

YORKSHIRE AMBULANCE SERVICE**OUTLINE PROPOSAL FOR SECURING CONTINUOUS PUBLIC ENGAGEMENT****1 INTRODUCTION**

- 1.1 Yorkshire Ambulance Service (YAS) is in the process of overhauling its approach to communications and engagement (C&E) and creating a new C&E strategy. An important initiative to fall out of the strategy will be strengthening engagement with local people across the area served by YAS. Engagement needs to be planned, continuous and meaningful and will need a variety of approaches tailored to meet the needs and circumstances of various audiences and stakeholders.
- 1.2 Specific approaches and techniques – both ongoing and ad hoc – will be required to reach certain groups with particular characteristics such as black and ethnic minorities, people with particular health needs/conditions and the lesbian, gay, bisexual and transsexual communities. However, there is also much to be gained by adopting a methodology for securing credible, meaningful and continuous engagement with a far broader cross section of people in Yorkshire and the Humber and North and East Lincolnshire.
- 1.3 Amongst the benefits of systematic and continuous public engagement are:
- Securing public opinion/attitudes when determining/refreshing organisational aims and objectives
 - Understanding the health status of local residents
 - Identifying options for service delivery/configuration
 - Designing services and pathways
 - Understanding performance of local services and patient/service user experience of them
 - Maintaining an open and continuous dialogue with patients and local people
- 1.4 A key plank of the approach to engagement is likely to be to work principally through the asset base which exists in the community. This will take time to achieve as the asset base needs broadening, strengthening and supporting to become effective activists on YAS's behalf. A prominent role will need to be played in this by third sector umbrella organisations, such as local CVSs.
- 1.5 However, the asset base needs to be used judiciously and may not always lend itself to the need for continuous engagement. To overcome this, an additional initiative is proposed whereby YAS is able to secure meaningful and cost-effective engagement from local people at various points in the year and for a variety of purposes.

2 THE PROPOSAL

- 2.1 The proposal is to create a system of deliberative 'Health Panels' which could meet three or four times a year in a range of locations across the YAS area to consider a set of questions/options/issues under consideration by YAS and, where relevant, its commissioning and/or provider partners. The location for panel meetings can change

from one round to the next so that a wide geographical spread is obtained. This is an adaptation of a highly regarded, successful and award winning system created by the former Somerset Health Authority in 1994 and subsequently adopted and adapted by a number of other health system around the UK.

How it works

- 2.2 The panels would each consist of 12 people recruited by independent social researchers. Typically this is done by recruiting door-to-door against a quota to reflect the overall characteristics of the local population (eg age, gender, ethnicity, affluence etc). Panellists are recruited for a maximum of three rounds of panel meetings. The system is structured in such a way that at each panel meeting, four members are attending for the first time, four for the second time and the remaining four for the third and last time.
- 2.3 This approach has a number of advantages:
- Membership is constantly refreshed avoiding the trap of engaging with the same relatively small number of people repeatedly
 - There is no element of self-selection in the recruitment process
 - Independent recruitment adds credibility to the process
 - Each meeting benefits from fresh perspectives and views
- 2.4 At each panel meeting, all panels discuss the same two or three issues before voting anonymously on two or more possible options under consideration. For example, people could be asked whether or not they agree that YAS should expand its commercial (for profit) patient transport service.
- 2.5 Panel discussions are led by an experienced independent facilitator, recorded and transcribed. The transcriptions are then analysed by an experienced social researcher (eg public health professional) and a report produced for consideration by YAS.
- 2.6 Topics for discussion are chosen by YAS. Typically, this is done by inviting suggestions for panel discussion topics from across the health community. A shortlist is then arrived at by the YAS operations and communications and engagement teams. The former have in-depth understanding of what may help deliver optimum performance whilst the latter have an understanding of what topics would and would not lend themselves to such an approach.
- 2.7 In advance of panel meetings, briefing material (topic guides) setting out the background to each topic is prepared and checked with appropriate experts to ensure these discussion guides are in line with good research methodology (ie not leading, accurate, simple but sufficiently comprehensive and not on subjects where final decisions have already been made or only one option exists). The independent facilitator is given a full face-to-face briefing on the issues to be discussed by those with in-depth knowledge of them. Suitable arrangements also have to be made to book appropriate venues, facilitate attendance and reimburse any expenses incurred by panellists.

2.8 Once considered by YAS, the transcripts of panel discussions and the report on each round of meetings is posted on the YAS website together with any evidence of how the discussions have affected thinking and/or decision making.

3 BENEFITS

3.1 The health panels system would provide a number of clear benefits:

- Assuming the panels are run in ten locations for each round of meetings, the views of 120 people are obtained on each topic.
- It provides a credible and effective way of securing ongoing high quality engagement with local people. The system has been independently assessed by experts in social research and extensively referenced in a positive way in more than 100 peer-reviewed publications as well as in various Department of Health reports, reviews and in guidance and toolkits on delivering effective patient and public engagement.
- Once established, the system becomes relatively simple to operate based on a fixed annual schedule aligned to the annual business planning cycle.
- Independent recruitment and facilitation ensures that the views obtained are genuine and wide-ranging and the quota-based sample affords a degree of confidence that the views expressed are representative of those held by the local population as a whole.
- If changes in approach, thinking or decisions made as a result of panel deliberations can be evidenced; it demonstrates the real power and influence of public engagement in health. If publicised widely and skilfully, this, in turn, raises the profile of the panels and those asked to participate are more likely to do so.
- It may well be possible to use the panels as part of a wider public consultation work.
- Monitor, NHS England, the CQC and TDA are all likely to consider such a system as a gold standard for public engagement.

3.2 After each round of panels, publicity is disseminated to local/regional (sometimes national specialist) media. This demonstrates to local residents that their views are being heard and taken seriously.

4 POTENTIAL PITFALLS

4.1 There are, of course, some risks and potential pitfalls associated with this system:

- They raise expectations of local residents around their ability to influence decision making which needs careful and pragmatic management. For example, do not ask the panels to consider an issue if there is no possibility of their views being allowed to influence the eventual outcome. People have to be made aware that securing local voices and views are only one component of the planning cycle and decision making process and that, sometimes other considerations – such as clinical effectiveness, affordability etc – have to take greater priority.

- Once created, the panels generate an expectation that they, like the planning process, will be continuous. In other words, unless branded at the outset as a pilot or experiment, they have to be adopted as a long-term approach.
- Panellists often tell you things you don't want to hear or find uncomfortable and/or challenging. For example, in one set of Somerset Health Panel meetings, a clear consensus emerged that the health authority should significantly reduce its spending on substance abuse services at a time when developing such services was both a national and local imperative.
- Unless used effectively, the panels can appear to outside observers as an expensive luxury or (worse) tokenistic.

5 POTENTIAL COSTS

5.1 To accurately quantify likely costs it will be necessary to develop a specification and invite competitive quotations or formal tenders. However, costs will fall into the following categories and do not take into account core staff and management time:

- Independent recruitment (£25,000 for first round of three panels, £5,000 per each series of three panels thereafter)
- Independent facilitation (£18,000)
- Analysis (could be brokered as a shared arrangement with local Public Health Departments as a contribution towards partnership working otherwise, approx. £5,000 per round of panels)
- Hiring venues, transport for panel members who need it, refreshments, AV equipment (if required) (£10,000 per round of three panels)
- Recording and transcription (£8,000 per round of three panels)

5.2 The estimates given against each element (above) are based on an informal quotation received from one company which has experience and expertise in this field.

5.3 As a guide, it is likely that in a system whereby panels are held in ten locations three times per year, the annual costs is likely to be in the region of £80,000 to £100,000 for the first year and around £50,000 per year thereafter.

5.4 However, there is potential for considerable offsetting of costs – potentially by up to 50% or even more. This could be done by offering other partners (eg CCGs, public health colleagues etc) the chance to 'purchase' questions in one or more panels rounds annually. CCG commissioners, in particular, would derive considerable benefit from such an approach and many do not have particularly well developed systems for securing meaningful and credible public engagement in their commissioning decisions.

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