

18th January 2017

BritainThinks Breakfast Briefing

Engaging the public with change

Summary of research conducted for the Richmond Group

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Introduction

- Background and objectives
- Methodology and sample

Background and objectives

- In 2014 The Richmond Group of Charities commissioned BritainThinks to undertake qualitative research amongst the general public to understand:
 - Their perceptions of the need for change in health and social care
 - The existing context for 'change debates'
 - What key messages and evidence points were likely to be most/least effective at engaging and convincing the public of a need for change
 - The language/tone and spokespeople that are most engaging and credible
- Two years later, there has been a significant shift in the health and social care landscape and a need to update the research

The overall aim of this round of research was to understand what are currently the most effective messages and communication approaches through which to engage the public on the subject of service change in the health and social care sector

Methodology

In 2014 we conducted four focus groups with the same sample – the approach in this round of research was designed to allow comparability with the 2014 findings

2 Focus Groups of 8 people in South West England on the 9th of November

Group 1

- All men
- 30-55
- B/C1

Group 2

- All women
- 30-55
- C2/D

2 Focus Groups of 8 people in North England on the 3rd of November

Group 1

- All men
- 30-55
- C2/D

Group 2

- All women
- 30-55
- B/C1

4 Depth Interviews

2 interviews with individuals aged 60+ who care for people with long term conditions

2 interviews with individuals aged 60+ with long term medical conditions

2 Attitudes towards the NHS and social care

Research in 2014 showed a gulf between the public and the health community

1. While the public agreed there was room for improvement **they did not identify a change imperative for the NHS**
2. The general public did not have any interest in the process of health and social care delivery – **they were only interested in the end benefit**
3. They were aware of problems in the system currently, **but their analysis of the cause was very different from that of the health community** (i.e. they attributed them to immigration and waste/inefficiency)
4. Many of the **proposals for change were accepted but seen as common sense** vs. a radically new way of delivering health and social care. Again their desire was to see the system improved as a means to an end: personal benefit



This had implications for how to frame *the need for change* and how to talk about *the type of change*:



- Communicating about a 'crisis' or an 'urgent need for change', did not engage or convince
- Public had little appetite for large-scale change so they pushed back on the credibility



- Communicating that there are better ways of delivering health and social care is more effective if couched in terms of personal benefit

Awareness of social care has increased since this research was last conducted in 2014

- When asked to consider the health and social care systems, the NHS dominates participants' thinking
- However, participants also discussed social care - and in particular care homes
- This marks a shift from when this research was conducted in 2014, when social care was almost entirely absent from participants' thinking
- Importantly, however, most still do not use the term 'social care'
 - Referring instead to 'elderly care', or just care homes
- Nor do they have a clear sense of how social care relates to the NHS
 - Nor how it is funded

*"People trying to keep the aged in the community, and being able to afford for carers to come in is a big issue."
(Female, Focus Group, South West)*

*"Quality of care in social care is not great, like where families have installed cameras in care homes."
(Male, Focus Group, North)*

Assessing what is happening in the NHS and social care is made difficult by the fact that the public do not know who to trust

Politicians

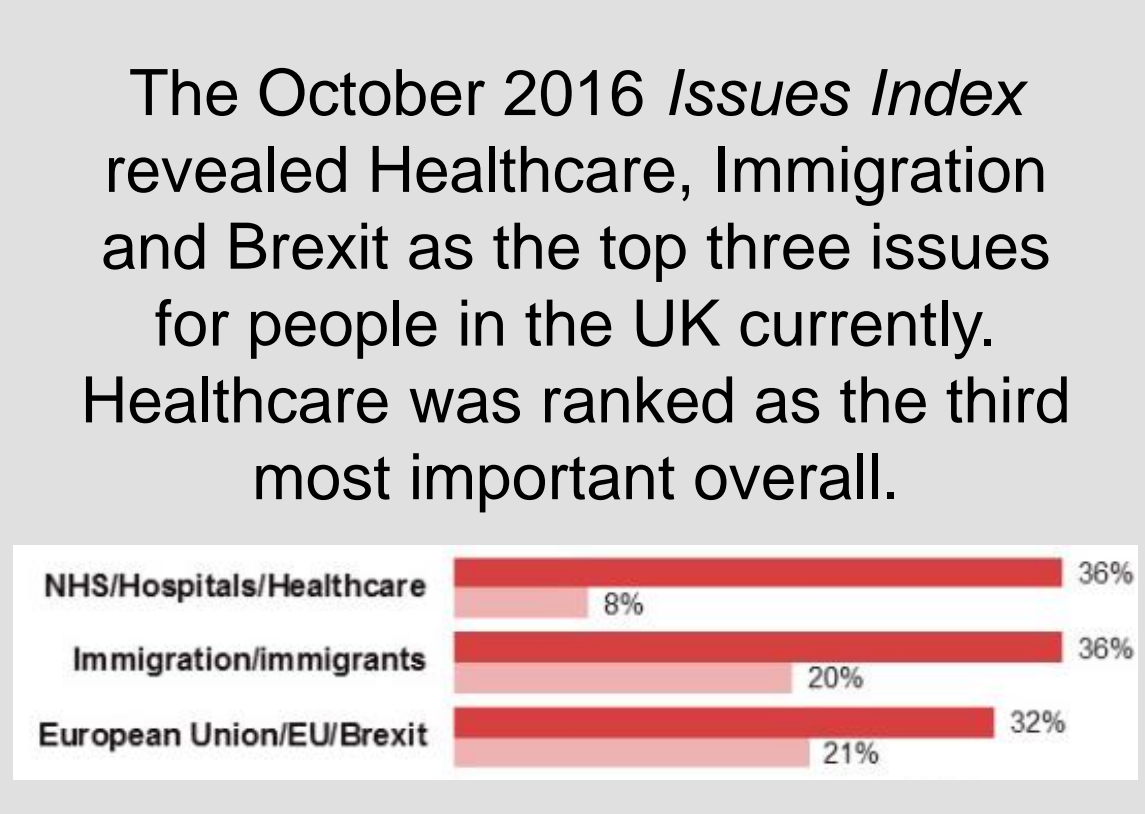
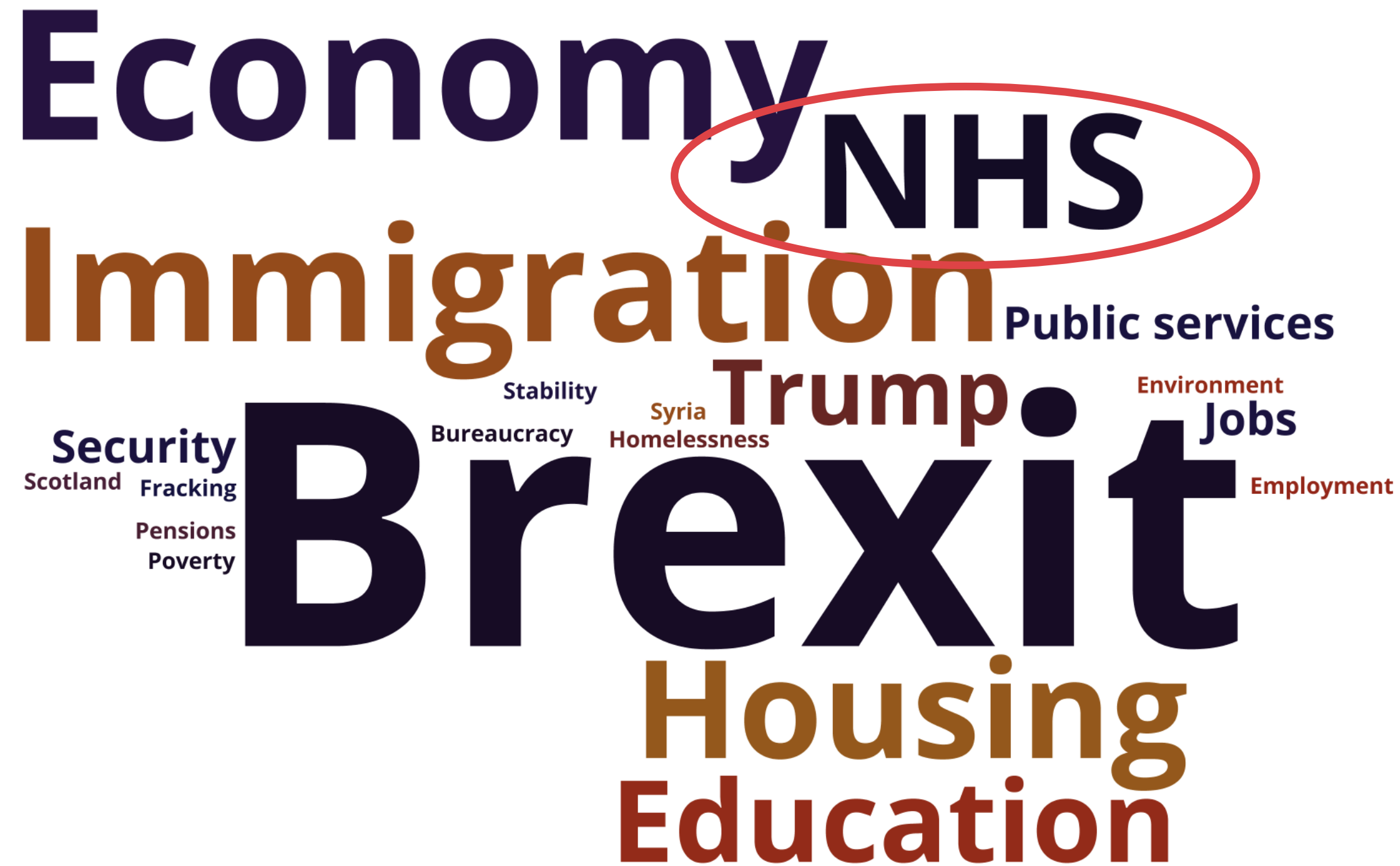
- Participants did not trust politicians to tell the truth about what is happening
- Nor to act in the best interests of patients
- In part, this was attributed to careerism, and the short-term nature of the election cycle
- Distrust was amplified in North, where many suspected that the Conservatives do not support the NHS (or even are actively seeking to undermine it)

The media

- All participants were aware of negative media coverage of the NHS
- This coverage played a major role in shaping their views
- However, where participants had good personal experiences of the NHS, they struggled to reconcile the two
- And many suspected the media of sensationalism

No one had heard of CCGs or STPs [although there are indications that explaining a little more about what these are might help reassure people on the proposed changes, see slide 46]

Despite the dominance of Brexit in the news, the NHS is increasingly becoming an issue of concern for participants



What are the three biggest issues facing Britain today?

Negative media stories and, to a lesser extent, personal experiences create a sense of a system experiencing a range of pressures and struggling to cope

“You hear of patients being left in corridors, because there’s no consultants ready to see them.”
(Female, Focus group, South West)

“It’s a fact that we are living longer now, and with it comes illness, Alzheimer’s and dementia, because people are living to that age where they are more prone to it.”
(Male, Focus Group, North)



“There’s a bias against the NHS making it seem like it’s in crisis, just because of the cuts and the funding isn’t there to support the need.”
(Male, Focus Group, South West)

Issues relating to older people are particularly prominent in people’s concerns

What are the three biggest challenges facing the NHS today?

There is also concern about a perceived decline in the caring ethos of staff in the NHS

- Participants felt that most HCPs are trying to do the best they can for patients, often under difficult circumstances
- Nonetheless there was considerable concern that the traditional, compassionate approach to care is being eroded
- This commonly stemmed from personal experiences
 - Although media stories about poor care were also seen as evidence of this trend
- Participants attributed this change to three factors:
 1. Demands on their time are such that HCPs simply do not have the time to care
 2. New models of care (e.g. larger GP practices) mean HCPs do not develop a relationship with patients, and are less personally engaged in their wellbeing
 3. Some younger doctors or nurses are less committed to the NHS than previous generations
- These concerns were particularly amplified in the North

“Our practice had really good GPs, but they retired in the last year. Some younger ones have come in but they don’t seem to have the care and attention for the people who have been there for a long time. I needed a really important letter, but the doctor told me ‘I didn’t go to medical school to be a social worker’.”
(Female, Focus Group, North)

“My mother in law was in hospital, and they discharged her at 2:30am, they basically booted her out of the ward because they needed the bed. There was no care for her or anything.”
(Male, Focus Group, South West)

A sense that the challenges facing the NHS are growing, creates a new openness to change

- Most participants think pressures in the NHS have meant that the quality of care has declined over the last 5 years
- For some, this has now reached crisis point
 - Though others – particularly in South West – were very resistant to this language
 - Because their personal experiences are good and act as a counter narrative to negative media coverage
 - Or because talking of a ‘crisis’ in healthcare feels disloyal to the NHS

“Over our generation, in 10 years, its got worse, but particularly in the last 5. The main reason is because there’s too many people wanting to use the NHS.”
(Female, Focus Group, South West)

”Maybe you can say crisis, because there’s so many problems and how much can you fix? So you have to prioritise what’s important and what needs fixing first. And we’re not gonna because that money is not going to suddenly appear.”
(Female, Focus Group, North)

“It’s not in crisis from what I perceive. I’ve been in the hospital recently, I go to the GP recently, as far as I’m concerned it’s not in crisis.”
(High Frequency Service User, North)

Importantly, perceptions of the NHS as an institution that should be outside politics shape how willing people are in practice to accept change

- In line with other research, participants demonstrated a strong emotional attachment to the institution of the NHS
- This led to a sense that it should sit outside politics
- And limited the justifications for change they were willing to accept
 - Cost saving is not an acceptable reason for change, as this is seen to be a political choice
 - It has to be about the benefit to the patient
- And the changes that they would consider
 - There are clear 'red lines' (most notably the closure of hospitals)

*"It is one of the best health services in the world, and we should cherish it."
(Male, Focus Group, South West)*

*"You hear that the funding has been cut back, stories that the Tories have got plans on taking away its funding, to make it seem inadequate so they can privatise it."
(Male, Focus Group, North)*

3

How to frame 'the problem'

- Message territories and messages that work well
- Message territories and messages that work less well

Message territories that work well to convey the problem...

- 1 Frame it as an essential response to ensure the NHS survives
- 2 Speak of bold or decisive action – implying that changes are part of an ‘evolution’, but need to be undertaken with some urgency
- 3 Play back the issues people have experienced in their own areas

Message territories that don’t work well to convey the problem...

- 1 Frame it as a cost-saving exercise
- 2 Appear to take a negative view on an ageing population
- 3 Refer to radical change – implying that the system requires a ‘revolution’ and may not be recognisable following changes

4

How to frame 'the solution'

- Message territories and messages that work well
- Message territories and messages that work less well

The message territories that work well to convey the solutions...

- 1** Communicate a clear benefit to patients
- 2** Speak to what people expect the NHS to deliver
- 3** Reassure that the system will still be recognisable to patients
- 4** Communicate that the plan has been carefully considered

The message territories that don't work well to convey the solutions...

- 1** Create the sense that services would be cut
- 2** Use jargon or language that feels emotionally manipulative
- 3** Focus on changes in the actual treatment processes

5 Key findings

The key findings from this wave of research suggests that there have been notable shifts in public opinion over the last 2 years

1

Awareness of social care has increased since this research was last conducted in 2014 (although the term is still not a familiar one)

2

There is growing confusion over who can be trusted to talk about the state of the NHS/social care and to propose solutions that are in the public interest

3

The NHS is increasingly becoming an issue of concern for participants (despite the dominance of Brexit in the news)

4

There is a sense of mounting problems in the NHS and social care systems, with a shift amongst some towards there being a perception of 'crisis'

5

Funding pressures and staff shortages emerged as priority concerns, whereas immigration and waste/inefficiency had much less resonance compared with 2014

6

There is concern about a perceived decline in the caring ethos of staff in the NHS

Britainthinks

Insight & Strategy

Thank you

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