Consultation data – making it meaningful for policy

Dr Helen McAvoy
Institute of Public Health in Ireland
www.publichealth.ie

Twitter: @HelenMcAvoy2
What is consultation?

The dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views, with the clear objective of influencing decisions, policies or programmes of action.

Source: The Art of Consultation - Jones and Gammell, 2014
Why consult?

Meaningful participation increases the legitimacy of public decision making, improves citizen’s knowledge and awareness of complex policy challenges, helps decision makers to make better decisions and can lead to improvements in the quality of service provision.

Source: Draft consultation principles/guidance for public consultation – DPER 2015
"Politics is not a science, as the professors are apt to suppose. It is an art"

"... policies and sausages - you should never watch either one being made"
Key frameworks


UK Code of Practice on Consultation (since 2000 – periodically updated and revised)

A Practical Guide to Policy Making in Northern Ireland (& the allied Workbook 5 from the policy innovation unit)

Equality Commission for Northern Ireland – guiding principles for consultation incl. Section 75

EC Code of Good Practice for Civil Participation in the Decision-Making Process 2009
Other guidance...
The consultation process

Planning

Data collection

Analysis

Feedback

(Communications and stakeholder management throughout)
Asking the right questions..

This is actually happening...

‘Boaty McBoatface’ Is Currently Leading An Open Vote To Name The New £200 Million Royal Research Ship
Ingredients for effective consultation data analysis

• Understand clearly the policy and political background and timelines – political ‘nous’
• Know the subject matter
• Know the stakeholders
• Continuity planning from instrument to output
• Project management (to a policy schedule)
• Data handling protocols
• Appropriate project team
• “Curve ball ready”
Data analysis challenges

• Continuity – only as good as the data collection approach!
• Representativeness of sample
• Dirty data with replication, multiple identities, organised advocacy/campaigns
• Reporting on ‘evidence’ presented
• Variability – quality and consistency of coding
• Blending meaning from quantitative and qualitative aspects
Interpretation challenges

• What do these perspectives mean in terms of this specific policy at this particular time?
• Shared understanding of consultation report - output versus outcome; status of recommendations
• Statistical knots – numerical significance from processes that are essentially qualitative; assumptions of representativeness
• Awareness of how findings might be used in policy making and political fora
National Rare Disease Plan (2012)

Figure 1: Key determinants that informed the development of Ireland’s first National Rare Disease Plan

- National data & research
- Subgroup outreach to relevant stakeholders
- Consultation day
- Online consultation

Steering Group

- EUROPLAN recommendations on development of rare disease plans
- Rare diseases plans in other countries
- Recommendation of relevant international & European agencies and networks, e.g., EUCERD
Key points - Characteristics of Respondents

- A significant number of responses were received, slightly in excess of the responses to the consultation on the UK Rare Disease Plan.
- The majority of responses were submitted by individual carers and rare disease patients.
- The large number of responses from carers indicates the significant caring burden associated with rare diseases in Ireland and the vulnerability of the rare disease community.
- Responses to the UK Rare Disease Plan were dominated by organisations whereas responses to the Irish Rare Disease Plan were dominated by individuals. This may indicate that for many rare diseases a patient organisation may not exist in Ireland.
- Health service providers and clinicians were significant contributors to the consultation – these were predominantly hospital specialists rather than GPs.
- Many respondents elected to remain anonymous, this suggests that anonymity maybe an important prerequisite for patient engagement in rare disease research and policy making processes.
- In and around half of respondents revealed the name of the rare disease(s) to which their input related – over 200 different rare diseases were named.
Isolation. There is no one really to talk to about coping with the disease. It is very lonely.

Isolation, no other with similar condition to share with/compare unknown future

Isolation – difficult to meet others with the same issues

..and so often I feel desperately alone because nobody understands..
Consultation on the development of a National Maternity Strategy

A report prepared for the Department of Health by the Institute of Public Health in Ireland

Consultation on the development of an Obesity Policy and Action Plan for Ireland

A report developed for the Department of Health by the Institute of Public Health in Ireland
Concluding thoughts

• Consultation data – (a) easy to both underestimate and overestimate it’s value and (b) commonly misinterpreted for a variety of agendas
• Planning for effect.

• Assessment of quality and impact of consultation?
• Skillsets?
• Could consultation data have a purpose beyond policy development?
• ‘Critical point’ phased consultations as policies move into implementation and review phases?
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