



The Lay Locality Membership Pilot Study



A study by Goodwin Development
Trust exploring the NHS Hull
Membership Pilot Scheme and the
views of local people

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1. Introduction and Background

NHS Hull, the Primary Care Trust, is one of the first organisations of its kind to operate a membership scheme. NHS Hull wishes to secure at least 1% of the population of Hull (2500 people) as members. They will offer members a wide range of benefits including discounts from local shops and services, a regular newsletter, invitation to training and events, and opportunities to influence local health services. Such a scheme will act as a mechanism for ensuring effective interaction between NHS Hull and the local community; supporting NHS Hull to fulfil its legal obligation to consult the public. Consultation is also viewed as the key to ensuring a successful membership model, which will help NHS Hull to understand more about engaging with the local population. NHS Hull has therefore commissioned a pilot project as a means to introduce membership to the community. In addition, the study will help to generate interest in the scheme and will provide a framework for shaping and developing the membership scheme for the future.

This report outlines the findings from this lay locality study. It commences with an overview of the aims of the study and describes the methodology employed. The report then details the findings and clearly presents the views and comments of local people about the membership scheme. The subsequent discussion explores issues such as the barriers that different members of the community may face in becoming members and the ideas and suggestions for making the scheme really work.

The report concludes by outlining the key motivators that will encourage people to become members of NHS Hull and presents a number of recommendations that will support the future development of the NHS Hull membership scheme.

2 The Aims of the Study

The purpose of the membership pilot has two broad aims; firstly is to understand more about the shaping of a membership scheme and secondly to actually recruit members to the scheme. This first element involves undertaking some research with the community in order to identify views and ideas that will contribute to the development of the scheme. The aims for the research element are as follows;

- To identify and consult with a wide range of people across diverse communities about membership of the PCT
- To establish the level of interest in membership of the PCT
- To explore motivators and ideas for membership
- To understand the barriers (and any solutions) to membership
- To present views about membership from diverse communities
- To report findings to the PCT with contact details of potential members

3. Methodology

The methodology outlines how the project will achieve the aims. A mixed methodology was proposed in order to reach a wide sample of the community.

This consisted of the following:

- A questionnaire – A short questionnaire was designed that could be administered face to face or over the telephone, by a trained interviewer. An easy-access questionnaire, which is a simplified and pictorial version of the main questionnaire, was used with people with learning disabilities.
- Focus Groups – The focus groups were designed to further illustrate the views gathered via the questionnaires and to help examine some of the issues raised, in more depth. Goodwin Development Trust employed numerous resources to ensure maximum inclusion of people with particular needs e.g. translation, support workers, and transport.
- A small number of additional ‘focus sessions’ were also held in order to engage with people and strengthen their understanding of the NHS Hull Membership scheme and the completion of the questionnaires. These ‘focus groups’ were accessed by people with learning disabilities, Carers, asylum seekers and refugees and people from BME communities.

The analysis of the questionnaires was completed using a statistical analysis package (SPSS).

The Sample

Following discussions with The NHS research team, it was initially proposed that a sample of 1500 people be contacted and consulted with. The sample was to be predominantly made up of people from various target groups. These groups represent people who traditionally face health inequalities or barriers to accessing health services. The intended percentage of the sample and the target groups are shown overleaf.

Target Group	Percentage of Sample Size
General Population	30
Middle Aged Men	19
Young People	15
Older People	15
Disabled People (physical Impairment)	10
People from BME Communities	10
Carers	5
People with Learning Disabilities	2
People with Mental Health Conditions	2
Asylum Seekers and Refugees	1
Travellers	1

Participants from the target groups were recruited to the study using a variety of methods and access points. Having existing strong links with the community ensured that Goodwin Development Trust was well placed to link with potential participants. Key activities in reaching the participants included;

- Training of Community Wardens to be able to effectively interview the public using the questionnaire
- Accessing established groups and organisations to invite the participation of their members and service users
- Attending the NHS Hull Membership launch
- Accessing Goodwin Development Trust networks
- Advertising in the media inviting participation

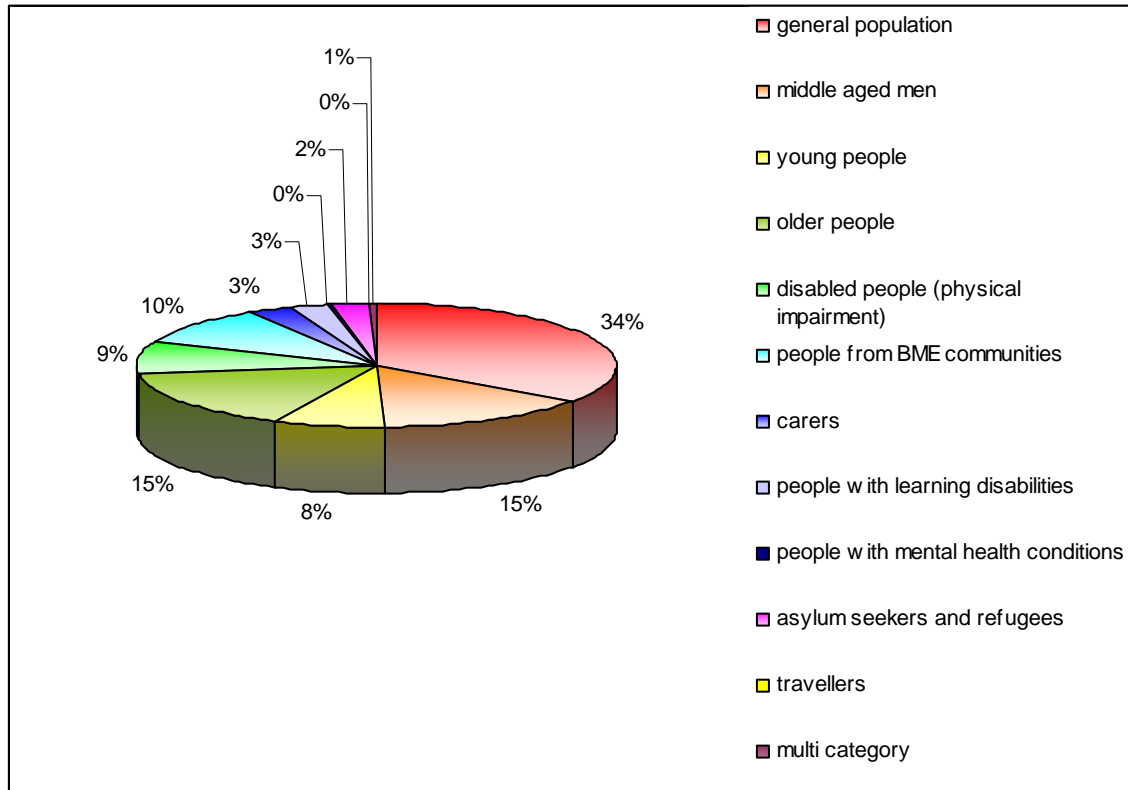
Research design and piloting was scheduled to take place August-September 2008, allowing for the input of the steering group. Data collection would take place over the following three month period. The main body of analysis was scheduled for December 2008 and January 2009, with a report being produced for February 2009.

4. Findings from the questionnaire

The sample

A total of 1562 people were interviewed using the questionnaire. 524 Interviews were completed over the telephone, 996 were completed face to face, and 42 'easy access' questionnaires were completed in a focus session. The sample was divided as follows.

Target Group	Total Number in the Sample
General Population	543
Middle Aged Men	228
Young People	120
Older People	244
Disabled People (physical Impairment)	138
People from BME Communities	149
Carers	47
People with Learning Disabilities	43
People with Mental Health Conditions	2
Asylum Seekers and Refugees	39
Travellers	None secured
Multi group	9



Pie Chart showing the percentage of the sample across the target groups

The sample was nearly equally split on gender as 49% were male and 51% female. They were aged 14-80 plus. The majority of people captured through the face-to-face interviews were in their twenties and thirties and the majority captured through the telephone interviews were in their fifties and sixties.

Participants were asked to describe their ethnic origin either using a list of categories or by using their own words. 189 people (12%) classed themselves as being from BME communities. The main countries of minority ethnic origin were Kurdistan/Iraq, Poland and Africa.

Participants were spread across the city with the majority of participants living in the HU3 and HU5 areas of the city. The table below shows the numbers of participants in each post code area.

Postcode	No
HU1	47
HU2	29
HU3	321
HU4	138
HU5	294
HU6	176
HU7	120
HU8	150
HU9	143
HU10	19
Other HU postcode	93
Unknown	32

Participants were asked to give their employment status. Nearly half the sample (48%) were in employment, either fulltime, part time or self employed. 18% were retired from work. 13% were not in employment; with over half of these actually seeking employment. Of the remainder, 9% were students and 7% were housewives or house husbands. There were also 47 carers and 4 people doing other things such as voluntary work.

10% of the sample stated that were registered disabled.

Participant's Health

In order to build a profile of participant's health and their likelihood of engaging with health services, participants were first asked to rate the level of their health on scale going from very good to very poor. The chart below demonstrates how

the participants described their health and shows that the majority (64%) felt themselves to be in good or very good health.

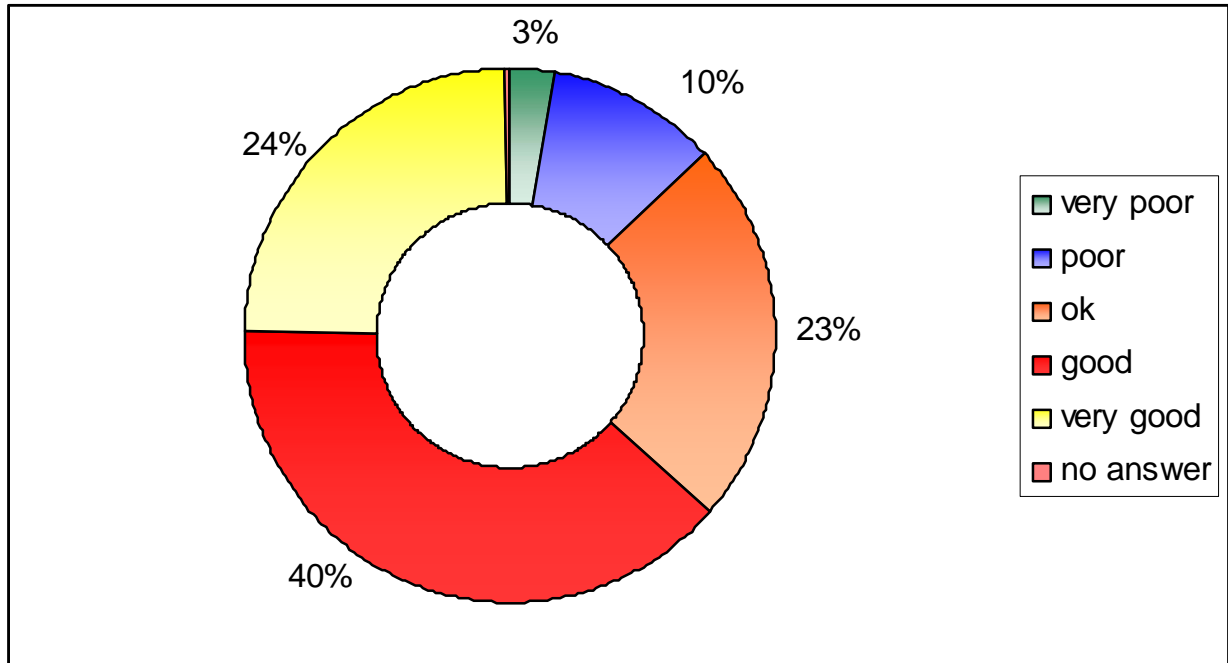


Chart showing how participants described their health

A total of 96% had been in contact with health services in the last five years and 97% were registered with a GP.

Knowledge of NHS Hull and their Duty to Consult

Participants were asked if they had previously heard of NHS Hull (or the Primary Care Trust under former names). 60% were familiar with NHS Hull, where as one third (33%) stated they had not heard of NHS Hull before. The remainder did not answer or were unsure.

Participants were then asked if they were aware that NHS Hull has a legal duty to consult with lay people about the planning and delivery of services; one quarter (25%) were unaware of this duty to consult.

Local People's Involvement in Consultation

88% thought that local people should be consulted about local health services.

When asked to rate on a scale of importance, from not very important to very important, the majority of participants (75%) felt that it was important or very important to get involved and influence local health services.

Participants were also asked to rate how likely they would be to share their views ideas and suggestions with NHS Hull. The table overleaf shows the ratings for the specific different target groups within the study.

Target Grp	V unlikely	unlikely	possibility	likely	Very likely
<i>Middle Aged Men</i>	28	38	85	48	29
<i>Young People</i>	23	23	34	28	12
<i>Disabled (physical)</i>	25	17	28	34	34
<i>BME</i>	10	14	47	51	25
<i>Carers</i>	5	4	21	7	10
<i>Older People</i>	61	36	59	41	47
<i>Refugees and Asylum Seekers</i>	6	10	7	14	1
<i>People with Learning Disabilities</i>	4	1	6	10	22
<i>People with Mental health conditions</i>			1		1

Missing cases amongst specific target groups =12

Table showing how participants rated the likelihood of sharing their views, ideas and suggestions with NHS Hull.

The table shows that people within the specific target groups have some likelihood of sharing their views with NHS Hull. For 70% of middle aged men, 62% of young people, 70% of disabled people and 60% of older people there is some possibility of likelihood that they will share their views. There is even more possibility for people such as carers, those from BME communities, asylum seekers and refugees and people with learning disabilities.

Barriers and Solutions for Engaging with NHS Hull

Participants were asked about the things that would make it difficult for them to engage with NHS Hull, as well as the sorts of things that could help to make it easier.

The biggest barrier to engaging with NHS Hull was not having sufficient information, which was cited by 13% of the participants. Another major barrier was lack of time, namely as a result of work or family commitments. Nearly 50 people stated that the language barrier would make it difficult for them to engage with NHS Hull. Other issues affecting people's ability to engage included physical access, location, not being well enough, a lack of confidence, unable to speak up, unable to fill-in forms, feeling over-consulted, not having child care, and not having access to transport to get to meetings.

The following suggestions were given as solutions to help make it easier for people to share their views, ideas and suggestions with NHS Hull:

- More information on NHS Hull and how to engage
- Sharing views using the internet
- Sharing views by post (freepost)
- Local meetings with logistical support such as transport and childcare
- Sharing views by text or by phone (hotline number)
- Giving views through the GP surgery
- Giving views as part of a group
- Having forms and surveys in other languages
- Seeking views while people are using NHS services
- Suggestion boxes at chemists, GP and other health facilities
- Use of local media
- Sharing views with people who are familiar
- Assurances on confidentiality
- Incentives
- Evidence that engagement is making a difference

Participants were asked if there were other methods other than meetings and questionnaires that they would like to see used by NHS Hull, in order to secure the views, ideas and suggestions of local people. The main suggestion given was the use of the internet and also e-mail. Other suggestions included via the GP, telephone, at open days, using suggestion boxes and one to one sessions.

Newsletters and Events

Just over half the participants (54%) stated they would be interested in receiving a newsletter from NHS Hull. In terms of target group, people with learning disabilities, older people and people from BME communities were most interested. Younger people and middle aged men showed much less interest. Only 24% stated they would be interested in attending events for sharing information between NHS Hull and the community. Again interest was highest amongst people with learning disabilities.

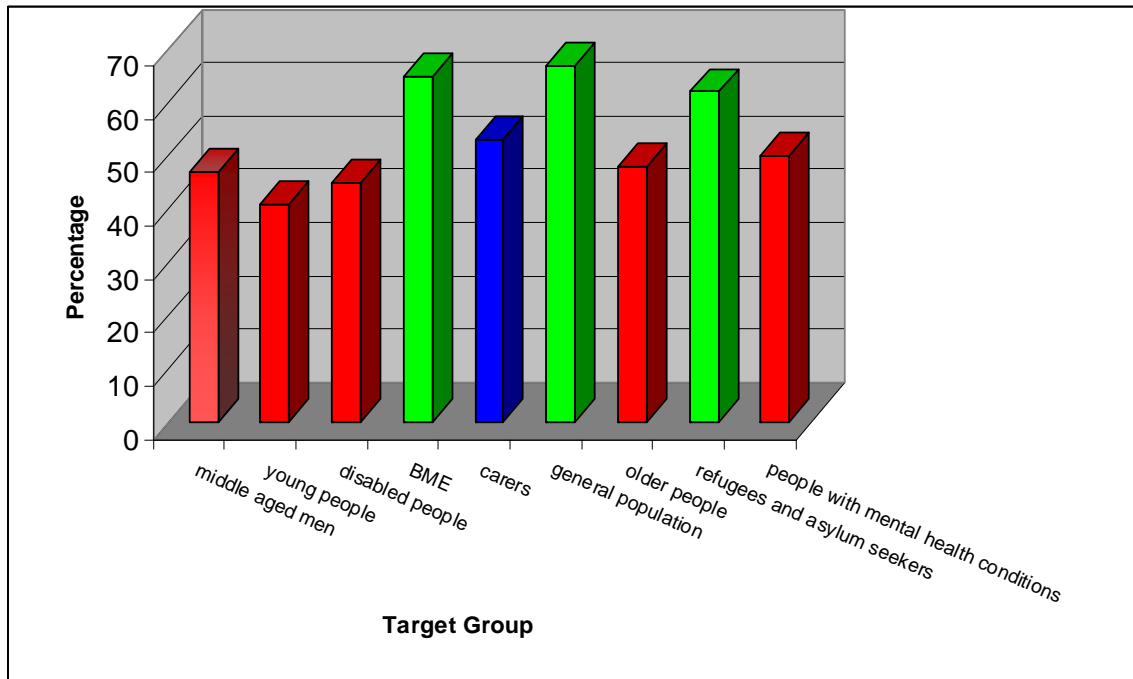
Further Views and Beliefs on Consultation

Participants were asked to state their belief, either true or false, about a series of statements relating to them. These were;

- I am interested in community issues and like to get involved locally
- I want to help improve health services for local people
- I don't really have time to get involved
- I am happy to read about local health services
- I would like to have more influence over the way local health services are designed and delivered
- I would like training so that I can better influence the NHS

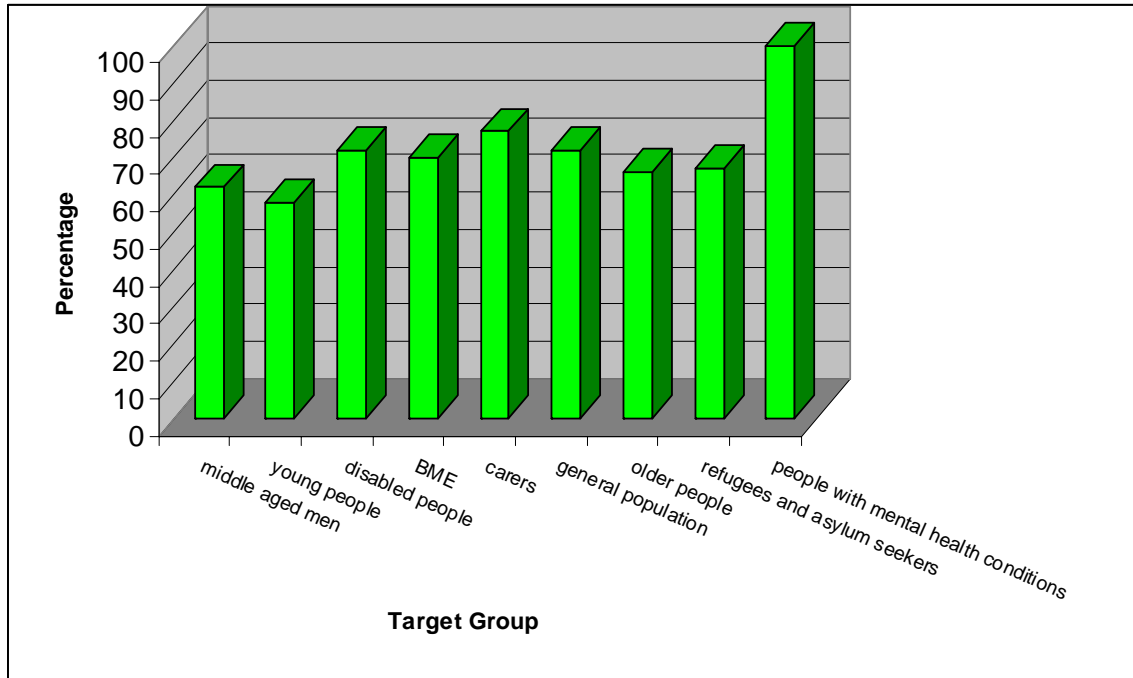
With regard to interest in community issues the following graph shows the percentage of people from each target group who stated 'true' to being interested in community issues and getting involved locally. Less than 50% of middle aged men, young people, disabled people, older people and people with mental health

conditions felt that this statement was true of them. People with learning disabilities were not asked this question directly on the easy read interview due to the complexity of the question structure.



Graph showing the percentage of each target group that agreed the statement 'I am interested in community issues and like to get involved locally' is true of them.

The percentages for the second statement regarding wanting to help improve local health services were significantly higher. Over 58% of all the target groups showed agreement with wanting to help improve local health services. 77% of carers believed this statement to be true of them, as did 70% of people from BME communities and 72% of disabled people. This is further illustrated in the graph overleaf.



Graph showing the percentage of each target group that agreed the statement 'I want to help improve health services for local people' is true of them.

A total of 67% of participants said that the statement about 'not having the time' was true of them. Only more people with learning disabilities thought this statement was false rather than true of them.

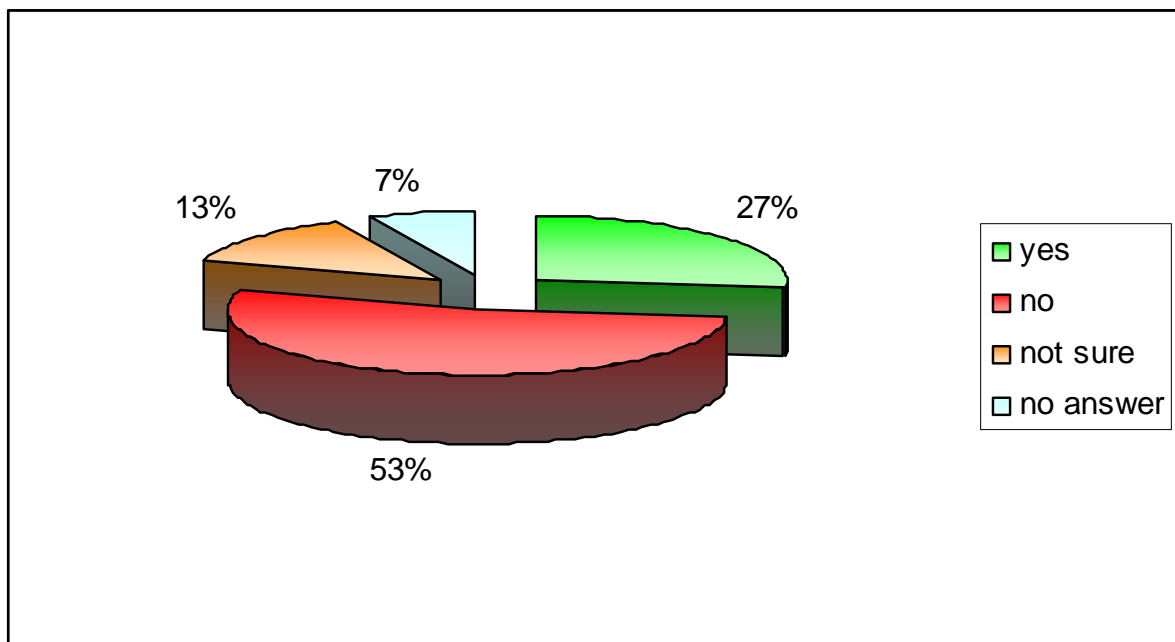
Over 80% of participants said the statement about wanting to read about local health services was true of them, particularly older people.

Less than half the participants felt that the statement 'I would like to have more influence over the way local health services are designed and delivered' was true of them.

Only 23% of participants agreed with the statement about wanting training. People with learning disabilities and people from BME communities showed the highest levels of believing it true of them.

Becoming a Member of NHS Hull

Only 21% were aware that they could become a member of NHS Hull. When asked if they would like to become a member 27% said yes, 13% were not sure and 53% said no (the remainder did not give an answer). This is illustrated in the chart below.



Pie Chart illustrating the percentage of participants wanting to become members of NHS Hull.

More people said 'no' to membership across the majority of target groups. People with learning disabilities, people from BME communities and people with mental health conditions had either equal or higher numbers of people saying 'yes' rather than 'no' to membership.

Most participants stated they were motivated to want to become a member due to wanting to have an influence on local health services and because they believe it will benefit the community. Participants see membership as an opportunity to get more information about health services and health care; something which was also cited as being useful for people wanting to start a career in health. Participants mentioned that spending time with the Community Wardens, who explained more about the membership scheme, was another reason why people wanted to join. Flexibility of involvement and 'freebies' and discounts also acted as motivators.

Participants said;

“As a contributing member to the NHS, I feel I should be consulted about how the money is spent...”

“I’m attracted by the concept of a bottom up approach involving local people in genuinely setting the agenda”

“because I’m a parent I think we should know what is going on”

The reasons for people being unsure or not wanting to become members included the following:

- Not knowing enough about NHS Hull, health services and what being a member of the scheme really means
- Lack of time
- Lack of interest
- Not feeling confident or enthused
- Feeling that they are too old or too young
- Not believing it will make a difference

Participants said;

“I’m not a health professional so I can’t comment”

“(I) feel I’m too young”

“maybe when I’m older”

“I’m skeptical whether my views will really make a difference”

“I’m not vocal, I’m shy, I’ll leave it to more confident people”

“I don’t have any problems with the NHS and I don’t know enough about it to be able to help”

Motivating Members to Join

Participants were asked if there was anything they thought that would help to motivate people to become members of NHS Hull. The following suggestions were given:

- Advertising of the NHS membership scheme
- Information on health services
- Engaging with people who have previously used services
- Easy read information and information in other languages
- Visit groups and give talks and presentations
- Talk to people while they are in hospital
- Have targeted recruitment with activities for specific group e.g young people, older people
- Door to Door recruitment
- Pay people to become members (where they are under-represented and their expert views are required)
- Give people personalised invites

People with learning disabilities outlined the type of support they would need to maintain a membership, namely;

- Assistance with written material
- Accessible information in an easy read format
- Transport to attend meetings
- Expenses for meetings (transport, carers etc)
- Disabled access and facilities

Participants said;

“communities in control, real people real power”

“If I met other members that would help me to understand more”

“come to factory where we work”

“workshops for young people and outdoor programmes”

“muslim women meetings”

“be more specific about what members do”

“a job description for members” “...demos of what members actually do”

“a tick box on prescriptions”

Participants were given the opportunity to voice their final comments about the NHS Membership scheme. These comments included the following;

“Public engagement is a continuous project more and more publicity out in the streets is a good place to start”

“more education through schools”

“Good to see. Not everyone will provide feedback but as long as people feel they can voice their opinion it's a good thing”

“It's a positive step. The NHS tops most peoples' lists when it comes to their concerns”

“It's not 'out there' enough and not interesting enough. People are lazy!”

“Send people from some community to community centres & events to ask people questions & inform them of new changes and services, especially positive ones”

“PCT needs to make themselves known in the community, maybe through GPs”

“I worry that this is just another 'good idea' that doesn't really make any difference & is just a waste of resources”

“More advertising and maybe issues put on the internet “

“It's about time that something is being done, this should have been done a long time ago”

5. Focus Groups

Focus Groups were held with a wide section of the community in order to further illustrate the views expressed through the questionnaire interviews. A total of 59 people participated. In addition, several 'focus sessions' were held in order to ensure that people with additional needs were able to fully participate in the study.

Focus Sessions

The focus sessions involved working with groups of people with learning disabilities, carers, asylum seekers and refugees, and members of BME communities. Trained interviewers visited the five groups; several also visited the groups beforehand in order to build trust and better plan the sessions. The interviewers employed a range of supports including delivering a large print PowerPoint presentation, using facilitators that were known to the groups and accessing language interpreters and translators. Each of the five focus session started with an explanation about NHS Hull and the membership scheme. The interviewers then addressed each question with the group, using the translators and facilitators as required. In this way, people who would otherwise have found a one-to-one interview difficult were able to more easily give their input.

Focus Groups

The focus groups commenced with an introductory discussion about what people thought NHS Hull could do to help people stay fit and healthy.

Young people talked about the need for going to gyms with later opening hours and maybe having free access to facilities. They were keen for any activity not to be mixed across the age groups and wanted to see specific things for younger

people, middle aged people and older people. Another priority for young people was cheaper healthy food.

Middle aged men also wanted to see reduced fees at fitness centres. They thought mentors to give info and one-to-one sessions, more advice, effective marketing and a more approach would be useful.

Older people, talked at length about hospital care. They felt that NHS Hull could get involved in things like discharge information packs, hospital after care and booklets and directories. Older people also requested;

- Fruit and veg vouchers
- Manage traffic pollution
- NHS fitness centres
- Subsidised gym
- Free prescriptions
- Transport to reduce isolation and allow older people to participate in consultation
- After hospital care
- Advice and info at the GP, use chemists more
- Clinical support service
- Discharge information packs
- Set top box advice, extended capacity of lifeline
- Online forum - share newsletter
- Health booklet/ directory for every home in Hull
- Better training for staff to work with specific groups
- Support for single vulnerable people going into hospital
- Courses on food and cookery
- allotments
- armchair exercises fitness clubs
- swimming club

- diet and recipes
- community transport

Members of the Kurdish community felt it was important to promote different types of diet in schools and workplaces. Given that there is a high prevalence of smoking amongst the Kurdish community, they wanted to see more of the 'shock factor' and better advice and care at the GP.

A mixed group of polish people and people using mental health services mentioned the following;

- Hold an NHS Hull marathon
- gardening and sport and other activities
- leaflets about disease
- cooking – focus on single person who might not cook for themselves
- martial arts and tai chi for young/old
- dieting advice
- allotments – grow healthy fruit and veg and sell surpluses
- don't know who NHS Hull are – use TV and radio to better inform us
- training programmes
- free gym

The focus groups talked about what would help to encourage people to take an interest in health issues and people put forward their ideas for newsletters and health events.

Young people suggested;

- Food tasting
- Publish bright newsletter and post them every week make them sound fun

They didn't feel that newsletters were such a good idea as "no-one ever reads them"

Middle aged men suggested;

- Make it fun
- Avoid jargon in newsletters and events
- Have more family orientated activities
- Link with schools

Older people mentioned the following;

- Help to create less fear amongst older people about hospitals
- Use a language we understand
- More information about what will happen in hospital
- Develop people to help others
- Involvement in church and community groups
- Follow up services
- Make it fun
- Have transport for meetings and events

Older people wanted to see the newsletter in large print and for it to link in with other local publications such as Hull in Print and Hull Daily Mail. They felt it would be useful for the newsletter to contain information on medication and a programme of events. With regard to health events, older people wanted them at central safe and accessible venues with option of transport.

People from the Kurdish Community spoke about the need for NHS Hull to use more real life stories and give graphic presentations. In particular they wanted to see and hear people's accounts of the effects of smoking and drink driving. They also requested that newsletters be produced in other languages as standard.

People from the Polish Community and people using mental health services joined in a discussion together. They suggested the following;

- Newsletter to have help and advice on mental health, housing, Samaritans, Warren, Conifer House

- Themed months e.g. walking month
- Link in schools
- Health events with healthy eating. Promote benefits of cycling, walking, trips, healthy food
- E-mail newsletters monthly
- Smoking cessation products for free
- Dentists for members
- Advertise health events on radio, TV and internet
- Free phone advice numbers for members

Similarly to the other groups, they also talked about wanting free access to fitness facilities.

The groups looked at the benefits that NHS Hull could offer its members. The suggestions put forward included the following;

- Free gym for old people
- Student discounts
- Free gym for an hour (and more people will go)
- Free food (healthy foods)
- Vouchers for Holland and Barrett
- A members' Nurse based at a warden shop
- Sports clubs for free – boxing, swimming, games
- Parenting classes 'how to enjoy your child'
- Discounts on sports equipment and games
- Bike Hire
- Access to support groups
- More communication and feedback
- Events should have transport discounts
- Info at hospital discharge
- Offer help with benefits and paperwork when people become ill

- Help families to visit ill relatives
- Free calls in hospital
- Free parking in hospital
- Free NHS direct
- Free prescriptions
- Access to NHS Dentist
- Members get better position on waiting list
- Dentists
- Give free 'patient pack' to every member (the pack that contains everything you need to guard against hospital super bugs)

One group talked about whether incentives and discounts were necessary and discussed membership becoming mandatory.

The groups discussed how NHS Hull could engage with different groups in the community in order to sign up more members. They provided the following advice;

- Meet people at community centres
- Do home visits
- Must have leaflets in different languages
- Target people that need the help most
- Liaise with established organisations such as Mencap, Headway etc.
- Let groups know what NHS Hull can offer them such as funding and expertise
- Don't give general discounts, focus on where need is greatest for example nutrition, weight management etc.
- Target different wards and replicate good ideas and clubs
- More forum events and feedback
- People need to think that things will change – give them some proof
- Better sharing of information with voluntary and community organisations

- Support with childcare
- Fun events with food
- Family events with transport and crèche
- Involve more people with mental health issues
- Specialist events for carers
- Events for children and young people
- Invite schools to events
- Go to them, get them to come to you
- Need more information and an explanation of how things work
- Advertising
- Vibrant presentations
- Evidence that members have been listened to
- Trips out
- Let more people know about the incentives
- Sports activities for young people
- Football teams and tournaments
- Signpost people
- Canteens and drop-ins
- Target dog walkers
- Visit sheltered housing
- Dance classes
- More workshops and focus groups like this
- Pick you up and drop you home
- Regular meetings with organisations
- Inspire people to help
- Offer clubs to members

The groups also talked about developing the membership scheme to include a family membership and to personalise the membership to fit the individual needs of members.

6. Discussion and Conclusion

NHS Hull was keen to understand more about engaging with the community and aims to secure lay people as members. These members will be at the heart of future consultation to improve and develop local health services. Ensuring an effective membership scheme has become a priority for NHS Hull and therefore they have commissioned a lay locality study to help guide them in developing the membership scheme.

The main aims of the study have been firstly to identify and consult with a wide range of people across diverse communities. The study also aimed to establish levels of interest in membership, motivators and ideas for memberships, barriers and solutions to membership and any other relevant community views on membership.

Goodwin Development Trust approached the study by undertaking interviews and focus groups with over 1500 people from different sections of the community. The vast majority of these people had had experience of using health services and all but a few were registered with a GP.

The results showed that one third of the participants were unfamiliar with NHS Hull and one quarter of them did not know anything about NHS Hull's legal duty to consult the public. It was noted throughout the study that the interviewers were spending time explaining to the participants about the Primary Care Trust. For many people, especially those from other countries or groups that do not traditionally use services, the unfamiliarity with NHS Hull made understanding a membership scheme quite complex. Some people did not know what consultation was and found the concept of lay people informing expert medical services quite difficult to grasp. In addition, only 21% of participants had ever heard about the potential to become a member of NHS Hull.

Once the idea of consultation was understood, the vast majority of people felt that they should be consulted and three quarters of the participants felt that it was important or very important to get involved. However, nearly 20% of participants rated that they would be unlikely to share their views and ideas with NHS Hull.

Participants talked about the things that would make it difficult for them to share their views with NHS Hull. The biggest barrier for most people across the different target groups was not having sufficient information about NHS Hull and the membership scheme. Other barriers included lack of time to get involved due to work and family commitments, language barriers, state of health, confidence levels, and logistical issues such as transport and childcare for meetings.

Participants generated a wealth of ideas to help make it easier for people to give their views to NHS Hull. They wanted to see more information about NHS Hull and the membership scheme as well as different ways to give views, including through the internet and via the GP. Evidence that views are making a difference and assurances about confidentiality were also deemed important.

Just over half the participants were interested in newsletters, with younger people and middle aged men showing lower levels of interest. However, over 80% of participants felt that wanting to read about health services was true of them. This would suggest that people do want to know what is going on and that different media such as newspapers and internet should be considered.

Just less than a quarter of the participants stated they would be interested in attending events for sharing information with NHS Hull. There were also high numbers across the target groups (up to 60% in some cases) of people that did not believe they were interested in getting involved in local community issues. However, over 70% of most of the target groups felt that they wanted to help improve local health services. People with learning disabilities and people from

BME communities also seemed interested in receiving training to help them get involved.

When asked if they wanted to become members more than half of the participants said 'no' or were unsure about it. This figure will undoubtedly have been affected by the significant lack of knowledge about the Primary Care Trust as well as the other described barriers such as lack of time, lack of interest, feeling too old or young, and lack of confidence or belief.

Nearly a quarter of the participants did want to become members. Participants described the sorts of things that had motivated them to want to become members. Much of the motivation related to a desire to influence local health services; something that was viewed as being good for the community. Given that less than half the sample felt that a desire to influence local health services was true of them, it is not surprising fewer participants wanted to become members. NHS Hull will therefore need to undertake more work to raise people's desire to influence local health services and subsequently encourage more members to sign up.

During the focus groups, participants gave suggestions about things that would motivate people to become members. Information was seen as key to the process and this included providing information in other formats and languages. Participants suggested that NHS Hull should adopt a targeted approach for example, targeting people using hospital services, targeting community groups, and specifically targeting young people using activities designed specifically for them. They felt a generic approach to motivating people would not work and recommended personalising memberships. This may also help to motivate people who think that they are 'too old' or 'too young' to be involved. Family memberships were suggested and this fits with other suggestions about making events 'family-friendly' by providing transport and crèches. Members of BME groups wanted to see more personal perspectives on issues relating to health

and also wanted information and advertising to be in other languages. Older people wanted to see more links between NHS Hull membership and hospital services, as these are the services that they are often accessing.

In terms of delivering the project, there were a number of successes. By using the Community Wardens local people trusted their promotion of the membership scheme and therefore sign up with them to become members. The project also achieved its key aims within the allocated time frame. However, there were a few minor limitations to the study. The first concerned securing the participation of all the anticipated target groups. Given the limited timescale of the project there was insufficient time to build relationships with the travelling community to ensure their participation and therefore this target group was not represented in the study. Links were made with people with mental health conditions through their supporting organisations, but those people later felt they were not in a position to give their view and therefore people with mental health conditions were under-represented in the study. Interviewers were not able to reach the initial quota for some of the other target groups, namely middle aged men and young people as many people in these groups were not interested in participating. However, across some of the more difficult to reach groups such as refugees and asylum seekers, interviewers exceeded the expected target numbers for the sample and the sample remained balanced and representative of the local population.

NHS Hull was keen to understand more about how it could move people up to the next tier of membership. However, as many participants were just coming to terms with the concept of consultation and the idea of an NHS membership, it was deemed too complex to ask people to think about a system of membership with various levels. Participants also indicated that they would have to actually experience one level of membership before they could consider higher levels. It was therefore determined that this type of questioning be reserved for members who have been with NHS Hull for over six months and are familiar with the scheme.

7. Recommendations

The following list of recommendations has been compiled based on the findings of 1562 interviews and the views of 59 people through focus groups with participants from diverse communities.

1. More detailed information and advertising

As many of the participants were unfamiliar with NHS Hull and the concept of consultation, it was difficult for them to know whether or not they wanted to join a membership scheme. It would be worthwhile providing more information about what NHS Hull is and does. It would also be useful to outline more specifically what members do as part of their membership. NHS Hull could consider including information as detailed in the example below;

Members will be asked to complete an annual survey giving their views. This could be on-line or via the post. All members will be invited to attend health fairs. If people have more time to give they could attend meetings to talk about their views. Members who want to get more involved can also become Champions...

Any leaflets need to clearly promote the 'unique selling points' of membership so that members are clear why they are members and what their membership will give them.

Potential members would like to see advertising material containing something personal from existing members about their involvement with NHS Hull.

2. Direct support for potential members from diverse communities

Several of the target groups that showed high levels of interest in membership of NHS Hull will require additional support in order to be able to secure and maintain an effective membership. It would be worthwhile the steering group establishing working parties that are tasked with helping to ensure the needs of

specific groups are met. In particular, people with learning disabilities would require a more tailored membership with all materials in easy read format. Local organisations such as Mencap and national organisations such as the Foundation for People with Learning Disabilities may be able to offer expert help and support, particularly in developing materials. Funding should be in place to support members with additional needs, such as people with learning disabilities who may require a helper or transport, to enable them to fully participate as members.

BME communities also requested information to be printed in other languages and this should be considered as standard.

The steering group could also consider appointing an expert panel of paid membership advisors who would report on the membership needs of groups such as young people, travelers, and the Kurdish community. These advisors would act as 'co-ordinators' providing vital intelligence to enable the membership manager to remain 'in touch' with members from diverse communities. People with learning disabilities and people from BME communities showed an interest in receiving training and this could be provided to help them in advisory roles.

3. Developing the benefits of membership

NHS Hull has already negotiated a significant list of discounts for its members. Potential members were keen that these discounts should be health related. The preferred benefit of membership across all target groups was free or discounted gym sessions and securing this should be a priority for the NHS Hull membership scheme.

Participants were also keen to note that benefits and discounts should relate to the everyday things in life such as food and transport and NHS Hull should continue to negotiate benefits and discounts across these sectors. A possible discount could be on fruit and veg from local suppliers (in main shopping areas

across the city) or from national companies such as Abel and Cole who deliver boxes of organic fruit and veg to the door.

4. Developing consultation methods

Using Internet and e-mail were suggested as good ways to facilitate consultation with members. E-mailing newsletters also has the added benefit of being economical and more environmentally friendly. NHS Hull should consider working with young people to develop fresh ways of consultation such as using social networking sites, on-line opinion polls on popular websites, chat rooms and discussion forums.

There was also significant call for consultation to be through the GP and as 97% of participants were registered NHS Hull should investigate the potential for this to happen.

5. Targeted recruitment of members

Participants at the focus groups felt that NHS Hull should adopt a targeted approach to recruiting members. They should target families by putting on family-orientated events and fun days. Young people should be recruited by working closely with the schools, educating young people about the importance of community involvement and the role they can play in influencing local health services. In order to resolve the barrier of lack of time due to work commitments, NHS Hull should work with employers to promote membership' especially with companies that encourage employees to become part of health schemes.

Another potential field for recruiting members is the targeting of those people who are entering careers in health and social care. NHS Hull should motivate people who are undertaking health related courses as well as those already employed in the health and social care sector.

6. Interesting ideas to consider

The focus groups helped to generate many interesting ideas for membership. Examples included holding an NHS Hull Marathon to promote fitness and membership, providing members with free prescriptions, and producing a health directory for every home. People are keen to see events that promote healthy food and would welcome anything that helps to get them into the gym. It would be worthwhile NHS Hull further examining the list of suggestions and exploring the feasibility of each suggestion. Should NHS adopt any of the suggestions outlined in the focus group section, it would also be worthwhile reporting this back to members, giving evidence that NHS Hull is clearly listening to its members.