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YOUR HEALTH, YOUR FUTURE

Hywel Dda Health Board's Listening and Engagement Programme and Formal Consultation on Healthcare Services

RESPONSE TO HYWEL DDA HEALTH COUNCIL'S REFERRAL TO THE MINISTER (February 25 2013)

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Dale Hall

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Response to Hywel Dda CHC's Referral

Introduction

Opinion Research Services (ORS)

1. ORS is a specialist social research organisation that formed in 1988 within Swansea University as an interface between the university and the public and voluntary sectors. It became a university spin-out company in 1998 and since then has established a UK-wide reputation for innovative and rigorous research in particular in equalities, health, housing, local government, police and criminal justice, as well as controversial statutory consultations. We have 41 full-time social researchers based in Swansea and four more in our two English sub-offices; and our 30-unit Social Research Call Centre is also based in Swansea.

Commission by Hywel Dda Local Health Board

2. ORS was commissioned in November 2011 to assist Hywel Dda Health Board (HDdHB) analyse, interpret and report its important Listening and Engagement programme (the design of which was effectively complete when ORS was appointed) to contribute to its major review of services. The listening and engagement process was designed to clarify the general principles that would eventually inform proposals for changes to services by giving the public and stakeholders opportunities to influence its thinking at an early stage. ORS reported the outcomes of the listening and engagement process progressively from March to July, 2012, and we believe that the Board took our findings fully into account in formulating its proposals for formal consultation.

3. Following the successful completion of the listening and engagement project, and following a formal tendering exercise, ORS was re-appointed by HDdHB in the late summer of 2012 to assist with the design, data capture, analysis, interpretation and reporting of its formal consultation process on draft proposals following from the earlier listening and engagement phase. The formal consultation period ran from August 6th to October 29th 2012 (extended until November 12th for Machynlleth) and included an extensive programme of engagement with staff, stakeholders and the public – including all the following elements:

   Open Consultation questionnaire (both on-line and paper versions) – widely distributed and with responses from 4,422 residents and organisations

   Postal survey of residents – with responses from 697 (14%) of the 5,000 randomly selected households

   Seven focus groups with randomly selected members of the public

   Six focus groups with members of staff and five telephone interviews with doctors

   274 written submissions from stakeholders

   Petitions

Three public meeting events (chaired by ORS) and a further seven locality meetings by HDdHB

Staff roadshows run by HDdHB

Records of consultations, meetings and other activities by HDdHB.

ORS' Independent Role

4. Both HDdHB and ORS were keen that throughout our work ORS should maintain an independent perspective – by reporting the listening and engagement and formal consultation fairly and fully, by not taking a view on the substantive merits of the Board's proposals, or on the opinions of its supporters or critics, and by not acting as the Board's advocate. For example, we have said publicly that, while the questionnaire used for the listening and engagement phase was conscientious, its design could have been improved. As a result, we had a much increased role in the design of the questionnaires used in the formal consultation programme.

5. Overall, though, as a research practice with wide-ranging experience of controversial statutory consultations across the UK, ORS has been able to certify that both the listening and engagement and the formal consultation processes undertaken by HDdHB were conscientious in being both intensive and extensive. We believe that the formal consultation in particular was fair and comprehensive in being soundly based on the outcomes of the listening and engagement process and also in eliciting the opinions of stakeholders and many members of the public.

Hywel Dda CHC's Critique

Introduction

6. ORS is acting neither as the HDdHB's advocate, nor defending its proposals substantively, when we say that our work with the Board has convinced us that it undertook a conscientious and comprehensive consultation programme. We believe we have interpreted the outcomes and reported our findings fairly and objectively; and we also believe that the Board has considered our findings carefully. This is the context in which we respond to the CHC's referral.

7. The CHC's referral document falls into two main parts – namely, separate critiques of both the consultation process, broadly understood to cover both the listening and engagement phase and the formal consultation, and the Board's proposals. Our response deals with the broad consultation process only. Unfortunately, because the CHC's comments are somewhat prolix, a paragraph-by-paragraph refutation is inappropriate – but its criticisms are based on assertions that:

The Gunning principles were breached by the Board (in both the listening and engagement exercise and also in the formal consultation)

ORS' reporting of the formal consultation "fails the normal tests of validity, reliability and representativeness".

Gunning Principles

Introduction

8. Hywel Dda's CHC claims that the Health Board has breached the Gunning Principles, which say that consultation programmes should:

> Be done at a formative stage – when an authority's decision is not a forgone conclusion
>
> Give sufficient information for people to give intelligent consideration to the issues
>
> Provide enough time for responses to be formulated and submitted
>
> Conscientiously take into account the outcomes of the consultation.

9. The CHC's allegation is aimed mainly at HDdHB rather than ORS, but it seems not to take account of the fact that the Board's design, implementation and interpretation of its listening and engagement and formal consultation programmes extended over the whole of 2012.

CHC's Interpretation of the Principles

10. To meet the Gunning principles, the CHC appears to believe that both the listening and engagement and consultation processes should have covered not only general principles of care, but also a range of specific options accompanied by implementation plans and detailed information about resources, budgets and financial management (referral pages 6-13, paras 2-15). The Board will have reviewed these matters internally, of course, but it would not have been feasible to have covered such an extensive range of topics in the detail required by the CHC within any normal consultation programme.

11. Therefore, HDdHB understandably chose (just like Betsi Cadwaladr and the South Wales Programme) to ask the public and stakeholders to consider general principles in the listening and engagement phase before addressing specific options for change in the formal consultation. There was nothing unusual or unacceptable about this approach: authorities are entitled to consult on their considered draft proposals; and it can be helpful for the public to have the main issues highlighted clearly.

12. In the context of its concerns about the wider background and implementation and financial issues omitted from the main consultation, the CHC regrets that it was not more actively involved in the consultation design and complains that the resulting questionnaire "had the effect of closing down the 'discourse of consultation'". However, we understand that the Board submitted draft versions of the questionnaire to the CHC and we believe the questionnaire was fair and appropriate to the Board's consultation focus. Nonetheless, the CHC says:

> *It was not at all clear why some questions were inserted and not others: why some questions were very specific, others very generalised, some not clearly linked into the consultation document, others asking for opinion where detail in the consultation [document] had been poor* (referral page 11, para 13).

13. In fact, the criteria for the choice of questions were clear – above all, ORS sought to ensure that controversial proposals, on which the public would naturally expect to express their views, were included; and so people were asked for their opinions in clear and concise questions about the following services and issues:

    Community hospitals

    Minor injuries units

    Women and children's services

    Emergency care

    Planned care

    Equalities issues

    Further comments text boxes.

14. The 8-page questionnaire focused on the right issues, for they are precisely the ones where the Board's decisions are now being challenged; and they are also the issues the CHC addresses in the final pages of its referral (pages 19-26). The well-designed questionnaire had clear instructions about its completion, included summary information and balanced questions on the main issues, and gave guidance on how to get further details. As well as inviting further comments in two large text boxes towards the end of the questionnaire, there were four other open-ended questions with large text boxes.

15. We addressed the main proposals within HDdHB's consultation document because it would have been unfair to the public and stakeholders if we had not sought their views on such important matters – or if we had used a much lengthier questionnaire to cover general principles of care once more (they were covered in the listening and engagement phase) and a wide range of options, implementation plans and detailed information about resources, budgets and financial management. Such a questionnaire would have been too long and complex, and it would have discouraged people from completing it – whereas the questionnaire used allowed them to express views on proposals for important services.

16. In relation to community care, the CHC suggests there was a poor match between the questionnaire and the consultation document; but feedback from the initial listening and engagement process was overwhelmingly positive about HDdHB's direction of travel – and so the consultation questionnaire was able to focus on the proposals. The CHC also asserts that the questionnaire's focus on some local issues disenfranchised potential respondents from other parts of Hywel Dda:

    This is a psychological 'turn-off' for questionnaire respondents in other parts of Hywel Dda and has been a disincentive to completing the questionnaire: ("not relevant to me!'') (referral, page 24).

17. This is silly – because the CHC would certainly have complained if we had omitted important and controversial local proposals from the questionnaire! In any case, there was plenty more in the questionnaire to interest residents generally (see the topics listed above) and the household survey received a good and fairly consistent response rate across all parts of the three counties; and while the open questionnaire had more responses from the areas affected by specific proposals, questionnaires were returned from across the entire area.

CHC's Critique of ORS' Consultation Report

Introduction

18. Despite asserting starkly that ORS' report of the formal consultation "fails the normal tests of validity, reliability and representativeness", the CHC provides no real evidence for its radical conclusion on the relevant pages (16-17, paragraphs 6- 8) of its referral document. The only three points it mentions are that, allegedly:

> ORS gave more weight to the more representative household survey findings than to the more numerous open consultation questionnaires
>
> The CHC does not know how the focus groups with members of the public were recruited
>
> The many submissions have been mis-reported by ORS.

19. As we shall see, the CHC provides little or nothing to justify its conclusions intellectually: with respect, the four paragraphs in its referral document are inadequate as a serious critique of ORS' 174 page report of the formal consultation.

Open Questionnaire and Household Survey

20. Our report argues that a proper interpretation of HDdHB's consultation programme should distinguish the findings of the various elements – for example, to compare the results of the open consultation questionnaire with the more representative random sample household survey, while also comparing the *quantitative* outcomes generally with the *qualitative* deliberative forums, focus groups and depth-interviews, on the one hand, and the public meetings, submissions and petitions, on the other. More specifically, we say that the results of the open consultation questionnaire (from 4,422 respondents) should be interpreted cautiously because the profile of respondents does not match the population profile for Hywel Dda at all closely – whereas the weighted household survey respondent profile is representative. For example, in the open questionnaire data, Pembrokeshire is very over-represented due to its high response rate (54% of responses, but only 32% of the Hywel Dda population) whereas Carmarthenshire and Ceredigion are under-represented (respectively with 37% and 9% of the responses compared with their actual 48% and 20% proportions of the Hywel Dda population). Similarly, older people (aged 55 to 75+ are highly over-represented compared with those aged under-44 who are very under-represented. In contrast, the achieved household survey sample, though smaller, is broadly representative of the population overall and within each county.

21. As social researchers, we have a responsibility to point out such facts, to encourage readers of our report to interpret the data. After all, the Board has a responsibility to consider the opinions, interests and needs of the whole of Hywel Dda; and it should not be unduly influenced by unrepresentative data from some over-represented areas.

22. Whereas the CHC asserts simplistically that "ORS…afforded greater weight" to the household survey data than to the open questionnaire (paragraph 6, page 16), our report actually says the following:

> *These issues are important, for whereas the open consultation questionnaire (public meetings and submissions from community groups) makes the opposition to many of the HDdHB proposals very clear, the findings of the household survey, deliberative focus groups with*

> *members of the public and staff, and the submissions from professional bodies, present a very different picture and* ***deserve at least as much notice as the outcomes of the open consultation questionnaire****.* (Full Report, page 9, para 8 with added emphasis.)

23. At the end of our Executive Summary, we say further that:

> *As we have said, the household survey findings are much more representative of the general population than the open consultation questionnaire data – in which Pembrokeshire, and also people aged over-55, are very over-represented compared with Ceredigion, Carmarthen and those under-44. Of course,* ***the responses to the open questionnaire reflect the strength of feeling of many people in Pembrokeshire****: that is democracy in action; and it is good that people organise to promote their ideas and protect their interests; but the HDdHB has to make public policy choices on the basis of the safety, quality and sustainability of services, as well as accessibility, for the whole of Hywel Dda.* (Full Report, page 20, para 19 with added emphasis.)

24. To highlight the key points: ORS fully reported the opposition to the Board's proposals in Pembrokeshire (and also Llanelli) and said only that the other important elements of the consultation programme "deserve at least as much notice as the outcomes of the open consultation questionnaire". Despite what the CHC says, we certainly did not dismiss the open questionnaire findings; indeed, chapter 4 of our report presented both sets of findings side-by-side systematically. In this context, the CHC's assertion that the ORS report "fails the normal tests of validity, reliability and representativeness" seems perverse.

Focus Group Recruitment

25. The CHC has even less reason to say (in its second main point) that it does not know how the focus groups with members of the public were recruited, for the Introduction to chapter 3A of our main report provides the essential details:

> *In order to provide thoughtful consideration of the issues by a wide range of 'ordinary' members of the public, ORS recruited and facilitated seven focus groups across the whole of the HDdHB area during August and September 2012. The focus group participants were selected semi-randomly by ORS via random digit dialling in each of the seven locality areas – and broad recruitment quotas were used for gender, age and other characteristics in order to ensure a wide cross-section of participants. Care was taken to ensure that potential participants were not disqualified or disadvantaged by disabilities or any other factor – and in accordance with standard good practice, the participants were recompensed for their time in taking part. All of the meetings were well attended, and broadly representative in terms of age, gender, social grade and limiting long-term illness…ORS recruited and facilitated the seven meetings in each of the seven HDdHB localities, as follows:*
>
> *North Ceredigion (Aberystwyth) – nearest general hospital Bronglais – 10 attended*
>
> *South Ceredigion (Lampeter) – nearest general hospital Bronglais – 8 attended*
>
> *North Pembrokeshire (Newport) – nearest general hospital Withybush – 9 attended*
>
> *South Pembrokeshire (Pembroke Dock) – nearest general hospital Withybush – 11 attended*

Amman Gwendraeth (Tumble) – nearest general hospital Prince Philip – 11 attended

Llanelli – nearest general hospital Prince Philip – 9 attended

Tywi, Teifi and Taff Myrddin (Llandeilo) – nearest general hospital Glangwili – 9 attended.

26. Despite the above, despite ORS' report of the focus groups with members of the public extending over pages 59-84 in our report, and despite having heard detailed presentations of the findings by ORS, the CHC blithely says that:

> *No information about the criteria for the selection of respondents or any results/information regarding expressed views/responses has been given to the CHC.* (referral, page 16, para 6)

27. Of course, though, the CHC has received cogent explanations of the focus group recruitment process; and if it really believes it has not been informed of the "expressed views/responses" from the focus groups then it has only to consult pages 59-84 of our full report for the detailed account.

Analysis of Submissions

28. The CHC's third point to support its assertion that ORS' report of the formal consultation "fails the normal tests of validity, reliability and representativeness" is that the many written submissions were mis-reported by ORS. In fact, though, our analysis of the 274 written consultation submissions was conscientious and comprehensive – with three main elements:

Detailed summaries of 30 selected important submissions

Tabulated summary analysis of all the submissions

Separate analysis and report of organisations' responses to the open consultation questionnaire.

29. ORS summarised in detail 30 lengthy and important submissions in order to make their arguments and conclusions more accessible to Board members and other readers. It was impractical to summarise all the submissions in the same manner, but we chose a wide range for illustration, and all the other submissions were included in a structured tabulated analysis. Given the difficulties of summarising such complex and important submissions accurately and fairly, we are proud that *not one single organisation has complained about the accuracy, content or style of our summaries* of their documents in the formal consultation. The submissions that we summarised in detail in our report are listed below.

Royal College of Surgeons: Professional Affairs Board in Wales

Royal College of Paediatrics and Child Health and the Paediatric and Child Health National Speciality Advisory Group

Royal College of Nursing in Wales

The Royal College of Midwives

National Clinical Forum

Wales Deanery

Healthcare Professionals Forum

National Specialist Advisory Group: Mental Health

Powys Teaching Health Board

Society and College of Radiographers

Chartered Society of Physiotherapy

Public Health Wales

Welsh Ambulance Services NHS Trust

Hywel Dda Maternity Services Liaison Committee

Emergency Nurse Practitioner Team Leader

Hywel Dda Community Health Council

Montgomeryshire Community Health Council

Betsi Cadwaladr Community Health Council

Prince Philip Physicians

Llanelli Rural Council

Report commissioned by Llanelli Rural Council (Bellis-Jones Hill, Healthcare Management Solutions)

CIHS / SOSPPAN

Residents of Glanymor Ward, Llanelli

Clinical Team Leader, General Surgery (Withybush)

Save Withybush Action Team (SWAT)

Pembrokeshire Health Concern

Ward 9 staff at Withybush hospital

South East Pembrokeshire Community Health Network

Pembrokeshire Health, Social Care and Wellbeing Forum

UNISON

aBer Campaign Group.

30. Once more, though, the CHC appears not to have studied our full report, for our summaries and tabulated analysis of the written submissions is in chapter 4, pages 117-169 (and is then followed by an analysis of petitions in chapter 5).

31. Our report says rightly that the impression the submissions make on readers will depend on the relative weights given to the views of professional bodies, on the one hand, and community organisations, on the other – but we make no judgements about which submissions are the most important. For example, our report says:

> *The submissions made during the consultation are clearly very important and the fall into two distinct groups: those from professional bodies, which broadly support HDdHB's proposals (while raising issues about the implementation of 'community care'), and those from residents and community organisations, which typically object strongly to any centralisation at the expense of access. The conclusions the Board reaches about the issues will depend*

> *partly on how its members weigh the professional bodies' submissions alongside those from community groups and residents. This is a critical issue. For example, the National Clinical Forum believes HDdHB has been too conservative in trying to protect acute services at four sites because it believes that only a two-site solution is sustainable and safe for patients in the long run. Of course, community groups and most residents would abhor a two-hospital model for Hywel Dda – so the tension between safety, specialisation and resilience, on the one hand, and access, on the other, defines the dilemma for the Board: many oppose the proposed changes even though some professional groups believe HDdHB's review of the current pattern of services is too conservative.* (Full report, pp 20-21, paras 9 and 10.)

Unjust Imputations

32. The referral document claims that all along the CHC had:

> *…well-evidenced misgivings about the integrity, reliability and validity of the research data as well as ORS' conclusions that were passed to the HB* (referral, page 11, para 13).

33. The claim is surprising because at no stage did the senior CHC officers who attended our several presentations to the Board ever express their disagreement with our approach! For example, when the Board chair emphasised at a meeting the interpretation principles on which our report would be based, the CHC officers did not dissent. Indeed, on more than one occasion we were complimented by CHC senior officers for the quality of our work and presentations!

34. While honest disagreement about methodologies is understandable in relation to controversial consultations on public policy, innuendos about alleged bad faith are a different matter – and so we are disappointed that the CHC says ORS willingly distorted its research to serve the Board's interest! For example, it declares that:

> *{T}he outcome of consultation was a foregone conclusion and…the feedback process was deeply flawed, to the extent that it had* ***provided the decision-maker with the 'intended result', rather than reflect back the range of negative opinion from consultees*** *about content, process and outcome. We were repeatedly cited the mantra that 'consultation is not a referendum'* (referral, page 12, para 14 with added emphasis).

35. Let there be no misunderstanding here: ORS did not distort the consultation findings to suit the Board's wishes; our long report detailed all the outcomes fully while indicating the need for interpretation; and we did not take sides on the substantive proposals. It is irresponsible and unworthy of the CHC to suggest otherwise, and the CHC's innuendos go well beyond reasonable comment.

Conclusions

36. Despite the CHC's innuendos, the ORS report provided a thorough guide to *all* the consultation outcomes and the issues arising in their interpretation. Our report said that the Board and readers in general should interpret both the quantitative and qualitative findings together – so we highlighted the different consultation methods, we showed the spectrum of opinions, and we emphasised that interpretations and professional and political judgements are required to make meaningful decisions in the light of the consultation.

37. Therefore, it is disappointing that the CHC is so critical of ORS' report without convincing evidence. Perhaps, the underlying reason for the CHC's critique – in particular its preference for the open questionnaire over the more representative household survey – is that *it believes that the outcome of consultation should be determined by majority opinion*. In our opinion, consultation should not be primarily a 'popularity contest' in which public policy is determined simply by the loudest voices or most effective campaigns. In the last quotation cited above from its referral document, the CHC complains that, "We were repeatedly cited the mantra that 'consultation is not a referendum'". It is the CHS's sensitivity on this issue that accounts for its hostility to our report's discussion of the open questionnaire – because, ultimately, the CHC thinks consultation is only a 'numbers game' in which the most or the loudest voices should prevail.

38. However, authorities consult because they are accountable – which in this context means giving an account of their ideas and then taking into account public and stakeholder views. It does not mean that the opinions of the majority should automatically decide public policy. Consultations are not referenda: they should inform, but not displace, professional and political judgements, which should assess the cogency of the views expressed. The CHC evidently dislikes this approach and feels aggrieved that the views expressed in the open consultation questionnaire did not prevail with the Board. In our opinion, though, the Board was not only entitled, but also required, to interpret the diverse consultation findings; and our report sought only to facilitate its consideration of these matters.

39. Of course, any fair interpretation of the consultation requires an adequate understanding of the data; just as a critique of the ORS report requires evidence and fair consideration to qualify as reasonable and objective. Unfortunately, in our opinion, the CHC's critique of our reports fails to meet these basic intellectual standards and its suggestion that ORS produced an "intended result" for the Board is irresponsible and insulting to both ORS and the Board. That is unworthy of the CHC.

40. In response, we have addressed the methodological issues raised by the CHC. We have shown why it was reasonable for us to invite the Board to consider the household survey findings alongside the open consultation questionnaire; we have demonstrated that the CHC was not deprived of information about the focus group recruitment and the outcomes of those discussions; we have argued that our report of the written submissions was both conscientious and competent; and we have shown that the Gunning principles were fulfilled and that the questionnaire fairly addressed the proper issues. In this context, the CHC's groundless assertion that ORS' report "fails the normal tests of validity, reliability and representativeness" seems perverse.

Dale Hall, Managing Director, ORS March 5 2013