

**Getting your
voice heard: a guide
to influencing and
engaging with changes
to your local health
system**



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This guidance is intended to support BMA members in England to influence and engage with the ongoing transformation and integration of their local health and care systems.

The advice provided here has been designed to give frontline doctors the tools and assistance they need to ensure that their voices are heard, and to help them shape the way health and care services are changing.

1. How the NHS is changing

The move towards integration in England has gathered pace in recent years, with greater emphasis being placed on the need for health and care organisations to collaborate, rather than compete. Local health and care organisations are increasingly working together to plan, provide, and manage services for their local areas.

STPs (Sustainability and Transformation Plans) and, in more advanced areas, ICSs (Integrated Care Systems), are the principle vehicles for putting this approach into practice. **Read the BMA briefings on [STPs](#) and [ICSs](#) for more information.**

As they mature, these systems will be taking on increasing responsibility for the co-ordination of health and care provided to their local populations. This includes not just the planning and delivery of health services, but also bringing together finances and workforce planning on a system-wide level. As a result, they have the capacity to make major changes to the way the NHS works and, subsequently, the daily lives of doctors.

The integration agenda is now also underpinned by the Long Term Plan for the NHS, published by NHS England in January 2019. This plan sets wide ranging commitments for the health service over the next five to 10 years, including on legislative change, prevention, and service reform. The plan also establishes the expectation that ICSs will be in place everywhere in England by 2021 and that each STP and ICS must develop a new five-year plan. These plans are required to show how each system will achieve the goals of the Long Term Plan, as well as meet local need and priorities. Therefore, it is hugely important that doctors engage in these changes and that they have the opportunity to make their voices heard as ICSs and STPs plan for the future.

This also presents an opportunity for the BMA and its members to promote our vision for the health service, developed through the BMA's [Caring, Supportive, Collaborative](#) project, with their local systems. Recommendations for how to achieve that vision have been developed following more than a year of active engagement with frontline doctors across England and the UK, and set out the changes we believe need to be made to create an NHS that is fit for the future and works for doctors and patients. Section 7 of this guide sets out some of the key actions we want local systems to take.

2. What these changes could mean for doctors

STPs and ICSs have grown at different rates, with different priorities, structures and approaches to integration. As a result, there is no blueprint for how each should work or for the exact changes they are expected to make.

However, there are several common themes in what ICSs and STPs are aiming to achieve. It is important for doctors to be aware of these potential changes and to bear them in mind when planning any local engagement. These themes include:

Service reconfiguration

A number of systems are pursuing changes to the way services are structured, including the possibility of trust mergers, hospital reclassifications, and concentrating specialities – such as stroke care – in single sites

Changing care pathways

Systems are frequently looking to revise care pathways – particularly in areas such as MSK (musculoskeletal) and stroke care – and often look to local clinicians to lead these processes

Finances and funding

ICSs and STPs are now expected to take on greater responsibility for the collective financial performance of their system, including long-term planning and the management of shared 'system control totals'¹ – as a result they will increasingly dictate funding flows in the future

Workforce planning

Systems are gradually taking a lead on workforce planning and management, including training and recruitment – not just of doctors, but also other clinical and non-clinical staff and MAPs (medical associate professions)

Passporting and ways of working

ICSs and STPs are increasingly looking to use 'passporting' to allow staff to work across multiple sites within the system.² It is also likely that doctors will more frequently work as part of wider, multi-disciplinary teams and in different settings

Leadership and training

Some systems are looking to train local doctors to support these changes in new leadership roles, across branches of practice, with various leadership academies and programmes emerging

Public and population health

ICSs and STPs are focusing on long-term population health and prevention, partly as a way of reducing demand on services, involving significant co-operation with local authorities – public health doctors will have a major role to play in these developments

Data, technology, and innovation

The use of data and technology is increasingly important for systems, many of which are looking to pool data sources – including creating shared care records, predicting poor health, and making IT systems interoperable

- ¹ 'System control totals' are agreed between each STP or ICS and NHS England. They represent the annual financial target an individual system is expected to meet and are calculated by combining the individual control totals agreed by each NHS body within the area. They are broadly based on the total income and expenditure of a system in combination with NHS England's expectations for its financial performance – ie the level of surplus or deficit it is expected to achieve. Access to sustainability funding is largely tied to performance against these control totals.
- ² 'Passporting' systems are, according to NHS England, intended to allow staff to work in multiple sites across a single system without the need for induction periods or other administrative processes. They are meant to make it simpler for staff to spend time working away from their main Trust or employer, or to support other areas of a system.

3. Why clinical engagement matters

Genuine engagement with staff is widely recognised as being essential for any high-quality healthcare system.ⁱ Therefore, as integration continues to gather pace it is imperative that clinical engagement happens, and that it plays a pivotal role in the development of local systems' plans for the future.

NHS England has recognised this and has called for greater engagement of all NHS staff in the work of STPs and ICSs. This should afford doctors, NHS staff, and the public greater opportunity to engage with their local systems. It is important that these opportunities are taken up, or proactively sought out, so that frontline clinicians are able to influence the direction of their local system.

The BMA has established [10 criteria for good engagement](#). These set out that all engagement should be:

- inclusive
- backed with adequate time and resources
- open and transparent
- timely and ongoing
- active and collaborative
- based on a range of different engagement methods
- receptive to new ideas and to challenge
- evidence-based
- part of a learning culture
- regularly monitored and evaluated

4. What engagement can look like

Local engagement can take place in a range of different forms and formats. Although some engagement may come in the form of official consultations from your local ICS or STP (information about which should be available on the websites of these bodies), doctors can also engage directly with local system leaders, or get involved through work with local BMA structures, including Regional Councils or LNCs (Local Negotiation Committees), or with their LMCs (Local Medical Committees).

As local systems develop and finalise their new five-year plans, this engagement will be as important as ever. Currently, each ICS and STP is expected to have submitted its new plan to NHS England by November 2019. However, it is important to note that ICSs and STPs should continually seek the views of clinicians beyond this deadline, as they refine and shape their approach.

Key forms of engagement can include:

Public meetings

Systems have held public meetings in the past to discuss proposals and plans for services, whether for individual services, pathways or sites. These are a useful opportunity for doctors, as well as the public and other staff, to hear about plans and to raise any concerns publicly

Meetings with system leaders

System leaders, including clinical leads and influential figures, should be both visible and accessible to local doctors. It is possible to reach out to these leads – whether via the ICS or STP directly, or through other local contacts (such as your local BMA Regional Coordinator – see Annex 1 for contact information) – to arrange smaller scale meetings to discuss specific changes related to your specialty

i. Clark J and Nath V (2014) Medical Engagement, a journey not an event. King's Fund.

Consultations

When planning larger-scale changes, systems have a duty to carry out public consultations. Some systems, such as Norfolk and Waveney, have also launched more proactive consultations on their wider plans. Doctors can respond to these consultations as individuals, or collectively through the BMA's regional structures, Regional Councils and LNCs, or LMCs and PCNs in primary care. Several systems are planning to publish sections of draft plans online for feedback from the public and stakeholders too – so it will be important to monitor your local STP or ICS website

Letters

It should always be possible for doctors to contact their local system leadership to raise questions or concerns. The template letters in Annex 2 have been included to support BMA members, Regional Councils, LNCs, LMCs and others to reach out to their STP or ICS

5. Working with the BMA's regional structures

One of the most effective ways that you can monitor and engage with changes in your area is to get involved with the BMA's regional structures. Regional Councils, for example, offer vital support for grassroots BMA members to keep up to date with changes in their area and to access new opportunities to engage with their local health systems.

Regional Councils, and importantly the BMA Regional Co-ordinators and Industrial Relations Officers who work with them (see Annex 1 for contact information), are at the forefront of the association's engagement with local health systems, CCGs and trusts. This gives them an invaluable, frontline insight into the way that the NHS is changing and means that they are a vital source of information and advice for BMA members locally.

Regional Councils are also able to arrange meetings and events with local system leaders. These meetings have been held successfully in a number of areas and are an important opportunity for BMA members to hear from, and put questions to, the leaders of their local ICS or STP.

If you would like to get involved with your Regional Council, to learn more about the changes happening in your area, or to discuss arranging or attending a local meeting, you should contact your local Regional Co-ordinator. **See Annex 1 for the details of your local Regional Council, Regional Co-ordinator and STP or ICS.**

6. Making the most out of engagement

One of the biggest issues with clinical engagement is not just whether it happens at all, but also the quality of engagement when it does. For example, a high-level presentation from an ICS or STP leader is unlikely to give doctors the chance to query or challenge proposals.

As a consequence, it is important for doctors to know and be clear about what they want to achieve through their engagement and to make the most from each opportunity.

The BMA's guidance – [How to influence change in the NHS](#) – is a helpful tool to support this and sets out how doctors can model their attempts to influence system leaders. The central tips set out there are to:

- understand the process for change in your organisation
- be clear about what you are proposing and why
- use evidence to demonstrate the case for change
- engage with stakeholders
- understand the risks
- monitor and evaluate change

7. Key questions you can be asking

Local changes should improve care for patients and the working lives of doctors in the NHS. The BMA's [Caring, supportive, collaborative](#) project looked at exactly that, drawing on the views of doctors across England and the UK to set out a positive future vision for the NHS.

The BMA's findings focused on three key areas: culture, workforce and collaboration, as well as another core theme – resources. It is vital our recommendations in each of these areas are not only heard by national bodies, but also by each health and care system – where many of these changes are likely to take place.

Therefore, the questions suggested here – which have been designed to support doctors in engaging with their local systems – have been broken down into these key areas and are designed to help us implement our members' vision for the future locally.

Culture:

We want to see an open and supportive culture, where doctors' wellbeing is supported, learning is promoted, diversity is celebrated, and where systems are developed to improve the safety and quality of care.

These questions are tailored to challenge your local STPs and ICSs to meet this goal:

- What public engagement is planned for developing or finalising the system's five-year plan?
- How are frontline clinicians being involved in the system's work?
- Does the STP/ICS have, or plan to launch, a clinical senate or other forum for clinicians to collaborate and communicate?
- How is the system working to introduce a collaborative culture, including supporting staff to work across existing boundaries and branches of practice?
- What leadership opportunities and/or training is available to frontline clinicians, including leading reviews of care pathways?
- What strategies does the STP/ICS have to tackle bullying and harassment within the workforce, including supporting doctors to challenge behaviour and to speak-up?
- Does the STP/ICS have a specific strategy for diversity and inclusion?

Workforce:

We want to see a valued NHS workforce, where every member of staff feels that they work in a properly resourced team and with the right skill mix to provide high quality care to patients.

These questions are designed to help doctors to find out what their local ICS and STP is doing to support its workforce:

- What long-term workforce strategy does the STP/ICS have?
- What assessment has the STP/ICS made of current workforce shortfalls in each speciality?
- What plans does the STP/ICS have for the public health workforce?
- How will doctors' pay and conditions be protected in the event of any structural changes?
- What approach is the system taking to passporting and/or pooling staff (these schemes would allow staff to work at multiple sites across a system)?
- What changes to work patterns will occur for doctors (depending on speciality)?
- What specific plans are in place for GP recruitment and retention?
- What role does the STP/ICS see other clinical and non-clinical professionals play?
- What plans does the STP/ICS have for promoting physical and mental wellbeing among staff – and healthy eating and drinking for staff and patients in NHS facilities?

Collaboration:

The NHS needs collaborative structures, where doctors and all NHS staff are empowered to work across and beyond traditional organisational boundaries, so that patients can receive seamless care.

These questions are focused on the changes ICSs and STPs are making to those structures:

- What is the organisational structure of the STP/ICS, and how will it be accountable to local NHS staff and the public?
- What, if any, service reconfiguration does the STP/ICS have planned?
- What care pathway changes are currently underway or being planned?
- How have Local Authorities been involved in the ICS/STP and its long-term planning?
- What plans does the STP/ICS have for prevention and public health?
- What steps will the STP/ICS be taking to protect health budgets, including in the event of any pooling of health and care budgets?
- How does the STP/ICS plan to deliver investment in basic IT and new technologies, interoperability and data sharing?
- What assessment has the STP/ICS made of the condition and quality of NHS estates across the system? Has it produced a Strategic Estates Plan?
- How will PCN (Primary Care Network) Clinical Directors be involved in the system's work?
- Are there plans to streamline regulation across the system?

Resources:

None of these changes can be delivered unless the NHS and local systems are properly resourced.

The questions below are intended to help members to learn more about the finances and funding of their ICS or STP:

- What long-term funding and capital projects is the STP/ICS planning?
- Does the STP/ICS have any plans to pool its local budgets, including health and social care?
- What steps will the STP/ICS be taking to protect health budgets, including in the event of any pooling of health and care budgets?
- What, if any, savings is the system expecting to deliver?
- How will the STP/ICS ensure its decisions and financial planning are transparent?
- How does the STP/ICS plan to adequately fund its public health and prevention efforts?
- Will the STP/ICS have a system-wide procurement plan for equipment – including IT?
- Will the system look to reduce (or increase) the number of beds across its footprint?

8. Conclusion

It is essential that ICSs and STPs are shaped by the views and experiences of frontline clinicians – who know the most about what the NHS does and how it should work. The guidance presented here is intended to support frontline doctors to secure and capitalise on local engagement and the questions, tips, and information provided have all been tailored to this purpose.

The circumstances of each STP or ICS will vary significantly, so it will be important for BMA members to raise any concerns about local changes with their Regional Co-ordinator or Industrial Relations Officer. However, alongside the BMA's regional structures, national policy staff are always available to give members advice and support – **you can contact the BMA's Health Policy team at: info.policy@bma.org.uk**

Annex 1: Who to contact

ICS /STP	Region	Who to contact
Derbyshire STP (Joined Up Care Derbyshire)	East Midlands	Chair: John MacDonald STP Lead: Ms Vikki Taylor (interim) Website: www.joinedupcarederbyshire.co.uk Email: joinedupcarederbyshire@nhs.net BMA Regional Co-ordinator: Jim Stringer (jstringer@bma.org.uk)
Leicester, Leicestershire & Rutland STP	East Midlands	STP Lead: Sue Lock (Interim) Andy Williams (start date pending) Website: www.bettercareleicester.nhs.uk Email: BCTComms@westleicestershireccg.nhs.uk BMA Regional Co-ordinator: Jim Stringer (jstringer@bma.org.uk)
Lincolnshire STP	East Midlands	STP Lead: John Turner Website: www.lincolnshire.nhs.uk Email: STP@LincolnshireEastCCG.nhs.uk BMA Regional Co-ordinator: Jim Stringer (jstringer@bma.org.uk)
Northamptonshire STP	East Midlands	Chair: Toby Sanders (Interim) STP Lead: Angela Hillery Website: www.northamptonshirehcp.co.uk Email: nhcp.communications@nhs.net BMA Regional Co-ordinator: Jim Stringer (jstringer@bma.org.uk)
Nottingham and Nottinghamshire ICS	East Midlands	Chair and ICS Lead: Mr David Pearson Website: www.healthandcarenotts.co.uk Email: STP@nottscg.gov.uk BMA Regional Co-ordinator: Jim Stringer (jstringer@bma.org.uk)
Cambridgeshire & Peterborough STP	East of England	Chair: Dr Mike More STP Lead: Mrs Sheila Bremner Website: www.fitforfuture.org.uk Email: CAPCCG.transformationprogramme@nhs.net BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk)
Hertfordshire & West Essex STP	East of England	Chair: Paul Burstowe STP Leaders: Iain MacBeath and Beverly Flowers Website: www.healthierfuture.org.uk Email: enhertscg.communications@nhs.net BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk)
Mid and South Essex STP	East of England	Chair: Dr Anita Donley OBE Website: www.nhsmidandsouthessex.co.uk Email: england.midsouthessexstp@nhs.net BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk)
Norfolk and Waveney STP	East of England	Chair: Patricia Hewitt STP Lead: Melanie Craig Website: www.norfolkandwaveneypartnership.org.uk Email: Chris.Williams20@nhs.net (ICS Development Manager) BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk)

Suffolk and North East Essex ICS	East of England	Chair: Professor William Pope ICS Lead: Dr Ed Garratt Website: www.candohealthandcare.co.uk Email: stpdsu@nhs.net BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk)
Bedfordshire, Luton & Milton Keynes ICS	East of England (& South Central)	Chair: Dame Pauline Philip Website: www.blmkpartnership.co.uk Email: communications@mkuh.nhs.uk BMA Regional Co-ordinator: Nigel Mason (nmason@bma.org.uk) / James Steen (jsteen@bma.org.uk)
East London Health & Care Partnership (STP)	London	Chair: Rob Whiteman STP Lead: Jane Milligan Website: www.eastlondonhcp.nhs.uk Email: enquiries@eastlondonhcp.nhs.uk BMA Regional Co-ordinator: Andrew Barton (abarton@bma.org.uk)
North London Partners in Health and Care (STP)	London	Chair: Leisha Fullick STP Lead: Helen Pettersen Website: www.northlondonpartners.org.uk Email: nclstppmo@nhs.net BMA Regional Co-ordinator: Andrew Barton (abarton@bma.org.uk)
North West London STP	London	STP Lead: Lesley Watts Website: www.healthiernorthwestlondon.nhs.uk Email: NWLSTP@nw.london.nhs.uk BMA Regional Co-ordinator: Andrew Barton (abarton@bma.org.uk)
South East London ICS	London	ICS Lead: Andrew Bland Website: www.ourhealthiersel.nhs.uk Email: ourhealthiersel@nhs.net BMA Regional Co-ordinator: Andrew Barton (abarton@bma.org.uk)
South West London Health and Care Partnership (STP)	London	Chair: Cheryl Coppell STP Lead: Sarah Blow Website: www.swlondon.nhs.uk Email: swlccgs@swlondon.nhs.uk BMA Regional Co-ordinator: Andrew Barton (abarton@bma.org.uk)
North East and North Cumbria ICS	North East (& North West)	ICS Lead: Alan Foster Website: www.nhsjoinourjourney.org.uk Email: necsu.stp@nhs.net BMA Regional Co-ordinator: Adele Heeley (aheelley@bma.org.uk) / Michael Cheetham (mcheetham@bma.org.uk)
Cheshire and Merseyside Health & Care Partnership (STP)	North West	STP Lead: Mel Pickup Website: www.cheshireandmerseysidepartnership.co.uk Email: cm.partnership@nhs.net BMA Regional Co-ordinator: Michael Cheetham (mcheetham@bma.org.uk)

Greater Manchester Health & Social Care Partnership (ICS)	North West	Chair: Lord Peter Smith ICS Lead: Jon Rouse Website: www.gmhsc.org.uk Email: gm.hscinfo@nhs.net BMA Regional Co-ordinator: Michael Cheetham (mcheetham@bma.org.uk)
Lancashire and South Cumbria ICS	North West	ICS Lead: Dr Amanda Doyle Website: www.healthierlsc.co.uk Email: healthier.lsc@nhs.net BMA Regional Co-ordinator: Michael Cheetham (mcheetham@bma.org.uk)
Buckinghamshire, Oxfordshire & Berkshire West ICS	South Central	Chair: David Clayton-Smith ICS Lead: Fiona Wise (Executive Chair) Website: www.bobstp.org.uk Email: communications@royalberkshire.nhs.uk OCCG.media-team@nhs.net ccgcomms@buckscc.gov.uk BMA Regional Co-ordinator: James Steen (jsteen@bma.org.uk)
Hampshire and the Isle of Wight STP	South Central	Chair: Lena Samuels STP Lead: Richard Samuel Email: SEHCCG.HIOW-STP@nhs.net BMA Regional Co-ordinator: James Steen (jsteen@bma.org.uk)
Kent & Medway STP	South East Coast	Chair: Mr David Highton Chief Executive: Mr Glenn Douglas Website: www.kentandmedway.nhs.uk Email: Km.stp@nhs.net BMA Regional Co-ordinator: Hugh Townsend (htownsend@bma.org.uk)
Surrey Heartlands Health and Care Partnership (ICS)	South East Coast	Chair: Sarah Parker STP Lead: Dr Claire Fuller Website: www.surreyheartlands.uk Email: comms.surreyheartlands@nhs.net BMA Regional Co-ordinator: Hugh Townsend (htownsend@bma.org.uk)
Sussex and East Surrey STP	South East Coast	Chair: Bob Alexander STP Lead: Adam Doyle Website: www.seshealthandcare.org.uk Email: hwlhccg.stp@nhs.net BMA Regional Co-ordinator: Hugh Townsend (htownsend@bma.org.uk)
Frimley Health and Care (ICS)	South East Coast (& Central)	Chair: Andrew Lloyd ICS Lead: Fiona Edwards Website: www.frimleyhealthandcare.org.uk Email: nehfccg.public@nhs.net BMA Regional Co-ordinator: James Steen (jsteen@bma.org.uk) / Hugh Townsend (htownsend@bma.org.uk)

Bath and North East Somerset, Swindon and Wiltshire STP	South West	Chair: Cllr Jerry Wickham Website: www.bswstp.nhs.uk Email: Bswstp.communication@nhs.net BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Bristol, North Somerset, South Gloucestershire STP	South West	Chair: Sir Ron Kerr STP Leads: Robert Woolley and Julia Ross Website: www.bnssgccg.nhs.uk Email: bnssg.stp@nhs.net BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Cornwall & the Isles of Scilly STP	South West	STP Lead: Phil Confue Website: www.shapingourfuture.info Email: shapethefuture@cornwall.gov.uk BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Devon STP	South West	Chair: Dame Suzie Leather STP Lead: Phillippa Slinger Website: www.devonstp.org.uk Email: d-ccg.devonstp@nhs.net BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Dorset ICS	South West	Chair: ICS Lead: Tim Goodson Website: www.ourdorset.nhs.uk Email: involve@dorsetccg.nhs.uk BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Gloucestershire ICS	South West	ICS Lead: Mary Hutton Website: www.onegloucestershire.net Email: GLCCG.participation@nhs.net BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Somerset STP	South West	Chair: Stephen Ladyman STP Lead: Pat Flaherty Website: www.sompar.nhs.uk Email: STPTeam@somerset.gov.uk BMA Regional Co-ordinator: Abigail Moore (amoore@bma.org.uk)
Birmingham & Solihull STP	West Midlands	Chair: Jacqui Smith STP Lead: Paul Jennings Website: www.livehealthylivehappy.org.uk Email: bsolstp@nhs.net BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)
Coventry & Warwickshire STP	West Midlands	Chair: Professor Sir Chris Ham STP Lead: Andy Hardy Website: www.bettercarecovwarks.org.uk Email: info@bettercarecovwarks.org.uk BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)

Herefordshire & Worcestershire STP	West Midlands	<p>Chair: Sir David Nicolson STP Leads: Sarah Dugan and Simon Trickett Website: www.hacw.nhs.uk Email: whcnhs.yourconversationhw@nhs.net</p> <p>BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)</p>
Shropshire and Telford and Wrekin STP	West Midlands	<p>Chair: Sir Neil McKay STP Lead: Simon Wright Website: www.sath.nhs.uk Email: stw.stp@nhs.net</p> <p>BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)</p>
Staffordshire & Stoke-on-Trent STP	West Midlands	<p>Chair: Sir Neil McKay STP Lead: Simon Whitehouse Website: www.twbstaffsandstoke.org.uk Email: togetherwe'rebetter@staffordshire.gov.uk</p> <p>BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)</p>
The Black Country & West Birmingham STP	West Midlands	<p>Chair: Jonathan Fellows STP Lead: Dr Helen Hibbs Website: www.sandwellandwestbhamccg.nhs.uk/sustainability-and-transformation-partnership-stp/stp-news Email: info.blackcountry@nhs.net</p> <p>BMA Regional Co-ordinator: Melanie Sutton (msutton@bma.org.uk)</p>
Humber, Coast and Vale STP	Yorkshire	<p>Chair: Stephen Eames STP Lead: Andrew Burnell Website: www.humbercoastandvale.org.uk Email: Hullccg.stpcontactus@nhs.net</p> <p>BMA Regional Co-ordinator: Elaine McAvoy (emcavoy@bma.org.uk)</p>
South Yorkshire and Bassetlaw ICS	Yorkshire	<p>ICS Lead: Professor Des Breen Website: www.healthandcaretogethersyb.co.uk Email: helloworkingtogether@nhs.net</p> <p>BMA Regional Co-ordinator: Elaine McAvoy (emcavoy@bma.org.uk)</p>
West Yorkshire & Harrogate ICS	Yorkshire	<p>Chair and ICS Lead: Rob Webster Website: www.wyhppartnership.co.uk Email: westyorkshire.stp@nhs.net</p> <p>BMA Regional Co-ordinator: Elaine McAvoy (emcavoy@bma.org.uk)</p>

Annex 2: Template letter

One of the simplest ways of engaging with your local ICS or STP is to write directly to their leader. In combination with the contact information provided in Annex 1, this template letter is intended to support frontline doctors to do so.

This is an intentionally broad template but is designed to provide a base to which you can add specific, local examples and issues, as well tailored questions.

Template Letter:

Name
Title / Role
STP/ICS/Organisation
Address (if available)
Email:

Dear [insert STP/ICS Leader/Representative name],

I am/we are *[delete as appropriate]* writing as a **clinician/an LMC, LNC, Regional Council etc** *[specify as appropriate]* in *[insert name of local area]* to urge you to engage with frontline doctors when developing your plans for the future of care in our local health system.

Doctors have an in-depth understanding of the frontline in our local area – their input is vital to the success of any changes being made to local health systems or care delivery. *I/we [delete as appropriate]* therefore wanted to ask what specific engagement activity the **ICS/STP** is carrying out with doctors to develop and implement its plans?

I/we [delete as appropriate] would also be grateful if you could address a number of questions regarding future plans for the area and the wider activities the **ICS/STP** is undertaking:

- What long-term workforce strategy does the STP/ICS have?
- What approach is the system taking to passporting and/or pooling staff?
- What is the organisational structure of the STP/ICS, and how will it be accountable to local NHS staff and the public?
- What long-term funding and capital projects is the STP/ICS planning?
- What, if any, savings is the system expecting to deliver?
- What plans does the system have for investment in IT and interoperability, in the short and long term?

[Delete/amend questions as required depending on issues you want to hear about]

Any clarity you can provide in writing would be appreciated, but it would be especially helpful if you or a representative of the local system could attend a meeting of **my/our LMC, LNC, Regional Council etc** *[delete as appropriate]* to discuss your plans directly with other doctors working in the area. *[Delete/amend paragraph as needed depending on whether you wish to invite system leaders to a meeting after speaking to your Regional Coordinator or Industrial Relations Officer]*

In addition, *I/we [delete as appropriate]* would be grateful if the **ICS/STP** could keep **me/us** informed of any events, consultations, or other public activities it is carrying out in the future.

I/we [delete as appropriate] look forward to your response and to any and all future engagement on the ICS/STP plans.

Yours sincerely,

Insert Name,
Address

BMA

British Medical Association, BMA House,
Tavistock Square, London WC1H 9JP
bma.org.uk

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