Editorial

Seeking the views of citizens

What are the best ways to involve the public in health policy decisions? The Ljubljana Charter on reforming health care stressed the importance of listening to the citizen's voice and choice:

The citizen's voice and choice should make as significant a contribution to shaping health care services as the decisions taken at other levels of economic, managerial and professional decision making.¹

Achieving this goal depends on effective mechanisms for seeking the views of members of the public. Do we know how to do it well? Experience from the British *Local Voices* initiative sheds some light on the difficulties involved and the strengths and limitations of existing techniques and processes.

This initiative was launched by the UK Department of Health in 1992. Health authorities were urged to involve local people in their purchasing activities and to consult them about priorities for resource allocation. Some local health authorities embraced this duty with enthusiasm, whilst others gave it minimal attention. A wide variety of public consultation techniques were tried (see Box 1).

For example, health authorities experimented with a number of different survey techniques. Postal surveys have drawbacks when used to elicit the views of local populations. Unless they are well designed they can yield low response rates and gather only superficial information. Some authorities distributed reports or leaflets outlining their plans, together with questionnaires designed to elicit the views of local people.

Response rates as low as 25 to 30% were common and one authority received only 65 replies from a distribution of 122 000 leaflets!² In some cases commercial survey organizations were paid to add questions to omnibus opinion polls carried out by professional interviewers. These achieved better response rates but they were usually restricted to a small number of questions with a limited range of predetermined options.

Rapid appraisal, a technique developed initially for use in developing countries, has also been used to gain the views of a wide range of stakeholders. This involves interviewing people who are seen as being able to represent the views of a specific group in the community. It can be a useful way of gaining the views of diverse groups, but is heavily dependent on choice of informants and their ability to represent other people's views.

Many health authorities organized public meetings to consult on their plans. General meetings can produce a disappointing response,

Box 1 Techniques for consulting the public

- Surveys and opinion polls
- Rapid appraisal
- Public meetings
- Focus groups
- Standing panels
- Citizen's juries
- Deliberative polls
- Future search conferences

with low turn-outs and unrepresentative audiences, but they do offer an opportunity to engage in dialogue about proposals. People can form their views as they listen to the debate. Meetings often work best when concerned with a specific issue about which members of the public feel strongly, but there is always a risk that only the views of those who shout loudest will be heard.

Focus groups led by trained facilitators can yield rich insights into people's views whilst avoiding the pitfalls of larger public meetings. Many health authorities found them an attractive option for this reason, some using them to set the agenda for wider consultation using conventional survey methods. This avoids one of the main pitfalls – their unrepresentativeness of the wider population. Single session focus groups have the disadvantage of limited time for participants to learn about the topic. It is hard to get to grips with the complexities of priority setting in the course of a 90 min session. To get round this problem, Somerset Health Authority established a series of eight health panels, each comprised of 12 people selected using a purposive sampling technique to ensure that they were balanced in terms of age, sex and socio-economic group.³ The groups, which met three times a year, had a rolling membership with four new people joining and four retiring at each panel meeting. The health authority chose the topic for discussion and provided panel members with information which they were encouraged to discuss with friends and family prior to the meeting. Panel members were reminded that resources are limited and after about half an hour's discussion they were asked to vote on whether or not the health authority should purchase the particular service or treatment.

In many ways the health panels resemble citizen's juries, which have also been the subject of enthusiastic experimentation by health authorities.^{5,6} The main difference is that juries meet over a period of several days, during which time they have the opportunity to question a number of expert witnesses. After considerable deliberation between the 16

Box 2 Benefits and drawbacks of citizen's juries

Benefits

- Jurors enjoyed the experience
- Enabled local people to understand the issues and make sensible recommendations

Drawbacks

- Required considerable planning and expense
- Only 16 people involved, not representative
- Not really powerful, health authorities could ignore recommendations

or so jurors, a report is produced for the health authority summarizing their views and outlining their recommendations. Six juries were organized on an experimental basis to test their application to the types of issues that concern health purchasing authorities. They tackled the following topics: improving the quality of life for mental health service users, priorities for improving palliative care, shifting general practice services to other members of the primary care team, location of gynaecological cancer services, and funding complementary therapies for back pain sufferers. The experiments revealed both benefits and drawbacks to this approach (see Box 2).

Almost everyone involved with the juries was enthusiastic about this method of encouraging local participation, not least the jurors themselves who proved to be perfectly capable of absorbing complex information and making sensible recommendations. But the method does have some serious limitations in that setting up the juries is costly and time-consuming and, since a group of only 16 people cannot possibly represent the diversity of views in a population of about 300 000, they cannot be said to be representative.

Variations on this technique, such as deliberative polls and future search conferences, can be used to involve much larger groups, but they are considerably more difficult and expensive to set up. None of these methods can be said to constitute an ideal way of empowering citizens. Ultimately power remains in the hands of the health authority, which both chooses the question and decides whether or not to take account

Box 3 Occasions when citizen's juries are appropriate

- When there is a lack of consensus in the health authority about the answer to a particular question and existing methods to achieve consensus have failed
- When the health authority genuinely wants to answer the question and is open to a range of answers
- When the health authority acknowledges the legitimacy of public views on the question
- When the question is strategic and significant
- When the health authority is prepared to invest in developing new services

of the recommendations. Nevertheless, there is much to commend these more participative methods when used for specific purposes (see Box 3).

The experiments demonstrated that citizens could participate actively in policy decisions when faced with a carefully chosen question.⁶ If health authorities are committed to taking account of the views of local people, this can be an effective way of engaging them in the process of decision making. It remains to be seen whether the juries will develop beyond the experimental phase and become a widely used method of citizen empowerment.

There is great potential for learning from the experience of public participation programmes

in other countries and from other areas of public policy, such as education, housing or social services. *Health Expectations* hopes to publish accounts of a diverse range of experiences in involving citizens in shaping public services. Contributions to this series would be most welcome.

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- 5 Davies S, Elizabeth S, Hanley B, New B, Sang B. *Ordinary Wisdom: Reflections on an Experiment in Citizenship and Health*. London: King's Fund, 1998.
- 6 New B. Citizen's juries: empowerment, self-development, informed view or arbitration? In: Davies S *et al.* (eds.) *Ordinary Wisdom*. London: King's Fund, 1998.