Engagement and participation in service change and redesign in response to COVID-19

Guidance note - July 2020

1. Background

This guidance note provides further details to the note circulated by Healthcare Improvement Scotland – Community Engagement in June 2020: Engagement and participation in service change and redesign in response to COVID-19.

Healthcare Improvement Scotland – Community Engagement has a role across NHS Boards and Integration Authorities to "*support, ensure and monitor*" patient focus and public involvement activities relating to health services.

The COVID-19 pandemic has required NHS Boards and Health and Social Care Partnerships to rapidly reconfigure services and provide care in new and different ways. During the initial emergency response, quick decision making was needed to increase capacity and maintain essential services, and the urgency of the situation did not allow organisations to involve or engage the public as they would normally be expected to.

However, the statutory duty to involve people is as important as ever. During this next phase of the pandemic, and through the re-mobilisation planning, there is an opportunity to understand and build on the benefits brought by changes during the initial phase and have these informed by people who are using services.

2. Current context

The complexity of the current environment for health and care services cannot be understated, with services facing many competing challenges and pressures. For example, many changes have been made to urgent care to rapidly respond to the pandemic, while considering the future provision of services over the short, medium and long term.

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland published on 31 May detailed three key renewal objectives:

1. Engage the people of Scotland to agree the basis of our future health and social care system
2. Embed innovations, digital approaches and further integration, and;
3. Ensure the health and social care support system is focused on reducing health inequalities

The steps outlined in this guidance note set out a collaborative approach to understanding what service changes have been made, what changes have been paused, and what

changes may now need to be considered. The guidance should inform your approach to effective community engagement moving forward.

The steps outlined below will help NHS Boards and Health and Social Care Partnerships demonstrate how:

- Engagement has informed re-mobilisation plans during the early stages and in moving towards March 2021;
- Planned engagement informs the development of renewal programmes in relation to the three objectives highlighted above.

3. What is service change?

Healthcare Improvement Scotland – Community Engagement considers service change to be a service development or change in the way in which patients and service users' access services. This may include the enhancement of a service through increased access, new resources or technologies or new build facilities. It may also include the reduction, relocation or withdrawal of a service or the centralisation of specialist services.

Some changes are made on a long-term or permanent basis while others are provided on a temporary basis due to the need to take immediate short-term action to deliver services. For temporary changes, *Healthcare Improvement Scotland – Community Engagement* typically considers these to be in place for a period up to 12 months, however the current situation may require some to be in place for longer.

Healthcare Improvement Scotland – Community Engagement will take a pragmatic and proportionate approach to service reconfiguration and change that has occurred as a result of the response to COVID-19 pandemic.

4. Identifying next steps

As a result of the current pandemic, service reconfiguration or change may fall into **three** broad categories. The flowchart in appendix one highlights considerations to support proportionate engagement for each with the categories summarised in the following table:

<table>
<tr><th colspan="3">Categories</th></tr>
<tr><th>1. Changes made as a result of COVID-19</th><th>2. Changes that were put on hold due to COVID-19</th><th>3. Forthcoming changes that now need to be considered</th></tr>
<tr><td>a) Changes that are planned as a temporary arrangement (typically up to 12 months) and expected to return to the substantive model.</td><td rowspan="2">Changes that were paused in order to focus on the emergency response to COVID-19 and require to re-start.*

(*the Case for change remains valid and requires to be progressed)</td><td rowspan="2">Changes that are now considered as a result of the current situation and changing environment and unplanned prior to COVID-19.</td></tr>
<tr><td>b) Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery.</td></tr>
</table>

5. Guidance for category 1 – Changes made as a result of COVID-19

a) Changes that are planned as a temporary arrangement (typically up to 12 months)

As outlined in our briefing note, published in June, in order to meet expectations of effective engagement as set out in policy and guidance, *Healthcare Improvement Scotland – Community Engagement* recommends that NHS Boards and Health and Social Care Partnerships should consider the following five points to inform what engagement activities need to take place, and with who.

1. **Understanding impact:** Identify those people who currently use the services that have undergone urgent change and ask them how they have been impacted and how any adverse impacts might be mitigated moving forward. This information will support understanding and response to unintended consequential impacts of change. The Scottish Government's COVID-19- Framework for Decision Making[1] notes *"the harms caused by the pandemic are not felt equally. Our response to this pandemic must recognise these unequal impacts"*

2. **Communicating clearly:** Ensure that communications are clear, transparent, accessible and include information on how to access services and the support available to people remotely or in person. Communications may give an indication of how the service is being evaluated and indicative timescales for the temporary arrangement being in place. It may be helpful to consider that communication can be undertaken with service users and their carers face-to-face when they interact with the service as well as communicating digitally or by post with others.

3. **Using feedback:** Seek feedback from patients, service users and communities on the interim and urgent changes and consider how this can be used to inform current practice and future service design. Feedback may be gathered from people when using services, at the point of service delivery, through surveys (postal or digital) or via Care Opinion. The World Health Organisation has proposed that one of the six conditions to implement/adapt transitioning of measures is "*Communities have a voice, are informed, engaged and participatory in the transition*." [2,3]

4. **Agree approach:** For those changes that were introduced on a temporary basis, as part of the response to the COVID-19 pandemic, NHS Boards or Health and Social Care Partnerships should contact *Healthcare Improvement Scotland – Community Engagement* to discuss the approach to move forward in line with national guidance and policy on service user and public involvement. The period of temporary change

---

[1] Coronavirus (COVID-19): framework for decision making, Scottish Government, (April 2020): https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/4/

[2] https://www.euro.who.int/__data/assets/pdf_file/0019/440038/StrengthAdjustingMeasuresCOVID19-infograph.pdf?ua=1

[3] https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-supporting-evidence-moving-phase-2/pages/8/

may have enabled the collection of valuable service user experience and evidence to support a case for change, and;

5. **Engaging differently:** Understanding the skills and capacity for staff to undertake meaningful and inclusive engagement using different engagement approaches appropriate to the circumstances. While greater attention is being given to remote and digital engagement, it is helpful to bear in mind that some service users and carers are still interacting with health and care services and there may be opportunities to also engage with people face-to-face.

   This could be in acute, primary care or community settings and Boards and Health and Social Care Partnerships may consider what additional training or processes would be helpful to support this activity. *Healthcare Improvement Scotland – Community Engagement* is developing new resources to support people to engage differently

b) Changes that were introduced on a temporary basis that are now being considered as a longer term or permanent model

For changes that were initially planned as temporary arrangements that are now being considered as a longer term or permanent model for service delivery, NHS Boards and Health and Social Care Partnerships should consider the five points above and how they will meet the expectations of effective engagement as set out in national policy and guidance.

The current national guidance for NHS Boards and Health and Social Care Partnerships should be applied in a proportionate and realistic way to involving people in service redesign, recognising that temporary models may not always reflect the previous 'status quo' for the service and therefore there is a 'new starting position'.

Service change proposals should be informed by patients', service users', carers' and third sector groups' lived experience and feedback should be sought on temporary models to inform potential future redesign. Consideration should also be given to any ongoing engagement activity in related areas that may be taking place at regional or national levels and how this feedback can be used to inform next steps.

6. Guidance for Category 2 – Changes that were paused due to COVID-19

Similarly for those changes that were paused due to the pandemic, consideration should be given to reviewing emerging data and developments to understand if the case for change remains valid to enable these processes to re-start. It is anticipated that some engagement activity, undertaken prior to the COVID-19 lockdown, will be protected and activity may therefore be resumed in line with guidance.

However, there may be opportunities to gather learning from practice during COVID-19 and service user experience to inform the evidence base moving forward.

If you plan to review previous proposals then it would be useful to discuss where in the engagement process you are, and any parts of the process that may need to be reviewed or revisited.

7. Guidance for Category 3 – Forthcoming changes that now need to be considered

This category considers 'new' changes unplanned prior to COVID-19. For proposed changes in this category NHS Boards and Health and Social Care Partnerships should consider the five points highlighted above to inform engagement activities.

The case for change for any proposal should be informed by the engagement undertaken with a shared understanding of the key drivers for change and potential benefits and areas of impact that may arise from proposed change.

It would be expected that proposals within this category are referenced in the re-mobilisation plans, or at a later date as part of the renewal programme. Any engagement activity already undertaken as part of the remobilisation plans should be reviewed to inform and agree the most appropriate next steps for proportionate engagement.

Please contact *Healthcare Improvement Scotland – Community Engagement* to discuss the approach to engagement moving forward in line with national guidance and good practice.

8. Engagement under the 'new reality'

The measures to respond to the COVID-19 pandemic mean that face-to-face engagement that would normally be expected, such as public meetings, will be restricted by the current guidance on physical distancing and shielding. This means that NHS Boards and Health and Social Care Partnerships will need to consider who they need to engage with and what are the best methods for communication and engagement. This may mean that they need to consider again who their stakeholders are and where they are as well as their ability to engage using different methodologies or technologies.

9. Equality Impact Assessment (EQIA)

The introduction of physical distancing in response to the COVID-19 pandemic, and a shift away from face-to-face engagement, may remove barriers for some people while introducing new barriers for others.

In accordance with equalities legislation, including the public sector duties[4], organisations are responsible for:

- Ensuring that the informing, engaging, consulting process is fully accessible to all equality groups; and
- Ensuring that any potential adverse impact of the proposed service change on different equality groups has been taken into account by undertaking an equality impact assessment and that this informs the planning and delivery of engagement activity.

Previous EQIAs may also need to be updated to take account of the new potential impacts and to check that this work is still valid.

[4] Equalities and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance

10. Tools and resources

As well as the advice and support provided by our Service Change team, our staff based within the Engagement Office network across the country are available to provide ongoing advice and support in relation to your engagement and involvement activity.

The support we can provide will enable NHS Boards and Health and Social Care Partnerships to revisit their current engagement and involvement strategies and consider what amendments are required in light of COVID-19 and, in particular, current physical distancing measures and continued lockdown restrictions. This can include the consideration of different methods and technologies for engagement and involvement, and how to reach the people who use services and the wider communities. Contact details for our Engagement Office network can be found here.

We have been considering the use of digital and other alternative methods of engagement, including the re-purposing of more traditional engagement approaches and we will continue to build this knowledge and expertise and share our learning. You will find tools and information on our website to support you to engage differently here.

We are also asking people to share their examples with us on the website or on social media using the hashtag *#EngagingDifferently*.

To discuss any information within this, or specific considerations regarding service change please contact the team at: hcis.hisengage.servicechange@nhs.net

To discuss any advice and support regarding ongoing engagement and involvement activity please contact the Engagement Office for your area. Details can be found here.

Further information on *Healthcare Improvement Scotland – Community Engagement* can be found at: www.hisengage.scot

Appendix one:

Service change and redesign flowchart for engagement and participation in response to COVID-19