



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Protocol for the analysis of a public consultation survey to inform the work of the Public Health Reform Expert Advisory Group – organisational responses

06 September 2023

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

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1 Purpose and aim

At the request of the Department of Health, the Health Information and Quality Authority's (HIQA) will undertake a thematic analysis of a public consultation survey aimed at informing the work of the Public Health Reform Expert Advisory Group (EAG). Within the current project, the Public Health Reform EAG is interested in gaining insight from organisations working in the Public Health domain in Ireland, around their experience of the Public Health response to the COVID-19 pandemic. Furthermore, the Public Health Reform EAG wishes to identify how the delivery of the twelve Essential Public Health Functions (EPHF) can be improved in the years ahead. The purpose of this protocol is to outline the process by which the health technology assessment (HTA) directorate in HIQA, will conduct the analysis.

2 Process outline

An online survey, designed and distributed by the Department of Health, will be used to collect data from organisations working in the Public Health domain in Ireland, from 2 March 2022 up to 25 March 2022. If organisations are unable to submit their response online, submissions will also be accepted via email. Following survey closure, the Department of Health will provide the HIQA COVID-19 Evidence Synthesis Team with all collected data.

Three distinct steps in the process have then been identified. These are listed below and described in more detail in sections 2.1 to 2.3:

1. analyse and describe survey results
2. summarise the findings
3. quality assurance of report.

The project scope is limited to a thematic analysis of the public consultation survey data, aimed at guiding the work of the Public Health Reform EAG. Statistical investigation of the data will not be undertaken. The survey consists of five open-ended questions:

1. What were your views on the delivery of these essential public health functions before the pandemic? (Please identify which EPHF(s) you are specifically referring to in your answer)
2. Have your views changed in light of the COVID-19 pandemic experience? If so, how have they changed? What are the key lessons from the pandemic? (Please identify which EPHF(s) you are specifically referring to in your answer)

3. During the COVID-19 pandemic response, what do you think were success stories of new partnerships, models, or innovations that could provide scalable solutions to current system barriers? (Please state which EPHF you are referring to)
4. From your perspective, what key areas in the public health system need strengthening over the next 3-5 years? What tangible actions could be taken to address these?
5. What are the main barriers to achieving these actions, and what could be potential solutions?

2.1 Analyse and describe survey results

Survey results will be checked for clarity and missing data (non-responders). Submissions from organisations who have not provided information (answered a minimum of one question) will be excluded.

Thematic analysis

Thematic analysis will be undertaken, using NVivo software, to identify reoccurring themes within the open-ended survey questions. The Braun & Clarke⁽¹⁾ six-step guide for thematic analysis will be followed:

1. Familiarisation: Four researchers will familiarise themselves with the survey results, through reading and re-reading of the data collected.
2. Coding: The researchers will independently derive initial codes, using mixed deductive and inductive coding,⁽¹⁾ where the survey questions will aid in the identification of relevant information, and the researchers will be open to the identification of additional codes within the data. These initial codes will be discussed. Codes will be finalised to create a codebook which will subsequently facilitate data coding.
3. Theme development: All researchers will generate initial themes.
4. Theme review: All themes will be reviewed, modified and developed to ensure they are accurate.
5. Theme refinement: All themes will be refined to derive the finalised set of themes and identify subthemes and categories (where required).
6. Write up: Data write-up will be undertaken and representative survey respondent quotes will be selected to elicit the findings.

2.2 Summarise the findings

A descriptive report will be prepared by HIQA in which the data will be described and interpreted narratively. The limitations of the data will also be described. The report will be sent to the Public Health Reform EAG in advance of a presentation of the key findings to the group at their meeting on the 30/31 May 2022.

2.3 Quality assurance of report

The extraction and analysis of all data, and the thematic analysis will be verified by a minimum of two researchers. The content of the report will be quality assured by two members of the Senior Management Team of HIQA's HTA directorate in accordance with HIQA's HTA quality assurance framework.

References

1 Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative research in psychology*. 2006;3(2):77-101.

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