Primary Care Trust Network

THE NHS CONFEDERATION

Talking it through:
the importance of communications when discussing local service change

The Primary Care Trust Network

The PCT Network was established as part of the NHS Confederation to provide a distinct voice for PCTs.

The Network aims to improve the system for the public, patients and staff by raising the profile of the issues affecting PCTs and strengthening the influence of PCT members.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Its ambition is a health system that delivers first-class services and improved health for all. As the national voice for NHS leadership, the NHS Confederation meets the collective needs of the whole NHS as well as the distinct needs of all of its parts through its family of networks and forums. The PCT Network is one of these.

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01 Executive summary

Primary care trusts face a difficult challenge when communicating local decisions with the public. In part this is due to low awareness of their role coupled with high expectations of what the NHS should offer to everyone.

There is often a high degree of public scepticism about the motivations for local service changes; the public often suspects that the prime motivation is cost cutting even where the aim is to improve patient care or where proposals involve increased expenditure.

Early and ongoing involvement of all relevant stakeholders is essential to help people provide new evidence and arguments which will allow primary care trusts to adapt their proposals.

Consultations which do not genuinely seek input or feedback are likely to receive strong criticism. Flexible proposals will make any consultation process more constructive.

The support of healthcare professionals is vital to both the success of and support for major service changes.

Primary care trusts should be as transparent as possible on the rationale and benefits of changes to: local services; the implications for patients, the public, staff and other stakeholders; and the evidence base for the proposed option(s).

The language used by the NHS is of critical importance in any consultation process. Using language the public understands and avoiding jargon will help increase responses to consultations, improve transparency and reduce confusion about the implications of proposals.

02 Introduction

To improve patient care and free up resources for other priorities in the local NHS, primary care trusts (PCTs) frequently have to make difficult decisions about what treatments and services to fund.

Such decisions are likely to take on greater urgency in the current economic context. PCTs face a tough challenge in communicating such decisions as the public tend to initially react with concern to messages about expensive treatments being denied or unnecessary local variations in service or treatment availability.

This report discusses how PCTs can communicate important decisions locally in a transparent way to help improve public understanding and encourage constructive involvement. The NHS Confederation report, *The heart of the matter*,[1] sets out what good engagement looks like. This report further analyses how the public wish to receive information from the NHS about changes to the provision of local health services.

It presents our analysis of two pieces of research carried out by Ipsos MORI on behalf of the PCT Network:

- **Focus group research with the general public** – the first research tested, among the general public, a range of common phrases and words which are used by the NHS in describing changes to health services, to understand how best to phrase communications.

- **Case studies of local PCT service changes** – a small number of high-level case studies with PCTs who had involved the public and other stakeholders in controversial reconfiguration projects were also examined by researchers. They interviewed senior leaders at NHS South Gloucestershire, NHS West Sussex, South East London PCTs involved in the *A picture of health* consultation, and NHS East and North Hertfordshire.

We have also examined existing research to further develop our analysis of how best to communicate with the public.

Although this report focuses on communications during local service reconfigurations, some of the findings can be applied to other high-profile local decisions, such as drug funding.

03

A tough challenge: the context

PCTs face a number of challenges in communicating proposed changes to services with local communities. Perhaps the biggest challenge for PCTs is the gap between the public's perception that the NHS must change to survive and their initial resistance to much local NHS change. In the focus group research the majority felt that all services should be provided by the NHS for everyone.

Previous Ipsos MORI polls have found that a majority of the public expect the NHS to provide drugs no matter what they cost, with a third arguing that drugs should be provided even if they are not the most effective.[2] Some of the other challenges that PCTs need to overcome, and which are highlighted by the research for this report, include:

- poor knowledge of what a PCT is
- opposition to local differences in service provision
- views of local hospitals
- the financial context
- distrust of managers
- the national context.

Poor knowledge of what a PCT is

Ipsos MORI's focus group research confirmed that knowledge and awareness of PCTs' roles are low amongst the public. Around half of the participants recognised the term 'primary care trust' or 'PCT', but few were able to say what this meant.

This low level of knowledge makes it difficult for PCTs to explain their role in decision-making from the outset, and it may contribute to a feeling of distance between the PCT and the public, which can make it difficult to discuss local service changes.

There are some things PCTs can do to mitigate against this, including developing effective communications with the public and other stakeholders. The majority of PCTs have now dropped 'PCT' from their public title, referring to themselves as, for example, NHS Buckinghamshire. In our view, this is likely to help clarify the PCT's local leadership role.

> **“It was unsurprising to find that the focus groups were unenthusiastic about geographical differences in levels of service provision, even where these were said to reflect local needs”**

Opposition to local differences in service provision

Given that the public expect the NHS to offer the same treatments and services to everyone,[3] it was unsurprising to find that the focus groups were unenthusiastic about geographical differences in levels of service provision, even where these were said to reflect local needs. This may increase opposition to proposed changes where there is a sense that the local community will be deprived of a service, or quality of service, that other communities currently benefit from.

Views of local hospitals

The closure of hospitals or individual hospital services in particular, whether that is to move care into the community or to alternative acute trusts, generates local opposition. Local populations can see a district general hospital as a ‘right’ for their community where their town or locality is geographically large enough,[4] and there was a sense from some participants in Ipsos MORI’s focus groups that care in hospitals is superior to care in the community.

“70 per cent of the public think healthcare professionals such as doctors and nurses should be involved in decisions about which treatments to fund”

The financial context

Extensive media coverage of the NHS facing financial pressures means the public may often view cost-cutting as the sole motivation for changes to services.[5] In the current financial climate, where the NHS is likely to have to deliver an equivalent cut of between £15 and £20 billion over five years,[6] this is particularly likely even where the primary driver of reform is the need to improve patient care.

Distrust of managers

In addition to a lack of knowledge about PCTs, there is also a lack of public trust towards NHS managers. Research from 2004 showed that NHS managers are only trusted by 35 per cent of people,[7] with a poll commissioned by the NHS Confederation in 2006[8] demonstrating that 70 per cent of the public think healthcare professionals such as doctors and nurses should be involved in decisions about which treatments to fund. The involvement of NHS managers was supported by only 23 per cent.

Local changes that are seen to be manager-led rather than led by patients or healthcare professionals may therefore encounter more immediate opposition, although this can be overcome with good public involvement.

The national context

The national context is an important contributor to people’s views about the NHS and what it should provide,[9] and this may also affect views that the NHS should offer the same treatments and services to everyone. This has led the Social Market Foundation to suggest that national policymakers should advocate more strongly that fairness in the NHS is about targeting local resources according to local needs, not providing the same resources to everyone.[10] However, it remains to be seen if this would impact on public opinion or media reporting of proposed service changes.

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How best to involve the public in decision-making

Involving the public in local decision-making presents something of a challenge for PCTs. Despite a body of research on how organisations can integrate good patient and public engagement practices into their everyday activities, there is a dearth of evidence about how to handle consultation during major local decisions.

However, the PCT case studies examined for this report, and a separate report from the Independent Reconfiguration Panel (IRP)[11] on useful lessons from the 16 full reviews it had undertaken of local service changes as of December 2009, outline a number of common themes that PCTs will wish to consider for improving their communications during local service changes. These include:

- consult early
- target the right stakeholders
- develop proposals in partnership with healthcare professionals
- communicate a strong narrative
- be open to the evidence, demonstrate genuine involvement
- make personal leadership a priority
- be prepared for further dialogue with a hostile audience
- continue discussions post-consultation.

Consult early

The IRP warns that: "Formal consultation on reconfiguration options published to a largely unprepared community can provoke a hostile reaction." Insufficient early involvement can mean that the PCT's proposals "have not taken sufficient account of how the public sees the priorities for healthcare services." The same applies to early discussions with healthcare professionals.[12] The House of Commons Health Select Committee has also previously criticised the lack of early public involvement by the NHS.[13]

Our case studies emphasise that PCTs should present proposals at an early stage to allow the public and other stakeholders to provide new evidence and arguments to allow the PCT to adapt their proposals and have a more constructive two-way discussion.

The NHS Confederation's publication, *The heart of the matter*, also stresses that PCTs should have an ongoing long-term dialogue with local

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communities to understand their priorities even when major reforms are not being considered. Presenting proposals at a late stage in the planning process to an unprepared public, when effectively a final decision has already been made, is not a helpful starting point for conducting a consultation.

Target the right stakeholders

A key part of any early discussion involves targeting the stakeholders most relevant to the proposals. This will differ from PCT to PCT depending on what the objectives and circumstances are. But it is essential that time is spent on making sure people understand the options being proposed to facilitate constructive involvement throughout the process. PCTs should also ensure that everyone who wants to contribute to a consultation has the opportunity to do so, as sometimes local people report being left out.

The case studies examined for this report also found that it helps if leaders have lived or worked in the local area for a long period of time as knowledge of the people, local political situation and local history is invaluable in taking forwards a consultation effectively.

One PCT commented that a strong ongoing relationship with the local health overview and scrutiny committee was helpful to their reconfiguration process, arguing that scrutiny from the local council is not just a barrier to be overcome but “challenges us to do things better.” Ongoing communication with the local council is likely to be important where PCTs are concerned that proposals may be referred to the IRP.

Develop proposals in partnership with healthcare professionals

The involvement of healthcare professionals is vital to both the success of and support for major service changes, and it is important to ensure they have a genuine role in shaping and developing proposals. This helps to avoid the demotivation of affected staff during the transition to any new services, and public confidence will also undoubtedly be greater if any proposals are presented jointly by local healthcare professionals and the PCT leadership. It also helps to avoid mixed messages being communicated. Any proposal that is opposed by front-line staff is likely to be viewed with scepticism by the public.

“The involvement of healthcare professionals is vital to both the success of and support for major service changes”

Communicate a strong narrative

PCTs need to present a strong message of the benefits of change to counterbalance perceptions of downgrading services, one which is agreed by all local NHS players so they are speaking with a single voice. This has also been emphasised by the IRP which noted that too often the NHS described what it cannot do in its present configuration rather than what it should and will do in the future. Where anticipated improvements are presented, these were “either simply assumed or presented in very general terms”, leaving them “readily interpreted as financially driven ‘cuts’, even though reconfigurations frequently ended up costing more.”

“Too often the NHS describes what it cannot do in its present configuration, rather than what it should and will do in the future”

The IRP also commented that the NHS should provide sufficient detail about how and where future services will be provided, and indicate how proposed changes are affordable and capable of being implemented. This was not always clearly communicated in the cases it reviewed.

Making as much information available as possible about the evidence base for any decisions and their impact helps to avoid misunderstandings and suspicions about the motives for changes.

Be open to the evidence and demonstrate genuine involvement

Where feasible, PCTs should be clear about the opportunities to shape proposals and where the detail can be influenced. That does not necessarily mean flexibility is essential on the principles and objectives aiming to be achieved.

Demonstrating how the final proposals have been influenced, shaped or changed significantly by the consultation is important, particularly if the long-term support of local stakeholders is to be secured and accusations of tokenism are to be avoided.

Make personal leadership a priority

The case studies examined by Ipsos MORI emphasised the importance of personal leadership. It is vital for PCT leaders to be present at public meetings, to be a public face of any proposals for change, and to support other PCT staff involved in the changes during what can be a stressful time.

Different skills will be required with different audiences. Whereas internal staff may find charisma and passion for the changes helpful, other stakeholders and the public may prefer a more analytical presentation of the case for change, including reassurance from local healthcare professionals.

It was also argued that the ‘person spec’ requirement for PCT leaders has changed over the last decade. Additional skills are now required in managing politically complex situations and groups of people to develop relationships with local stakeholders, to make the consultation a useful local dialogue.

> **"Where feasible, PCTs should be clear about the opportunities to shape proposals and where the detail can be influenced"**

Case study: NHS South Gloucestershire

During a service reconfiguration at a local hospital site, NHS South Gloucestershire developed a consultation model involving high levels of discussion with vocal campaign groups, which it has since used in other similar situations.

During the reconfiguration, the chief executive brought a number of key principles to the consultation process, including:

- high personal involvement of the chief executive to develop constructive relationships with campaign groups
- revisiting evidence for the proposed solution, demonstrating flexibility by showing that the PCT was open to alternative possibilities
- actively engaging campaign groups in the PCT's reference group; membership from the groups constituted 50 per cent. To ensure participants did not put information in the public domain prematurely, a number of ground rules were agreed upon, with any breaches addressed
- high levels of disclosure of financial and other information with members of the reference group to demonstrate transparency and a clear acknowledgement of stakeholders' involvement. According to the PCT, a Freedom of Information Act disclosure would not have revealed anything that was not shared with the reference group.

These actions helped to ensure a smoother process. The campaign group recognised that this was a genuine consultation, and even helped to jointly agree press releases sent out by the PCT, which reduced the temperature of media stories. The reference group had continued to operate into the implementation phase, further signalling the PCT's genuine commitment to the stakeholders.

“PCTs should still be prepared for large, hostile and sometimes personal responses from the public”

While the research with PCTs focused on the activity of the executive team, PCTs should also consider how best to involve their chair and non-executives in public consultation on changes, particularly if they are local residents. They provide another important route for advocating the service reconfiguration to their respective constituents and may have additional reach into the local community.

Be prepared for further dialogue with a hostile audience

Even if PCTs have involved the public at an early stage whilst stressing the genuine nature of the consultation, they should still be prepared for large, hostile and sometimes personal responses from the public. During its ‘Fit for the Future’ reconfiguration process which began in 2006, NHS

“The end of the formal consultation phase is not the end of the need to keep people informed”

West Sussex handled 36,000 written responses, representing some 5 per cent of the population. In another case study, a coffin was even brought into a public meeting, underlining the strength of feeling amongst the public.

Given the public’s tendency to view any change as being driven for limited cost-cutting motives, the IRP has stressed that provider trusts and PCTs need to be adequately prepared for questioning about resources.

It is also important for PCTs to be sensitive to the emotional content amongst the public and other stakeholders to help understand how best to discuss the issue and reduce any antagonism. As one interviewee commented: “It’s all about establishing personal trust. If people think you’re not telling the truth or are following a personal agenda, they won’t follow you.”

Continue discussions post-consultation

The end of the formal consultation phase is not the end of the need to keep people informed. Our report, *The heart of the matter*, and the IRP argue that the NHS needs to be seen to take account of views received. It also highlights the importance of independent validation of consultation responses. NHS South Gloucestershire continued to use its reference group for the implementation of local proposals, which helped to bring additional expertise and demonstrate the authenticity of the consultation.

05

Speaking in a language the public understands

Given the importance of good communications with patients, local communities and other stakeholders, it is critically important that consultation papers and public meetings communicate the issues in plain English and avoid technical language and jargon.

Ipsos MORI's focus groups with the general public, undertaken for this report, aimed to assess the public's reaction to a variety of statements on both the roles of PCTs as well as phrases used to explain policy issues such as commissioning and local decision-making.

Our decision to research how to improve good communications in this area is further supported by evidence from the IRP which has criticised some of the consultation documents it reviewed as being "technically poor in structure and language", further arguing that PCTs should give careful consideration to the phrasing of communications with the public.

The research tested the words set out below, which are some of those used frequently by the NHS, showing that these were either little understood or created confusion for the public. Their use should be carefully considered before being used with the public or other stakeholders.

'Budget' – focus groups were resistant to discussing finite resources. Resource allocation in the NHS is complex, and giving further context when talking about organisational budgets is important.

'Clinicians' – not everyone understands what the word 'clinician' refers to. Our focus group participants preferred the terms 'medical professionals' or 'healthcare professionals', but it may also be better with some groups to refer to 'doctors, nurses and other healthcare professionals'.

'Competitive tendering' – this phrase is not widely understood and is often associated with 'lowest price' contract negotiations.

'Engagement' – although a word commonly used by communications teams to describe activities including public or individual meetings, leaflets or letter writing, focus groups disliked what they viewed as a 'buzz word'.

"The IRP has criticised some of the consultation documents it reviewed as being 'technically poor in structure and language'"

'Postcode lottery' – unsurprisingly, this phrase was poorly received, being associated with negative media coverage about variations in funding decisions. Again, our research with focus groups showed it is possible to effectively explain variations in resource allocation but this requires much more detailed discussion.

'Safety' – the research tested ways of describing local health services, including the word 'safe'. In response, the public questioned why a PCT would need to refer to services as 'safe', often assuming that this meant they were not, in fact, safe at all.

“The public dislike jargon, language that makes the NHS sound like a business, indications of regional variations in treatment, or language that is overly positive about the NHS”

‘Value for money’ – this phrase was associated with a purely economic description and the public understood it to mean simply the cheapest. Although the NHS is a service provided from taxes, at a local level the public do not appear receptive to hearing the description of their local NHS as providing value for money.

This echoes previous work by Ipsos MORI (not publicly available) which found that the public dislike jargon, language that makes the NHS sound like a business, indications of regional variations in treatment, or language that is overly positive about the NHS, for example “the NHS is amazing.”

Across the different messages that were tested, Ipsos MORI found that the focus groups also disliked certain ways of phrasing messages, for example:

- Phrases that sounded like the PCT was abdicating responsibility – for example, one phrase we tested read: “PCTs are allocated money from the overall NHS budget and are expected to make decisions about how it is spent.” Individuals felt this sounded like the PCT was not taking full responsibility for its decisions.
- Unrealistic or exaggerated examples – participants were critical of examples that were considered overly negative and emotional. For instance, the statement “If we spend a million pounds on a drug that prolongs life for ten days then we have to question whether that is a good use of the NHS’ limited budget”, was described as extreme, sensationalist and patronising.

“In the focus groups, messages longer than two or three sentences caused many participants to lose interest, and were found to be confusing”

- **Comparisons between different services** – one statement we tested attempted to illustrate that you can only spend a certain amount on one service without it impacting on the resources available for another service. Participants regarded comparisons between different services as unnecessary and unhelpful. As one individual also argued, “As soon as you start drawing on examples, there’s always going to be somebody that suffers from one of them.”

Our research demonstrates that there is sometimes a tension between, on the one hand being transparent about the inevitable need for tough decisions, and on the other hand communicating in a way the public can relate to. Where this tension exists, it remains important to stick to principles of good communication if accusations of ‘spin’ or lack of transparency are to be avoided.

Key points for communicators

- People prefer shorter messages which make a clear point without the use of too many details or examples. In the focus groups, messages longer than two or three sentences caused many participants to lose interest, and were found to be confusing.
- Numbers and percentages can cause confusion since people do not usually understand the context.
- Communications should not assume any level of knowledge as public awareness of PCTs and their role is low. Terms such as ‘PCT’ should be spelt out and use of other acronyms and technical or management terms that could be perceived as jargon should be avoided.
- When communicating tough decisions, the reasons for any decision should be stated honestly and transparently as there is a risk they will be perceived by the public as ‘spin’.
- Other research has emphasised the importance of highlighting the fairness of a decision.[14]

06
Conclusion

Local service reconfigurations and changes to health services have frequently been the subject of heated community debate, but research for this report demonstrates that it is possible to communicate in a constructive way with the public. It is critical that any proposed changes are described clearly and the consultation exercise happens at an early stage when there can be a genuine attempt to receive local input. Demonstrating the evidence base and the future shape of services should also be set out in detail.

In the current financial climate there will be extra pressures on PCTs to identify efficiencies. When facing these challenges it will be tempting to speed up consultation processes or attempt to force through much needed improvements, but if the risks of increased public hostility to changes are to be avoided and long-term partnerships with healthcare professionals and local stakeholders are to be secured, good and transparent communications are essential.

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Further information

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The NHS Confederation has produced previous publications relevant to patient and public engagement and PCT communications which will be relevant to readers. These include:

Lost in translation: why are patients more satisfied with the NHS than the public? (2006)

Principles for accountability: putting the public at the heart of the NHS (2008)

Reputation management: a guide for boards (2009)

The heart of the matter: patient and public engagement in today's NHS (2010)

All NHS Confederation publications are available at **www.nhsconfed.org/publications**

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Talking it through: the importance of communications when discussing local service change

To improve patient care and free up resources, primary care trusts frequently have to make difficult decisions about what treatments and services to fund. They face a tough challenge in communicating such decisions to the public.

This report discusses how PCTs can communicate important decisions locally in a transparent way to help improve public understanding and constructive involvement.

Although this report focuses on communications during local service reconfigurations, some of the findings can be applied to other high-profile local decisions such as drug funding.

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