

Academy of Medical Sciences

Using evidence to judge the benefits and harms of medicine

Evaluation of public dialogue: executive summary

1. The Academy of Medical Sciences ('The Academy') was founded in 1998 as an independent body in the UK representing the diversity of medical science, with the express purpose of promoting the translation of advances in medical science into benefits for patients and the population at large. Encouraging dialogue about medical sciences is one of The Academy's six objectives.
2. The oversight group convened for the study was chaired by Professor Sir John Tooke FMedSci and comprised 18 additional members, drawn from a wide range of specialisms, including public dialogue and engagement in health.
3. The Academy commissioned Ipsos-MORI to conduct a public dialogue as part of its policy workstream on medical evidence, '[How can we all best use evidence to judge the potential benefits and harms of medicines?](#)'. The study was requested by Dame Sally Davies, the Chief Medical Officer.
4. The study as a whole began with a call for evidence. The final project comprised four strands:
 - 4.1. a '[Methods of evaluating evidence](#)' Working Group project
 - 4.2. the '[Conflicts of interest](#)' workshop
 - 4.3. two '[Communicating evidence about medicines](#)' workshops
 - 4.4. the public dialogue.The Academy also commissioned an online survey with publics and GPs, which was carried out by ComRes.
5. The public dialogue had five objectives:
 - 5.1. Provide opportunities for members of the public, patients, researchers and healthcare professionals to come together to discuss and explore their aspirations and concerns about the use of evidence to judge the benefits and harms of medicines
 - 5.2. Identify areas of consensus, disagreement and uncertainty.
 - 5.3. Where possible, explore public views on ideas emerging from the methods for evaluating evidence working group, conflicts of interest workshop and the communicating evidence workshop.

- 5.4. To inform the development of the final report and any recommendations made by the oversight group
- 5.5. To enable the Academy to build on previous experience in public dialogue to inform policy advice and recommendations.

Four of these objectives were achieved or well achieved. Objective 3 was not achieved because of changes to timing in the project.

- 6. The dialogue comprised public and stakeholder events. The public strand consisted of face-to-face workshops in London and Leeds, held in June 2016. In both locations, the first day-long workshop was followed by an shorter, evening event, which reconvened the same participants. Participants were recruited to reflect the populations in the two locations.
- 7. The evaluation of the public dialogue focused primarily on the broader factors that contributed to its success and that offer lessons for future dialogue projects run by the Academy as part of policy workstreams. To this extent, it prioritises the voices of those who had most power in the process: oversight group members.
- 8. The evaluation gathered data from the publics, patients and healthcare professionals (HCP) who took part in workshops, oversight group members and Academy of Medical Sciences staff involved with the project.
- 9. During the course of the evaluation, the following themes were raised as relevant to the study and these themes were either explicit or implicit in discussions during the dialogue:
 - Trust
 - Conflicts of interest
 - Changed approaches to decision-making
 - Changes in available information as a result of information
 - Medical research and innovation
 - The ‘statin wars’ and an increasing emphasis on preventive, rather than reactive medicine.
- 8. Oversight group members and Academy staff valued the dialogue as a way of introducing public views into the study. They felt it would bring richness to their final report, enabling them to flesh out and illustrate technical or theoretical content with case studies and examples.
- 9. Questionnaire feedback from public participants was overwhelmingly positive. Comments indicate that participants welcomed learning more about research and drug development, discussing the topic with their peers, including the HCPs. They felt as well that information used in the course of the dialogue was accessible and engaging. Some noted they would ask HCPs more questions about their treatment in future.
- 10. The stakeholder work comprised a workshop with stakeholders, held in London, in April 2016; a workshop with HCPs in Glasgow in May 2016; a workshops with HCPs prior to the second of the public events in London and Leeds, following which, HCPs joined the public participants for further discussion.
- 11. Questionnaire feedback from HCPs and other stakeholders was also positive. They valued learning about public dialogue and the Academy of Medical Sciences; the different perspectives on the use of medical evidence and the cross-disciplinary and multi-level nature of the problem of how best to communicate medical evidence. They



commented on the lively and open discussion and on the value of talking with publics in this context. Many felt more engagement of this type would be valuable.

12. Observers at both public and HCPs events commented on the quality of facilitation, particularly on such a complex topic, though attention to probing and the structure of questions posed were noted as an areas for future attention. The stimulus materials were praised, particularly the pop-up pharmacy produced by The Liminal Space, and Ipsos-MORI's ability to respond both to changes on the day and to learn from the London events and amend their design before running the events in Leeds was noted.
13. The involvement of more specialists, with a defined role as information-providers able to respond to questions, would have added a more deliberative quality to the process and minimised the pressure on facilitators to try to respond to participants' questions.
14. Greater consideration of the likely power dynamics between publics and HCPs in advance of the process would have been valuable: these dynamics were stark at times, with HCPs tending to embrace their role as specialists and publics and patients becoming passive.
15. All of the interviewees and workshop attendees felt that the dialogue brought value to the project as a whole. The final dialogue report is seen as well-evidenced and interviewees felt it will resonate with both professional and public audiences. The dialogue findings were felt to have enriched and informed the final study report and its recommendations.
16. Oversight group members differed in their view of the weight that can be attributed to the dialogue findings. Some felt it was illustrative, rather than evidential. Those with the latter view noted that the discussions on the oversight group about the status of the dialogue as evidence reflected wider debates in the scientific community about the nature and value of qualitative data.
17. The Academy had the explicit objective of learning from this project about how to better its own practice. Academy staff identified areas for improvement in the planning and organisation, delivery and report and communications and launch stages of future studies.
18. The main points learned from this project and of particular relevance to the Academy include:
 - Ensuring that oversight groups include members with sufficient knowledge of dialogue and a commitment to reflecting dialogue findings in whole study reports;
 - Having a sub-group of oversight group members to oversee the dialogue;
 - Widening practical experience of dialogue within the Academy;
 - Ensuring sufficient time following the appointment of a contractor, to review proposed designs, and identify where discussions have moved on since the invitation to tender was drafted;
 - Involving the delivery agency in oversight group meetings;
 - Deciding at an early stage in the process whether public participants are to be re-contacted following a project, to allow for data collection and data protection.
 - Considering how existing power dynamics between specialist and publics might be transferred into the dialogue context and how these might be mitigated in the design of events;
 - Ensuring the observers and specialists are adequately briefed on their role;
 - Giving consideration to the value of a short review of current deliberative practice.

