

## **Report of consumer engagement workshop 29 November 2012**

### **Purpose of the workshop – an opportunity for shared learning**

Regulators in the health and legal sectors have recognised the need and value of consumer engagement, including through research with the public and service users, to inform the development and delivery of regulatory policy. The workshop was designed to provide an opportunity for regulators in both sectors to share learning and forge links that could lead to partnership working. Given the genuine resource constraints facing smaller regulators, the workshop had a strong focus on activities with few resources and offering practical ideas to take forward.

There are clearly differences between the health and legal sectors, notably in the size of the registrant base, yet there are also many similarities in relation to the consumer protection challenges. For example, there are wide gaps in knowledge between users and providers. Both sets of users may need to access services infrequently, which exacerbate this information deficit. The issues involved may be highly emotive and happen at stressful times during people's lives. Providers are charged with safeguarding private information that must remain confidential. There are potentially severe consequences if bad advice or treatment is given, or indeed, if people identify needs or access advice later than they ideally should.

### **Harry Cayton – Principles of successful consumer engagement**

Harry Cayton, Chief Executive of the Professional Standards Authority for Health and Social Care (PSA), identified three principles for successful consumer engagement based on experience in the health and social care sector.

#### *Principle 1 – Obtain useful information*

Consumer engagement is not an end in itself. Regulators should be clear about why they wish to involve users and what they want to change as a result of this activity. Engagement without a clear purpose is wasted effort and resource – for both the

regulator and users. In addition, regulators must be ready for surprises and be open to change policy based on the feedback they receive.

### *Principle 2 – Choose the right method*

Regulators should choose the right research methodology for the questions they are trying to answer. Clearly, if regulators are trying to investigate a subtle issue then an opinion poll is unlikely to provide much insight. The PSA's electronic network, which has now grown to over 200 members, is useful in obtaining quick responses from an interested group. This has also led to higher levels of engagement with consultation exercises – its recent consultation on voluntary registers yielded a total of more than 780 responses from stakeholders and the general public. Alternatively, focus groups and similar qualitative methodologies have proved successful in helping to explore specific questions in detail and explore differences among population groups. It's important to learn from what works, and what doesn't – over time the PSA has relied less on 'town hall' style events which can be time-consuming and attract a small audience whose views may not be representative.

### *Principle 3 – Frame research in a way that people can relate to*

Generally speaking the public isn't interested in regulation, only engaging when something goes badly wrong. It has been said that regulation is like drains – people only notice when it smells! Therefore, there's little point in asking people what they think of regulation; instead we need to demonstrate why the issues should matter to people and ask them about the services they are getting and what standards they think should be put in place. Experience suggests that, when properly engaged and the human consequences of regulatory decisions are evident, the public responds in a nuanced way. For example, research based around a mock fitness-to-practise hearing involving a paramedic's drink driving conviction initially provoked a harsh response from participants, but by the end of the hearing their proposed sentence was more lenient than that which the regulator would likely have decided.

## **Discussion**

A trend in both the health and legal sectors is the increasing role of market forces and participants agreed more research is needed to unpick this. The regulators have not previously tended to focus on price issues and whether consumers are getting a fair deal. The Office of Fair Trading produced a challenging report on dentistry emphasising the need for consumers to have better information about charges so they can make informed choices. In legal services, there was concern that people wishing to make their will take the competence of their provider for granted and so focus too heavily on price, when what might be in the best interests of someone with valuable assets is to pay more for a provider fully trained in tax law. While market forces are an irreversible development, this point shows that regulation does not stand still and consumer engagement must keep pace with changing issues.

Consumer engagement can have a strong influence over the direction of regulatory policy. The PSA's research on perceptions of risk in health and care settings found that people seem willing to accept greater responsibility for managing risks when accessing services they voluntarily choose to use, but not when the patient is particularly vulnerable or there is no choice. People tended not to think about risk very much, and when doing so focused on service issues such as waiting times, rather than the quality of treatment. The risk research has shaped the PSA's shift to 'right touch' regulation, enabling approaches where in appropriate circumstances regulators and users jointly manage risks, including by giving people information to make better choices. However, this study also illustrates that care is needed when interpreting the results of research – while people spontaneously think hospital infections are a high probability risk, in reality incidence is now minimal whereas drugs errors account for many more deaths each year. The Consumer Panel will be publishing new research on consumers and risk in early 2013.

The risk research also highlights the need to properly interrogate data in order to understand demographic variances. The study found a difference between younger people, who were more likely to take a 'rights-based' view of using healthcare services, compared to older participants, who displayed an attitude of gratitude that meant they were less likely to challenge professionals. The collective experience of participants suggests that there are many complexities and subtle differences across the population, yet much research seems only to scratch the surface of this. When designing research, it is important to be aware of this, especially when using social media where respondents are a self-selecting group.

Technology is offering new possibilities for consumer engagement. For example, software is now available which uses 'spiders' to track and analyse references to particular words across social media networks. While this may be a cheaper option to get started, it still requires a good understanding among staff about how social media works and it can be resource intensive to extract the relevant information. These techniques also raise novel challenges, for example around organisational governance – ensuring that valuable data can lead to prompt action, while at the same time not overreacting to a single critical tweet. Despite this, the possibilities are huge and groundbreaking as social media allows ongoing real-time feedback rather than a snapshot in time. For example, might regulators have become aware of problems at Mid-Staffordshire NHS Foundation Trust earlier if they had been actively monitoring comments on social media by patients after leaving hospital?

Technology can therefore harness people power to help regulators do their job more effectively. The Institute of Professional Willwriters has recently created a customer feedback facility on its website and some firms have received many reviews. This has thrown up some challenges around the reliability of the data – persuading some providers to send customers the website link and the difficulty of asking consumers to review the technical quality of a legal document – but it has much potential.

## **Participant list**

### *Health sector*

Amanda Miller, General Chiropractic Council

Tim Whitaker, General Dental Council

Kate Fielding, General Medical Council

Katie Nurcombe, General Optical Council

Sarah Eldred, General Osteopathic Council

Jane Robinson, General Pharmaceutical Council

Jacqueline Ladds, Health and Care Professions Council

Harry Cayton, Professional Standards Authority for Health and Social Care

### *Legal sector*

Roger Hammond, Bar Standards Board

Mark Bayley, Council for Licensed Conveyancers

Claire Phillips, Institute of Chartered Accountants of England and Wales

Jenny Harris, Institute of Chartered Accountants of England and Wales

Gemma Burnett, ILEX Professional Standards

Patrick Bligh-Cheesman, ILEX Professional Standards

Paul Sharpe, Institute of Professional Willwriters

Nicholas Baré, Legal Services Board

Ann Wright, Intellectual Property Regulation Board

Richard Silver, Solicitors Regulation Authority

Mehrunnisa Lalani, Solicitors Regulation Authority