

Enclosure No:	3/AWMSG/0516
Agenda item No:	7 – Citizens Jury Project Update
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1.0 ACTION FOR AWMSG

To note and discuss the delivery of the Citizens Jury project in line with Section 7 of AWMSG's Medicines Strategy for Wales 2013-2018, which states "AWMSG will ensure patients and service users are involved in its work and decisions as equal partners".

Recommendation 1: **Status: delivered**

Establish a Patient and Public Interest Group to increase public involvement in medicines-related issues, including medicines adherence and reducing medicines waste

Outcome measure: Patient and Public Interest Group established

Recommendation 2: **Status on-going to December 2016**

Establish a Citizens' Jury to address a specific aspect of access to medicines

Outcome measure: Citizens' Jury established and reported

2.0 BACKGROUND

In December 2015 the Minister for Health & Social Services launched a plan to tackle the threat of antibiotic resistance. To support the delivery of this plan and advise the Minister, it was decided that the Citizens' Jury should address how patients and the public can help healthcare professionals reduce inappropriate antibiotic prescribing.

3.0 ACTION

- A Citizens' Jury Steering Group was established comprising representatives from AWMSG's Patient and Public Interest Group (PAPIG), AWTTTC and other individuals identified by the project lead Professor Marcus Longley, USW.
- The Steering Group has met on three occasions to discuss the development of the project.
- The date and venue is confirmed as 5th to 8th July 2016 at Cardiff City Hall.
- A comprehensive programme has been put together (copy attached).
- Jury members will be recruited by an independent company, ORS; to include broad representation from across Wales (copy of recruitment plan attached).
- First phase recruitment will commence in May, when ORS personnel will start to advertise the forthcoming Jury event by phone (as recruitment plan).
- Second phase will comprise public meetings at four sites across Wales, each lasting for an hour maximum, to provide more information about what the process will involve, explore any individuals' access or other needs, and establish a firm commitment that individuals are willing and available for third phase Jury dates.
- It is proposed that the project will be written up and presented to AWMSG in September.

4.0 SUMMARY

An effective programme has now been crafted, and jury recruitment will commence shortly. It is important that the deliberations and verdict of the Jury attract appropriate public and professional attention, if the Jury is to have the desired impact, and AWMSG may wish now to give some consideration to this issue.

Antimicrobial Stewardship Citizen's Jury Draft Programme – Welsh Institute for Health and Social Care

DAY 1 – TUESDAY 5TH JULY

Time	Session no.	Session title	Content	Contributors
9.30am	-	COFFEE		
10.00am	1.1	WELCOME SESSION FOR JURORS	TBC	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
12.00pm	1.2	INTRODUCTION FROM CMO	Short introduction as to why this is important	<i>CMO</i>
12.15pm	-	LUNCH		
1.00pm	1.3	INTRODUCTION TO AFTERNOON SESSION	<p>The purpose of this session is to:</p> <ul style="list-style-type: none"> – prepare the ground for discussions on days 2 and 3 by giving the jurors a sound understanding of the factual/ evidential basis for what is to follow; and – be responsive and answer questions from the jurors in a lively and varied fashion to keep their interest – a variety of teaching tools and approaches are welcome 	<i>Marcus Longley</i>
1.10pm		PATIENT STORY	To be agreed	
1.15pm	1.4	MICROBIOLOGY OF BACTERIA, VIRUSES, AND THE USE OF ANTIBIOTICS	Things you may not know about antibiotics including side-effects. What is antibiotic resistance? Where does it come from? How have we reached current resistance and the relationship between prescribing and resistance?	<i>Robin Howe</i>
2.00pm	1.5	WHAT DOES ANTIBIOTIC RESISTANCE MEAN FOR YOU?	The global burden of resistance. The role of agriculture. Infection, control, and surveillance and the public health perspective.	<i>Brendan Mason TBC</i>
2.45pm	-	BREAK		
3.00pm	1.6	SOCIOLOGICAL PERSPECTIVE	Examining the issues of AMS in a broader sociological context	<i>Roger Walker</i>
3.20pm	1.7	ROLE OF PHARMACEUTICAL COMPANIES AND R&D	Issues in the development of new antibiotics, and prospects for new generations of antibiotics.	<i>Rick Greville</i>
3.40pm	1.8	TECHNOLOGY	The potential of other technologies to enhance microbiotic stewardship - especially point of care tests. But not focusing on antibiotics themselves per se.	<i>John Watkins</i>
4.00pm	1.9	PLENARY	Q&A panel with witnesses during the afternoon session	<i>RH, BM, RW, RG, JW</i>
4.30pm	1.10	IN CAMERA	Private discussion with jury	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
5.00pm	-	CLOSE		

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DAY 2 – WEDNESDAY 6TH JULY

Time	Session no.	Session title	Content	Contributors
9.00am	-	COFFEE		
9.30am	2.1	IN CAMERA	Private discussion with jury	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
9.55		PATIENT STORY	To be agreed	
10.00am	2.2	ACCESSING ANTIBIOTICS – PART I The Symptomatic Patient	Symptomatic patient behaviour and expectations towards antibiotics. What do we know about why patients consult? Behaviour of different patient groups?	<i>TBC</i>
11.30am	-	BREAK		
11.45am	2.3	ACCESSING ANTIBIOTICS – PART II Consultation with clinicians	Doctor-patient interactions. Why do doctors prescribe antibiotics? Behaviour of GPs/other prescribers. Explore scenarios of appropriate and inappropriate prescribing.	<i>Jonathan Richards and Paul Myers</i>
12.45pm	-	LUNCH		
1.30pm	2.3 (cont.)	ACCESSING ANTIBIOTICS – PART II Consultation with clinicians	Doctor-patient interactions. Why do doctors prescribe antibiotics? Behaviour of GPs/other prescribers. Explore scenarios of appropriate and inappropriate prescribing.	<i>Jonathan Richards and Paul Myers</i>
2.30pm	-	BREAK		
2.45pm	2.4	ACCESSING ANTIBIOTICS – PART III Post-consultation	Patient concordance with antibiotics. Delayed prescriptions. What impact does this have on antimicrobial resistance? What can we do about it?	<i>Tessa Lewis</i>
3.45pm	2.5	IN CAMERA	Private discussion with jury	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
4.15pm	-	CLOSE		

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DAY 3 – THURSDAY 7TH JULY

Time	Session no.	Session title	Content	Contributors
9.00am	-	COFFEE		
9.30am	3.1	IN CAMERA	Private discussion with jury	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
9.55		PATIENT STORY	To be agreed	
10.00am	3.2	ANTIMICROBIAL STEWARDSHIP – PART I Public Awareness campaigns/ public education and information	Antibiotic awareness days. What is currently being done to raise public awareness of Antimicrobial Stewardship in Wales/UK/Worldwide? Public Health campaigns - what works and why?	<i>Roger Walker</i>
11.30am	-	BREAK		
11.45am	3.3	ANTIMICROBIAL STEWARDSHIP – PART II Using local data more effectively	Using prescribing and resistance data, community-based data, alert systems. Should data be made public? What data is available and what can we do with it? e.g. https://openprescribing.net/	<i>Jamie Hayes/Phil Routledge/Kath Haines</i>
12.45pm	-	LUNCH		
1.30pm	3.3 (cont.)	ANTIMICROBIAL STEWARDSHIP – PART II Using local data more effectively	Using prescribing and resistance data, community-based data, alert systems. Should data be made public? What data is available and what can we do with it? e.g. https://openprescribing.net/	<i>Jamie Hayes/Phil Routledge/Kath Haines</i>
2.30pm	-	BREAK		
2.45pm	3.4	ANTIMICROBIAL STEWARDSHIP – PART III Big ideas...	Radical solutions to antimicrobial resistance. What else can be done?	<i>Robin Howe tbc</i>
3.45pm	3.5	IN CAMERA	Private discussion with jury, and moving towards conclusions	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
4.30pm	-	CLOSE		

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DAY 4 – FRIDAY 8TH JULY

Time	Session no.	Session title	Content	Contributors
TBC	-	COFFEE		
TBC	4.1	IN CAMERA	Jury reflections and conclusions on the evidence presented	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
TBC	-	BREAK		
TBC		PATIENT STORY	To be agreed	
TBC	4.2	DRAWING CONCLUSIONS	What is the role of the public in antimicrobial stewardship? How do we engage the public? What should the public do?	<i>Marcus Longley, Claire O'Neill, Sue Thomas</i>
TBC	4.3	PRESENTATION OF VERDICT(S)	Invite Minister for Health and Social Care (or representative from Welsh Gov)	<i>Jury</i>
TBC	-	LUNCH AND CLOSE		

ORS Recruitment Process

Stage 1: Client Requirements and the Project System (undertaken at the outset of the project)

The first stage of any recruitment process is to determine the client's needs and requirements in relation to: when and where groups are to be held; the desired number of attendees; recruitment areas; incentive amounts; any groups of people they wish to exclude from the research; the quotas they wish to apply (i.e. gender, age, social grade etc.); and whether the groups are to be demographically representative of the areas in which they will be held, or more homogeneous (all young people or representatives of Black and Minority Ethnic communities for example).

It is worth noting here how 'representative' quotas are formulated. To ensure we get individuals that represent the population in a given area we would look at the demographic information for that area and develop quotas for recruitment. Normally we would look at age, gender and social grade - and as appropriate ask about limiting long-term illness/disability and ethnicity. For example, using demographic data for Cardiff, we would specify the following (based on 30 recruits):

Gender	Male: Minimum of 14/Maximum of 16 Female: Minimum of 14/Maximum of 16
Age	16-34: Minimum of 11/Maximum of 13 35-54: Minimum of 8/Maximum of 10 55+: Minimum of 7/Maximum of 9
Social Grade	AB: Minimum of 8/Maximum of 10 C1: Minimum of 6/Maximum of 8 C2: Minimum of 2/Maximum of 4 DE: Minimum of 8/Maximum of 10
Ethnicity	Minimum 6 non-White British
Long-term illness/disability	Minimum 5

Once all details are agreed, they are inputted into the ORS project system to enable the generation of a booking form, which allows the recruitment team to view the relevant information at any time.

Stage 2: Recruitment Script (undertaken three to four weeks prior to sessions)

Once the recruitment details have been inputted into the project system and a booking form generated, the project manager will develop a recruitment script. This will typically include:

An introduction explaining why the interviewer is calling (and on behalf of whom), the nature of the project and the fact that participants will be reimbursed for their time and expenses incurred

A client contact number so potential recruits can verify that the research is genuine;

Appropriate 'screening' questions (for example, if we are recruiting a group for a local authority we would exclude anyone who works for that authority or at least the relevant department);

A postcode screener in the event of multiple groups to ensure recruitment to the right session;

The session details (date, time, venue, refreshments etc.);

'Quota' questions to ensure we recruit a cross-section of the community. Quotas are typically placed on gender, age, social grade, limiting long-term illness/disability and, where appropriate, ethnicity - though a wide range of others can be applied to meet client requirements; and

Questions to determine any assistance and dietary requirements.

The script is initially developed on paper in preparation for input into our Computer Aided Telephone Interview (CATI) system by one of our analysts. This system allows for the management of sample telephone numbers, call monitoring and recording and the instant transfer of respondent data to automated databases for analysis and subsequent use.

Stage 3: Recruitment (undertaken two to three weeks prior to sessions)

We obtain telephone numbers in a number of ways - for example they are sometimes provided to us by our clients (for example where people have recently had dealings with a police force, they may have been asked for their permission to pass on their number for a follow-up survey). Most often though, they are either purchased from commercially available sources of numbers who have consented to receive this type of call (landline and mobile samples are available) - or are randomly generated. In the latter case, we will determine the area code and any other telephone parameters within a given recruitment area (the area might use the same first two numbers for its telephone numbers for example) and simply randomly generate the end digits to develop a large sample. This is known as Random Digit Dialling (RDD) and is the best way of ensuring as random a recruitment as possible.

All telephone recruitment is done from ORS's dedicated Social Research Call Centre. Once they receive the telephone sample, our interviewers - working from the CATI script - will set about recruiting the group/s to the quotas specified. They will make telephone calls throughout the day and evening (up until 9pm) and are not limited by Edited Electoral Rolls or the Telephone Preference Service (because this is research not marketing) or ex-directory numbers.

Once recruited, people's details are inputted into the CATI system, which then links into the ORS project system, alerting our Fieldwork team that a confirmation letter should be sent (see below for details). If a potential recruit wishes to attend but cannot because a particular quota has been met, they are placed on a reserve list that can be utilised in the event of late drop-outs. We will always over-recruit by several participants to compensate for 'on the day' drop outs or people who simply do not turn up when they have indicated during the call backs that they will.

Stage 4: Follow-up (letter sent immediately after recruitment and follow-up calls made one or two days prior to sessions)

All recruits receive a follow-up letter reiterating the purpose of the group/s and confirming practical details such as the date, time, venue, incentive and parking arrangements and any special needs assistance required. The letter also stresses that as the recruit has been personally invited to the group, ORS cannot include spouses, partners or friends as additional participants. This ensures the continuing randomness of the process.

One or two days prior to the group/s, ORS's call centre interviewers make reminder telephone calls to recruits to confirm their attendance or otherwise and check they have all arrangements in hand. If we do experience drop-outs at this stage, our interviewers will try to recruit replacements to the same demographic specification, either from the reserve list or via RDD.