

Community Engagement in Primary Care

Session 5 – You have a plan, what next?

Presenters – Lucy Dorian & Emma Ashman

Attending - 36 participants including staff

Facilitator's questions

What are your thoughts or experience of good engagement?

I've done some work with cancer patients this year. Working in partnership with third sector was vital. I got some great feedback that I can embed in my service design.

Do you have any examples of when engagement didn't go to plan?

Took part in engagement yesterday about changes to urgent care with Scottish Government and NHS officials with third sector organisations and people with experience which was a total disaster. Not only did the technology not work so the event wasn't fully accessible. It was obvious they hadn't thought through the changes they were planning to introduce.

Any examples you would like to share?

Thanks both - really clear outline of the process. For evaluation many boards may be able to support this via their public health team.

Our NHS have had to make massive cuts. It is difficult to take the public along with that.

How do you manage expectations of what service re-design can achieve?

Lucy noted that this comes back to knowing the scope right at the start of the process. If you collaborate on the re-design and bring people along from the start it provides the understanding of the need, ensures open and honest discussions. It is important to feedback to individuals for those

things that have been taken forward but just as important to ensure that if something can't be done, then it is feedback too along with the reasons.

Discussion

- There is so often redesign which doesn't happen or takes so long the community are disillusioned.
- Lucy agreed that often due to the process and other parts of service design such as safety / finance etc. can make the process long and drawn out. Managing expectations is very important from the start of any service change process and you should consistently updating all individuals involved regularly 'taking people with you'.
- Thank you very much for sharing. I work in community pharmacy. The pharmacy first module rolling out is having a positive impact on services available, easing the strain on the NHS. Looking forward to seeing more technicians and pharmacist in primary care.
- In my experience they tend to select the lowest cost option as the budget responsibility weighs heavily.
- Honesty is always best to reduce false expectation.
- Collaborate early.
- I have been a participant in option appraisals (as a stakeholder) but very rarely the best option is taken.
- Continuous improvement should be built on continuous collaboration.
- Creativity and innovation usually goes hand in hand with honesty, trust, good relationships and transparency.
- Quite often so called improvements do not make things better.
- Important that any consultation about service redesign is conducted fairly and impartially. Previously participated in a flawed and biased consultations. As the person who proposed the closure conducted the meeting, chose who could speak at the meetings and wrote up the notes and presented it to their biased findings to the Health Board. Any process must have proper consultation with service users and redesign of services is conducted fairly and impartially.
- People need to be involved in preparing the proposal.
- There is likely to be variation across cultures in different areas/contexts.
- Creative thinking with communities – it's difficult to explain budgets however you need to give people that honesty – the budgets are reducing so we can't provide a like for like service. Ask communities to look at ways the service can be provided, take them with you, it's amazing what ideas they may come up with.
- Engagement doesn't end when the service re-design is finalised, there should be ongoing engagement to ensure the services stay fit for purpose.
- Would be good if criteria could be broadened when we talk about setting criteria it should include public partners / communities.
- Options Appraisal – some previous sessions known to the participants have been very one sided and the options presented to the public during consultation have been fixed in the respect they would not accept any other options for consideration.