Marketing matters
Successes, challenges and lessons from NHS foundation trusts

Hosted by THE NHS CONFEDERATION
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Introduction

The Foundation Trust Network (FTN) has compiled this publication as a resource for foundation trusts, to:

- provide examples of the challenges and lessons experienced by foundation trusts
- generate ideas for future marketing activities
- share marketing-related knowledge and know-how
- celebrate the successes achieved.

Foundation trusts are well placed to use marketing and marketing communications to drive service development and changes to their services through their new freedoms.

This publication is built around case studies from foundation trusts that describe a range of approaches to marketing. The case studies have been presented in a format that should enable other foundation trusts to consider which approaches might work for them. The key elements of each model are described in a way that will help foundation trusts think about how they might go about developing a similar approach.

Marketing is an important and evolving area for many foundation trusts. FTN will be producing a series of detailed ‘how to’ guides on each aspect of marketing covered here, but we hope that this publication will both inspire and provide practical pointers to foundation trusts that are thinking about developing their approach to marketing.
Code of Practice for the Promotion of NHS-funded Services

In March 2008, the Department of Health published its Code of Practice for the Promotion of NHS-funded Services, which sets out all the rules that providers need to be aware of, including those set down by the Advertising Standards Agency (ASA), and NHS-specific rules around promotional material issued by providers of NHS services to ensure that:

- the information patients receive is not misleading, inaccurate, unfair or offensive
- the brand and reputation of the NHS is protected
- expenditure on promotional activity is not excessive.

Under the new Code, foundation trusts will for the first time be allowed to advertise their services directly to patients and other stakeholders and seek sponsorship deals with the private sector (as long as the companies are not involved in matters damaging to health or linked with gambling, alcohol, tobacco, weight control or politics and the companies do not gain “commercial advantage” from a sponsorship deal).

There will also be no official cap on how much hospitals can spend on advertising their services to patients, although the figures will have to be included in annual reports and “providers will be expected to recognise the potential effect on the reputation of the NHS, of disproportionate expenditure on promotional activity”.

Policing the Code

The Code requires NHS providers to adhere to the Advertising Standards Codes, which will be administered by the ASA, and sets out additional NHS-specific rules for issues that fall outside the ASA’s remit, and will be enforced through the management of the contractual relationships between commissioners and providers via the acute (and mental health) services contract.

Areas of the Promotion Code that do not come under the scope of the ASA (such as inducements) will come within the remit of the Competition Panel. The core remit of the Panel will be to deal with matters under the aegis of the Co-operation and Competition Rules.

In the first instance primary care trusts (PCTs) have a role in resolving marketing activities that “bring the NHS into disrepute” but the Panel will be the ultimate arbiter for disputes or complaints that cannot be resolved by PCTs and strategic health authorities (SHAs).
The Co-operation and Competition Panel will be an independent, expert body that will:

- **advise** SHAs and the Secretary of State on individual complaints or disputes arising from the application of the Principles and Rules for Co-operation and Competition
- **publish** its advice on the outcome of individual cases
- **inform** the Department of Health's periodic review of its Principles and Rules for Co-operation and Competition and directly related policies.

This will allow PCTs to seek advice when matters fall outside the remit of the ASA, including on any issues relating to undermining the reputation of individual providers or health professionals.

**NHS Choices**

Patients and GPs will need reliable, accurate information on which to make choices, and promotional activity will help to make this information easily available both through the NHS Choices website and other media.

The NHS Choices website is being heavily promoted to the general public, to raise awareness of Choice and to help patients make informed decisions about their choice of provider. It is intended that the NHS Choices website will be the prime vehicle for communicating with the public on key quality and safety indicators, MRSA rates for elective treatments, 18-week referral to treatment times and other information.

Therefore, foundation trusts need to think about how they can utilise and supplement the NHS Choices website to make more information about their services and organisation available to patients, how they can use information to differentiate themselves from other providers on the basis of quality and how they can provide information on the site to allow GPs to refer patients more appropriately. Foundation trusts could also think about how they can use the site to gather and act on patient feedback, maximise and increase their membership and, generally, how the site can be used to promote the organisation.
**What are the key strands of marketing in the health sector?**

**Marketing is not only about advertising and public relations. Marketing is about understanding what the customer needs and wants and identifying where trusts can meet this need and add value.**

Marketing in health is about communication with stakeholders, including GPs, patients, staff, commissioners and other providers; it is about collecting feedback and continuing to ensure that the services trusts provide continue to meet the needs and demands of their patients.

NHS trusts have been using marketing to promote or communicate their strengths for many years. The key difference now for foundation trusts is that there are real opportunities to increase the range of services they offer and to take advantage of the commercial opportunities available, by embracing the emerging NHS marketplace.

This more commercial approach is also being driven by several policy initiatives:

- patient choice
- payment by results
- practice-based commissioning
- plurality and competition.

Patient choice and plurality of providers means that trusts can no longer assume that patients will want to be treated at their local trust; effective marketing will be critical, especially under a regime of free choice through ‘choose and book’.

Foundation trusts need to develop strategies to ensure that they are the ‘provider of choice’ and to achieve this they should be considering how they can encourage the use of their services through marketing. This is not merely about advertising, but is about gaining a much better understanding of the needs and wants of patients and stakeholders, a better understanding of competing providers and planning appropriate actions to make the most of the opportunities that arise.

By understanding the market and gaining information from all stakeholders within it, trusts can make decisions which will meet the needs and expectations of their patients, commissioners, clinicians and staff and increase the quality of their services.
Why should foundation trusts engage in marketing?

A marketing approach will help foundation trusts to:
- understand patients' needs, and create and deliver targeted services
- align services to enable primary and secondary care clinicians to work more effectively together
- deliver services which provide greater value for money
- communicate benefits
- work proactively with the media
- motivate staff
- raise awareness of services to make it easier for GPs and patients to access them
- build awareness about the importance of marketing.

These case studies highlight some common themes running through the marketing work being undertaken by foundation trusts. These include:
- stakeholder relations
- stakeholder communications
- brand development
- market analysis
- evaluation of existing and potential business and services
- developing a marketing strategy
- improving patient experience and customer service.

What about resources?

All trusts will face the challenge of unlocking resources. However, the costs of marketing can be minimised in the longer term, where the aim is to embed marketing within normal business processes and hence to share costs across the trust.

There is no doubt that marketing does require an up-front investment to get you started. But marketing is a mix of techniques and products that can be started as pilots and expertise can be built gradually. Piloting also helps show and measure the return for the investment made. Like any other endeavour, foundation trust marketing leads have to know who their allies are likely to be inside the organisation and work with those most open to change.
1. Managing stakeholder relationships

Who are your stakeholders? What do you want to do with your stakeholders?

Your stakeholders are the key to your success. Building relationships of trust should be your goal. But developing positive relationships with your stakeholders and managing them is not a communications or marketing responsibility alone. It is a whole organisation effort to get close to the people who can make the biggest impact upon you, to understand what they want and why and to help drive change to meet their expectations.

Many foundation trusts seem to be at the very early stages of actively mapping their stakeholders and engaging with them. Most have concentrated on engaging with GPs and patients but have not started to think fully about other potential stakeholders.

FTN members have highlighted some of the methods they have used to identify stakeholders:

- hosting a series of events open to the general public
- using existing strategic networks to 'test' lists of stakeholders, for example using overview and scrutiny committee (OSC), local authority, PCTs and patient and public involvement forums and other strategic partnerships
- conducting market research, including surveys with patients and GPs
- using focus groups
- through engaging local businesses and parish councils.

Careful and focused mapping of stakeholders and maximising the use of governors and the membership as advocates and as a means of engaging stakeholders is required now that the Promotion Code formalises the role of marketing in the NHS. Foundation trusts need to look at the collective reach of their organisation upon its geographical or locational map and environment, (this can be very localised, regional or national, or it might be a mixture of all of these) and delineate all their services, listing those of interest.

Many foundation trusts recognise that more would be achieved if there were better links at an executive and team level between their business development, marketing and communications departments - at the moment there seems to be a lack of clarity about where the responsibility for marketing should lie and what it is that marketing constitutes.
Who are your stakeholders?

Stakeholders are all groups that could have a significant impact on your organisation and can influence the perception of your reputation. This includes groups that:

- are recipients of your services (such as current patients and service users, their carers and families)
- are potential recipients of your services (new markets in which you want to provide services)
- are the agents through which those services are delivered (your staff and partner organisations)
- contribute directly or indirectly to the delivery of those services (partners and key suppliers)
- have a general interest in the quality and impact of your services (members of the public, journalists, third sector organisations and other civil society organisations, policy and decision makers)
- have a specific interest in the quality and impact of your services (commissioners, other parts of the health economy, regulators)
- are purchasers or likely purchasers of your services (all potential commissioners)
- can impact upon whether or not you can change the nature of the services you run (local authority OSCs, regulators).

Clearly there is a real disparity in the power of different stakeholders. Commissioners and regulators have legal or statutory methods for holding foundation trusts accountable. So, too, do governors. Other stakeholders have little formal power but have real influence and hold the power to damage reputation.

Most organisations only recognise the need to develop positive relationships with stakeholders when something goes wrong, but wise ones do their risk analysis up front.

What do you want to do with them?

- learn from them
- win their trust
- win them as friends and ambassadors
- harness their effort to help you.

People will trust you if you are trustworthy, behave according to the values you say you hold and deliver what you promise. So, the key rule is to never over-promise and under-deliver. True stakeholder engagement means listening carefully to understand what really matters to them. In doing this, dialogue is effective; monologue is not.

Foundation trusts will make more progress in the development of their business by involving the relevant stakeholders in the design of policies and products. The opportunity can also be used to educate stakeholders about the trust and to increase membership. When stakeholders feel truly involved, trusts are more likely to succeed in achieving their desired goals and to win their acceptance and loyalty.
2. Managing stakeholder relationships - GPs

Do you know the most appropriate way to communicate and engage with your GPs? What do your GPs want from you?

Effective stakeholder management is vital. Foundation trusts have a complex set of relationships, and managing these in an effective way and building strong relationships must be at the top of their agenda. In particular, GPs can be major ambassadors in promoting the reputation of trusts. It will therefore be critical to manage relationships with GPs as their role within practice-based commissioning and as one of the main influencing factors in patient choice develops.

A MORI survey recently showed that patients do expect their GP to advise them about choice. Therefore, it is vital that NHS providers work closely with local practices to ensure that GPs are well informed of the services they can provide to patients. The case studies demonstrate that structured programmes of communication with GPs will be essential.

Most marketing activity has been aimed at GPs, rather than directly at patients or at commissioners. This is perhaps a reflection of the fact that most patients are likely to choose their local provider and most patients' choices will be heavily influenced by their GP. However, trusts will in time need to widen the scope of their activities to commissioners, other providers and patients.

Heart of England NHS Foundation Trust

Heart of England NHS Foundation Trust (HEFT) is committed to developing relationships with GPs and practice-based commissioner groups, believing that selling and promoting what the trust can offer patients is vital so these ‘customers’ can advise patients looking to exercise choice.

There is considerable potential for new income streams and acquisition opportunities in the longer term within other health economies. HEFT is investing in two senior key account manager (KAM) posts to manage the important communication between primary care commissioners and the foundation trust.

They will link the foundation trust with the locality and manage communications between the PCTs and the foundation trust. They will be supported by a team of marketing professionals, each responsible for using the market data and communicating directorate plans to GPs and key commissioners in one of the five PCTs served by the foundation trust.

The ultimate goal for the foundation trust is retaining existing market share and seeking growth opportunities.

Feedback from GPs and PCTs to the foundation trust is actively encouraged via a primary care hotline. Feedback is distilled to key themes and used to make improvements and changes to clinical services.

Outcomes

Plans are in place to examine key priorities, communication channels and in-year operational priorities.
Challenges

Whilst GPs understand the value of HEFT adopting a marketing-led approach to its business, marketing (in its traditional sense) in the public sector is still not readily received by a significant proportion of either patients or public. There is a misconception that marketing refers to expensive advertising and wasted resources – the ‘hard sell’ – which the new account managers will need to manage.

For the marketing efforts to be successful a change in mindset is required. This will not happen overnight but, in order to help, a significant amount of work is being linked to the quality team taking a ‘you said, we did’ approach. This will show how marketing is being used to identify, anticipate and satisfy customer requirements in a profitable way which will, in turn, see further investments being made in clinical systems and processes.

Oxleas NHS Foundation Trust

Oxleas conducted a MORI poll to measure GPs' level of awareness and satisfaction with mental health and learning disability services. It developed a ten-minute telephone questionnaire with MORI to reach a representative sample of local GPs to explore their views of the trust's services and priorities for improvement. This was led by the trust's head of strategic development with strong support from the foundation trust board.

Results showed a high response rate and positive feedback on the quality of treatment, information and feedback on patients. Analysis indicated that greater contact with GPs increases satisfaction. GPs' views were also fed into the trust’s annual planning process.

Lessons learnt

• improved communication with GPs is in place, both trust-wide and locally
• work to improve referral procedures is continuing
• GPs are a diverse group who have a wide range of needs and preferred communication/interaction methods.

Outcomes

• there is now a greater focus on including GPs in trust communications and in providing more regular information to GPs
• Oxleas is planning a series of seminars on mental health and learning disability topics, and is continuing local activities between services and practices.

Challenges

• getting time in GPs’ busy schedules to meet to further discuss issues.
Many trusts thinking about how they can engage GPs have been carrying out visits to practices and hosting seminars for GPs:

The Luton and Dunstable Hospital NHS Foundation Trust

The foundation trust commissioned an independent survey which showed that many GPs had fragmented relationships with the hospital consultants. It highlighted the importance of such relationships when GPs make referral decisions. GPs also requested a way in which communication between themselves and the hospital consultants could be improved.

In October 2007 the trust implemented a six-month pilot of Webex – a web conferencing tool to support relationships and improve communication and engagement with local GPs.

The lectures are well attended, and for those who cannot attend, the live online lectures are recorded and a link is emailed to all interested GPs.

Outcomes

- relationships are being formed as GPs become aware of hospital consultants' specialties and areas of interest
- hospital consultants are keen to use the tool, not just for lectures but for increasing awareness around key areas such as infection control
- the tool is being used for non-medical purposes, such as engaging members and staff, by ensuring key presentations, mission and goals are available for download on the trust's website.

Challenges

The main challenge has been the apprehension around new technologies, with comments such as: "I do not want to ask questions during the lecture until I've become fully comfortable with the system." Others found the log-on and dial-in process too complicated.

To combat this, the trust has:

- targeted more IT-literate GPs to attend the lectures then feed back to their colleagues
- attended practice-based commissioning, practice manager forums and practice team meetings to engage and provide educational support for all GPs
- provided one-to-one training for some GPs
- engaged the local PCT's GP education lead to encourage uptake.

Internal challenges included the lack of time available to brief hospital consultants.

Lessons learnt

- provide more training for lead GPs on how to access the system
- allow more time for GPs to adopt new technologies
- provide more training to lecturers and ensure they are comfortable with the system.

"Very interesting, this set-up is fantastic."
Luton GP

"A great way for GPs to learn and for consultants to widen their exposure amongst GPs."
Consultant
Results from a GP survey sent out in April 2006 to approximately 360 GP practices in Camden, Islington, Westminster, Barnet, Enfield and Haringey showed that UCLH is seen as a provider of excellent clinical care but is let down by general administration and communication issues.

It recognised that these issues, coupled with waiting times, were most likely to make GPs change their referral patterns and that although patients ultimately have the choice of hospital they will be strongly influenced by the views of their GP.

GPs stated that they were keen to engage with UCLH and expressed a desire to engage with consultants through GP seminars and to receive copies of the trust’s GP links newsletter.

UCLH has set up a rolling programme of educational seminars for a primary care audience. These seminars are held by UCLH departments/divisions and have a GP sponsor attached to them. The clinical lead from UCLH chairs the event and agrees content in advance with the GP sponsor.

The focus is on being relevant to GPs and emphasising the importance of secondary/primary care working together.

Outcomes
- a marked improvement in responding to GP feedback
- seminars are more focused to a primary care audience
- relationships between primary and secondary care have improved and attendance rates at the events have increased from 15 to 20 delegates to 30 to 40
- GPs appreciate the opportunity to put names to faces.

Challenges
- sourcing venues
- cost of hosting the event.

"Increased prescribing confidence. Better understanding of clinics and multi-professional working.”

Neurology
Lessons learnt

- GPs require short, interactive presentations which make it easy to put faces to names.
- Educational content focused to the primary care audience is vital. GPs are willing to come from far and wide as long as the educational content fits their needs.
- GPs appreciated the names of specialists who could provide advice on some patients without needing to refer.
- It is important not to present as if the intention is to disempower primary care.

“Much of postgraduate education is sponsored by the pharmaceutical industry and as such has a marketing perspective. Our seminars are focused on real local NHS needs. The seminar we ran in cardiology had a content that was determined by the GPs themselves, selected from a number of topics where they felt general and specific education and information were required. The talks were delivered by the local consultants and others attended the informal pre-talk supper.

“The team at the Heart Hospital have responded in other ways, taking feedback seriously and adjusting their provision of study days to suit GP availability (i.e. half-day rather than two-day blocks).”

Director of Clinical Teaching
3. Stakeholder communications

Who are your stakeholders and how do they perceive your organisation? What can you do to influence your stakeholders?

One of the most important aspects of marketing is the communications strategy. Having a clear, consistent and structured approach to communicating with all stakeholders – including patients, GPs, the media, relatives, the local authority, commissioners and other providers – generates more feedback, which can only lead to a better understanding of the market and opportunities for foundation trusts to enhance and develop their services.

Marketing requires a wider and more systematic approach to communications, with a more sophisticated approach to the development of communications strategies. Foundation trusts will need to have a clear vision, and communicating their strengths and values effectively will be important.

Northampton General Hospital NHS Trust

The trust has developed and sent a DVD to all GPs within the Daventry area which promotes the trust’s facility at Danetre hospital. The trust visits the practice-based commissioner GPs regularly to discuss its service and what it could improve, and it is part-way through implementing an action plan resulting from this.

The DVD has been shown to the trust’s governors and they are keen to visit the facility and give support in marketing the hospital.

The case studies throughout this publication indicate that trusts have clearly been undertaking a significant amount of work in the area of stakeholder communications. Trusts should now also think about developing relationships with other key stakeholders in the local health economy, for example, the local authority.

Trusts have historically engaged with their local authority through overview and scrutiny committees, but now is the ideal opportunity to further develop and manage those relationships and to proactively map and engage with the full range of stakeholders that exists.
Aintree University Hospitals NHS Foundation Trust

Clinical liaison forum
The foundation trust has established a clinical liaison forum to provide an opportunity for primary/secondary care clinical liaison and ensure that both the foundation trust and PCTs remain financially viable and able to provide safe and sustainable services. This shared agenda enables the healthcare system to:

- be responsive to local needs, ensuring trust service developments match commissioner intentions
- present commissioners with opportunities to innovate and improve services
- build on collaborative work between primary care, practice-based commissioners and secondary care
- understand the implications of changes in commissioning intentions on existing service delivery
- receive clinical feedback from GPs about the quality of services provided by the trust.

Meetings are held monthly and are attended by a range of people, from practice-based commissioning clinical and management leads and PCT commissioners, to the deputy director of finance and the director of nursing and patient services.

Outcomes
To date, the clinical liaison forum has:

- reviewed and contributed to the redesign of the GP information page on the foundation trust’s website
- facilitated clinical engagement in the development of PCT policies
- identified consistent themes from practice-based commissioning service change plans and the foundation trust’s clinical strategy
- mandated clinical reference groups to focus on specific care pathways, training and education requirements, and communications and governance issues
- sponsored a stakeholder event
- aligned primary care service change plans with trust service change proposals
- gained agreement across the healthcare system on areas of collaborative working
- redesigned pathways (musculoskeletal, urology, anticoagulation service, nephrology, sleep service).

Challenges
- sustaining engagement – this has been achieved by identifying a shared agenda for collaborative work so that all parties benefit from the liaison forum
- simply providing information is not sufficient; it has to be relevant to ensure clinicians remain engaged.

“Aintree's clinical liaison forum has enabled feedback from GPs about the quality of services provided by the trust.”
4. Brand development

What is your brand? What values and behaviours do people identify with your foundation trust?

A brand is not simply about changing a logo; it is a complex, coordinated message to everyone about a foundation trust’s values and attributes, and as they continue to evolve and offer more choice they need to have a distinctive identity that is instantly recognisable by staff, patients and members of the public. Branding can help a foundation trust to cement its identity, build its reputation and inspire loyalty; if people associate a brand with an organisation that they can trust and value, then it is likely that it is an organisation at which they would choose to be treated.

In particular, branding is increasingly important for foundation trusts as a means of differentiating themselves from the market competition. Effective branding can help foundation trusts achieve a consistent, professional and unified identity and communicate with their stakeholders about their services.

Many foundation trusts have been considering the benefits of developing their own brand and the role of branding in their own trust.

Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

In July 2007 the achievement of foundation trust status, coupled with an internal sense that there were challenges with the existing name and brand, prompted the trust to engage external consultants on a branding project.

The branding project began with a series of nine stakeholder focus groups including staff, directors, non-executive directors, service users, carers and governors. These focus groups aimed to identify views on the strengths and weaknesses of the current name, brand and sub-brands and to investigate the level of consistency in the use of marketing materials across the organisation.

The new branding consisted of developing a visual and design identity around the initials ‘CWP’. CWP stands for both ‘Cheshire and Wirral Partnership’ and the trust’s new strapline, ‘Care, Well-being and Partnership’, which were the three most popular values associated with the trust identified by the focus groups.

Consequently, the foundation trust retained the geographical perspective of the ‘old name’ and continuity with the trust’s good reputation in existing circles, whilst developing a more user-friendly and flexible brand identity around the initials CWP.

Outcomes

- the new identity has been integrated into a range of marketing materials and was successfully launched on World Mental Health Day in October 2007
the new branding is featuring in adverts in leading North West business magazines and feature articles

stakeholders were pleased to be involved in the process and it led to some interesting debates around the foundation trust’s brand values. It was an engagement process in its own right because the trust’s governors were still very new.

**Challenges**

- embracing the NHS brand guidelines whilst developing a unique identity for the foundation trust
- engaging all stakeholders to provide a cost-effective solution.

**Lessons learnt**

- branding projects are complex but highly rewarding when a successful outcome is reached.

“To be asked to be part of the design and rebranding process showed the unending willingness to continually involve service users and carers within the very heart of CWP. It was a great pleasure to be asked my views and feelings in helping shape the future of the CWP brand.

“I personally am very pleased and still excited by the new CWP brand and its logo. It shows a clear move from just another NHS trust to a more dynamic and future-looking organisation. It makes me proud that we now have not just an NHS foundation trust that is good and getting even better, but we also have a real badge to wear and be proud of.”

*Phil Hough* carer

“Having worked in a marketing role prior to the onset of my mental ill-health, it was really great to be involved in the branding exercise last year. It was a fully inclusive consultative approach, with stakeholders working with a selected advertising agency. Things like design and costs were taken into consideration. Service users’ and carers’ suggestions were listened to by the agency in order to come up with what I believe was the best outcome, which encapsulated our history, traditions and values.”

*Rob Walker* former service user

“Whenever I drive to a CWP locality I have a sense of pride in the new logo, and the general feedback from the public is really encouraging. I feel the branding exercise fits nicely with our foundation trust status.”

*Rob Walker* former service user
South West Yorkshire Mental Health NHS Trust

South West Yorkshire Mental Health NHS Trust was the first NHS trust in the country to use Facebook (the social networking website) to engage with local people.

The trust’s Facebook group is a place where people can find out more about trust membership, as well as contribute to discussions around mental health issues. It’s an effective way of reaching out to young people, using methods that they are already familiar with. Discussions on the site have included one around stigma – what causes it and what we can do about it. The trust also used the site to advertise pre-election workshops and the AGM.

One in four people will experience a mental health problem, so the trust wanted to encourage everyone to be open about mental health. Facebook offered an extra opportunity to do this.

Outcomes

- secured excellent media coverage
- it was the top story on local radio drive-time news. The radio took time to explain the trust's bid to become a foundation trust and why they had set up the Facebook group - this could not have been achieved with a simple press release about trying to recruit members. It also attracted regional and national media thanks to its quirky appeal
- the Facebook group currently has around 140 members.

Challenges

- explaining online social networking to senior management not familiar with the concept
- abiding by Facebook rules - i.e. the group needs to be set up by an individual. That individual needs to be comfortable using their personal Facebook account for work purposes and needs to ensure they have carefully checked their privacy settings.

Lessons learnt

- retain control over your Facebook group – appoint at least one other ‘officer’ to regularly check the group
- turn off ‘related groups’ – they will just be ones that members of your group are also members of and may be inappropriate
- consider whether you want to allow members of your group to post items (photos, links etc) – inappropriate items can damage your reputation if not quickly removed
- make sure the group is ticked as ‘open’ so anyone can find it and join it, and also ensure you have ticked the box for it to show up in searches
- start a couple of discussion topics to initiate further discussion
- make sure there is a link from your own website so people can quickly and easily find the group
- reassure members that their membership details are safe and they won't be used to sign them up to a Facebook group and vice versa.

“The Facebook group has attracted regional and national media thanks to its quirky appeal.”
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

An audit of communications in the foundation trust identified the need to establish a strong brand. A number of design companies were approached to come up with a ‘look’ for the trust which would work across the range of formats required.

The new corporate image is modern, different and has “real pick up appeal.” Not everyone likes it, but it has generated comment and reaction. It has transferred well to marketing banners, the trust intranet, PowerPoint presentations and a second generation of corporate documents.

A key marketing tool that is eye-catching and professional was developed using this new look: a glossy folder contains equally glossy inserts detailing the trust’s range of services. This ensures that potential purchasers of the service get the information they require in a very professional format.

Funding for the marketing pack was identified by pooling previously separate printing budgets for the annual reports and business plan. By working with one print and design company economies of scale were achieved which enabled the trust to find money for the development of the new designs and for the marketing pack.

Outcomes
The marketing pack has been used very successfully to generate new business.

Challenges
As with any change, hearts and minds had to be won before moving ahead. The senior management team was supportive of developing a core brand and a number of people were identified as champions of the preferred option. The development could not have been funded without agreement to bring various budgets under one heading.

The foundation trust still has work to do to identify and change all communications tools and outputs to fit in with the new brand, and there is still some resistance where people have been used to doing their own design work.

Lessons learnt
It is worth doing. The foundation trust now has a dynamic, arresting look for its products and has been able to produce a series of professional documents which stand up well against private sector comparison.
5. Market analysis

Who are your competitors and patients? How do they perceive you?

Good quality market research analysing the age, gender, ethnicity and socio-economic profile of catchment areas is essential to making service-related decisions. The development or reconfiguration of services should be based on real data and analysis. In addition, information on the factors valued by patients, GPs and other stakeholders and in-depth information on existing and potential future competitors is increasingly important. Equally, good quality market research on competitors, an understanding of what patients really value and want and the management of stakeholder relations is crucial.

Trusted need to know what they can offer and how what they offer is different to those of other providers. They need to know and understand what their demand is and how it can be met. Marketing is about understanding why GPs refer to one hospital over another, how far patients are willing to travel, and what it is that makes patients decide to choose one provider over another.

Trusted whose services compete well against tariffed, elective services have a real opportunity to generate new revenue by marketing to PCTs and GPs. This can only be done if the service offers a differentiating factor against their competitors such as waiting time, quality of care, clinical outcome etc.

**Northampton General Hospital NHS Trust**

Northampton has developed a marketing strategy which includes an analysis of the trust's market position and competitive environment through the use of marketing tools such as PESTEL, SWOT, Porter's five forces, Unilever's brand key, Dr Foster, etc. The trust is in the process of getting this formally agreed by its board, and then developing individual marketing plans for each directorate which will link into its service plans.

### Outcomes

The trust now regularly uses the Dr Foster software to assess its market share and analyse those areas where its position has changed. This information is used to ensure that its attention is directed to the appropriate geographical/GP areas. As the trust already knows that it has a majority market share in Northampton town, most of its efforts are around the wider area. It has increased out-of-area clinics in areas such as Daventry and Towcester and is seeing the benefit of this increased activity.

### Challenges

The trust is keen to ensure that marketing becomes everybody's business, not just the responsibility of a central team. Marketing can be seen as a commercial enterprise and some members of staff feel strongly that it is not something the trust should be doing. So the central team is working hard to ensure that marketing is presented in an appropriate way, and that the focus is very much on quality patient care.
Queen Victoria Hospital NHS Foundation Trust

The foundation trust’s marketing plan for 2007/08 had very focused areas for growth and development but without the benefit of understanding competitors and patient flows.

Dr Foster’s Hospital Marketing Manager was the software chosen to develop an understanding of activity across the SHA, referral patterns and growth opportunities. It has allowed the trust to understand its competitors better, ensuring that for 2008/09 the foundation trust can focus development efforts to areas when opportunities are better understood.

In addition, quarterly newsletters are sent to all GP practices, resulting in communication from practices that had not been encountered before resulting in an increase of knowledge and understanding of the services the trust provides.

Queen Victoria is now viewed as a significant acute provider within the South East Coast SHA whereas previously it had been a specialist trust that had not been recognised fully.

Outcomes

- increased knowledge and understanding of the catchment area, competitor mix and referrals patterns
- analysis of increase in patient flows being undertaken for the annual plan
- development of the facial palsy service and sleep studies service
- understanding of competitors gives knowledge about market share, weaknesses and strengths and ability to act on that knowledge
- referral patterns have altered slightly, particularly where the service was previously purchased from London. However, there is recognition that it takes at least two years for GPs to change referral patterns
- development of a network with GPs and primary care to really involve them in the running and development of the hospital.

Challenges

- lack of understanding internally and externally as to the true nature of marketing – seen as an add-on to communications rather than having an explicit role
- GP and primary care defensiveness to marketing in view of the amount received from independent healthcare providers in this area.

Lessons learnt

- focused marketing materials for the right groups is required
- expectations too high in the first year.
6. Evaluation of existing and potential business and services

What is your service portfolio and are your products working for you? Is the service at threat due to local or other competition?

Marketing is not about promoting every service; it is about analysing the strengths and weaknesses of each service and deciding which services it will actively promote, according to a range of factors, including demand, profitability and resourcing, and then deciding where it will invest, to develop or enhance those services.

For many foundation trusts, their focus will be around which specialist services to provide and what facilities to invest in beyond the catchment area.

Papworth Hospital NHS Foundation Trust

In January 2008 Papworth Hospital opened a new cardiothoracic diagnostic service, Papworth Direct, which provides quicker access, shorter pathways for patients and should provide better value for money for commissioners.

Communications about the new service started in summer 2007, with the bulk being scheduled shortly in advance of the service opening to patients, to advise GPs about how to refer and to coincide with the launch of hospital services through ‘choose and book’.

A wide range of marketing tools have been or will be used to promote the new service, including events, online promotions, database marketing, direct marketing and e-marketing.

In the near future there are also plans for the use of digital media (a short film to demonstrate the positive patient experience, to appear on the micro-website), advertising to GPs, PR and a media launch event.

Outcomes

- the micro-website, which can be viewed at www.papworthdirect.nhs.uk or via the new hospital website at www.papworthhospital.nhs.uk, has received over 550 hits in three weeks
- over 70 people attended on-site open events held during summer 2007, and more attended regional presentations; feedback was overwhelmingly positive
- bookings and telephone enquiries are starting to occur, although the service is still in its very early days.
Challenges

- development of online and printed communications that promoted the benefits of the service without appearing boastful, that were professional and attractive without appearing extravagant, that contained an even balance of focused information on different directorates, and that did not upset any political sensibilities
- production of several different communications materials at the same time as other major projects, such as relaunching the main hospital website
- addressing the concerns of commissioners about the impact of Papworth Direct on local cardiovascular services provided by other district general hospitals.

Lessons learnt

- there can be strong views from different stakeholders on all aspects of marketing communications from design, colour and photography to the use of language, and the timings of communications. Therefore, it is prudent to consult as widely as possible in the early stages of developing materials as it gets harder to make changes late in the day
- where several projects are run concurrently, it is crucial that the requirements of each (target audiences, word limits, deadlines, etc) are made clear to the team from the outset.
7. Developing a marketing strategy

What can you do to make your services more attractive to patients/commissioners?
How will a marketing strategy help the trust?

In a time where patients can choose when and where they receive treatment, one of the most important sections of the business plan may be having a clear marketing strategy and implementation plan. Foundation trusts are facing competition from a wide range of providers and a marketing plan that reflects the trust's strategic and business objectives and really delivers measurable results is vital.

The marketing strategy will need to describe the marketing opportunities available to the trust, the strategy for capitalising on these opportunities, and how the trust will implement this strategy. However, for some foundation trusts, developing a marketing strategy will be a relatively new concept and they are likely to face many issues and challenges during the process to ensure that it is relevant to its key audiences and that it is implemented effectively.

Therefore, it is essential that the relevant staff receive the training and development necessary, so they can ensure that the marketing strategy and plan really add value to the future development of the foundation trust and its services.

Calderdale and Huddersfield NHS Foundation Trust (CHFT)

Twenty clinicians and managers went on a two-day course at Manchester Business School to learn marketing principles and start to develop a marketing strategy for the trust. The course provided the basics to an audience who generally had no marketing education, but did have a huge amount of enthusiasm for the subject.

The trust is now in the process of developing its marketing strategy. This will be driven from information received from directorates and divisions, who each now have a marketing/sales team in development. The intention is that market development and income generation will sit within each division, with an overall strategy and plan being collated from this.

Currently, the trust is putting in place service line reporting and patient level costing, and anticipates becoming a far more business-focused organisation in the future.

Outcome

• development of an organisation strategy about how the trust grows the business.
8. Improving patient experience and customer service

What do patients really want? How can a customer-focused approach be applied in your trust?

Customer service is more than achieving a successful clinical outcome for the patient. It is about the whole experience – from front-of-house services such as reception, to the way a patient is treated along every step of their treatment, including the non-clinical steps.

Increasing patient expectations are fuelling the need for trusts to focus their efforts on improving the patient experience and providing a customer-focused service, which concentrates on the non-clinical aspects of a patient’s experience as well as the clinical aspects.

By focusing on providing more customer-focused services, foundation trusts can ensure that their patients receive the best possible experience. This has implications for the work expectations of staff and it is important that all staff are aware of how their own roles can impact on the patient experience, even if they do not directly deal with patients.

The success of a customer-focused policy depends on the awareness of and buy-in from staff of the policy, especially the buy-in and involvement of managers who have direct responsibility for managing non-clinical staff groups.

However, shifting the mindset of staff to a customer service attitude can be challenging. Many trusts have developed and introduced front-of-house customer focus training into their regular training and development programmes.

Calderdale and Huddersfield NHS Foundation Trust (CHFT)

Over the last twelve months the training department has designed and implemented a suite of business-focused excellence in customer service products called ‘Delivering Excellent Service.’ The products were designed in conjunction with organisational development consultants, using patient, carer, staff and partner organisation focus groups.

The programmes are action-orientated and all delegates are challenged to deliver pragmatic actions in their service areas to continuously improve customer excellence and contribute positively to CHFT’s business. CHFT is now in the process of adapting the products for commercial use in conjunction with Cragrats – a local theatre and marketing company.

Outcomes

Ten per cent of the delegates are followed up six weeks after the training programme to ascertain whether their actions are being achieved. This information is then fed into the divisional performance management processes to ensure customer excellence is a critical performance indicator.
Challenges
Helping staff to understand the broadest concept of ‘customer’ has been challenging. Staff easily recognise patients as ‘patients’ but the programmes also help them to appreciate other staff members and colleagues in partner organisations.

Lessons learnt
The programme has been changed significantly in its roll-out and is continually adapted to best suit specific staff groups, so the messages can be best adopted by the delegates and thus the actions and results best achieved.

Homerton University Hospital NHS Foundation Trust
Following a number of disappointing national inpatient survey results, coupled with the rising impact of patient choice, Homerton wanted to find a more practical and responsive means to understand its patients’ experiences and to be able to respond swiftly to that feedback.

It also wanted to devise questions specific to its patients and services, translate them into commonly used languages and have rapid responses to enable improvements to be equally responsive. A governor was on the project steering group and another has since led on the development of a specific survey.

In January 2007 Homerton installed ten Dr Foster Patient Experience Tracker (PET) units within its wards and departments. The PET systems comprise five locally devised questions and have a unique identifier to show which unit is where. Patients answer the questions independently and each day responses are uploaded via a telephone connection to CfS Europe which collates and analyses the data.

Managers and clinical leads receive fortnightly reports of responses which they then display publicly on posters along with actions and progress towards achieving improvements.

Outcomes
By the end of the first year 9,362 patients had completed the trust’s surveys. This far surpassed the feedback from the national annual survey which in the preceding year had only 325 responses. Key outcomes were:

- a far wider representation of patient experiences on which to base improvement strategies
- fortnightly data that is service specific
- ownership of the data by staff as they knew it was that of their patients
- an open and honest image portrayed to patients as results were publicly displayed
- visible tracking of improvements and progress

“I felt really positive with our good results – inspired me further.”
• staff thinking again and considering how they are perceived by patients
• board assurance provided through monthly reports
• endorsement from the board of governors and the local health scrutiny committee
• one ward saw a 10 per cent improvement in one month after focusing on the question: “Were staff friendly, approachable and sensitive to your needs?”
• another team saw a 6 per cent improvement in delays in a clinic being explained
• a third team saw a 12 per cent improvement against the question: “Did all staff introduce themselves to you?”

Challenges
• introducing a new system on top of a very difficult year
• being brave enough at a clinical level to be publicly open where scores were poor.

Lessons learnt
This system has to be implemented and viewed as a quality improvement tool not as a performance management tool which, although technically it is, could be seen by staff as a punitive process rather than a developmental one.

“I think the public appreciate us being honest.”
Foundation trust staff member

“When I gave it to a patient she said she had used it on a previous admission and thought it was easy to use and liked being given it before discharge to record her views.”

“The PET allows us to know what our patients are experiencing now, not six months ago – it allows us to openly acknowledge where we can do better and share with our patients how we are improving. It tells patients we value what they say and it tells staff that what patients tell us is important and that we need to listen.”

Jennie Negus Deputy Director of Nursing and Project Lead

“Could have been seen as threatening but level of support from project manager made staff feel safe.”
Northampton General Hospital NHS Trust

The trust has identified a gap in customer service skills within some members of staff, and has developed a customer care policy which will be rolled out with training for key members of admin, clerical and reception staff to support them with the tools they need to deliver excellent customer service to patients, carers and to other members of staff.

The trust secured two days' free training through a consultancy firm. The feedback from staff was that they found the training fun and enjoyable, and also that it equipped them with the tools and techniques to think differently about patients as customers, to avoid conflict and to turn negative situations around into positive ones.

Northumbria Healthcare NHS Foundation Trust

In May 2007 a patient survey programme commenced. This programme was piloted in respiratory medicine (inpatients), orthopaedics (outpatients), elderly medicine (outpatients), child health (inpatients and outpatients) and pain management (outpatients).

The survey process was contracted out to an external company, Patient Perspective. By bringing in an external partner the trust has benefited from the web-based results system that the company operates and their experience in dealing in large-scale surveys.

The main purpose of the survey was to capture the views and feedback of a large number of patients in a systematic way and then use the information to reconfigure services based on the needs of the patient. Approximately two weeks' post appointment, or after leaving hospital, patients are sent a questionnaire regarding their recent contact with the trust.

Approximately 40 consultants agreed to take part. Individual consultants were given a unique log-in name and encouraged to view their feedback on a regular basis and start discussions within their teams. Key results will be fed back to members of the public along with updates as to what has changed as a result of their comments and feedback.

Northumbria is working towards the principle that all consultants within the trust will eventually be expected to participate in the survey. With approximately 230 consultants in the trust, this means asking over 20,000 patients to comment on their experiences within Northumbria. To date, the foundation trust has surveyed 6,000 patients and received 4,000 responses – a 65 per cent response rate.
**Outcomes**

- Over 90 per cent of patients said that they would choose the trust in the future.
- Wards and departments outside of the pilot group also wish to take part in the programme.

Results will also help inform the consultant appraisal process. Clinical teams involved at the pilot stage have been asked to consider how best the information can be used to set objectives and identify areas for development in the next twelve months.

**Challenges**

- Achieving ‘buy-in’ from consultants. This was ultimately achieved by including the pilot leads in the development of the survey and allowing access to results at the individual level on an ongoing basis.
- Development of an information system that is sensitive enough to remove the details of patients who do not wish to be sent a survey, or to be able to identify when it is not appropriate for a survey to be sent to an individual.

**Lessons learnt**

The survey tool longer to collate than expected; it was expected to take six months; in reality, after eight months the foundation trust has still not reached the target for some consultants.

"It’s really important that patient experiences shape the development of our services. We're listening to what our patients say and some really interesting findings are already starting to emerge. For example, our patients have told us they often experience long waits in outpatients. This year we intend to look into this, with a view to improving waiting times in our clinics."

**Ann Farrar** Chief Operating Officer

It is also important to embed customer service training into staff inductions, job descriptions and annual reviews and to align performance management, rewards and continuing professional development with the ability to work in a more customer-focused way.

Effective marketing will require a cultural change in the mindset of staff across the whole organisation. Trusts need to think carefully about how they can build ownership and recognition of the importance of marketing and how they can motivate staff to take a more customer service-focused approach, as the non-medical aspects of a patient's experience become ever more important.

This means that trusts will need to ensure staff understand what it means to work in a more commercial environment and what role they have to play in ensuring that services are patient-led and customer-focused. This includes ensuring the senior management support the implementation of a marketing approach.
Conclusion

The concept of marketing within the NHS can be misunderstood and although support for marketing is growing, the understanding of what marketing involves and why foundation trusts should actively engage in marketing needs to grow.

Free choice and increasing competition mean that foundation trusts need to consider carefully how they manage customer relations, how they interact with their stakeholders and how they utilise the available market information to both improve and increase their services and communicate their successes to build a strong brand which inspires loyalty from their patients and members.

It is encouraging to see that although marketing often has limited resources and budgets attached, foundation trusts are focusing on marketing to a greater degree than ever before. However, it is also evident from the case studies above that much of the activity has focused around the areas of engaging and communicating with GPs, capturing and improving the patient experience and building brands.

Foundation trusts now need to widen their scope of work to think about how they can achieve buy-in to marketing within their organisations, bring front-line staff on board and engage and manage their relationships with their wider stakeholders.

For further information please contact Mitali Begum, Commercial Advisor, at mitali.begum@nhsconfed.org
The Foundation Trust Network

The Foundation Trust Network (FTN) was established as part of the NHS Confederation to provide a distinct voice for NHS foundation trusts. We work to raise the profile of the issues facing existing and aspirant foundation trusts and to improve the influence of FTN members.

The NHS Confederation is the independent membership body for the full range of organisations that make up today’s NHS across the UK. Its ambition is excellence for patients, the public and staff by supporting the leadership of today’s NHS. As the national voice for NHS leadership, it meets the collective needs of the NHS and addresses the distinct needs of all parts of the NHS through its networks and forums. The FTN is one of these.