Urgent and Emergency Care
A case for change

Pre-publication stakeholder engagement report

15 May 2024

Coproducing the Case for Change

Whilst drafted by the programme team, the Case for Change has received a wide range of inputs, including:

- Clinicians, including doctors, nurses and AHPs from:
    - Mersey and West Lancashire Teaching Hospitals NHS Trust
    - C&M and L&SC ICBs
    - North West Ambulance Service NHS Trust
    - Mersey Care NHS Foundation Trust
    - HCRG Care Group
- Commissioners of both ICBs
- SCT programme board
- SCT workstream leads (clinical, estates, finance, BI, C&E)

In addition to this, input has also been received from:
- NHSE (informally)
- The Consultation Institute
- C&E steering group members including Healthwatch and voluntary sector representatives.

Prior to the Case for Change being considered by boards, a series of focus groups with a range of stakeholders took place, as outlined below.

Pre-publication stakeholder focus groups

A series of five focus groups took place with a range of stakeholders. Attendees were given a brief background presentation on the programme and the Case for Change. This positioned the document as the catalyst for a significant conversation to generate and evaluate ideas.

It was explained that the aim of the sessions was to gather feedback that could refine and enhance the dissemination of the Case for Change and enhance public engagement. Discussion was focussed on two areas:

1. The approach taken to producing the Case for Change. This was presented as thorough yet accessible, incorporating plain English and visual aids like charts and pictograms to aid understanding and facilitate community engagement in the feedback process.

    Attendees were invited to give their views on this approach and put forward suggestions for how it may be strengthened by supplementary products, such as a summary version.

2. Attendees were given an outline of the document's contents and key messaging and asked to give feedback on the effectiveness of both.

Groups were allowed some leeway in scoping their own discussion, which often ventured beyond the two discussion points above.

Whilst it was explained that the programme is not currently able to discuss specific services models / changes at this time, participants nevertheless offered their view on these.

Summary of focus group sessions

We asked groups to focus on the Case for Change and on the question of how to get people engaged in the programme. Despite efforts to keep the conversation on track, a lot of views were still expressed around where the problems lay and how services could be changed to improve delivery and outcomes. This was to be expected.

There were many positive comments made on the Case for Change. Sessions did still provide significant useful feedback on how the approach could be improved, summarised below.

The points raised revolved primarily around accessibility, engagement, and credibility:

1. Accessibility Concerns

Audience diversity

There was a significant focus on the challenges faced by elderly, disabled, and ethnic minority populations in accessing the document. These concerns include the document's length, dense copy, and use of complex language.

Alternative formats

Recommendations were made to provide the document in formats more accessible to those with specific needs, such as easy-read, large-print, braille, and audio versions.

Technological barriers

It was noted that many elderly members of the community are less inclined to use technology, suggesting a need for alternative engagement methods, such as in-person and in print.

2. Enhanced Engagement Strategies

In-person interactions

There was a strong emphasis on the value of face-to-face meetings and public discussions to allow direct interaction between programme leaders and the community.

Community partnerships

Collaboration with local health and non-health groups was suggested to increase outreach and involvement, ensuring the document reaches a broader audience.

Use of visuals and summaries

Utilising hospital information screens and QR codes linking to simplified summaries could help in making the document more engaging and easier to understand.

3. Building Credibility and Trust

Realistic pledges

Participants expressed scepticism about repetitive past pledges followed by a lack of visible positive change. There was a call for more vibrant and dynamic language that differentiates this programme from past efforts.

Clear timelines and outcomes

It was suggested that the inclusion of specific timeframes for the implementation of change and clearly communicating the benefits early in the document are recommended to build credibility and maintain public trust. In other words, if we can't say when it's happening, people may be less inclined to believe that it will happen.

Overall, the feedback highlights the necessity for other forms of communications to make the programme more accessible, engaging, and credible in its ambition to effect positive change.

Participants made several positive suggestions for what needs to sit alongside the Case for Change to make it a more effective tool of engagement. There were no comments that suggested we should not proceed with the current document.

Below follows a summary of each session, with a table of stakeholder recommendations and proposed actions.

Session 1

Monday 13 May 2024

Attended by

- Fiona Caplan from Southport Access for Everyone,
- Simon Barson, Sefton North Breathe Easy Group
- Jean Wright, Sefton North Breathe Easy Group
- John Hamilton from, Sefton North Breathe Easy Group

Facilitated by

- Steven Davidson, Freshwater
- Benedict Mosimi, Freshwater

Session summary

Comments relating to the Case for Change and channels for stakeholder communication.

A consensus emerged concerning the document's lack of accessibility to the region's growing elderly and disabled population. Participants suggested that the audience may face challenges with the document's length, volume of copy per page, and content such as graphs.

To help combat this, attendees suggested that the document could be supported by in-person contacts and public meetings to give readers an opportunity to discuss it with members of the programme and to make room for public input.

It was also recommended that an easy-read version of the document was created to increase accessibility for those with learning disabilities and lower reading age.

The group highlighted that material of this kind concerning service change and transformation had been seen many times before and could be easily disregarded by the public. They highlighted that the language used was a repetition of pledges that they had heard before without seeing subsequent positive change. Therefore, attendees recommended that the document should be more vibrant and dynamic to attract readers and to help set the document apart.

One participant, who is also a volunteer at the Southport Talking Newspaper, mentioned that he was happy to publish an easy-read version in the paper.

Comments relating to the (re-)organisation of services.

A consensus regarding scepticism towards immediate NHS improvements also emerged and participants highlighted the need for improved access to services through improved transport links for families with children, and inequalities children and young people face due to limited A&E services.

Feedback response

Stakeholder recommendations	Action
• Ensure in-person engagement opportunities.	These are planned
• Offer public meetings.	These are planned
• Offer an easy-read version.	This is planned
• More vibrant and dynamic design.	The shorter-form documents will do this.
• Publicise via the Southport Talking Newspaper.	To be actioned

Session 2

Monday 13 May 2024

Attended by

- Gareth Edwards, Change, Grow, Live
- Paula, Healthcare Assistant
- Jennifer, Service User
- Danny, Service User
- Chris, Change, Grow, Live
- Trisha, Change, Grow, Live

Facilitated by

- Steven Davidson, Freshwater
- Benedict Mosimi, Freshwater

Session summary

Comments relating to the Case for Change and channels for stakeholder communication.

The conversation focused more on services and solutions than on the Case for Change document. Participants highlighted that the document shouldn't focus on statistics but should include patient realities. It was recommended that the public should be given opportunities to be heard by programme leaders and to influence the direction of service change.

Comments relating to the (re-)organisation of services.

The meeting focused on discussing ways to improve local NHS services, specifically urgent and emergency care.

Participants shared insights into challenges such as long waiting times, GP accessibility issues leading to A&E overcrowding, and staff shortages affecting service quality. They proposed a focus on primary and community care to help prevent overcrowding in urgent and emergency services, and better resource allocation to primary care services.

Another point raised was the need for better support systems to prevent burnout among healthcare staff and shortages in roles like nurses, focusing on staff well-being to enhance service quality.

Feedback response

Stakeholder recommendations	Action
• Include the experiences of patients.	To be gathered through the public survey
• Ensure in-person engagement opportunities.	These are planned
• Find alternatives to a 67-page document	Alternatives are planned
• Include less statistics	The shorter-form documents will do this
• Give the public opportunities to be heard	To be actioned

Session 3

Tuesday 13 May 2024

Attended by

- David Simister, West Lancashire and Merseyside Myeloma Support Group
- Kerynne Robertson, MacMillan Southport
- Mike, ex-volunteer for Healthwatch.

Facilitated by

- Steven Davidson, Freshwater
- Benedict Mosimi, Freshwater

Session summary

Comments relating to the Case for Change and channels for stakeholder communication.

There was a consensus regarding the document's accessibility for Southport's growing elderly, disabled and ethnic minority population. Challenges including the document's length and required reading age were emphasised by attendees as problems that may prevent all members of the public from engaging. Therefore, participants suggested a range of methods to improve accessibility such as easy-read and braille versions of the text, and in-person opportunities to discuss the document with representatives from the programme.

Attendees also identified the use of complex language and information in the document. Participants proposed that the document should prioritise what is most important to the audience to avoid disengagement.

The group also recommended that the programme should collaborate with both local health and non-health community groups to help increase engagement. Participants suggested that local MacMillan groups and CVS could help raise awareness and give people opportunities to discuss the document in person, but also highlighted that non-health groups would help to reach a wider audience.

To improve accessibility and further engagement, participants suggested publicising on hospital information screens.

Comments relating to the (re-)organisation of services.

There was a general cynicism about improvements to urgent and emergency care being made. Challenges such as accessibility issues in public transport and mental healthcare support inadequacies were recognised.

Feedback response

Stakeholder recommendations	Action
• Ensure in-person engagement opportunities.	These are planned
• Offer braille version	For review
• Offer an easy-read version.	This is planned
• Include less complex language	To be actioned in summary version
• Advertise on hospital screens.	To be actioned if possible
• Publicise via the Q Local.	Q Local will be part of media comms
• Collaborate with local community groups / CVS	This is planned

Session 4

Tuesday 13 May 2024

Attended by

- Peter Dunning, Sefton Support Group
- Jan Ord, Sefton Support Group

Facilitated by

- Steven Davidson, Freshwater
- Benedict Mosimi, Freshwater

Session summary

Comments relating to the Case for Change and channels for stakeholder communication.

Accessibility for Sefton's growing elderly and disabled population was a key concern for this group. The discussion explored challenges elderly and disabled readers may face when reading the document, including its length and specialist language. To prevent this, the group recommended that easy read, and braille and audio versions of the document were made.

Participants stressed that many elderly members of the public avoided using technology and reported preferring in-person meetings. Therefore, to help foster engagement, the group suggested that in-person meetings should be offered. It was also recommended that the programme should have a contact who the public could come to with any queries.

A lack of hope in positive change happening was identified by participants, so it was suggested that a clear and credible statement of pledges could strengthen the document.

Comments relating to the (re-)organisation of services.

Participants highlighted that members of their support group felt hopeless and left behind by their local NHS services because of the system's reliance on digital access to healthcare, including difficulties booking appointments and getting timely appointments with GPs and doctors.

Feedback response

Stakeholder recommendations	Action
• Ensure in-person engagement opportunities.	These are planned
• Offer public meetings.	These are planned
• Offer an easy-read version.	This is planned
• Offer an audio version.	For review
• Include a contact from the programme for patients.	This is provided
• Offer a time scale.	A broad timescale has been provided
• Offer a braille version.	For review
• Less jargon	To action in summary version
• A clear statement of pledges to patients.	To be actioned in summary version

Session 5

Tuesday 13 May 2024

Attended by

- Brian Dyson, (former chief exec at Preston Health Authority)
- Louise Taylor, Mersey Care NHSFT and NHSE volunteer roles
- Steve Kirby, Hesketh Bank Community Centre
- Sam Lowe, Hesketh Bank Community Centre
- Graham, Hesketh Bank Community Centre

Facilitated by

- Steven Davidson, Freshwater
- Benedict Mosimi, Freshwater

Session summary

Comments relating to the Case for Change and channels for stakeholder communication.

The lack of accessibility of the document was a key problem for this group. Attendees highlighted that the volume of copy per page and content such as graphs and tables, would pose challenges to the region's growing elderly and disabled population. It was suggested that the programme should provide easy-read, large print and audio versions. The opportunity for in-person meetings and discussion groups was also recommended to ensure that elderly and disabled members of the public could discuss the document face-to-face and have their voices heard.

Participants also recommended using a QR code which would be linked to a summarised version of the document. Here, the summary would outline key information for the public and would avoid using complex language and jargon.

There was a consensus that the key messages were communicated well, however, participants noted that convincing people that positive change would happen would be difficult. Therefore, attendees suggested including a time frame to build credibility with the public.

It was also suggested that the benefits of the programme to patients could be communicated earlier and more clearly to engage readers.

Comments relating to the (re-)organisation of services.

An overwhelmed emergency care service with delayed discharges, corridor care and long waiting lists was reported by participants. It was recommended that emergency services shouldn't be looked at in insolation of primary and social care and that improvement to service delivery should be sought by making better use of existing resources.

Feedback response

Stakeholder recommendations	Action
• Ensure in-person engagement opportunities.	These are planned
• Offer an easy-read version.	This is planned
• Offer an audio version.	To be reviewed
• Offer a time scale.	A broad timescale has been provided
• Less jargon	To action in summary version
• Offer a large print version.	The summary version will use larger type
• Use QR linked to summary version.	This is planned