Engaging service users in major health service change

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We present the findings of a rapid evidence synthesis of published, unpublished and grey literature from 2000-2014 to identify what is currently known about effective patient and public engagement in reconfiguration processes. We included 8 systematic reviews, 24 case studies and 7 items of other relevant research. The overall quality of the evidence was mixed. Six case studies were selected as exemplars and provide the basis for the report’s recommendations.

The research reported here is the product of the York HS&DR Evidence Synthesis Centre, contracted to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future HS&DR calls for new research (Project ref: 13/05/11). Details are presented in the full report: Health Services and Delivery Research Volume: 3 Issue: 17 Publication date: April 2015 (journalslibrary.nihr.ac.uk/hsdr/volume-3/issue-17#abstract)

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Key messages
- Proposed changes to health service delivery can be controversial
- Effective service user engagement helps resolve controversy and achieve consensus
- Inadequate consultation can lead to delays and referrals to adjudicating bodies
- Proposals for service change should show strong public and patient engagement
- NHS England guidance provides advice on how to get started
- Future evaluation and robust reporting of engagement activity is vital

What is important for future evaluation and reporting?
Consider the following when evaluating service user engagement in health service change:
- 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 (2013) as your framework

Consider describing your work under the following headings and example questions:

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

What works when engaging service users?
- Acute, urgent and emergency care
  - Clinician-led case for change
  - Wide consultation; start early; use appropriate methods
  - Reflect on local context
- Mental health day and vocational services
  - Genuine partnership in decision-making
  - Learning for the future
- Priority setting for eating disorder services
  - Presence of patients to identify patient benefit
  - Strong managerial leadership
  - Cost-effectiveness

For more detail see our Evidence Summary:
www.york.ac.uk/crd/research/service-delivery/york-evidence-synthesis-centre/