

This item was submitted to Loughborough's Institutional Repository (<https://dspace.lboro.ac.uk/>) by the author and is made available under the following Creative Commons Licence conditions.



CC creative commons
COMMONS DEED

Attribution-NonCommercial-NoDerivs 2.5

You are free:

- to copy, distribute, display, and perform the work

Under the following conditions:

BY: **Attribution.** You must attribute the work in the manner specified by the author or licensor.

Noncommercial. You may not use this work for commercial purposes.

No Derivative Works. You may not alter, transform, or build upon this work.

- For any reuse or distribution, you must make clear to others the license terms of this work.
- Any of these conditions can be waived if you get permission from the copyright holder.

Your fair use and other rights are in no way affected by the above.

This is a human-readable summary of the [Legal Code \(the full license\)](#).

[Disclaimer](#) 

For the full text of this licence, please go to:
<http://creativecommons.org/licenses/by-nc-nd/2.5/>

EFFECTIVE STAKEHOLDER CONSULTATION: A COMPARITIVE ANALYSIS

S.S. Mahadkar¹, G.R. Mills² and A. D. F. Price³

ABSTRACT

The healthcare sector is subject to many rapid changes in: technology, policy, demographics and financial investment. It is thus essential that an effective dynamic infrastructure planning system integrates care service design, estates planning, accessibility and carbon analysis. In this change oriented scenario, the importance of stakeholder consultation and public participation is highly topical with widespread advocacy in government policy literature and healthcare literature. The main aim of this paper is to explore how decision making and stakeholder consultation can drive value within infrastructure decision making in line with Section 242 of the NHS Act 2007. This has been achieved through interpretation of mini web-based case studies of consultation exercises conducted within various PCTs in England. Stakeholder consultation is investigated through different perspectives and at different levels of detail. A framework is further developed based on the literature review as proposed by various authors in order to ensure that stakeholder consultation policy and practice is more efficient and effectively delivered.

KEYWORDS

Consultation, Community Engagement, Stakeholders

¹ Research Assistant Department of Civil and Building Engineering, Loughborough University, LE11 3TU, UK. S.Mahadkar@lboro.ac.uk.

² Research Associate, Department of Civil and Building Engineering, Loughborough University, LE11 3TU, UK. G.R.mills@lboro.ac.uk.

³ Professor and HaCIRIC Co-investigator, Department of Civil and Building Engineering, Loughborough University, LE11 3TU, UK. A.D.F.Price@lboro.ac.uk.

1 INTRODUCTION: POLICY CONTEXT

The current healthcare landscape is influenced by complex funding mechanisms, legacy of out-dated buildings and changing patterns of demand for healthcare services, along with the complex involvement of many stakeholders. Public involvement has today and in the past been expressed as the central pillar of the health policy process across the developing world (Wait and Nolte, 2006); its importance as a policy driving tool has also been expressed in recent healthcare improvement initiatives such as the Darzi 'Next Stage Review' and World Class Commissioning which require Primary Care Trusts (PCT's) to lead and seek continuous and meaningful engagement with people, patients and communities to help shape services and improve health (Darzi, 2007, Darzi, 2008, Department of Health, 2007b, Woodin and Wade, 2007).

Stakeholder consultation and public involvement in the healthcare planning process is significantly driven by legislation at a NHS Trust board level. Trusts are becoming increasingly aware of the responsibilities and liabilities placed on them to consult stakeholders and the risks that they can face if consultation is inadequate. As a result, many are defining legal and operating frameworks to ensure compliance with national guidelines and legislation. Service review and estates reconfiguration programmes may be among the most important to consult on, as county wide Master Plans impact on large populations and inequalities can be widespread. The NHS sits within a well developed regulatory structure, for example.

- The Health and Social Care Act (2001), specifies the need for NHS organisations to obtain approval from the appropriate Local Authority Overview and Scrutiny Committees (OSC) on substantial change proposals.
- Section 242 of the Local Government and Public Involvement in Health Act requires that Trusts involve, consult and respond to users and the public and make explicit the decision making framework and the trade-off between: affordability, acceptability and clinically safe and effective outcomes (Figure 1).

The National Health Service Act 2006 consolidates much of the legislation concerning the health service. Section 242 of the Act (2006) of the Local Government and Public Involvement in Health Act came into force on 1 March 2006. It originally stated that Strategic Health Authorities, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts must: *"...make arrangements with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are, directly or through representatives, involved in and consulted on: (a) the planning of the provision of those services, (b) the development and consideration of proposals for changes in the way those services are provided, and (c) decisions to be made*

by that body affecting the operation of those services.” However, the duty placed on Trusts to involve patients has been further strengthened after Royal Assent on 30th October 2007 (Department of Health, 2006a, Department of Health, 2007a).

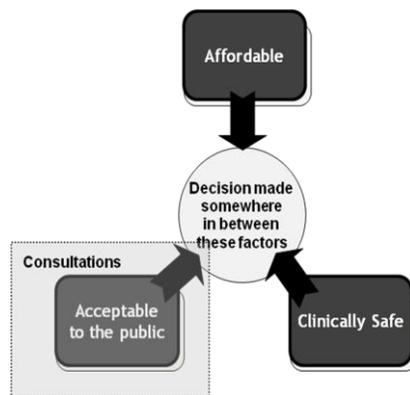


Figure 1: Guidance for NHS organisations on Section 242 (1B) of the NHS Act 2006 (DH 2007)

This requires a number of changes to the way the NHS is expected to involve and consult communities in the planning and development of services that came into force 1st April 2008. Further to the previous statement: “...everybody that is responsible for delivering health and social care services (commissioners and providers) to involve, consult and respond to users and the public in, (a) the assessment of needs and preferences of their user population; (b) setting local priorities and deciding what services are commissioned; (c) the decision making process of commissioners.. ; (d) the reconfiguration of services and significant structural change; and (e) the ongoing quality improvement process as a result of feedback.”

This statement places responsibility on all commissioners and providers, including those responsible for estates and facilities. It also defines the need for authorities and Trusts to involve, consult and respond to their decision making processes especially when there is significant structural change involving reconfiguration of services. As such, stakeholder consultation will have to become part of estates and facilities departments’ toolkits and construction consultant firms’ service offering.

1.1 Generic Code of Practice on Consultation

The majority of Trusts are citing Section 242 of the NHS Act 2006 because of the legal imperatives that it places on PCTs, however, a more recent multi-sector (non-statutory) consultation code has been released. The first edition of this code of practice was written in 2000 and introduced by the Cabinet Office to ensure better written consultation (Modernising Public Services Group, 2000). The

current Code of Practice was developed following a review of government consultation practices in 2007. A number of public sector organisations have signed up to the Code of Practice on Consultation, including the Department of Health. The Code only sets out government’s general policy on formal, public, written consultation exercises and does not have a legal standing and cannot prevail over statutory or mandatory requirements (Better Regulation Executive, 2008), which sets it apart from Section 242 which is legally mandatory. This Code of Practice provides useful guidance on when to consult; duration, scope, accessibility and clarity of consultation; responsiveness of the exercise along with the capacity to consult while executing written consultations. This paper starts to document the approaches taken towards consultation across England and highlights the need for better integration between estates and patient and public involvement functions during healthcare planning activities. Based on Section 242 of the NHS Act 2006, the following legislative structure was developed which was used to capture the PCT case studies within this paper (Table 1). Along with this, an evaluation framework was also developed, which will be discussed further in the paper.

Table 1: Legislative structure based on Section 242 of the NHS Act 2006

| | | | | | |
|-----------------------|--|---|--|---|---|
| NHS Act 2006 | (a) The planning of the provision of those services | (b) The development and consideration of proposals for changes in the way those services are provided | | (c) Decisions... affecting the operation of those services | |
| NHS Act Dec-07 | (1) The assessment of needs and preferences of their user population | (2) Setting local priorities and deciding what services are commissioned | (3) The decision making process of commissioners | (4) The reconfiguration of services and significant structural change | (5) The ongoing quality improvement process as a result of feedback |

2 RESEARCH METHOD

Consultations are complex planning processes that involve many stakeholders in different activities over considerable periods of time. A Trust’s consultation process and their decision making process are related; in that broader stakeholder views inform or are informed by key stakeholder decisions. In this paper, consultation and decision making processes are seen as separate but interrelated. As such, it is necessary for making an evaluation of a consultation to understand both this process and the decision making process to assess how successful it has been. A multi-method action and desk-based triangulation approach was adopted to evaluate the consultation processes. This paper documents how this was achieved from two prospective: the first is a broad national perspective using web based document analysis; and the second a deep local perspective using action

based research. These perspectives have been combined to develop an evaluation framework that can be used to assess consultations as they align within the broader multi-stakeholder strategic planning process.

2.1 Literature Review: Cross Comparison of Consultation Evaluation Frameworks

A literature review of stakeholder involvement theory and practice was conducted and assigned to a matrix for review and comparison. This matrix compared the various principles and broader benefits of stakeholder consultation and public involvement as suggested by MacFarlene (1996), Zakus and Lysack (1998), Philips and Orsini (2002), Pivik (2002), Crawford, Rutter et.al. (2002), and Zena Simecs and Associates (2003). From this comparison of evaluation criteria put forth by various authors seven higher order categories were identified for evaluating stakeholder involvement (Table 2). The evaluation framework is the final outcome of this review that can be applied across NHS PCT case studies in a more specific and detailed review.

2.2 Action Research: Local Primary Care Trust Consultation Case Study

The stakeholder consultation process is a complex process that emerges alongside the infrastructure planning and design process. An action based methodology was adopted to investigate the multi-stakeholder approach to infrastructure planning within a local Primary Care Trust which was undergoing service reconfiguration. This facilitated the opportunity to witness firsthand the multi-intuitive and multi stream approach adopted by the PCTs to execute their planning processes; it also involved active engagement in the consultation exercise conducted by the PCT. As part of this, the research team was dynamically working with the communications and engagement team at the PCT and was also involved in the development of a live public consultation and service review. Questionnaire responses were received by email, in paper-based form and a web based questionnaire (this also included petitions and letters from various organisations). A total of 876 questionnaires and 78 letters were received. As such, action research was a necessary part of understanding the specific details of the interrelation of these processes. A grounded analysis of public comments was undertaken, to identify any additional aspects and ideas emerging from the data. Along with quantitative analysis of the questionnaires. A structured strategic analysis of the alignment of public comments with strategic plans and proposals was also conducted to provide a direct response and highlight positive and negative comments against the PCT's aims and proposals (extracted using document analysis). Further to this, a document and content analysis of all 80 letter responses was conducted, using coding to provide an overall view and site specific perspective (Mills, 2009).

2.3 *Web Document Analysis: Review of PCT Web Published Consultations*

This included a broad and unstructured analysis of all NHS PCT websites in England to extract available consultation documents and Public and Patient Involvement activities. This analysis, while complete, may have some limitations that will need to be validated with PCT representatives during the next phase of the research, as PCT websites had a very broad and varied organisational map, which meant that consultation reports or references to consultation websites or board minutes were categorised in sections that varied from “estates planning”, to “consultation”, “PALs”, “PPI”, “Statutory Consultations”, “Have Your Say” or “Get Involved”. Other PCTs had devised their own brands specifically for public consultation and engagement. The matrix used for the evaluation of the consultations conducted by the PCTs is structured around the Legislative structure of Section 242 of the NHS Act 2007. This provided a mandatory framework of compliance criteria that could initially be used and which could later be replaced by the framework formulated by this work.

3 LITERATURE REVIEW

Alignment of Stakeholder Consultation Assessment Methods

There have been various guidance documents supporting Patient and Public Involvement in England, however, few have been focused on activities to be performed by estates and facilities teams, who are often at the centre of estates reconfigurations and significant structural changes. Some clinical guidance is starting to provide guidance specific to clinical pathways, against those identified in 'High Quality Care for All' (Darzi, 2008). A report published by the Picker Institute summarises the results of a survey which assessed the impact of the World Class Commissioning framework on patient and public engagement (PPE) in commissioning (Picker Institute Europe, 2009). The findings show that PCTs have reported significant changes to their organisation of PPE in commissioning amounting to the beginnings of a cultural shift. Various authors have proposed different principles for the assessment of stakeholder consultations. These principles and the broader benefits of stakeholder consultation and public involvement as suggested by MacFarlane (1996), Philips and Orsini (2002), Pivik (2002), Abelson et al. (2003), Crawford, Rutter et.al. (2002), and Zena Simecs and Associates (2003) have been compared and can be found in Price et al. (2009). In order to facilitate this discussion, these are categorised around the following themes: communication, outcomes, participant support, patient involvement, public engagement, resource utilisation, patient and public participation and leadership and evaluation. It is important to provide information and feedback to the participants of the consultation. In order to promote sharing of experiences and information Zena Simecs and Associates (2003) and

MacFarlene (1996) suggest inclusiveness within the consultation so that it meets the interests and needs of all the participants. It is imperative to enhance community awareness of health issues and educate citizens to control their healthcare, become more informed about issues and also have a readiness for effective involvement with an assessment of resources, costs, capacity, influence and accountability (Phillips and Orsini, 2002; Zakus and Lysack, 1998; Pivik , 2002; Crawford et al. 2002; Zena Simecs and Associates, 2003). Majority of the authors felt that consultation assessment methods should generate better options by providing different perspectives along with policy outcomes. All the authors felt that patient involvement was also important as it decreased feelings of alienation along with increasing feelings of inclusion, sense of control and problem solving. It also increased networking between provider and community members which could also lead to changes in attitudes of the organisations involving patients e.g. staff attitudes towards patients became more favourable and open; effects on users e.g. patients welcomed the opportunity to participate, self-esteem was increased. However some patients also reported dissatisfaction with the process. Four out of the six authors also suggested that public engagement fosters and teaches skills for being a responsible citizen and a heightened sense of responsibility and conscientiousness regarding health. Enhanced sense of control and empowerment within the community is necessary as people should have a say in the decisions that affect their lives. Zakus and Lysack (1998); Pivik (2002) and Zena Simecs and Associates (2003) also stress the importance of resource utilisation by directing them to the highest needs as defined by the community. Healthcare decisions should reflect the needs, values and culture of the community along with the efficient use of scarce resources. The resource utilisation process should be fair and competent, a right fit with goals, and should utilise methods of involvement that have an impact and a collaborative dialogue. Zena Simecs and Associates (2003) further describe the right type of participants as individuals who are willing to participate and are representative, broad and diverse and the right leadership where the leader guides the process towards the desired results, facilitating working together, adapting to changes and follows-up. Getting the right participation is also important along with seeking out representation from every stakeholder group involved and affected.

The following evaluative framework (Table 2) has been developed on the basis of a literature review and cross comparison between different principles of stakeholder assessment. This framework serves as a checklist of measures to ensure that a consultation is well rounded and effective; along with ascertaining that the consultation exercise and the feedback received is appropriately fed into the decision making process. It also ensures that future NHS structural changes are delivered efficiently and effectively and PCT decisions do not get escalated to the Secretary of State and overturned resulting in huge delays and budget

overruns, and more importantly the Trusts can demonstrate good stakeholder value for money. It is important for managers and planners to cope with the constantly changing dynamic healthcare environment in order to reduce uncertainty and indecision that surrounds the debate of reconfiguration of healthcare facilities This framework has been developed to enhance public consultation from a ‘must do’ exercise to deliver value and practical improvement to a project. However, it must be noted that certain criteria such as ‘accountability of decision making’, ‘transparency of decisions’, ‘impacting policy’, ‘degree of citizen control’ will always be subject to interpretation and the degree of measures will be left up to the decision makers.

Table 2: Evaluative Framework: Checklist and Measures for Effective Consultation

| Criteria | Measures |
|--|---|
| 1) Representativeness of Participants | Identify stakeholders |
| | Balance selection and monitor representativeness |
| | Getting in touch with ‘Hard to Reach Groups’ |
| | Demographic criteria |
| | Geographic selection |
| | Stakeholder weighting |
| | Total response and response rate |
| 2) Participant Independence | Unbiased process |
| | Checks on independence of process |
| | Characteristic, accessibility, readability, digestibility of information |
| | Information interpretation, choice of experts/information |
| | Ethics, data protection, screening |
| 3) Influence on Policy | Output of procedure impacting policy |
| | Legitimacy and accountability of decision making |
| | Achievement of consensus over the decision |
| 4) Process Transparency | Transparency on the type of decisions |
| | Legal / Regulatory, Publicity, Auditability, Availability, Accessibility of process to public |
| | Degree of citizen control/point of input into agenda |
| | Level of staff (influential/junior) at the point of decision making |
| | Clarity of: purpose & feedback of consultation, resources and sample |
| | Impact of consultation on plans |
| 5) Resources | People: evidence of training, efficiency in execution |
| | Time demands: realistic & sufficient timetable |
| | Facilities: appropriate |
| | Expertise: to execute the task and participate |
| | Finance: cost + uncertainties |
| | Well designed surveys with overarching strategy |
| | Involvement in planning |
| | Cost effectiveness, benefit/cost |
| | Directed towards the highest needs as defined by the community |
| 6) Task Definition | Context justification: regulatory, social, organisational |
| | Scope of exercise |
| | Defined aims and outputs |

| | |
|--------------------------------------|---|
| | Rationale for exercise |
| | Choice of questions provider/access/waiting times/information/communication etc. specific |
| 7) Structured Decision Making | Procedures: format specification, group decisions & consensus |
| | Flexibility: worse case scenarios and strategy |
| | Appropriate approach selection |
| | Consistency & competence level of participants specified |
| | Validation of methods utilised |
| | Agreed standards and indicators |
| | Monitor trends and benchmark against comparators |
| | Priorities for measurement (topical/clinical) |
| | Publication of results |
| | Process and impact evaluation along with right leadership |

An Independent Reconfiguration Panel (IRP) is a body appointed to evaluate any schemes referred to the secretary of state by the Overview and Scrutiny Committee. They are appointed to investigate if the proposals and the subsequent consultations are appropriate to deliver safe, sustainable and accessible services. As such the lessons learnt by PCTs who have undergone an evaluation conducted by the IRP can also be a form of guidance that may establish the need for more specific best practice consultation advice and an evaluation framework. Key issues identified by the IRP include accessibility of the literature distribution, representative demographics, poor questionnaire design, inadequate choices, provision of financial information and 'journey times' with the proposals, sufficient weight for health inequalities and relative deprivation. These have also been considered in the framework formulation (Independent Reconfiguration Panel, 2008).

4 Findings

4.1 *Web Document Analysis: Review of PCT Web Published Consultations*

A web based review was conducted in order to investigate the consultation exercises with regards to significant estates and service changes within 149 Primary Care Trusts in England. These were initially categorised based on the legislative structure developed in line with Section 242 of the NHS Act 2006 (Rev.07); represented in Table 1. Information regarding the assessment of needs and preferences of their user population was recorded, for each PCT, based on the documentation available on each PCT's website (for example: Joint Strategic Needs Assessment). Following this, further information regarding the main consultation activity along with development and consideration of various proposals related to estates and services was also noted and analysed.

The majority of the consultation data collected were service (61%) and estates (38%) related. There were hardly any transport related consultations (1%). This re-instates the need to have an encompassing approach which integrates the three areas (estates, services and transport) and also has a definitive approach for introducing consultation within the infrastructure planning and decision making process.

Based on current consultation practices, the consultations were further categorised according to their sampling method: questionnaire, email feedback, telephone survey, public meetings, focus groups, PPI, forums, written submissions and comments, health fairs and events. It can be seen from the following diagram that the data collected showed that the most common method for collecting a sample was questionnaires and Patient Public Involvement events (56%), while patient forums were one of the least utilised methods. It should be noted that at a national level (Department of Health) consultations, patient forums are widely used, but it is not the same at a PCT level.

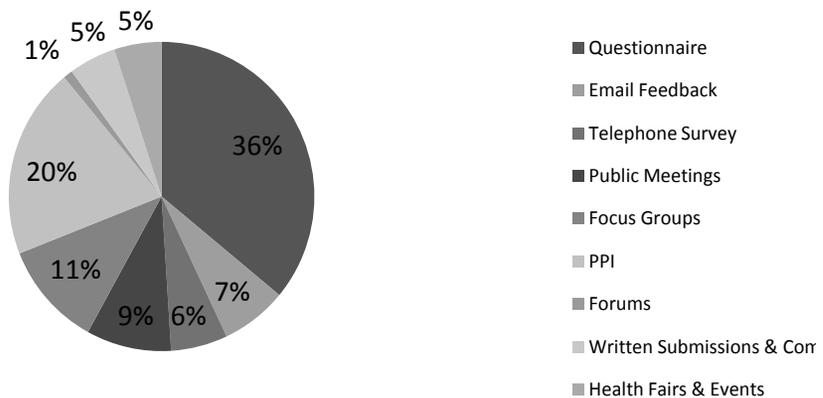


Figure 2: Sample Method Categorisation

Although a number of PCTs engaged in active consultation, very few received a good feedback response. Within the data collected from web-based case studies only 28 cases reported receiving over 100 responses (in a large number of cases the PCTs did not state the number of responses received). In most cases, PCTs either conduct patient centric focus groups or hold public meetings and events.

This web document review provided the following findings.

- There are large variances in the level of information provided to the public for their comments. Some PCTs provide broad regional visions in consultation documents that will affect a programme of infrastructure projects, while others centre on specific specialty services or facilities within a defined project.

- Few PCTs have consulted stakeholders on specific building qualities; the most frequent consultation issues are those relating to Master Planning, such as which site is the best location for a new service or facility.
- Those that have concentrated consultation on specific services or estates have frequently not provided a broader regional Master Plan or region wide service design strategy which could help stakeholders understand the context for change.
- Some Trusts are ineffective in organising specific public consultation events and engagement work streams; rather they are reliant only on open meetings and board room minutes to provide feedback. When this is the case there is little auditable evidence of a consultation.
- Some Trusts target specific user consultation groups and representative focus groups more than broad surveys. This could provide further specific detail of the subject area at issue and can allow proposals and options to be tested and feedback obtained quickly (for example: Buckinghamshire PCT).
- Some Trusts have worked with regulators such as DH and other agencies such as Healthcare for London to deliver broad consultation. As such these benefit from large sample sizes, however, if data are not provided for analysis at a local level this may prevent the delivery and evaluation of proposals as they address local needs.
- Some Trusts provide detailed and transparent evidence on the entire consultation process and provide feedback comments received from the public.
- Some PCTs have provided individual community health profiles for each of their areas as part of their Joint Strategic Needs Assessment (JSNA). These community health profiles provide information (health snap shot) in terms of inequalities, income, health, ethnicity and also a health summary which provides comparison against the national and regional average (for example: County Durham PCT).
- Some PCTs have detailed patient, carer, public involvement (PcPI) needs analysis and plans which facilitates the engagement process (for example: County Durham PCT).
- Some PCTs also have a Consultation Planning Group, established to advise on the process of consultation (for example: Cumbria PCT).
- Very few PCTs provided a response to the feedback received from the consultation and have indicated in detail how their plans have or have not changed due to the responses.
- Some PCTs engaged an independent organisation for the review of part of the public consultation (for example: University of Cumbria) and also for the entire consultation as well (commercial organisations such as

Proportion Marketing, Durham County and Darlington NHS Foundation Trust; Opinion Research Services, East and North Hertfordshire PCT).

- A few PCTs have distributed the questionnaires on the basis of patient flow within their county (for example: Darlington PCT).
- It should be noted that for the JSNA some PCTs include transport issues (for example: Darlington PCT), social inclusions, fear of crime and feeling of safety (for example: Derby PCT).
- Some PCTs have used scenario planning approaches that enable the balancing of benefits, simulation, and realistic decision making on the basis of hypothetical decisions designed to highlight trade-offs between either different values (e.g. equity and equality) timescales (short term/long term) or priorities (e.g. investment in prevention versus treatment) for example: Derbyshire PCT with Loop2, Unplanned Care at Doncaster PCT.
- Some PCTs have a stakeholder engagement strategy that broadly defines the principles and approaches taken to consultation, however, these have often not answered the more complex question of ‘What importance does each stakeholder hold throughout the decision making process? What should be the content of decision making?’ (for example: Devon PCT, Nottingham PCT).
- Some PCTs have used independent consultants to make an analysis of the effectiveness of pre, during and post consultation phases. Due to the nature of consultation and its alignment with the decision making process, evaluation often requires considerable amounts of information and a description of what stakeholders and value criteria drove both the consultation and decision making process (for example: East Sussex downs and Weald PCT, Haringey PCT).

Based on an initial analysis of the various case studies, the following cases were identified as exemplar cases either for their approaches to the consultation or their method for execution along with the analysis.

4.1.1 Liverpool Primary Care Trust Consultation Case Study Highlights:

In 2002, the NHS across north Merseyside developed a new Model of Care to fundamentally shift the planning of local health services. This move gained momentum with the White Paper, Our Health, Our Care, Our Say (Department of Health, 2006b) which outlined the need for a wider range of community based services offering patients choice, convenience, fairness and a better NHS experience. In order to modernise their primary care along with differentiating between health care that should be provided inside hospitals and those services which could be delivered more appropriately outside of hospitals Liverpool PCT decided to develop a sound out of hospital strategy. In order to achieve this, it

was necessary to involve all stakeholder groups and this was devised as the 'Big Health Debate' which comprised the following three phases of work.

- A self-completed questionnaire along with several visits to community groups and neighbourhood committees during August and September of 2006. Over 10,000 responses were received and a number of topics were generated for further investigation (Liverpool Primary Care Trust, 2007).
- Using the outputs of the first phase a deliberative event workshop was held with 150 participants to raise the issues of various trade-offs (not all services can be delivered in all localities) and also viability and affordability constraints. Out of the 150 participants, 100 were a cross section of the population of Liverpool aged 18-75 from a variety of locations and further 50 participants were healthcare professionals (GPs, pharmacists and dentists).
- Based on the finding of the first two phases, four service attributes were identified and in May 2007 the PCT employed a marketing research technique known as conjoint analysis for a sample of over 600 frequent users of primary care services. This enabled a quantification of the trade-offs of four attributes; differing opening hours, maximum travel times, willingness to see a GP other than their usual GP and a differing range of services (The Murray Consultancy, 2007).
- Alongside this survey, Liverpool PCT ran a set of 13 focus groups with a variety of harder-to-reach groups, a multi disciplinary workshop for health and social care staff along with 3 road shows for health professionals.

In order to inform transport and location issues, the PCT approached Merseytravel and the Highways Management Department of Liverpool City Council to undertake a study on accessibility planning using GIS. This study was conducted to identify a range of sites that would offer good accessibility based on the range of existing density and geographic spread of facilities. The Primary Care Trust Estates Department of the PCT also undertook a four-facet review of all the primary and community health care buildings in Liverpool investigating physical condition, functional suitability, space utilisation and ability to meet statutory requirements. They also developed a primary care infrastructure model based on space allocation data used by DistrictValuers. This was used to establish the relationships between practice list sizes and the recommended building space allocations and also allowed the exploration and flexibility of a range of services, opening hours and populations served. It also enabled schedules of accommodation to be linked to patient activity and running costs which was further used in the financial modeling. This infrastructure model can also enable to test if a facility is flexible as future services develop. While developing its proposals for reconfiguration of services the PCT also took into account its workforce and information management and technology (IM&T) issues. Thus, Liverpool PCT has used a range of innovative techniques in stakeholder

engagement, market research, accessibility planning and capacity planning, to produce a robust and rational way forward for its reconfiguration plans.

4.1.2 Salford Primary Care Trust

Since 2005 and up to 2009, Salford PCT had conducted 59 consultations. These range from being very specific consultations for certain conditions such as unscheduled care, cardiac rehabilitation, diabetes equality scheme to generic ones involving policy and commissioning such as primary care commissioning strategy, involvement of better care higher standards, involvement of refugee health. They have also conducted consultations around big public health issues such as ‘big drink debate’, ‘the big listening’, ‘public health-big listening-smoking cessation’ and public health lifestyle consultation. One of the main reasons for selecting this PCT is the sheer number of consultations conducted. Although the PCT provides the feedback analysis for all the consultations, it does not depict how this has been implemented within the PCT plans.

4.1.3 Trafford Primary Care Trust

Trafford Healthcare Trust undertook a public consultation on inpatient beds at the Altricham General Hospital. The responses to this consultation were evaluated by an independent analyst, Market Intelligence Unit and the School of Nursing at the University of Salford. This case has been selected due to the uniqueness of mapping the consultation process against the criteria put forth by the Cabinet Office Guidelines. The data were collected using consultation document response form. Quantitative analysis of the data using SPSS software was conducted using descriptive statistics such as frequencies and cross tabulations. Qualitative data from the open questions was reported using access queries, furthermore each response was analysed using thematic coding framework to categorise the comments into themes (Market Intelligence Unit and the School of Nursing University of Salford, 2007). The consultation process was benchmarked against the Cabinet Office Guidelines using subjective grading by each researcher against criterion and sub-criterion based on the evidence provided (communication strategy, consultation document, details of distribution and responses).

4.2 *Limitations and Future Research*

- Data have been collected using document analysis of web-based case studies. It must be noted that although some Primary Care Trusts may have conducted the consultation exercise, they may have not published the documents or results on their respective websites. These cases have not been accounted for in the research database.

- The data collected in relation to the consultation exercise were not uniform. In some cases, the Trusts have been explicit about the pre-consultation and consultation phases, providing detailed information about all the consultations that have been undertaken. In other cases, only references to the consultations were provided through the PCT meeting notes, newsletters etc. Thus, the analysis of the information gathered was subjective.
- All Trusts have undertaken consultation in line with Section 242 of the NHS Act 2007 (Department of Health, 2006a, Department of Health, 2007a); but this legislative act has been subject to varied interpretations by each Trust.

Described here are broad future research questions that have been highlighted as worthy of further investigation. The next phase of this research will involve contacting the community engagement officer for each Primary Care Trusts and validating the data collected against the type and number of consultations. The research questions that are proposed for this enquiry are:

- What are all the stakeholder involvement approaches and methods that have been used by PCTs?
- How can stakeholder consultation processes be further defined and aligned with decision making processes?
- What are the detailed measures and analysis instruments that can be used to measure the success of stakeholder consultation?
- How can stakeholder consultation processes be evaluated and what are the best approaches and methods in practice?
- How can modelling, simulation and visualisation tools be used for the purpose of stakeholder consultation to better provide information and enable stakeholder judgements?
- How can a new consultation approach, process and method be developed and used to involve stakeholders in accessibility and transport infrastructure planning?

5 CONCLUSION

All Primary Care Trusts have conducted public consultation which appears to be in line with legislation, however, there have been wide and varied interpretations of how this should be done. There is a lack of a clear definition and guidance to determine when care, estates or transport structural change consultation should be conducted and also a definitive approach should be introduced to determine at what point of the infrastructure planning process should these be carried out. Policies such as The Darzi Review, World Class Commissioning and other improvement initiatives such as 'Care Closer to home', 'Equitable access to

Primary Care', 'Sustainable Community Strategy' etc are driving consultation practice improvements, however, further tools and guidance is also needed. There is little empirical evidence that supports or refutes the hypothesis that consultation and public involvement can contribute to the quality of healthcare planning and delivery. Studies making an evaluation of the involvement of stakeholders in the definition and assessment of value, suggest that the public are uncomfortable making resource allocation choices, however, others state that this is not the case when stakeholders are given sufficient time and adequate support and information. They also show that stakeholders are more comfortable making evaluations of broad benefits and priorities at a general level than making specific decisions that may require technical expertise and experience.

Very few Trusts are using the most advanced approaches to priority setting. Instead they are selecting to use measurement methods that may bias outcomes or samples that may be inadequate. Few Trusts appear to use modelling, simulation or visualisation tools (e.g. GIS) the stakeholder consultation practice would benefit from the utilisation of these tools and will also help to improve stakeholder judgement making. There is a lack of understanding within Trusts on how stakeholder involvement should integrate with the business planning process, further detailed guidance is required to ensure that consultation is integrated into the decision making process and that the public are provided with enough information to make effective judgments.

REFERENCES:

- Abelson, J., Forest, P.-G., Eyles, J., Smith, P., Martin, E. & Gauvin, F.-P. (2003) "Deliberations About Deliberative methods: issues in the design and evaluation of public participation processes." *Social Science & Medicine* **57**: 239–251.
- Better Regulation Executive (2008) *HM: Government Code of Practice on Consultation*, Crown.
- Crawford, M. J., Rutter, D., Manley, C., Weaver, T., Bhui, K. & Fulop, N. (2002) "Systematic Review of Involving Patients in the Planning and Development of Health Care." *British Medical Journal* **325**.
- Darzi, L. (2007) *Our NHS, Our Future, NHS Next Stage Review, Interim report*, Crown.
- Darzi, L. (2008) *Our NHS Our Future*, Available online at <http://www.ournhs.nhs.uk/> [accessed on April 2008].
- Department of Health (2006a) *National Health Service Act 2006*, OPSI.
- Department of Health (2006b) *Our Health, Our Care, Our Say: White Paper*.
- Department of Health (2007a) *Duty to involve patients strengthened: Briefing on section 242 of NHS Act 2006 Revision*, Crown.
- Department of Health (2007b) *World Class Commissioning Vision*, Crown.

- Independent Reconfiguration Panel (2008) *Learning from Reviews: An Overview*.
- Liverpool Primary Care Trust (2007) *Developing a new health service for Liverpool: an outside of hospital strategy*, Liverpool Primary Care Trust's Design Studio.
- MacFarlane, D. (1996) "Citizen Participation in the Reform of Health care Policy: A case example." *Healthcare Management Forum* **9**: 31-35.
- Market Intelligence Unit and the School of Nursing University of Salford (2007) *Analysis and Evaluation of the responses to the Public Consultation on In-patient Beds at Altrincham General Hospital*, Salford, University of Salford, A Greater Manchester University.
- Mills, G., Price, A. D. F., Mahadkar, S., Sengonzi, R. & Cavill, S. (2009) "Who Really Counts in Strategic Asset Management: Using Stakeholder Weighting to Inform Investment Decision Making", *HaCIRIC International Conference: Improving healthcare infrastructures through innovation*, 2-3rd April., Brighton, UK.
- Modernising Public Services Group (2000) *Code of Practice on Written Consultation*, Crown.
- Phillips, S. & Orsini, M. (2002) "Mapping the Links: Citizen involvement in policy processes." *Canadian Policy research networks, Discussion paper Vol. D*.
- Picker Institute Europe (2009) *Patient and public engagement – the early impact of World Class Commissioning, A Survey of Primary Care Trusts*, Oxford, Picker Institute Europe.
- Pivik, J. R. (2002) Discussion Paper No. 23: Practical Strategies for Facilitating Meaningful Citizen Involvement in Health Planning.
- Price, A. D. F., Mills, G. & Mahdkar, S. (2009) *HaCIRIC: Stakeholder Consultation Review, Research Progress Report*, Loughborough, Loughborough University.
- The Murray Consultancy (2007) *Liverpool Primary Care Trust Big Health Debate Phase 3*, Liverpool Primary Care Trust.
- Wait, S. & Nolte, E. (2006) "Public Involvement Policies in Health: Exploring their conceptual basis." *Health Economics and Law* **1**: 149-162.
- Woodin, J. & Wade, E. (2007) *Towards World Class Commissioning Competency*. Birmingham Health Service Management Centre School of Policy.
- Zakus, D. & Lysack, C. (1998) "Revisiting Community Participation. Review Article", University of Toronto and Department of Occupational Therapy, Wayne State University, Detroit.
- Zena Simces and Associates (2003) *Exploring the Link Between Public Involvement/Citizen Engagement and Quality Health Care*, Health Canada.