

# ***Health, Lies & Video-Tape***

**An evaluation of the public engagement  
element of the *Health of the Public in 2040*  
project**



**Ben Gammon Consulting**

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## Executive summary

- The Academy of Medical Sciences ran a successful and innovative public engagement programme of film-screenings and workshops that supported the Health of the Nation in 2040 project
- During these events the public demonstrated their willingness to engage in detailed and prolonged discussions about the future of public health policy
- However some difficulties were encountered in recruiting certain demographics for the workshop – young working-class fathers – and in achieving target attendance numbers at certain film-screening events
- Workshop participants were able to freely discuss their opinions about public health – even when the discussions covered sensitive and controversial topics. Workshop participants were confident that their involvement would influence future health policy
- Working Group members and the Academy team found the public consultation events to have been enjoyable, insightful and useful for their deliberations
- However some members of the Working Group felt that the workshops elicited overly polarised and negative opinions and/or failed to address certain issues
- Results from the workshops were discussed in detail during the Working Group's deliberations about their final report and recommendations. However the data collected at the film-screenings seemed to have had little impact upon the Working Group
- Working Group members felt that the public consultation although valuable, had been conducted in parallel to, rather than integrated with, their deliberations. They also expressed the desire to be more involved in planning future public consultations
- Despite these problems the Working Group praised the Academy team for their innovative and enthusiastic approach to public consultation, and agreed that it had had a positive impact upon the project

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## 1. Background to the project

In 2015 the Academy of Medical Sciences (the Academy) was awarded funding by the Wellcome Trust to run a programme of public engagement events - film screenings and workshops for invited members of the public - in various locations across the UK. These workshops and film-screening events were modified versions of similar public engagement activities that had been run during 2014.

The primary aim of these events was to gather information about the public's attitudes towards the future of public health so as to guide the deliberations of the [Health of the public in 2040](#) policy Working Group. This Working Group gathered evidence about anticipated future opportunities and challenges for public health provision in the UK, and developed a vision for what it should be achieving by the 2040s. The report included recommendations for increasing research capacity, improving research infrastructure and ensuring that research results are translated into practice.

### 1.1 Film-screenings

Film-screening events were held in London, Birmingham, Sheffield, Cheltenham, Newcastle, Glasgow, Liverpool and Brighton. These events featured a selection of short public health films from the mid-20<sup>th</sup> century, followed by a panel discussion with researchers, social commentators, historians, film-makers and Academy Fellows (including on a number of occasions members of the Working Group). Film-screenings were open to the general public and were free of charge although attendees had to book tickets in advance.

Audiences were asked at the end of the event to complete a questionnaire about future priorities for UK health policy. A copy of this questionnaire is shown in Appendix 1. The questionnaires were collected by the Academy team, the data analysed and presented at the fourth meeting of the Working Group.

### 1.2 The workshops

Four half-day workshops were held in Brighton, Liverpool, Newcastle and Sheffield. Each workshop was attended by 8 to 9 members of the public who had been specially invited to attend. Each workshop was designed to represent a segment of the population who have interesting experiences of and opinions about public health. The four workshops represented:

- The Lesbian, Gay, Bisexual & Transgender (LGBT) community (Brighton)
- Young mothers from lower socioeconomic groups (Liverpool)
- Older people with strong religious faith (Newcastle)
- Young digitally connected entrepreneurs (Sheffield)

Workshop participants were recruited by a market research company and each was paid a cash incentive for attending. The workshops were planned and facilitated by Susie Fisher (a specialist qualitative research consultant) and observed via a video-link by members of the Academy team and, on certain occasions, by members of the Working Group.

### *1.3 The Working Group*

The Working Group consists of 17 experts in from a variety of academic field – see Appendix 4 for details. It was tasked to develop a vision for the health of the UK public in 2040 with recommendations for developing research capacity and improving the translation of research into practice. The final report, to be published in the summer of 2016, will be aimed at policymakers, funders, researchers (including trainee researchers), professional and regulatory bodies and public health service providers, as well as the general public.

The Working Group met on four occasions to discuss the structure and content of the report, the major health challenges that it should address and the specific recommendations to propose. They received updates on the public dialogue at three of these meetings.

At the fourth meeting of the Working Group Susie Fisher and the Academy team presented the findings from the public consultation events – the workshops and film-screenings. A printed copy of the report was provided for the Working Group members after the meeting. A copy of the meeting agenda is shown in Appendix 2.

## **2. This evaluation**

Ben Gammon Consulting was commissioned by the Academy to evaluate the public engagement element of the project. This evaluation had three broad aims:

- i) assess the success of the film-screenings and workshops in gathering useful data about public attitudes towards health policy
- ii) assess the impact this data had upon the Working Group's vision and recommendations
- iii) identify lessons for future projects seeking public input into policy-making

### *2.1 Methodology*

The following methods were used in this evaluation.

#### *2.1.1 In-depth interviews with workshop participants*

Telephone interviews were conducted with three workshop participants two to three weeks after they had attended a workshop. Interviewees were recruited by the Academy and briefed in advance via email. Interviews lasted between 15 to 25 minutes. One interviewee came from the young techies workshop held in Sheffield and the other two from the older people of faith workshop held in Newcastle.

#### *2.1.2 Observation of a workshop*

Ben Gammon (along with three members of the Academy team) observed the LGBT workshop held in Brighton. The workshop was observed from an adjacent room via a live video link. The contributions and reactions of the workshop participants were recorded via hand-written notes.

#### *2.1.3 In-depth interview with the workshop moderator*

Following the final workshop and presentation to the Working Group, the evaluator conducted an in-depth telephone interview with the workshop moderator Susie Fisher. The interview covered her reflections on the workshops, how the Working Group had responded to the data she had presented and what lessons could be drawn for future public consultation exercises.

#### *2.1.4 Observation of a Working Group meeting*

Ben Gammon attended the fourth meeting of the Working Group on 29 September 2015 as a silent observer. This meeting included a presentation of the results from the film-screening questionnaire and workshops, as well as discussions about the vision statements and recommendations of the Working Group's report. A copy of the agenda is shown in Appendix 2. The evaluator took hand-written notes throughout the meeting recording the occasions when the public consultation work was mentioned by the Academy team or Working Group members.

### *2.1.5 Interviews with Working Group members*

Five members of the Working Group were interviewed by telephone during November and December 2015, approximately two months after the presentation of the results from the public consultation. Interviews lasted between 15 to 25 minutes. Four of the interviewees had attended a film-screening, three had attended a workshop (either in 2014 or 2015), and four of them had attended the fourth Working Group meeting where the results of the public consultation were presented.

### *2.1.6 Debrief session with the AMS team*

On 20 November 2015 an hour and a half debrief workshop was held with four members of Academy team (two from the Corporate Affairs department and two from the Science Policy department) who had been closely involved in this project. The workshop was moderated by Ben Gammon. The discussions explored the Academy team's expectations for the public engagement, the extent to which these were achieved, problems they had encountered, and lessons for future public consultation projects. Key points and conclusions were recorded via hand-written notes.

### **3. Findings**

The result of the summative evaluation – in-depth interviews, observations and debriefing workshop - have been group under the following questions.

- Were the public motivated to participate in the consultation events?
- Did these events engaging them in detailed discussions about the future of public health?
- Did the public consultations influence thinking of the Working Group members?
- What problems were encountered by the Academy team during the project?
- What lessons can be drawn for future public consultations?

#### **3.1 Were the public motivated to participate?**

The Academy team, workshop moderator and Working Group members all expressed surprise about the enthusiasm with which members of the public engaged in discussion about public health policy. From the interviews with the project team, workshop moderator and the participants, as well as the observation of the session in Brighton it is apparent that the public are highly motivated to engage in detailed discussions about this topic, and feel valued when asked about their opinions.

##### *3.1.1 The workshops*

Despite the initial concerns of both the moderator and the Academy team, all of the workshops were fully attended and all of the participants willingly engage in detailed discussions for over four hours. None of the workshop participants left early or refused to participate in the discussions.

The Academy team and the moderator were surprised at how easy it was to find people willing to give up an entire weekday to take part in these workshops. The only problem encountered was in recruiting fathers for a young, working-class parents' workshop, due to the legal and financial implications of admitting fatherhood on official paperwork. As a result this session was redesigned as a young working-class mothers' workshop.

Workshop participants felt genuinely privileged to be involved and seemed convinced that their contributions would influence future health policy. All of those interviewed mentioned the importance of politicians, disconnected from the realities of everyday life, hearing about the experiences of ordinary people like themselves.

##### *3.1.2 The film-screenings & panel discussions*

Although all of the film-screening events were fully booked, actual audience turnout at some venues was below capacity. The film-screenings were free of charge but had to be ticketed to ensure that numbers did not exceed the venues' capacity according to strict cinema regulations. However, many people on the night decided not to attend and at that late stage it was not possible to re-allocate their seats.

The Academy team believed that the film-screenings attracted a wider ranging audience than would be found at other science engagement events. However the Working Group members who had attended these events questioned how representative the audiences were of the general public. They felt that most of the audience were people with a personal or professional interest in science or medicine, and that few were from disadvantaged backgrounds. However all of the Working Group interviewees acknowledged that the film-screening audiences were more representative of the general public than those attending academic conferences or similar events.

### **3.2 Did the events engage people in discussion about health policy?**

The evaluation data provided compelling evidence that the public engagement events successfully engaged the public in detailed discussions about health policy. However some of the Working Group felt that these discussions sometimes became side-tracked or failed to engage in topics relevant to their deliberations.

#### *3.2.1 The workshops*

Workshop participants, the moderator and the Academy team all believed the workshops had been successful in providing insights into public attitudes about health policy. The Academy team members believed that they personally had gained a much deeper understanding of public attitudes and often expressed surprise at some of the comments made during the workshops – especially the young working class mothers' workshop.

The workshops clearly touched upon issues that had deeply affected many of the participants – bereavement, caring for relatives with terminal illnesses and dementia, their own experiences of painful medical conditions, coming out as a member of the LGBT community. However the interviews and workshop observations showed that participants were willing to discuss these very personal and intimate subjects without inhibitions. Assisted dying and the care of the terminally ill were topics participants were especially keen to discuss – even in the follow-up telephone interviews.

The emotive nature of these discussions did sometimes lead to participants being offended or frustrated by what other participants said.

- A woman who had witnessed the prolonged death of a parent was deeply upset by the comments of another workshop participant who believed that such deaths are a punishment for past sins
- Another participant expressed frustration at having to listen to others talking about the life-style choices of people of whom, she felt, they had no real understanding
- A third participant criticised other members of the workshop for being self-centred and only considering their own interests, rather than those of the rest of society
- LGBT workshop participants who were somewhat overweight were clearly very uncomfortable during discussions about obesity and where the blame lay for being overweight. Those participants discussing these issues seemed unaware of the offence they seemed to be causing others

However despite these challenges workshop participants praised the way in which the moderator handled sensitive topics, dealt with disagreements and ensured that everyone's opinion was heard.

Working Group members were divided as to whether the workshops had been successful. Two of them criticised the format believing that the questions had yielded superficial and overly negative responses, and had involved participants in discussions on topics about which they had little relevant experience. They also criticised the discussions for not cover topics that they felt were important. For these members of the Working Group the workshops lacked academic rigor.

However the other three members of the Working Group felt that the workshops had yielded genuinely useful insights into public attitudes; and had provided a valuable reminder that most of the population have very different values, aspirations and experiences to theirs. For these members of the Working Group the gaps in the discussions illustrated topics where public awareness and concern need to be raised.

### 3.2.2 Film-screenings

Both the Academy team and the Working Group members believed that audiences found the films thought-provoking and amusing, and that they were eager to participate in debate about health policy afterwards. Working Group members praised this innovative approach to engaging the public in debate about health policy. Several said that they would like to use this approach in future projects.

The Academy team were pleased with the range of experts they were able to recruit for the panel discussions (including some members of the Working Group and Academy Fellows) and with the quality of their interaction with the audiences.

In addition to eliciting debate about health policy the Academy team believed that the film-screening events had also succeeded in:

- Promoting the Academy as an innovative and inclusive organisation
- Providing opportunities for researchers to present their work to the public
- Developing the public engagement skills of academic researchers
- Promoting the *Health of the public in 2040* project to a wider audience

The Working Group were however dubious that the film-screenings had had a significant impact on the project's profile given the relative small number of people attending these events.

### 3.3 Did the public consultation influence the Working Group?

Of the five Working Group member who were interviewed four had attended a film-screening event and taken part in the subsequent panel discussion. Three of them had attended a workshop.

All of the Working Group interviewees – even those who expressed criticisms – said the public engagement activities to have been thought-provoking and valuable experiences, for both themselves and for other stakeholders. All of them agreed that the public engagement had succeeded in its primary aim of keeping the public at the forefront of the Working Groups' minds, and that it had provided useful information for the Academy team.

The workshops were often described by Working Group members as a 'reality check' for them and for the Academy team - a reminder that their attitudes and experiences are markedly different to those of many segments of the UK population.

Although the film-screenings were successful in generating debate about public health policy and were greatly enjoyed by the Working Group members they seemed to have had no direct impact upon the deliberations of the Group. Neither the data from the questionnaires, nor the discussions held at the end of the film-screenings seemed to have had any strong influence on Working Group members.

### *3.3.1 Presentation of public consultation results to the Working Group*

Data collected during the workshops and the film-screening questionnaire was presented to the Working Group at their fourth meeting on 29 September 2015. An hour was set aside at the beginning of the meeting for presentations by the Academy team and the workshop moderator, followed by a question and answers session. Working Group members were also provided with a printed summary of the findings at the meeting, and a printed copy of the report a couple of weeks later. Throughout the rest of the meeting members of the Academy team made references to the public consultation data as the Working Group discussed their vision statement and policy recommendations.

In addition to the formal presentation, the public consultation was mentioned 28 times during the meeting; 18 times by members of the Academy team and 10 times by Working Group members. Most of these comments referred to the workshops. Very little mention was made of the film-screening events after the presentation.

References to the workshops by Working Group members were predominantly questions.

- What did participants understand by the terms 'healthy lifespan' and 'well-being'?
- Did the groups discuss the difference between health and social care?
- Were there differences in response between economically active citizens and those receiving state benefits; and between those in good and poor health?
- Was equity an issue for the workshop participants?
- Did they discuss the impact of Google and social media on doctor-patient relationships?
- Was there a mix of faiths and socio-economic groups in the workshops?
- Did members of the workshop comment on how representative they were of the general public?
- Why didn't the workshop participants mention arthritis?
- Were the vision statements presented to film-screening audiences in randomised order?

Some of these seemed to have been questions genuinely seeking further information, others more rhetorical in nature and questioning the methodology used.

### *3.3.2 Evidence of impact on the Working Group*

Although some of the Working Group criticised the methods used, all of them praised the Academy for including such an extensive and innovative programme of public consultation in the project. All of them found attending workshops and/or film-screenings to be enjoyable and thought-provoking experiences, and all of them – even the most critical – believe that these activities were of benefit to the project.

All of the Working Group interviewees agreed that the workshops succeeded in their primary aim of keeping the public at the forefront of their minds, and that this was a valuable outcome. Different members of the Working Group identified different points of learning for themselves and for other stakeholders. Specific learning points mentioned by at least one of the Working Group interviewees were:

- A powerful reminder that we do not share the outlook and experiences of many segments of the population – especially those from disadvantaged communities
- Providing reassurance that our recommendations were in line with what the public wanted
- Identifying potential gaps in our thinking
- Raising awareness of the difficulty people have considering the future, thinking beyond their own personal circumstances, and perceiving health as more than illness, the treat of disease and the NHS
- Greater understanding of what the public are concerned about – specific illnesses, assisted dying, childhood obesity, future funding of the NHS – and the diversity of opinion
- And of what they are not concerned about – environmental impacts on health, arthritis
- Suggestions for further research that will be needed to implement the recommendations of the report

For some of the Working Group hearing people's experiences, hopes and concerns was a very powerful experience. However others felt that they already had a very detailed understanding of public attitudes and so did not gain any new insights - although they acknowledged that others stakeholders would have benefited.

Working Group members wanted to see actual verbatim quotes from workshop participants. However although these were included in the workshop moderator's presentation and displayed around the meeting room, they seem to have been largely overlooked by the Working Group members.

In the follow-up interviews with Working Group members it was noticeable that they had a relatively sketchy understanding of what the public consultation actually involved. They often failed to accurately recall which audiences the workshops represented and the outcomes from the discussions. As discussed below this seems in large part to be due to them not having received a printed copy of the report prior to the Working Group meeting.

Regardless of the impact on the Working Group, the Academy team felt that they had learnt a great deal from the public engagement activities. They were confident that this greater understanding will be reflected in their contributions to the Health of the Nation 2040 report.

### **3.4 Problems encountered during the project**

Although the public engagement activities provided benefits for the Working Group and Academy staff problems were encountered which seemed to have somewhat reduced their impact.

#### *3.4.1 Encouraging Working Group members to attend public consultation events*

Only one of the seventeen Working Group members were able to attend a workshop and four participated in a film-screening event. From the interviews with Working Group members it was clear that there was an appetite to participate but that work commitments made it difficult for them to travel across the country to attend events, even with advanced notice and consultation on the dates. Even those who did attend an event commented on the difficulty of doing so.

However one of the Working Group interviewees felt that attendance at these events should have been made a requirement of being a member of the Group. They felt that members gained benefits from being on the Working Group (e.g. for the CVs) and should therefore be willing to contribute more of their time.

The Academy team were disappointed by the low attendance of Working Group members at public engagement events, believing that witnessing the discussions at first-hand was much more persuasive than hearing about them via a written report or verbal presentation. The comments of Working Group members who had been able to attend at least one film-screening or workshop certainly supports this claim.

#### *3.4.2 Translating the Working Group's vision statements*

Both the Academy team and the workshop moderator commented on the difficulties of translating the Working Group's draft vision statements into a form that could be presented to the public. Some of the Working Group members felt that the resulting text did not properly articulate their thinking, while some of the workshop participants said that the statements lacked sufficient detail to be properly discussed. However some of the Working Group acknowledged the difficulty that they themselves had experienced drafting the vision statements.

Compounding these difficulties was the need to use the same wording of the vision statements in all of the workshop even though towards the end of the consultation period these no longer reflected the current thinking of the Working Group, to maintain consistency and the ability to compare statements between workshops.

### *3.4.3 Timing of the public consultation*

Working Group members described the public consultation as taking place in parallel to, rather than integrated with their work. Both the Academy team and the workshop moderator felt that, in retrospect, it would have been beneficial to involve the Working Group more closely in planning the public consultation. Working Group members felt that they could have provided help in designing the questions and selecting the types of groups to be consulted.

There was agreement among the Academy team, Working Group and the workshop moderator that the public consultation should, ideally, have been conducted at an earlier stage of the project. This would have allowed the results to have been used during the initial drafting of the vision statements. However the funding for the public engagement work only became available after the project was well underway.

### *3.4.4 Disseminating the results of the consultations*

The Academy team decided to disseminate the results of the public consultation via a verbal presentation at the fourth Working Group meeting. A printed copy of the report was provided for Working Group members at a later date. The team felt that the Working Group had already received a great deal of written material and might not have the time or inclination to read yet another document. However in the follow-up interviews all of the Working Group members said that they would have much preferred to have seen a written report in advance of the meeting.

The interviews revealed that Working Group members had only a patchy understanding of the public consultation. Often during the interviews Working Group members struggled to remember who had been consulted and what they had actually said. None of the Working Group could remember any of the results from the film-screening questionnaire.

Working Group members often mentioned wanting to see verbatim quotes from workshop participants. Although such quotes were provided during the meeting, few if any of the Working Group seemed to have noticed them.

### *3.4.5 Understanding the purpose of the public consultation*

The workshop moderator and the Academy team were concerned that the Working Group did not have a clear understanding of the aims of the public consultation. This was confirmed by the comments of the Working Group interviewees. In particular none of them understood how the film-screening events were supposed to contribute to their deliberations especially as they perceived the audience to be unrepresentative of the general public. Although the data was presented to them at the fourth meeting, Working Group members made no mention of it either in their discussions or in the follow-up interviews.

The Working Group had a much better understanding of the aims of the workshop, although it was clear from the interviews that some of them perceived the workshops as an attempt at

academic research. Other members of the Working Group however took a more relaxed view, seeing the workshops as a rough and ready 'look-see' at public attitudes and in particular a powerful reminder of the differences between them and the general public.

#### *3.4.6 Concerns about the methodology*

Some, but by no means all, of the Working Group were critical of the methodology used in the public consultation. Specific issues raised during the Working Group meeting and in follow-up interviews were:

- There should have been a workshop with young people (16-18 years of age) since they will be working age adults in 2040
- The workshops tried to cover too many topics so that respondents did not have enough time to deliberate on their responses and covered topics about which they had no relevant experience
- The framing of the question generated polarised, overly negative opinions which did not necessarily reflect how the public actually behave
- The questions failed to encourage deep reflection about the future of healthcare
- There was a need for additional quantitative data about public attitudes to cross check the data from the workshops and help in their planning
  
- The data from the film-screening questionnaire was not valid as it came from an unrepresentative sample of the population – in particular under-representing people from lower socio-economic groups
- The selection of films caused the discussions to focus too much upon the past and/or on illness
- There was not enough time for the panel discussion and audience questions at the end of the film–screening event

As mentioned above these views were only expressed by some of the Working Group. Others complimented the approach taken or acknowledging that no consultation is ever going to be perfect.

The contrasting opinions of Working Group members sometimes seemed to reflect differing interpretations of the same experiences as summarised in Table 1 below.

**Table 1: Contrasting opinions among the Working Group about the public consultation**

<b>Critical</b>	<b>Complimentary</b>
<p>The methodology lacked academic rigor &amp; supporting quantitative data</p> <p>This data is already available in the academic literature</p>	<p>It was a quick 'look-see' to remind us of what we have learnt from previous studies</p> <p>It was a powerful reminder that we are not like the general public</p>
<p>It only told me what I already knew</p>	<p>I gave me new insights into how the public think</p>
<p>The public failed to talk about ...</p>	<p>It shows how unaware the public are of ... / how difficult it is for them to discuss ...</p>
<p>The events should have included a wider range of people / did not cover the general population</p>	<p>You can never include everyone</p> <p>The workshops focused on segments of the population that have interesting experiences &amp; opinions</p>
<p>The vision statements did not reflect our thinking</p>	<p>We struggled to reflect our thinking in the vision statements</p>
<p>The presentation at the meeting was too long</p>	<p>The presentation was a useful over view of what was found</p>

The text in the table above paraphrases opinions expressed in interviews & are not verbatim quotes

### 3.5 Comparing aspirations to outcomes

Table 2 compares the Academy team's aspirations for the public engagement with the outcomes that were achieved.

**Table 2: Comparing the team's aspirations to the project outcomes**

Academy's aspirations	Extent to which these were achieved
Film-screenings would be well attended	Partial success – some events were well attended others less so
There would be a Working Group member at each film-screening to promote the <i>Health of the Nation 2040</i> project	Partial success – at some screenings no Working Group members were available
The questions asked at the film-screenings would be insightful for the Working Group members	Not successful – Working Group members did not find the discussions relevant to their deliberations
Film-screenings would provide quantitative data that would reassure the Working Group about the validity of the data	Not successful – data lacked credibility & was largely ignored
Film-screenings would be an opportunity for researchers to present their work	Successful
Film-screenings would be an opportunity to promote the project to a wider public	Partial success – audience was broader than that for academic seminars but not necessarily representative of the general public
Workshops would be a 'reality check' for Working Group members; encourage them to consider more carefully public attitudes	Success – Working Group members agreed that the workshops achieved this aim although to differing degrees
Workshops would change the Working Group members view about qualitative data	Partial success – true for some of the Working Group; others already valued qualitative data or wanted quantitative data as well
Promote the Academy as an innovative & inclusive organisation	Success – Academy was praised for its approach to public engagement by the Working Group & members of the public

#### **4. Lessons for future consultation projects**

From the findings of this evaluation a set of recommendations has been set out below for future projects where policy-makers seek to involve the general public.

##### *4.1 Getting buy-in*

- a) Involve the Working Group in planning the public consultation from the beginning – the methods to use, which audiences to consult, the format of the questions, when and where it should be done. This will help to engender a sense of ownership of the public consultation, and ensure that they understand its intended purpose, are confident that it will yield useful and reliable data. It will also increase the likelihood that they will attend the public consultation events
- b) Appoint a member of the Working Group as a ‘public consultation advocate’. This person would attend all of the public consultation events and report back to the Working Group at each meeting.
- c) Make attendance at public consultation events a requirement for membership of the Working Group. In return the organisers must give plenty of notice of when these events will be run and make reasonable attempts to hold them at locations and times convenient for Working Group members and offer to cover travel and accommodation costs

##### *4.2 Methodology*

- a) In addition to the public consultations, conduct a literature review of relevant academic research. This would help in planning the public consultations – the questions to ask, which audiences to consult with – and would be a cost effective way of providing quantitative data with which to check the validity of qualitative data. This would also help to reassure the Working Group that previous academic research was being taken into consideration.
- b) Use both qualitative and quantitative techniques to gather data from the public. This should be an iterative process where surveys help to define the questions asked in focus groups, which in turn raise hypotheses to be tested with further quantitative research. Quantitative surveys must be conducted with a representative cross section of the general public rather than a self-selecting audience
- c) Make use of longer duration consultative techniques such as citizen juries where participants have more time to discuss topics, review evidence, question expert witnesses etc.
- d) Ensure focus groups do not attempt to cover too many topics – allow more time for in-depth discussion of a smaller number of issues. Ensure that participants are discussing topics about which they have relevant personal experience
- e) Allow plenty of time for audience questions and panel discussions at the end of events like the film-screenings

f) Be ambitious in who you consult with – teenagers, people from disadvantaged communities, people from a wider range of ethnic and religious communities, rural as well as urban populations, people experiencing long-term health problems. But acknowledge that you will never be able to sample every segment of the population

g) Be innovative but also effective – creativity is not the primary objective of the project but a means to an end. Acknowledge that there is no perfect time or method for public consultation.

#### *4.3 Disseminating the results of the public consultation*

a) Provide a variety of ways to disseminate the results of the public consultation among Working Group members. This should include a formal written report submitted in advance of a verbal presentation. Verbatim quotes are powerful and memorable so make good use of them when briefing to the Working Group.

b) Be innovative in the ways in which you present this data to the Working Group. Consider using other means to illustrate findings – video/audio clips, info-graphics etc.

## Appendix 1

### Self-completion questionnaire used at film-screening events



# Health of the public in 2040

This screening is part of a series of events across the UK, looking at the past, present and future of the health of the public.

We want to include public views from these events in our policy project, "Health of the public in 2040", which will make recommendations on how to address the challenges we might face in future.

We'd love to include your views, so please add your comments to the back of this card or share them online using the hashtag below.

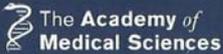
The report will be published in Spring 2016. If you'd like updates about the project, or to receive a copy of the report once it's published, please put your email address below.

Email address: \_\_\_\_\_

We won't share your email address or use it for anything else without your permission.

#Health2040

Supported by **wellcome**trust



**Please rank these from 1 to 11, where 1 is your highest priority for the future of health in the UK.**

- Everyone, everywhere has the same opportunities for good health.
- Politicians and the success of society are judged on peoples' health and wellbeing.
- The spaces in which we live, socialise and travel help people stay healthy.
- There is a teamwork approach to health where families, communities and society at large all play their part
- People's health and wellbeing is supported by businesses, employers and the places we work.
- Everyone can access and understand information on how to live a healthy life.
- Every child experiences a healthy start to life that enables them to realise their full potential.
- Everyone experiences an end to life where their care is informed by the individual's views and values.
- We only spend money on the most effective medicines and health campaigns.
- We are equipped to respond to a national or international crisis that may affect health.
- Average levels of health increase across the nation.

Please hand your completed card back to a member of staff.

**What sort of health challenges do you think we will face in 2040?**

**What are your hopes for the health of the public in 2040?**

## **Appendix 2**

### **Agenda of the 4<sup>th</sup> Working Group meeting**

**Health of the public in 2040: Fourth meeting of the Working Group**  
**Academy of Medical Sciences, 41 Portland Place, London W1B 1QH Tuesday 29**  
**September 2015, 09.30 -16.30**

#### **Agenda**

Welcome

09:30 — Chair's welcome and introduction

09.35 — Public engagement work stream

Updates from Susie Fisher and Holly Rogers on the public engagement work stream - public dialogue workshops and screenings of archival public health films

10.30 — Finalising the Working Group's vision

Agree the final version of the Working Group's vision, as updated following the recent workshop and roundtable discussions.

12.00 — Lunch

12.45 — Developing draft recommendations

Consider the report's recommendations, building on the full range of evidence heard throughout the course of the project.

14.30 — Tea and coffee break

14.45 — Developing the report structure

Discuss the report's structure, including the sections it will contain and the arguments it will make.

16.15 — AOB

## **Appendix 3**

### **Membership of the Working Group**

Professor Dame Anne Johnson DBE FMedSci (Chair of the Working Group) Chair of the Population and Lifelong Health domain, and Vice Dean for External Relations, Faculty of Population Health Sciences UCL

Professor Carol Brayne FMedSci Director of the Cambridge Institute of Public Health, University of Cambridge

Professor Rachel Cooper OBE Professor of Design Management, University of Lancaster

Professor Yvonne Doyle Regional Director for London, Public Health England

Professor David Ford Professor of Health Informatics and Chair of the College of Medicine, Swansea University

Professor Sarah Harper Director, Institute of Population Ageing, University of Oxford

Dr Vittal Katikireddi Clinical Lecturer in Public Health, MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

Professor Catherine Law CBE FMedSci Professor of Public Health and Epidemiology, UCL Institute of Child Health

Professor Paul Little FMedSci Professor of Primary Care Research, University of Southampton

Professor Dame Sally Macintyre DBE FMedSci Director of the Institute of Health and Wellbeing, University of Glasgow

Professor Johan Mackenbach Chair of the Department of Public Health at Erasmus MC, University Medical Centre, Rotterdam

Professor Theresa Marteau FMedSci Director of the Behaviour and Health Research Unit, University of Cambridge

Councillor Jonathan McShane Cabinet Member for Health, Social Care and Culture, London Borough of Hackney

Dr Geoff Mulgan CBE Chief Executive of the National Endowment for Science Technology and the Arts (Nesta)

Baron Peter Piot CMG FMedSci Director of the London School of Hygiene & Tropical Medicine

Professor Jules Pretty OBE Deputy Vice-Chancellor and Professor of Environment & Society, University of Essex

Professor David Stuckler Professor of Political Economy and Sociology, University of Oxford