

GM Specialised Cardiac and Arterial Vascular Surgery

Consultation Communications and Engagement Plan

May 2026

Greater Manchester Specialised Cardiac and Arterial Vascular Surgery Consultations - Communications and Engagement Plan

Version control

| Date | Version | Updates from | Reason for change |
|------------|---------|---------------------------|-------------------------------|
| 22/01/2025 | 0.1 | Alexia Mitton | Engagement sections completed |
| 23/02/2026 | 0.2 | Celeste Bain | Updated |
| 16/03/2026 | 0.3 | Mark Drury | Review |
| 19/03/2026 | 0.4 | Louise Sinnott | Amends |
| 13/04/2026 | 0.5 | Rick Whitehead | Further amends |
| 21/05/2026 | 0.6 | Rick Whitehead, Mel Atack | Further amends |

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Introduction

This plan outlines the overarching communications and engagement approach to support the consultations on the proposed changes to Cardiac and Vascular Specialised surgery in Greater Manchester.

It steers us through from public engagement to potential public consultation, the communication of decisions and information to support people at the end of the process.

Engagement is necessary to involve the community in the decision, understand the potential impact and to ensure we meet our statutory duties. Communication is vital to ensure transparency, build trust, engage stakeholders, and effectively manage the change process.

It is essential that people who are or maybe impacted in the future are involved and kept informed as we progress through each stage.

The purpose is twofold. Firstly, the work will enable patients, communities and local organisations to have their say on the proposed changes to the cardiac and vascular specialised services and to be informed on the progress of the work. Secondly, it will ensure that decisions on the future of these services are able to take into account the views, experiences and preferences of local people, including service users.

Work will include opportunities to share their views, provide information to influence the outcome, and raise any concerns or alternative proposals. It will have a particular focus on the communities most affected, those who experience health inequalities and those who live in specific geographical areas of Greater Manchester which could experience the change of location.

Background and context

Specialised services support people with a range of rare and complex conditions. They are not available in every local hospital because they must be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience.

This consultation is looking at two specialised services and how patients access them in Greater Manchester. These services are specialised cardiac surgical care and specialised arterial vascular surgical care.

These services are being reviewed because:

- In recent years there have been changes in the number of people who need these services and what they require from the service; with more complex and urgent cases and the services needing to be updated to meet these new needs.
- There are currently differences in how the services are delivered at different hospital sites which means patients are not all receiving the same experiences.
- The current services, whilst comprehensive, don't fully meet the national service specifications and clinical standards.
- Like in many specialised services, there are difficulties in recruiting and retaining staff who work in these specialisms.

Although the overall number of patients directly affected is relatively small and the effect of the proposed change on each individual is arguably too, in terms of the overall treatment and recovery journey, we have taken the view that formal consultation is required, primarily because of:

- The change of locations proposed
- Legitimate expectations of stakeholders, and
- To ensure all perspectives are heard in a thorough and evidenced manner.

The consultation process will involve the community in the decisions to be made, ensuring they are made in a way that takes full account of the experiences, views and preferences of the public, and to ensure statutory duties are met. This will build on the surveys which were previously undertaken, to understand the experiences and views of people who had previously accessed the services.

Communication in support of the consultation will ensure transparency, build trust, engage stakeholders, and aid implementation of any changes.

This consultation exercise will lead to the following outcomes:

- Improving understanding of the impact of the proposals
- Identify mitigations to eliminate or reduce negative impacts
- Gathering alternative proposals from the public for consideration
- Ensuring public confidence in the process and the robustness of decision making.

We will work with colleagues in neighbouring ICBs which have patient flows into Greater Manchester for these services, to ensure their residents are informed and able to participate in the consultations. This approach will seek to make best use of their existing networks and infrastructure to promote the opportunity to be involved within their localities.

Consultation approach

We will undertake two parallel consultations for Cardiac and Vascular with each survey containing links to the other, appreciating that some individuals may use both services therefore providing the opportunity to complete both. This approach will also be taken when promoting and delivering engagement activities.

It is recognised that for individuals who fall into a particular protected characteristic group barriers may exist, therefore we will need to adapt our approach and engagement methods to ensure we are inclusive.

We also know that the average reading age in the City Region is below that of a secondary school student, meaning that many people are likely to struggle with the complexity of the information sitting underneath the proposals. This will require us to produce all materials in Plain English with an Easy Read consultation explainer document including the questions also being produced. Advertisements will be placed in printed local newspapers.

We are also mindful of the number of community languages spoken in Greater Manchester, as well as the specific sensory needs including those who are D/deaf and visually impaired.

A BSL explainer film will be produced, key documents will be available in large print and our online survey will be available in the top 10 languages, with any other languages and formats such as audio or braille will be available on request.

Consultation will need to be targeted to those most likely to be impacted and will include people with lived experience, carers and families.

The consultation will be delivered by the ICB's small Engagement Team, with the support of commissioners and staff from the acute Trusts. This will include having printed signposting materials, including leaflets and pull-up banners and messages on hospital digital screens.

It will also be supported by the ICB's communications team producing proactive and reactive media, stakeholder comm, with both organic and paid for social media messages being used to promote the consultation and encourage involvement.

How we will reach people

NHS GM will ensure that it uses a variety of engagement methods to ensure it reaches a wide range of audiences throughout the consultation.

| | |
|---|---|
| <p>Cardiac surgery will include:</p> <ul style="list-style-type: none"> • Online survey (and printed version available to download/prepaid envelopes) • Patient stories (via 1:1 interviews) • Face to face community listening sessions • Drop-in sessions (MRI and Wythenshawe hospital) • Online focus group • Presentations to our target groups who are disproportionately impacted • Focus groups with our target groups who are disproportionately impacted • WhatsApp, text message, phone calls, emails and letters will all be promoted/accepted ways to get involved • An offer of support to help people engage in the way that suits them best, including translated documents, 1-2-1 discussions, etc. • Potential drop-in listening session (Macclesfield hospital) - TBC | <p>Vascular surgery will include:</p> <ul style="list-style-type: none"> • Online survey (and printed version available to download/prepaid envelopes) • Patient stories (via 1:1 interviews) • Face to face community listening sessions • Drop-in sessions in trusts (Royal Oldham and MRI) • Drop-in listening sessions in public areas of Rochdale and Oldham • Online focus group • Presentations to our target groups who are disproportionately impacted. • Focus groups with our target groups who are disproportionately impacted • WhatsApp, text message, phone calls, emails and letters will all be promoted/accepted ways to get involved • An offer of support to help people engage in the way that suits them best, including translated documents, 1-2-1 discussions, etc. |
|---|---|

Engagement outcomes

The engagement will focus on seeking feedback on the proposed options, their impact and potential mitigations and alternative proposals. This will help:

- Develop an understanding of the impact of the proposals
- Gather ideas for how any negative impacts could be mitigated
- Identify any additional issues or suggestions to improve services
- Seek alternative proposals from the public for consideration.

Engaging protected characteristic/impacted groups

Using the Equality Impact Assessments (EIA) and Travel Impact Analyses, further work has been carried out to understand those groups of people who may be disproportionately impacted by any change to the services. A list can be found below.

| Target Group for Cardiac | Target Groups for Vascular |
|--|--|
| <p>People over 50 years old (People aged 66 and over are at even higher risk)</p> <ul style="list-style-type: none"> • People with physical disabilities • Men are more likely to have cardiac surgery (75% in GM) • People from ethnic minority groups, especially from: <ul style="list-style-type: none"> - Black Caribbean communities - South Asian communities • Carers, who may experience stress and poor health because of their caring responsibilities • People living in disadvantaged or deprived communities, where there may be higher levels of poor health and reduced access to support. • People from parts of East Cheshire who use public transport (travel time). | <ul style="list-style-type: none"> • People over 50 years old (People aged 66 and over are at even higher risk) • Men are more likely to be admitted for vascular-related conditions (60% in GM) • Pregnant women and people using maternity services • People with physical disabilities • People from ethnic minority groups, especially from: <ul style="list-style-type: none"> - Black Caribbean communities - Asian communities • Carers, who may experience stress and poor health because of their caring responsibilities • People living in disadvantaged or deprived communities, where there may be higher levels of poor health and reduced access to support, as well as a financial impact around travel and transport • People living in the North-East of GM, Oldham and Rochdale (travel time). |

Following carrying out desk-based research, we been able to identify further organisations to our extensive stakeholder lists, to extend our reach out to both inform and encourage their members to participate in our consultations. This is still not an exhaustive list, as throughout the consultation, new stakeholder's groups and further engagement opportunities identified.

We will also signpost groups to resources, where individual or collective organisational responses can be submitted and allowing group insight to be collected.

Timeline of activities

We anticipate the consultation will run for 10 weeks from 1 July until 8 September 2026. This period of consultation is necessary, as we will essentially be delivering a 2-in1 consultation approach, as although some target audiences of cardiac and vascular services identified could be the same, some differ and compressing the timescale would likely compromise the delivery and likely require acquiring additional engagement support. Commencement is also subject to receiving the agreement following completion of the ICB governance processes, including NHS GM Involvement Assurance Group, GM Joint Health Scrutiny Committee advice and the outcome of the NHS England Gateway 2 assurance process.

At the midpoint of the consultations, a comprehensive evaluation review will take place, including some analysis of insight and auditing some of the target audiences already reached. This will allow us to flex, respond redirect resources or change tactics and our approach to ensure we reach individuals and individuals from protected characteristic groups, as previously described. We had hoped to include a contingency period of an additional 2 weeks of engagement activity if it was felt at the mid-point review that more time is required to reach the target communities, but if we are to stick to the scheduled timeline, this may not be possible.

On completion of the consultation, the insight will be analysed separately, and we will endeavour to create two draft consultation reports within a 5-week period. Again, an extended time period could be required should an unprecedented number of survey responses and amount of qualitative insight be received. But once again, in order to meet governance deadlines, this would be difficult to execute.

Key lines of enquiry or engagement discussions

The insight gathered will demonstrate the level of support, identify key new lines of enquiry and questions in relation to:

- Understanding the need for change
- The level of support required and reasons why this may be required
- Alternative ideas and things which may not have already been considered
- Considerations for implementation of the new proposed services.

The data will also include a standard GM equalities dataset, so we can monitor who has participated and compare the responses of different groups. We will ask participants to share their contact details, should they wish to be notified of the outcome of the consultation.

Suggested draft questions are currently being formulated and will be signed off by the PCBC planning group. These questions will form part of the survey which will be hosted on our engagement platform ([GoVocal | NHS Greater Manchester](#)). This will also be used to promote online focus groups and other engagement opportunities, throughout the consultation period.

Resources and materials

These key resources have been developed to provide our audiences with as much information as possible, including:

- Consultation prospectus documents - [Include link when completed](#)

A consultation prospectus is one physical document, which contains information relating to the change process followed. Both Cardiac and Vascular will have their own sections, but contain an identical format and look, with colour coded used to help separate them from each other. This document will link to more technical documents such as the EIA and travel impact analysis.

This will set out in plain terms why we believe the services must change, how the proposals were arrived at (and alternatives discounted), and a more detailed explanation of what is proposed and the anticipated impacts of these changes.

- Equality impact assessments - [Include link when made accessible](#)

An equality impact assessment is a tool with help us identify individuals from protected characteristic groups who may be disproportionately impacted by a change to the service offer. This also ensures we meet our Public Sector Equality Duty (PSED).

We're in the process of creating additional supporting documentation, with examples of ones developed for previous consultations available, via the links below.

- Consultation summary document (including a large print version) - to see an example [IVF Cycles consultation document](#)
- Easy Read document – see example [IVF Cycles Easy read](#)
- A BSL film of the consultation summary document – see example [ADHD consultation BSL film](#)

Other important assets such as printed and digital signposting flyers and posters, detailing listening events (drop-in sessions) and workshops (online focus groups) also being developed. These materials will be shared with statutory and community stakeholders and in public areas with high footfall, within localities where patients may be disproportionately impacted.

Some of the materials will be printed in two community languages (Urdu, Bengali) signposting to the online survey, which allows the participant to translate and complete in the ten most spoken languages within Greater Manchester.

Printed surveys will also be available on request, as well as a prepaid envelope.

There will also be an opportunity for individuals who are d/deaf to record their feedback by video message and submit this to our WhatsApp channel.

Paid for advertisements will be placed in local printed newspapers in all localities of Greater Manchester, signposting the online survey, promoting focus groups and alternative ways in which people can contact us, access and submit feedback.

Additional resources will be published on our engagement platform, as part of supporting consultation information, to allow informed discussion, which will include the:

- Cases for change
- Pre-consultation business cases
- Travel analyses
- Pre-consultation engagement insight data
- Options appraisal information (summarised from the PCBCs).

Supporting communications resources include:

- Media releases
- Stakeholder briefing documents
- Web copy
- Social media graphics and posts
- Newsletter articles.

Measurement and evaluation

To measure the success of the communication and engagement, a variety of metrics will be used.

These will include:

- Number of responses to the survey
- Qualitative engagement insight
- Response rate by demographics: age, gender, ethnicity, and the target audiences identified above and in the equality impact assessment
- Place distribution of responses
- Social media reach and engagement i.e. impressions, shares, comments and likes
- Sentiment analysis on social media, and
- Media coverage.

A successful consultation would be evidenced by:

- The participation and reach; ensuring we reached those on our target stakeholder list
- Whether people who took part felt they had been heard
- The number of opportunities we organised for meaningful engagement
- Whether any concerns raised were considered or addressed, and
- Outcomes of the consultations were communicated transparently afterwards.

Supporting communications

Communication outcomes

Through the communications, we want to:

- Encourage targeted groups to take part in the consultations using a mix of communication methods.
- Provide factual information to all stakeholders about the proposed changes and challenge any misinformation.

Key messages

- Specialised services support people with rare and complex conditions. They are only delivered from one or two hospital because they need very specialist staff and equipment.
- We are reviewing two specialised services: specialised cardiac care and specialised vascular surgery.
- Specialised cardiac care services support patients in Greater Manchester who need major heart surgery or once-in-a-lifetime cardiac procedures. These services are currently provided at Manchester Royal Infirmary and Wythenshawe Hospital. The review is looking at whether this needs to change.

Cardiac

- **The preferred option for consultation is that all specialist cardiac surgery would take place at Wythenshawe Hospital.**
- This is the preferred option for consultation because we believe it best supports safe, high-quality care and meets national standards.

Vascular

- Specialised vascular surgery treats patients who need specialist surgery to the arteries, veins and lymphatic system. These services are currently delivered at Manchester Royal Infirmary and the Royal Oldham Hospital. The review is looking at whether this needs to change. This does not affect outpatient and local vascular services.
- **The preferred option for consultation is that all specialist inpatient vascular surgery will take place at the Manchester Royal Infirmary Single Arterial Centre.**
- This would replace the current arrangement of surgery being provided across multiple hospitals. Local hospitals would continue to provide outpatient care, diagnostics and same-day case procedures as part of a vascular network. This is the preferred option for consultation because vascular surgery is often urgent and time critical and benefits from specialist teams working together on one site.

Both services

- These services are being reviewed because the requirements of the services have changed in recent years. More people need specialised cardiac care, but fewer people need specialised vascular surgery. Recruiting and retaining highly specialist staff is increasingly difficult. This puts pressure on teams and contributes to longer waiting times.
- Whilst both these services are good, neither fully meet current national standards, and we need to ensure they do so to keep people as safe as possible.
- These proposals have been developed following a detailed process that included listening to patients’ experiences, listening to feedback and ideas from the staff that work in the service, looking at who currently uses and who will use the service, and considering lots of other factors. You can see all this information on our website.
- We want to know what you think of the proposed changes. We encourage all residents and patients to take part in the public consultation so we can make the best possible decision about the future of specialised cardiac and vascular care in Greater Manchester.

Communications target audiences and stakeholder mapping

There are a number of key stakeholders that we will need to keep informed at different stages of the process. Before communicating any information about forthcoming engagement or consultation publicly, it will be important to ensure that key stakeholders have been consulted or briefed. This will help ensure the proposals and the consultation will not come as a surprise to any organisations or partners that will be directly impacted.

Any proposed service change can be emotive and be at risk of challenge or opposition, from patients, staff, the public, and politicians.

The engagement team are currently creating a comprehensive list containing community groups, organisations and support groups who work with groups identified within the Equality Impact Assessments and are making contact four weeks prior to the launch of the consultation in an attempt to secure dates to deliver listening sessions and focus groups.

A list of stakeholder organisations can be seen below, but this is not an exhaustive list.

| Group | Organisation/team/individual |
|---------------------------------|---|
| Staff/internal statutory | <ul style="list-style-type: none"> • NHS GM, Executive Committee, Extended Leadership Team, NHS GM and ICP Boards • Council Health Leads • Communications and engagement teams |
| Statutory Health | <ul style="list-style-type: none"> • NHS England (Specialised Commissioning) • Local Medical Committees • Healthwatch Greater Manchester |
| Partners | <ul style="list-style-type: none"> • GM and Cheshire NHS trusts (via comms teams) • Northwest Ambulance Service • GP Practices in GM and East Cheshire |

| | |
|----------------------|--|
| Political | <ul style="list-style-type: none"> • MPs representing GM and East Cheshire constituencies • Greater Manchester Joint Health Scrutiny Committee • GM Mayor Andy Burnham (also co-chair for GM ICP board) |
| Public | <ul style="list-style-type: none"> • Voluntary, Community, Faith and Social Enterprise: <ul style="list-style-type: none"> ○ 10GM ○ GM=EqAI ○ Local VCSFE infrastructure organisations ○ Specific community groups highlighted by the Equality Impact Assessment, e.g. Stroke Association • Existing and previous patient groups • Communities in the localities most affected by the geographical changes |
| Media | <ul style="list-style-type: none"> • Local papers and radio stations • Manchester Evening News • BBC Radio Manchester • BBC local democracy reporting service |
| Outside of GM | <p>As mentioned, the following organisations will be contacted and informed of the consultation due to some relevant patients living outside of GM.</p> <ul style="list-style-type: none"> • NHS Cheshire & Merseyside ICB. • East Cheshire NHS Trust • CVS Cheshire East • East Cheshire Healthwatch |

Communications methodologies

Media handling

It is crucial that we engage with local media to ensure we:

- Increase awareness of the consultations
- Encourage an informed public understanding of the proposals and options
- Provide clear information
- Encourage and ensure accurate and positive reporting.

Whilst unlikely, it is possible that negative media narratives may develop. We need to be realistic that we may not be able to change this, but that we can deploy strategies to help minimise it, including:

- Offering face to face briefings with key local journalists including the health reporter from Manchester Evening News and the local democracy reporter
- Providing journalists with clear, factual, and comprehensive information
- Identifying and working with key, trusted spokespeople on media engagement, focusing on delivering clear, concise, and positive messages about the consultation and work with them to ensure they are prepared to answer potential challenging questions and can provide factual information to counteract any misconceptions.
- Identifying allies that may be able to support the media narrative i.e. a local supportive councillor or voluntary organisation.

- During the consultations monitor local and regional media coverage to track how the consultation is being reported. Respond quickly to any inaccuracies or negative coverage with factual corrections or clarifications.

It will be important to agree a nominated list of effective spokespeople from the commissioner and providers to lead interviews.

Social media

The NHS GM communications team manage the digital channels for both the NHS Greater Manchester and Greater Manchester Integrated Care Partnership accounts. Our NHS Greater Manchester platforms are used for information directly relating to our organisation and used to get key health messages out, using the trusted NHS branding.

Our Greater Manchester Integrated Care Partnership is used for information relating to the work of the partnership and has more focus on engaging with organisations and people living across Greater Manchester. This is where we will focus most of our activity for this programme.

Social media platforms provide us with advanced targeting options that allow us to reach specific demographics, such as age, gender, location, education level, interests, and behaviours. This precision targeting ensures that the content reaches the most relevant audience segments.

This is helpful for us as, for example, Meta allows us to target based on boroughs, postcodes, or for example, within 20km of a postcode area.

We can further target the audience as follows:

- Demographics (age, gender, etc.)
- Interests. i.e. Indeed.com, Job Interview, LinkedIn, Recruitment (careers), job hunting etc.
- Employers/Job titles/Industries i.e. Cleaner, Taxi Driver, Fast food, Accountant, Campaign Manager etc.
- Behaviours i.e. frequent travellers, commuters, engaged shoppers etc.

For detailed social media plans see the action plan section below.

Other channels

In addition to the stakeholder communications, media, digital and social media activity set out we will also keep people involved using the following methods:

| Channels | How/Where |
|-----------------------|--|
| NHS GM/GM ICP website | <ul style="list-style-type: none"> • Have your say page Have your say Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk) • Website news page |

| | |
|--------------------|---|
| Bulletins | Primary Care Portal, and Greater Manchester Integrated Care Partnership (GM ICP) stakeholder bulletin |
| Internal briefings | As required (e.g. Keep Connected digital partner publication and briefings in key meetings) |
| Intranets | NHS GM, Manchester Foundation Trust, Northern Care Alliance and other partners platforms. |

Communications to support the public consultation

As set out above and in the action plan below we will employ a mix of broad-reaching and targeted communication methods to drive awareness and action among our public and stakeholders.

| Activity, action or decision | What do people need to know? | Communications response or tactic |
|---|---|---|
| Final approvals and notification that the public consultations can go ahead | The public consultations will go ahead and timings | Email notification |
| | | Briefing note on the decision and confirmation of consultation start dates (see stakeholder management plan above) |
| Formal public consultation launch day | The consultations have launched, how to access the consultation materials and documents | Briefing note Newsletter article (see stakeholder management plan above) |
| Ongoing communication throughout out consultation period | How to respond/get involved Factual information | Website page Media release to help support. Offer interviews with agreed spokespeople. Newsletter piece that can be shared in GMICP news and for partners to share on their own channels (include in NHS GM staff newsletter too). Create a series of social media posts outlining the details of the engagement, including dates, how to participate, and key questions being considered. Use targeted social media ads to reach specific demographics (amount per week |

| | | |
|--|--|---|
| | | <p>to be agreed)- to agree demographics with engagement.</p> <p>Ongoing review during engagement (1,2 and 4 weeks) and re-divert activity where there is low take up.</p> <p>Resources to support engagement (see consultation plan).</p> |
|--|--|---|

Planning and governance

The work will fall under the governance of the Strategic Commissioning Committee (SCC). Findings from the consultations will be considered and incorporated into a report for the SSC and GM Health Overview and Scrutiny Committee, with final recommendations presented to the NNHS GM Board as part of the overall Decision-Making Business Case

Risks and mitigating actions

| Risk | Mitigation | RAG |
|---|---|-------|
| Risk of challenge to the consultations by an individual or organisation that disagrees with the outcome leading to long delays. | Hold a full and proper, robust process for consultation. | Amber |
| People are unable to engage in the consultation due to lack of awareness. | A communications plan is in place to mitigate this. | Amber |
| People are unable to engage in the consultation due to barriers to access. | Resources will be provided in several formats, with an offer for additional formats or individual assistance. | Green |
| Joint Health Scrutiny are unhappy with aspects of the consultation and wish to challenge. | Scrutiny will be briefed at an early stage and offered an opportunity to comment and input into on the plans. | Amber |

Appendices

Appendix 1: Overview of proposed engagement activities

| Engagement Activities (for the individual cardiac and vascular consultations) | Overview |
|---|--|
| Drop-in sessions at provider spaces (hospital/clinics) | A minimum of one drop-in session will be held in provider locations so people can have 1-2-1 conversations to give their feedback on the proposals. |
| Public drop-in sessions | A minimum of one public drop-in session in high footfall areas, in or around the town centres of those localities who will be disproportionately impacted by a change I service location. |
| Online focus groups | A minimum of one online focus groups for people to have detailed discussions about the options and proposals. |
| Engagement using social media | A programme of social media communication will be developed including mechanisms such as X, Facebook, etc, including paid for targeted social media through Meta. |
| Information and consultation briefing documents/surveys provided online available to download | Information and consultation documents will be available online, for to download to print. This will also be distributed in public buildings and with partners and other stakeholder groups. |

Appendix 2: Communications handling plan

The plan will be updated with dates once the final consultation dates are agreed.

Key:

- Grey background = action complete
- JO = Jamie Oliver; SB = Sophie Butler; KS = Karen Stott

| Stakeholder | Information | Channel | Responsibility | Date / frequency |
|--|---|--------------------------------|-----------------------------|---|
| Pre-consultations | | | | |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Prior notification to stakeholders that NHS GM board (Weds 20 May) asked to decide on intention to go to consultations on both cardiac and vascular surgery services | Stakeholder briefing via email | JO / stakeholder comms team | Friday 15 May |
| Media | NHS GM board asked to decide on intention to go to consultations on both cardiac and vascular surgery services | Email – if asked-only | Media team | REACTIVE ONLY – agreed Friday 15 May |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Confirmation of NHS GM board decision on intention to go to consultations on both cardiac and vascular surgery services | Email | JO / stakeholder comms team | Friday 22 May |
| NHS GM colleagues | NHS GM board decision on intention to go to consultations on both cardiac and vascular surgery services | Keep Connected | KS / Internal comms | Thursday 28 May |

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| GM health and care system partners and stakeholders | NHS GM board decision on intention to go to consultations on both cardiac and vascular surgery services | GM ICP bulletin | SB / Stakeholder comms team | Friday 5 June |
| NHS GM colleagues | Informing NHS GM colleagues of plan to launch consultations on both cardiac and vascular surgery services next week (1 st July) and tactics | Keep Connected | KS / Internal comms | Thursday 25 June |
| Consultation launch | | | | |
| General public / system stakeholders | Web story advertising the launch of consultations on both cardiac and vascular surgery services – story to make distinction clear between the two consultations | NHS GM / GM ICP website | Media / digital team | Wednesday 1 July |
| Media | Media release advertising the launch of consultations on both cardiac and vascular surgery services – story to make distinction clear between the two consultations | Email | Media / digital team | Wednesday 1 July |
| <i>Media</i> | <i>Vascular-themed release to Oldham-specific media TBC</i> | <i>Email</i> | <i>Media team</i> | <i>Wednesday 1 July</i> |
| General public / system stakeholders | Social media post on launch of consultation on cardiac surgery | Facebook, LinkedIn, | Digital team | Wednesday 1 July |

| | | | | |
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| | services – linking to web story | Instagram story | | |
| General public / system stakeholders | Social media post on launch of consultation on vascular surgery services – linking to web story | Facebook, LinkedIn, Instagram story | Digital team | Wednesday 1 July |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Written briefing on launch of consultation on cardiac surgery services | Stakeholder briefing via email | JO / stakeholder comms team | Wednesday 1 July |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Written briefing on launch of consultation on vascular surgery services | Stakeholder briefing via email | JO / stakeholder comms team | Wednesday 1 July |
| Key target groups - cardiac | Written briefing on launch of consultation on cardiac surgery services | Stakeholder briefing via email | Engagement team | Wednesday 1 July |
| Key target groups - vascular | Written briefing on launch of consultation on vascular surgery services | Stakeholder briefing via email | Engagement team | Wednesday 1 July |
| During consultation | | | | |
| GM health and care system partners and stakeholders | Item advertising the launch of consultations on both cardiac and vascular surgery services – story to make distinction clear between the two consultations | GM ICP bulletin | SB / Stakeholder comms team | Friday 3 July |

| | | | | |
|--------------------------------------|---|-------------------------------------|--------------------------|---|
| NHS GM colleagues | Item advertising the launch of consultations on both cardiac and vascular surgery services – story to make distinction clear between the two consultations | Keep Connected | KS / communications team | Thursday 9 July |
| General public / system stakeholders | Social media post on launch of consultations on both cardiac and vascular surgery services – linking to web story | Facebook, LinkedIn, Instagram story | Digital team | Ongoing – sporadic posts according to need – engagement team to advise which parts of GM need targeting |
| Media | Reminder – web story/or blog post to drive uptake in both consultations | NHS GM / GM ICP website | Media / digital team | w/c 10 August |
| Media | Media release or proactive media pitch to TV/radio to drive uptake in both consultations | NHS GM / GM ICP website | Media / digital team | w/c 10 August |
| NHS GM colleagues | Reminder – to drive uptake in both consultations | Keep Connected | KS / internal comms | Thursday 13 August |
| End of consultation | | | | |
| General public / system stakeholders | Web story to mark end of consultation – add initial response numbers etc | NHS GM / GM ICP website | Media / digital team | Wednesday 9 September |

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| General public / system stakeholders | Social media post to mark end of both consultations – linking to new web story | Facebook, LinkedIn, Instagram story | Digital team | Wednesday 9 September |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Written briefing on end of consultation on cardiac surgery services | Stakeholder briefing via email | JO / stakeholder comms team | Wednesday 9 September |
| Political, key partners (i.e. Trusts, Councils, CA), Healthwatch | Written briefing on end of consultation on vascular surgery services | Stakeholder briefing via email | JO / stakeholder comms team | Wednesday 9 September |
| Key target groups - cardiac | Written briefing on end of consultation on cardiac surgery services | Stakeholder briefing via email | Engagement team | Wednesday 9 September |
| Key target groups - vascular | Written briefing on end of consultation on vascular surgery services | Stakeholder briefing via email | Engagement team | Wednesday 9 September |

| Point in the process | Stakeholder | Activity |
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| Following stage 2 assurance meeting | All GM and East Cheshire MPs <i>These will need to be sourced as we don't currently hold this information</i> | All GM and East Cheshire MPs will be sent a briefing to update them on the outcome of the NHSE assurance process and the next steps. They will be offered a meeting with the NHS GM Chief Executive and any other relevant system leaders. |
| | GM Joint Scrutiny Committee | An initial briefing will be held to ensure the committee is sighted on the work and primed. |

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| | Local media | Subject to the outcome of gateway 2, it is proposed that a proactive note is issued to media to ensure they have factual, firsthand information. |
| | All other stakeholders | Issue briefing note updating on the proposals and the next steps. |
| Launch of consultation | All GM and East Cheshire MPs | An engagement/consultation launch briefing will be issued with the offer of a meeting to individual MPs. |
| | GM Joint Scrutiny Committee | A formal presentation of the proposals and consultation plans will take place at the earliest opportunity in the new municipal year. |
| | Local media | Press release issued about the launch of the consultation and asking people to get involved. Offer of interview with key spokesperson. |
| | All other stakeholders | Full information pack detailing the engagement /consultation including key dates, how to access survey and associated promotional materials or resources. |
| Midway through consultation | All stakeholders | Reminder issued. If uptake is low across key groups some paid for targeting on social media will be enacted. |
| 5 days before end of the consultation | All stakeholders | Last reminder sent out to complete the survey. |
| Communication of decision/outcome | All GM and East Cheshire MPs | Briefing note on decisions sent to all MPs plus offer of individual meeting. |
| | GM Joint Scrutiny Committee | Formal notification of decisions made shared with the request to cascade to whole committee. |
| | Local media | Media release on decisions and offer of spokesperson. |
| | All other stakeholders | Briefing note circulated communicating the decision. |

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| | Members of the public and others who took part in groups/participation sessions. | Letter informing them of the decision and thanking them for their involvement. |
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