

Process for handling consultation responses

Mechanisms for responding

Our [consultation hub](#) sets out the various ways you can respond to the consultation.

NHS England's policy is digital first and we would prefer that responses are provided via our online form at the above address. This allows responses to be transferred to our analysts quickly and securely and provides real-time feedback on what we are hearing from respondents.

We recognise however that there will be those that would like to respond via email or post. Using a downloaded copy of the response form (available on the consultation hub) submitted via email (preferred alternative) or post makes it easier and more cost effective to analyse these responses, so we would like to encourage this wherever possible.

Throughout the consultation period NHS England will be hosting a number of local "drop-in" consultation events suitable for all audiences. These events are designed to help explain the standards and answer any questions. The events will be 'exhibition style' which will include panel displays, audio-visual materials, and team members to talk to. We want attendees to have every opportunity to discuss the standards and we want to ensure we answer any questions raised. However, the discussions that take place at these events cannot be used as official consultation responses. So we will be providing consultation response forms for those that want to take the opportunity to respond there and then, and we will be collecting these up at the end of each event and passing them to Dialogue by Design. Of course attendees can also take the form with them and fill it out later.

Handling different types of responses

- **Multiple submissions:** Dialogue by Design are unable to link responses from the same individual which arrive at different times. These responses will be processed separately. Since individuals' contact details will not be collected, our analysts will not be able to accommodate any requests for responses to be replaced or amended. If a response has been made on behalf of an organisation then it may be possible to make changes, as the name of the organisation will be recorded alongside their response.
- **Duplicate submissions:** Because the response form does not ask for respondents' contact details, Dialogue by Design will not be able to identify and remove duplicate submissions. It is important to remember that duplicate responses will make no material difference to the Consultation Summary Report as they do not raise any additional issues. Where it summarises the responses to open questions, the report will not specify how many respondents raised a particular issue.

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- **Group submissions:** If multiple submissions are received from a group such as a school or community group, whether they are received individually or attached to a cover letter, they will be treated as separate responses.
- **Petitions:** Where petitions are received they will be recorded as one response, with the number of signatories being recorded. Only the sender of the petition will be recorded as a participant.
- **Texts:** We will not be accepting responses via SMS/text.
- **Social media:** We will not be accepting responses via social media.

Late responses

The online consultation closes at 5pm on Monday 8 December 2014. Any email responses that are received until midnight on 8 December 2014 but are timed as being sent before 5pm that day will be accepted. Any post that arrives within one week of the consultation closing with a legible post mark as having been sent within the consultation period will be accepted. Other than these two exceptions, responses received after 5pm on 8 December 2014 will not be accepted.

We encourage everyone not to wait for the last week of the consultation to send their responses.

What happens once consultation closes?

As the last few weeks of consultation are usually the busiest, once consultation closes, Dialogue by Design will spend the first few weeks analysing all the responses received. Once this is complete, they will be working throughout January 2015 to draft their final report with the aim to provide NHS England with a final report by mid-February 2015. This is an indicative timetable and is subject to the final number of responses that are received.

The purpose of the report is to summarise the range of views held by respondents rather than quantifying the weight of opinion among respondents. Emphasising quantitative information in this way would not be appropriate given the nature of the consultation process (responses are anonymous). The consultation is not a vote or a survey, the report focusses on the issues raised by participants rather than the number of times an issue is raised by participants.

NHS England will consider the issues raised during the consultation and where appropriate will amend the draft standards and specifications. These will then be agreed through the relevant committees and approved by the NHS England Board.