

159: INVOLVING THE PUBLIC IN DECISION MAKING: USING A RESIDENT'S PANEL TO INFLUENCE THE PRIORITIES OF THE ELLESMERE PORT AND NESTON PRIMARY CARE GROUP

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Objective:

The importance of involving the public in the NHS and more specifically in decision-making in the NHS has steadily grown. More recently, the new *NHS Plan*¹ has given an even higher priority, and in fact mandated public involvement in all NHS Trusts including Primary Care Trusts (PCTs). This presentation reports on a project, in which a particular method of public involvement was set up for a specific purpose in a single Primary Care Group (PCG). The 'Resident's Panel' involved typical residents of the Borough of Ellesmere Port and Neston in a series of meetings to find out their thoughts and opinions with regard to the health priorities of the local PCG.

Methods:

Although the project was set up within particular time and budgetary constraints, it was decided that a deliberative approach would yield the breadth and depth of information required. Other deliberative approaches were considered but found unsuitable for the local circumstances, so the 'Resident's Panel' was designed to meet project objectives and local needs. It can best be described as a 'serial focus group' with participants meeting for a series of seven, two-hour facilitated discussions. The term 'serial focus group' is appropriate because although focus groups have been used to 'focus' on specific topic areas, typically individuals formulate views and opinions on the NHS via what they see and read in the media, and are often unaware of the constraints governing decision-making. In the light of this it was felt appropriate to use the first two meetings of the panel to furnish the participants with background information and some explanation as to how decision making takes place in the UK health system, thus enabling them to come to a better informed decision. All of the meetings were recorded, transcribed and observed. Participants also had the option of inviting 'experts' to meetings to discuss particular topics or issues that arose from their reading or previous discussions.

Results:

Thematic analysis of the transcripts of the meetings revealed five main messages for the PCG: Disease Prevention, Health Improvement, More Joint Working, Better Use of Resources and Involving Local People. These have significant implications for the PCG as it moves towards potential PCT status in April 2002. One measure of the success of the project has been the extent to which these themes are represented in its organisational and strategic plans.

Conclusion:

As a methodology, the Resident's Panel was successful on a number of counts but also suffered from the failings common to other deliberative methods that use an unrepresentative group of people. It was found to be generally fit for the intended purpose and quite cost effective. It has provided the PCG with useful information, and the panel members with a sense of real involvement and an opportunity for their voices to be heard. Although the main thrust of the panel's recommendations remained fairly constant, the final list was certainly more considered than it would have been after only one meeting. This is consistent with previous research in which, Dolan et al² found that: "...the public's views about setting priorities in health care are systematically different when they have been given the opportunity to discuss the issues." The method could be useful for a wide range of topics, from very broad to very specific, and not only health-related topics. Recruitment of an appropriate panel would need to be considered on a case by case basis. It was also felt that the method would be useful either as a means of gathering a 'public view' or coming to specific decisions, again taking into account the issue of representativeness.

References:

¹ Department of Health. *The NHS plan: a plan for investment, a plan for reform*. London, The Stationery Office, 2000

² Dolan P. et al. Effect of discussion and deliberation on the public's view of priority setting in health care: focus group study. *BMJ* 1999; 318: 916-919