



Involving the public in decisions about local health services: Opinion Leader seminar 6 March 2008

Effective public engagement has never been so important in the design and delivery of our health services. Both commissioners and service providers have strengthened statutory obligations in this regard. Good quality engagement is central to achieving World Class Commissioning. Taking difficult decisions about priorities and changes to services in a way which involves, and retains the confidence of, the local population will be a key challenge facing commissioners.

Opinion Leader therefore organised a seminar enabling service providers and commissioners to discuss their practical experience of engagement; and to explore with colleagues their aims, challenges and solutions in involving patients, public and other key stakeholders in processes such as commissioning and reconfiguration planning.

Opinion Leader has successfully developed approaches for involving people in an informed, constructive and mature debate about the future of local health services. We have conducted pioneering engagement processes in partnership with PCTs for example in Liverpool, South East London and North London; as well as working with SHAs such as Birmingham & Black Country and NHS North East.

First session

Clare Collins a Research Director leading Opinion Leader's work in the health and social care sector gave a brief presentation on Opinion Leader's role and past projects. A short video was shown of Opinion Leader's work on the NHS Your Health, Your Care, Your Say national listening exercise. Clare explained that OL worked with organisations at national, regional and local level and in the public and independent sector, on projects including a range of methodologies such as quantitative, qualitative, deliberative and reputation audit work.

Oliver Lake from Lewisham PCT (Executive Head of Communications Policy and Stakeholder Engagement) gave a presentation on his experience working with Opinion Leader on pre-consultation deliberative events on service reconfiguration with patients and the public, at which OL had designed the event but trained PCT staff to act as facilitators; and in the subsequent formal public consultation.

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He described the general problems he encountered and gave advice as to what worked well in his experience. Points made by Oliver within the presentation and the following Q and A session included:

- Take a structured approach to engagement activities and tap into outside expertise as needed – doing it alone can lead to a less effective use of resources with lower impacts. Eg independent input and the ability to get beyond the already engaged public can enhance the credibility of the findings
- Staff facilitated events are a positive – they lead to a sense of involvement and enthusiasm from the staff – but the tailored pre-training was very important in terms of successful delivery of the events even for those who already had had facilitation training/experience.
- Send out background information and pre-empt frequently asked questions
- Make sure that any speakers are good and speak briefly and engagingly. It was noted that the public responded better to messages from clinicians than non-clinical senior managers
- Getting the basics right such as food and venues are important – although places like churches are central and local and allow for better catering, challenging acoustics often spoil the ambience of an event
- Incentives are important if you are to reach beyond the already engaged public
- It is better to set out the model of care first before asking about future plans – the public want to know how proposed changes have been arrived at
- Press presence was a bonus, but this can easily be a double-edged sword
- Target both the general public and specific groups – don't forget the former
- There was a degree of initial resistance within the organisation to deliberative events, partly out of fear of opening up to criticism and lack of understanding regarding their usefulness. After the first event, understanding grew and people felt there should be more.
- The general public were much more accepting having heard the case for change – the majority indicated their support as long as promises were kept and the things that were meant to be done were done.

Second Session

Meredith Vivian OBE (Acting Director, Patient & Public Empowerment / Directorate of Commissioning and System Management) of the Department for Health gave a short presentation on drivers to undertake effective public engagement. He discussed the strengthening of the statutory duty (s242):

- on health organisations to involve patients and public:
 - on an ongoing basis in planning of provision of services
 - in the development of proposals for change - the design process not once a decision has effectively been made
 - in decisions affecting the operation of a service

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- a new duty on PCTs to report annually on the results of involvement activities ie:
 - steps taken
 - report on process eg what people said
 - report on impact this had on decisions made – leading to greater transparency and accountability.

New guidance on s242 would be issued in May.

He noted that achievement relating to 4 of the first 5 competencies for World Class Commissioning – a vital area for PCTs - would be improved by good patient/public engagement:

- Local leadership – to be successful this requires engagement with the local community
- Effective partnership – this includes with the population
- Engaging with patients and public – this needs a range of approaches and methodologies
- Making best use of knowledge – gaining insight into the needs and preferences of patients and public

There was thus an agreed direction of travel as to the great importance of public engagement. A quality assurance framework is under development to assess this area of work including 360 degree feedback from local stakeholders and groups. Work is underway to determine the future role of the new regulator in the context of patient and public engagement.

Round-table discussion

Points arising in the round-table discussion included:

- It is important to hear not just from the already engaged public, but from the general public - there is a risk of building the former too much into the system through mechanisms such as 360 degree feedback.
- There is sometimes an assumption that the task is to persuade the public *towards* a view/set of proposals - engagement at an earlier stage is needed ie not to persuade towards a predetermined plan, but to involve the public in the formulation of the plan itself.
- There is sometimes disingenuousness about the financial drivers for change. The public are able to treat such things in a grown-up and considered way. To deny the impact of finance is to operate behind a smokescreen and can only promote distrust. Public engagement should be on realistic issues, not blue-sky thinking. There are financial restraints and consultation should be on the best apportionment of the resources available. It was noted that once people are successfully engaged, they are realistic about their expectations

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- Cases for change should be story-led, focusing on the real effects of change on one pathway or on an individual – this is a more effective means of engaging the public than more theoretical impacts
- Views that are expressed in engagement activities can go un-acted upon owing to a lack of practical arrangements in place about who is going to take views forward – there needs to be clear ownership of this. Otherwise this adds to the public’s scepticism about the value of engagement activities and the ability of the authorities to implement ideas
- Reconvened events could be a useful mechanism to gauge the effect of any change that has occurred and to explain the process of change: what has been implemented and why – and just as importantly what hasn’t been implemented and why. When provided with explanations, people are reasonable. Although reconvened events should not be relied upon alone, having a group of informed members of the general public could be valuable in this way.
- More should be done to tap into the intelligence which could be provided by front-line staff who come into frequent contact with the views and opinions of the public.
- Given the public engage better with clinicians it is important to tackle any reluctance of consultants to engage in deliberative or consultative events. Medical/management jargon can be a barrier to effective engagement.
- Although pre-trained staff facilitators had worked well in Lewisham, in certain (especially more aggressive situations) the impartiality of an independent arbiter is very useful as they are able to move discussion on from points of contention without the appearance of their trying to avoid accusations - a potential problem faced by staff facilitators.

If you would like any further information about Opinion Leader’s work on public engagement in health and social care, and how we can help you with research and other consultancy services in this area, please contact Clare Collins or Frances Chinemana on 0207 861 3080.