

May 2017

Communicating change in the NHS

Summary of research conducted with the public and HCPS

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Background and context

Background and context

- In 2014, the Five Year Forward View set out plans to modernise the NHS
- As part of this, local health systems across England collaborated to produce ‘Sustainability and Transformation Plans’ (STPs), setting out how they will deliver change in their areas
 - These were published in late 2016
- It is essential that these changes are communicated in a way that maximises support
 - Both from the public
 - And from NHS staff
- This presentation will share some thoughts on how this might be done

This presentation draws on findings from 2 discrete, but complimentary pieces of work

Research with the public

- **Conducted on behalf of the Richmond Group of Charities**
- **To understand:**
 - Their perceptions of the need for change in health and social care
 - The existing context for 'change debates'
 - What key messages and evidence points were likely to be most/least effective at engaging and convincing the public of a need for change
 - The language/tone and spokespeople that are most engaging and credible
- **Initially conducted in mid-2014**
- **Repeated in late 2016**

Research with NHS staff

- **To understand how best to communicate with NHS staff about planned changes in local health systems, including:**
 - To understand attitudes of key NHS staff groups towards the NHS
 - To understand familiarity of these groups with the STP programme nationally, their attitudes towards this programme and perceived local engagement opportunities
 - To identify and develop the most resonant and effective messages to use in communications about change with different groups of frontline staff
- **Delivered in early 2017**

General public methodology

The approach between the 2 rounds of research (2014 and 2016) was designed to ensure comparability

2 Focus Groups of 8 people in South West England on the 9th of November

Group 1

- All men
- 30-55
- B/C1

Group 2

- All women
- 30-55
- C2/D

2 Focus Groups of 8 people in North England on the 3rd of November

Group 1

- All men
- 30-55
- C2/D

Group 2

- All women
- 30-55
- B/C1

4 Depth Interviews

2 interviews with individuals aged 60+ who care for people with long term conditions

2 interviews with individuals aged 60+ with long term medical conditions

NHS staff methodology

- 10 x focus groups with NHS staff
 - 3 x GP
 - 2 x consultant
 - 2 x nurse
 - 2 x junior
 - 1 x 'other NHS staff'
- 9 x teledepth interviews with NHS staff in rural locations
 - 3 x junior
 - 2 x consultant
 - 2 x GP
 - 2 x nurse
- 2 x teledepths with juniors in Portsmouth



2

Guidelines for communications

4 guidelines for communications...

1

Think about the context you are communicating in

2

Start from where people are, not from where you wish they were

3

Frame messages in a way that builds credibility

4

Consider how to build trust

3

The context

In many respects, NHS staff and the public have a common perspective on the NHS

1

Growing levels of concern about the state of the NHS

2

Issues caused by funding shortages

3

Difficulties knowing who to trust

4

(Cautious) willingness to consider change

1

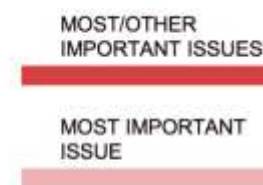
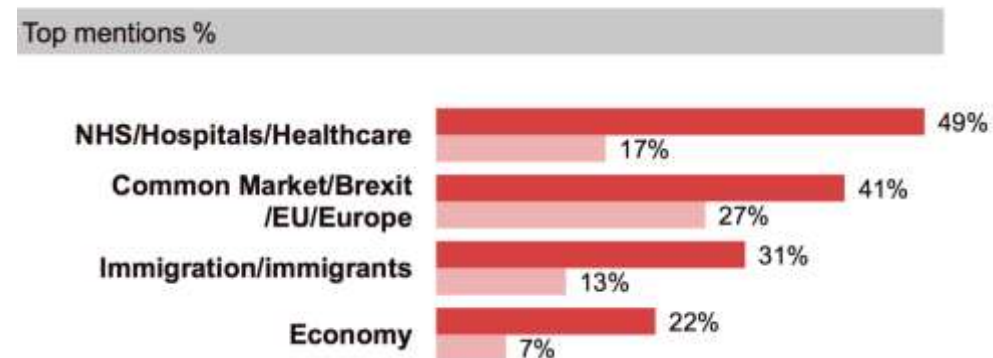
Growing levels of concern about the state of the NHS

The public are increasingly aware of issues in the NHS



What are the three biggest issues facing Britain today?

What do you see as the most/other important issues facing Britain today?



**NHS/Healthcare
 +9 points
 since Dec 2016**

Whilst HCPs see a system under severe pressure

“The NHS has been in crisis for a number of years. Not just since Christmas.”
 (Consultant, Sheffield)

For HCPs, issues in the NHS translate directly into an extremely challenging working environment

“The amount of things that you have to get done in a day now. I just don’t think people enjoy their jobs.”
 (Junior, Portsmouth)

Despite their concern, both groups retain a strong sense of pride in the NHS and its values

“It is one of the best health services in the world, and we should cherish it.”
(Public, Focus Group)

“It’s a crown jewel. When you go to other countries, you hear about the struggles people have to get treatment. It makes us who we are.”
(GP, Birmingham)

2

Issues caused by funding shortages

Lack of funding



- HCPs and the public agree that the overarching issue facing the NHS is a lack of funding, attributed to years of austerity

Staff shortages



- HCPs are concerned about staffing levels, retention and recruitment
- Whilst the public have a strong sense that staff (especially junior staff) are under considerable pressure

Growing demand



- Ageing population
- For HCPs, this is also about (excessively) high patient expectations
- And 'misuse' of the NHS

Both groups see little that gives them reason to think these are being addressed, leading to concern that these problems are simply going to build up over time

3

Difficulties knowing who to trust

For the public, a lack of trusted voices makes it hard to be sure what is happening

Politicians

- Politicians are not trusted to tell the truth about the NHS
- Nor to act in the best interests of patients
- This is often attributed to careerism, and the short-term nature of the election cycle

The media

- There is widespread awareness of negative coverage of the NHS; this, inevitably, shapes views
- However, it can be hard to reconcile this news with positive personal experiences of the NHS
- The media is suspected of sensationalism, and of pushing its own agenda

Whilst for HCPs, a tendency to conflate policies and politics leads to distrust of initiatives to address challenges

- HCPs often struggle to distinguish between nationwide NHS policies, initiatives led by the management in their trust, and political initiatives
- This can mean that changes are met with suspicion
 - Because HCPs assume that they are cost-driven
 - Or that the motivation arises from a political need, rather than a policy imperative
- This contributes to reform fatigue

“With changing governments, they keep changing the goal posts. Targets get manipulated and rolled over.”
Nurse, Birmingham

4

(Cautious) willingness to consider change

The public is open to some change, as long as the motivations are perceived to be correct

- Most participants think pressures in the NHS have meant that the quality of care has declined over the last 5 years
- For some, this has now reached crisis point
 - Though there is resistance to this language from many
- Crucially, however, affection for the NHS limits the justifications for change they will accept
 - It has to be motivated by a desire to improve patient experience
- And the changes they will consider
 - Closing hospitals is a clear red line

"Maybe you can say crisis, because there's so many problems and how much can you fix? So you have to prioritise what's important and what needs fixing first. And we're not gonna because that money is not going to suddenly appear."
(Female, Focus Group)

"It's not in crisis from what I perceive. I've been in the hospital recently, I go to the GP recently, as far as I'm concerned it's not in crisis."
(High Frequency Service User)

HCPs tend to have a good sense of what needs to change – and there is considerable alignment with the STPs

- Joining up services
 - Primary, secondary and social care
- Offering more services in the community
- Offering more services in primary care
- Bringing services together in specialist centres

“More of a shift from secondary care to primary care. And then more help needed in primary care.”

GP, Manchester

However, HCPs are clear that to be credible, these changes need to be backed with suitable investment (both money and staff)

4

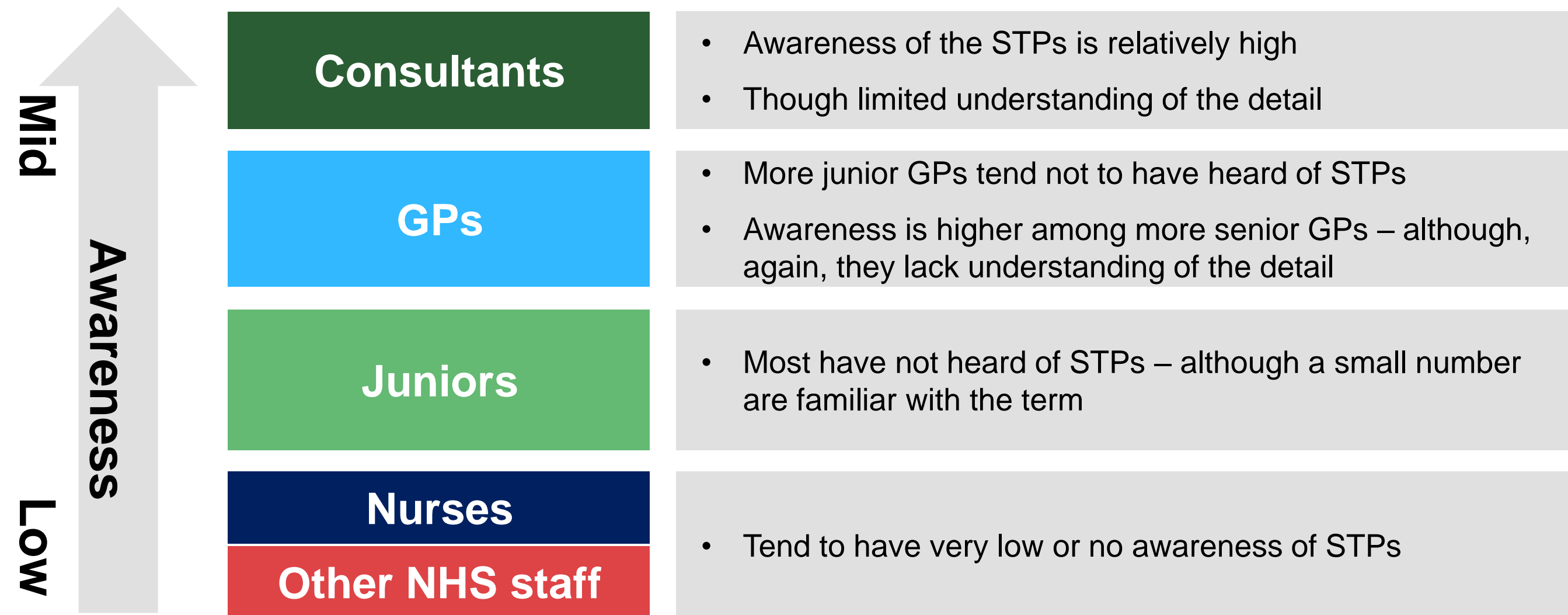
Where are these audiences on STPs?

The public are almost entirely unaware of the STP process.....

“STP? What is that? Never heard of it.”
(Female, Focus Group)

...And, by their own admission, are unlikely to engage until they see something that crosses a ‘red line’....

Whilst STPs have some name recognition amongst staff, knowledge is, at best, superficial among most (but appetite for information is higher)



Due to the tendency to conflate policy and politics, many are starting from a point of suspicion and ‘reform fatigue’

5

Building credibility through messaging

Communicating with the public

When communicating planned changes, it is helpful to...

1

Frame change as ensuring the survival of the NHS

2

Make the argument from a position of patient experience

3

Play back the issues people have experienced in their own areas

4

Reassure that the system will still be recognisable to patients

5

Communicate that the plan has been carefully considered

1. Frame change as ensuring the survival of the NHS

- Messages that start from this position tap into concerns about the state of the NHS
- And communicate that you share the public's interest in ensuring its long-term future

- Messages from this position should avoid:
 - Excessive negativity: Communicate that the NHS can (and will) survive
 - Talking about 'revolution' or 'radical' change
 - 'Evolution' is more effective

The NHS is almost at breaking point. To prevent it from reaching a crisis, we need to make changes to the way that healthcare is delivered

"That's positive to me – because its starting with a truth, saying that they want to do something and take action."
(Female, Focus Group)

2. Make the argument from a position of patient experience

- Improving patient experience is the only widely accepted reason for change
- Benefits might include:
 - Greater convenience in terms of where care is delivered
 - Improved recovery times
 - Quicker access to care

- Whilst the public are aware of financial pressures, these are seen as the result of political decisions
- They are not, therefore, accepted as reasons for change
- As far as possible, arguments from a financial perspective should be dialled down in messaging

Care and treatment can be delivered to patients by a wide range of healthcare professionals - not just doctors. By using these HCPs to deliver more care, patients will seen more quickly

“There’s a lot of nurses doing the jobs of the doctors already...and that’s absolutely fine, I’m happy with that. You can get more appointments with the nurse than you can with a doctor.”
(Female, Focus Group)

3. Play back the issues people have experienced in their own areas

- This enhances the credibility of messages
- And helps the public to make a connection to their personal experiences and the wider challenges the system is experiencing
- For example, issues securing GP appointments, lengthening waiting times for hospital appointments

The NHS is no longer delivering the care that modern patients need. Patients are waiting longer for treatment and spending extended periods of time in hospital when they could be at home or seen by their GP or at a local clinic. Change is needed to address this problem

“I’ve got experience with that, with my wife in hospital a few months ago, and she was waiting for a bed for ages. They are just sat in chairs because beds aren’t available. That has got worse.”
(Male, Focus Group)

4. Reassure that the system will still be recognisable to patients

- Most people's experiences of the NHS is limited to a narrow set of pathways
- And they have a very limited understanding of how the wider system works (and limited interest in developing this understanding!)
- It is therefore important to reassure patients that their access points to the system will remain
 - E.g. that patients will be able to access A&E in an emergency, or see their GP when they need to

Urgent Care Centres will be kept in local hospitals so you'll always have somewhere to go in an emergency

"That's important because if you close a hospital then all the people in that area have to travel further. If there was an emergency, getting to A&E if it's further away, that could be life or death."

(Female, Focus Group)

5. Communicate that plans have been carefully considered

- And that frontline staff have been involved
- Doing this reduces the sense that changes are of a political nature
- And gives reassurance that they have been drawn up in the best interests of patients

Our plan is long-term, well-thought through, devised by people who work in the NHS

“I haven’t heard anything about the STP. It’s probably a good idea that you’ve got the relevant people taking part in it.”
(Care giver, Depth interview)

Communicating with HCPs

When communicating planned changes, it is helpful to...

- 1** Acknowledge the challenges staff see in the system
- 2** Highlight areas of agreement between staff and STPs
- 3** Build credibility by providing detail
- 4** Address 'What's in it for me'
- 5** Be direct and honest

1. Acknowledge the challenges staff see in the system

- Messages that do not address staff's concerns are seen as lacking credibility

On-going austerity



HCPs will question messages if they do not clearly set out the funding for new initiatives

Growing demand



Acknowledge this and, where possible set out any steps that are being taken to educate the public about the financial cost to the NHS of behaviour they see as misuse

Conflation of politics and policy



Clearly convey the reasons behind any new initiative and that it is driven by the NHS - not government

Staff shortages



Acknowledge the strain that staff feel and where possible describe provision for additional staffing

2. Highlight areas of agreement between staff and STPs

- Relatively low awareness of STPs means a definition will need to be built into messaging
- Stressing areas of agreement on the reasons for change, and types of change needed, helps to build credibility and support

Shared reasons for change

- Adapting services to meet the challenge of an ageing population
 - Including need for a shift in focus from treating acute conditions to managing long term conditions
- Ensuring the NHS is as efficient as it can be
 - Although there is some sensitivity around this phrasing, with some strongly associating 'efficiency' with cuts to budgets

Shared ideas for change

- Joining up services (primary, secondary and social care)
- Offering more services in the community and in primary care
- Bringing services together in specialist centres

3. Build credibility by providing detail

- HCPs want to feel that plans are rooted in solid facts and clear-headed planning
 - They want to know the detail underlying the plans, both in terms of how they will work in practice and where the funding / staff resource is coming from
 - And to see case studies of where changes have worked in the past – particularly anything that is relevant to them locally or their specialism
- Messaging that does not provide this detail is likely to be dismissed as vague or ‘management speak’

“We’re scientists, our brains work on evidence, you can’t just sweep all the details away in vague statements and expect us to be on board.”
Junior, London

4. Address 'What's in it for me'

- HCPs feel under pressure and under-appreciated
- To address this, messages should acknowledge and respect the experience of HCPs
- This means communicating that frontline staff have been consulted and offering further signposting so they can get involved if they would like
- And set out how changes will affect specific staff groups

5. Be direct and honest

- Messages need to feel frank and open
 - Any sign of 'spin' is extremely off-putting

The tone should be...

Direct and honest

- HCPs feel that the NHS is approaching crisis point
- They want messages that acknowledge this
- And give a frank assessment of what needs to change and the reasons for this change

The tone should not be...

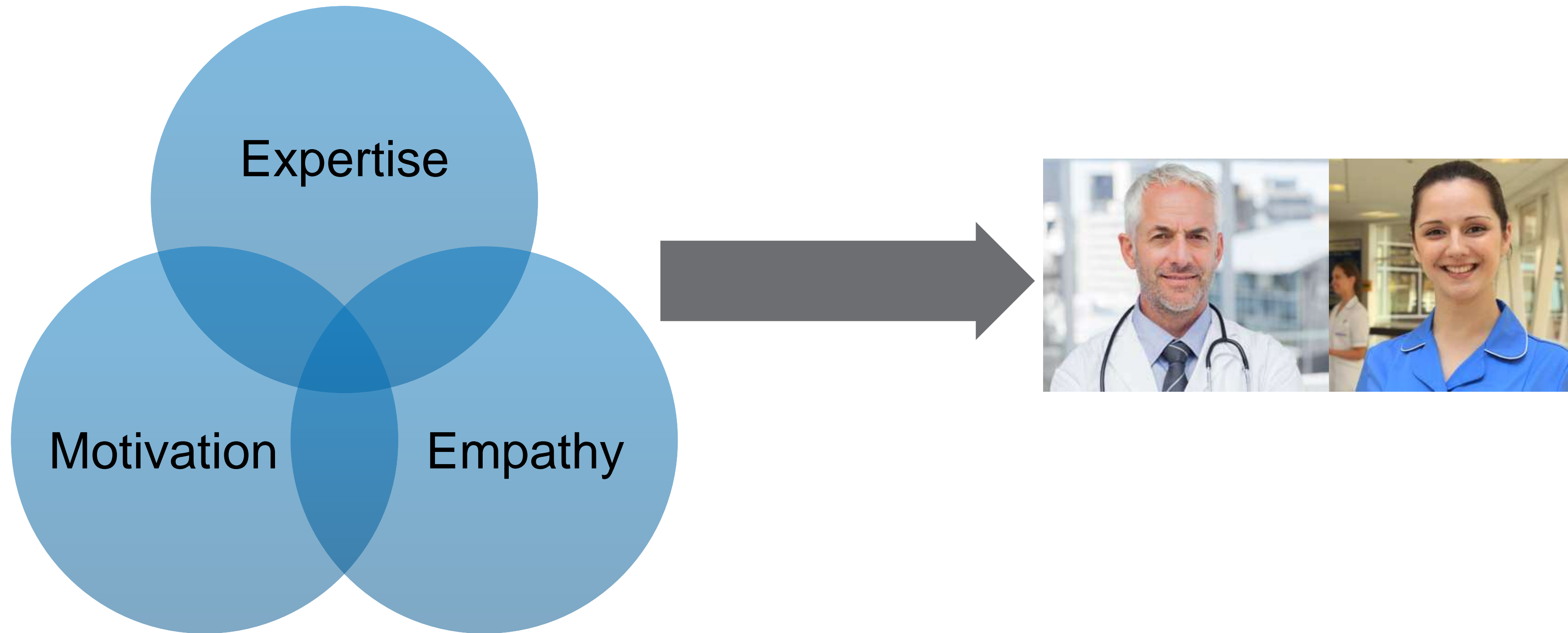
Patronising, or rely on 'management speak'

- Words or phrases that are not aligned to those that HCPs use suggests that it is written by management consultants and is seen as spin
- For example, "harnessing" or "the NHS can build a better service for future generations"

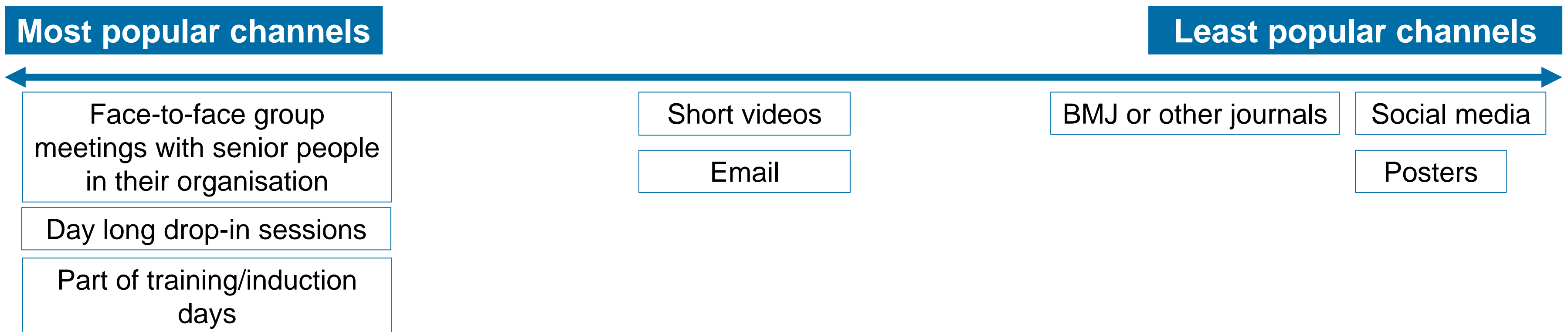
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Building trust

For both audiences, frontline staff are the most trusted messengers



In addition, for HCPs, interactive, face-to-face meetings show that you are taking them seriously



All HCPs agreed that written and verbal briefings should provide clear, and easily digestible information, due to the time pressures of their work

7

Key findings

To recap...

Think about the context you are communicating in

- Growing level of concern about the NHS
- Funding seen as the underlying cause
- Difficulties knowing who to trust
- (Cautious) willingness to consider change

Start from where people are, not from where you wish they were

- Low awareness of the STP process
 - And very low interest from the public
 - Desire to learn more higher amongst HCPs

Frame messages in a way that builds credibility

- **For the public:**
 - Frame change as ensuring the survival of the NHS
 - Focus on impact on patient experience
 - Play back local issues
 - Reassure the system will be recognisable
 - Communicate that the plan has been carefully considered
- **For HCPs:**
 - Acknowledge challenges
 - Highlight areas of agreement
 - Build credibility by providing detail
 - Address 'What's in it for me'
 - Be direct and honest

Consider how to build trust

- For both audiences, frontline staff are the best messengers for change

Thank you

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10 Rules of Winning

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It is our duty to err on the side of ruthlessness.

For the great majority of these establishments there is no appropriate future use

[Duty] to choose the course of more drastic and fundamental change

The progress of medical thought and method will still be well on ahead of our practice.

4

2

5

1. Know your audience

2. Have an argument

3. Consultation isn't consensus

4. Six to one

5. Do not let lying dogs sleep

6. Cut to the core

7. Talk to your Mum

8. Talk to your people

9. Tell the truth

10. Edge, crunch, lift



Thank you!



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