Effective Stakeholder Consultation: A Comparative Analysis

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Outline

- Background
- Research Method
  - Cross Comparison of Consultation Evaluation Frameworks
  - Action Research: Local Primary Care Trust Consultation Case Study
  - Web Document Analysis: Review of PCT Web Published Consultations
- Findings
- Case Studies
- Conclusion
- Future Research
The Healthcare Infrastructure Landscape

• Complexity and rapid change of the healthcare system
• Many stakeholders involved
• Complex funding mechanisms
• Changing patterns of demand and use of healthcare services
• Legacy of out-dated buildings and cultures
• Lifecycles mismatched
• Multiple supply chains

Mills, 2009
Policy Context

NHS Act 2006, Rev 07

- Proposal development and consideration for service changes
  The decision making process of commissioners
  The reconfiguration of services and significant structural changes
- Service provision planning
  The assessment of needs and preferences of their population
  Setting local priorities and deciding what services are commissioned
- Decisions: affecting the operation of those services
  The ongoing quality improvement process as a result of feedback
Policy Context

The Health and Social Care Act 2001
Section 242: Local Government and
Public Involvement in Health Act

• Involve, consult and respond to users
• Make explicit the decision making framework

OSC, Secretary of State and IRP
• Content of a consultation or the time that has been allowed is appropriate
• The reasons given for not carrying out consultation are adequate, or
• The proposal is in the interests of the health service in its area

OSC - overview & scrutiny committee
IRP - independent review panel

Affordable

Decision made somewhere in between these factors

Acceptable

Clinically Safe

Guidance for NHS organisations on Section 242 (1B)
of the NHS Act 2006 (DH 2007)
Policy Context

Code of Practice on Consultation (2008)

- Developed following a review of government consultation practices in 2007
- Number of public sector organisations signed up to it

Provides guidance on
- When to consult
- Duration
- Scope
- Accessibility
- Clarity of Consultation
- Responsiveness of Exercise
- Capacity to consult
Research Method

• Consultation Evaluation Frameworks

• Action Research: Local Primary Care Trust Consultation Case Study

• Web Document Analysis: Review of PCT Web Published Consultations
Stakeholders are more likely to become interested in consultation activities when an issue affects them, which can be achieved through accountability based and issue based consultation- Abelson and Eyles (2002)

There is a growing consensus that health care policy reform built upon citizen participation is desirable, benefiting from: information sharing, generating better options, adoption, positive feelings of citizenship, trust and social capital, social cohesion, and reduction in spending- Zena Simces and Associates (2003)

More clarity is needed about the type of decisions for which public involvement is most appropriate, the methods that are most effective and cost effective, and how different initiatives complement each other- Florin and Dixon (2004)
# Consultation Evaluation Framework - Checklist

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Measures</th>
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<tr>
<td>1) Representativeness of Participants</td>
<td>Identify stakeholders</td>
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<td>Balance selection and monitor representation</td>
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<td>Getting in touch with ‘Hard to Reach Groups’</td>
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<td>Demographic criteria</td>
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<td>Geographic selection</td>
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<td>Stakeholder weighting</td>
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<td>Total response and response rate</td>
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<td>2) Participant Independence</td>
<td>Evaluation process</td>
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<td>Check for independence of process</td>
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<td>Characteristics, accessibility, digestibility of information</td>
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<td>Information interpretation, choice of expression</td>
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<td>Effect, data protection, screening</td>
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<td>Outcomes of procedure implementing policy</td>
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<td>Legitimacy and accountability of decision making</td>
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<td>Assessment of concerns over the decision</td>
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<td>3) Influence on Policy</td>
<td>Transparency of the type of decision</td>
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<td>Legal / Regulatory, Publicity, Auditability, Accessibility of process to public</td>
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<td>Degree of citizen control / point of input into agenda</td>
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<td>Level of staff involvement at the point of decision making</td>
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<td>Clarity of purpose &amp; feedback of consultation, resources and sample</td>
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<td>Impact of consultation on plans</td>
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<td>4) Process Transparency</td>
<td>Resources</td>
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<td>People, evidence of training, efficiency in execution</td>
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<td>Time demands, realistic &amp; sufficient timetable</td>
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<td>Facilities, appropriate</td>
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<td>Expertise to execute the task and participate</td>
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<td>Finance, cost / sustainability</td>
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<td>Well designed surveys with overarching strategy</td>
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<td>Involvement in planning</td>
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<td>Outcome / effectiveness / benefit</td>
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<td>Corrected towards the highest needs as defined by the community</td>
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<tr>
<td>5) Task Definition</td>
<td>Context justification, regulatory, social, organisational</td>
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<td>Scope of structure</td>
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<td>Defined aims and outputs</td>
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<td>Rationale for exercise</td>
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<td>Choice of questions provided / output / analysis / communication / specific</td>
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<td>Procedures / format specification, group / consensus / decision making</td>
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<td>Flexibility, worst case scenario and strategy</td>
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<td>Appropriate approach</td>
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<td>Consistency, discussion level of participants specified</td>
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<td>Validation of methods used</td>
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<td>Agreed standards and indicators</td>
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<td>Monitoring trends and benchmark against comparator</td>
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<td>Priority for measurement (Yield / Yields)</td>
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<td>Publication of results</td>
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<td>Process and impact evaluation along with right leadership</td>
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Consultation Evaluation Framework

- **Representativeness of Participants** - stakeholder selection and weighting, participant role, actual representativeness, representative sampling

- **Participant Independence** - unbiased process, information interpretation, choice of experts, accessibility, readability and digestibility of information

- **Influence on Policy** - output of procedure impacting policy, legitimacy and accountability of decision making, consensus over the decisions

- **Process Transparency** - regulatory, publicity, auditibility, availability, accessibility, what point in the decision making process is input being sought? clarity of type of feedback
Consultation Evaluation Framework

- **Resources** - access to appropriate resources, time demands of exercise, required expertise, estimate costs and factor in uncertainties, detail physical requirements to conduct exercise.

- **Task Definition** - context, scope, aims, rationale for the exercise, consistency, competence, method validation.

- **Structured Decision Making** - approach selection, what are the standards and indicators? monitor trends and benchmark, budget considerations, ethical and confidentiality issues, responsibility for actions to mitigate problems, right leadership.

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Research Method

- Cross Comparison of Consultation Evaluation Frameworks
- Action Research: Local Primary Care Trust Consultation Case Study
- Web Document Analysis: Review of PCT Web Published Consultations
Engaged in a Review of Estates & Service Design of a local Primary Care Trust

Key goals:
• Improve access to services
• Reduced waiting times
• Prevention of urgent acute hospital admissions
• Support provision of care closer to home
• Providing better health for younger children and obesity prevention

Active engagement with:
• Community Service and Estates Review Programme Manager
• Associate Director of Communication Engagement
• Engagement and Involvement Manager
Local Primary Care Trust Consultation Case Study

- The final sample of individual public responses was over 1000 questionnaires, letters, emails and independently organised questionnaires and petition responses together with organisational letters representing groups.

- Content analysis and document analysis were used from two directions: the first perspective was from that of the respondents making comments; and the second was to direct those comments and align them with the Trust’s aims, proposals and evidence base. Qualitative comments were counted using detailed coding.
Local Primary Care Trust Consultation Case Study Methodology

To reduce error (3 x researchers data inputting, 2 x researchers applying codes to all questionnaires, and 2 x researchers reducing data and carrying out analysis)

- Input Questionnaire Data
  - Code Questionnaire Data (for Analysis 1&2)
    - Data Reduction and Grouping (for Analysis 1 & 2)
      - Inference, Analysis & Presentation (for Analysis 1 & 2)

Raw Questionnaire Data (electronic)

Physical Questionnaires N = 664

Analysis 1 - Overall
  - Care in one place and closer to home
    - Non-support
    - Neutral
    - Support

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Analysis 1 – Grounded analysis of public comments, to identify any additional aspects and ideas emerging from the data (either aims, proposals, justification or practical ideas), along with quantitative analysis of the questionnaires.

Analysis 2 – The alignment of public comments with strategic plans and proposals to provide a direct response and highlight positive and negative comments against strategic Trust’s aims and proposals and previous justification (extracted using document analysis from the Public Consultation Community Health Service Review document).

Analysis 3 – Involved in the document and content analysis of all letter responses, using coding to provide an overall view and site specific perspectives.
Research Method

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Web Document Analysis: Review of PCT Published Consultations

Investigate consultation exercises with regards to significant estates and service changes (149 PCTs in England)

Categorised based on legislative structure developed in line with Section 242 of the NHS Act 2006 (Rev.07)
(a) The planning of the provision of those services
(b) The development and consideration of proposals for changes in the way those services are provided
(c) Decisions-affecting the operation of those services

Further categorised and analysis based on
• Consultation type (estates, services, transport)
• Activity description
• Sampling method (size, frame, distribution)
Sample Method: Categorisation

- Questionnaire: 36%
- Email Feedback: 5%
- Telephone Survey: 5%
- Public Meetings: 9%
- Focus Groups: 11%
- PPI: 20%
- Forums: 11%
- Written Submissions & Comments: 6%
- Health Fairs and Events: 7%
Web Document Analysis: Findings

Consultation Categorisation

- **Transport**: 0%
- **Estates**: 38%
- **Services**: 62%

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Categorised PCTs having over 100 participants in consultations

- 50%: No of PCTs having 1 Consultation
- 30%: No of PCTs having 2 Consultations
- 20%: No of PCTs having 3 Consultations
- 0%: No of PCTs having 4 Consultations
Web Document Analysis: Findings

- Large variances in the level of information provided to the public for their comments. Some have detailed patient, carer, public involvement (PcPI) needs analysis and plans which facilitates the engagement process.

- Some consultations on specific building qualities (most frequent consultation issues are those relating to Master Planning).

- Concentration on specific services or estates - Not provided a broader region wide design strategy.

- More reliant on open meetings and board room minutes rather than more stakeholder engagement and targeted consultation events.
Web Document Analysis: Findings

• Worked with regulators such as DH and other agencies such as Healthcare for London to deliver broad consultation-Benefit from larger sample sizes however little data at local level

• Very few PCTs provided a response to the feedback received from the consultation and have indicated in detail how their plans have or have not changed due to the responses

• Some have used scenario planning approaches that enable the balancing of benefits, simulation, and realistic decision making on the basis of hypothetical decisions designed to highlight trade-offs between either different values (e.g. equity and equality) timescales (short term/long term) or priorities

• Some have used independent consultants to make an analysis of the effectiveness of pre, during and post consultation phases
Most have a stakeholder engagement strategy that broadly defines the principles and approaches taken to consultation, however, these have often not answered the more complex question of:

What importance does each stakeholder hold throughout the decision making process?

What should be the content of decision making?
Case Study: Liverpool PCT

In 2002, developed a new Model of Care to fundamentally shift the planning of local health services - Out of Hospital Strategy.

Organised in three phases:

• A self-completed questionnaire along with several visits to community groups and neighbourhood committees - Over 10,000 responses received, topics were generated for further investigation.

• Using the outputs of the first phase a deliberative event workshop was held with 150 participants to raise the issues of various trade-offs (not all services can be delivered in all localities) and also viability and affordability constraints.

• Four service attributes identified (using conjoint analysis for a sample of over 600 frequent users of primary care services). Enabled a quantification of the trade-offs.
Case Study: Liverpool PCT

• 13 focus groups with a variety of harder-to-reach groups, a multi disciplinary workshop for health and social care staff along with 3 road shows for health professionals

• Undertook accessibility planning

• Undertook a four-facet review of all the primary and community health care buildings- investigating physical condition, functional suitability, space utilisation and ability to meet statutory requirements.

• Developed a primary care infrastructure model based on space allocation data
Case Study: Trafford PCT

- Public consultation on inpatient beds at the Altricham General Hospital.

- Data were collected using consultation document response form. Quantitative analysis of the data using SSPS software was conducted using descriptive statistics such as frequencies and cross tabulations.

- Qualitative data from the open questions - reported using access queries, furthermore each response was analysed using thematic coding framework.

- Benchmarked against the Cabinet Office Guidelines using subjective grading.
Conclusion

• Wide and varied interpretations of how PCTs conduct public consultation

• Lack of a clear definition and guidance to determine when care, estates or transport structural change consultation should be conducted

• Definitive approach required to determine at what point of the infrastructure planning process should these be carried out

• Policies are driving consultation practice improvements, however, further tools and guidance is also needed

• Little empirical evidence that supports or refutes the hypothesis that consultation and public involvement can contribute to the quality of healthcare planning and delivery
Conclusion

- Studies making an evaluation of the involvement of stakeholders in the definition and assessment of value, suggest that the public are uncomfortable making resource allocation choices, however, others state that this is not the case when stakeholders are given sufficient time and adequate support and information.

- Very few Trusts are using the most advanced approaches to priority setting. Instead they are selecting to use measurement methods that may bias outcomes or samples that may be inadequate.

- Few Trusts appear to use modelling, simulation or visualisation tools (e.g. GIS). The stakeholder consultation practice would benefit from the utilisation of these tools and will also help to improve stakeholder judgement making.

- Lack of understanding on how stakeholder involvement should integrate with the business planning process.
Future Research

• What are all the stakeholder involvement approaches and methods that have been used by PCTs?

• How can stakeholder consultation processes be further defined and aligned with decision making processes?

• What are the detailed measures and analysis instruments that can be used to measure the success of stakeholder consultation?

• How can modelling, simulation and visualisation tools be used for the purpose of stakeholder consultation to better provide information and enable stakeholder judgements?

• How can a new consultation approach, process and method be developed and used to involve stakeholders in accessibility and transport infrastructure planning?
Thank-You!

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