

Local healthcare engagement – lessons learned

Tips for police forces embarking on their local
NHS engagement journey

1

There is a need to understand how the NHS works and how healthcare gets commissioned locally - and be able to communicate it to others.


2

Has your force got any existing relationships within the NHS which could prove useful to the project? Existing networks developed through boards, meetings, professional groups, general contacts, can expediate identifying your key NHS stakeholders and getting to the right people quickly.

3

Be clear on what the ask is. General frustration with interactions with the health service are not enough. Quality health data is vital to making a case with commissioners. Consider a Health Needs Assessment (HNA), demonstrating how the police are disadvantaged and the subsequent impact on the business of policing and the communities they serve. Pull in national health data to support the evidence base. Input from the Police Federation, and other key staff associations can be useful in building this picture.

4

Your project team will need resilience, tenacity and influencing skills. Potential members for consideration are 

- A member of your Chief Officer or Senior Leadership Team to demonstrate the commitment the force has to the project
- Clinical input from a suitably senior healthcare professional
- A project manager
- An HR representative

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Internal force permissions/governance can take time. One of the key first steps is a letter from the Chief Constable to the Chair of the Integrated Care Board (ICB) or Health Board (HB). Prioritise accelerating this process.

6

Scheduling meetings between Policing and the NHS at the senior level required is challenging and may take a significant amount of time. It was nearly 12 months between starting the pilot and holding the first meeting – and this was with the benefit of a well-connected facilitator. Bear this in mind.

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In the majority of cases, the NHS does have existing pathways for the military and for some of its own staff. Understanding what these are will prove useful, as dependent on the HNA, the request to the Integrated Care Board or Health Board by the force will not be for the creation of new pathways but to be added into those that already exist.

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The success of the NHS to create health pathways for policing relies on the identification of occupation. Occupation is a key health outcome for the Department of Health by which they can recognise the specific and unique needs of policing. There is a significant amount of work to be done in this area.