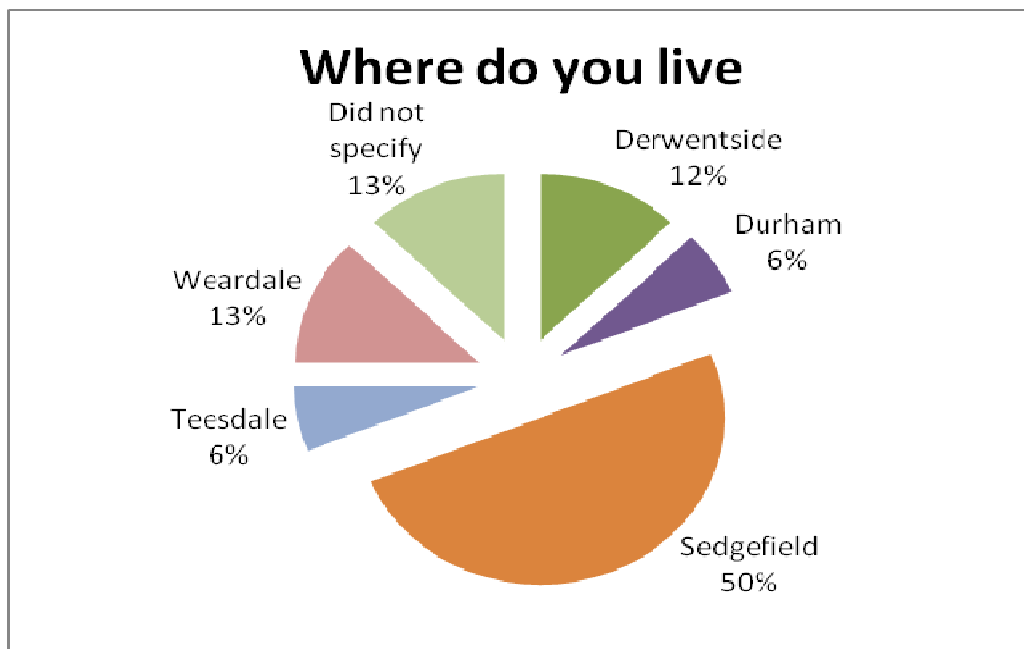
The majority of the members agreed that there was a need to change the current provision and that the single site model, based at University Hospital North Durham was the best option. However there were concerns and reservations.

Although there were some negative comments and feedback, on the whole most were positive / supportive of both the consultation process and the proposed change to the hyperacute stroke service.

Demographics

As part of our survey we asked the members who responded which area they lived in, to ascertain whether this had an impact on the answers given.

Surprisingly 69% of the respondents lived in areas considered to be most affected by the proposed change, Sedgefield, Teesdale and Weardale, despite this, the majority of the members that responded were in favour of the preferred option.



Appendix 1

County Durham Local Involvement Network and Darlington Local Involvement Network Joint Stroke Working Group

Proposed changes to hyper-acute stroke services

‘Getting the consultation process right’ workshop: 13 April, 2011

SUMMARY OF FEEDBACK AND RESULTING ACTION

What you told us:	What we have done or will do:
INFORMATION AND COMMUNICATIONS	
<p>INFORMATION:</p> <p>You told us that information should be consistent, evidence-based and up-to-date. You want it made available sufficiently in advance of consultation events so that people have time to digest it and are able to participate fully.</p> <p>You said that you would like to see some means of addressing rumours that emerge during the consultation process so that people are able to form views on the most accurate information available.</p>	<p>We agree that consistency should be a primary aim for the consultation process both in terms of information and format. As such, we have incorporated consistency into the quality standards for the consultation process. The quality standards now include the following:</p> <ul style="list-style-type: none">- An open, transparent, consistent and evidenced consultation process which standards up to external scrutiny- The provision of adequate, up-to-date, honest, consistent and timely information to ensure informed participation in the consultation process <p>We have also included this as a primary objective in the tender document for the</p>

	<p>process. Furthermore, we have given a commitment to producing question and answer briefings for key spokespeople involved in the process to ensure consistent information is given.</p> <p>We have incorporated into the consultation and communications plan a requirement for consultation documentation to demonstrate a clear evidence-base for the preferred option.</p> <p>We agree that it is important to address inaccurate information as and when it emerges. We hope that the wide distribution of consistent consultation documentation will minimise the risk of rumours developing, however, we know we cannot be complacent. We will therefore develop and nurture relationships with key influencers such as the media, politicians, clinicians, local involvement networks and others to ensure a two-way route exists to both raise and/or address queries and concerns before they escalate. We will also include opportunities for members of the public to ask questions at public events and meetings.</p>
<p>KEY MESSAGES:</p> <p>You told us that communication should be patient-focused and that we needed to reinforce the fact the proposed changes were being suggested with patients' best interests at the heart.</p> <p>You felt strongly that messages should be both honest and bold; that consultation information needed to clearly state the safety concerns about the current stroke</p>	<p>We have reviewed the high-level key messages contained in the draft consultation and communication plan and are happy that they reflect the patient-focus and safety aspect that you were quite rightly keen to see. We intend to embody your appeal to be both honest and bold by emphasising that:</p> <ul style="list-style-type: none"> - people deserve better treatment, - a single site will save lives and, - speedy access to services is crucial <p>We will be working closely with an external</p>

<p>hyper-acute service provision.</p> <p>You advised us that the term ‘consultation’ has negative connotations for many and communication should ideally avoid this word or, at a minimum, try to convince local people that this consultation is genuine in its aims to listen to local views.</p>	<p>company to generate consultation materials and will therefore give a commitment to ensuring that this focus on safety and patients best interests remains throughout.</p> <p>We have considered the use of the word ‘consultation’, however, due to the fact the formal consultation is a statutory requirement, combined with the serious nature of the proposals, we feel we have no alternative but to continue to use it. That said, we will challenge the external company to ensure that all other public information supporting the consultation is as user-friendly as possible.</p>
<p>STYLE & FORMAT:</p> <p>You want to see simple, understandable language used in any consultation information. You want it to avoid terms such as ‘sustainable’ which can have multiple meanings and you want it to be jargon free. You want to ensure that information is available in different formats including easy-to-read versions and versions for people with sight impairments.</p>	<p>We had already been clear in the consultation quality standards that methods of consultation should be ‘audience-appropriate’, however, and have committed to producing a summary/leaflet version of the consultation document and to making copies available in Braille, audio, large print and the top five non-English languages spoken locally on request.</p> <p>We agree that information should be as understandable as possible and will be working closely with the external company to find alternatives to any terms which may be construed as ‘jargon’. We will also road test any draft documentation with a readers’ panel to ensure it is fit for purpose.</p>
<p>PUBLICITY AND AWARENESS-RAISING:</p> <p>You liked the idea of roadshows to obtain the views of people who would not traditionally attend meetings and events and who were also less likely to ‘have an agenda’. You suggested using local radio, television and the local press to promote</p>	<p>The consultation will be advertised primarily through print media. We will monitor the impact of this on participation numbers throughout the consultation and should we feel further promotion is needed, we will employ publicity through broadcast media also.</p>

<p>the consultation.</p> <p>You asked us to consider utilising GPs, social workers and other professions to raise awareness of the consultation and you suggested that we outsource the publicity of the consultation in order to get the best possible results.</p>	<p>Roadshows will take place in major supermarkets and hospital thoroughfares. The management of the consultation process is being put out to tender and an external company will be appointed to ensure sufficient capacity and expertise is obtained. As part of this agreement, the external company will be tasked to develop public promotional material and consultation information.</p> <p>Professional such as GPs and social care colleagues will be made aware of the consultation through our emerging local GP commissioning consortia and links with partner organisations.</p>
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CONSULTATION FORMAT

<p>SINCERE CONSULTATION</p> <p>You told us that the consultation should be sincere and genuine with no feeling of being 'led' or the process being 'managed'. You challenged us on the proposals to consult on a preferred option and felt strongly that local people should be able to consider the suggestions that had been discounted and be able to suggest their own alternatives.</p> <p>You said you want to see a consistent and transparent process which is devoid of political dominance and demonstrates genuine listening to local views. You suggested a 'two-stage' process which enabled people to receive further information at an interim stage of the consultation, particularly to publicly discount any suggested service</p>	<p>We would wholeheartedly agree with your aims of an open and genuine consultation process and have adapted the quality standards to reflect this. The standards include:</p> <ul style="list-style-type: none"> - An objective, sincere and rigorous formal consultation which complies with all relevant legislation, policy and good practice <p>We take on board your challenge about the scope of the consultation and your concerns that asking peoples views about a preferred option may compromise the process's sincerity. Having carefully considered this, we feel we have no option but to be honest about the preferred option, as you are also keen for us to be. We are hopeful that by being up front about the clinicians' preferences in this way, that we can demonstrate that there is</p>
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alternatives, share progress and distribute any updated information.

You expressed concerns about the impact on the consultation process of the population imbalance between County Durham and Darlington. You told us the process should take the population weightings into account in order for it to be fair and that it should avoid turning the consultation into a 'vote', a 'numbers game'.

no 'hidden agenda' as we are being open about our ideal aims.

That said, your feedback has highlighted the need for the public consultation document to feature a summary of the other options considered, particularly those rated closely to the preferred option in the options appraisal scoring process. We will give a commitment to include this information in the public documentation, together with details of why those options were discounted. Furthermore, we will include an open question as part of the consultation process which will allow people to suggest their alternatives to the preferred option, either from those options discounted or new suggestions altogether.

We will strive to embody your requests for consistency in both information and format of the consultation, as has been highlighted above. This has been reflected in the consultation quality standards to ensure we do not lose sight of this as an objective. We will ensure that events follow a consistent format and are objectively chaired to avoid dominance of any party. While anyone is able to participate in the consultation process views/feedback, we will ensure that some views are not weighted over others. The quality standards have been amended to reflect the need for:

- Genuine and equal consideration given to all feedback, including views and/or suggestions on alternatives to preferred option

The procurement of an external company's services will also ensure that views are presented to us in an anonymous manner, ensuring true impartiality and objectivity in the decision-making process.

	<p>Regular reviews will be scheduled into the process, in line with your suggestions of a mid-point review. It is hoped that this will help to ensure the consultation is as effective as it can be and to ensure that it is adaptable to any key local issues. We would not be in a position to share views or feedback at a mid-point review, however, as this may compromise the objectivity of the process and allow people to attempt to 'skew' the outcome. We will share this detail on conclusion of the consultation as part of ongoing communication around next steps. The regular reviews, particularly a mid-point review, will, however, enable us to take stock, to review the consultation against the quality standards and to reflect and respond to any emerging issues relating to the process such as information needs, awareness-raising challenges or excluded groups.</p> <p>The issue you raised around population numbers is extremely valid. Numbers will inevitably play a part in any service redesign due to the need to ensure as many people as possible have access to the highest quality services. However, we must give a commitment to ensuring that the consultation process is designed in such a way that responses are not exclusively analysed numerically. We hope that by asking a range of questions as part of the consultation as oppose to a simple yes/no question will enable more comprehensive feedback to be obtained. Questions to seek people's views on the single site proposal, preferences around specialist care versus care closer to home as well as views on the proposed single site location will be asked. We are hopeful that the inclusion of an open question asking people of any alternative</p>
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	<p>preferences to the proposals, will also help to achieve qualitative and quantitative feedback. We can give assurances that analysis of feedback will look at themes arising from the consultation which will be equally considered alongside numerical responses. We will continue to work with the external company throughout the development of the consultation process to explore any further means of overcoming this issue.</p>
<p>PUBLIC MEETINGS & OTHER CONSULTATION METHODS:</p> <p>You told us that public meetings as a means of consulting local people were outdated but advised us that where these were necessary, a range of days, venues and times should be selected with venues accessible to local people. You said that clinicians were the most credible people to ‘front’ such a consultation and stressed the importance of body language and communication skills in conveying the honest, positive, believable image that you is essential to conveying the sincerity of the consultation.</p> <p>Furthermore, you shared some excellent suggestions for other consultation mechanisms, including using social networking sites.</p>	<p>We accept your feedback about public meetings potentially being an out-dated form of seeking local people’s views. Having looked at best practice elsewhere, they do, however, remain a standard feature in any formal consultation. We agree that it is important to use a range of different methods to obtain local people’s views. Public meetings will therefore remain in the stroke hyper-acute consultation but as one option on a menu of different ways in which people can take part. This menu already includes a dedicated website and e-consultation opportunities, however, we have now adapted the consultation plan and associated tender documentation to include ‘the development of appropriate social networking mechanisms as required’, in line with your suggestions.</p> <p>Furthermore, by working closely with the external company tasked with running the consultation, we will make targeted approaches to key local organisations and offer dedicated focus group-style consultation sessions. This will hopefully maximise input from interested parties while also ensure professionals’ time is used effectively.</p>

	<p>Your feedback as to who would be best to 'front' consultation events was very much welcomed. Due to the volume of input required, we expect that we will need to draw upon the services of both clinicians and managers to undertake such duties, as we must balance consultation needs with those of continued clinical service provision. The latter will clearly always remain a priority. We will, however, attempt to have a clinician or clinicians present at each public meeting to present the clinicians' case and to answer questions. In addition, full briefings, advice and support will be given to all staff involved to ensure they are confident and competent in taking part in the consultation. Given the significant of this to ensuring an objective and inclusive consultation, we have included the following in the consultation quality standards:</p> <ul style="list-style-type: none"> - Skilled and informed staff to support the consultation process to ensure objectivity and impartiality throughout
<p>FEEDBACK:</p> <p>You told us that feedback to participants at the end of the consultation process was vital. You want this to be full and honest and not 'cherry-picked'. You want evidence that all views have been analysed and considered and you want to see a clear link between people's views and the end result. While you highlighted that consultation wasn't about giving people what they want, you told us that feedback should demonstrate how people's views have influenced the final decision and where suggestions have not been pursued, the reasons why should be clearly given.</p>	<p>We can assure you that <i>all</i> views will be analysed and considered. The use of an external company to manage the consultation will assist in making sure that responses are presented to the decision-makers in an anonymous and unbiased manner.</p> <p>All public meetings will be recorded and transcripts made publicly available, as will a breakdown of the consultation responses and themes at the end of the consultation.</p> <p>We share your views about how crucial it is to feedback to participants at the end of the consultation process and take on board</p>

	<p>your comments about demonstrating a clear link between peoples' views and the end outcome. As such, we have added to the consultation quality standards to include:</p> <ul style="list-style-type: none"> - feedback given to consultation participants on next steps and outcomes in a timely manner following conclusion of formal consultation period, with a clear demonstrable link to the impact and influence of participants' views <p>To assist with the need for absolute transparency, any final decision on the proposal will be made at an extraordinary joint County Durham and Darlington Board Meeting and therefore will be made in public.</p>
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WHO & HOW: TARGET AUDIENCES & CONSULTATION MECHANISMS

<p>You said that everybody needed to be given the opportunity to take part in the consultation, particularly as a stroke can affect the young and old alike. You shared some excellent suggestions for who we should make aware of the consultation, from Area Action Partnerships and council for voluntary services such as Evolution to organisations such as the Rotary Club, Salvation Army and soroptomists.</p> <p>You were keen to ensure that carers and faith groups had equal opportunity to take part in the consultation. You advised us to have a more targeted approach with so-called minority groups who may not traditionally come to meetings and events and recommended that we 'take the consultation to them'. You also asked us to consider funding carer/childcare costs to assist with participation.</p>	<p>We very much appreciate the long list of local groups and organisations that you identified as target audiences. We will include all of these into a stakeholder grid which will help us to ensure as many people as possible are made aware of the consultation.</p> <p>We were particularly interested in your views on how best we can consult with those sectors of the local community who may be construed as 'hard to reach' or 'seldom heard'. As a result, we will give a commitment to offering targeted meetings/focus group-style sessions to minority groups who may not be comfortable attending public meetings. While funding in the current climate sadly will not extend travel or caring responsibilities, we are fully prepared to hold meetings at times and venues that are</p>
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<p>You also encouraged us to recognise working people as a potentially 'hard to reach' group and shared some useful ideas for ensuring major factories and businesses were made aware of the consultation and able to take part through breakfast meetings etc.</p>	<p>tailored around the needs of carers and parents, while also making other means of participating available i.e. that do not require physical attendance.</p> <p>As a result of you highlighting potential barriers to the participation of working people in the consultation, we have specifically identified working people as a potentially 'hard to reach' group in our consultation plan. As such, we will ensure that major local businesses are made aware of the consultation as well as working with the external company and local business and industry leaders to learn more about potential interest in and opportunities for consultation.</p>
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