

Communicating Change

September 2024 Briefing Paper

This briefing paper is aimed at service providers and commissioners. It provides an overview of what we have heard about people's experiences of three recent significant service changes in Leeds and how they have been communicated:

Change of children's orthodontics providers: On 31st March 2022, contracts with existing providers of children's orthodontics in Leeds came to an end due to planned re-procurement. Contracts with new providers didn't commence until 1st June 2022, leaving a three-month gap with no provision. Despite new contracts beginning in June 2022 there was a further delay for many patients due to the time taken for NHS England to transfer patient data over to the new providers.

Change of audiology provider: From 1st April 2024, Westcliffe Health Innovations terminated its audiology sub-contract with Specsavers, choosing to provide its audiology diagnostic and fitting service directly, rather than through a sub-contractor. Following the change there was a delay of several months before the service became fully functional.

Removal of public access to the adult mental health crisis Single Point of Access phoneline: On 8th May 2024 crisis support for the public via the Leeds and York NHS Foundation Trust (LYPFT) single point of access ceased. This coincided with the rollout in West Yorkshire of NHS 111 offering a mental health crisis support option for the public as part of a national rollout.

This paper highlights the impact on people of these changes and how they were communicated, as well as what can be done differently to improve communication in the future.

Communication of changes

In all three of these examples, there was a lack of clear information to prepare people using services for the changes and what it would mean for them.

We requested copies of Equality Impact Assessments and Health Inequality Impact Assessments from commissioners and providers relating to all three changes. We didn't receive anything back about Orthodontics.

For Audiology there was some engagement done ahead of the procurement to inform the service specification. However, this was done in 2014 and 107 people responded about Audiology. A more recent survey received 18 responses. We've been told that following the procurement, providers were advised about communicating / engaging with patients.

Leeds and York Partnership NHS Foundation Trust didn't give details of any impact assessments but told us that the change to the Single Point of Access had "been through several stages including the crisis transformation group and board, the trusts oversight governance group and also the crisis redesign engagement event with Service users and carers". Leeds ICB have provided us with the West Yorkshire QIA that was completed as part of the work. We've been told that a Leeds place one wasn't completed by LYPFT at the time of change, which has been acknowledged as an oversight.

Orthodontics and Audiology

Patient information leaflets were eventually produced for children's orthodontics and audiology, but only following the change in contracts. Leeds Integrated Care Board also sent out a letter to everyone on their contact list for audiology, but this didn't reach a lot of people as they didn't, and still don't, have details of all the people that Specsavers were seeing.

Neither leaflet was systematically sent out to all service users, resulting in confusion and a reliance on people having to contact their old providers to find out what was happening. Both leaflets said that people would be contacted to keep them informed about what was happening. However, this didn't happen for many, and even when people did receive communications, it was often very delayed. This left people not knowing where to turn for information or treatment, resulting in high volumes of enquiries to Healthwatch Leeds. The correspondence sent to people contained no apology or explanation about the reasons for the delay.

We were told that all patients should have initially received a copy of the respective information leaflets. However, everyone who contacted our information and advice service in relation to orthodontics said they had never been sent this leaflet. In terms of audiology, a high proportion of people who had seen the leaflet produced by Specsavers, had so by chance having been given it in their local Specsavers branch when trying to book an appointment.

With orthodontics, the leaflet directed people to contact 'their provider' or NHS England with any concerns. Since many people were 'between providers', not knowing who their new provider would be, this was not helpful. As a result, people resorted to contacting their old providers who were unable to give them any new information. People who contacted NHS England to raise their concerns, told us that they never got a response. We were also advised that people should contact the local Yorkshire and Humber dental returns email which wasn't even mentioned in the leaflet. People reported either a complete lack of response from them, or a generic response that didn't tell them anything new.

“There is no contact from NHS whatsoever. His braces are getting loose now, and I am afraid that it might lead to mouth injuries as there is no one who I can contact. I don't know how to resolve this issue, who to contact and how.”

With Audiology, the contact details on the leaflet (produced by Specsavers) were confusing for people, advising them to contact Westcliffe Health Innovations if they had any queries or feedback about the change but omitting to say that Westcliffe would be the provider going forward. It also included Healthwatch Leeds along with Leeds Integrated Care Board to contact with any queries about “how this contract has been procured”. The lack of clarity and plain English in the leaflet resulted in many people contacting Healthwatch Leeds and dropping into our office thinking they’d be able to arrange an audiology appointment because they didn’t understand the wording in the leaflet. We also received feedback that the leaflet wasn’t accessible because of the small font size, something that should have been considered given the large cohort of older people under the audiology service. It has to be noted that this leaflet was produced by Specsavers, in isolation and without liaising with or any input from the ICB or Westcliffe.

“Although dated 7 March 2024, I did not receive this letter from Westcliffe Health Innovations re: hearing aid services until 16 March 2024. This is very short notice, and I do wonder if there is not a statutory obligation to give clients fair warning of such changes. I think two weeks’ notice is simply not good enough.”

We received feedback from multiple people about the difficulties they’d experienced getting through to the Westcliffe Health Innovations number.

“The phone is just ringing, and I was on the phone for an hour. I’ve also tried leaving messages and the callback option hasn’t worked either. On several occasions I’ve been in the queue but then get cut off. It’s so frustrating!”

Mental health crisis single point of access

As far as we are aware, there were no communications to the public, service users and stakeholders prior to the change in function of the mental health crisis single point of access. The automatic message

people heard when calling the single point of access only changed on the day that the service to the public ceased.

The message told people that the single point of access was no longer open to the public and that people should call 111, with little other explanation or reassurance about the change. As such, many people will have found this out at the point of being in crisis and trying to reach out for help. In addition to people finding out in this way, we didn't feel that the tone or content of the voice message was in line with a trauma-informed approach. We fed this back to LYPFT and following our feedback the message was changed.

Information on the [Mindwell](#) and [LYPFT](#) websites for both the public and professionals didn't change until after the service change. [National communications about the introduction of the mental health option to NHS 111](#) didn't appear until the end of August 2024, more than three months following the change. This information was also misleading saying that, "People... who are in crisis or concerned family and loved ones can now call 111, select the mental health option and speak to a trained mental health professional." In reality, the 111 service is automated, resulting in people having to go through several options before they can speak to someone in person.

Although we were told that local communication had gone out to stakeholders in Leeds in May 2024 following the change to the single point of access, we were told by several GPs that they were not aware of the change:

"The lack of updates to GPs in signposting this change was a bit alarming. We were only notified of this when a patient told us of the change themselves."

Impact on people

Orthodontics

The physical and emotional impact on both children, young people and their parents and carers was significant, as many were left for periods of up to 8 months with no communication from either commissioner or new providers.

“The very basics of communication appear to be missing. It highlights to me what seems to be a total disregard for us as parents or the stress we continue to experience.”

The impact on people was exacerbated by the long gap in the provision of orthodontic services (over five months for many people).

“It is now three months since his braces were fitted and we have had no contact with the new provider. His braces are now broken in four places causing him pain and discomfort. I have had to resort to using wire cutters in his mouth to remove the sticking out wire that was causing him pain.”

People told us that when they had asked their old provider or one of the newly commissioned services what they should do if they had a problem in the interim, were told to contact NHS 111 or their regular dentist, neither of whom would be able to resolve issues relating to orthodontic treatment.

“She is in pain and distress, but there seems to be no way of securing her an appointment. When I ring 111, all they can say is “go to the GP”. When I go to the GP, the GP says it’s nothing to do with them and we have to go to the provider – but there appears to be no provider actually offering a service at present.”

There was also financial impact for some who felt that they had no other option but to go private.

“My grandson has had bits of wire sticking into his gums and at 16 this is affecting his mental health. I have myself paid £150 for an emergency appointment at a private orthodontist as I could not bear him to suffer any longer. There could be thousands of pounds to pay for follow up treatment not on the NHS.”

Audiology

We have had to date around 230 enquiries from members of the public about the change in audiology services as well as 250 visits to our webpage providing information about the changes. We heard that people were confused, frustrated and angry at the lack of communication and information provided to them.

“I wrote to Westcliffe to ask if an audiologist will be assigned to me and if and when I will get an aftercare appointment. I received an automated message which did not reassure me. None of my questions were answered so I now feel I have no aftercare at all. I am now seriously considering stopping wearing my aids as I feel nervous about putting them in my ears every day without advice on hygiene and general care or an audiologist I can contact, with any concerns. I am a huge supporter of the NHS but now feel 'dumped' and a victim of a discriminatory system - an elderly 'have not'.”

The changes affected many older people, many with mobility issues, disabilities or dementia who had relied on a very local service from Specsavers. Many expressed worries about having to travel to Bradford to access an audiology service, particularly during the period of several months before all the local hubs were operational. This is highlighted by the following two enquiries we received.

Enquiry 1: A cancer patient, who is a carer to his wife, expressed concerns about the Specsavers's recent loss of their audiology contract. Attending appointments at the local Specsavers was an important opportunity for them to get out, especially considering their limited mobility. They fear that if the battery replacements are coming in the post, they might get lost, especially since they live in a multi-floor apartment complex.

Enquiry 2: Person explained that he suffers with Dementia and is hearing impaired and elderly and cannot get to Harrogate Rd, Bradford. He hasn't been able to wear his hearing aids for several days now, as the rubber ends have worn away. He is very confused by the whole situation and feels very embarrassed having to ask people to repeat themselves as he can't hear properly.

Mental health crisis single point of access

Although we have no direct feedback from people who have tried to phone the Single Point of Access in recent months, it isn't difficult to imagine the impact this will have had on people who will have found out about the change via recorded message at one of the most vulnerable points in their lives. Communicating to people like this is neither good practice nor trauma informed.

We have received feedback from the public that compared to the single point of access some people don't trust speaking to NHS 111 because it is not perceived as a local service, or one that they have a relationship with. This will be compounded for some people by the fact that we already know from [previous work](#) that many aren't comfortable talking about their mental health over the phone.

“Should be preventing this [move to 111] by having drop-ins for people. Phoning a phone line and being sign posted to here and there is pointless.”

Some people also told us that they had the perception that call handlers wouldn't be trained to deal with mental health. We know that people's experience of NHS 111 is variable with feedback telling us that sometimes people have to spend a long time on the phone being passed between different professionals whilst others experience delays in getting call backs. Experiences such as these are likely to contribute to a lack of trust in the new system.

One Leeds GP told us that since the change to NHS 111 as they had noticed a rise in patients seeking mental health support.

“For many, having a dedicated crisis line with a defined phone number that they could directly reach out to felt more personal and accessible. The transition to calling 111 and then being triaged to crisis support has been met with some frustration from patients. The feedback I've received is that the 111 process can feel impersonal, and some patients have expressed feeling 'fobbed off' by being given that generic helpline rather than a number that is issue specific. Think of phoning the hospital switchboard rather than a specific department... and trying to do that whilst you are in a mental health crisis could add additional delays and also create additional (real or perceived) barriers for those in crisis.”

Our recommendations

1. Providers and commissioners must meet their legal requirements to do formal consultation and undertake Equality Impact Assessments and Health Inequality Impact Assessments where there is a closure, relocation or substantial change to a service. The potential impact on people, particularly those experiencing health inequalities must be considered and inform how change is communicated.
2. As part of the Equality Impact Assessments and Health Inequality Impact Assessments there should be communications plan to inform how changes should be communicated sensitively to different communities.
3. Communications should happen well before any change happens, to ensure that patients, the public and other stakeholders know what will be happening, are prepared for any potential impact, and know who to contact with any queries.
4. Services that are closing or facing significant reduction or change should, along with commissioners and new providers be responsible for communicating with their current and future service users about changes that will affect them.
5. Communications should always be trauma-informed. This is particularly important when change happens within mental health services.
6. Information about change should be made available in different formats and be accessible to the target audience in line with the [Accessible Information Standard](#).
7. In any information communicated, it is important to include relevant contacts where people can raise queries, concerns or complaints. Providers and/or commissioners need to be prepared for a surge in enquiries and have the capacity to respond to them effectively.