



Time to Talk Public Health: Creation and Establishment of a Nationally Representative Panel Protocol

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1. Project Summary

Title	Time to Talk Public Health Panel: Protocol
Rationale	<p>Public Health Wales identifies the public as a key partner in their decision-making processes. This approach is in line with the Well-being of Future Generations (Wales) Act 2015 Five Ways of Working, which highlights the principle of 'Involvement'. The national conversation panel will enable regular engagement with members of the public to inform and support the delivery of Public Health Wales' strategic ambitions. The panel will be an opportunity to empower people and communities to contribute their perspectives on issues of population health that affect them and future generations. The panel will allow Public Health Wales to work with and learn from the people and populations we serve and inform stakeholders on what matters most to people living in Wales.</p>
Aim and Objectives	<p>The overall aim of the project is to establish a public engagement panel of residents of Wales aged 16+ years who can routinely be engaged on issues of key public health importance to provide a nationally representative perspective inform the work of Public Health Wales.</p> <p>The key objectives are to:</p> <ul style="list-style-type: none"> - Undertake initial recruitment to obtain a sample of 2,500 Welsh residents to enable monthly survey samples of 1,000 nationally representative responses. - Pilot the panel survey approach to ascertain optimal methods of delivery and participation (e.g. retention rates, preferred participations methods, length of participation, withdrawal reasons). - Implement the population panel (n≈1,000 per month) on a monthly basis.
Participants	Members of the public aged 16 years and older and resident in Wales.

Design	<p>A nationally representative panel will be established through which monthly surveys will be undertaken with members of the Welsh public. The panel will be developed through a pilot phase, which will inform routine implementation.</p> <p>A market research company (MRS; DJS Research Ltd) has been procured to undertake panel development and fieldwork. Participants will be recruited by telephone, face-to-face and online and the pilot phase will explore optimal methods of participant recruitment and panel rotation. Each monthly panel survey will target a sample of 1,000 residents, with surveys undertaken by telephone or online based on the preference of individual participants. Pseudo-anonymised data will be transferred to Public Health Wales for analysis and report writing.</p>
Location	Wales
Project start - end date	The pilot will run from September 2022 to March 2023, with routine implementation initially funded for April 2023 to March 2024.
Project team	<p>Prof Karen Hughes (karen.hughes18@wales.nhs.uk)</p> <p>Dr Catherine Sharp (Catherine.sharp@wales.nhs.uk)</p> <p>Dr Rebecca Hill (Rebecca.Hill@wales.nhs.uk)</p>
Funding	The project is funded by Public Health Wales

2. Background

As the national public health institute for Wales, Public Health Wales works to protect and improve health and well-being and reduce health inequalities for the people of Wales. Through the Well-being of Future Generations (Wales) Act 2015 (WFGA), Public Health Wales and other public bodies in Wales are required to think about the long-term impact of their decisions; to work better with people, communities, and each other; and to prevent persistent problems such as poverty, health inequalities and climate change. Principally, the WFGA identifies the public as a key stakeholder in decision-making, and 'Involvement' is one of the Five Ways of Working.

Public Health Wales has a successful history of engaging the public as a key stakeholder on issues of public health importance through nationally representative population surveys. Notable examples include the 2018 'Stay Well in Wales' survey, which sought the views of individuals living in Wales on a range of public health issues in order to inform the development of Public Health Wales' long-term strategy for 2018-2030. More recently, the 2020-2022 'How are We Doing?' public engagement survey sought the Welsh public's views on health and well-being during the Coronavirus pandemic. This nationally representative survey engaged approximately 28,000 people between April 2020 and March 2022. It serves as an exemplar of a highly responsive approach to capturing public perspectives during a rapidly changing policy environment, with questions adapted, added, or removed in response both to bespoke requests and changes in Coronavirus regulations..

Building upon the aforementioned public engagement surveys, this project will establish an ongoing nationally representative panel to gather insights from members of the public to inform and support the delivery of Public Health Wales' strategic ambitions. The panel will empower people and communities to contribute their perspectives on issues of population health that affect them and future generations. Results and learning from the panel will inform decision-making, policy, communications, service design and delivery, focusing on creating a healthier, more equal, resilient, prosperous, and globally responsible Wales. Following recruitment, monthly panel surveys will be administered, providing maximum responsiveness to emerging issues of population health and political interest, and with a quick turnaround through data analysis and reporting to ensure rapid feedback to panel members and key stakeholders.

2.1. Aim and objectives

The project aim is to establish a public engagement panel of residents in Wales aged 16+ years who can be routinely engaged on issues of key public health

importance to provide nationally representative perspective. The key objectives are to:

- Undertake initial recruitment to obtain a sample of 2,500 Welsh residents to enable monthly survey samples of 1,000 nationally representative responses.
- Pilot the panel survey approach to ascertain optimal methods of delivery and participation (e.g. retention rates, method choice, length of participation, withdrawal reasons).
- Implement the population panel ($n \approx 1,000$ per month) on a monthly basis.

3. Methods

In consultation with the Project Team, a professional market research company (MRC; DJS Research Ltd) has been commissioned to undertake the establishment, piloting, and implementation of the population panel from September 2022 to March 2024. All procedures will be COVID-19 risk assessed, where appropriate and by the organisation responsible.

3.1. Recruitment

3.1.1. Recruitment Sample

Using a sampling technique to establish the panel will support the overall recruited panel to provide a nationally representative perspective through each monthly survey. A stratified quota sampling approach will be utilised. Two types of quotas will be applied to the sample: hard quotas (non-negotiable) and soft quotas (monitored to reduce bias in the sample where possible). It is anticipated that the monthly response rate will be a maximum of 50% (ranging from 35% to 50%). As such in order to obtain a monthly survey sample of 1,000 nationally representative responses, the panel needs to include approximately 2.5 times this number of people. Interim data sets will be shared regularly to the Project Team to monitor overall recruitment progress, along with assessing recruitment adherence to the hard quotas.

The hard quotas are i) geography (i.e. health board), ii) age, iii) sex and iv) deprivation quintile (as determined by the Welsh Index of Multiple Deprivation; WIMD). Sampling will be stratified by Health Board area with quota targets to achieve a broadly representative sample. Wales Population Mid-Year Estimates published by the Office for National Statistics will be used to inform quota proportions, based on recruiting 2,500 people.

Soft quotas which will be considered are i) ethnicity, ii) Welsh speaking status, and iii) disability status. These will be considered by the Project Team, with comparisons drawn to either the Census 2021 or the Annual Population Survey, where available and appropriate.

Historically, certain cohorts of the population have been difficult to include in surveys meaning their perspectives are sometimes underrepresented. Consequently, oversampling of certain groups to the panel will be conducted to increase the opportunity of achieving a representative response to the monthly surveys. The groups to be oversampled and the percentage they will be oversampled is as follows:

- Deprivation: Oversample of 10% - WIMD Quintiles 1 and 5; Under sample of 5-10% - Quintiles 2-4
- Age: Oversample of 15% in 16–34-year-olds, 10% in the 35–44-year-olds; Under sample of 10% in 45-64-year-old, 10-15% in the 65+ year-old.
- Ethnicity: Oversample of 20% in ethnic minority groups

3.1.2. Inclusion and exclusion criteria

The panel inclusion criteria are:

- Resident of Wales (one individual per household)
- Aged 16 years or older
- Cognitively able to participate in the survey

3.2. Recruitment Method

A multi-method approach will be used to recruit the panel, including by telephone, face-to-face and social media targeting. Approximately 1,300 individuals will be recruited by telephone, 700 through face-to-face, and a further ~500 through social media targeting. If, once the three methods have been exhausted in the timeline for initial recruitment, the recruitment to the hard quotas are not complete, the MRC's own existing panel survey (Opinion Exchange; OpEx) will be utilised to complete the required hard quotas.

3.2.1. Individual Method Recruitment

Method 1: Telephone

Using pre-agreed hard quota targets, personally identifiable information will be purchased by the MRC from a reputable sample sourcing agency who have the necessary permissions to utilise contacts for the purposes of market research. The purchased information will include a mixture of mobile and landline telephone numbers by geographical and deprivation quintile, sex, and age. Individuals will be phoned up to five times until the contact is labelled as exhausted.

Method 2: Social media targeting

The social media platforms Facebook and Instagram will be used to target the quotas; younger cohorts in particular will be targeted. A mixture of creative assets (e.g. a static advert, a video animation advert, and a further static advert with a different type of message) will be utilised in the targeting. The MRC social media targeting system can detect which adverts are performing the best for which type of recruit to enable targeting to be adapted accordingly.

Method 3: Face-to-Face

Based on the quota sampling, specific areas and demographic groups will be targeted to infill the quotas. For deprivation quota sampling, LSOAs will be randomly identified to assign to the interviewers to visit for face-to-face survey completion. For demographic group targeting, population statistics for LSOA will be selected which have greater concentration of the demographic group required; LSOAs will not be randomly selected for these.

Method 4: OpEx Recruitment

The MRC have an existing panel of participants from across the United Kingdom, with a portion who are residents of Wales. If near the end of the recruitment phase, certain demographics are required similar to those who are members of the OpEx panel, these individuals will be invited to take part in the Panel as well.

3.2.1.1. Recruitment Top-Up

From the MRC's experience an attrition rate of 15-20% can be expected, which will vary by different groups. Consequently, recruitment will continue using a 'top up' approach as and when required through the pilot and implementation period of the panel survey. It is anticipated that sample demographics will be evaluated every two months, and that top up recruitment will take place depending on the needs of the sample. For example, if participants withdraw, further participants matching the demographics of those withdrawn will need to be recruited in order to maintain the sample. The top-up will be conducted using the same recruitment methods as the initial recruitment: a mix of telephone and face-to-face, with boosts through social media targeting. A waiting list of individuals who wish to be a panellist will be created and those individuals invited to join the panel when a place matching their demographics becomes available.

3.2.2. Decline to Participate Rate

In order to understand who is opting to not participate in the panel and, where possible, the reasons why, at the end of each unsuccessful recruitment call individuals will be asked to answer a few brief questions to inform our recruitment methods.

3.2.3.Incentivisation

No incentives or rewards will be given to individuals who participate or do not agree to participate in the panel. Potential participants who decline to take part in the Panel will however be asked if receiving an incentive would have encouraged them to take part.

3.3. Recruitment Procedure

On first contact, the purpose and nature of the panel will be explained to potential participants. The outline will explain: i) that participation will involve the completion of monthly surveys on key public health issues; ii) that participation is entirely voluntary, confidential and will be reported anonymously; iii) participants' right to withdraw at any point; iv) how results from the survey will be reported and disseminated; and v) Public Health Wales's commitment to the Welsh Language Standards. At this point, potential participants will be asked in what language they wish to be conversed with (Welsh or English). Where an additional language is preferred, the MRC have the ability to cover 20+ languages within their team and therefore internal resources at the MRC will be utilised.

To reinforce the information shared verbally to (potential) participants, a 'Welcome Pack' containing a letter of authority/participant information sheet from Public Health Wales will be issued to those who agree to participate or wish to receive further information. The documentation will also direct readers to a Panel specific webpage, which will be housed on both Public Health Wales' and the MRC's websites. Digital versions will be issued as default, and paper versions issued when requested.

For telephone and face-to-face recruitment, the invitation to participate and study information will be provided by trained MRC interviewers. For social media recruitment, the MRC will create bilingual posts containing information about the panel, along with links to the panel webpage which will house project and participant information including the letter of authority from Public Health Wales and contact information. All communications will be bilingual (Welsh and English).

If OpEx recruitment is required, existing panel members will receive an email inviting them to participate in the study, containing study information and a webpage link to the study and participant information.

The MRC will also provide an automated email to be sent out to any contacts that request to know more about the research prior to agreeing to take part. This email will provide information about the MRC, why they are conducting the

project, what it will involve, details of who to contact for more information (e.g. MRC Project Manager), and Public Health Wales contact information.

Participants' informed consent will be obtained following the description of the project, and thereafter they will be invited to complete an initial recruitment survey.

3.3.1. Surveying

A 'Recruitment Questionnaire' will be developed by the Project Team for the pilot phase. Recruitment questions will be later refined with input from the Advisory Team and implemented from April 2023. Structured 'Monthly Questionnaires' will be developed by the Project Team in consultation with the Advisory Team. They will have a specific area of focus aligning with key areas of population health and political interest. Questionnaires will predominantly include closed questions, with open questions used where more depth is required.

3.3.1.2. Recruitment Questionnaires

The Recruitment Questionnaire will include questions on socio-demographics, language proficiency, participants' preferred mechanism of survey participation (e.g. method, day, and length), and health and well-being questions, along with a selection of questions on current public health topics of interest. This questionnaire will take approximately 15 minutes to complete. The surveys will be conducted by one of three methods: by telephone using Computer Assisted Telephone Interviewing (CATI) technology; online, using the MRC's specialist survey software; or through face-to-face interview using Computer Assisted Personal-Interviewing (CAPI) and Computer Assisted Self-Interviewing (CASI) where/if appropriate.

3.3.1.3. Monthly Questionnaires

A target sample of 1,000 panel members, who are a nationally representative sample of Wales, will be sought to participate in each monthly survey. The Monthly Questionnaires will include a combination of repeated questions and monthly specific questions which will change in accordance with the knowledge needs of the organisation. Where possible, the surveys will use validated instruments, and questions from previous Public Health Wales surveys. Questionnaires will take approximately 20 minutes to complete.

3.3.1.4. Consent

Informed consent for panel participation will be sought at the first point of contact during the recruitment phase. The MRC will ensure that participants understand what they are agreeing to participate in, how their responses will be used, that their participation is voluntary and that they can withdraw from the

panel at any stage. Informed consent will cover participation in all future panel surveys, with ongoing consent to participate to be recorded as opt in consent within each survey. Participants that decline to participate in a survey can continue to take part in future panel surveys, but after three consecutive months of non-participation, they will be removed, and their personal contact information will be withdrawn. The MRC will provide information on GDPR and secure data storage, in line with information governance guidelines. All participants will receive written documentation relating to their consent and rights to withdraw.

3.3.1.5. Withdrawal

Participants can withdraw from participating in the panel at any point. As monthly reports will be created immediately following receipt of the data file, data from previously completed surveys will already have been included in outputs and it will not be possible to withdraw this data; this will have been made clear to participants in the information letter. Participants will be able to i) withdraw from future participation with existing data able to be included in future analyses, or ii) withdraw from future participation and withdraw all existing survey data from future analyses. Moreover, from the point of requesting a withdrawal, they will not be further contacted, and their personal identifiable data will be removed from the system. To enable understanding on the profile of individuals who withdraw and the period within which they withdraw, non-identifiable information on age band, gender, deprivation quintile, geographical location (i.e. health board, urban/rural) and reasons for withdrawal will be retained.

3.4. Interviewer training

All interviewers have received Market Research Society training and are accredited with the Interviewer Quality Control Scheme (IQCS). Bespoke training for the interviewing team will be provided prior to project implementation to ensure interviewers are fully cognisant of the aim and objectives of the project and the methodological processes. This training will be provided to any new recruits during the project time frame, and refresher training will be implemented as required. Training will pay particular attention to the importance of the Welsh language and the processes put in place to ensure compliance with the Welsh Language Standards.

3.5. Data management and analysis

The MRC will provide regular updates to Public Health Wales on progress including compliance rates.

3.5.1.Information governance

Public Health Wales will be the data controller for the primary data. Where additional data is generated or collected by the MRC beyond the realm of this project (e.g. recordings of interviews for training and quality assurance purposes), the MRC will be the data controller of that data.

A Data Protection Impact Assessment has been completed for the project through Public Health Wales and a Data Processing Contract has been signed between Public Health Wales and the MRC. Both documents set out how the data will be processed. In summary, the MRC will hold the personally identifiable data for their period of their contract, and participants will be given a pseudo-anonymous identifier to enable the linkage of responses across surveys; the personally identifiable data and the participants' responses to surveys will be held in separate data files. Pseudo-anonymised data will be transferred to the Public Health Wales Project Team for analysis. Public Health Wales will not hold contact details or personal data for those who have agreed to participate in the panel during this phase. However, permission has been sought that should the MRC no longer be commissioned, Public Health Wales has the rights to hold the personally identifiable data in line with GDPR.

The Project Team have sought approval for the project from Public Health Wales' Research and Development office.

3.5.2.Data storage

All systems storing electronic data will be password protected and all electronic data will be kept securely. Data will initially be collected and stored at the MRC premises, and the MRC has been required to demonstrate effective strict data storage techniques as part of the commissioning process. The MRC must adhere to the Market Research Society code of conduct and with GDPR. The MRC will transfer pseudo-anonymous data files to the Public Health Wales Project Team via a secure data file transfer system. All study data will be stored within a restricted shared folder on the NHS (Public Health Wales) server. No data will be stored on the hard drive of laptops or in cloud-based systems.

3.5.3.Quality assurance of the data

In the pilot phase, the MRC will provide regular pseudo-anonymised data extracts to the Project Team for quality assurance. The project lead will review the data to ensure the sample aligns with a nationally representative sample, and for missing values and inconsistencies. The MRC will also provide monthly clean panel data files to Public Health Wales in Statistical Package for the Social Sciences (SPSS).

3.5.4.Data analysis and reporting

Data will be analysed by the Public Health Wales Project Team in SPSS. Following the pilot, colleagues in Public Health Wales may request access to data variables for own analysis and reporting.

Reporting of frequency data will be weighted to population demographics. Analytical approaches to reporting will be determined as part of the pilot in consultation with the Advisory Group.

4. Timescales

The project will be initiated in September 2022. Table 1 presents the project timeline.

Table 1: Timescales for establishment and piloting of the population panel

Date	Activity
w/c 26 September 2022	Contract award
w/c 26 September 2022	Project commencement including establishing methodology, sampling, and resource development
Early November 2022	Interviewer training including Welsh Language Standards
Early November 2022	Start of panel survey pilot, to include recruitment, collection of baseline demographics and initial pilot surveying.
November 2022 - March 2023	Implementation of pilot, panel recruitment and monthly surveying with regular monthly cleaned data files provided
End March 2023	Technical report setting out the establishment of the panel and survey implementation process and structure and methods for ongoing panel implementation
April 2023 onwards	Routine implementation of the panel.

5. Outputs

The outputs from this project will include:

- Routine monthly reports
- Additional reports as required
- Potential for journal articles

Reports and supplemental material (e.g. infographics) will be published on Public Health Wales' website and may be disseminated to a range of stakeholders.

6. Project Management

Management and implementation of the project is undertaken through different groups. Day-to-day management will be conducted by the Project Team situated in WHOCC Directorate, with monthly insight sought from the cross-organisation Advisory Group, and annual insight sought from the executive-level Strategic Group.

The Project Team have extensive experience in developing and implementing population surveys, including on sensitive subjects. Examples of relevant past projects include establishing and managing: the Public Engagement Survey on Health and Well-being during Coronavirus Measures; the Stay Well in Wales public opinion survey; and numerous population surveys measuring adverse childhood experiences in Welsh and other populations. For the Advisory Group, representation will be drawn from across the organisation drawing on a diverse range of teams including policy, international health, research and evaluation, behavioural science, health protection, health improvement, screening, safeguarding, microbiology, NHS Quality Improvement and Patient Safety, communications, human resources, and operations and finance.

The project team is:

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