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Centre for Health Services Studies

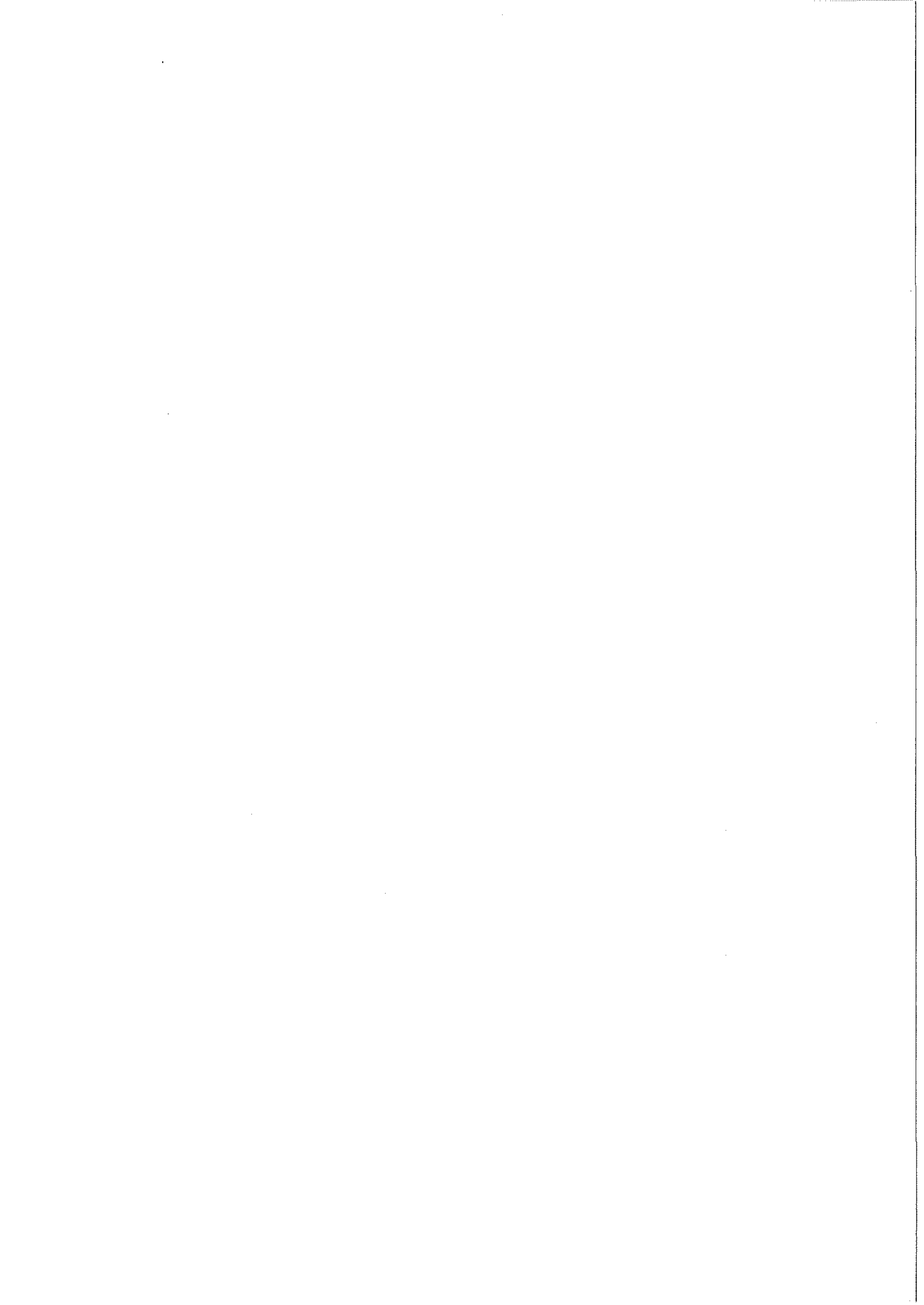
BROMLEY HEALTH'S *PUBLIC AWARENESS RAISING TOOL (PART)*

AN EVALUATION

Timothy Milewa
and Justin Valentine

February 1996

UNIVERSITY OF KENT
AT CANTERBURY



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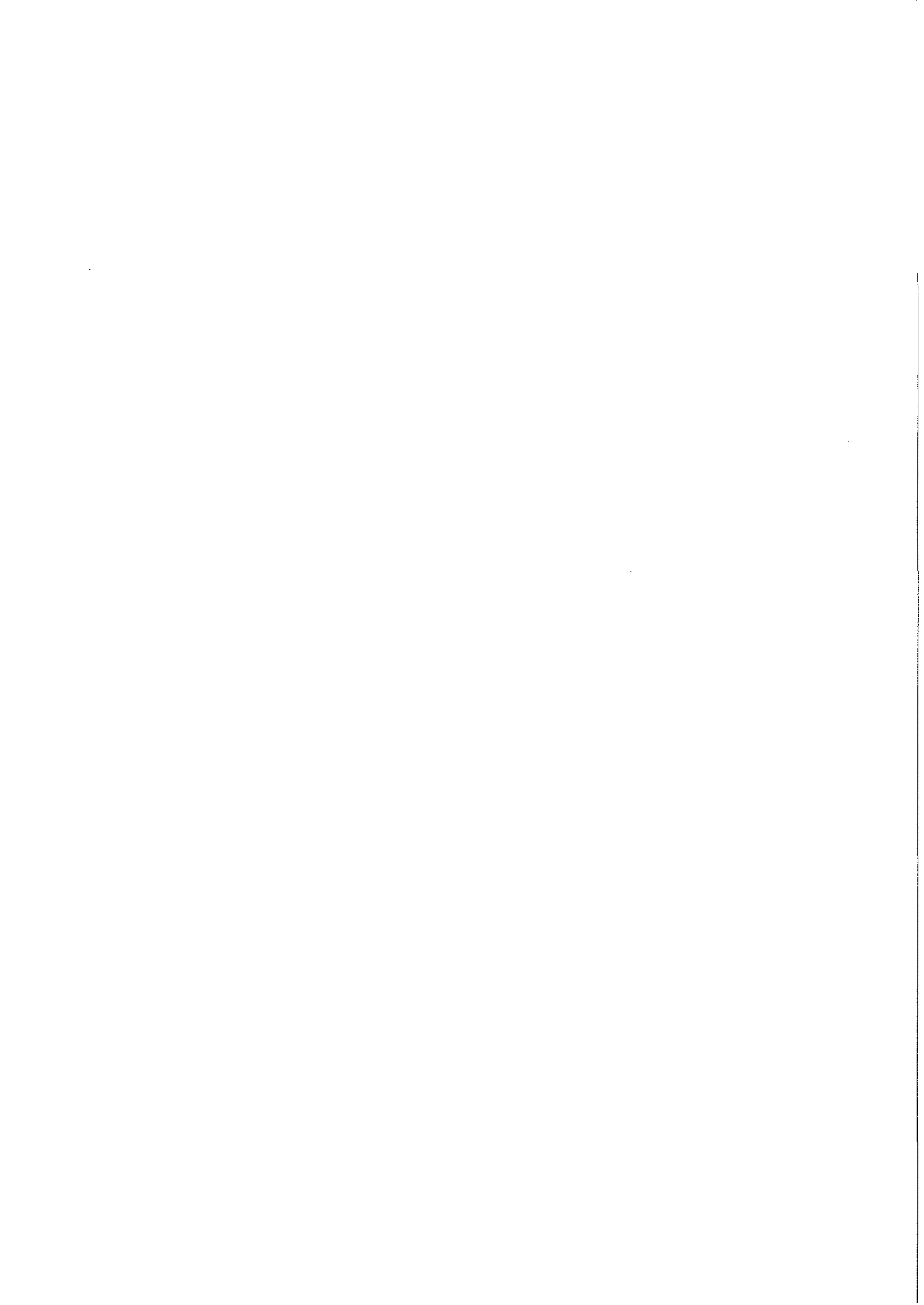

SUMMARY

Overview

The progress of the *PART* project towards its four objectives has been considered in the light of data from 61 *PART* sessions involving 552 participants, 117 completed postal questionnaires (100 from "public" participants and 17 from *Bromley Health* staff); 424 participant feedback forms (401 completed by members of the public and 23 returned by *Bromley Health* staff) and 25 interviews (10 with public participants and 15 administered to *Bromley Health* staff). In overall terms the initiative is achieving the processes central to its objectives - in particular, raising awareness of *Bromley Health* and its role among *PART* participants and stimulating debate within *PART* sessions. The third objective - an exploration of *PART*'s ability to capture the views and values of participants about specific purchasing dilemmas - is being achieved to a certain extent but this may reflect the possibility that the dilemmas chosen for debate are more likely than others to generate the expression of views and values. The fourth objective of *PART* - to contribute to *Bromley Health's* organisational development by fostering an increased appreciation of local involvement and greater awareness of health issues - has largely been achieved in relation to those personnel involved with the project. Some issues for future consideration at a strategic level, if *PART* were to be used to collect views for use in management decision-making, rather than just raising awareness, include - *(i)* the size and representativeness of the audience which *PART* is reaching in relation to the population of Bromley and *(ii)* a possible development of the project's emphasis upon process to one based also on outcomes which allow the use of some of the data generated by the tool.

a) <u>Objective 1</u> *To raise levels of awareness of Bromley Health, its role as a commissioner and how that relates to local health care provision*

Key findings

i) Most *PART* participants exhibited little or only some prior knowledge of *Bromley Health*, its role as a commissioner and its relationship to local health care provision with regard to hospitals.

ii) Participation in *PART* was largely successful in raising the awareness of participants of *Bromley Health* and its role.

iii) Interviewees from groups who undertook the *PART* exercise indicated that their groups did not discuss collectively the experience in great detail afterwards. In four cases though there were informal *ad hoc* or one-to-one discussions and in two cases short reports for newsletters were prepared.

Progress towards objective 1

Data from questionnaires, feedback forms and interviews show that the *PART* initiative was largely successful in raising levels of awareness among individual participants of

Bromley Health, its role as a commissioner and how that relates to local health care provision. There is however little evidence to suggest that this raised awareness extended very far beyond individual participants.

Comment

Bromley Health might consider whether the *PART* objective concerned with raising awareness of the organisation and its role might be complemented by attempting to address simpler messages to a larger proportion of the population (at present about one third of one percent, or 0.33% of Bromley's population, have been reached).

b) **Objective 2** ***To generate an informed debate and discussion around the need to prioritise within the context of a finite budget, effectiveness, appropriateness and value for money.***

Key findings

i) Participants were usually willing and able to engage in debates concerning priorities.

ii) Participants, when discussing the relative importance of different treatments, tended first to concentrate upon these treatments they thought of lesser importance and offered many reasons in support of their views. Treatments deemed more important attracted a smaller amount of reasons in support.

iii) The number of reasons offered in relation to arguments against gender reassignment and tattoo removal indicate a willingness by participants to debate vigorously some issues within the context of the *PART* groups.

Progress towards objective 2

The willingness of respondents to engage in debates about priorities within the context of a finite budget was relatively high at *PART* meetings. Beyond these forums this enthusiasm appeared to take the form of a general, not uniformly focused, interest in the receipt of relevant information from *Bromley Health.*

Comment

Were *Bromley Health* to use *PART* meetings to inform decision-making as well as to raise public awareness it might consider selecting a small number of topics for consideration by forums similar to those convened for *PART.*

c) **Objective 3** ***To explore the capacity of this method to capture the views and values of residents on the above {objective 2} using specific examples of purchasing dilemmas***

Key findings

i) There appeared to be a significant interest among participants in making their views known about the specific purchasing dilemmas associated with *in vitro* fertilisation.

ii) The headings that can be used to categorise the views of *PART* participants in relation to some types of treatment are potentially subjective and may vary between different types of treatment.

iii) There is no obvious justification for attaching greater importance to some types of reasons offered by *PART* participants for and against certain types of treatment than to other types of reasons. Reasons for or against specific types of treatment that are offered by *PART* participants reflect but do not inherently resolve purchasing dilemmas.

iv) One possible limit on the degree to which the PART tool itself has been *tested* for its ability to capture views centres upon the representativeness of participants with regard to the wider population of Bromley. In this respect it can be seen that *(a)* The age distribution of *PART* participants shows some comparability with that of Bromley as a whole; *(b)* the number of male *PART* participants is disproportionately low in comparison to that in Bromley as a whole and *(c)* the *PART* exercise tends to be undertaken by members of the public inclined to belong to voluntary and community associations.

Progress towards objective 3

The *PART* approach is able to capture the views and values of participants in relation to priorities within a finite budget with regard to the issue selected for in-depth debate in group meetings - *IVF*. Two qualifications arise though. The degree to which the tool has been tested on a group of participants representative of local residents is in doubt in relation to sex and membership of voluntary groups. Secondly, treatments other than *IVF* may not excite a similar breadth and depth of comment.

Comment

The issue of representativeness will become significant if *Bromley Health* changes the emphasis in *PART* from *process* to *actionable outcomes.* In the event of such as a change a more rigorous selection of participants would be necessary in order to test the tool on a more representative sample of participants.

d) **<u>Objective 4</u>** ***To contribute to {Bromley Health's} organisational development by bringing staff and public together to promote not only increased awareness of local health issues, but also a mutual recognition of the value of local involvement***

Key findings

i) Staff attitudes to the *PART* initiative were generally positive.

ii) Directly critical references to *PART* concerned the degree to which facilitating or note taking were truly voluntary.

iii) The staff who were interviewed perceived *PART* as a project owned by and generally beneficial to the organisation as a whole.

iv) Three interviewees suggested that *PART* might act as a basis for the development of a more focused and less extensive approach that would link more directly to decision making in the organisation.

Progress towards objective 4

As a result of the *PART* initiative, there was a tendency among staff and members of the public to value local involvement in addition to an increased awareness of local health issues.

Comment

A wide spectrum of staff within *Bromley Health* understand and support the objectives of *PART*. This is central to a sense of corporate ownership with regard to the initiative and relevant to the issue of organisational development. If these aspects of *PART* are to be maintained and developed it is important than any decisions on the future direction of the initiative be preceded by consultation on possible options with as wide a range of personnel as possible.

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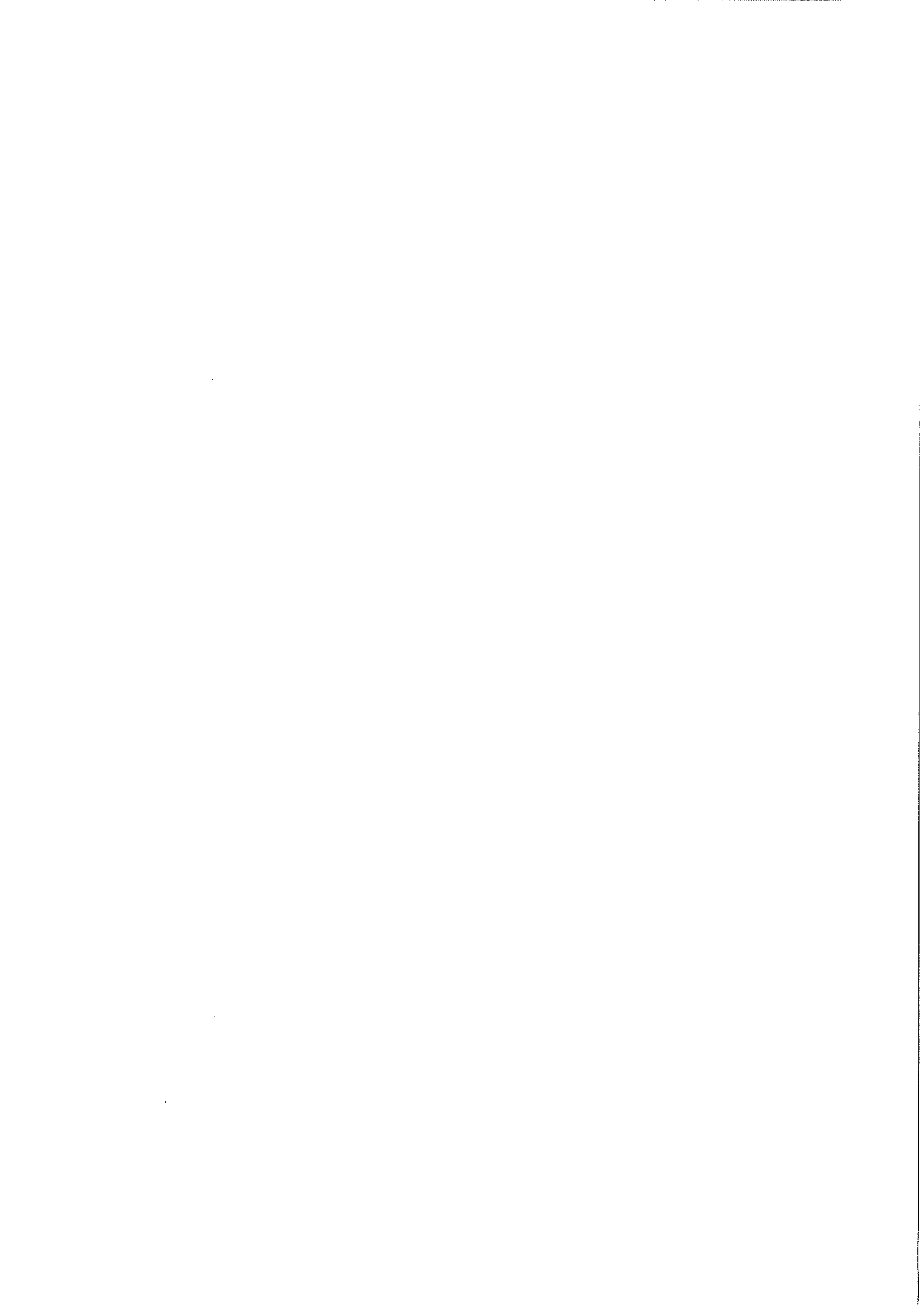

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Acknowledgements

The time and help of all those interviewed in the course of the evaluation is gratefully acknowledged. Ms Jacqui Barker, Mr Ben Gurney and Mr Matt Medhurst of *Bromley Health* were particularly helpful in facilitating the research, commenting upon proposed elements of the evaluation and providing data - their help is greatly appreciated.

1.0 INTRODUCTION

1.1 Debates about health care: public awareness and local views

Expenditure on health care in the United Kingdom rose almost 50% faster than the country's gross domestic product between 1973 and 1993. This encompassed a "real" increase in outlay of 20% between 1989 and 1993. Although there has been an increase in the use of private health care, public money still accounted for 85% of expenditure on health in 1995[1]. Concurrently the principle of a universal health service "free" at the point of delivery continues to enjoy popular support. In a nationally representative survey in 1993 75% of respondents were against means-testing and private medical insurance as a replacement for the "free" National Health Service. Approximately 45% of respondents selected health as a priority for extra funding over nine other areas of public expenditure[6].

The government has attempted to contain costs while meeting some of these public expectations through, among other mechanisms, the devolution of fixed budgets to geographically defined health authorities[2]. The health authorities' principal role is to purchase health care for their local populations from public and private providers - often hospital "trusts". Not all expressed demand for services purchased by health authorities can be met. Consequently, choices often have to be made about *i) which particular services or treatments to buy and how much money to allocate to them ("purchasing priorities")* and *ii) which individuals or groups within the local public should be given access to particular services or treatments and in what order ("eligibility criteria").*

In the wake of the division of health authority "purchasers" and health service providers the government has been concerned to ensure that local people contribute to debates about these choices. In 1992 the *National Health Service Management Executive* - reflecting a political concern to ensure that health authorities became "champions of the people" - identified a number of techniques to facilitate "local advice to purchasers"[3]. These included focus groups, rapid appraisal exercises, public opinion surveys and other instruments. More recently the *Priorities and Planning Guidance for 1996-97* requires health authorities to place greater emphasis upon "the influence of users of National Health Service services and their carers"[4].

Guidance upon which members of the public or "users" to engage, which issues should be discussed and how the information derived should be incorporated into purchasing decisions has however been opaque. The extent to which "ordinary" members of the public are sufficiently aware of salient issues, parameters and options in the purchasing process is also unclear. Such an awareness is however fundamental to any mutually informed dialogue between health authorities and local populations with regard to priorities and eligibility in the provision of health care. In this respect, *Bromley Health*, a joint commissioning agency, has developed a programme to gauge public awareness, stimulate a dialogue with the public and assess the utility of information derived from the process.

1.2 The *Public Awareness Raising Tool*

In 1993 *Bromley Health's* public consultation on a five-year health and health care purchasing strategy revealed a lack of public awareness about the organisation's role in the purchasing (commissioning) of health care. Accordingly a qualitative study was conducted in 1994 to guide the development of an approach that would promote a more informed dialogue with the local public. Six discussion groups, whose composition reflected the socio-demographic characteristics of Bromley, were convened. The facilitated discussions encompassed a range of issues which included awareness of *Bromley Health's* role; the funding of health care; the need to prioritise some services over others and the involvement of local people in making related decisions. The principal findings reiterated the low level of awareness of *Bromley Health's* role among participants, revealed their willingness to discuss the suggested issues but also their reluctance to become involved in formal and detailed decision-making. Respondents were however keen that they be given the opportunity to express their views and that they should be informed on issues such as budgets and costs[5].

Upon the basis of these results and the method employed, a structured but flexible interactive and information-giving approach was developed for use with a wide variety of groups, associations and forums in Bromley through most of 1995. This *Public Awareness Raising Tool (PART)* is intended to raise awareness of the commissioning process in the context of a finite budget and to generate discussion on related issues and examples of purchasing dilemmas. There are four specific objectives -

i) To raise levels of awareness of *Bromley Health*, its role as a commissioner and how that relates to local health care provision.

ii) To generate an informed debate and discussion around the need to prioritise within the context of a finite budget, effectiveness, appropriateness and value for money.

iii) To explore the capacity of this method to capture the views and values of residents on the above using specific examples of purchasing dilemmas.

iv) To contribute to {*Bromley Health's*} organisational development by bringing staff and public together to promote not only increased awareness of local health issues, but also a mutual recognition of the value of local involvement.

The project's progress has been the subject of an external evaluation.

1.3 The evaluation

Bromley Health commissioned an evaluation of *PART* by the *Centre for Health Studies*, University of Kent, in late 1995. The objectives of the *PART* initiative were reflected in the agreed guidelines for the evaluation -

i) To consider the efficacy of the discussion group method in raising public awareness of *Bromley Health's* role and relationship to health care provision and in generating informed debate around related issues.

ii) To consider the impact of the discussion group method upon organisational sensitivity to issues raised by the public.

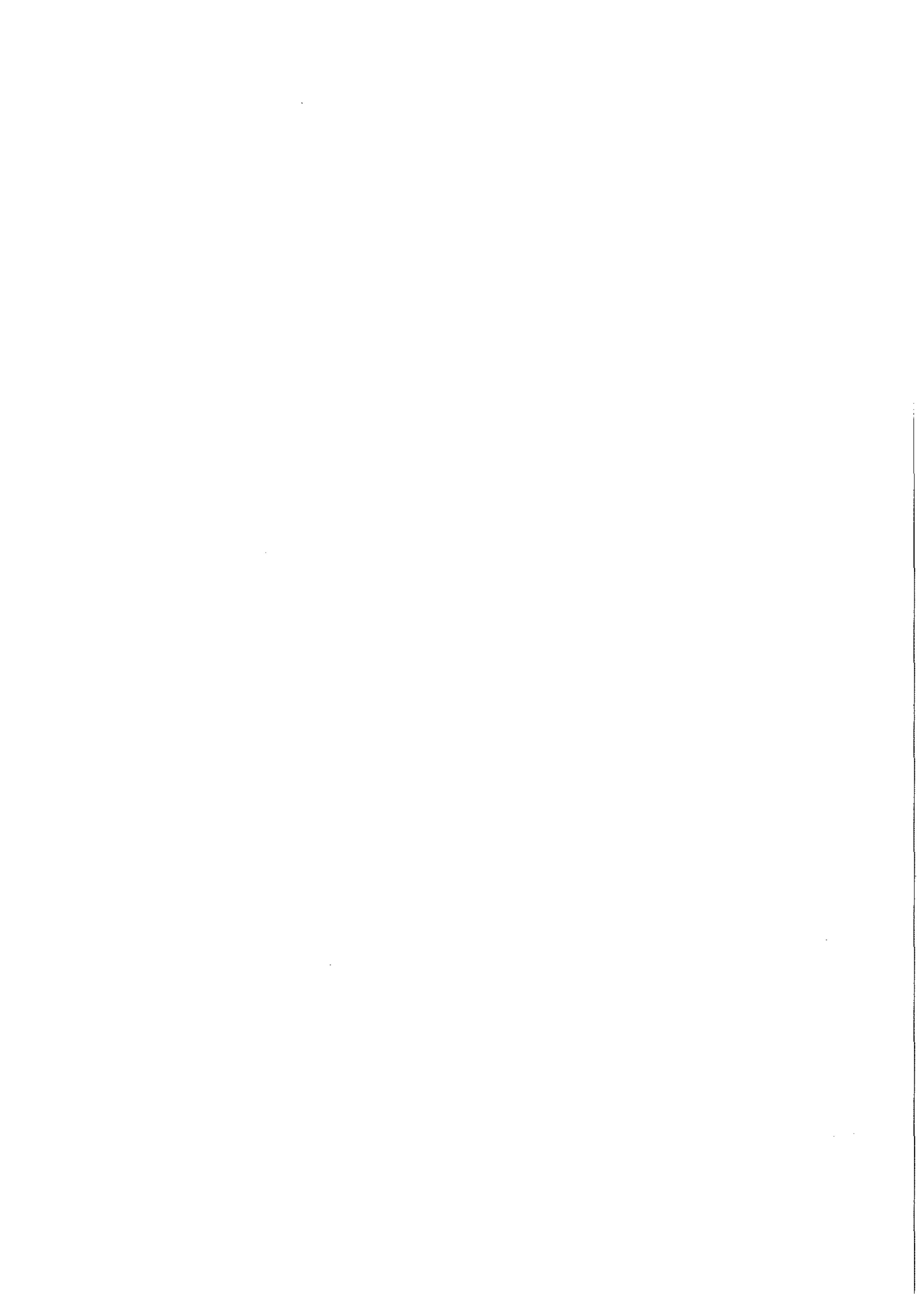
iii) To consider the nature and utility of the data gathered via the discussion groups.

iv) To consider the means by which *Bromley Health's* approach to engaging the public might be further improved.

The fieldwork for the evaluation was conducted in November and December 1995 and the analysis of data and preparation of this report in January and February 1996.

1.3.1 This report

This report is in six parts. The introduction and background in this opening section is followed in part two by a description of the methods used in the course of the evaluation. Parts three, four, five and six consider the results of the evaluation against each of the four *PART* objectives in turn. Selected findings and conclusions are drawn together in part seven.



2.0 METHODOLOGY

2.1 *PART* database

Each *PART* meeting was facilitated and simultaneously annotated on the basis of a uniform set of questions and stimuli cards designed to prompt discussion. Data that arose from meetings fell into four categories. Firstly, *(i)* under each topic of discussion, a note was made of whether participants made direct reference to issues or comments identified beforehand by *Bromley Health* as potentially significant. These comments included, for example under the theme of *in vitro* fertilisation, phrases such as "Moral issue/right to have children", "Should be provided in accordance with formal criteria" and "IVF should be provided as a last chance only". A second *(ii)* type of data encompassed what were seen by note takers and facilitators as significant remarks that did not fall into the *a priori* categories of comment. In a discussion of a change in emphasis from secondary to primary care it was, for example, noted that one or more participants had commented to the effect that the change would entail a "Massive public relations issue". The third *(iii)* type of data reflected the personal impressions of note takers and facilitators about general group attitudes. Note takers were for example asked to record whether groups showed "No awareness", "Some Awareness" or a "High Awareness" of *Bromley Health's* existence. The fourth *(iv)* type of data was more numerical, such as when participants were asked to "vote" on whether *Bromley Health* should purchase *in vitro* fertilisation.

All four types of data were transferred to a digitised *Excel* spreadsheet database by *Bromley Health*. For the purposes of the evaluation data that arose from 40 groups' involvement in the *PART* exercise was extracted and converted to a format suitable for analysis via *SPSS PC+* . Some of these groups were divided in two for the easier application of the exercise - the data therefore encompassed 61 *PART* sessions that involved 552 participants.

2.1.1 *PART* feedback data

At the end of each *PART* meeting participants were asked to complete a feedback form. The 61 *PART* sessions generated 424 feedback forms from a potential of 552, a response rate of 76.8%. Data from the feedback forms was also recorded on the *Excel* database and transferred to an *SPSS PC+* format.

2.2 Interviews

Results from analysis of the database were augmented and contextualised by 25 tape-recorded and transcribed interviews. Fifteen semi-structured interviews were conducted with *Bromley Health* staff who had either facilitated, annotated or participated in *PART* sessions (*Appendix A*). The interviewees were selected to reflect the differences in organisational role and seniority of those *Bromley Health* personnel involved in the *PART* meetings. A further 10 non-standardised interviews were

conducted with public participants. These individuals had liaised with *Bromley Health* in negotiations to secure the participation of their respective community, voluntary or professional groups (*Appendix B*).

2.2.1 Postal questionnaire

A postal questionnaire for *PART* participants was developed and piloted on ten of the respondents to whom interviews had been administered (*Appendix C*). Twenty such questionnaires were subsequently sent to *Bromley Health* staff who had been *PART* participants - they were once again selected on the basis of their backgrounds and levels of seniority. Seventeen (85%) of the questionnaires were returned.

The names and addresses of all those members of the public who had participated in the *PART* meetings had not been kept on the database now in the possession of the investigators but those of the relevant contact persons for each group had. To ensure that no ethical or legal guidelines were infringed with regard to data protection, *Bromley Health* approached as many contact persons as possible in the time available to secure their permission to receive a communication from the investigators. Ten contact persons were reached in this way - in addition to the ten contact persons who had acted as interviewees. These 20 individuals represented groups who had accounted for 241 individual attendances at *PART* sessions. Nineteen contact persons agreed to circulate the postal questionnaires to the members of each of their groups. This resulted in 100 (41.49%) returned questionnaires.

This last response rate reflected four factors. As noted, the investigators had not been able to approach directly more than ten of the contact persons. Secondly most of the contact persons circulated the questionnaires at the first available meeting of their groups but the Christmas season delayed such opportunities in a number of cases. In combination with the practicable amount of time that had to be given to each contact person and the research timetable, these factors meant that the analysis of results had to begin when only a small number of telephone reminders had been made in connection with the return of questionnaires.

3.0 RAISING AWARENESS OF *BROMLEY HEALTH* AND ITS ROLE

3.1 The *PART* objective

Earlier research by *Bromley Health* suggested that local residents often had a limited awareness of the organisation and its role. One objective of the *PART* programme is therefore *"to raise levels of awareness of Bromley Health, its role as a commissioner and how that relates to local health care provision"*. This objective was understood by the 15 interviewees affiliated to *Bromley Health* although 7 of these interviewees, including those at the most senior level, thought that the objectives of PART were both to inform the public *and* to obtain their views. Interviews with 10 contact persons from "public" groups who had participated in the *PART* sessions suggest a general but not total understanding of this objective among those who took part. Seven respondents mentioned awareness raising or "education" directly, 5 of whom also made reference to the collection by *Bromley Health* of local views. Three other respondents referred only to the collection of local views by *Bromley Health.* One respondent typified the general understanding of the *PART* objective concerned with awareness raising -

> *I think it's a two-way thing. Partly, they want people in the area to be aware of what's happening - especially as there have been so many changes in the health service recently - and partly they want to know what people are thinking about them.*
>
> (pi2: 1)

This misunderstanding about PART's objectives might suggest either that PART's objectives have changed from an initially-ambitious information-gathering objective, or that facilitators have implicitly allowed participants to believe that their views were being fed into management decisions to avoid the risk of antagonising the group.

> ***Question:*** *And did you get the impression that Bromley Health would go away and use the information it gathered at the meeting in any way?*
>
> *Yes, I think they emphasised that the object of the exercise was to get the views of people and to feed it into the appropriate management.*
>
> (pi10: 1)

Some indication of the degree to which the levels of awareness changed as a result of taking the *PART* exercise can be seen in a comparison of the perceived awareness of participants at meetings and that reported afterwards by respondents in feedback forms and postal questionnaires.

3.2 Awareness of participants at *PART* meetings

Note takers, in consultation with facilitators, were asked to give their impressions of the degree to which *PART* groups were aware of *"Bromley Health* as an organisation".

Excluding the four *PART* sessions for *Bromley Health* staff, 54 out of a possible 57 impressions were returned. These suggested that 20 (37%) of groups showed no awareness of *Bromley Health*, 31 (57.4%) had some awareness but only 3 (5.6%) exhibited a high awareness of the organisation (*Table 3a*). Of the 20 groups who made comments analogous to those on *Bromley Health's a priori* "checklist", some or all participants in 7 had heard of *Bromley Health*, those in 9 groups were unclear about its role and it was suggested that respondents in 4 were not able to distinguish between the organisation's role and that of hospitals.

Note takers also reported on general levels of awareness with regard to *Bromley Health's* commissioning role - they reported on 51 out of the 57 public groups. Twenty-one (41.2%) groups exhibited no awareness of the commissioning role, 19 (37.2%) some awareness and 11 (21.6%) showed a high level of awareness. Of the 16 groups whose members made comments similar to those in *Bromley Health's* checklist 8 tended to exhibit confusion over the division between health service providers and purchasers but 8 appeared to be aware of this relationship.

These results suggest that **most *PART* participants exhibited little or only some prior knowledge of *Bromley Health*, its role as a commissioner and its relationship to local health care provision with regard to hospitals.** In this respect the subjective impressions recorded by the *note takers* during the *PART* meetings are not directly comparable to those reported by *participants* after the sessions. An indication of the extent to which participants felt their level of awareness changed as a result of the *PART* sessions can however be gained from data collected through feedback forms, postal questionnaires and interviews.

3.2.1 Changes in levels of awareness

Respondents were asked to comment upon the impact of attendance at the *PART* meetings on their awareness of *Bromley Health* generally in a postal questionnaire and upon its commissioning role in meeting feedback forms.

At the general level respondents were asked to respond to a statement that they had "*a greater awareness of the activities and decisions undertaken by Bromley Health*" as a result of attendance at *PART* meetings. In overall terms more than 85% of respondents strongly or mildly agreed with the statement and nearly 7% strongly or mildly disagreed. The corresponding figure was a little lower for *Bromley Health* staff - just over 82% of this group tended to agree - but slightly higher at 86% for the 100 public respondents (*Table 3b*). Both men and women in the "public" groups tended to agree with the statement - 89.7% and 85.5% respectively (*Table 3c*). There was however a relationship between age and the propensity to agree. Among respondents aged 16-34 years 70% agreed, rising to 85% for those aged 35-54 through 88% for those aged 55-74 to nearly 94% for respondents aged 75 years or over (*Table 3d*). The meetings thus appeared to be more informative for those in the older age groups.

More specifically respondents were asked to indicate on feedback forms whether they had discovered anything "that they did not already know" about *Bromley Health's* "role in providing health care". Over 300 (71.2%) of the 424 respondents

indicated that they had learnt something and slightly over 25% replied that they had not. These figures were comparable with responses by those not affiliated to *Bromley Health* (*Table 3e*). In this particular group though there was a parabolic relationship between the age bands and responses of "Yes". Nearly 86% of those aged 16-34 years and 80% of those aged 75 years and over responded positively. The figures for those aged 35-54 and 55-74 years were considerably less at 69.4% and 70.1% respectively (*Table 3f*).

The feedback forms also asked participants whether they had learned anything about the contracting process for health services between *Bromley Health* and health care providers such as hospitals. Over 70% of respondents indicated that they had and a quarter signalled that they had not. The figure for groups not drawn from *Bromley Health* itself were comparable with these proportions - 73.3% and 22.7% respectively (*Table 3g*). Once again those aged 16-34 years or over 74 years were more inclined to respond positively. Their respective "Yes" percentages were 78.6% and 88.9% compared to figures of 67% and just under 72% for the 35-54 and 55-74 years age bands (*Table 3h*).

These figures suggest that **participation in *PART* was largely successful in raising the awareness of participants of *Bromley Health* and its role.** The interviews with 10 respondents whose groups undertook the *PART* exercise give some indication of how this awareness manifested itself. Most notably, all of but one of the respondents made unprompted references to the cost of treatments revealed at *PART* meetings and several recalled discussions on *in vitro* fertilisation and terminations -

> *What we learnt that was definitely new were the actual cost of things. Costs of particular operations and how the budget is set up in this area. That sort of thing, I think, we were not aware of it in the detail that it was given to us.*
>
> (pi1: 3)

> *I think the consensus of the meeting was that infertility treatment should be limited to certain ages and I think there were certain individuals there, myself included, who felt this should be given very low priority.*
>
> (pi10: 2)

Interviewees from groups who undertook the *PART* exercise indicated that their groups did not discuss collectively the experience in great detail afterwards. In four cases though there were informal *ad hoc* or one-to-one discussions and in two cases short reports for newsletters were prepared -

> *Follow-on? Not really, no. I did put together a piece for the newsletter...and I passed that round the people who attended and there wasn't very much added to it. So it's very much a matter of information to our other members who weren't there.*
>
> (pi8: 5)

Data from questionnaires, feedback forms and interviews show that the *PART* initiative was largely successful in raising levels of awareness among individual participants of *Bromley Health*, its role as a commissioner and how

that relates to local health care provision. There is however little evidence to suggest that this raised awareness extended very far beyond individual participants.

3.3 Comment

The *PART* project has been largely successful in raising awareness of *Bromley Health* and its role among participants but there is little evidence of an impact beyond these individuals. On average between 13-14 people attended the first 40 applications of *PART* - a total of 552 individuals whose membership, in most cases, of voluntary or community groups suggested a pre-disposition to take an interest in "public issues". The number of such groups in Bromley is obviously finite. Against this background ***Bromley Health*** **might consider whether the** ***PART*** **objective concerned with raising awareness of the organisation and its role might be complemented by attempting to address simpler messages to a larger proportion of the population.**

Table 3a Note taker impressions of awareness of *Bromley Health* exhibited by *PART* groups composed of public participants (n=54)

No Awareness	*Some awareness*	*High awareness*
20 (37%)	31 (57.4%)	3 (5.6%)

(*PART* database)

Table 3b Increased awareness of *Bromley Health*
"I have a greater awareness of the types of activities and decisions undertaken by Bromley Health as a result of attending the PART meetings"

Category (n=)	*Strongly Agree*	*Mildly Agree*	*Undecided*	*Mildly Disagree*	*Strongly Disagree*	*Blank*
Public (100)	38 (38%)	48 (48%)	7 (7%)	1 (1%)	5 (5%)	1 (1%)
Bromley Health (17)	8 (47%)	6 (35.3%)	1 (5.9%)	1 (5.9%)	1 (5.9%)	
All (117)	46 (39.3%)	54 (46.2%)	8 (6.8%)	2 (1.7%)	6 (5.1%)	1 (0.9%)

(Postal survey)

Table 3c Increased awareness of *Bromley Health* by sex of public participants
"I have a greater awareness of the types of activities and decisions undertaken by Bromley Health as a result of attending the PART meetings"

Sex (n=)	*Strongly Agree*	*Mildly Agree*	*Undecided*	*Mildly Disagree*	*Strongly Disagree*	*Blank*
Male (29)	14 (48.3%)	12 (41.4%)			3 (10.3%)	
Female (69)	24 (34.8%)	35 (50.7%)	7 (10.1%)	1 (1.5%)	2 (2.9%)	

(Postal survey)

Table 3d Increased awareness of *Bromley Health* by age of public participants
"I have a greater awareness of the types of activities and decisions undertaken by Bromley Health as a result of attending the PART meetings"

Age, years (n=)	*Strongly Agree*	*Mildly Agree*	*Undecided*	*Mildly Disagree*	*Strongly Disagree*	*Blank*
16-34 (10)	2 (20%)	5 (50%)	1 (10%)	1 (10%)	1 (10%)	
35-54 (20)	4 (20%)	13 (65%)	3 (15%)			
55-74 (52)	23 (44.2%)	23 (44.2%)	3 (5.8%)		3 (5.8%)	
75+ (16)	9 (56.3%)	6 (37.5%)			1 (6.2%)	

(Postal survey)

Table 3e Increased awareness of *Bromley Health's* role in providing health care

Category (n=)	*Yes*	*No*	*Blank*
Public (401)	295 (73.6%)	91 (22.7%)	15 (3.7%)
Bromley Health (23)	7 (30.4%)	16 (69.6%)	
All (424)	302 (71.2%)	107 (25.2%)	15 (3.6%)

(Feedback form)

Table 3f Increased awareness of *Bromley Health's* role in providing health care by age of public participants

Age, Years (n=)	*Yes*	*No*	*Blank*
16-34 (84)	72 (85.7%)	12 (14.3%)	
35-54 (85)	59 (69.4%)	22 (25.9%)	4 (4.7%)
55-74 (127)	89 (70.1%)	34 (26.8%)	4 (3.1%)
75+ (45)	36 (80%)	7 (15.6%)	2 (4.4%)

(Feedback form)

Table 3g Increased awareness of the contracting process for health services between *Bromley Health* and providers

Category (n=)	*Yes*	*No*	*Blank*
Public (401)	294 (73.3%)	91 (22.7%)	16 (4%)
Bromley Health (23)	4 (17.4%)	19 (82.6%)	
All (424)	302 (71.2%)	107 (25.2%)	15 (3.5%)

(Feedback form)

Table 3h Increased awareness of the contracting process for health services between Bromley Health and providers by age of public participants

Age, Years (n=)	*Yes*	*No*	*Blank*
16-34 (84)	66 (78.6%)	17 (20.2%)	1 (1.2%)
35-54 (85)	57 (67.1%)	25 (29.4%)	3 (3.5%)
55-74 (127)	91 (71.7%)	32 (25.2%)	4 (3.1%)
75+ (45)	40 (88.9%)	3 (6.7%)	2 (4.4%)

(Feedback form)

4.0 THE GENERATION OF AN INFORMED DEBATE AROUND THE NEED TO PRIORITISE

4.1 The *PART* objective

The second *PART* objective seeks to generate *"an informed debate and discussion around the need to prioritise within the context of a finite budget, effectiveness, appropriateness and value for money"*. All 25 interviews understood that the *PART* exercise was designed to stimulate discussion. Eight of the 10 interviewees not affiliated to *Bromley Health* were though unclear whether this discussion was an end in itself or whether the debates would contribute to specific decisions or outcomes. Only 1 such individual however explicitly linked data from the discussions to "management" decisions (pi10: 1). More typically, another interviewee observed of *PART* -

> *As I understood it was to help us understand more readily the amount of money that was available for health in the Bromley area, to enlighten us as to how they were spending it at the moment and to gain feedback from us as to whether there were perhaps better ways of spending the money.*
>
> (pi5: 1)

Some indication of the frequency and breadth of discussions that arose in these respects is evident from the annotation of meetings, feedback forms, questionnaires and interviews.

4.2 The generation of discussion and debate

The note takers at *PART* meetings were asked whether the *PART* groups identified that in the context of a finite budget some treatments may be more important than others. Forty-seven of a possible 57 responses in relation to those sessions for public (non-*Bromley Health*) participants were returned. In 37 cases (78.8%) of cases the note takers selected "Yes" and in 5 cases (10.6%) they answered "No" (*Table 4a*). A more subtle gradation from "1" (low) to "6" (high) was applied to note taker impressions of how aware the groups were of a finite budget for health care *per se*. Once again the bulk of groups, 30 (60%) of a possible 50 were seen to exhibit a higher rather than lower level of awareness (*Table 4b*).

An indication of how levels of awareness were expressed can be seen in those comments made by 49 groups which fell into the categories that *Bromley Health* thought might be encompassed by discussions on the *per capita* expenditure on health care in the area. In this respect some or all participants in 6 of the groups were of the opinion that the information shown to them was inadequate for proper consideration and debate. Participants in 14 groups expressed surprise that the sum was "so low" and the those in 10 groups felt that the amount was inadequate for all the health needs of an individual. Members in 17 groups did however make remarks to the effect that some individuals use the health service more than others.

The depth and impact of these type of discussions at *PART* meeting can be gauged from two perspectives - through analysis of some discussions annotated at meetings and via the survey and feedback data provided by participants.

4.2.1 Selection of relative priorities at *PART* meetings

Most *PART* groups were shown a list 16 treatments linked to 19 associated costs. The groups were prompted to select treatments which were considered "more" or "less" important and to give reasons for these classifications. **Participants were usually willing and able to engage in debates concerning priorities** - 52 groups of 61, 3 of them composed of *Bromley Health* personnel, cited at least one treatment.

The treatments cited most often were tattoo removals (mentioned 45 times); gender reassignment (mentioned 31 times); the air ambulance (mentioned 17 times) home visits by health visitors or district nurses (mentioned 7 times) and hip replacements which were raised 6 times. As *Table 4c* illustrates the two treatments which excited the most comments, tattoo removal and gender reassignment, tended to be classified as of "less importance" - 43 of a possible 45 responses to tattoo removal attracted this classification.". **Participants, when discussing the relative importance of different treatments, tended first to concentrate upon those treatments they thought of lesser importance, and offered many reasons in support of their views. Treatments deemed more important attracted a smaller amount of reasons in support.**

According to the note takers involved with 47 *PART* sessions, 37 (78.8%) of the groups "recognised" that the relative importance of different treatments would vary within a finite budget (*Table 4a*). In terms of the most frequently cited treatments, tattoo removal and gender reassignment, it is possible to apply notional classifications to the associated reasons. With regard to gender reassignments for example, three reasons against the purchase of the treatment were placed under a "Moral-Ethical Reasons Against" classification by the investigators and two under the heading "A Legitimate and Serious Health Need". The three moral-ethical reasons were that such treatments were "against nature", did not excite a natural "empathy" and were sought only by "filthy pigs". The two health need reasons were that denial of treatment could have long-term psychological consequences. Parenthetically, although such distinctions can be made. However, **the number of reasons offered in relation to arguments against gender reassignment and tattoo removal indicate a willingness by participants to debate vigorously some issues within the context of the *PART* groups.** Some indication of their longer term interest in such discussions can be seen in the data from feedback forms and questionnaires.

4.2.2 The longer term interest of participants in informed debate

Participants who completed the feedback forms were asked whether local people want *Bromley Health* to inform them about issues such as why the organisation has to prioritise health services, expenditure allocations and the available budget. Over 75% of all respondents - members of the public and *Bromley Health* staff selected "Yes".

Similarly over 90% of non-Bromley Health staff who returned a postal questionnaire strongly or mildly agreed with the statement that there *"is a need for the public to be better informed about how spending and health care priorities are decided within the National Health Service"*.

There was slightly less enthusiasm however for the specific suggestion of a leaflet containing such information when reference was made to production-costs and uncertainty about how widely such a document would be read (*Table 4d*). Most notably in this respect, enthusiasm for the idea appeared to decline with the age of respondents. Although 75% of those aged 16-34 years supported the circulation of a leaflet this fell to under 45% among those of 75 years and over (*Table 4e*).

Overall though, as the discussion in section 4.2.1 above indicates, **the willingness of respondents to engage in debates about priorities within the context of a finite budget was relatively high at *PART* meetings. Beyond these forums this enthusiasm appeared to take the form of a general, not uniformly focused, interest in the receipt of relevant information from *Bromley Health*.**

4.3 Comment

The evidence suggests that the second *PART* objective, concerned with stimulating discussion about health care priorities, was successful in the context of the forums themselves. Examination of the breadth and depth of debates pursued by participants suggest a bias towards particular, often more "emotive" topics (in particular gender reassignment and tattoo removal). **Were *Bromley Health* to use *PART* meetings to inform decision-making as well as to raise public awareness it might consider selecting a small number of topics for consideration by forums similar to those convened for *PART*.**

Table 4a Note taker impressions of degree to which "public" *PART* groups recognised that the relative importance of different treatments would vary within a finite budget (n=47)

Yes	*No*	*Group divided on issue*
37 (78.8%)	5 (10.6%)	5 (10.6%)

(*PART* database)

Table 4b Note taker impressions of awareness of finite budget for health care exhibited by *PART* groups composed of public participants (n=50)

1 (Low awareness)	*2*	*3*	*4*	*5*	*6 (High awareness)*
4 (8%)	8 (16%)	8 (16%)	4 (8%)	11 (22%)	15 (30%)

(*PART* database)

Table 4c Ranking by frequency of selected treatments and their greater or lesser importance to *PART* groups

All Groups (n=52)	*Public groups (n=49)*	*Bromley Health (n=3)*
1) Tattoo Removal mentioned=45 less important=43 more important=1	*1) Tattoo Removal* mentioned=42 less important=40 more important=1	*1) Tattoo Removal* mentioned=3 less important=3 more important=
2) Gender Reassignment mentioned=31 less important=24 more important=5	*2) Gender Reassignment* mentioned=30 less important=23 more important=5	*2) Gender Reassignment* mentioned=1 less important=1 more important=
3) Air Ambulance mentioned=17 less important=10 more important=4	*3) Air Ambulance* mentioned=16 less important=9 more important=4	*2) Air Ambulance* mentioned=1 less important=1 more important=
4) Home Visit mentioned=7 less important= more important=7	*4) Home Visit* mentioned=7 less important= more important=7	
5) Hip Replacement mentioned=6 less important= more important=6	*5) Hip Replacement* mentioned=6 less important= more important=6	

(*PART* database)

Table 4d Interest in receiving a leaflet about budgetary matters, health care priorities and related issues

Category (n=)	*Yes*	*No*	*Blank*
Public (401)	242 (60.3%)	138 (34.4%)	21 (5.3%)
Bromley Health (23)	16 (69.6%)	7 (30.4%)	
All (424)	258 (60.8%)	145 (34.2%)	21 (5%)

(Feedback form)

Table 4e Interest in receiving a leaflet about budgetary matters, health care priorities and related issues by age (public)

Age, years (n=)	*Yes*	*No*	*Blank*
16-34 (84)	63 (75%)	19 (22.6%)	2 (2.4%)
35-54 (85)	47 (55.3%)	38 (44.7%)	
55-74 (127)	79 (62.2%)	41 (32.3%)	7 (5.5%)
75+ (45)	20 (44.5%)	24 (53.3%)	1 (2.2%)

(Feedback form)

5.0 CAPTURING THE VIEWS AND VALUES OF RESIDENTS ABOUT SPECIFIC PURCHASING DILEMMAS

5.1 The *PART* objective

The third *PART* objective is to explore the capacity of the tool *"to capture the views and values of residents"* in relation to the debates associated with the second objective by using *"specific examples of purchasing dilemmas"*.

All of the interviewees were aware of this objective and several of the contact persons made direct mention of the note takers' role in recording information. In this respect the interviews with the 10 contact persons revealed that all felt their groups had been allowed to express their views about specific *issues*. Two interviewees thought however that the *agenda* had been too rigid and two questioned the relevance of the prompted discussion on *in vitro* fertilisation to their particular groups.

Two interviewees also criticised the style adopted by facilitators. One facilitator was accused of not allowing a group to discuss certain issues in the depth to which participants wanted and another was criticised for invalidating the views expressed by a group -

> *They asked you a question and everybody discussed it. But by the time we'd finished discussing it {the facilitator} had put it another way - that we'd all made the wrong decision, if you know what I mean.*
>
> (pi6: 1)

Despite these particular criticisms the *process* of expressing views on particular issues appears to have been facilitated by *PART*. However, **one possible limit on the degree to which the *tool* itself has been *tested* for its ability to capture views centres upon the representativeness of participants with regard to the wider population of Bromley.** Two comparisons can be made between participants who took part in the 61 *PART* sessions under consideration and the wider population of Bromley - one based on age and the other based on sex.

5.2 *PART* participants and the population of Bromley

With regard to age, 341 or 80% of the 424 people who returned their feedback forms supplied this information. **The age distribution of this sample of *PART* participants shows some comparability with that of Bromley as a whole.** The proportion of public *PART* participants aged 16-34 years and 35-54 under-represent these age bands in Bromley by 3% and 2.2% respectively. Those public participants aged 55-74 years over-represent the wider population by 17.1% while the percentage of those aged 75 and over are over-represented by 5.7% (*Table 5a*).

In terms of sex, the number of men and women at each *PART* meeting were recorded by note takers and facilitators. **The number of male *PART* participants**

was disproportionately low in comparison to that in Bromley as a whole. Men constituted nearly 48% of Bromley's population in 1991 but they formed less than 22% of the public *PART* participants (*Table 5b*). In addition, **the *PART* exercise has tended to be undertaken by members of the public inclined to belong to voluntary and community associations.**

5.3 Debates about a specific purchasing dilemma: *in vitro* fertilisation

The capacity of the *PART* tool to capture the views and values of participating residents on specific purchasing dilemmas is largely dependent upon their willingness to give those views.

In this last respect, all 61 *PART* sessions discussed the funding and availability of *in vitro* fertilisation. Before the debate participants were asked to take part in an open vote on whether *in vitro* fertilisation should be purchased by *Bromley Health* - the options encompassed "Yes", "No" and "Not Sure". Most participants not affiliated to *Bromley Health*, 417 or nearly 79% of 528 individuals, were willing to take part in the vote. The proportion among this group who were recorded as taking part in a similar vote after the discussion fell to 387 or 73.3%. However data from feedback forms completed *after* the groups had participated in the discussion shows that over 80% of public participants thought that local views should be sought on issues such as *in vitro* fertilisation "before decisions are made". Slightly over 65% of *Bromley Health* staff were of the same opinion (*Table 5c*). **There thus appeared to be a significant interest among participants in making their views known about the specific purchasing dilemmas associated with *in vitro* fertilisation.** The records made by note takers give some indication of the manner in which the *PART* tool recorded the discussion that accompanied this apparent interest.

The *PART* tool is designed to capture two types of data in relation to debates on *in vitro* fertilisation. The first are the reasons or *views* offered by groups for and against the purchase of the treatment. The second are those areas of consensus and non-consensus on criteria or factors that might be taken into account when deciding whether to provide the treatment - these might be seen as *values* but such terminology is extremely flexible. In terms of "views", the 57 *PART* sessions that involved members of the public produced 44 recorded reasons why *in vitro* fertilisation should be purchased and 38 reasons why it should not. Each set of reasons can be divided and placed under particular themes or headings. Some of the reasons given in favour can for example be placed under the headings "Having Children is A Right" (8 such comments) or "Infertility Constitutes a Serious Health Care Need" (2 such comments). Similarly some of the reasons against can be placed under such headings as "Immoral/Against Nature" (7 such comments) or "Low Success Rate" (2 such comments).

There are however two principal problems with such an approach. Firstly, **the headings that can be used to categorise the views of *PART* participants in relation to some types of treatment are potentially subjective and may vary between different types of treatment.** Secondly, **there is no obvious justification for attaching greater importance to some types of reasons offered by *PART***

participants for and against certain types of treatment than to other types of reasons. Reasons for or against specific types of treatment that are offered by *PART* participants reflect but do not inherently resolve purchasing dilemmas.

The second type of data, consensus and non-consensus criteria (or "values") are also dependent upon either an *a priori* or *post hoc* system of classification. In the case of the debates on *in vitro* fertilisation the production of such classifications was relatively straight-forward but, once again, a matter of subjective judgement (*Table 5d*). The 96 remarks attributed to the 57 part sessions with members of the "public" coalesce, for example, into 8 clusters (a further 25 remarks were disregarded for being "incomplete" but this reflects a limitation of the computing package used for analysis that is *not* present in the package used by *Bromley Health* for digitised data recording). These clusters centre upon the *(i)* age of women or couples seeking treatment; *(ii)* the physical/mental health of the women or couples; *(iii)* a stipulation that couples be married; *(iv)* the view that couples should be in a stable relationship; *(v)* a requirement that couples or women seeking treatment be heterosexual; *(vi)* a view that the couple or women should be childless; *(vii)* a belief in an income related means test for couples seeking free treatment; *(viii)* a requirement that the woman or couple usually be employed and *(ix)* other criteria such as a view that the "past history" of women or couples be thoroughly investigated.

The ability to develop consensus criteria around values and isolate views expressed in the data collected via *PART* would suggest that the third objective can be at least partially achieved. The ***PART* approach is able to capture the views and values of participants in relation to priorities within a finite budget with regard to the issue selected for in-depth debate in group meetings - *IVF*. Two qualifications arise though. The degree to which the tool has been tested on a group of participants representative of local residents is in doubt in relation to sex and membership of voluntary groups. Secondly, treatments other than *IVF* may not excite a similar breadth and depth of comment**

5.4 Comment

The issue of representativeness will become significant if *Bromley Health* changes the emphasis in *PART* from *process* to *actionable outcomes.* In the event of such as a change a more rigorous selection of participants would be necessary in order to test the tool on a more representative sample of participants.

Secondly, the utility of the note-taker information, as it stands, is in doubt. It is therefore suggested that a far less structured format be employed (for instance a written summary) which utilises participants' definitions and conceptions[9], rather than Bromley Health's.

Table 5a
Age of *PART* participants

Category (n=)	*16-34 years*	*35-54 years*	*55-74 years*	*75+ years*
All (361)	97 (26.9%)	91 (25.2%)	128 (35.4%)	45 (12.5%)
Public (341)	84 (24.6%)	85 (24.9%)	127 (37.2%)	45 (13.3%)
Bromley Health (20)	13 (65%)	6 (30%)	1 (5%)	
POPULATION OF BROMLEY IN CITED AGE BANDS (*TOTAL* POPULATION = 292,220)+	80,655 (27.6%)	72,249 (27.1%)	58,796 (20.1%)	21,122 (7.6%)

+(OPCS, 1994[7])

Table 5b
Sex of *PART* participants

Category (n=)	*Male*	*Female*
All (552)	123 (22.3%)	429 (77.7%)
Public (528)	115 (21.8%)	413 (78.2%)
Bromley Health (24)	8 (33.4%)	16 (66.6%)
POPULATION OF BROMLEY (290,609)+	138,839 (47.7%)	151,770 (52.3%)

+(OPCS, 1993[8])

Table 5c Should the views of local people be sought on issues such as *IVF*?
"Do you think local people's views should be sought on {issues such as the purchase of IVF} before decisions are made?"

Category (n=)	*Yes*	*No*	*Blank*
Public (401)	323 (80.5%)	60 (15%)	18 (4.5%)
Bromley Health (23)	15 (65.2%)	7 (30.4%)	1 (4.3%)
All (424)	338 (79.7%)	67 (15.8%)	19 (4.5%)

(Feedback form)

<u>Table 5d</u> Classification of consensus criteria produced by *PART* groups (public) in relation to the funding of *IVF*

Classification of consensus criteria	*Frequency*
Age limitations	32
No Previous Children	14
Married	13
Stable Relationship/Not Single	11
Health of Woman/Couple	6
Heterosexual Woman/Couple	4
Subject to Means Test	4
Employed/Solvent	3
Other Criteria	9

(*PART* database)

6.0 *PART* AND *BROMLEY HEALTH'S* ORGANISATIONAL DEVELOPMENT

6.1 The *PART* objective

The fourth *PART* objective is to contribute to *Bromley Health's "organisational development by bringing staff and public together to promote not only increased awareness of local health issues, but also a mutual recognition of the value of local involvement*". The 15 interviewees employed by *Bromley Health* were all aware of the attempt via *PART* to increase awareness of health issues, discussed in parts three and four of this report, among the public. They also all made reference to the idea of "local involvement" when discussing the *PART* objectives. This tended to be defined in terms of engaging in a dialogue with the wider public -

> *It's about starting to talk to people about some of the priorities that Bromley Health and other health authorities are up against.*
>
> (bh11: 1)

In this respect staff attitudes towards the process of involvement engendered by *PART* give some indication of the degree to which they felt that it had benefited their own work and that of *Bromley Health* as a whole.

6.2 Organisational benefits and disadvantages of *PART*

Staff attitudes to the *PART* initiative were generally positive. All of the staff interviewed felt that involvement had been a worthwhile experience. Those who had attended *PART* meetings as participants during induction or training commended the tool's utility in informing them of some of the issues faced by *Bromley Health.* In this respect all 23 staff who completed feedback forms after the *PART* meetings under consideration indicated that it had been a worthwhile use of their time (*Table 6a*). Similarly over 12 of the 17 (70.6%) of the staff who returned a postal questionnaire indicated that they would be willing to attend meetings "similar" to *PART* in the future - the corresponding figure for members of the public was 57% (*Table 6b*). More specifically 10 of the 15 staff interviewed indicated that their involvement with *PART* had changed their views either towards public participation or their awareness of the public in the conduct of their work -

> *I have found it very useful to be able to talk with such diverse groups....I think there are a lot of people who work within the organisation who have very little contact with the public so it is actually quite good for them as well.*
>
> (bh8: 3)

Directly critical references to *PART* concerned the degree to which facilitating or note taking were truly voluntary - one interviewee perceived a "*three line whip in terms of participating*" (bh8: 4) and another commented:

basically, you know, nobody stood up and said no I'm not going to take part in PART, but actually a lot of people didn't really want to do it. Jokes about quick... [PART coordinator]'s coming round... I'm not in on that day and things like that.

(bh3: 8).

One practical concern, expressed by 2 interviewees, centred on the ability of individuals and the organisation to sustain the present levels of activity associated with *PART* -

We can't...continue to sustain the level of the intensity that we're giving with regard to the marketing and recruiting of the groups continually.

(bh12: 8)

In this respect several interviewees alluded to the development of PART but only three were specific about a possible course of action - they **suggested that *PART* might act as a basis for the development of a more focused and less extensive approach that would link more directly to decision making in the organisation.**

The generally positive views of the initiative suggest that **the staff who were interviewed perceived *PART* as a project owned by and generally beneficial to the organisation as a whole.** This corporate ownership affirms the role of *PART* as an interface between *Bromley Health* as a whole and those members of the public who undertake the exercise. Data from the *PART* meetings, feedback forms and postal questionnaires gives some indication of the attitudes towards local involvement reported by staff.

6.2.1 *PART* and attitudes towards local involvement

Four of the *PART* sessions under consideration were undertaken by employees or non-executive members of *Bromley Health.* In the course of the sessions the groups were asked to respond to a statement that *"local people should not get involved in {decisions such as those around IVF}, it should be left to NHS Managers as that is what they get paid for"*. In all 4 groups (100%) "most" participants thought that local people should be involved in the decision making process - the corresponding proportion for the 37 "public" *PART* groups for which a response was recorded was under 68% (*Table 6c*). Similarly, in a postal questionnaire respondents were asked to respond to the statement that began to align involvement more directly to participation in decision making - *"There is a need for the public to become more directly involved in helping to decide spending and health care priorities in the National Health Service"*. Just over 76% of *Bromley Health* staff strongly or mildly agreed with the statement - the figure for public participants was 81% (*Table 6d*). When these results are coupled with the fact that the *PART* project has tended to foster an increased awareness of local health issues among participants - as discussed in part three of this report - it may be inferred that, **as a result of the *PART* initiative, there was a tendency among staff and members of the public to value local involvement in addition to an increased awareness of local health issues.** It should however be

noted that members of the public, when asked, identify doctors as those *most* appropriate to make rationing decisions[10].

6.3 Comment

A wide spectrum of staff within *Bromley Health* tend to understand and support the objectives of *PART*. This is central to a sense of corporate ownership with regard to the initiative and relevant to the issue of organisational development. If these aspects of *PART* are to be maintained and developed it is important than any decisions on the future direction of the initiative be preceded by consultation on possible options with as wide a range of personnel as possible.

Table 6a Do you feel it was worth spending some of your time attending this meeting?

Category (n=)	*Yes*	*No*	*Blank*
Public (401)	397 (99.02%)	2 (0.49%)	2 (0.49%)
Bromley Health (23)	23 (100%)		
All (424)	420 (99.06%)	2 (0.47%)	2 (0.47%)

(Feedback form)

Table 6b Willingness to attend similar meetings in future
"On the basis of my attendance at the PART meeting(s), I would be interested in attending similar meetings to discuss similar issues"

Category (n=)	*Strongly Agree*	*Mildly Agree*	*Undecided*	*Mildly Disagree*	*Strongly Disagree*	*Blank*
Public (100)	21 (21%	36 (36%)	28 (28%)	4 (4%)	7 (7%)	4 (4%)
Bromley Health (17)	8 (47.1%)	4 (23.5%)	3 (17.6%)		2 (11.8%)	
All (117)	29 (24.8%)	40 (34.2%)	31 (26.5%)	4 (3.4%)	9 (7.7%)	4 (3.4%)

(Postal survey)

Table 6c *PART* group views on the involvement of local people in the decision making process
Did the group think that local people should be involved in the decision making process?

Category (n=)	*Most in group*	*A few in group*	*None/Only one in group*
Public (37 groups)	25 (67.5%)	9 (24.3%)	3 (8.2%)
Bromley Health (4 groups)	4 (100%)		
All (41 groups)	29 (70.7%)	9 (22%)	3 (7.3%)

(*PART* database)

<u>Table 6d</u> Should the public be more involved in deciding spending and health care priorities?

"There is a need for the public to become more directly involved in helping to decide spending and health care priorities in the National Health Service"

Category (n=)	*Strongly Agree*	*Mildly Agree*	*Undecided*	*Mildly Disagree*	*Strongly Disagree*	*Blank*
Public (100)	47 (47%)	34 (34%)	11 (11%)	5 (5%)	2 (2%)	1 (1%)
Bromley Health (17)	6 (35.2%)	7 (41.2%)	1 (5.9%)	2 (11.8%)		1 (5.9%)
All (117)	53 (45.3%)	41 (35%)	12 (10.3%)	7 (6%)	2 (1.7%)	2 (1.7%)

(Postal survey)

7.0 CONCLUSION

7.1 Overview

The progress of the *PART* project towards its four objectives has been considered in the light of data from 61 *PART* sessions involving 552 participants, 117 completed postal questionnaires (100 from "public" participants and 17 from *Bromley Health* staff); 424 participant feedback forms (401 completed by members of the public and 23 returned by *Bromley Health* staff) and 25 interviews (10 with public participants and 15 administered to *Bromley Health* staff). In overall terms the initiative is achieving the processes central to its objectives - in particular, raising awareness of *Bromley Health* and its role among *PART* participants and stimulating debate within *PART* sessions. The third objective - an exploration of *PART*'s ability to capture the views and values of participants about specific purchasing dilemmas - is being achieved to a certain extent but this may reflect the possibility that the dilemmas chosen for debate are more likely than others to generate the expression of views and values. The fourth objective of *PART* - to contribute to *Bromley Health's* organisational development by fostering an increased appreciation of local involvement and greater awareness of health issues - has largely been achieved in relation to those personnel involved with the project. Some issues for future consideration at a strategic level, if *PART* were to be used to collect views for use in management decision-making, rather than just raising awareness, include - *(i)* the size and representativeness of the audience which *PART* is reaching in relation to the population of Bromley and *(ii)* a possible development of the project's emphasis upon process to one based also on outcomes which allow the use of some of the data generated by the tool.

7.2 Objective 1 *To raise levels of awareness of Bromley Health, its role as a commissioner and how that relates to local health care provision*

7.2.1 Key findings

i) Most *PART* participants exhibited little or only some prior knowledge of *Bromley Health*, its role as a commissioner and its relationship to local health care provision with regard to hospitals.

ii) Participation in *PART* was largely successful in raising the awareness of participants of *Bromley Health* and its role.

iii) Interviewees from groups who undertook the *PART* exercise indicated that their groups did not discuss collectively the experience in great detail afterwards. In four cases though there were informal *ad hoc* or one-to-one discussions and in two cases short reports for newsletters were prepared.

7.2.2 Progress towards objective 1

Data from questionnaires, feedback forms and interviews show that the *PART* initiative was largely successful in raising levels of awareness among individual participants of *Bromley Health*, its role as a commissioner and how that relates to local health care provision. There is however little evidence to suggest that this raised awareness extended very far beyond individual participants.

7.2.3 Comment

Bromley Health might consider whether the *PART* objective concerned with raising awareness of the organisation and its role might be complemented by attempting to address simpler messages to a larger proportion of the population (at present about one third of one percent, or 0.33% of Bromley's population, have been reached).

7.3 Objective 2 *To generate an informed debate and discussion around the need to prioritise within the context of a finite budget, effectiveness, appropriateness and value for money*

7.3.1 Key findings

i) Participants were usually willing and able to engage in debates concerning priorities.

ii) Participants, when discussing the relative importance of different treatments, tended first to concentrate upon these treatments they thought of lesser importance and offered many reasons in support of their views. Treatments deemed more important attracted a smaller amount of reasons in support.

iii) The number of reasons offered in relation to arguments against gender reassignment and tattoo removal indicate a willingness by participants to debate vigorously some issues within the context of the *PART* groups.

7.3.2 Progress towards objective 2

The willingness of respondents to engage in debates about priorities within the context of a finite budget was relatively high at *PART* meetings. Beyond these forums this enthusiasm appeared to take the form of a general, not uniformly focused, interest in the receipt of relevant information from *Bromley Health.*

7.3.3 Comment

Were *Bromley Health* to use *PART* meetings to inform decision-making as well as to raise public awareness it might consider selecting a small number of topics for consideration by forums similar to those convened for *PART.*

7.4 Objective 3 *To explore the capacity of this method to capture the views and values of residents on the above {objective 2} using specific examples of purchasing dilemmas*

7.4.1 Key findings

i) There appeared to be a significant interest among participants in making their views known about the specific purchasing dilemmas associated with *in vitro* fertilisation.

ii) The headings that can be used to categorise the views of *PART* participants in relation to some types of treatment are potentially subjective and may vary between different types of treatment.

iii) There is no obvious justification for attaching greater importance to some types of reasons offered by *PART* participants for and against certain types of treatment than to other types of reasons. Reasons for or against specific types of treatment that are offered by *PART* participants reflect but do not inherently resolve purchasing dilemmas.

iv) One possible limit on the degree to which the PART tool itself has been *tested* for its ability to capture views centres upon the representativeness of participants with regard to the wider population of Bromley. In this respect it can be seen that *(a)* The age distribution of *PART* participants shows some comparability with that of Bromley as a whole; *(b)* the number of male *PART* participants is disproportionately low in comparison to that in Bromley as a whole and *(c)* the *PART* exercise tends to be undertaken by members of the public inclined to belong to voluntary and community associations..

7.4.2 Progress towards objective 3

The *PART* approach is able to capture the views and values of participants in relation to priorities within a finite budget with regard to the issue selected for in-depth debate in group meetings - *IVF*. Two qualifications arise though. The degree to which the tool has been tested on a group of participants representative of local residents is in doubt in relation to sex and membership of voluntary groups. Secondly, treatments other than *IVF* may not excite a similar breadth and depth of comment.

7.4.4 Comment

The issue of representativeness will become significant if *Bromley Health* changes the emphasis in *PART* from *process* to *actionable outcomes*. In the event of such as a change a more rigorous selection of participants would be necessary in order to test the tool on a more representative sample of participants.

7.5 Objective 4 *To contribute to {Bromley Health's} organisational development by ringing staff and public together to promote not only increased awareness of local health issues, but also a mutual recognition of he value of local involvement*

7.5.1 Key findings

i) Staff attitudes to the *PART* initiative were generally positive.

ii) Directly critical references to *PART* concerned the degree to which facilitating or note taking were truly voluntary.

iii) The staff who were interviewed perceived *PART* as a project owned by and generally beneficial to the organisation as a whole.

iv) Three interviewees suggested that *PART* might act as a basis for the development of a more focused and less extensive approach that would link more directly to decision making in the organisation.

7.5.2 Progress towards objective 4

As a result of the *PART* initiative, there was a tendency among staff and members of the public to value local involvement in addition to an increased awareness of local health issues.

7.5.3 Comment

A wide spectrum of staff within *Bromley Health* understand and support the objectives of *PART*. This is central to a sense of corporate ownership with regard to the initiative and relevant to the issue of organisational development. If these aspects of *PART* are to be maintained and developed it is important than any decisions on the future direction of the initiative be preceded by consultation on possible options with as wide a range of personnel as possible.

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APPENDIX A: BROMLEY HEALTH *PART* EVALUATION: PRIMING QUESTIONS FOR INTERVIEWS WITH FACILITATORS AND NOTE TAKERS

{COMPLETE}
Interviewee:

Position:

Interviewer:

Date:

{1) TAPE THE INTERVIEW}
{2) CITE THE QUESTION NUMBER FOR THE TAPE BEFORE READING IT}
{3) ALWAYS READ THE FIRST QUESTION IN EACH SECTION TO THE RESPONDENT}
{4) TICK EACH QUESTION THAT IS ASKED}
{5) AIM TO COMPLETE THE INTERVIEW IN SIXTY MINUTES OR LESS}
{6) ATTACH ANY COMMENTS ON THE INTERVIEW ON A SEPARATE SHEET OF PAPER}

{START}

1) PERCEPTIONS OF THE RATIONALE FOR PART

1a) What objectives, in your view, do you think Bromley Health is trying to achieve through the PART initiative?

1b) Do you think that these objectives are realistic?

1c) Can you think of any other way that these might have been addressed rather via the PART initiative?

1d) Each PART discussion group produces data such as the forms completed by facilitators, note takers and the participants. What do you think this data is for?

2) VIEWS ON THE METHODOLOGY OF PART

2a) PART is based upon facilitated discussion groups. Do you think that the use of such groups adequately addresses what you understand to be the objectives of the PART initiative?

2b) Do you think that the way in which the PART discussion groups are organised inhibits or distorts the views expressed by the participants in any way?

2c) Why do you think Bromley Health chose to use facilitated discussion groups in the PART initiative rather than some other way of communicating with people in the district?

2d) Each PART discussion group is recorded by way of forms completed by the facilitators, note takers and participants. In your experience how accurately do you think this information depicts what is actually said at meetings?

3) PERCEPTIONS OF THE PUBLIC AND ITS VIEWS

3a) One stated objective of the PART initiative is to raise public awareness of Bromley Health, its role in the health care system and the type of decisions it has to make. Do you think that, on the whole, people who are **not** personally effected by such decisions at the moment want to be informed about such issues?

3b) A stated objective of PART is to generate a public debate about issues around prioritising and planning health care. Do you think that, on the whole, people who are **not** personally effected by prioritising and planning decisions at the moment want to take part in such debates?

4) ORGANISATIONAL DEVELOPMENT AND PART

4a) In what ways has your involvement with or knowledge of the PART initiative changed your views on the issue of public involvement in health care decision-making?

4b) Has your experience with the PART initiative or the experience of any of your colleagues altered the way in which you work on a day to day basis?

4c) Have you noticed any changes in the way Bromley Health operates that could be seen as a result of the PART initiative? *(and what are they?)*

5) ASSESSMENT OF PART

5a) Do you think that your involvement with PART has been a worthwhile use of your time when it is compared to your normal duties?

5b) Do you think that the resources expended on PART, in terms of staff and money, are justifiable in terms of the initiative's objectives or achievements?

5c) Do you think that the PART initiative has been beneficial for Bromley Health in any way?

5d) Do you think that the PART initiative has been beneficial for Bromley residents in any way?

5e) Have you any specific suggestions about how the approaches adopted in the PART initiative might be improved?

5f) Do you personally think that the PART initiative should be continued beyond its planned duration? *(If not, should another initiative be put in place to involve local people in planning and decision-making?)*

{THANK INTERVIEWEE}

{END}

APPENDIX B: Non-standardised interview schedule for PART participants. 1/12/95.

The main headings are intended to be broad areas to be covered. The supplementary questions are therefore suggestions for what should be covered within these areas. Thus the interviewer should remain sensitive and positively respond to issues that the interviewee raises.

What they felt Bromley Health got out of the meeting.

- Why do you think Bromley Health are undertaking this project? (What are their objectives?)
- Did they say at the start of the meeting why they were running these groups? What did they say?
- Did they listen and react to what you said?
- Do you think your views will affect health provision in Bromley?
- Do you think public views should be taken into account when decisions are made about health care priorities?
- Where there is disagreement among the public about health care priorities, should the majority view prevail? If not, who should make these decisions?
- Is it a worthwhile use of Bromley Health's resources?

What the participants thought of the tool itself.

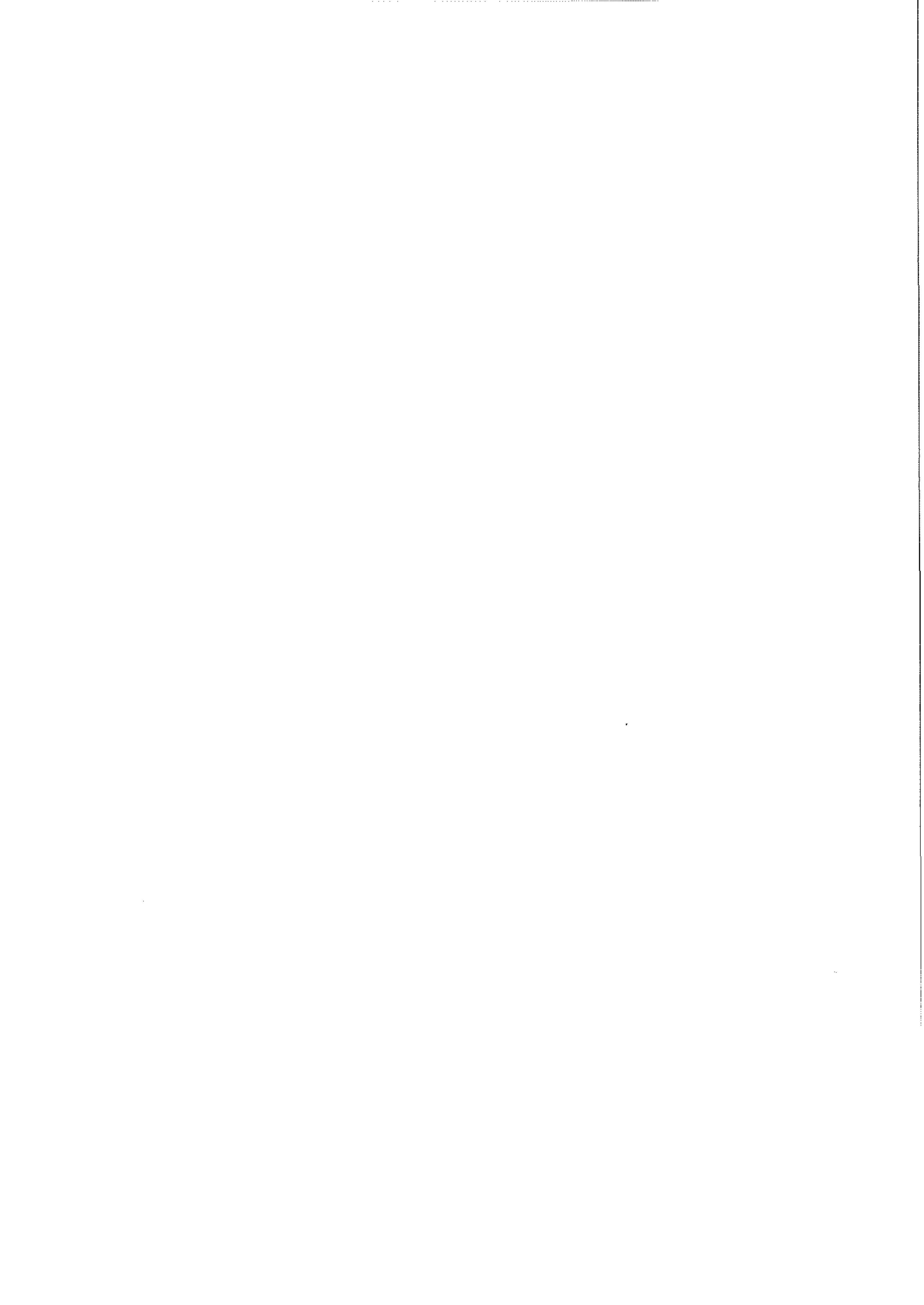
- What did you think about the exercises/questions asked you?
- What did you think about the stimulus cards?
- How well did you think the health authority representative led the meeting?
- Do you think the feedback form (the blue one, show it) was effective? If not, why not?

What they felt they got out of the meeting.

- Why did you go? Who contacted who?
- Did you enjoy the meeting?
- Did you feel able to express yourself? If not, what stopped you?
- Were you able to follow and understand the discussion?
- **Was there anything that other people in the groups said that made you think differently about issues being discussed?**
- Did you learn anything about the NHS? What kind of things?
- Has the meeting made you think more about the process of decision-making in the NHS and the factors that have to be taken into account when deciding priorities in the NHS? eg the IVF debate.
- Has your involvement with PART increased your understanding of issues about the NHS raised by the media? Do you find yourself discussing these issues, with friends or colleagues, more than you used to?
- Was it a worthwhile use of your time?
- Is it a good way of informing the public about factors affecting decision-making in the NHS?

What the participants feel the future of PART is.

- **Is it a good way of finding out views for the future on:**
    - **how health services are organised?**
    - **funding?**
    - **costs of treatment?**
    - **how decisions are made and what kind of things are taken into account (cost, effectiveness/appropriateness, outcomes, acceptability)?**
- Would you be willing to engage in similar exercises in the future?
- Should the public eventually become more involved in making decisions about health care priorities?



APPENDIX C:

BROMLEY HEALTH'S PUBLIC AWARENESS RAISING TOOL (*PART*): YOUR VIEWS ON THE MEETING(S) YOU ATTENDED

*As the accompanying letter explains, we would be grateful if you could please spare a few minutes to complete this form. The form is designed to record **CONFIDENTIALLY** some of your views on the PART meeting(s) you attended. The information you provide will be used by the University of Kent to assess the progress of the PART initiative. **Please return your completed form in the stamped, addressed envelope as soon as possible. Thank you for your time and help.***

PLEASE COMPLETE THE FOLLOWING DETAILS

1)	**Name:**

2)	**Contact telephone number:**

3)	**The association, group or organisation to which you belonged when you attended the *PART* meeting(s):**

4)	**Your main occupation/profession/employment:**

5) Your sex: *(PLEASE TICK ONE BOX)*

MALE$_1$	FEMALE$_2$

6) Your age: *(PLEASE TICK ONE BOX)*

16 - 34$_1$	35 - 54$_2$	55 - 74$_3$	75+$_4$

7) You attended the *PART* meeting(s) in your capacity as: *(PLEASE TICK THE ONE BOX YOU THAT YOU THINK IS **MOST APPROPRIATE**)*

Health service user or user representative$_1$	
Private carer or carer representative$_2$	
Member of voluntary or community organisation$_3$	
Member of the general public$_4$	
Professional in health, social or local authority service$_5$	
Other$_6$	

(PLEASE CONTINUE TO NEXT PAGE)

PLEASE TICK THE BOX ***OR*** *BOXES THAT BEST REPRESENT YOUR OPINION IN RESPONSE TO THE FOLLOWING STATEMENT*

8) **"The main purpose of the *PART* meetings is....."**

...to involve the public in decision-making about spending and health care priorities in the health service$_{8a}$	
...to inform the public about Bromley Health's role and responsibilities in the health service$_{8b}$	
...to listen to the public's complaints about the health service$_{8c}$	
...to stimulate public debate about spending and health care priorities in the health service$_{8d}$	
...not clear to me$_{8e}$	

PLEASE TICK THE BOXES THAT BEST REPRESENT YOUR OPINION ABOUT EACH OF THE FOLLOWING STATEMENTS

9) **"Bromley Health's reasons for holding the *PART* meeting(s) were clear to me"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

10) **"The *PART* meeting(s) was well-managed by the staff from Bromley Health"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

11) **"The *PART* meeting(s) increased my understanding of how decisions are made in the National Health Service"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

(PLEASE CONTINUE TO NEXT PAGE)

12) **"I have a greater awareness of the types of activities and decisions undertaken by Bromley Health as a result of attending the *PART* meeting(s)"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

13) **"On the basis of my attendance at the *PART* meeting(s), I would be interested in attending similar meetings to discuss similar issues"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

14) **"There is a need for the public to be better informed about how spending and health care priorities are decided within the National Health Service"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

15) **"There is a need for the public to become more directly involved in helping to decide spending and health care priorities in the National Health Service"**

STRONGLY AGREE$_1$	MILDLY AGREE$_2$	UNDECIDED$_3$	MILDLY DISAGREE$_4$	STRONGLY DISAGREE$_5$

Thank you very much for completing this form. ***Please place the form in the stamped, addressed envelope and post the envelope as soon as possible.*** *If you have any queries about this form please do not hesitate to call Timothy Milewa (01227-827964) or Justin Valentine (01227-823666) at the Centre for Health Services Studies, George Allen Wing, The University, Canterbury, Kent, CT2 7NF.*