Making Perfect Sense of Health

Can the Healthcare Sector Communicate More Effectively with Elected Officials?

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“Language can both illuminate and obscure. These poll findings point to a worrying communications gap with MPs feeling bamboozled by NHS speak. The NHS at all levels must become more plain spoken so that MPs, and the public they represent, better understand the challenges and the choice.”

Paul Burstow
Former Health Minister and current Chair of Tavistock and Portman NHS Foundation Trust
INTRODUCTION

Every organisation wants to communicate with impact. And within an increasingly congested and noisy health system, this task is harder than ever. From innovative approaches, to integrated care, patient-centric care and patient pathways, our world is full of terminology that has become second nature in every press release, parliamentary briefing, and think tank report. But is this really helping us to communicate clearly, or are we risking hiding our meaning behind overly complex concepts?

MHP Communications set out to test this thesis. Working in partnership with YouGov, we polled 108 MPs from across the House of Commons to assess the level of understanding of healthcare terminology. The findings present us with a clear picture.

Just 55% of respondents feel sufficiently well-informed to scrutinise healthcare issues in Parliament and a majority of those polled want the language of healthcare to be simplified and explained more clearly.

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As outlined by my colleague Head of Health Innovation Rachel Rowson on page six, the constant march of technology into our health service means we are not aiming at a stationary target. But rather than resigning ourselves to being reactive, this should initiate an open – and potentially sobering – conversation about how we communicate. The prize for success is significant; rather than a nice to have, I genuinely believe that the best communications lead to improved outcomes for patients.

MHP’s mission is to make perfect sense of health. This is not intended to be sloganistic but reflect a desire to take complex ideas and distil them down into something that will resonate with clients’ audiences. Understanding how audiences interpret and navigate the language of healthcare is therefore key, and this research offers a useful starting point on that journey.

I hope you enjoy reading the findings.
THE NHS: AN INTIMIDATING BEAST?
HOW DO MPS FEEL ABOUT THE LANGUAGE USED IN HEALTHCARE?

In September 2018, YouGov polled 108 MPs on their views on healthcare. The results were then weighted by party, gender, electoral cohort and geography to give a sample that is representative of the House of Commons.

The NHS is a national treasure – with nine out of ten members of the public supporting its founding principles. But the strong basis of support does not translate into an understanding of its form or function. The complexity of the structures of the NHS is well documented, and our research found that the majority of MPs recognise this, with 74% either strongly agreeing or agreeing that the level of knowledge required to navigate the system is significant, and just four percent strongly disagreeing.

Confusion over terminology has been compounded by successive reform in the healthcare system. 60% of the MPs we polled either disagreed or strongly disagreed with the statement: “the language used to describe the current changes in the structure of the NHS is simple and easy to understand”. This is a truly remarkable statistic, and points to the disruption and uncertainty which has stemmed from the interpretation of reforms set out in Simon Steven’s Five Year Forward View (FYFV).

When first published, the FYFV received near universal-praise as a level headed and concise plan for the NHS. But once Sustainability and Transformation Plans (STPs) began to communicate the changes needed at a local level (such as hospital closures) support eroded.

Why was this the case? As recognised in a recent report from the Health and Social Care Select Committee, making the transition to integrated care is a complex communications challenge. It is the responsibility of the NHS to provide clarity on what the shape of the health and care system will look like. The ill-defined nature of the STP process means that those working in the healthcare system (and the politicians who scrutinise it) have projected their own fears or hopes onto it.

This has resulted in an erosion of confidence in how our politicians scrutinise the system. Our polling found that only just over half (55 percent) of MPs felt able to scrutinise healthcare issues in Parliament – and more than three quarters want language to be simplified to make their lives easier.
We polled MPs on their understanding of the following words or phrases:

- Accountable Care Organisations
- Holistic care
- Innovation
- Integrated care
- Integrated Care Systems
- Outcomes based healthcare
- Patient pathway
- Sustainable care
- System approaches
- System transformation

In particular, confusion related to the new models of care set out in the FYFV is widespread. For example, just over a quarter of parliamentarians polled understand the meaning of ‘Accountable Care Organisations’ (ACO), despite the term being used 85 times in Parliament since 2016.³

"Labour MPs have a better grasp of key healthcare terms”

Public debate about the introduction of an ACO model has been heated – with concern that it could replicate the insurance-style payer model seen in the United States. This is despite very limited evidence to suggest that ACOs will remove the fundamental principle of NHS care that is free at the point of use. ACOs have now been renamed as Integrated Care Systems/Partnerships – in part motivated by a desire to move away from polarising language.

The results also revealed differences between the two main parties. Labour MPs consistently said they had a better understanding of healthcare terminology than Conservative MPs. They were nearly three times more likely to say they understood the concept of ‘holistic care’ compared to Conservative colleagues and were also much more familiar with integrated care.

The NHS has historically been viewed as an area where Labour has the upper hand – particularly during general elections. Our results suggest that this stems in part from higher levels of engagement, with Labour MPs having a better grasp of key healthcare terms, whilst also feeling more well informed to scrutinise healthcare policy in Parliament.
COMING DOWN THE TRACK:
HOW TO ADAPT TO DISRUPTIVE INNOVATION IN HEALTH

“We must remember that ‘innovation’ is not an end in itself”

This means that those with commercial interest in personalised healthcare will need to invest thinking in how to best define and describe their services in a way that reassures a sceptical public.

More fundamentally, we need to find new words to describe the way care will now be delivered. In the age of genomic medicine, the days when oncology was stratified by the body part where the tumour can be found – lung cancer in the lung – are behind us. Soon cancers will be described by the molecular structure coded in their DNA. This will need to be understood by everyone from the patient being diagnosed, the clinician making a treatment plan, and the patient group which is set up to support people with cancer of a particular body part.

In the future we are going to have to begin to communicate in a whole new way. But we must remember that ‘innovation’ is not an end in itself. From a communications perspective, clearly articulating the benefit and value will always be key. Keeping it simple and using plain English are crucial in making the case for innovations and technological transformation.

Whilst our research highlights existing problems when it comes to communicating about the NHS, these are likely to be only compounded by the surge of technological innovation in healthcare. The use of terms such as ‘artificial intelligence’ and ‘big data’ are proliferating with almost the same speed as the content that sits underneath them. This has gained renewed political impetus since the appointment of Matt Hancock as Secretary of State for Health and Social Care in July, who has set out a clear vision for a more tech-driven NHS.4

The changes underway are clearly exciting. But uncertainty over the benefit, and how this will be delivered to patients has increased public anxiety. Recent research from KPMG found that only 15 percent of the UK public are willing to share their data with pharmaceutical companies – despite the enormous potential for personalised medicines.5

Unsurprisingly, concern seems to be most acute when the data is owned by private organisations, as 56 percent are willing to share the same data with the NHS.

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Head of Health Innovation

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WHAT CAN WE DO ABOUT IT?
A MANIFESTO FOR CHANGE

In writing this report, we set out to better understand how the healthcare sector was communicating with our elected representatives. The results show we need to work harder to ensure messages are received and properly understood.

Setting out a problem is all very well and good. But what shall we do about it? We are confident the solution does not lie in finding an entirely new vocabulary. Our polling suggests longevity and consistency are more important: the concept of integrated care has been used widely in health policy since the late 1990s, and it is therefore no surprise that parliamentarians feel comfortable using such terms. By the same token, the changing descriptors for new models of care: first STPs, then ACOs and now ICSs/ICPs has led to widespread confusion.

During the last general election, sustainability and transformation plans were given the moniker ‘Secret Tory Plans’ by the Opposition - despite the creation of STPs being led by CCGs, local authorities and overseen by an independent NHS England. One of the key reasons that Labour’s arguments gained traction was because NHS England failed to communicate clearly and early enough.

There are opportunities to do things differently. Those finalising the NHS 10-year plan would be wise to learn from the garbled release of the STPs and avoid the temptation for further acronyms. It is about making concepts we currently have clearer. Those working in the wider healthcare economy must similarly resist unnecessary complexity. At its core, effective communication is about good story telling - anyone who witnessed the remarkable bravery of the late Tessa Jowell and her campaign to improve funding and access to new treatments in brain tumours will understand the power of individual advocacy.

We must also remain nimble to the changing tides of communication. Traditional authority in the print media is in decline, and the world is becoming more tribal, activist, stubborn and polarised. This is the Networked Age. Such a state of flux will scare and excite in equal measure, but it also underlines the importance of understanding our audiences, and what motivates them. That lies at the heart of making perfect sense of health.

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3 TheyWorkForYou.com (analysis undertaken by MHP Communications), tracked mentions of ‘Accountable Care Organisations’, ‘Accountable Care Organisation’ and ‘ACO’, 1 Jan 2016 - 25 September 2018. Available at: https://www.theyworkforyou.com/