

Greater Glasgow NHS Board

Board Meeting

22nd October 2002

Board Paper No. 02/70

Interim Chairman, Greater Glasgow NHS Board

Public Affairs Manager, Greater Glasgow NHS Board

Communicating the Acute Hospital Services Strategy

Recommendation:

Members are asked to:

- Consider the issues and outcome from the Board Seminar workshop of 1st October 2002
- Discuss whether there is scope to add more to the outline proposals that emerged
- Note that a communications strategy will be built and reported to the Board with certain aspects of it commencing immediately

1 Introduction

On 1st October 2002, the interim Chairman hosted a Board Seminar workshop on communications and the Acute Services Strategy. In the context of the Minister for Health and Community Care's approval to proceed with implementation of the strategy, it was noted that, in spite of previous communications activity:

- in the recent survey related to acute specialties (paper 02/59, 17th September 2002), the majority of the public and patients were not aware of changes to Glasgow's acute hospitals
- significant numbers of people have negative perceptions of the coming changes.
- the changes have been misconstrued as cuts and service reductions when their main objective is to sustain and enhance high quality clinical care.

It was agreed that the issues had to be addressed as a matter of urgency and Board Members were invited to consider them in detail. Board Members broke up into smaller groups to discuss the approach that should be developed. Three key strands emerged from discussion: the importance of providing a clear straightforward message; of using effective delivery mechanisms for communicating that message; and of reaching the different 'target audiences' that need to be considered. The following sections describe the proposals that emerged in relation to each of the key groups with whom communication was necessary.

2 NHS Greater Glasgow's Staff

Board Members agreed that the 'message' about acute hospital services had not yet been effectively conveyed to staff. Given that staff need to understand how the changes will affect them personally, the matter has implications for their morale. It is also the case that staff are the best placed people to inform and reassure patients. The following actions were proposed:

- 'back to basics' written material, possibly distributed via payslips
- strongest possible confirmation that there will be NO compulsory redundancies as a result of the acute services strategy
- production of a video presentation which deals with the fundamental questions
- joint teams formed with staff from different hospitals to help plan the detailed service changes required by the strategy

3 The General Public

The feeling was that we had to work very hard at developing an understanding of the real benefits from the Acute Services Review. A number of mechanisms were discussed, including:

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- initiatives aimed at young people, possibly on the lines of a Youth Forum
- opportunities for NHS stakeholders to debate and discuss issues
- encouragement of fundraising and volunteering activity, perhaps in a similar way to that organised in charities and universities
- the creation of a Community Engagement Team to work specifically on acute services.

4 Elected Representatives

It was recognised that there had been limited success convincing elected representatives of the nature of the improvements which will emerge from realising the strategy. Additionally, those representatives who supported the proposals had received limited information and briefing material from the NHS that would allow them to persuade others, or even deal with routine enquiries from their constituents. It was suggested that:

- images of new buildings in newspapers and on billboards beside key sites would provide tangible evidence of the scale of change
- elected representatives should be offered the opportunity to become directly involved in the process of designing new buildings and services
- NHS Greater Glasgow should lose its inhibitions around speaking plainly about the difficulties facing acute hospitals and why the changes must be made and, consequently, the improvements that will emerge
- there should be more active involvement in SIPs and local communities in a way that could help to influence local politicians

5 The Media

It was acknowledged that media interest in the acute services review, particularly in the case of the most popular newspaper titles, had been patchy, with many feeling that the portrayal of the issues had been extremely complex, and so was regarded as 'indigestible'. The proposals were to:

- improve editorial contact and briefings for journalists
- 'package' information in a style that best suited newspapers and other media
- seek opportunities for paid-for space and features – such as 'wraparound' covers
- produce a public/media-friendly NHS Greater Glasgow newsletter, which would cover a range of topics and not just acute services

6 General Requirement

One group considered how communications could be improved in general, without regard to specific audiences. They suggested:

- video and CAD images of new facilities
- community drama and other schemes to promote 'ownership' of new services
- recognition that particular neighbourhoods and communities had little interest in the pan-Glasgow picture – more localised information material was needed
- comparison of current services with the best examples of what can be achieved and aspired to elsewhere
- offering speakers and briefings to a range of community groups across Greater Glasgow

7 Conclusion

Board Members are asked to consider the suggested mechanisms that emerged from the seminar workshop and determine if there is more that should be done. Board Members are also asked to agree to a communications strategy being built around these ideas and others that will be reported to the Board at a future meeting and to note that work on implementing certain of the ideas will commence immediately.

Jim Whyteside
11th October 2002