Public Values in Disinvestment Decision Making: The Views of Health Professionals in the English NHS

Tom Daniels
Centre for Clinical Epidemiology and Evaluation, UBC
Health Services Management Centre, University of Birmingham, UK
Supervisors: Drs Stirling Bryan, Craig Mitton (UBC), Iestyn Williams (UoB) and Suzanne Robinson (Curtin University, Australia)
Aims

• To introduce public involvement in disinvestment decision making as a topic
• To explain the significance of the topic area
• To outline the approach to research and the methods used
• To present findings from the research
• To draw conclusions from the findings and suggest areas for future development in practice and research
Introduction

• Global healthcare costs and demand are rising...but growth in spending is slowing
• Tough decisions and priority setting are required in order to maintain essential services
• The scale of the task requires a more radical approach than previously-disinvestment
• Disinvestment-the act of removing funding from services, treatments and technologies, affecting their accessibility to patients
Background/ Rationale (1)

• Priority setting is well established in the literature
• Several criteria-based and more arbitrary approaches
  – e.g PBMA, HTA, Cost Effectiveness Analysis, Needs Assessment, Historical Allocation etc
• Disinvestment is an important aspect of priority setting, but is under-researched in the literature
• In particular, the roles of stakeholders in priority setting/ disinvestment lack clarity
• This research will focus on one of these stakeholders- the public
**Background/ Rationale (2)**

- If priority setting literature is well established, why do we need more studies?
- What is different about disinvestment?

<table>
<thead>
<tr>
<th>Priority Setting</th>
<th>Disinvestment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often refers to prioritising additional expenditure- ‘tame’ issue</td>
<td>Refers to removal of funding for particular treatments/ services etc- ‘wicked’ issue</td>
</tr>
<tr>
<td>Unlikely to attract media attention where additional funding is involved</td>
<td>Provokes emotion and negative publicity</td>
</tr>
<tr>
<td>Additional funding will not adversely affect existing services</td>
<td>System-wide impact of disinvestment changes- unmanaged substitution’</td>
</tr>
<tr>
<td>Disinvestment is usually linked to re-allocation and removal of small proportions of funding- no loss aversion</td>
<td>Can involve ‘full withdrawal’- invoking ‘loss aversion’. Kahneman and Tversky’s ‘Prospect Theory’ (1979)</td>
</tr>
</tbody>
</table>
Literature Review (1)

- Comprehensive review of literature showed lack of health disinvestment research
- Review extended to include priority setting/rationing literature
  - Significant gaps remain
- Available literature lacked discussion of stakeholder roles/responsibilities
  - Limited investigation into role of public
- Existing research focuses on the views of senior decision makers and the public themselves
  - Health professionals provide an important bridge between these two groups, what about their views?
Research Questions

• Should the public be involved in health disinvestment decision making?
  – What factors influence whether or not the public should be involved in disinvestment decision making?
  – If the public should be involved in decision making, then to what extent?
  – What types and levels of disinvestment decision making could/should the public be involved in?
Methodological Approach

• Two-stage Mixed Methods Approach to Research
• Q-Methodology Study followed by in-depth interviews
• Q Study aimed at quantifying subjective viewpoints of participants
• Interviews aimed at establishing why participants held those views and how they affected disinvestment decision making practice
Methodology (cont.)

• Q Study uncovered three broad perspectives
  – Advocates of Involvement
  – Cautious Supporters
  – Freedom of Choice Group

• Participants recruited from alumni and current students of national NHS clinical leadership and commissioning programmes

• 55 Health Professionals took part in Q Study

• Of these, 15 agreed to be interviewed. A further 5 were purposively sampled
Methodology (cont.)

• Interviewees from a range of backgrounds and organisations

<table>
<thead>
<tr>
<th></th>
<th>Commissioner</th>
<th>Provider</th>
<th>Other</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician- AHP</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Clinician- Medical</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Clinician- Nursing</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Management/ N.E.D</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Grand Total</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

• Interviews were semi-structured in nature, lasting 35-120 minutes

• Interviews were transcribed then iteratively coded
Results

• Nine themes were uncovered during analysis; these themes fall into two overarching groups:

  **Perceptual Themes**

• These themes relate to participant perceptions of public involvement

  **Processual Themes**

• These themes relate to participants views on the actual process of involving the public
Results- Perceptual Themes

• Motivations/ benefits of public involvement
  “I think it’s around getting people to own their own health service, to own their own health, making the right, educated decisions,” Interviewee Eight

• Reasons not to involve the public
  “I think I might be a bit of a cynic about public involvement. I’m not sure it’s a decision that you can take unless you’ve been involved in that kind of scenario as a patient because people are not very well educated quite often”, Interviewee Five

• Definition and Understanding of ‘Public Involvement’
  “Obviously when I was in Primary Care Trusts, if we were devising strategies or changing the way that the care was delivered we had a duty to at least consult the public about these changes, and quite often that was all that was done.” Interviewee Eighteen

• Public Desire and Capability to be involved
  “Well you think ‘why bother? It’s not going to make any difference, they’ve already made their minds up?’ You know, it’s those kinds of phrases that you hear all the time.” Interviewee Eleven
Results- Processual Themes

• Multiple Stakeholders
  “in these sort of things I think it’s really important to involve the multiple stakeholders and the key people are the people using the service, the people providing the service and the people responsible for divvying out the money that pays for the services,” Interviewee Seven

• The Role of Staff in Involvement and Decision Making
  “I think us, as employees, have a duty to involve patients, we have a legal duty, but we also should have an obligation, under the values of what we are delivering, to involve people. I don’t think that we should be playing god with the decisions.” Interviewee Eight

• Stage of Involvement
  “If you don’t start engaging people at the formative stage then you are at risk of challenge because essentially you could be seen to have already sort of come to a preferred option or a decision without engaging people and seeking their views.” Interviewee Eleven
Results- Processual Themes (cont.)

• Role of Organisations in involvement and decision making

“the man in the street has got to be better informed via the links we make with him and through general public education campaigns actually. We work very closely with public health in this borough and I think that’s a very important connection” Interviewee Fourteen

• Scale and Nature of decisions

“People don’t want to lose their local services so if you actually gave people the choice, I don’t know, even if you gave them the full sort of balanced case, they would still want to have.....there’s an attachment, there’s a real strong attachment to having an A&E close by that’s always been there because that’s where you have attended and that’s where family members have attended. It may be regardless of the quality of the service that you get there, there’s just something about having it in the locality” Interviewee Eighteen
Conclusions

• Public involvement offers a range of benefits but these can be tempered by drawbacks
• Emotive nature of disinvestment decisions increases the importance of public involvement
• Disconnect between understanding of ‘involvement’ in literature and practice must be addressed
• Organisations have some responsibility in overcoming public apathy
• Early involvement of the public is encouraged: this may mean updating disinvestment/ priority setting decision making practices
Next Steps

• Wider scale, comparative research—are findings applicable outside the UK?
• Further research into disinvestment practice—how are decisions actually taken?
• Further research to understand the gap between practical and theoretical understandings of ‘involvement’—is one holding the other back?
Thank you for listening. Any Questions?

E-mail: tad731@bham.ac.uk