

# Dorset's Clinical Services Review Consultation on Healthcare Services in Dorset

## ORS on Interpreting the Consultation Findings

Opinion Research Services (ORS) is a spin-out company from Swansea University with a UK-wide reputation for social research and major statutory consultations, including reconfiguration projects for Healthier Together Greater Manchester, NHS Wales South Wales Programme, Imperial College NHS Trust, Bedfordshire NHS Clinical Commissioning Group, Hertfordshire NHS, and Hywel Dda and Betsi Cadwaladr local health boards, as well as other major consultations for local authorities and the emergency services.

ORS was appointed by NHS Dorset Clinical Commissioning Group (DCCG) to provide an independent report of the formal consultation programme which forms part of Dorset's Clinical Services Review (DCSR) on healthcare services in Dorset. This document summarises ORS's approach in that role.

### Nature of Consultation

Consultation should promote accountability and assist decision making: public bodies should give an account of their plans or proposals and they should ensure that all responses are taken into account in order to:

- Be informed of any issues, viewpoints, implications, groups or options that might have been overlooked;
- Re-evaluate matters already known; and
- Review priorities and principles.

Nevertheless, a consultation is not a vote; and influencing public policy through consultation is not simply a 'numbers game' (that is, a 'popularity' or 'unpopularity contest') in which the loudest voices or the greatest numbers automatically determine the outcome. Interpreting the overall meaning and implications of consultations is neither straightforward nor just 'numerical', for all the various consultation methods have to be assessed.

All types of consultation responses are important – for example, in DCSR's Consultation on Healthcare Services in Dorset we expect a range of different responses from individuals and organisations as a result of the following activities:

- the open consultation questionnaire;
- the residents' telephone survey;
- focus groups with residents and any other deliberative events;
- written responses (including comments provided on the telephone and via social media) and petitions;
- public and staff meetings;
- social media activity;

ORS will prepare an independent analysis and report so that all of the responses may be taken into account. Some contributions will be highlighted as significant in terms of at least one of the following criteria:

Relevant to and/or having particular implications for the model of care and/or one or more of the options

Well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective

Deliberative – based on thoughtful discussion in public meetings and other group settings

Representative of the general population or specific localities

Focused on the views from under-represented people or equality groups

‘Novel’ – in the sense of raising ‘different’ issues to those being repeated by a number of respondents or arising from a different perspective.

ORS will identify where strength of feeling may be particularly intense while recognising that interpreting consultation is not simply a matter of ‘counting heads’.

## Open Consultation Questionnaire and Residents' Survey

The findings of the open consultation questionnaires (online, paper and easy-read) and the residents' telephone survey will be reported in detail in substantial statistical chapters. The residents' survey is a statistically robust guide to overall public opinion across Dorset (including areas bordering Dorset where residents use some Dorset NHS services), with only broad area and sub- group analyses possible. The open consultation questionnaire provides considerable information about the views of particular groups and individuals at very local levels; but it is less appropriate as a guide to overall opinion because the profile of people that respond will not match the overall Dorset population in terms of age, employment status etc. Nonetheless, the open questionnaire will be used to explore how people's and organisations' views differ by location, gender, age and other characteristics. In this context, ORS will show both the similarities and differences between the open questionnaire findings and the residents' survey by reporting them both fully. (See the Appendix for further details about the statistical analysis.)

Of course, it is for the DCCG (not ORS) to determine the emphasis to be given to the open questionnaire in comparison with the residents' survey and responses gained via other consultation activities, while bearing in mind that consultation is not just a 'numbers' game. In other words, the question is not '*Which findings should determine our decision?*' but '***What evidence or considerations have emerged that should influence the debate and decision making process about the reconfiguration?***'

## Written Submissions

To contribute to the deliberations, all consultation submissions received by ORS or any of the partner organisations before the end of the consultation period will be recorded and included in the analysis. ORS will read all the written submissions and report them in a dedicated section; none will be disregarded even if they are not expressed in a "formal" way. Most submissions will be reviewed in a tabular format in order to identify the range of views and issues as well as common themes. A variety of written submissions will be summarised in detail to make these sometimes lengthy documents accessible to the public generally and to highlight their main arguments and any alternative proposals (whilst of course ensuring that anonymity is preserved where necessary). The detailed written summaries of submissions will cover the following (non-exhaustive) range of individuals, groups and organisations (in no particular order): professional bodies and NHS organisations; local authorities and statutory bodies; special interest, voluntary and local groups; residents; town and community councils; GPs and other health professionals/groups; staff members and groups; county Councilors; and MPs.

Submissions will initially be classified based on the type of individual or organisation submitting the response. They will then be read in their entirety and the key themes and issues raised will be carefully classified and recorded using a standardised code frame. Any submissions that present new evidence or further analysis or challenge the assumptions used to devise the proposed changes to local healthcare services across Dorset, or raise equalities issues, will be identified during this process. The DCCG team will also have copies of all consultation submissions, and they will independently review any submissions that present technical arguments or require more detailed consideration.

The themes raised by every submission will be summarised and reported. Where multiple submissions present the same or very similar arguments, or refer to the same evidence or assumptions, they will normally be summarised collectively in the report of consultation findings. Whilst the report will identify the range of organisations and individuals that share these views, the issues themselves will be reported without undue repetition. This will ensure that the decision making board are able to consider important issues identified.

Submissions that present unique or distinctive arguments, or that refer to different evidence, will typically

be summarised individually in the report of consultation responses. Whilst such views may be advanced in a single submission, it is important that the DCCG are able to consider such perspectives in their decision-making process.

## Public Meetings, Staff Forums, Petitions and Standardised Submissions

Across the consultation DCCG will encourage people to consider the consultation document and complete the consultation questionnaires to be submitted to ORS for analysis. Any additional information collected at public events and meetings will be collected and submitted on a standard feedback form. All of this information will be reviewed and summarised in a commentary chapter – highlighting opinions on the options, alternatives proposed, differences in views by areas and groups, and any other matters felt to be important by the participants and/or commentators.

Petitions and standardised submissions are important expressions of opinion and will be given due consideration both by ORS and the CCG. In interpreting and reporting them, ORS will take account of the 'petition statements', the numbers of people signing, and the ways in which they were compiled.

## Public Focus Groups

14 public focus groups (one in each Dorset CCG Locality and one in West Hampshire) will be convened, recruited, facilitated and reported by ORS. Each session will comprise a randomly recruited selection of residents, and targets will be set to ensure the groups are broadly representative of the areas in which they are held and that participants have no specific links to - and thus bias towards or against - the Health Service.

All consultation elements are important and none should be disregarded, but focus groups are particularly worthy of consideration because they will: allow extensive explanation of the consultation issues and detailed reasons for proposed changes; ensure participants can consider these issues in depth; and fully explore the arguments and reasons for people's opinions, which are given on an informed basis.

The views expressed in the focus groups will be reviewed and summarised in a commentary chapter – highlighting opinions on the options, any alternatives proposed, differences in views by areas, groups and demographics, and any other matters felt to be important by the participants and/or commentators.

## Interpreting Findings

Importantly, the different consultation methods cannot just be combined to yield a single reconfiguration scenario that reconciles everyone's differences and is acceptable to all the CCG and local authority populations – for two main reasons. First, the various consultation methods differ in their nature and their outcomes cannot be just aggregated into a single result. Second, the populations in different areas will inevitably have different perspectives on the reconfiguration options and in our experience there is no formula in any consultation process that can reconcile everyone's differences in a single way forward.

In this sense there can be no single 'right' interpretation of all the consultation elements and ORS is clear that its role is to analyse and explain the opinions and arguments of those who have responded to the consultation, but not to recommend any single option or variant.

## Role of Clinical Commissioning Group

It is for the CCG to take high-level policy decisions based on their understanding of the safety, quality and sustainability of the services they commission and other relevant considerations. In their deliberations, the members of the CCG will review the evidence and considerations that emerge from consultation while also taking account of all the other relevant evidence. Ultimately, the final decision will require the members of the CCG to assess the merits of the various options as the basis for public policy.

## Appendix: ORS's Statistical Analysis

### Open Consultation Questionnaires

All questionnaire responses (online, paper and easy read) in which at least one of the consultation questions was answered and received by ORS or any of the DCCG partner organisations before the end of the consultation period will be included in the statistical analysis, regardless of whether the profile questions were answered. The only exceptions may be where there is clear evidence of duplicate questionnaires being submitted by a single respondent (for example, identical photocopied forms or identical online submissions from the same IP address and cookie).

All open-ended responses will be read and classified using standardised themes. Any inconsistencies between the closed questions and the open ended responses will be reviewed and reported.

For respondents providing a postcode, location information will be geocoded and spatial data appended to the response – including potentially CCG Locality and Local Authority area, other statistical geographies (such as Super Output Areas), current catchment hospital, distance to catchment hospital, and relative deprivation of the area.

The responses will be grouped into appropriate sub-groups for analysis (for example, considering responses from organisations separately from responses from staff and responses from residents), with results considered on an area-by-area basis where possible. For spatial analysis, the average number of responses in each distinct area will be greater than 100; and all areas will have at least 50 responses. Results will typically be presented graphically using GIS maps to illustrate any patterns in the spatial analysis. Analysis will also be undertaken by socio-demographic classifications – in particular, the equalities groups identified by the profile questions, for example age, disability, working status etc – and will focus on themes raised through the open ended responses.

### Residents' Survey

All responses to the residents' telephone survey will be included within the analysis. The survey will include residents from the whole of Dorset, as well as areas bordering Dorset where residents use Dorset NHS services. The telephone survey is quota controlled to ensure a broadly representative sample of residents is interviewed in each area based on age, gender, ethnicity and working status. Responses will be statistically weighted as appropriate to take account of the different populations in each area. Subsequently the socio-demographic profile of respondents will be compared with other published population data, including the 2011 Census to establish if any sub-groups are over- or under-represented in the achieved sample – and, if necessary, further weights will be derived to compensate. The residents' survey should then be representative of the relevant population using Dorset NHS services; but the characteristics of both the unweighted and weighted samples will be reported alongside equivalent information about the population as a whole.

All open ended responses will be read and classified using standardised themes. Any inconsistencies between the closed questions and the open ended responses will be reviewed and reported. As for the open questionnaire, responses where a postcode is provided will be geocoded and spatial data appended – including CCG and Local Authority area, other statistical geographies (such as Super Output Areas), current catchment hospital, distance to catchment hospital, and relative deprivation of the area. For spatial analysis, the average number of responses in each distinct area will be greater than 100; and all areas will have at least 50 responses. Results will typically be presented graphically using GIS maps to illustrate any patterns in the spatial analysis. As for the open questionnaire, analysis will be done by socio-demographic classifications, e.g. age etc., focusing on themes raised through the open ended responses.