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Engaging the public on service change

Public engagement is a buzz term in the health service and has become something of a holy grail for NHS leaders.

We all want be able to do it, but what are we trying to achieve when we say we want to “engage the public”?

Changing the way health services are delivered will always be a controversial topic.

There are, rightly, mechanisms in place to ensure the public can get involved and have their say. However, this process is never straightforward.

The history of attempted health service reconfigurations in Wales is littered with public protests, campaigns and U-turns.

So what is the NHS doing wrong when it comes to “engaging” the public? Is the NHS failing to listen to the public or is its message failing to get through?

Perhaps change of any sort in the health service makes us nervous and will always prompt a negative reaction, even if the proposals are based on good medical practice.

The basis of the current controversy about health service change is how the NHS will meet the financial challenge when demand for health services is rising.

Reassuringly, the NHS knows what it needs to do.

We need to improve the quality and safety of care so we get it right first time, every time.

We need to reduce waste and inefficiency.

We need to make sure we use our hospitals only for the most sick people who need it.

We need to help people maintain their health and independence and prevent illness.

We need to stop the duplication of services across several hospitals in close proximity to each other.

In short, we need to reduce the unsupportable, and unnecessary, burden we currently place on the most expensive part of the system – hospitals.

The NHS hasn't traditionally been very good at demonstrating to our patients and their relatives that very careful and detailed work goes into the development of options for change, and then convincing them that proposals are what they say on the tin – proposals, not decisions set in stone.

Such work is informed by representatives from many different groups who provide expert research and advice.

These often include specialist doctors, GPs, nurses, therapists, staff representatives, as well as local community representatives and patient groups.

The NHS is also trying to become increasingly innovative in how it reaches the wider public.

As well as using traditional methods, such as the press and media, some NHS organisations have set up Facebook pages, You Tube channels and Twitter feeds.

Health board websites are a rich source of information and many have feedback forms for people to give their views.

There are patient panels, citizens' juries, feedback boxes, public meetings, engagement events and board meetings open to the public.

Public engagement is an art, not a science, and there will always be times when health boards do not get it right but, importantly, they will always seek to learn from times when they get it wrong.

The difficulty comes in managing expectations of what can and can't be delivered.

The NHS is dealing with the biggest financial challenge it has ever seen.

It is a simple and unavoidable truth that the NHS can no longer afford to duplicate services across every local hospital.

In consulting on proposals to change services there has to be a greater appreciation of what can realistically be delivered within the resources available.

Health boards really do want to hear the views of their local populations and to reflect them in their plans but sometimes necessary changes are not always popular locally.

What we must ensure is that there is honest dialogue between all parties with a commitment to openness on both sides.

Only in this way can we move forward into a sustainable future.