

Maximising Membership

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Membership/Public and patient involvement

‘PR excellence or tick box exercise?’



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The theory is...

- Organisations are successful because they are designed to meet their users needs
- How do trusts know what patients need?



Organisations influence public

Public influence organisations

=

Better services

=

Better reputation



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- Only 23 out of 69 respondents said membership was part of the trust's Communications function!
- Who is communicating with members?
- Is membership integrated?
- What about the feedback loop?



- Surprisingly 40% of governors do not see any benefit of their activities

Ipsos MORI

- How involved are your governors?
- Are members views taken into consideration and can they really affect service delivery?



- One trust spent less than £5,000 on engagement others reported budgets of up to £100,000
- Budgets don't correspond to size or type of trust
- Engagement can be cost efficient!



- 54.2% of trusts have someone responsible for membership on the Board of Directors
- Focus groups show CEOs that value engagement invest in membership and customer satisfaction



Lessons

- Integrated engagement is key
- Improve comms between governors and members
- Close feedback loop with members – how has their input affected service delivery?
- Members want to be useful so use them!
- Be realistic about resourcing membership



Background

- UHB became an FT in first wave in 2004
- Opt-out strategy for recruitment
- Approx 100,000 members
- ‘One-size-fits-all’ communications strategy
- Poor quality data
- Expensive and ineffective
- Members’ Survey 2006 – less than 30% knew they were members



Our Objectives

- Clarify the Trust's expectations of membership
- Ensure membership 'adds value'
- Find optimal size of membership: What is meaningful and manageable?
- Identify tools and strategies to engage effectively
- To recruit new 'active' members



Membership Strategy

- Developed role of member
- Developed Membership Strategy - approved by Board of Directors and Board of Governors in November 2007
- Rationalised membership via 3 data capture mail-outs
- Outlined approach in Monitor's Annual Report – 35,000



Membership Strategy

- Circa 8,000 responses excluding 6,900 staff
- Circa 11,500 excluding 6,900 staff
- New database management company – robust data
- New look campaign
- Target 35,000 members to recruit



Our Approach

- Understand why people choose **not** to get involved
- Understand why people choose **to** get involved
- Provide choice – take away the reasons for not joining
- Raise awareness, promote the Trust, increase membership
- No reinventing the wheel – use your contacts!



So what did we do?

- Needed some help – enlisted an agency
- Developed a brand
- Researched the market – why do people join?
- Sourced quality **and** quantity – representative, interested members
- Tested our methods



Reasons why people join

- To 'thank' the hospital
- An interest in working in healthcare
- A relative or friend was treated at the hospital
- A relative or friend works at the hospital
- Interested in volunteering



Reasons for not joining

Main reasons why people said they didn't want to become a member:

- Didn't think they would be of any use to us
- Had a bad experience with NHS
- Thought they were too ill/old



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donor**

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New look magazine



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Our approach

- Face-to-face i.e. open days/fairs/events
- InsideOut Campaign
- Advertising in local health supplements/radio
- Digital signs
- Mailings to stakeholders
- Flyers and leaflets in hospital



What has worked?

- Open days (60-80 per day)
- Fresher fairs (250 in one day)
- Charity events
- Public meetings
- Mail-outs to former patients, local people
- InsideOut - hospital newspaper



What has worked?

Targeting those who have existing relationships with the hospital works best i.e.:

Patient support groups, local residents, medical students, former patients and people who volunteer for other organisations



What hasn't worked as well?

- Mail-outs to stakeholders – with Involve
- Approaching people whilst they are in hospital
- Approaching staff from other NHS trusts
- Advertising – local press



Where are we now?

- Representative
- Quality members
- Quality data to engage effectively
- Strong communication channels



The results

- March 2009 = 18,070 members
- March 2010 = 7,794 new members = 43% increase year on year
- 2,110 members had to be taken off the database, due to 'deceased' and 'gone-aways'
- Net total number of members as of March 31, 2010 was 23,754, an increase of over 31%



The cost

- £51,157.31, or £6.56 per member
- Nearly 50% cheaper than employing one of the established commercial membership recruitment firms where the average cost per member is around £15 per member
- Cost of communicating with these members eg. print and mail-out of the quarterly publication Trust in the Future, is not included in these costs (circa £24k a year)



What are we going to do next?

- Every constituency has seen a rise
- Membership is representative of the populations it serves
- Believe we have a quality membership that can provide real benefits to not only the Trust, but the members themselves
- Been hard work - more resource intensive than expected, and costly



What are we going to do next?

- Maintain the current number of members (ie. recruit circa 2,200 to replace the annual churn)
- Grow the membership by 5% (ie circa 1,100 members)
- Develop a comprehensive engagement plan for membership to deliver tangible benefits for members and for the Trust, by strategically using the membership database that has been established
- The database will drive our communications and engagement messages and channels



What are we going to do next?

- To replace the churn and increase membership by circa 5% it is estimated it will cost £19,112



Questions?



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