

SUMMARY OF DISCUSSION: NATIONAL FRAMEWORK FOR SERVICE CHANGE

NATIONAL ADVISORY GROUP MEETING – 8 JULY 2004

Present:

Minister for Health and Community Care

David Kerr (Chair)	Rhodes Professor of Cancer Therapeutics & Clinical Pharmacology, Oxford University
Mac Armstrong	Chief Medical Officer
Irene Sweeney	Chair, Scottish Pensioner's Forum
Gillian Needham	Post-Graduate Dean University of Aberdeen
Jae Ferguson	Argyll and Clyde Maternity Liaison Committee
Peter Bates	Chair Tayside NHS Board
Roger Gibbins	Chief Executive Highland NHS Board
Lesley Summerhill	Director of Nursing and Patient Services, Tayside University Hospitals Trust
Charles Swainson	Medical Director NHS Lothian
Graham Teasdale	President, Royal College of Physicians & Surgeons of Glasgow
Paul Martin	Chief Nursing Officer Designate
Lesley Holdsworth	Clinical Standards Co-ordinator, Forth Valley Health Board
Harry Burns	Director of Public Health Greater Glasgow NHS Board
Chris Holme	Scottish Executive Press Office
Pennie Taylor	Communications consultant
Derek Feeley	Head of National Planning, Scottish Executive
Brian Dornan	National Planning Team
Jane Gallacher	National Planning Team
Steve Kendrick	National Planning Team
Myra Duncan	National Planning Team

Meeting

The group met for the third time on 8 July to discuss the following issues:

1. Communication and Consultation
2. The Work Programme

Communication and Consultation

The political dimension

The Minister outlined some aspects of the political context within which the National Framework for Service Change would be developed. He highlighted the generally positive response to date to the formation of this advisory group, which might reflect a perceived lack of high level guidance and failure of Boards to consider issues on a regional basis. Those involved in service change should engage politicians in these decisions at all levels.

Discussion points:

- Clear acceptance that “spin” is not helpful around issues of service change, but there is a need to develop a clear narrative around the goals of this work.
- It is important to be clear that Boards, Managers and Clinicians share common values, particularly around the primacy of public interest in the decision making process.
- There is a need to ensure that the group’s communication strategy secures the engagement of local as well as national politicians.

The Scottish media

Chris Holme discussed the structure of the Scottish media and the likely reception of the work of the group. He supported the straightforward approach of the Temple and Calman reports which concluded that service redesign was essential and inevitable. The group could easily avoid simple presentational mistakes, for example by referring to day hospitals rather than ACADs, community hospitals rather than secondary care centres etc.

Discussion points:

- The group should make clear where its recommendations are judgement rather than evidence based.
- Important that the framework can give examples of what its recommendations will mean in particular cases.
- It is necessary to get clinicians behind any recommendations of the group.
- There is a need to initiate public engagement in a structured way sooner rather than later to inform the work of the various sub-groups which have now been formed.
- The group itself needs to be clear on the ultimate goal of service change – is it the eradication of waiting lists or something else that we hope to achieve?

The Glasgow experience

Harry Burns gave a presentation on the approach taken to planning decisions and service change in Glasgow. He described the lessons learned from the experience in Glasgow, and argued that a new approach was necessary in which more space is made for debate and public involvement.

Discussion points:

- The approach described did not achieve an effective or appropriate relationship between NHS staff and the public.
- This Advisory Group should make a serious attempt to ensure high standards of public consultation and engagement across Scotland.

A view from Tayside

Lesley Summerhill explained the approach taken in Tayside to securing patient engagement and consultation. The presumption underlining the work in Tayside is that patient involvement in planning decisions will improve the quality of those decisions. Good relations with the local elected representatives were maintained by holding monthly meetings with local MSPs. A large-scale service change project included open consultation events at

which the public could put questions directly to clinicians, easily understood information was delivered to all those who would be effected by the changes, a website was established and regularly updated.

Discussion points:

- The group agreed that the approach to service change taken in Tayside was a good one.
- The different approaches taken to public engagement and openness across Scotland will influence how the work of this national group is received in different parts of the country. Those with bad experiences of service change will naturally be suspicious of new projects.
- We have a detailed analysis of the consultation steps in Tayside. Is there a similarly detailed account of the steps taken to engage the public from an early stage in recent service change proposals elsewhere?

Action points:

- The group to produce a clearer vision of the sort of health service it would like to achieve and what that service should be able to deliver.
- The group will move quickly to engage the public in the development of the National Framework, and report to the Advisory Group in August.

Some personal reflections – Pennie Taylor

Pennie Taylor outlined a number of key factors in producing a successful communications strategy. The public should be seen as the main audience for this work, and group members and clinicians should be prepared to take part in face to face meetings to explain these changes to the public. The public's interest in the NHS should be viewed in a positive light and not as a hindrance to change. Journalists and the public have been demanding a safer service with better working conditions for staff, any change to the service will be, at least in part, a corollary of these demands, this should be made clear.

Action points:

- Peter Bates, Lesley Summerhill, Chris Holme and Derek Feeley to get do some further thinking on a consultation strategy and guidelines for the group, involving Pennie Taylor as appropriate.

