

## Feedback from Citizen's Panel

12<sup>th</sup> December 2018

### 1. Understanding and explaining the Humber Acute Services Review

#### What resonates strongly?

**Group 1** - The funding gap has to be the main one. Things are not sustainable as they are. The group queried how other funding streams fit into this – what about social care?

Out of hospital model – the group said this is a concern depending on what care is or is going to be available in the community. They also felt that this would need a change of mind-set not just on the part of clinicians, but the public too.

People would need reassurance that services will continue (things are not taken away) and need to be provided with information about how things can be delivered differently.

Workforce and skills – there is a view that clinicians should always be fully skilled and skills should not be dependent on the volume of patients they treat.

The challenge is the complexity of the organisations in the system. Patients do not perceive it to be joined up working and feel that different funding streams affect the way services are delivered. Strong view that patients should not be aware of all of this complexity in the background if it is properly joined up.

**Group 2** - How where you live (postcodes) determine health outcomes – no joining up of how organisation decide what is important. Lack of working diagnostic equipment

Ticking time bomb – recruitment **and** retention of quality staff

Lot so catching up to do around the MH/Dementia care

#### How to communicate this

**Group 1** - Don't consult on things that have already been decided – be honest with people!

Give people some data / facts / figures to back up the information.

People don't like things being taken away from them – use examples of how other changes have been met with scepticism in the past and are now accepted (such as cardiology at Castle Hill or Stroke services moving to Scunthorpe). There may be media stories that demonstrate a shift in opinion?



People are already travelling to see specialists as far as Sheffield / London and accept this – could be worth highlighting as transport will be part of the discussions.

TV and newspapers are trusted.

Get the patient to tell the story and give examples of how things work or will work in future.

**Group 2** – Hard to talk about the NHS without talking politics!

Give examples of how things work/what works well – the positives. People prefer to hear real life experiences of patients and staff – nurses/docs/health professionals/administrators

Be honest about the £££ - transparency.

Do people know how bad it is – help people to understand case for change around who/how the workforce delivers care.

Discuss 'radical' options? – 4 day week/paying for some services/self-care as a responsibility - role of patients and communities/tax evasion – NHS being ripped off by pharmaceutical companies/technology – telehealth and links to social care

## 2. Future Engagement

**What should we cover in workshops?**

**Group 1** - What is good and what is not so good from a patient perspective?

Outline the patient pathway, and find out from those using services if this happens in reality.

Outline other routes for raising concerns such as PALS and Healthwatch

Look for any quick win solutions and feedback to people so they can see services are responding to them.

**Group 2** – Must have good facilitators who can set the scene and are engaging. Ensure facilitators/presenters are there on the understanding that they will listen to, hear and take participants views taken into account.

Give people choice as to the bits they participate in at the workshops – 'world café' format? Provide people with information in advance, so they can decide how they want to take part and what bits they want to contribute to.

How can we tap in the experience of people who will not come to a workshop – invite VCSE orgs who work with seldom heard communities. Look at involving Youth Council reps.



Work to a script of set questions and use these outside the workshops with other groups too.

### **How to ensure information is understandable**

Keep it jargon free and perhaps provide a glossary. Critique the information before the event – perhaps use the Citizen’s Panel to test for ‘readability’?

Carefully consider how the information is presented (not long PowerPoint presentations whilst listening to a speaker for long periods of time for example). Consider who presents it – get people who are engaging and interesting to listen to. Make sure you are ‘talking with them – not **to** them’!

Make sure the event is a conversation – interactive if possible.

**Group 2** - Citizens Panel to review information in advance and comment – act as a ‘reader’s panel’

Film the workshop and share via digital comms?

### **What would enable people to participate?**

Give as much notice as possible of events. Make sure all information on the website is up to date.

Be clear and simple – the review is not an easy thing to explain.

Get people who have multiple experiences of areas of a service so that you get as broad a view as possible.

Explain confidentiality.

People will need the confidence to contribute alongside clinicians. It may be difficult if they are clinicians who are treating them or their loved ones.

Send information out in advance, so that people can have a think about what they want to say beforehand.

Think about times – working people/young people.

