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A guide for CCGs

Engaging the public in difficult decisions about health service change

NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Introduction

The need for transformational change in the NHS is frequently discussed. So too is the need to involve the public in difficult decisions about that change. However, advice on how to successfully engage a range of public stakeholders has often been less forthcoming.

This paper from NHS Clinical Commissioners is an attempt to redress that. It begins with case studies from three different reconfiguration projects:

- **Better Beginnings**, which looked at maternity and paediatric services in East Sussex
- **Healthier Together**, a programme around health and social care services in Greater Manchester
- **Future of acute hospital services in Worcestershire**.

Each case study shares the experiences and learning of those involved in the projects.

After that we have a series of top tips on how to get public engagement right. These are all drawn from conversations with those involved in our three case study projects.

Engaging the public in decisions about the health service is a difficult but important challenge. We hope this paper helps you to meet it.

TOP TIPS

Five ways to get service redesign right:

1. Timing is everything
2. Call in the experts
3. Get your messaging right
4. Go wide
5. Listen, be respectful, be honest… and let go

Case Study **1**

Better Beginnings: Maternity and paediatric services in East Sussex

East Sussex's CCGs were only three months into their formal existence when they launched the Better Beginnings programme. The area's CCGs may have been new, but the issues they were seeking to address were far from it.

"Maternity services in East Sussex have been subject to entrenched difficulties in ensuring that quality and safety was sustained," explains Jessica Britton, associate director of strategy and governance for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG.

Indeed, the local health economy first undertook a reconfiguration consultation exercise in 2006. "That concluded that the obstetric services – which are run across two sites as part of one trust – ought to be single sited," she says. "There was huge, vociferous public outrage and the decision was referred by the health overview and scrutiny committee to the secretary of state, who overturned it."

When it came to the Better Beginnings programme, the CCGs' governing bodies and staff were clear they wanted a different approach – an open conversation with local people. "We were very clear we wanted to do this differently, and we actively wanted to ensure that local stakeholders were involved with what we were doing from the start," says Ms Britton. "We immediately began involving people, and I think this set the tone for the entire process."

Important too was starting with a genuinely open discussion. "For the first three months of the project we ran what we called a discussion phase, and it focused on two things: firstly raising awareness of the Sussex clinical case for change [a peer-led clinical review process which had concluded there was a pressing need to change maternity services in the area] and, secondly, seeking insight into recent patient experience and people's aspirations for future services.

"At that stage we had no delivery options; no preconceived ideas of what the solution would be," emphasises Ms Britton. "We were simply saying: here's the issue, how do you find services at the moment, what is your experience of them, what are the things we might need to think about?"

She emphasises that there was a real desire to speak to recent users of the services being considered for redesign. "What we knew from the previous consultation – which had gone less well and was subsequently overturned – was that people that spoke loudest were less likely to be in the right demographic for needing to use maternity services. We wanted to speak with people who would be most impacted by any changes.

"So we ran focus groups and one-to-one interviews which were specifically aimed at people with recent or current use of the service. And we very deliberately raised awareness of the programme through midwives, in shopping centres, community venues and networks, and in the press. The engagement team also attended family fun days and things like that so we could talk to people who might not otherwise engage."

After a further three-month period in which additional engagement took place and options were developed, a formal public consultation ran from January to April 2014. A few months after, a decision was taken on how to reconfigure the services – and, this time, it was a decision with which the health oversight and scrutiny committee agreed. “Which was phenomenal,” says Ms Britton. “It was an extraordinarily difficult decision for them, but because of the strength of our engagement, and our focus on quality and safety, they didn’t refer the decision to judicial review, so the decision stands.”

She believes that, in addition to the engagement work, engaging with local clinicians and councillors was key to the ultimate outcome. “The amount of work that was done with local GPs was important, and in fact the amount of work done with the health oversight and scrutiny committee. There was involvement with them at every step of the way, so they really, really understood what the clinical issues were, and that it really wasn’t about money, it was about making services safe.”

“We were very clear we wanted to do this differently, and we actively wanted to ensure that local stakeholders were involved with what we were doing from the start.” **Jessica Britton**

Case Study **2**

Healthier Together: Health and social care services in Greater Manchester

About eight miles north of Manchester lies the town of Bury. Every Wednesday it is home to an open air market which attracts crowds of visitors. When asked how to engage the people of Bury in a review of health and care in Greater Manchester, staff at the CCG therefore gave a simple answer: hit the market.

It is one example of the hyper-local approach which Sophie Hargreaves says characterised the successful Healthier Together review. “We really tapped into the network of CCG engagement managers,” reports Ms Hargreaves, who works in the Greater Manchester service transformation directorate. “We really worked with them to understand what was going on in each of their localities.”

It is also an example of the extent to which the Healthier Together team went to people rather than waiting for people to come to them. “We did your traditional community hall venues,” says Ms Hargreaves, “but we also partnered with a local radio station, Key 103, who have a big bus that they take out to do community engagement activity on. So we took that bus with Key 103 out to shopping centres, to football matches, that kind of thing.”

A partnership with Manchester Metrolink, meanwhile, meant that members of the team were speaking to people and giving out flyers at stops for the city’s tram system. These sort of diverse methods meant that the message that the review was happening and that views were sought was spread far and wide.

Ms Hargreaves says focusing on how those messages are communicated is one of the lessons she has personally learnt from the review. “Before I came into the team, I’d never done public consultation before. So when we were doing the case for change, I didn’t have an eye to identifying what’s the key message, what’s the key fact? If I do a consultation again, I would have that in mind from the beginning – what are the things that people would latch on to when we’re doing the case for change?”

Also key, she says, is who communicates those messages. “I think one of the things people have always said about our programme is the sense of our clinical leadership,” comments Ms Hargreaves. “We’ve had some really good clinical champions who were involved really early on in the programme, who you could absolutely rely on to go and deliver the messages. It was always clinicians who stood up and gave the messages; it was the clinicians who really shaped the direction of travel and the model of care.

“When people said: ‘Why are you doing this?’ we could say, well, we’ve had over 400 clinicians from across Greater Manchester meet to shape this model of care. We could always go back to that, and say this was what senior clinicians thought was best for patients.”

“I think one of the things people have always said about our programme is the sense of our clinical leadership.” **Sophie Hargreaves**

Case Study **3**

Future of acute hospital services in Worcestershire

When discussing what makes for successful public engagement in service redesign, Simon Hairsnape uses one word frequently: time. The chief officer for Wyre Forest CCG and Redditch and Bromsgrove CCG – both of which have been involved in plans to reconfigure acute hospital services in Worcestershire – emphasises that "these things take time to do well".

Simon Angelides agrees, and has a forthright opinion on why many health service redesigns become so very challenging. "Too many organisations find themselves having to reconfigure services from a poor position," argues Mr Angelides, who works at NHS Arden and Greater East Midlands CSU and was the director for the Worcestershire reconfiguration programme.

"The work at the very beginning is the foundation of what the programme will be going forwards. And if you don't get that right then turning around public engagement can be very difficult."

The experience of trying to reconfigure acute hospital services in Worcestershire could be considered a case in point. When discussions about changing the services first began, Mr Angelides reports that "it was undertaken at speed, and the local community became disengaged from the process in that it seemed to them be quite a quick movement from 'We need to make changes' to 'We need to radically reduce the services on the sites on which we operate'. Which financially made the most amount of sense for the trust, but in terms of the local population, local politics and surrounding providers posed a number of problems."

When he joined the project, his first task was therefore to try to re-establish a level of trust. "It was about putting the miles in and spending a lot of time with the local population."

"I think a lot is based on trust," agrees Mr Hairsnape. "Public stakeholder groups doesn't necessarily trust the NHS – they see organisations come and go.

"So saying: trust me, I'm an NHS manager and I work for the CCG and I used to work for a PCT and a PCG and a health authority doesn't really wash. Saying to them trust me, Simon Hairsnape, this is what I'm trying to do, this is my way of working, and I want to do the best thing I can for local patients – if you can get that personal trust there, it starts to make a conduit between the NHS and those stakeholder groups.

"I think NHS leadership, both management and clinical leadership, have got to put the time in talking to people."

He admits talking about complicated decisions around service redesign isn't always easy, particularly when speaking to someone with different priorities. But he says recognising and respecting those priorities is crucial.

"You need to recognise that listening skills are important and you mustn't be dismissive because people say something that you might think is a bit wacky – as in, say, the ability to park is more important than a marginal outcome benefit for a cancer surgery. They're not wrong or misinformed, it's just that they look at the world through a different window. We've got to understand that and work with the public rather than against them."

Top tips

Top tips on getting service redesign right, from:

- **Simon Angelides**, reconfiguration programme director, NHS Arden and Greater East Midlands CSU
- **Jessica Britton**, associate director of strategy and governance for Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG
- **Simon Hairsnape**, chief officer, Wyre Forest CCG and Redditch and Bromsgrove CCG
- **Sophie Hargreaves**, Greater Manchester service transformation directorate.

1 Timing is everything

- **A successful redesign process cannot be rushed: be realistic about your schedule**
  "There's a tendency with the NHS to set unrealistic timeframes. These things take a long time to do well."
  Simon Hairsnape

- **If you involve the public at consultation stage, you've left it too late**
  "The formal consultation process should be the end of a journey rather than the start of the journey."
  Simon Hairsnape

- **Before you start, make sure you understand your legal obligations**
  "You need to understand your duties, and responsibilities. Read section 14Z2 of the Health and Social Care Act 2012!"
  Simon Hairsnape

- **Build a communications strategy, with detailed timeframes**
  "We did a leaflet drop towards the end of our consultation. That was probably responsible for about a quarter of all our responses [to our consultation survey]. I think the timing of it worked really well, because by then people had been reading about it in the newspaper, they'd been hearing about it, seen the leaflets, seen it on the news. We managed to agree with ITV that we'd run a slot on a news programme every night for five days, and it was the same week that the leaflet drop went. People would come in from work, 'what's this leaflet', they'd turn on the news and then it was talking about Healthier Together. That worked very well."
  Sophie Hargreaves

"The formal consultation process should be the end of a journey rather than the start of the journey."

2 Call in the experts

- **Make sure the process is clinically led**
  "Have your GPs on board, your consultants on board – it is as important to engage all those people as it is to engage the public. I remember that when the governing bodies were making decisions, the chair of one of the CCGs [of an area that would lose obstetric services under the plan] gave an impassioned speech about how difficult it was but how he was absolutely convinced that it was the only right and proper thing to do. There is a genuineness about it [if a clinician presents the case for reconfiguration rather than a manager]."
  Jessica Britton

- **Ensure there is a strong evidence base for change**
  "Your evidence base has to be absolutely rock solid. We spent months gathering evidence about what was safe and how you could deliver services, to make sure there really wasn't any other way we could deliver something."
  Jessica Britton

- **Draw on the local knowledge of staff at all relevant CCGs**
  "We really tapped into our network of CCG engagement managers; really worked with them to understand what was going on in each of their localities."
  Sophie Hargreaves

- **Speak to colleagues at other organisations which have been through service redesign**
  "Learn from elsewhere. We often reinvent the wheel. Go and find one or more patches that are doing what you're doing – sit down with them, work out how they did it, what worked well, what didn't work well."
  Simon Hairsnape

- **Connect with Healthwatch**
  "Healthwatch are important – their credence and support is important. Unless you've got Healthwatch on board saying they're fully supportive of the process, it's very difficult to create a coalition [of local support]."
  Simon Angelides

- **Get expert communications advice**
  "You've got to work really hard to engage stakeholders, including MPs, councillors, health and wellbeing boards, health overview and scrutiny committees, the local papers and community groups – the communications part of these service change programmes is absolutely crucial. We've got very good communications team in place now – we probably should have had them in place from day one."
  Simon Hairsnape

- **If you're going to have a formal public stakeholder committee, find a good chair**
  "An independent chair allowed people to feel that they could air concerns in an appropriate way that would allow us as a programme to go and do something about it and bring it back to them. If you have a good chair, their focus is very much on bringing everybody into the programme and dialling down those that are loud and bringing in those that are quiet."
  Simon Angelides

3 Get your messaging right

- **Get your frequently asked questions right**
  "For Healthier Together, we did have frequently asked questions on the website, but I think we could have tested them more on people early on, to make sure they were a) properly signposted and b) were answering people's questions more."
  Sophie Hargreaves

- **Forge links with local media early on**
  "We worked very well with the media – there were over 600 pieces of coverage during the consultation. We formed early media partnerships with all the key newspapers across Greater Manchester. We did a lot of media briefings, so they were doing a lot of editorial coverage, promoting all our events."
  Sophie Hargreaves

- **Consider ways to efficiently explain your argument to as many people as possible**
  "If we had our time again, we would have filmed a longer video. We had a video, but we would have done a longer one to explain what the model of care was so that we wouldn't have needed three or four clinicians at every event – we could have had one clinician and one video."
  Sophie Hargreaves

4 Go wide

- **He who shouts loudest is not necessarily wisest**
  "We reached out to the whole population of Worcestershire, so we didn't necessarily go to those who were shouting the loudest, we go to everybody and we try and have a level of democracy where it's implemented on a equal basis, so that everybody gets a say, everybody has a view, and it doesn't just become those that are the loudest that become the dominant voice."
  Simon Angelides

- **Go to people rather than expecting them to come to you**
  "We did all sorts of things, from being on the streets, to giving out leaflets at community events to your normal, traditional, formal events."
  Sophie Hargreaves

  "We had a lot of what we called roadshow events. So rather than having a public meeting, we took all of our information out to public venues like shopping centres. We take out GPs, we take consultant obstetricians from the trust, we take midwives, and we're there all day talking to people. We held these big roadshows in various areas of the county – big, very public events that a lot of people got involved in."
  Jessica Britton

- **Watch the demographics**
  "Halfway through our consultation, we did a check to see how we were doing – how many responses have we got back, have we got fewer responses from certain areas, from certain protected groups? And we realised that people from minority ethnic groups were under-represented, and people from certain religious groups. So following that, we met with religious leaders from across the community to target more activity."
  Sophie Hargreaves

- **Establish one-to-one relationships with stakeholders**
  "First, there's got to be a level of trust built up through a network of discussions on a one-to-one basis with individuals about what we're doing, how we're trying to do it, what didn't work last time, the way we're proposing to this time. It's getting the trust, establishing your credibility and the credibility of the programme."
  Simon Angelides

"We did all sorts of things, from being on the streets, to giving out leaflets at community events to your normal, traditional, formal events."

5 Listen, be respectful, be honest… and let go

- **Equals not enemies; partners not the public**
  "Work with the public rather than working against them."
  Simon Hairsnape

- **Understand that the public may have different priorities – and respect that**
  "You need to recognise that listening skills are important and you mustn't be dismissive of the public's views. They often look at the world through a slightly different window and we've got to understand and respect this."
  Simon Hairsnape

- **Be honest about what is and what isn't an option**
  "Be absolutely honest, absolutely clear, about what people can expect and what they can't."
  Jessica Britton

  "Don't give a Hobson's choice where the public doesn't actually have a choice and you're just going through the process."
  Simon Angelides

- **Trust that the public will make sensible decisions**
  "The statutory requirements sets out what we have to do around engagement and consultation, but how you do it is probably more important in many ways. And that's almost a cultural position of co-production and co-design: sitting down with stakeholders and saying this is the problem, trusting local stakeholders and people to make sensible decisions, accepting that sometimes we don't know what's best on every occasion. Sharing the problem. What that means is that when you get around to formal consultation, it's the end of a journey rather than the start of it."
  Simon Hairsnape

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- **The NHSCC Lay Member Network Steering Group**.

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