



## Summary of evidence

This summary comes from the findings of a rapid evidence synthesis carried out to identify what is currently known about effective patient and public engagement in reconfiguration processes and sets out implications for further research and practice.

Evidence was sought on methods for and impact of service user engagement in major health service reconfiguration with a focus on the NHS. We also considered evidence on health services delivered by non-NHS providers (for example, voluntary sector/private sector) and the joint provision of health and social care where this impacts directly on NHS provision. Where relevant, we considered international evidence from other health systems which are comparable and relevant to the NHS. Terminology to describe service user engagement varied widely.

The overall quality of the evidence was mixed. The included systematic reviews comprised multiple types of evidence and study designs, and most reviews did not report any quality assessment of included studies. Studies were conducted largely from an NHS commissioner or provider perspective. A number of potentially helpful case studies were found, but the quality of reporting was generally poor. Six case studies were selected as exemplars of good practice on the basis of clearly reported evaluations. These case studies provide the basis of the recommendations made in the report.

Details of the project are presented in the full report available online:

<http://www.journalslibrary.nihr.ac.uk/hsdr/volume-3/issue-17#abstract>

## Sources of evidence

Systematic reviews: 8

Case studies: 24 (including 6 exemplars)

Other relevant research: 7

## Why engage users in major health service change?

The need to fully engage staff, patients and public in discussions and decisions about changes to the way health services are delivered has been recognised for many years. In England, local authority health overview and scrutiny committees must be consulted by local NHS bodies about proposals for substantial changes to services. Committees can refer proposals to the Secretary of State for Health if they are not satisfied with the consultation process or consider that the proposals are not in the interests of the health service in their area. The Independent Reconfiguration Panel provides independent advice to the Secretary of State in such cases. The Health and Social Care Act 2012 established a new mechanism (Healthwatch) to drive patient involvement locally and nationally across the NHS. Best practice guidance on user engagement and service reconfiguration is available from several sources, for example NHS England's *Planning and delivering service changes for patients*<sup>1</sup> and *Transforming participation in health and care*.<sup>2</sup>

## How can you engage users?

A variety of approaches to public engagement and involvement are available. Examples include surveys, face-to-face and telephone interviews, public meetings, focus groups, online consultations (including use of social media), local referenda and citizen juries (also known as citizen panels or stakeholder dialogues).

The available literature describing and evaluating how these approaches have operated in practice is disparate and widely scattered. Any evidence that can clarify factors associated with positive public engagement will be of value both to NHS decision-makers and society as a whole.

Factors contributing to successfully engaging users in major health service change were identified from the case study exemplars selected. These factors are outlined on page 3.

## What works when engaging service users?

### Case study exemplars: factors for successful engagement of users

#### *Re-design of urgent care services*

- Wide consultation
- Extensive range of methods, including targeting for hard-to-reach groups
- Reflections on local context

(NHS Scarborough and Ryedale Clinical Commissioning Group 2014)<sup>3</sup>

#### *Re-design of emergency department*

- Use of experience-based design theory
- Actions linked to micro- and macro-level change
- Link between engagement work and wider communications strategy

(York Teaching Hospital NHS Foundation Trust 2011)<sup>4</sup>

#### *Re-configuration of acute and emergency care services*

- Clinician-led case for change; shared understanding through local partnership working
- Focus on service improvement rather than cost savings
- Start engagement early
- Consult widely; including face-to face discussions with politicians and local stakeholders
- Discussions about one aspect of care can provide forum for wider debate
- Consider access to services/transport issues

(Buckinghamshire & Oxfordshire PCT/Buckinghamshire Healthcare NHS Trust 2013)<sup>5</sup>

#### *Re-design of maternity services*

- Set out clear clinical case for change; clinician-led
- Openness about intentions and rationale for service redesign
- Refrain from consultation on unworkable options
- Feedback the consultation results
- Expect the unexpected, e.g. cultural influences

(NHS Sandwell & West Birmingham NHS Trust 2013)<sup>6</sup>

#### *Modernising mental health day and vocational services in England*

- Suitable practical arrangements and inclusivity for engagement activity
- Genuine partnership in decision-making
- Promotion of service user wellbeing
- Learning for the future

(Sainsbury Centre for Mental Health 2010)<sup>7</sup>

#### *Priority setting for eating disorder services*

- The collective character of deliberations
- Ownership of the model and its results
- Analysis of the whole pathway
- Identifying opportunity cost of budget allocations
- Presence of patients to identify patient benefit
- Models based on cost-effectiveness principles
- Managerial leadership

(NHS Sheffield PCT 2013)<sup>8</sup>

## What is most important for future evaluation and reporting?

An important overarching factor is the striking need for robust evaluation and clear reporting of engagement activity.

When evaluating future service user engagement activity in health service reconfiguration consider the following points.

Conduct the evaluation independently of those directing the engagement programme  
Embed the evaluation throughout the entire process of reconfiguration, from planning to implementation  
Use NHS England guidance<sup>1</sup> as your framework

When reporting such activity, consider describing your work under the following headings and example questions.

<b>Contextual characteristics of the situation</b>	What was the nature and background of the service reconfiguration? Where did it take place?
<b>Stakeholder perspectives</b>	Who were the stakeholders? (e.g. provider organization; commissioners; local authorities; other). What was their particular standpoint?
<b>Methods of engagement</b>	What specific methods did you employ? Were methods informative, deliberative?
<b>Populations engaged</b>	Who did you engage with? (e.g. patients, public, hard-to-reach groups, other)
<b>Overall impact (positive and negative)</b>	What did you measure? (e.g. attendance at engagement events; willingness to engage (process outcomes) or those directly impacting on the service reconfiguration).
<b>Sustainability of engagement methods</b>	To what extent do you feel particular engagement methods showed promise or evidence of being successfully repeatable?
<b>Costs</b>	Who carried out the engagement (job title/salary grade)? What were the material costs (e.g. venue hire, transport)?
<b>Lessons to be learned</b>	What were your reflections on the process? What would you do differently next time?

As part of our wider HSDR Evidence Synthesis Centre programme of work, we are undertaking a project to develop reporting standards for organisational case studies. To find out about this, please see: <http://www.york.ac.uk/crd/research/service-delivery/>

### References

1. NHS England. Planning and delivering service changes for patients. Leeds: NHS England; 2013.
2. NHS England. Transforming participation in health and care. 'The NHS belongs to us all'. Leeds: NHS England; 2013.
3. Scarborough and Ryedale Clinical Commissioning Group. Right care, first time: urgent care public consultation report. Scarborough: Scarborough and Ryedale Clinical Commissioning Group; 2014.
4. Gamble K, Sloss P. Report on the findings from the patient & public engagement in the emergency department project. York: York Teaching Hospital NHS Foundation Trust; 2011.
5. NHS Confederation. Service reconfiguration case study: better healthcare in Bucks. London: NHS Confederation; 2013.
6. NHS Confederation. Service redesign case study: redesigning maternity services in Sandwell and West Birmingham. London: NHS Confederation; 2013.
7. Sainsbury Centre For Mental Health. An evaluation of mental health service user involvement in the re-commissioning of day and vocational services. London: Sainsbury Centre for Mental Health; 2010.
8. Airoldi M. Disinvestments in practice: overcoming resistance to change through a sociotechnical approach with local stakeholders. J Health Polit Policy Law 2013;38:1149-71.

We are one of two national Evidence Synthesis Centres commissioned by the NIHR Health Services and Delivery Research Programme to provide timely and contextualised access to the best evidence on topics of key importance to the NHS.

For each topic we synthesise the evidence and summarise our evaluation of the quality and strength of findings. We produce targeted outputs in appropriate formats to make it as straightforward as possible for decision makers to use research evidence.