



Key messages

The key messages that came out of participants' discussions about how people can be involved in NHS changes over the next 5-10 years are summarised below:

- People need **clarity** about the purpose, nature and limits of influence of their involvement.
- These conversations should be **open and honest**.
- Involve people in things that are **relevant and specific** to them.
- Do it in ways that are **tailored, exciting and use technology**, particularly to reach younger people. Positive stories, role models and scenarios can show the potential of change.
- Involve **existing networks** but **reach beyond** the usual suspects.
- Involvement activities need **resourcing** and **skilled people**.
- **People have a role to play** by committing to be a critical friend, making sure the best interests of patients are considered and holding the NHS to account.



Headline feedback and more detailed feedback from the workshop discussions can be found on page 7.



Background to the event

Health services in the UK are going through a significant period of change as they gear up to meeting the needs of our 21st Century population. Wessex Voices invited members of the public, six local Healthwatch and NHS colleagues to spend the morning of the 5th of December to:

- hear more about what is driving these changes in the NHS and what health services could look like in 5-10 years; and
- discuss the best way for the NHS to involve the public in these significant changes.

The event was not designed to talk about the future of specific local health services (such as local hospitals or GPs) but focused on how people should be involved in these changes. It was also an opportunity for people to meet each other, local Healthwatch and NHS colleagues; to hear a bit more about Wessex Voices, and for the Project Team to say thank you for getting involved in.





NHS changes and the reasons why

Richard Samuel, lead for the Hampshire & Isle of Wight Sustainability and Transformation Plan (STP), gave a brief overview of the NHS changes that are likely to take place over the next 5-10 years and some of the reasons why. This gave context to the workshop about how people can be involved in change.

Richard explained that historically when thinking about change the NHS's focus had been on, for example, buildings, numbers of beds or in a small area. Now change is being considered across the system to realise additional opportunities to 'future proof' the NHS. He gave examples of these changes and reasons why:

a) Understanding the human genome:

In future, we will be able to better prevent, predict and tailor care based on an individual's genetic profile. For cancer that could improve treatment success rates. We therefore need to start to talk to people about sharing their data for the benefit of individuals and society.

b) Need to improve outcomes:

In England, outcomes for people with breast cancer, as an example, still fall behind other countries. Women tend to go to their GPs with concerns later, which can delay diagnosis and treatment. This varies depending on a person's education, deprivation and culture. We need to understand from a diverse range of women why this is, what would encourage them to change behaviours and what the NHS can do to facilitate this. An example might be to enable women of a certain age to go directly to a specialist centre to be diagnosed and then be treated more quickly.

Around bowel screening for men, it could be making sure all parts of the health and social care

system explain the importance of screening every time they have contact with a person who hasn't taken it up. It is also important to make screening as easy as possible. If more people took up screening more lives could be saved.

c) More people are living with complex, long term conditions:

People are living longer with multiple complex conditions, increasingly with both physical and mental health issues. The NHS needs to move away from treating specific conditions to treating the whole person.





d) Utilising new technology:

An example was given of how new technology can be used to reduce the risk of falls. Technology in slippers could indicate when they begin to wear out and need replacing. It could highlight changes in how people walk and if they are more likely to fall. It can also monitor how inactive people are so they can be encouraged to move more. This technology could help people live independently for longer.

APP based technology could be used to provide easy to access training, such as for people with Chronic Obstructive Pulmonary Disease to learn to use inhalers more effectively and prevent crises. APP and wearable technology will bring about significant changes in how care can be delivered.

e) Workforce issues:

There will not be the workforce to support the growth in demand for services. Even if every school leaver in Hampshire was recruited to work in the health service this year this would not be enough people to fill the vacancies that currently exist.

f) Empowering citizens:

The NHS should be more sophisticated in how it engages people. People are increasingly behaving like consumers when accessing health services. They want to be empowered to understand their health and what they can do to remain healthy, as well as wanting easy access to services and to be in control of treatments when needed.

In summary

Richard said that whilst lots of changes can be undertaken at a local level under, for example, the Better Local Care programme; the new Sustainability and Transformation Plans can draw from and combine these to take a strategic view. To maximise the opportunities for change organisations will need to work together over a wider geography. He said that it is a myth that the NHS changes are solely driven by finances as much of the work of the STP will require a growth in investment.



'How people can be involved' workshop

Participants spent an hour discussing the key questions set out below:

- ? How can the NHS involve people in change over the coming years?
- ? What are the opportunities?
- ? What are the challenges? How can they be overcome?
- ? What role do you have to play?

Headline feedback from the workshop:



Go to where the people are. Even try to reach people in their homes



Use existing GP and community engagement and communication networks but also move beyond the usual suspects



Understand and accept where people are: be respectful, use plain language and be accessible. Do it on the people's terms. Don't do unto people



Revolutionise how things are done



Make communications exciting. Harness the use of social media



Give scenarios to show the potential of change; and use positive stories and role models to explain the changes (to reduce suspicion that this is about cuts)



Keep it specific, relevant and local



Hold events that encourage people to address their own health needs to spark their interest and get involved



Encourage GPs and health staff to get involved in making improvements



Resource this specialist engagement function



Be genuine, open and honest about problems. Don't over promise. Be realistic!



Be clear about how people's feedback will be used, as well as what it will and won't influence



Update people on what their feedback has influenced.





Detailed feedback from the workshop

General thoughts

- Hard to argue against the outlined changes but isn't it still about the money?
- Wessex Voices have a key role locally but there are also others and different structures for the governance of public and patient involvement
- There is a statutory requirement to involve and consult by Clinical Commissioning Groups (CCGs) and Local Government but not the Sustainability and Transformation Plans (STPs)
- The NHS is trying to keep up with change in family structures and dispersal, diet and lifestyles
- People need to know the NHS is changing. It will affect everyone now and in the future. How can we be sure it will be positive?
- How do we get over the challenge that any change is a bad thing, even when the NHS is investing and spending more on services?

How can the NHS involve people in change over the coming years?

- Be clear why you are involving people and what involvement means
- Consult before decisions are made. Involve and collaborate earlier
- Go to where people are, for example supermarkets
- Have honest conversations - acknowledge the problem and that the NHS doesn't have all the answers. Be clear about the limitations. Fulfil commitments
- Build respect and trust by being honest
- We are on a journey. Ensure the conversations are ongoing and educational as well as honest
- Make proposals and invite challenge
- Use clear language and questions; not nebulous ones, e.g. around the STP/ global view
- Involve people in their specific area of interest (e.g. my GP or hospital)
- Need to show people the alternatives, using effective communications





- Offer different engagement options to suit the audience and their communication preferences
- Need to see this as cultural change and set out what people can expect of health services
- Resource the involvement with skilled engagement and communications staff, provide support to Patient and Public Groups (PPGs) and funding for expenses.

What are the opportunities?

- Ask people what they are interested in. Ask patients what the question is that needs answering
- Use social media, GP surgeries, PPGs, pharmacies, outpatient clinics and existing groups, charities and networks and encourage feedback. Help people to link up themselves
- Use technology to encourage people to take responsibility for their health, via text messaging, blogs or online polls
- Use technology to engage future NHS service users, e.g. young people/ the Millennials by using APPs (such as NHS checker), text, Skype
- Some patients won't want to navigate technology but it could support experts and practitioners
- Hold health events (presentations/fairs) of interest to people, supported by doctors and managers, to encourage attendance/ involvement
- Share positive stories about how change has improved outcomes for patients, e.g. by reducing waiting times, increasing satisfaction and the quality of care
- Give different scenarios so people can see the potential of change and what it will mean if things stay the same. Make them relevant to them by using human stories
- Reassure people that services are still there
- Pilot new ways of working
- Use people with profile/ celebrities to promote change
- Use existing national and local research, e.g. from the National Institute of Health Research or local Healthwatch
- Utilise peer to peer messaging, e.g. women talking to other women about cervical smears
- Working through schools and youth groups to educate young people about prevention. They will talk to their families
- Create a single point of contact for signposting
- Get called up to give your views like on jury service
- Make every contact count and ensure people know where to go for good advice
- Patients need to link with staff that are not too busy to go out into the community e.g. to a Mosque discussion group
- Encourage GPs to work in different ways and encourage health professionals to get involved in improvements. Their training should be wider than just a medical model.



What are the challenges? How can they be overcome?

- NHS feels it knows best and sees itself as separate from the community
- Public are playing catch up and therefore reacting
- Local PPGs are being expected to decide on how to involve people but they don't have the skills to. Utilise CCGs' skills
- Uncertainty about CCGs impact on their ability to attract/retain skills needed
- Workforce - new ways of working - are there solutions to this?
- NHS teams and services are not communicating with each other
- Danger of speaking to the same people e.g. those who sit on committees
- Need to expand on involvement to people who are isolated (e.g. through those who go into people's homes to care for them or visit) and those who face barriers (e.g. through deprivation, gender, ethnicity, disability etc). Go out to religious groups and work with their leaders
- Some communities 'bind together' better (e.g. rural)
- Mapping services and the community and voluntary sector is a challenge. Use the NHS database as it leads to other people/ groups
- People and groups can be disorganised and hard to reach
- Often people who have the strongest opinion or vested interest come forward and they can overpower the conversation about change. It is important to reach young people and those who do not currently use the services. Use better media managers in the NHS to encourage involvement
- People interested in a 'global view' are shut out, e.g. by having to be elected to a Healthwatch Board. Promote the opportunities to engage at this level
- People often don't know there is an opportunity to engage. Advertise on buses, in supermarkets or via prescriptions
- Consultation can make people wary so the NHS must acknowledge people's suspicions
- Reaction of commissioning organisations does not always mirror the positive intent of those who are getting involved. Sell the benefits better
- Internal markets: the money follows the patient
- Not all GPs or Practice Managers support their PPGs so practice is variable. Monitor this activity through their contracts
- Bring health and social care together to create improvements and because of the funding crisis in social care.





What role do people have to play?

- Get your head around the context and keep up to date
- Be an ambassador for the public
- Continue to represent patients and share the message
- Be a critical friend rather than slinging bricks. Continue to challenge
- Ask questions and ensure there is evidence about what is best for patients
- Hold decision makers to account
- Commit to activities that the NHS organise
- Encourage others to 'get involved'
- Connect with minority groups about what services will look like
- Connect and work together through a 'strategy'
- Annual reference group at a local level to look at specifics, regionally and at themes
- Healthwatch can work with the NHS to involve people, patients and communities

Other feedback

Speech bubbles were left on each table so people could leave other ideas about how people can be involved. Below are those suggestions.

- Healthwatch acting as a conduit/facilitator between the public and the NHS
- Work more closely with the NHS to effectively engage
- Engagement with the voluntary sector
- Start with the GP - when patients engage with them use the opportunity to explore with them what they really need and think
- Use GP engagement processes as they are currently under used
- Use technology to engage the public
- Need for ongoing constant information and education
- Engagement at an early stage and articulate the problem
- Open, honest communication that is genuine and uses quality communication





Next steps for this work

Emma Leatherbarrow, Director of Partnership at Help and Care, reflected on the morning, saying that change is likely to take time and it is important there is ongoing dialogue between the NHS and people. Feedback from the workshop highlighted that this needs to be an open, honest discussion to maintain trust and credibility in the NHS. People today came up with some exciting ideas about how to do this effectively.

Emma then explained that the report would be circulated to all participants in the New Year. Nicky Priest, Assistant Director of Nursing, NHS England, then said how the report would be shared with NHS England and CCG colleagues for their consideration and response. They both thanked everyone for coming and for their contributions to the morning.





Recommendations

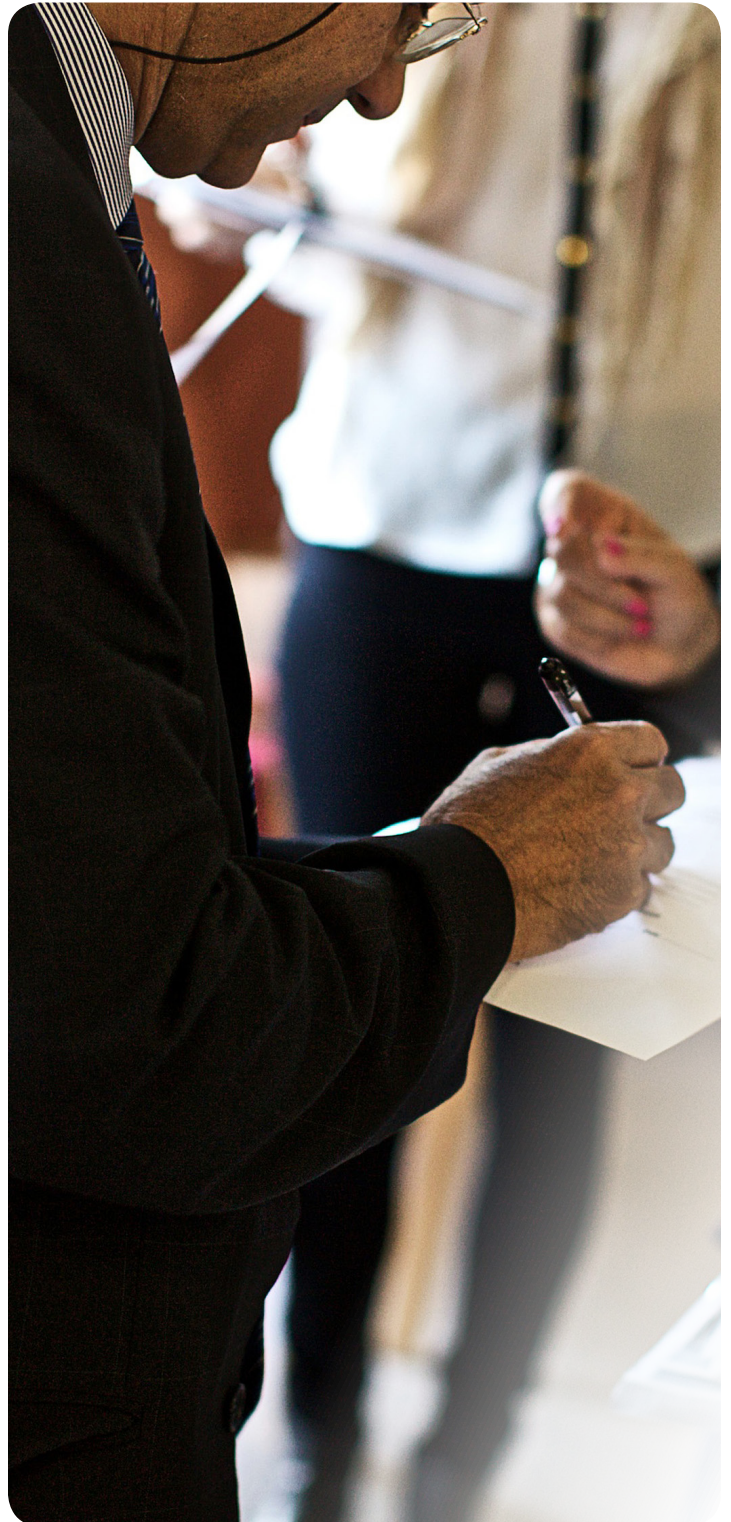
For the NHS (regionally and locally)

- 6 To resource support and development for NHS colleagues to develop their skills to communicate and involve people in change
- 6 To make the case for change by sharing potential future scenarios - using exciting, positive communications and human stories
- 6 To consider and report on the quality of patient and public involvement in service changes based on the principles of clarity, honesty and relevance
- 6 To review their existing community and voluntary sector contacts and dialogue with Councils for Voluntary Services and local Healthwatch, especially for those experiencing health inequalities
- 6 To promote ways to hear about the NHS changes to these groups and how people have been involved in local and regional changes on an ongoing basis.

For Wessex Voices & local Healthwatch

- 6 To continue to promote ways people can get involved if they want to
- 6 To provide practical support on what good involvement looks like
- 6 To explore with NHS England colleagues how they can quality assure involvement activities based on principles of clarity, honesty and relevance.

Wessex Voices will ask NHS England Wessex to respond to these recommendations. We will also ask them to share these headlines and recommendations with national and Wessex based local health and social care organisations.





Other information

Who came to the event and what did they say about it

- **48** people came to the event, including **36** members of the public, six local Healthwatch, Healthwatch England and PPI solutions were represented, as were NHS England and the CCG leads and engagement representatives working on the STPs for Dorset and the Hampshire and Isle of Wight.
- **36** volunteers gave up more than **90** hours of their for this meeting (not including travel time).
- **27** people of the **48** people who attended the event completed an evaluation form.
- **24** people said it had been a good use of their time. Two people said it had not and one left the question blank.

A more detailed evaluation is available on request.



Social media activity about the event

Here is a link to the social media activity at the event:

www.twitter.com/hashtag/involveNHS

Acronyms

CCGs	Clinical Commissioning Group (1 in Dorset and 8 in Hampshire)
PPGs	Patient and public (engagement) groups (run by GP surgeries)
PPI	Patient and public involvement
STPs	Sustainability and Transformation Plans

Here is a link to the NHS's acronym buster: **www.nhsconfed.org/acronym-buster**





Background about Wessex Voices

Wessex Voices is a partnership of NHS England (Wessex), the Strategic Clinical Networks and five local Healthwatch across the Wessex region: Dorset, Hampshire, Isle of Wight, Portsmouth and Southampton. PPI solutions also advise and support the partnership. These organisations are working together to enhance and support the sharing of good practice in patient and public involvement in commissioning.

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