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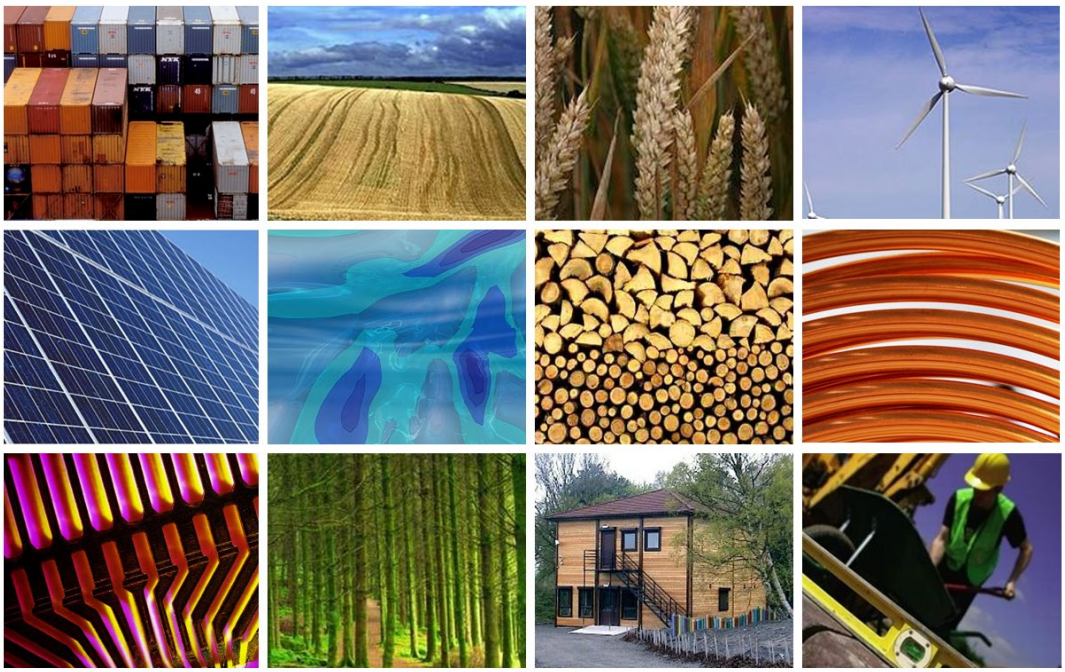
NICE Listens and Sciencewise

Evaluation of a public dialogue on NICE's guidance and advice to the health and care system prioritisation and topic selection framework

Impact Report, November 2024



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Creation / Revision History

Issue / revision:	**V2**
Date:	27.11.2024
Prepared by:	Anna MacGillivray
Authorised by:	Hilary Livesey
Proposal number:	U194
File reference:	NICE public dialogue evaluation/draft impact report on public dialogue on NICE prioritisation 27.11.2024

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Executive Summary

This report has been prepared by URSUS Consulting Ltd for the National Institute for Health and Care Excellence (NICE) in relation to a public dialogue designed to inform NICE's guidance and advice to the health and social care (H&SC) system prioritisation and topic selection framework. The dialogue was supported by UKRI's Sciencewise programme and designed and delivered by Thinks Insights and Strategy (Thinks).

Background

NICE is a non-departmental public body of the Department of Health and Social Care (DHSC) in England. NICE's role is to improve outcomes for users of the NHS, public health services, and social care. It does this by providing guidance and advice that promotes high quality care across health, public health and social care. NICE Listens (NICE's deliberative public engagement programme) proposed a public dialogue to help understand what really matters to the public to help inform a process of developing a prioritisation framework which will help the organisation to:

- allocate resources;
- make effective use of skills; and
- deliver guidance which has the most positive impact for people using the H&SC system.

The overall objective of the dialogue was to engage the public on how NICE should prioritise topics for the guidance it produces. What are the principles it might use to ensure it focuses its resources and efforts on what matters most to patients, carers and the H&SC system? The specific objectives of the dialogue were:

- to engage a diverse and reflective section of the public on how NICE should prioritise its guidance and advice topics it produces for the health and care system;
- to explore and define what aspects of prioritisation are most important to people; and
- to understand the values and principles that underlie people's views, focusing on how they balance the trade-offs when prioritising one aspect over another.

Dialogue design and delivery

- A diverse group of 56 public participants were recruited from four locations (Plymouth, London, Preston and Birmingham) to ensure a good mix of ages, genders, socio-economic backgrounds and lived experiences which reflected the national population.
- Participants took part in five workshops (14 hours in total) included a mix of face-to-face (F2F) and online sessions.
- Participants heard background information on the H&SC system and NICE's role from NICE staff, specialists (clinicians, health and environmental specialists, scientists and policy makers) via an animated video, PowerPoints, interviews and case studies. Deliberations focused around six 'domains' which included aspects related to H&SC need, evidence availability and quality, impacts on systems and budgets, and addressing health inequalities and environmental sustainability.
- The process was overseen by a large (20-strong) Oversight Group (OG) with full representation from external stakeholders across the H&SC system (clinicians, commissioners, policy-makers, patients' associations and lay members) and internal NICE policy stakeholders who will use the prioritisation framework. They helped frame the process, provided suggestions on materials and specialists and interpretation of the findings.

The dialogue fully met its objectives

- A diverse audience was able to ensure that all were engaged throughout the process. Participants brought a mix of lived experiences which enriched discussions. The participants really enjoyed taking part, despite the abstract nature of prioritisation as a topic. Almost all reported feeling listened to and treated with respect. They were mostly very confident that NICE was listening and would take their suggestions into account in developing its prioritisation framework.
- Through perspectives shared by specialists, small groups from across the four locations were able to explore what aspects of the six domains mattered most to them. The findings resonated with the OG members and highlighted the primary importance that participants attach to NICE's work improving H&SC outcomes for patients, families and carers.
- Through case studies and elicitation exercises designed to stimulate discussions and explore tensions and trade-offs, the dialogue was able to surface the values and principles that underlie participants' views. The principles which emerged (particularly from the final F2F workshop) informed the structure of the final report.

Impact on NICE prioritisation framework and decision-making

- The process delivered timely findings in a format that those designing the prioritisation process found helpful. The findings add to NICE's understanding of what really matters to the public. The dialogue report allowed the NICE Listens team to pull out 11 key recommendations which they have been able to feed into the NICE prioritisation task force's work, initially to help shape the public consultation (March-April 2024) and then to frame their own formal response.
- The dialogue insights chime with the final text of the prioritisation manual - particularly in Chapter 9 which describes key criteria to be considered at stages 1 and 2 in carrying out assessments. Papers submitted to NICE's Prioritisation Board now describe and score the likely impact on each criteria. This supports more detailed discussions which appear to mirror the explicit weighting between the different criteria and what mattered most to dialogue participants. There is now a tendency to put greater emphasis on the H&SC need – even where proposals may have negative impacts on costs or systems – and to refer some proposals with a proven need but insufficient evidence on to other organisations to fill the gaps.
- NICE officers close to the prioritisation process feel that the resulting decisions are now clearer, more consistent and lead to more efficient resource allocation and a more manageable workload. By mid-October 2024, of 56 proposals considered 19 had been approved (compared to about 80% previously).
- The lessons learnt from this dialogue will also help inform an internal NICE Listens review of using public dialogue as a methodology.

A number of factors have contributed to success

The abstract nature of prioritisation and the breadth of topics to be covered were challenging in framing and developing the design. Factors which contributed to success included:

- **A blended delivery approach.** The initial and final F2F sessions created a warm environment, helped the groups in each location to gel and made it possible for participants to tackle more contentious issues and complex tasks in the final session

when they met again. Online conferencing (Zoom) was used effectively across all five sessions so that all participants were able to hear from the same specialists, get their questions answered, and work with people from other locations. In the final session this helped generate outputs with a clear indication of where there was consensus and where there was not.

- **Balanced, accessible and varied information shared with participants** (including wall charts, animated videos, presentations, specialist contributions, case studies and elicitation exercises) provided participants with enough information for them to feel informed without overwhelming them.
- **NICE staff and external specialists were able to introduce the topic and share perspectives that participants might otherwise not have thought of**. NICE involvement through all five workshops also helped build participants' trust in the process and that the results would be used to inform NICE's prioritisation work. The NICE Listens project managers and those involved as specialists or observers were also able to take what they heard in workshops directly into the NICE Prioritisation taskforce's work as insights emerged.
- **An experienced facilitation team created a supportive and productive environment.** The team planned well for physical and emotional support needs so participants could be fully engaged. Not many needed them but almost all appreciated knowing they were in place if needed.

Lessons for future dialogues

For Sciencewise and Commissioners

Procurement, timetabling and sign-off

- If using the Sciencewise CCS procurement framework, avoid adding extra filters (such as capability and experience listings) as this will add time and extra bureaucracy to the procurement process.
- If the dialogue is intended to feed into a parallel policy process, build some contingency into timelines so that the important early scoping stages are not squeezed.
- Build in plenty of time (e.g. through a longer kick off meeting or a 'teach-in' for contractors) to ensure a common understanding of what the dialogue is intended to deliver and the implications for framing, questions that need to be answered and key elements of the design.
- Consider building in additional/longer project management meetings at key points to ensure that both strategic (framing and design) and operational issues are covered.

Governance arrangements

- Recognise that a large Oversight Group (including a large number of commissioner staff) requires longer lead times and is less easy to convene at exactly the point when their inputs will be most useful.
- Consider whether a large OG can be broken into smaller groups with different opportunities for active engagement (e.g. through co-design workshops).
- Where a group includes patients and lay members, build in time to follow up with them and make sure they are able to make their views heard.

Maximising policy and research impact

- Plan for the core team and senior staff to be involved in as many workshops as possible without compromising the independence of the process.

- Create opportunities for the end customers of dialogue findings to take part as observers so that they can hear directly from the publics and feed insights into drafting processes.
- Share expectations of reporting style and quality expectations as early as possible to help streamline the report drafting and sign-off process. In this NICE's style requirements were highlighted in the ITT and examples were provided before final drafting began.
- Sciencewise projects require a short video as a final output. In this case the F2F events allowed filming to take place in the margins of workshops and provides a really useful record of what participants got out of the process and the benefits of public dialogue as a methodology for exploring complex issues.
- Where the findings might have interest for wider audiences, encourage OG members to use their networks to disseminate findings and key messages or - as in this case - encourage the OG chair to write a blog.

For delivery contractors

- Ensure that the core team share an understanding of the big questions for the dialogue and the outcomes needed at each stage.
- Make sure that the purpose of stakeholder interviews/events is clear and that they generate the expected outcomes.
- Consider what delivery formats (blended delivery, wholly F2F or online) fit best with the nature of the topic and the location of audiences: weigh the benefits of holding F2F meetings at the beginning or the end of the process, or - as in this case - both.
- Start early in developing a long list of topic areas/perspectives and potential specialist contributors. If time is tight, consider whether other formats – such as panel discussions or interviews by the lead facilitator - might help draw out the key points while reducing the risks that presentations overrun.
- Consider whether participants from all locations can be brought together at some stage in the process, if not in person then by using digital technology (Zoom) to connect locations, as in this case.
- Consider the pros and cons of setting up a dedicated online share space for participants. This requires some additional resources but can work well where not all materials can be printed in advance.
- Aim for a variety of stimulus materials in different formats including wall charts, videos, animations, PowerPoints, live presentations, panel discussions, ranking exercises etc. and make sure that online materials are as engaging as those for F2F sessions.
- Ensure appropriate support measures are in place for those with physical needs or who find the topics emotional. In this case opportunities for participants to take time out and talk to the facilitation team within and between meetings were really appreciated by those that used them.
- Take on board commissioner drafting requirements (in this case based on legal requirements around accessibility and reputational risks around writing styles) in advance of write-up.
- Allow plenty of time for analysis and report drafting. Consider how best to involve commissioners and other team members in agreeing the overall narrative, structure and tone and writing style at an early stage, making the drafting and sign-off process easier.
- Budget for senior management time or an editor who has not been closely involved in the process to review drafts for consistency, writing styles and how recommendations are formulated.

Acronyms and Abbreviations

CCS	Crown Commercial Services
CMO	Chief Medical Officer
DHSC	Department of Health and Social Care
HTAi	Health Technology Assessment International
H&SC	Health and Social Care
HRA	Health Research Authority
ISPOR	International Society for Pharmacoeconomics and Outcomes Research
LGBTQ	Lesbian, gay, bisexual, transgender and queer
NICE	National Institute for Health and Care Excellence
NIHR	National Institute of Health and Care Research
OG	Oversight Group

1 Introduction

1.1 Background

This evaluation report has been prepared by URSUS Consulting Ltd for the National Institute for Health and Care Excellence (NICE) in relation to a public dialogue designed to inform NICE's guidance and advice to the health and social care (H&SC) system prioritisation and topic selection framework. The dialogue was supported by UKRI's Sciencewise programme and designed and delivered by Thinks Insights and Strategy (Thinks).

1.2 Context and objectives of the public dialogue

NICE is a non-departmental public body of the Department of Health and Social Care (DHSC) in England. NICE's role is to improve outcomes for users of the NHS, public health services, and social care. It does this by providing guidance and advice that promotes high quality care across health, public health and social care.

NICE is undergoing a period of transformation in order to ensure it can meet the opportunities and challenges of the changing H&SC landscape. A task group from across NICE departments started a horizon scanning exercise in 2022 and agreed to put together a formal framework for prioritising the topics that NICE should focus on across all areas (other than medicines) to aid decision making by a cross-NICE prioritisation board. The framework will help NICE to:

- allocate resources;
- make effective use of skills; and
- deliver guidance which has the most positive impact for people using the H&SC system.

NICE Listens (NICE's deliberative public engagement programme) proposed a public dialogue to help understand what really matters to the public in terms of prioritisation. The team had prior experience with two smaller public dialogues (on health inequalities[1] and environmental sustainability[2]). This broader public dialogue on prioritisation was timed to feed into an iterative framework drafting process, including a wider stakeholder and public consultation (March-April 2024). The specific objectives of the dialogue were the following:

- to engage a diverse and reflective section of the public on how NICE should prioritise its guidance and advice topics it produces for the health and care system;
- to explore and define what aspects of prioritisation are most important to people; and
- to understand the values and principles that underlie people's views, focusing on how they balance the trade-offs when prioritising one aspect over another.

1.3 Framing

During the scoping stage both internal and external stakeholders highlighted that many members of the public are most familiar with NICE's role on medicines and have more

[1] BASIS Social, NICE Listens: Public dialogue on health inequalities Final Report January 2022

[2] BASIS Social, NICE Listens: Public dialogue on environmental sustainability, Final report, Februrary 2023

limited understanding of the breadth of its remit (including clinical, social care, public health and health technology topics. The dialogue was therefore framed within the broad context of the H&SC system and a series of cases studies the breadth of topics NICE could potentially develop guidance on.

The dialogue took place against the backdrop of an ongoing National Covid-19 Inquiry. The design team were aware that participants might need some space to share their own experiences and frustrations with the NHS and care system, so that subsequent discussions could focus more tightly on where NICE should be focusing its efforts through prioritisation.

As the dialogue was being designed, NICE's prioritisation task group was working in parallel on thinking about potential 'domains' which might be used as screening criteria to move from long lists (stage 1) to short lists (stage 2) before being approved. The domains are described in *Box 1.1.*

Box 1.1 The domains expected to inform the prioritisation process

- **Impact on health and care** - loosely defined as how many people are affected - and how intensely - by the condition in the topic being considered and what impact any guidance in this area might have on people's lives. This was discussed as the first domain in the dialogue workshops.
- **Evidence** – Does the availability and quality of evidence give confidence that NICE can produce sound guidance in this area?
- **Budget impact** – What impact will this guidance have on H&SC budgets in both the short and longer term? The focus here was on cost effectiveness rather than affordability, which is largely a policy decision taken by H&SC commissioners at different levels.
- **System impact** – What impact will guidance have on the system (e.g. in terms of staffing, equipment, waiting lists) and its ability to deliver other H&SC needs?
- **Health inequalities** – What impact will the guidance have in helping ensure that people from different backgrounds do not experience different/unequal health outcomes?
- **Environmental sustainability** – Would this guidance help to reduce the environmental impact of the H&SC system and support NHS Net Zero goals?

Initially, H&SC need was not included in this list, although it was implicit in the rationale for putting any topic forward for consideration. Discussions with the dialogue Oversight Group (OG) and with wider stakeholders made it very clear that not discussing H&SC need alongside other domains would feel very technocratic and would be frustrating to participants. H&SC need was therefore added as a sixth domain. The workshops were structured around considering each of these domains in turn, and then considering the trade-offs between them in a final workshop. A combination of specialist presentations, question and answer (Q+A) sessions and case studies aimed to help surface what was most important to participants in each area. The dialogue was not intended to deliver a more quantified scoring within or between domains.

1.4 Dialogue design and delivery

The dialogue ran from September 2023 with field work completed before Christmas and the final dialogue report published in May 2024.

- **An Oversight Group** (OG) of 20 members (see *Annex A*) met three times over the course of the project. They reviewed and provided feedback on the dialogue design, as well as discussing the implications of the findings. The OG was chaired by Simon Denegri, the Director of the Academy of Medical Science. Other members brought a breadth of perspectives including H&SC policy making, commissioning, practitioners, patient representatives, ethics and the medical technology sector. NICE policy leads also represented each of the half dozen areas to be covered by the prioritisation framework.
- **A Core project management team designed and delivered the process.** The group was made up of two NICE Listens project co-managers, a Sciencewise Deliberation and Engagement Specialist (DES), the Thinks delivery team and the independent evaluator.
- **A large group of external and internal NICE stakeholders** fed into the design process via interviews and a series of short online design workshops.
- **A diverse group of 56 public participants** were recruited from four locations (Plymouth, London, Preston and Birmingham) to ensure a good mix of ages, genders, socio economic backgrounds and lived experiences which reflected the national population.
- **Participants took part in five workshops (14 hours in total) which included a mix of face-to-face (F2F) and online sessions**. They were introduced to the H&SC system, NICE's role and prioritisation as a process (workshop 1 F2F), each of the six domains (an hour each at workshops 2, 3 and 4 online) and an exploration of the trade-offs between them (workshop 5 F2F). Stimulus materials were shared via a printed participant pack.
- **The outputs from the dialogue** are available at the NICE Listens and Sciencewise websites and include:
  - The prioritisation dialogue, full research report (Word, May 2024) structured around values chapters which each draw together implications for NICE to feed into the prioritisation process.
  - The prioritisation dialogue, appendix (Word) which describes the methodology and case studies discussed during the workshops.
  - Prioritisation recommendations (Word) a NICE-produced summary of the overall dialogue findings and implications for how NICE should take them forward.
  - A short video which describes the process, the findings and what the participants, NICE Listens and Sciencewise got from the process for wider dissemination.

1.4 Evaluation scope and approach

This report draws on evidence collected during the scoping, field work and assessment stages of the project including evaluation observations, qualitative and quantitative feedback from public participants and specialist contributors at workshops, reflections from a core team wash-up meeting and interviews with OG members and commissioners. The following sections describe:

- the dialogue's impact on policy and practice within NICE (*chapter 2*),
- lessons about design and delivery that have contributed to meeting the dialogue objectives (*chapter 3*);
- conclusions and recommendations for future dialogues (*chapter 4*); and
- supporting evidence in *Annexes*.

2. Impact of the public dialogue on NICE's prioritisation process

2.1 Overview

- **This public dialogue was tightly focused on feeding into the design of NICE's prioritisation framework to inform a cross-NICE prioritisation board. Insights were expected to help make sure the resulting decision-making process is clear, consistent and transparent. The dialogue findings were not expected to have wider applications.**
- **The process delivered timely findings in a format that those designing the prioritisation process found helpful. The findings add to NICE's understanding of what really matters to the public. The report allowed the NICE Listens team to pull out 11 key recommendations which they have been able to feed into the NICE prioritisation task force's work to help shape the separate public consultation (March-April 2024) and to frame their own formal response.**
- **The dialogue insights chime with the final text of the prioritisation manual - particularly in Chapter 9 of the manual which describes key criteria to be considered at stages 1 and 2 in carrying out assessments. Papers submitted to the prioritisation board now describe the likely impact on each criteria qualitatively and scored as negative, neutral, positive or uncertain with a colour code (Red, Amber, Green, or Grey - RAGG). This supports more nuanced discussions which appear to mirror the explicit weighting between the different criteria suggested by dialogue participants. There is now a tendency to put greater emphasis on the H&SC need – even where proposals may have negative impacts on costs or systems – and to refer some proposals with a proven need but insufficient evidence on to other organisations to fill the gap. This focus mirrors what mattered most to the dialogue participants.**
- **NICE officers close to the process feel that the resulting decisions are now clearer, more consistent, lead to more efficient resource allocation and create a more manageable workload. By mid-October 2024, of 56 proposals considered 19 were approved (compared to about 80% previously).**

2.1 Dissemination of findings

The public dialogue report, the executive summary and a short video on the process and its importance were officially published at the end of May 2024 and announced on NICE Listens' webpage and social media. Announcements by the NICE Chief Medical Officer (CMO) highlighted NICE's commitment to taking patient and public views into account in developing an efficient system for making consistent decisions across the organisation. A blog by the OG chair (in place of a commissioner blog on the Sciencewise website) highlighted the important role played by the dialogue in shaping NICE's prioritisation framework. Dissemination activities are summarised in *Table 2.1*.

Since the dialogue was so tightly linked to an internal policy process, there was no external communications strategy for the dialogue, and neither the publication of the final report or indeed the NICE prioritisation framework attracted wider press or social media coverage.

Table 2.1: Dissemination of the dialogue findings and NICE prioritisation framework

Organisation and dissemination route	Comments on the public dialogue
NICE Consultation document for the prioritisation framework (March 2024)	The draft framework echoed the findings of the dialogue in the proposed structure. NICE Listens response (unpublished) reiterates where the approach aligns with key dialogue findings (plus those from NICE Listens dialogues on health inequalities and environment)
NICE prioritisation dialogue video YouTube (22.5.2024), 136 views	Quotes about a dozen participants and the NICE and Sciencewise teams to bring the dialogue alive *"Hoping it will have a really big impact…really important that we get the views of society and this process is really important in understanding those views"* NICE Listens project manager
National Library of Medicine dialogue report	Online library holds a digital copy of the Thinks dialogue report
How NICE is ensuring its topic prioritisation decisions are grounded in lived experience (30.7.2024) Blog by OG Chair, Simon Denegri	Stresses the importance of public dialogue, of a diverse OG and the usefulness of the principles which emerged: "*One of the principles is for NICE to reflect a broader definition of evidence and to take a more proactive role in directing the creation of evidence. I am pleased NICE is already integrating these principles in the development of its decision-framework on prioritisation."*
Introducing a new way of prioritising our guidance topics. @NICEComms, (8.8.2024), Deputy chief executive, Jonathan Benger, 3,691Views	"*Working with @sciencewise we gathered public opinion on how NICE should prioritise its topics for guidance and advice to the health and care system.*"
NICE social media @NICEComms, (13.8.2024) linking to blog post by @SDenegri OG Chair, Simon Denegri, 2,322 Views	*"It [public dialogue] is a way of helping organisations ground their decisions in the lived experience of people and communities and what works for them. The insights gained are always helpful. Occasionally they are game changing."*
NICE's new approach to prioritisation video, YouTube, Jonathan Benger, 156 views,	Explain why and how prioritisation will work and focus on improving patient H&SC outcomes, but do not directly mention the public dialogue.
Why it is important for NICE to prioritise topics, YouTube**,** Jonathan Benger, 21 views	
Health Technology Assessment International (HTAi) conference, June 2024, Alice Murray	Presentation: "Focussing On What Matters Most: A Public Dialogue On How NICE Should Prioritise Topics In Health Technology Assessment**"** describing the process and lessons learnt
International Society for Pharmacoeconomics and Outcomes Research (ISPOR) ISPOR Europe conference 2024**, November 2024,** Koonal Shah	Poster presentation: "Focusing on What Matters Most: A Public Dialogue on How NICE Should Prioritise Topics for Guidance" describing the process and lessons learnt
HRA Public Involvement Newsletter September 2024	Cites the NICE public dialogue and OG Chair's blog (see above): "*It's [public dialogue's] a way of helping organisations ground their decisions in the lived experience of people and communities and what works for them. The insights gained are always helpful. Occasionally, they are game changing."*

2.2 Impact of the dialogue on the NICE prioritisation process

2.2.1. How dialogue findings fed into the prioritisation framework design

The dialogue was designed to feed into an interactive drafting process: the prioritisation task group's early thinking on key domains was used to frame the dialogue (*see Box 1.1*) and dialogue deliberations in turn helped shape a set of criteria that could be considered at different stages of assessment. Findings from the dialogue were fed in in the following ways:

- **The two NICE Listens project co-managers were closely involved** in selecting case studies and developing stimulus materials: they attended all workshops and were able to feed-back messages heard and where there appeared to be strong consensus as soon as the fieldwork was completed. They shared a short executive summary of dialogue findings (late February) with the shadow NICE Prioritisation Board (which met in shadow form from January to May). Dialogue findings were reflected in the text of the draft prioritisation framework which went out to wider consultation (March). Their own submission to the public consultation highlighted areas where the wording was well-aligned to the 11 key recommendations that they had pulled out from the dialogue report. They also highlighted areas where the participants' expectations/concerns could be brought out more strongly.
- **A handful of NICE policy/product area managers who either sat on the OG, or attended public workshops as topic specialists or observers,** were able to directly feed in what they heard to the Prioritisation Board. As one noted: "*I found it very useful to be at the meetings and hear directly from the public so I could directly feed into the process."*
- **A handful of individuals involved in the dialogue now sit on the Prioritisation Board** including two OG members, a senior member of the NICE Listens team and the Chief Medical Officer (CMO). They are able to ensure that the key interests of public and patients are fully aired at board meetings.

NICE staff involved with drafting the prioritisation framework reported that the dialogue findings were reassuring, confirming they were on the right track and that no topics of key importance to the participants had been left out:

> "*The dialogue process has given us good assurance that our initial thinking around prioritisation was aligned to public expectations of how the function should operate.*"
> **I Prioritisation Board member**
>
> "*Really important that we are listening to what people want and different perspectives. It was very reassuring to see that we hit the majority of issues that proved to be important to the public.*" **I Prioritisation framework development team**

2.2.2 Dialogue recommendations are now almost fully reflected in the prioritisation process

Table 2.2. summarises the 11 key recommendations drawn out of the dialogue by the NICE Listens team and the extent to which they have been captured in the final version of the NICE-wide topic prioritisation framework. The overall process and where dialogue insights feed in are summarised in *Figure 2.1.* The key areas of influence are at:

  - **Stage 1 assessment** – which considers NICE's role[3], health and care need, evidence availability and whether services/advice will be accessible/implementable in the H&SC system. Where these criteria are met the topic can move to:
  - **Stage 2 assessment** – which considers likely budget, systems and population impacts, the quality of the available evidence and system intelligence, and likely impacts on health inequalities and environmental sustainability.

- All of the criteria included at the two stages were discussed during the dialogue: as summarised in *Table 2.1,* in most cases the final text in the prioritisation manual captures the essence of what mattered most to participants.
- Each proposal submitted to the Prioritisation Board has a qualitative description and is colour coded (RAGG score) according to its likely impact. As noted in *Section 1.3*, the prioritisation team did not plan to go further (e.g. in developing a multi-criteria analysis with quantified scoring or weighting systems between criteria).
- The Prioritisation Board's members (currently about 22 including 2 lay members) discuss each criteria in turn and make a final decision based on majority eVoting (-2 to +2). Those with overall negative scores are rejected.
- As of Mid-October 2024, the Board had considered 56 topic proposals, approved 19 and referred others to partners who could either gather further evidence or update guidelines based on proven guidance from other sources. Outcomes of all decisions are published at the NICE website. Proposers can challenge the outcomes.
- In the future there will be opportunities to monitor how the prioritisation framework is being applied. At that time there may be further insights that can be drawn from the dialogue findings.

2.2.3 Have dialogue insights made a difference?

Evaluation interviews with OG members and NICE staff confirmed that the dialogue process had been run in such a way that the results felt credible and could be used to inform the prioritisation framework development. The overall changes to the draft prioritisation framework have been subtle rather than substantive. Nevertheless, the wordings in the manual's Chapter 9 on the selection criteria closely reflect the underlying values and principles that participants felt were important.

The areas where the dialogue may have had an influence include:

- **Description of NICE's role.** Participants' preferences were to focus on areas where NICE is uniquely placed to have a clear impact on health outcomes. They were less supportive of NICE producing guidance for preventive topics (while recognising that prevention could also have benefits in other areas such as environment) because they felt the NICE pathway to impact is indirect or overlaps with other organisations. A few of the Board's

[3] Participants mostly felt that NICE should focus more tightly on topic areas where they have a clear pathway to influence outcomes (e.g. a clinical pathway) rather than on some of the preventive case studies discussed in the workshops, where NICE's influence might be more indirect in trying to influence organisations better placed to address issues such as the wider determinants of ill health or inequality.

decisions seem to mirror this. For instance, guidance for adults in supported living and to promote physical activity in the workplace have not been approved.

- **The criteria of greatest importance to the Board appear to mirror the explicit rankings suggested by the participants.** Evaluation interviewees close to the Board process suggest an implicit ranking of criteria as follows:
  - **H&SC need** tends to be front and centre in discussions – as it was for participants - and proposals which score negatively on most other criteria can still be approved if the H&SC case is compelling enough.
  - **Cost and systems impacts** are discussed in some detail, but whereas in the past cost/commercial implications might have been a primary factor, they may now be scored negative without preventing the topic being approved if there is a strong enough H&SC need case. This aligns with a strong consensus amongst participants that decisions should not be driven by cost/system savings, particularly if at the expense of patient outcomes.
  - **Health inequalities and environmental sustainability** are the areas of least consensus or where information is likely to be unavailable. This appears to mirror participants' lack of consensus around NICE's role in addressing health inequalities[4] and their support for environmental improvements only where they do not compromise H&SC outcomes.
  - **Availability and quality of evidence** are key factors in whether proposals are approved outright. However, insufficient evidence does not prevent a topic being reconsidered at a later date. NICE can recommend proactive steps for filling the gaps by referring proposals to partners such as the National Institute of Health and Care Research (NIHR). This approach strongly aligns with participants' views that NICE should take a broader view on what constitutes quality evidence (e.g. to encompass patient experience and expert opinion from clinicians, carers and patients) and a more active role in filling evidence gaps where there is a strong H&SC need case.

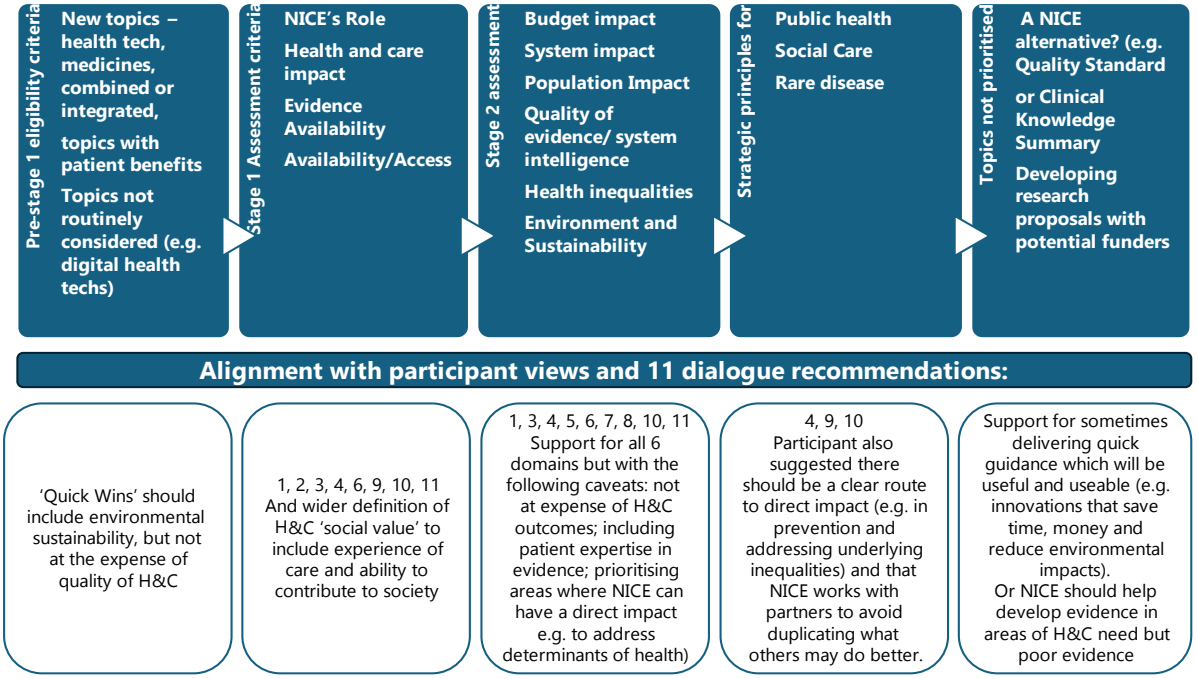
- **The wording on H&SC need is not quite as broad as public participants would have liked but, in practice, Prioritisation Board discussions can encompass a wider definition.** Participants favoured a definition encompassing wider societal impacts such as the effects on patients, families and carers quality of life, employment and productivity. Stage 1 assessment criteria mention the care burden and quality of life but – partly because NICE's remit is not so broad – do not cover wider societal aspects. Anecdotally, however, such issues do get raised, particularly by lay Board members. Topics that have been selected (such as autism, 24.6.2024) sometimes specifically mention the positive impacts on individuals, families and carers as a justification. Likewise, NICE's future focus (e.g. on musculoskeletal conditions) on broad themes is sometimes justified in relation to health-related quality of life, employment and productivity factors.

[4] Participants did not all agree on whether NICE should be trying to address the wider determinants of health inequality, preferring NICE to focus on areas where NICE can have a direct impact on health outcomes or at least not exacerbate existing inequalities.

Table 2.1: How key public dialogue recommendations are reflected in prioritisation

	Recommendations for NICE from the public dialogue	Stage 1	Stage 2	How far they have been taken on board
R1	When assessing H&C need, consider a broad range of measures including: prevalence, severity, burden of disease, burden of unpaid care, experience of care (including access to and quality of care) and ability to contribute to society.	✓	✓	The wording at stage 1 mentions all aspects except 'experience of care' and 'ability to contribute to society'. However these issues may be raised in Board discussions and have been reflected in topics prioritised for future NICE guidance.
R2	Be transparent about what measures of health and care need have fed into prioritisation decisions	✓		
R3	When assessing the availability of evidence, consider a broad range of types and sources, including real world and evidence from other countries.	✓	✓	Definition includes systems intelligence (wider than randomised trials). Topics may also be suggested by H&SC staff, patients and the public. Rejected topics can be passed to NICE partners to collect further evidence.
R4	If gaps in evidence are identified as a primary reason not to prioritise a topic and there is a high unmet need, we should accelerate our work with research partners to facilitate evidence generation in these areas	✓	✓	
R5	Ensure people's care and experience of the health and care system are not compromised when we pursue opportunities to relieve system and budget pressures.		✓	In practice H&SC needs appear to outweigh cost and system impact considerations.
R6	Aim to produce guidance that is feasible to implement. However, implementation challenges should not act as a barrier to prioritising a topic if there is a clear and urgent unmet need for NICE guidance.	✓	✓	Acessibility/implementability a consideration at stage 1. At stage 2, system impacts can be scored red (negative) but not prevent selection.
R7	Ensure the H&C system is as fair as possible by prioritising guidance for those with the greatest H&C need … but sometimes focusing on particular conditions or groups, rather than the broader population.		✓	Size of population and prevalance are key considerations, but rare diseases are also highlighted .
R8	Aim to improve the environmental sustainability of the H&C system, including acting on 'quick win' opportunities to reduce environmental harms, in ways that also improve health outcomes, respect people's preferences, and avoid exacerbating health inequalities.		✓	At stage 2, potential gains from reducing avoidable production and consumption of healthcare through prevention (of ill health and the future need for services) highlighted as environmental benefits. Potential 'quick wins' are not mentioned.
R9	Consider whether NICE guidance can have a direct impact on the outcomes of people with the health and care need.	✓	✓	Stage 1 definition includes quality of life, while stage 2 mentions opportunities to improve patient or service user outcomes by addressing gaps/variations in practice.
R10	Take advantage of opportunities to produce useful and useable outputs in areas where NICE is uniquely placed to address a specific need (e.g., H&C, system, budget, or sustainability need). This means allowing flexibility in the process to action 'quick wins,' including non-guidance outputs, when opportunities arise.	✓	✓	NICE role and ability to add value is considered but not 'quick wins' since 'light touch' guidance does not really fit with NICE accountability and ways of doing things.
R11	If impact is likely to be indirect or uncertain, assess the value NICE guidance might add, particularly if there are government bodies or other organisations active in the same area. This may include guidance that relies on uptake from multiple actors outside of the H&C system, in areas such as education, housing, and employment.	✓	✓	Criteria on fit with NICE's role (stage 1) stresses areas where NICE can add value (e.g. through evaluations of clinical and cost effectiveness, objective review of evidence, robust methodologies etc.) but does not discount areas where impacts might be through multiple bodies and less direct.

Figure 2.1 How public dialogue findings were reflected in the consultation draft and final version of the NICE prioritisation framework



- **Evaluation interviewees reported that the prioritisation framework is now working well and enabling the Board to make clear, consistent and transparent decisions across product/service areas.** Compared to a reported 80% approval rate across the half dozen different decision-making systems previously, the cross-NICE Board is now approving about a third of all proposals. This should lead to more efficient resource allocation and shorter backlogs for guidance to be produced. The system is also now more open to proposals from external stakeholders (including H&SC professionals, patients and the public) who can suggest topics for consideration. Decision-making is also more accountable: all decisions are now published and can be challenged. So far, one topic has been reconsidered and is now likely to be approved.

2.3 Potential for wider impacts

2.3.1 Potential for findings to influence other policy processes

The findings from this dialogue will be of general interest to other stakeholders but were not ever expected to have direct application to policy, research or practice outside of NICE. Nevertheless, feedback from the OG members at their final meeting suggests that they found the headline findings interesting: they largely resonated with their own understanding of the primary importance that the public places on addressing H&SC need, and that other factors would be important (cost, systems impact and evidence) but not deciding factors. They were unsurprised that there was much less consensus about the importance of NICE taking health inequalities and environmental sustainability into account in its decision-making.

The public dialogue findings have been shared at the National Library of Medicine and are available to other research organisations, policy makers and H&SC organisations to understand what matters most to the public in setting H&SC priorities.

2.3.2 Potential to influence NICE public engagement approaches

The NICE Listens team remain committed to public dialogue as a qualitative method and having now completed three public dialogues (the previous two without Sciencewise support) are in a position to compare lessons learnt on what works well and what less so.

The team plan to carry out an internal evaluation across the three dialogues and expect this evaluation report to be part of the evidence. One theme of interest is comparing the effectiveness of a very broad dialogue – such as this one – which responds to a unique opportunity with significant potential for internal policy impact, versus more tightly framed smaller dialogues which can provide a depth of understanding in a narrower area but with less potential for direct policy impact.

The team have also shared their experiences with international health audiences via a presentation at the Health Technology Assessment International (HTAi) conference (June 2024) and the International Society for Pharmacoeconomics and Outcomes Research ISPOR Europe 2024 in November 2024.

2.4 Impact of taking part on public participants

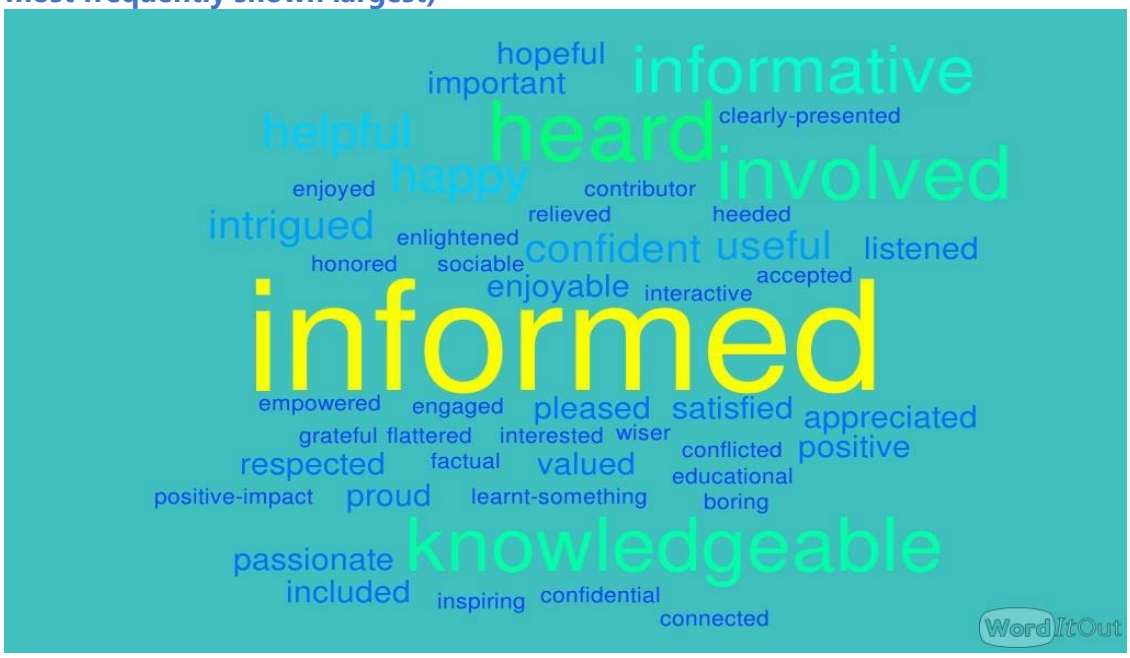
Participants almost all reported being very pleased to have taken part in this dialogue. Although it was a complex topic, they found the broad H&SC system scope interesting. Some found the particular focus – over NICE's prioritisation criteria rather than in directly suggesting which topics, conditions or cohorts NICE should prioritise – initially frustrating. However, by the end of the process when asked to rank their experience on a sliding scale (where 0 meant not at all and 100 was very satisfied), the average across all four locations (and 42 respondents) was very high (90/100).

Many reported they had learnt a lot during the process (see *Annex B*) and, as illustrated by the word cloud in *Figure 2.2*, most felt informed, knowledgeable, involved and heard by the end of the process. Several also felt empowered to talk to others or personally enriched as a result of taking part:

> "*I felt enlightened, this gave me quite a lot of knowledge around NICE and I found myself telling other people around me about the issues."*
> *"I think I'm a better person as a result of taking part"*
> "*[I most valued] subtle change in terms of my awareness."*

Participants unanimously felt they had been treated with respect, had been heard and that their views had been listened to. As a result, their confidence that NICE was listening gradually grew over the process. From two thirds (35 of 53 who agreed and 5 who tended to or strongly disagreed) who felt confident that their views would be used to inform the prioritisation process after workshop 1, nearly 90% (37 out of 44) felt confident by the end of the process. By this stage a few were neutral or unsure but nobody disagreed.

Figure 2.2. Three things that participants felt about the process (with those mentioned most frequently shown largest)



This trust in the process reflects an engaging process, a visible NICE presence as policy specialists in listening mode, and the participants' growing appreciation of the complex issues that NICE has to juggle. Several participants described how their views had changed both about the process and in understanding the range of issues that NICE needs to think about in prioritising its work.

> "*[I] thought it was all about budget – but there's lots more to consider.*"
>
> "*When environmental sustainability was first mentioned I probably rolled my eyes ….but my view has now completely changed.*"

2.5 Costs

The overall cost of the public dialogue was £149,050 (excl. VAT) for the design, participant recruitment, thank you payments, venue rental and refreshments, analysis and reporting and the independent evaluation. Sciencewise contributed £84,525 and NICE £64,525.

NICE also budgeted for a £20,000 in-kind staff time contribution. A 2-person NICE project management team committed at least two days a week over the duration of the project and sometimes up to four days during intense periods of design, field work and reviewing final outputs. In addition, seven NICE staff each contributed 2-3 days as OG participants and several more contributed as specialists or observers at one or more workshops. Over and above this, a further 10-12 OG members invested an average of two to three working days in attending and preparing for the OG meetings, at a design workshop and in reviewing the final report.

The blended delivery approach added value compared to a wholly online or F2F process. An initial in-person workshop helped to establish a shared understanding of the issues and helped groups to gel, while allowing all participants to hear from specialists in other

locations via Zoom. Online delivery of core workshops (2, 3 and 4) - which required specialist inputs from across the country - made it practical for more to be involved than if all the meetings had been in person in the four locations. Arguably, a full day at either the end or the beginning of the process rather than a half day at each end would have resulted in some cost savings in terms of travel, subsistence, venue and refreshment costs, but it was not obvious whether such a meeting would be better at the beginning or end of the process.

3 Objectives and lessons on what helped to meet them

3.1 Overview

The complexity and abstract nature of the topic and the iterative design process it was feeding into proved challenging for the design of this dialogue. During the scoping stage it became clear that NICE Listens and the Thinks team had slightly different views on how topics should be framed and what useful outputs would look like. However, meetings with the OG and NICE and external stakeholders helped shift designs to a more exploratory approach, rather than testing a fully worked out draft prioritisation framework.

As shown in *Table 3.1*, the three objectives were fully met. Key factors that contributed to successful delivery were the blended delivery approach, the balanced and accessible information shared with participants (including wall charts, animated videos, presentations, specialist contributions and case studies). NICE staff and external specialists helped to bring out key issues within each domain and to raise perspectives that participants might not otherwise have thought of. An experienced facilitation team created a supportive and productive environment. Online conferencing (Zoom) was used effectively to link the four locations and to compare outputs and highlight areas where most participants agreed and where there was less consensus.

The following sections describe what worked well and what less so and lessons learnt in more detail.

3.2 Procurement, governance and project management

3.2.1 The procurement process was more onerous than necessary, but the built-in time contingencies proved useful and ensured that project start-up was not delayed

The procurement process using the Crown Commercial Service (CCS) platform was new to the NICE procurement team who therefore recommended an additional pre-qualification phase and additional two week contingency for interviewing contractors. In practice the additional filter (requesting capability and experience statements) proved unnecessary and unintentionally excluded an interested and eligible contractor who missed this first deadline. Nevertheless, the contingency proved useful to carry out formal interviews with two equally strong bidders.

The UKRI Sciencewise team's advice on scoring and as part of the interview panel brought new perspectives and was really appreciated by the NICE Listens team. NICE's additional assessor questions also proved really useful and are likely to be applied to future dialogues by Sciencewise.

Table 3.1: How far the dialogue has met its objectives and factors which have contributed to success

Primary objective	Elements of design and delivery which contributed
Engage a diverse and reflective section of the public on how NICE should prioritise topics for the guidance and advice it produces.	• The recruitment specification ensured that the four groups (14 each in (Birmingham, Plymouth, London and Preston) reflected socio demographics in each location (with some over sampling of groups less likely to engage) and together across England. • Additional screening questions ensured that the overall sample included a range of lived experiences of long term health conditions or as carers and of those with different attitudes to the H&SC system and positive/negative health behaviours so participants would be exposed to a range of perspectives. • A leisurely first F2F workshop gave participants the opportunity to share their experiences and to get a shared understanding of what NICE does and how prioritisation works. • The duty of care and support measures put in place ensured that all participants were able to fully participate and felt supported. The drop-out rate was an acceptable 5%.
Explore and define what aspects of prioritisation are most important to people.	• More generic discussions (e.g. on criteria which underlie everyday household prioritisation decisions) helped participants grasp a fairly abstract idea and repeating the objectives at each session reinforced the focus on NICE's prioritisation process. • The 3 online workshops allowed about an hour for each of the 6 domains to be introduced by the lead facilitator, NICE or external specialists and then underlying values and principles to be explored through case studies. • Pairs of domains were presented in the order that the design team thought participants might rank them. A 'spider diagram' introduced during workshop 1 and revisited through workshops 2, 3, and 4 worked well to force small groups of participants to rank domains according to how important they felt they were. Those discussed most recently tended to be ranked a little higher than before they were discussed in detail, but in general rankings across the 6 domains reflected the order they were presented and changed very little across the process or between locations. • Sometimes – despite the objectives being reiterated at each session and facilitators' best efforts to keep discussions on topic – participants lost sight of the prioritisation criteria focus and instead fell back on their personal experiences to suggest topics they felt NICE should produce guidance for. Most case studies worked to reinforce the prioritisation criteria lens, but a few proved distracting and took deliberations in the wrong direction.
Understand the values and principles that underlie people's views, focussing on how they balance the trade-offs when prioritising one aspect over another.	• Through a combination of strong facilitation and specialists raising issues that participants might not have thought about, workshops 2, 3 and 4 surfaced underlying values for each domain while the final F2F workshop surfaced more cross-cutting values and principles in a safe and familiar environment where participants felt comfortable to disagree with each other. • The final ranking exercise proved really effective in testing where the overlaps and tensions were between domains and highlighted where people were talking about similar issues from different angles (e.g. inequality in access to H&SC vs improving overall H&SC outcomes for everyone). • The final report is closely structured around the values and principles which emerged. These are closely related to the domains but in the case of H&SC impact have been disaggregated into a number of sub strands (such as the need for a people-centred approach, equity, preventing ill health etc. in areas where NICE has a unique advantage and direct pathway to impact H&SC).

3.2.2 A large (20 strong) and well chaired Oversight Group ensured full representation from all key external stakeholders and a large group of internal NICE stakeholders

The core team were alert to the risk that the number of NICE policy lead members on the OG might drown out other voices and mitigated this by including twice as many external stakeholders, including to fill a gap (a Local Authority commissioner) identified at the first meeting. NICE members were briefed not to dominate discussions and allowed plenty of space for other voices, while also providing valuable insights to the design stage (e.g. on what outputs would be useful to the prioritisation framework design). NICE OG members also contributed as specialists in the process. The option to include NICE members in other ways (such as via an internal stakeholder group with a more hands-on role in co-design) was considered but rejected on the basis that it would be less transparent. However, given the complexity of the topic and getting the framing right it might have been useful to also use this group to run a 'teach-in' for the delivery contractors at the beginning of the process, to help them get up to speed quickly.

The OG met three times and collectively ensured rigorous review of each stage of the project. They helped the team navigate the design challenges, identify opportunities and suggested specialists and case studies for the workshops. At least half took part in online co-design workshops (organised as two sessions in mid-October). The timetable did not allow them to be involved in detailed review of materials beyond this.

The OG benefitted from a very effective chair able to manage the dynamics of a large group and steeped not only in H&SC issues but also very knowledgeable about deliberative dialogue. He was able to ensure that all voices were heard. The approach of breaking the large OG into smaller facilitated break-out groups for some discussions – to sense check the emerging findings and implications for NICE – worked really well in the final meeting and helped amplify the voices of those from less technical backgrounds. One highlighted this as "*a well-run session with everything summarised so clearly!*"

OG members reported that being part of the process had been worthwhile. One described the overall dialogue as "*pretty well-run and coordinated, and well-articulated.*"

3.2.3. Project management arrangements worked well but more frequent or longer meetings would have helped at key moments

The core project management team met weekly (one hour online meetings) throughout the project and each covered both strategic (framing and design) and operational issues. In this case, the complexity of understanding the topic clearly enough before getting into detailed design and the practicalities of timetabling field work (before Christmas) would have warranted more or longer sessions to make sure both strategic and operational issues were equally covered.

A Teams channel proved an efficient way of sharing documents within the core team. Some early issues with version control impacted stakeholder interviews and workshops when important corrections of emphasis were overlooked (see *section 3.3.1*), but such issues were

addressed by tidying up the site to improve version control and introducing clearer sign-off procedures.

Wash-up meetings after each public workshop helped highlight what had worked well and what less so. The design team were responsive to making minor changes to their approach (e.g. in choosing to interview some specialists rather than asking them to prepare presentations which risked overrunning).

3.3 Design and delivery

3.3.1 Stakeholder inputs to the design process could have been more useful if framing issues had been resolved at the outset

NICE Listens expected the deliberations to be exploratory (as highlighted in the ITT) rather than testing a detailed prioritisation framework (as the design team seemed to assume) and this together with problems with version control of documents (see above) resulted in stakeholder interviews and workshops which confused and frustrated some stakeholders and failed to generate the necessary outputs (suggestions for case studies and specialist presenters able to bring a more personal perspective). Time spent reassuring stakeholders and identifying case studies and speakers created a greater burden and stress for the NICE Listens team. There was also less time for review of materials causing some last minute rushes with limited opportunities for them to be reviewed by the OG or stakeholders.

These issues could have been addressed by building in an initial 'teach-in' for the design team delivered by internal NICE stakeholders. This would have helped ensure that everyone was clear on the big questions and what NICE hoped to get out of each set of activities.

3.3.2 The blended delivery approach got the most out of face to face (F2F) and online formats

- **A mix of formats allowed more participants from across the country to be recruited than if the whole process had been F2F**. Most participants reported that they found the schedule and length of sessions convenient.
- **The initial F2F session set a positive tone, helped create a geographical sense of identity and a momentum which carried through to the online sessions.** Almost all those that attended workshop 1 went on to attend all other workshops with very low (~5%) dropout.
- **Online conferencing (Zoom) across multiple locations worked well – all participants heard from the same specialists regardless of their location**. Online workshops (2, 3 and 4) were organised so that groups from either two or four locations met at the same time and specialists could make contributions in plenary and then move around all the small breakout groups. For the F2F workshops, some plenary sessions used Zoom to link across all four locations (so they could hear from the lead facilitator or specialists) and compare the outcomes of their deliberations. This worked really well to create a sense of being part of something larger and important and probably contributed to overall participant satisfaction and confidence in the process.
- **Bringing participants physically back together for a final session created a sense of excitement, purpose and closure.** The familiar setting and faces appeared to energise the groups and encourage more relaxed and frank discussions: this suited the nature of

more contentious discussions and complex tasks carried out in the final session (see *Section 3.3.5*)

3.3.3 Time devoted to setting the scene and sharing lived experiences paid off

The first workshop allowed ample time for scene setting. A short exercise on appropriate language got participants actively involved and set a tone of respect and inclusiveness that probably worked better than suggesting them as ground rules. Time spent on self-discovery of the different aspects of the H&SC system via a carousel followed by small group discussions gave participants space to share their own experience and frustrations with the H&SC system. A generic prioritisation exercise then helped people understand that they were being asked to think through a prioritisation lens for the rest of the process. Most participants were able to maintain this focus through the more detailed workshops around the six domains.

"*The first face-to-face workshop set the scene: previously I had been a little sceptical.*" **| participant**

"*A few discussions in groups sometimes felt a bit off piste and weren't that relevant to prioritisation, but it was important that people had time to talk about wider issues in order to then focus in on specific outputs.*" **| OG member**

"*We expected it to be difficult – and conversations did stray at some points – but this was a really useful activity and produced useful outputs*" **| Prioritisation Board member**

3.3.4 Purposive recruitment resulted in a diverse and inclusive mix of participants

Purposive recruitment methods resulted in a group of 56 who broadly reflected UK characteristics. Over-sampling of groups who might otherwise have been under-represented (e.g. LGBTQ individuals, those from communities who experience racial inequalities, and those with long-term limiting conditions or disabilities) ensured a good mix of lived experiences which enriched discussions. Several reported that their experience as heavy NHS users or with unequal access/treatment within the H&SC system had been a key motivating factor for taking part:

"*Important to make my voice heard as a younger person and from an LGBTQ+ perspective.*"

"*I wanted to make a difference and make sure my views were heard.*" **| participants**

Almost all participants valued hearing from people they might not normally have heard from. The combination of 'home groups' in the F2F workshops, and mixed cross-locational groups in the online sessions helped get people initially get comfortable and then hear a wider mix of perspectives and opinions. Participants suggested this had been one of the most valuable aspects of the process:

"*I heard opinions from east to west and north to south*"

"*Eye-opening to see other points of view which could be quite different from my own.*"

3.3.5 Balanced, accessible and varied information shared with participants allowed them to feel informed, not overwhelmed

- **Materials - including wall charts, an animated video, presentations and specialist interviews – conveyed a lot of information and seemed to be pitched at the right**

level to suit most participants. Almost all participants agreed that the introductory information on the H&SC system and role of NICE shared in their participant packs was fair and balanced. Some participants suggested they would have also found it helpful to look back at specialist presentations (not included in the pack) in their own time. Many of these presentations were either last minute or did not have formal PowerPoints: they could only have been shared if the sessions were recorded and uploaded to a share site for viewing between workshops.

- **Domain-themed case studies aimed to bring the topic to life and probe what matters most to participants. Most helped surface underlying values and principles which provided the structure for the final dialogue report but some were more successful than others.**
    - Case studies for workshops 2, 3 and 4 sometimes lacked personal perspectives (from clinicians, care providers, commissioners or patients) which would have made them relatable to participants. In a few cases this just made it more difficult for participants to connect to the domain (e.g. addressing health inequalities): in others the examples led the discussions in unhelpful directions. For example a case study on preventing excess winter deaths and illnesses associated with cold homes led to discussions about whether this was really a topic for NICE rather than relating to a specific domain (health inequalities) that NICE should take into account.
    - **'Edge case' scenarios (workshop 5) explored the trade-offs between domains, and whether overall preferences held for different contexts.** These focused in on contentious topics and proved more successful at probing underlying values (e.g. on unequal access to medical services leading to unequal health outcomes for specific groups). Being able to talk F2F in a safe setting also helped.
    - A key learning is the need to get the right stakeholders involved in designing case studies and allowing enough time for robust review (see *section 3.3.1)*
- **A complex exercise to rank the six different domains (final workshop) proved fun and helped participants clarify some misconceptions.** In the room participants felt more comfortable challenging each other about what was important within each of the domains (e.g. around evidence and budget impacts) as they ranked them against each other. The process produced a very clear sets of rankings which were strikingly similar across small groups and locations.

3.3.6 A mix of NICE and external specialists were able to introduce perspectives that participants might not otherwise have thought of

As noted above, the process of identifying a long list of perspectives and possible specialists to talk to them did not automatically fall out of the stakeholder interviews: as a result recruiting and briefing specialists was often last minute and stressful for both the core team and presenters. However, the design team was flexible to draw out their contributions in different ways: those that had time delivered formal presentations while others were interviewed by the lead facilitator. The latter approach had the advantage of highlighting key issues while ensuring presentations did not overrun.

Specialists were able to introduce interesting perspectives which stimulated participants into new ways of thinking about the domains. The vast majority of participants found the information they provided helpful and described them as *"a good level of experts*." and "*very informative."* Participants also agreed that they had answered their questions in a balanced way and helped bring issues such as mental health, rare diseases and Net Zero into sharper focus. Some participants would have liked to be able to review specialist contributions in their own time.

NICE's involvement through all five workshops as specialists or observers also helped build participants' trust in the process and that the results would be used to inform NICE's prioritisation work**.** Those that attended were also able to take what they heard directly into the prioritisation framework drafting.

3.3.7 An experienced facilitation team created an environment where participants felt supported, respected and able to make themselves heard

- **Attention to ensuring support was in place for those with emotional or physical support needs helped ensure almost all participants were fully engaged**. This was important against the background of the ongoing UK Covid-19 Inquiry and a sizeable minority of participants with ongoing health conditions. About a quarter of participants took advantage of opportunities to take time out (11), talk informally to their facilitators (16), or follow links to external support organisations (11). All those that did so found it helpful, while those who did not need support nevertheless appreciated knowing it was available.
- **After workshop 1 facilitators followed up 1-2-1 with a handful of participants that appeared to need additional support or who had indicated they did through evaluation feedback.** All those contacted by the team found it helpful in addressing issues or catching up on what they had missed.
- **Facilitators were skilled at creating a relaxed atmosphere both in the room and online, aided by clear discussion guides.** Some individuals expressed strong opinions, but the conversations felt natural and others in the group often felt able to challenge inappropriate language or correct misconceptions. Facilitators were able to encourage more dominant individuals to step back and quieter individuals to step forward. Participants almost unanimously felt that they had the space to make their views heard and that they had been listened to.
- **Participants unanimously found the facilitation to be professional, independent, and effective.** Facilitators were able to draw on a pool of NICE team members or specialists to answer questions. They were also able to step in to clarify or correct what was said to avoid misinterpretations.

3.4 Data analysis and reporting

The mixed online and face-to-face process across four locations generated a great deal of evidence. As this was analysed it became clear that the findings did not fit neatly into the six domains used to structure the workshops but instead took the form of overarching themes and values which made more sense as organising principles for the report.

The drafting and review process proved more time-consuming and drawn out than either the commissioners or delivery contractors had expected. It took a number of iterations to get the overall narrative, structure, tone and writing style of each section right and to produce a publication-ready document. A number of factors contributed including the number of authors involved, the complexities of live editing by multiple reviewers, the specifics of NICE's style and accessibility requirements (although these had been highlighted in the ITT and examples shared in advance). In addition, the delays before a near-final version of the report was shared with the OG, cut into the available time for their review and their comments to be addressed.

The role played by senior staff with experience of writing dialogue reports at the final stages was appreciated by the commissioners, but could usefully have come earlier in the drafting process.

A separate short report (longer than a classic executive summary) had been specified in the ITT, but without a clear audience in mind. In the event, once it had been prepared it became clear that it was not really needed. If this decision had been made earlier then resources could have been diverted to getting the main report right.

A key learning is the need to build in sufficient time after field work and before report drafting starts for the commissioners and delivery contractors to agree a structure and narrative. This could have taken the form of a longer online meeting or face-to-face workshop with the core team. It might also have been helpful to produce a sample chapter (to be reviewed for structure, tone, writing style and how patients voices and stimulus material would be included) before the longer report was drafted. Together these measures could have helped streamline the process and reduce the number of iterations of the dialogue report.

4 Conclusions and recommendations

4.1 Conclusions

This medium sized public dialogue was challenging in terms of the breadth of the topic, the focus on prioritisation, and the iterative nature of the drafting process it was feeding into. The concept needed several layers of understanding by the delivery team before they got into detailed design. A large, well-chaired Oversight Group with substantial commissioner representation helped to clarify the framing and in the end the dialogue was able to meet all its objectives.

Key elements which contributed to successful delivery were: the blended delivery approach which engaged 56 participants – with diverse experiences of the H&SC system – in two half-day weekend workshops in four locations and three evening online workshops; the engaging information shared with participants (including a mix of printed materials, an animated video, discovery exercises and specialist contributions); and the role that NICE and external specialists played in highlighting key issues to stimulate discussions around each domain.

The facilitation team created a warm and productive environment both in person and online (Zoom) and provided support for participants who found the topics emotional or needed additional support to fully participate.

The participants really enjoyed taking part, despite the abstract nature of prioritisation as a topic. Their insights and the underlying values and principles which emerged (particularly from the final face-to-face workshop) informed the structure of the final report and enabled the NICE Listens team to pull out 11 recommendations which have informed NICE's prioritisation framework and decision-making. The lessons learnt from this dialogue will also help inform an internal NICE Listens review of using public dialogue as a methodology. A short video accompanying the final dialogue report highlights participant and commissioner views on the importance of involving the public in this type of policy decision-making and may be of interest to wider audiences.

4.2 Recommendations

4.2.1 For commissioners

Procurement, timetabling and sign-off

- If using the Sciencewise CCS procurement framework, avoid adding extra filters (such as capability and experience listings) as this will add time and extra bureaucracy to the procurement process.
- If the dialogue is intended to feed into a parallel policy process, build some contingency into timelines so that the important early scoping stages are not squeezed. In this case an extra two weeks built into the procurement process proved useful in allowing potential delivery contractors to be interviewed (unusual for a Sciencewise contract) without delaying the start up.

- Build in plenty of time to ensure a common understanding of what the dialogue is intended to deliver and the implications for framing, questions that need to be answered and key elements of the design. In this case a 'teach-in' by commissioner policy staff could have been helpful in providing the layers of understanding needed and ensuring that elements such as stakeholder meetings generated what was needed.
- Consider building in additional/longer project management meetings at key points to ensure that both strategic (framing and design) and operational issues are covered.

Governance arrangements

- Recognise that a large Oversight Group requires longer lead times and is less easy to convene at exactly the point when their inputs will be most useful. Consider whether a smaller group could still provide the perspectives needed while being more agile with the expectation that all members are very actively involved. In this case a large number of commissioner policy officers responsible for different teams needed to be involved in steering the process: the option of having a separate internal working group was discussed, but dismissed on the grounds of transparency.
- Consider whether a large OG can be broken into smaller groups during meetings with different opportunities for active engagement, such as attending co-design workshops, as in this case.
- Where a group includes patients and lay members, build in time to follow up with them and make sure they are able to make their views heard.

Maximising policy and research impact

- Plan for the core team and senior staff to be involved in as many workshops as possible without compromising the independence of the process. In this case a visible commissioner presence in all workshops helped build trust amongst participants and confidence that the key messages would be reflected in the policy process.
- Create opportunities for the end customers of dialogue findings to take part as observers so that they can hear directly from the publics and feed insights into drafting processes.
- Share expectations of reporting style and quality expectations as early as possible to help streamline the report drafting and sign-off process.
- Be clear who the target audiences for final deliverables are. In this case a longer summary report was produced but without a clear audience in mind. Resources could have been better directed to polishing the full report.
- Sciencewise projects require a short video as a final output. In this case the F2F events allowed filming to take place in the margins of workshops and provides a really useful record of what participants got out of the process and the benefits of public dialogue as a methodology for exploring complex issues.
- Where the findings might have interest for wider audiences, encourage OG members to use their networks to disseminate findings and key messages – or as in this case - encourage the OG chair to write a blog.

4.2.2 For delivery contractors

- Ensure that the core team share an understanding of the big questions for the dialogue and the outcomes needed at each stage.

- Make sure that the purpose of stakeholder interviews/events is clear and that they generate the expected outcomes.
- Consider what delivery approach (blended delivery, wholly F2F, or wholly online) fits best with the nature of the topic and the location of audiences. Weigh the benefits of holding F2F meetings at the beginning, end or - as in this case - both. While splitting meetings may involve extra costs, in this case it worked really well to introduce a complex topic, generate a sense of geographic identity at the beginning and tie up strands and have more contentious discussions at the end.
- Start early in developing a long list of topic areas/perspectives and potential specialist contributors. Recruiting specialists is often the most time consuming and stressful element of the process so allow plenty of time to brief or film them and for them to prepare. If time is tight, consider whether other formats – such as panel discussions or interviews by the lead facilitator - might help draw out the key points while reducing the risk that presentations overrun.
- Consider whether participants from all locations can be brought together at some stage in the process. In this case the technology (Zoom) worked well to allow all participants to hear the same information, get a sense of being part of a wider process and hear what the overall cohort thought at the end of the process.
- Consider the pros and cons of setting up a dedicated online share space for participants. This requires some additional resources but can work well where not all materials can be printed in advance.
- Aim for a variety of stimulus materials in different formats including wall charts, videos, animations, PowerPoints, live presentations, panel discussions, ranking exercises etc. and make sure that online materials are as engaging as those for F2F sessions.
- Ensure appropriate support measures are in place for those with physical needs or who find the topics emotional. In this case opportunities for participants to take time out and talk to the facilitation team within and between meetings were really appreciated by those that used them.
- Take on board commissioner drafting requirements (in this case based on legal requirements around accessibility and reputational risks around writing styles) in advance of write-up.
- Allow plenty of time for analysis and report drafting. Consider how best to involve commissioners and other team members in reviewing the findings and agreeing the implications and how to present them. In this case, a longer project team meeting or preparing a draft executive summary, or a sample chapter earlier in the process may have helped to establish the overall narrative, structure, tone and writing style, making the drafting and sign-off process easier.
- Budget for senior management time or an editor who has not been closely involved in the process to review drafts for consistency, writing styles and how recommendations are formulated.

Annex A: OG members and specialists

Name	Role / Organisation
Simon Denegri OBE (Chair)	Executive Director, Academy of Medical Sciences
Helen Dent	Chief Executive Officer, British In Vitro Diagnostics Association
Jonathan Ives	Professor of Empirical Bioethics, University of Bristol
Luella Trickett	Director Value & Access, Association of British Health Tech Industries
Genevieve Cameron	Senior Strategy and Programme Manager, The Health Foundation
Jason Lane	Programme Leader (Contracts, Commissioning and Market Management), Adults and Health Directorate, Leeds City Council
Meera Sookee	Head of Quality Strategy & Clinical Programmes, NHS England
David Wright	Head of NICE Sponsorship, Department of Health & Social Care
Debra Dulake	Helpline Adviser, The Patients Association
Hashum Mahmood	Senior Policy Adviser, NHS Confederation
Jenny Camaradou	Lay member
Alan Thomas	Lay member
NICE representatives	
Sarah Byron	Programme Director for Devices, Diagnostics and Digital
Deborah O'Callaghan	Associate Director of Field Team
Claire Mulrenan	Clinical Fellow
Jess Bailey	Public Involvement Adviser
Farhan Ismail	Associate Director of the Office for Digital Health and Topic Intelligence for Health Tech
Lesley Owen	Technical Adviser (Health Economics), Centre for Guidelines
Chris Carmona	Technical Adviser, Centre for Guidelines

Specialists who shared information at workshops

Name	Role / Organisation
Bryony Kendall	General Practitioner (GP), NHS
Peter Barry	Consultant Clinical Adviser, NICE
Clare Morgan	Director of Implementation & Partnerships, NICE
Neil O'Brien	GP and Executive Medical Director for North England and Cumbria Integrated Care System
Jason Lane	Programme Leader (Contracts, Commissioning and Market Management), Adults and Health Directorate, Leeds City Council
Deborah O'Callaghan	Associate Director, NICE
Sasha Henriques	Genetic Counsellor, NHS
Jonathan Ives	Professor of Empirical Bioethics, University of Bristol
Sarah Ouanhnon	Senior Net Zero Delivery Lead, Greener NHS Programme, NHS England
Keith Moore	Programme Coordinator, Sustainable Healthcare Coalition

Annex B: Summary of participant evaluation feedback

Participant feedback after workshop 1 (53 of 56 attendees completed questionnaires)								
1	**The recruitment process and communication before the event were well-handled**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	9	4	1				14
	Preston	13	1					14
	Birmingham	8	3					11
	Plymouth	14						14
	Total	**83%**	**15%**	**2%**				**53**
	Really clear and concise (Preston) *Well organised!* (Preston) *Recruiter was great* (Birmingham) *Kept us up to date* (Plymouth)							
2	**I am aware of and understand the purpose of the workshops**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	10	4					14
	Preston	12	1		1			14
	Birmingham	6	2	3				11
	Plymouth	12	2					14
	Total Comments:	75%	17%	6%	2%			**53**
	Think it's important to understand views of others (Preston) *Great idea* (Birmingham) *Sometimes feels a bit strange and common sense* (Birmingham) *Explained well* (London)							
3	**The information provided in advance helped to set the scene for our discussions**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	7	3	1	3			14
	Preston	5	6	2	1			14
	Birmingham	2	6	1	1	1		11
	Plymouth	9	3	1	1			14
	Total Comments:	**43%**	**34%**	**9%**	**11%**	**2%**		**53**
	Birmingham: *Didn't receive any info before the workshop* *Could have done an info quiz at pre-task* *Was unsure of the topic*							
4	**The information presented about the health & care system seemed fair and balanced**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	4	9		1			14
	Preston	8	6					14
	Birmingham	4	7					11
	Plymouth	8	6					14
	Total Comments:	**45%**	**53%**		**2%**			**53**
	Fair introduction (Birmingham)							
5	**The information provided by specialists was helpful in answering my questions**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	4	7	2	1			14
	Preston	11	3					14
	Birmingham	2	6	3				11
	Plymouth	9	5					14

	Total Comments:	**49%**	**40%**	**9%**	**2%**			**53**
	Some things needed to be clearer (London)							
6	**I was able to openly express my ideas and ask questions**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	8	6					14
	Preston	14						14
	Birmingham	9	2					11
	Plymouth	13	1					14
	Total	**83%**	**17%**					**53**
7	**I had enough time to discuss the issues**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	6	5		3			14
	Preston	13	1					14
	Birmingham	5	2	1	2			10
	Plymouth	8	6					14
	Total	**62%**	**27%**	**2%**	**10%**			**52**
	Timing was a bit off so end was rushed (Birmingham)							
8	**I feel my views were listened to**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	7	6		1			14
	Preston	13	1					14
	Birmingham	9	2					11
	Plymouth	13	1					14
	Total	**79%**	**19%**		**2%**			**53**
9	**I think my views will influence NICE future decision-making**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	3	4	3	2	1	1	14
	Preston	4	7	2			1	14
	Birmingham	2	5	2	1			10
	Plymouth	4	6	4				14
	Total Comments:	**25%**	**42%**	**21%**	**6%**	**2%**	**4%**	**52**
	Not sure if they will be (Birmingham)							
10	**The venue and refreshments were appropriate and sufficient**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	7	3	2	2			14
	Preston	13	1					14
	Birmingham	8	2		1			11
	Plymouth	12	2					14
	Total Comments:	**75%**	**15%**	**4%**	**6%**			**53**
	"*Excellent workshop*" and "*Great food*" (Birmingham)							
Participant feedback after workshop 5 (44 responses)								
1	**The length and timing of the workshop sessions were convenient for me**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	4	4	1				9
	Preston	6	3					9
	Birmingham	5	7		1			13
	Plymouth	4	7	1	1			13
	Total Comments:	**43%**	**48%**	**5%**	**5%**	**0%**		44
	Could be bit shorter (London) *Weekends/after work hours great* (Preston) *Mid-week online workshops fitted well around 9-5 schedule* (Preston) *In person was too much information being talked* to (Birmingham), *Long sessions* (Birmingham), *Timing was ok but the 3 weekly ones were quite long* (Birmingham) *A bit long but a lot of content to get through* (Plymouth), *Zoom sessions too long* (Plymouth)							

2	**The facilitation was professional, independent, and effective**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	9						9
	Preston	9						9
	Birmingham	11	2					13
	Plymouth	12	1					13
	Total	**93%**	**7%**					44
	Facilitator was v. good (Plymouth, workshop 1)) *Our facilitator was very good, got everyone involved and good personality* (Plymouth workshop 5) *Tried to include everyone* (Plymouth Workshop 5)							
3	**Everyone has been treated with respect, whatever their background**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	8	1					9
	Preston	9						9
	Birmingham	13						13
	Plymouth	13						13
	Total Comments:	**98%**	**2%**	**0%**	**0%**	**0%**		44
	[Facilitator] allowed time to put over views (Plymouth)							
4	**I appreciated there being support available if I found the topics discussed upsetting or I couldn't make my voice heard in the meetings**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	7	1				1	9
	Preston	6	2	1				9
	Birmingham	10	1	1			1	13
	Plymouth	6	1	5			1	13
	Total:	**66%**	**11%**	**16%**			**7%**	44
5	**If you used any of the available support, please indicate whether you found it useful**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	Links to other organisations							**39**
	London	3					4	7
	Preston	3	1				4	8
	Birmingham	1	2				8	11
	Plymouth		1	7			5	13
	Taking time out in the meetings							**39**
	London	3					4	7
	Preston	1	1	1			5	8
	Birmingham	1	1	1			8	11
	Plymouth	2	2	5			4	13
	Talking informally with the facilitation team							**35**
	London	3					4	7
	Preston	3	1				4	8
	Birmingham	4	1				7	12
	Plymouth	2	2	4				8
	A one-to-one telephone call with the facilitation team							**40**
	London	3					4	7

	Preston						8	8
	Birmingham	1		2			9	12
	Plymouth			7			6	13
6	**Specialists were able to share information in an accessible way**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	6	3					9
	Preston	6	3					9
	Birmingham	5	6	1		1		13
	Plymouth	6	4	1	2			13
	Total	**52%**	**36%**	**5%**	**5%**	**2%**		**44**
	Plymouth: *very informative* *good level of experts* *was too technical*							
7	**Specialists were able to answer our questions in a balanced way**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	7	2					9
	Preston	7	2					9
	Birmingham	8	4	1				13
	Plymouth	6	4	1	2			13
	Total	**64%**	**27%**	**5%**	**5%**			**44**
	No links provided to do more research (Birmingham) *too technical (specialists on Zoom)* (Plymouth)							
8	**The case study scenarios during workshops 2, 3 and 4 worked well to help us explore the key issues**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	4	5					9
	Preston	7	2					9
	Birmingham	7	6					13
	Plymouth	8	5					13
	Total	**59%**	**41%**					**44**
	more information [could have been] given on topics (Plymouth) *everyone got involved* (Plymouth)							
9	**I felt sufficiently well informed to make a useful contribution to discussions about how NICE should prioritize the topics it prepares guidance for in the future**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	5	3	1				9
	Preston	8	1					9
	Birmingham	6	6	1				13
	Plymouth	8	5					13
	Total	**61%**	**34%**	**5%**				**44**
10	**I think it is important that organisations such as NICE involve the public in thinking about how to make these types of decisions**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	4	3					7
	Preston	9						9
	Birmingham	10	3					13
	Plymouth	12	1					13

	Total	**83%**	**17%**					**42**
	Thank you for including our voices and thoughts (London) *Yes as the public will be affected the most* (Birmingham) *It is important to include the general population* (Plymouth)							
11	**I feel confident that NICE will take our opinions into account in developing its decision-making framework**	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know	Total
	London	2	4	1				7
	Preston	6	3					9
	Birmingham	7	5				1	13
	Plymouth	1	9	2			1	13
	Total	**38%**	**50%**	**7%**			**5%**	42
	Birmingham: *I hope so* Plymouth: *views and opinions constantly changed due to scenarios* *hopefully* *other opinions, information on why we are doing this and what is being considered*							
12	**What, if anything, did you find most valuable about this public dialogue?**							
	London	*To learn about the process and structures to be able to give my humble opinion* *Coverage in UK/integration/use of technology* *Hearing us out makes me feel real difference will be made* *What is involved with decision-making* *That we all agreed on so many issues!* *Budget*						
	Preston	*The different people talking made the whole process interesting and gave me food for thought about aspects* *Taking the public's opinions on board, learning about all the different topic* *Listening to the other participants' views, including professionals helped me to understand things more* *Hearing everyone's views that impact your own* *Involving us, society and taking on board individual thoughts, feelings and experiences* *I have learnt a lot*						
	Birmingham	*The ins and outs of what is used to make fair decisions* *It was great to be surrounded by different ideas and views which help NICE* *It was good to see people who work for NICE and other organisations who gave real scenarios. Sophie was brilliant, knew her stuff! Made the session enjoyable!!* *Important to understand the role of NICE in the care system.* *Covered all aspects. Sophie was very interesting and professional.* *Being able to be involved in the decision-making process of NICE* *Felt very well organised in particular guidance and challenging us to review our earlier decisions/thoughts.* *Good split between workshops and Zoom.* *Opening your eyes to issues in the systems* *Understanding all responsibilities of NICE* *Learned quite a bit about things I was not aware of* *It was good to hear different views and experiences with the NHS*						
	Plymouth	*very pleased to be given the opportunity to discuss, learn and share views. Also good to have a cross country view of the issues and thoughts. We have learnt so much.* *scenarios* *knowing more about NICE* *finding out all about NICE* *very informative* *the knowledge and function of NICE organisation* *specialist involvement* *understanding more about NICE* *interesting information* *It changed my opinion on things* *I enjoyed the sessions* *face to face discussions*						

		All face to face, no Zoom
13	**What, if anything, might have been done differently?**	
	London	*Shorter Zoom sessions - more (illegible)* *More caring monitors (people) online on the calls* *Perfect* *Evidence*
	Preston	No comments
	Birmingham	*To make it more clearly what is NICE and how they run from start.* *All sessions could have been online but lunch was nice* *In the 1st session, stationery was very limited. Sessions need to be more closer together.* *More scenario-based tasks to help put things into perspective* *I thought all done very well, albeit this is such a wide-ranging and passionate subject* *Different timings on weekends* *The specialists' interaction with the public* *Specialists on Zoom were more factual as some of it was difficult to follow* *Shorter weekly sessions*
	Plymouth	*more face to face less Zoom, but good to have at least one Zoom* *all 3 workshops split in 2 groups, not just the last one* *shorter sessions* *less time online*
14	**Overall, on a scale of 0 to 100, how satisfied do you feel about having taken part in this public dialogue?**	
	London	82
	Preston	98
	Birmingham	90
	Plymouth	91
Mean over 42 participants = 90.7 out of 100		