

**Appendix B****Recommendations from Euan McPherson,  
Involving People manager, PCT, on possible  
consultation methodology**

- When we send 3CCN our recommendations be sure to ask the network, when they have decided on an appropriate model, to let us know.
- State as a proviso that the health scrutiny committee is not expert in consultation.

*Process:*

- Use existing mechanisms. Go to them (don't expect consultees to travel far to respond).
- Start as early as possible.
- Come up with clear options without giving the impression that a decision has already been made.
- Give enough information for participants to make an informed decision.
- Statutory minimum consultation period is 3 months.
- Meet 'best practice for involvement' guidelines.
- Make sure questions are not leading.
- Must fall in line with Section 242 of the Social Care Act.
- Make sure the other consultations are following the same approach as each other.

*Who/how to consult:*

- All existing cancer and patient groups and carers
- Media
- Market town meetings
- Cover Welsh perspective
- PPIFs/LINK
- Health scrutiny committee
- Hospital website (although traditionally website methods yield low responses)

*Some suggested questions:*

- What is respondents' access to transport (thinking about e.g. people who have to stop every 20 minutes to vomit after treatment, whether they have a car, etc).
- Would respondents be prepared to stay in a hotel in Cheltenham for the duration of their treatment.
- How are respondents affected by rural isolation.
- What would respondents' travelling times be to the various proposed sites.