

305: Who should be involved: Lay and professional perceptions of public involvement in the quality of healthcare delivery

Litva A., Canvin K., Gabbay M., Jacoby A., Bell P.

Objective:

To compare and contrast lay and professional perceptions regarding the policy of public involvement in Clinical Governance.

Method:

The study is located in a city situated in the North-west of England. In-depth interviews were used to explore 32 Primary Care Group (PCG) board members (professionals) perceptions while 10 focus groups were conducted with different types of lay informants (n=60) over a 12-month period. All interviews and focus groups were tape recorded and transcribed verbatim. A coding framework was developed by the team which was then applied independently by two researchers.

Results:

The professional sample recognised the need to share performance reports with the public but were concerned about which indicators would be used. The entire lay sample felt that the role of the public in assessing quality requires an individual who would oversee the production of the performance reports or clinical audits and ensure complete public access. Many of the professionals in the sample saw a clearer role for the public in the 'learning and sharing ideas' aspect of clinical governance. The lay informants felt that this was a key component to policies aimed at improving the delivery of local healthcare. The majority of the lay sample was uncertain about their role except for the lay informants in the health interest groups who felt strongly that they had a very clear role. It was their experiences of poor care that could identify areas of educational need. Dealing with poor performance was one of the more sensitive aspects of clinical governance and was reflected in the uncertainty expressed by the professional sample. The complaints procedure was viewed as the key role for users with the professionals indicating that it was important for patients to complain about poor treatment as it helped to identify a problem. The lay informants indicated that the public already knew who the underperforming practitioners were and any reports would just confirm these impressions. They still wanted access to information about underperforming practices or healthcare providers. The lay sample did not feel that they should be actively involved in reporting on poor or underperformance. Instead they identified the need for an overseer who ensured that all issues were dealt with openly and in a way that was acceptable to the general public. Overall the professional sample spoke in terms of 'consulting' with patients, usually via a patient forum. However, they indicated that one of the problems they faced was that they were only getting access to people, usually via a Patient Forum, who had 'vested interests'. This was highly undesirable and deprived them of the more 'citizen based' or representative view of the wider population. Overall the lay informants perceptions of public involvement in clinical governance centred upon individual consumption with increased public access to clinical audits and performance reports and lay-overseers to ensure that quality issues were being dealt with. With regards to the production of healthcare, they felt that those directly involved in health quality issues should be users with previous experience, particularly poor experiences, with the healthcare system.

Conclusions:

Both lay and professionals supported involvement in the quality of healthcare but in different ways. The professional sample primarily focused on gaining input from a representative sample of 'citizens' who were devoid of personal agendas. The lay sample however, said that individually they wanted information in order to be able to get access to the best healthcare possible. They desired 'lay overseers' who could monitor the quality production of healthcare for the rest of society. This study suggests that there is a significant gap in perceptions regarding who and how the public should be involved that could greatly hinder success in the implementation of public involvement in the quality of healthcare.