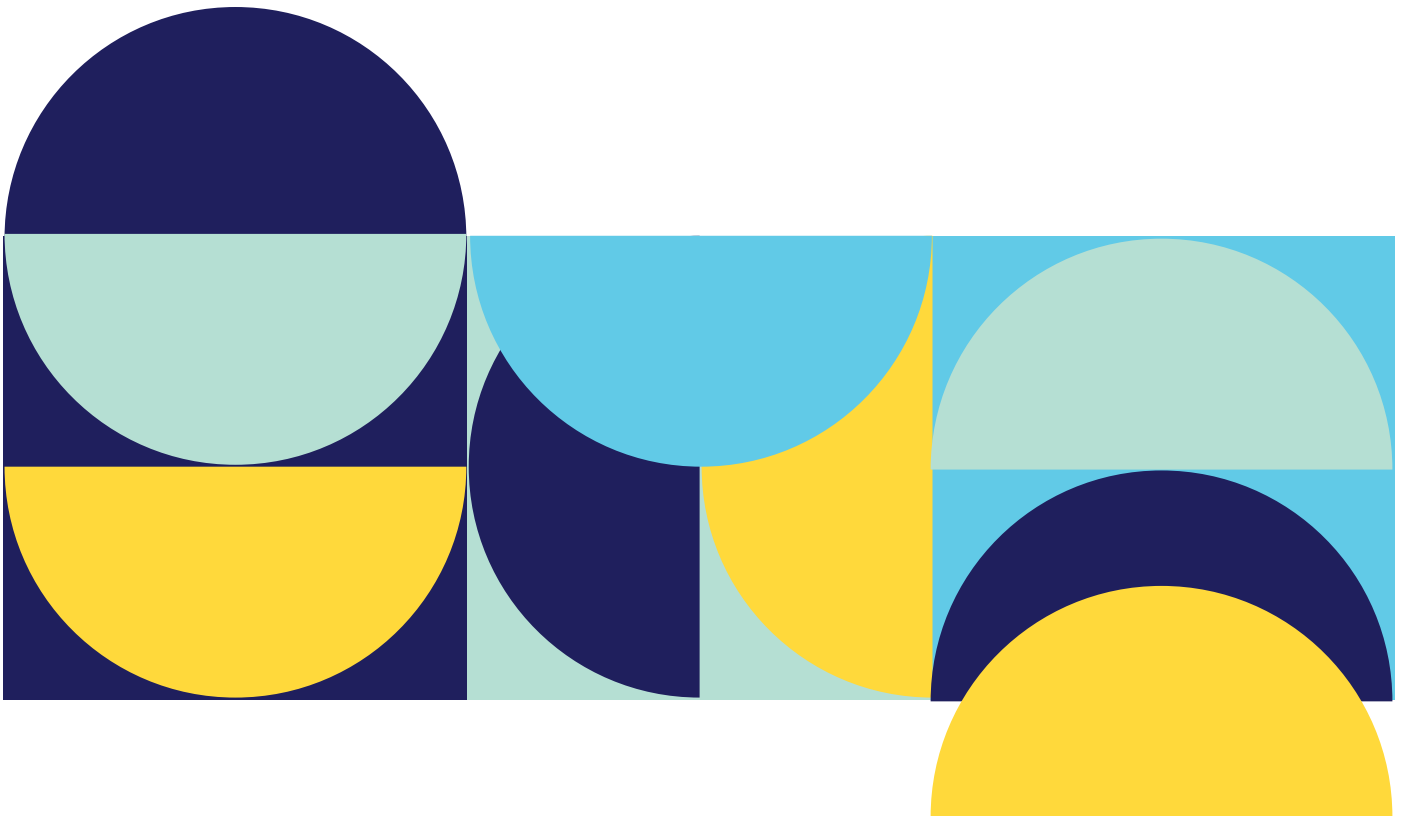


Evaluation of the Scottish Parliament's Citizens' Panels on Primary Care



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About the Report

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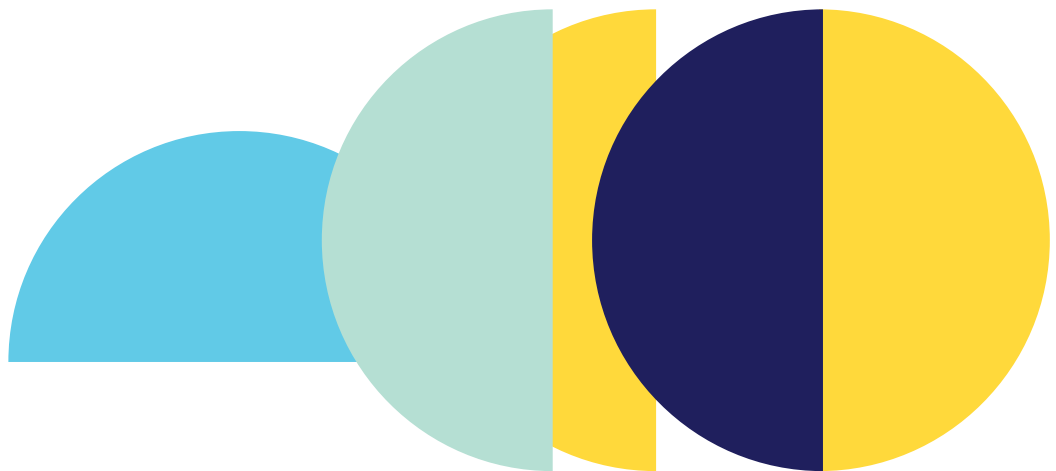
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Executive Summary

Overview

- This report provides an evaluation of the Scottish Parliament's Citizens' Panels on Primary Care that was sponsored by the Health & Sport Committee (H&S). The citizens' panels were organised by the H&S Committee Clerks, the Scottish Parliament Information Centre (SPICe) and the Committee Engagement Unit (CEU).
- The purpose of the evaluation is to inform the future implementation of mini-publics in parliament and focuses on the process of the citizens' panels and their relation to parliament, but not its outcome and recommendations.
- Although the Citizens' Panels were not explicitly designed as mini-publics, they do have many features in common and form part of the Scottish Parliament's strategy to respond to the call for the piloting of mini-publics, made by the Commission on Parliamentary Reform (2017).
- The process is therefore evaluated according to key principles of deliberative democracy. The elements of the Citizens' Panels that were evaluated, the criteria for the evaluation, and the methods used as the basis of the evaluation, as agreed with CEU in advance, are outlined in the table below.
- This evaluation is based on: a survey filled in by the participants at the start and end of each Citizens' Panel; interviews with Parliamentary staff of the H&S Committee, SPICe, and the outreach unit, as well as an interview with an expert witness. The interviews were undertaken after the Panels.

APPROACH TO THE EVALUATION OF THE PARLIAMENTARY CITIZENS' PANELS

CITIZENS' PANEL ELEMENT	EVALUATIVE CRITERIA	METHOD OF EVALUATION
Participant recruitment	Diversity	Participant survey & observation
Witness selection	Diversity & credibility	Participant & interview with the witness
Evidence provision	Pertinence, utility and balance	Participant survey, interview with the witness & observation
Facilitation	Deliberative quality (inclusiveness, reason-giving, and respectfulness)	Participant survey, interview with the witness & observation
Impact on participants	Knowledge gains, opinion change & efficacy	Participant survey & observation
Impact on Parliament	Influence on parliament, policy, and participants	Interviews with committee members and staff



The Citizens' Panels

- 35 randomly selected members of the public from across Scotland were invited to participate in 3 Citizens' Panels, held in Cambuslang, Dunfermline, and Inverurie.
- The Citizen Panel at each location followed the same format.
- The question they were asked to address was, 'What should primary care look like for the next generation?'
- The 35 participants were guided through a process of team building, learning about the topic of primary care, deliberation and consensus-based decision-making.
- On the first day of each Citizens' Panel the participants learnt about primary care and current policies from background information briefings delivered by SPICe staff. Additionally, one external expert witness delivered an evidence session.
- The second day focused on how future services could be designed to address community health and social care needs. Participants agreed priority themes and questions that they would like to feed into the next phase of the committee's inquiry. MSPs from the H&S Committee attended and participated in these activities at each location.

The Participants

- The participants were a diverse group of citizens in terms of gender, age, education, income, and party identification.
- Most of the participants had little prior knowledge about primary care but had some experience of discussing the issue.

Evidence Provision

- Most of the information provided to the panellists was in the form of neutral background information delivered by SPICe. Evidence was also provided by one expert witness.
- The participants reported that they were content with the information provided and opportunities for deliberation.
- The evidence provided was understood by the participants and influenced their deliberations.
- There were concerns within the evaluation team that a broad enough range of views were not communicated to the panellists.

Deliberation and Learning

- The participants felt that their voices were heard by the other Panel members.
- Often mini-publics aim to reach consensus, however, the Primary Care Citizens' Panels did not reach consensus on their recommendations. It is acknowledged that the Citizens' Panels focused on identifying a range of areas for further investigation, however, the results of the participant survey show that some of the panellists did not agree that the recommendations reflected their views or that they influenced the recommendations.
- The effects of attendance and participation of MSPs in the Citizens' Panels were mixed. The participants looked forward to meeting them and found it useful. It afforded the Citizens' Panels more influence on the committee members. Their presence though did impact on the equality of deliberation.



- Participants demonstrated a general increase in knowledge about primary care after the Panels.
- Participants demonstrated changes in their opinions on funding and the provision of primary care after the Panels.
- The participants' trust in political institutions and how much they liked participating in political discussions increased during the Citizens' Panels.

Impact on Parliament

- The parliamentary staff were, overall, in favour of the Citizens' Panels, valuing that it gave them insight into the informed public opinion with diverse and representative views.
- They recognised the high cost and risks to value for money associated with low recruitment.
- The Citizens' Panels appear to be influencing the Committee's inquiry and changing the nature of the conversation between the members.
- To conduct Citizens' Panels effectively in the future, consideration should be given to the time required; the complexity of the information given to the participants; and how the participants are kept informed of the progress of the inquiry after the panel.

Lessons

- The evidence provided was provided by one expert witness. A broader range of evidence providers, in accordance with best practice, is preferable.
- The in-house SPICe team provided background information, which was generally well-received and considered balanced. The provision of information needs to guide the process without setting the agenda and the results demonstrate some of these challenges, but also shows the suitability of SPICe to fulfil the role of expert leads.
- The presence of the MSPs was valued by the participants and gave the MSPs a useful perspective on the process, increasing the potential influence of the Citizens' Panels on the committee.
- The quality of the facilitation was overall very good but facilitators could have intervened more to manage dominant voices.
- Low recruitment could adversely impact the representativeness of the Citizens' Panels.

Recommendations

- **Recruitment strategy:** Recruitment can be enhanced if there are opportunities to meet MSPs, by issuing formal parliamentary invitations, and if the event is held at Holyrood.
- **Evidence and information provision:** SPICe should provide background information and evidence, but this could be supplemented by a range of external witnesses to ensure a diversity of views are covered on more contested topics.
- **MSPs and participant interaction:** Committee members attend parliamentary mini-publics as observers, but do not participate. Mini-public participants should be invited to attend a committee evidence session to discuss their recommendations further.
- **Facilitation:** Further facilitation training and practice for parliamentary staff.
- **Resources:** A discrete budget (ideally including staff costs) to be allocated for committee mini-publics administered by a Mini-Public Review Group.



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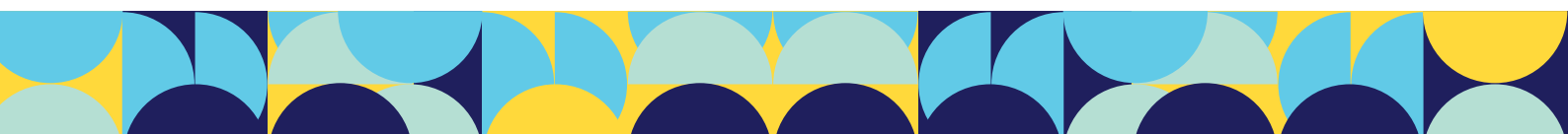
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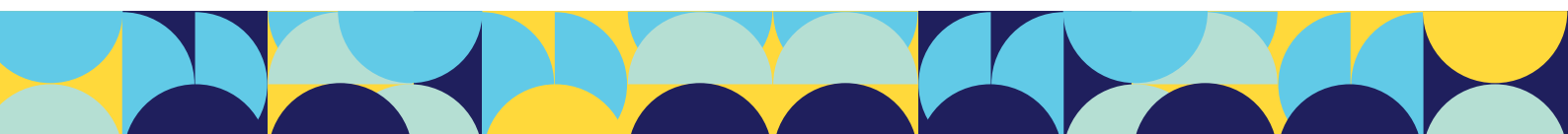
1. Introduction

This report provides an evaluation of the Scottish Parliament's Citizens' Panels on Primary Care that was sponsored by the Health & Sport (H&S) Committee of the Scottish Parliament and organised by the Health and Sport Committee clerks, the Scottish Parliament Information Centre (SPICe) and the Committee Engagement Unit (CEU).

Three Citizens' Panels were held in Cambuslang, Dunfermline, and Inverurie, representing the west, east and north of Scotland, and were conducted over two Saturdays in each location during April to June 2019. The Citizens' Panels aimed to address the question: What should primary care look like for the next generation? The Panels consisted of 35 ordinary citizens in total, who were given the task to come up with recommendations for the future of primary care to be shared with the H&S Committee. The evaluation focuses on the process, and not the outcome and recommendations.

The purpose of this report is to inform the future implementation of mini-publics. Citizens' Panels are a generic type of mini-public, which takes an approach to public engagement informed by the theory of deliberative democracy. Deliberative democracy stipulates that collective decisions are only legitimate if they are preceded by inclusive, reasoned and respectful deliberation. Mini-publics assemble small groups of randomly selected citizens to engage with each other in facilitated deliberation, and make recommendations, on a policy issue, having been informed by a diverse range of witnesses. Their aim is to provide an opportunity for the public to impact the decision-making process of a specific policy. A Citizen Panel is a generic name for a small mini-public that assembles relatively few, but demographically and attitudinally diverse, participants to deliberate together. It has been argued that parliamentary committees could make effective use of mini-publics to enhance their epistemic, representative, scrutiny and deliberative functions and enable the public to play a role in executive scrutiny. To achieve this, recommendations from the mini-publics should feed into committee inquiries (Hendriks & Kay 2017; Setälä 2017; Beswick & Elstub 2019). There are cases of parliamentary committees using mini-publics in this way in Australia (Hendriks 2016) and the UK (Elstub & Carrick 2019). However, these mini-publics were all outsourced and organised by organisations from the professional democratic sector. Following recommendations from the Commission on Parliamentary Reform (2017: 64) the Scottish Parliament is trialling the in-house organisation of mini-publics, and the Citizens' Panels on Primary Care represent some of the first of these cases, even though they have not been explicitly designed to meet all of the criteria. The case therefore merits evaluation as it is important for the CEU, H&S Committee and the Scottish Parliament to learn lessons from this pilot; but moreover, for those interested in linking mini-publics with parliamentary committees more generally.

There are several distinguishing features of the Citizens' Panels on primary care that make this case particularly interesting. The first is that they were held in three locations across Scotland. Secondly, the evidence presented at the Citizens' Panels on primary care was delivered by one expert witness. Usually,



evidence in mini-publics is presented to participants by a range of external experts. To inform future implementation of mini-public style processes, this report evaluates how this arrangement affected the diversity and impartiality of the evidence presented. Thirdly, MSPs attended and participated in the Citizens' Panels on the second day at each event. The effects of the presence and participation of the MSPs is specifically evaluated in this report. Finally, the panellists were invited to attend and participate in a meeting of the H&S Committee in November 2019 to discuss the recommendations of the Citizens' Panels. This report considers the effects this 'follow up' engagement had on the panellists, the committee, and the inquiry.

The Evaluation

The elements of the Citizens' Panel process that will be evaluated, the criteria for their evaluation, and the methods used as the basis of the evaluation are outlined in Table 1 below. The methods used for the evaluation are then elaborated on.

Table 1: Approach to the evaluation of the Parliamentary Citizens' Panels

CITIZENS' PANEL ELEMENT	EVALUATIVE CRITERIA	METHOD OF EVALUATION
Participant recruitment	Diversity	Participant survey & observation
Witness selection	Diversity & credibility	Participant & interview with the witness
Evidence provision	Pertinence, utility and balance	Participant survey, interview with the witness & observation
Facilitation	Deliberative quality (inclusiveness, reason-giving, and respectfulness)	Participant survey, interview with the witness & observation
Impact on participants	Knowledge gains, opinion change & efficacy	Participant survey & observation
Impact on Parliament	Influence on parliament, policy, and participants	Interviews with committee members and staff



Participant Survey: The participant survey was issued twice: a pre-survey filled in by the participants at the start of the Panel process, and a post-survey that participants completed at the end of the process. The surveys were voluntary and anonymous. The respondents were asked to create an anonymous ID code to use in both the pre and post surveys, which allowed us to follow up on individual participants without breaking their anonymity. All comparisons between the pre and post surveys were carried out using difference in means tests – so called t-tests. These tests enable the comparison of means between responses in the pre-survey and data in the post-survey. The t-tests will also determine if the differences in means between the pre and post responses are statistically significant. We will follow common practice in social sciences and report statistical significance at the 1%, 5%, and 10% levels. In other words, we will assume that differences in means have not occurred by chance if there is at least 90% certainty that the difference is true, i.e. if the estimates are statistically significant at the 10% level.

Witness Interview: an external expert, who was asked to provide evidence, information and testimony in the Citizens' Panel, was voluntarily interviewed after the end of the Citizens' Panel. The interview was semi-structured, recorded and transcribed. The transcription was coded according to the themes of the evaluation as set out above, but also to discern emerging themes.

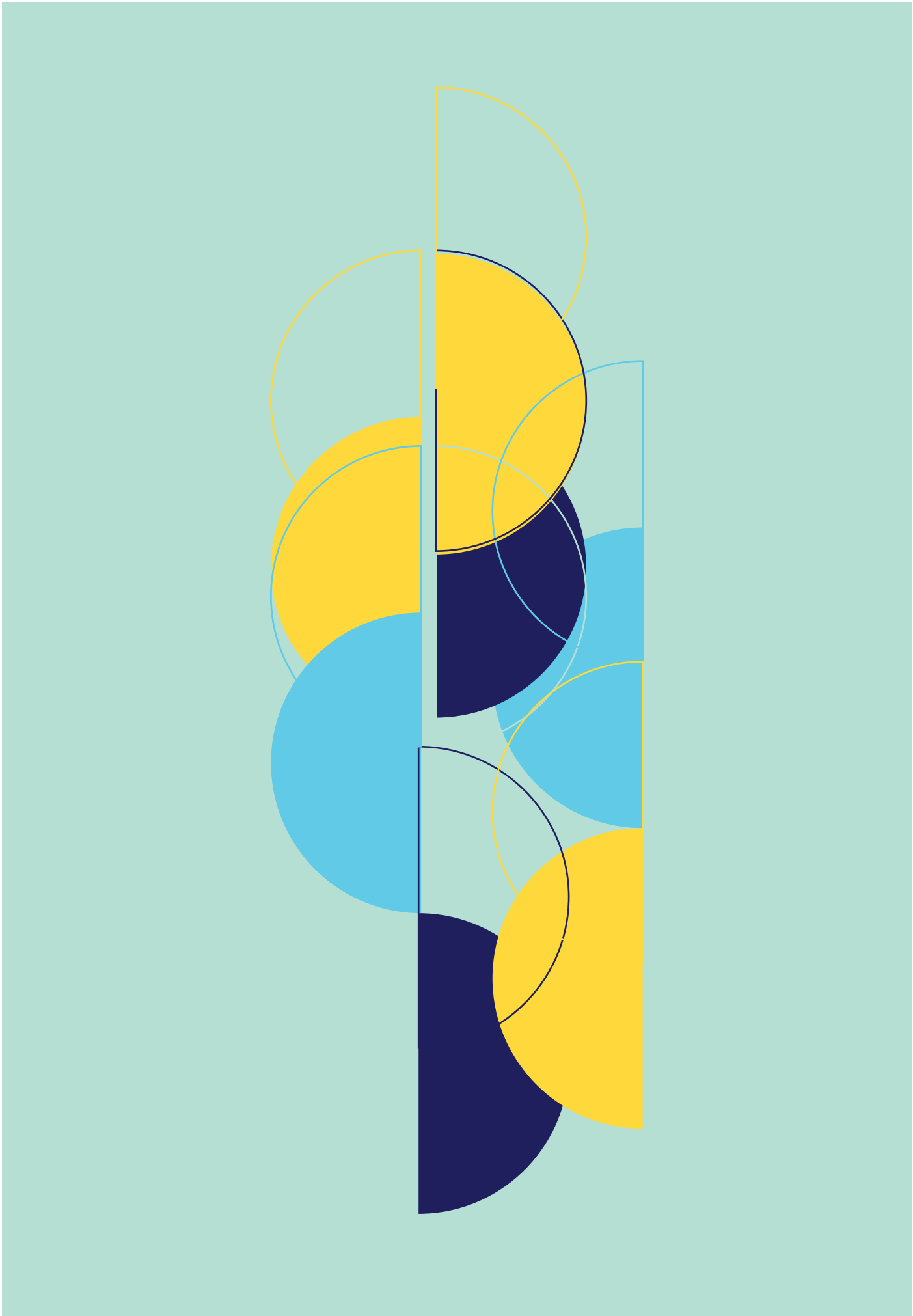
Parliamentary Interviews: staff and members of the Health and Sport Committee and the Scottish Parliament Information Centre (SPICe) were voluntarily and anonymously interviewed a couple of months after the end of the Citizens' Panels. The interviews were semi-structured, recorded and transcribed. The transcriptions were coded according to the themes of the evaluation as set out above, but also to discern emerging themes. Quotes were selected to illustrate commonalities and differences across the sample.

Observation: both Saturdays of the Citizens' Panels in Dunfermline were attended and observed by a member of the research team. A field diary was kept recording key observations on the evaluation elements and criteria as outlined in Table 1, above.

Structure of the Report

In this report, we will first give an overview of the key features of the Citizens' Panels process. Secondly, we describe and assess the demographic composition of the Panels. Thirdly, we consider the information that was provided to the participants. Fourthly, we consider the facilitation and deliberative quality of the discussions in the Panels. Fifthly, we describe the evolution of participants' knowledge and opinions about primary care through the process. Finally, we consider the extent to which the Citizens' Panels have influenced the H&S Committee. We conclude with some lessons and recommendations for the Scottish Parliament, and other legislatures, to consider when using mini-publics in the future.





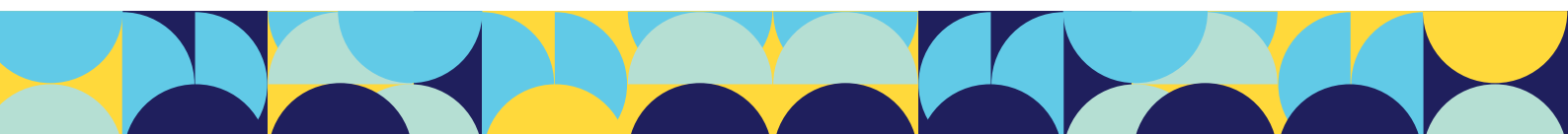
2. Overview of the Citizens' Panels Process

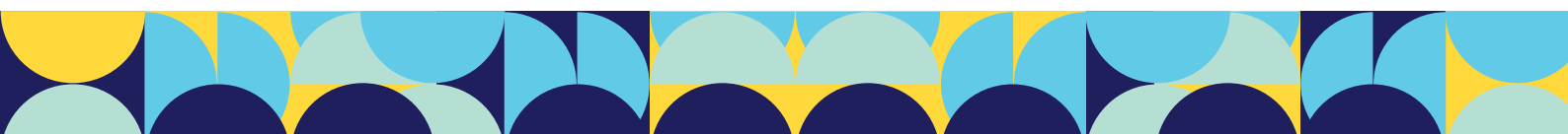
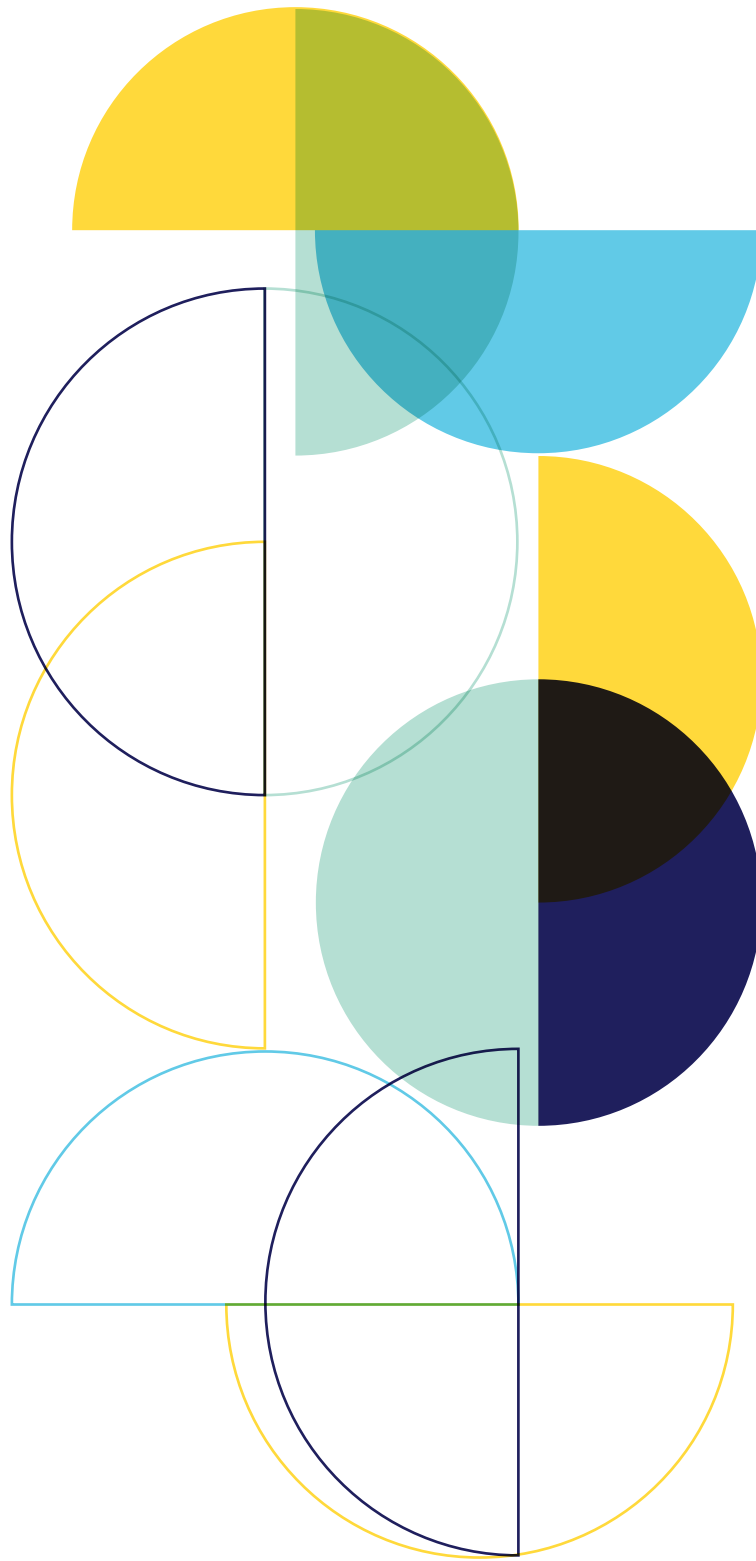
The Citizens' Panels on primary care comprised of 35 randomly selected participants from across Scotland and were held in Cambuslang, Dunfermline, and Inverurie. Over the course of two Saturdays at each location, during April to June 2019, the participants were guided through a process of team building, learning about the topic of primary care, deliberation and consensus-based decision-making. The participants were guided and supported through the weekend activities by a team of CEU facilitators, SPICe researchers and an expert external witness. The facilitators were responsible for ensuring that the participants had the opportunity to contribute to discussions and participate in the exercises. Full details of the process can be found [here](#) (Committee Engagement Unit 2019).

The first day of each Citizens' Panel was primarily for learning about primary care and current policies. An expert witness and a researcher from SPICe provided information to the participants about the range of primary care services, funding, health and social care integration, and the Scottish Government's vision for the future of primary care, as well as alternative models from elsewhere. After the presentations, the participants were given the opportunity to reflect and deliberate. They were asked to discuss together why this issue is important for them and their families and what might get in the way of delivering the vision. At the end of the first day, a 'horizon scanning' activity was undertaken, where the participants talked about future possibilities in areas such as technology, self-care and volunteering.

On the second Saturday of the Citizens' Panels, MSPs from the H&S Committee attended and participated at each location. The focus of the second day was to consider what future services could be designed to address community health and social care needs. The participants and MSPs undertook a 'creative mapping' exercise to facilitate the discussion, from which they agreed priority themes and questions that they would like to feed into the next phase of the committee's inquiry. Each Panel came up with its own themes and priorities, and some common themes and priorities were identified across the Panels. The results are presented in the Scottish Parliament report (Committee Engagement Unit 2019).

The committee invited the panellists to attend and participate in a meeting of the H&S Committee at the Scottish Parliament on 19 November 2019. Of the 35 panellists, 7 attended and joined the committee's discussions prior to the conclusion of the inquiry. The 7 attendees comprised six men and one woman who, together had attended each of the 3 Citizens' Panels.





3. The Participants

Participant recruitment is particularly crucial to the logic of mini-publics as it is important that the participants are randomly selected for several reasons. First, random sampling offers an equal probability of being selected, and thereby an equal opportunity to influence political decision-making. Second, it makes participants more descriptively representative of the broader population, which ensures that different experiences and perspectives are heard and taken into consideration. Third, it means that stakeholder representatives do not have the opportunity to self-select themselves into the mini-public, meaning that participants are more likely to have an open mind, listen to the evidence, and reflect on their views in light of this evidence (Elstub 2014).

In summary, 7,500 Scottish households (2,500 in each area) were randomly selected from the Royal Mail's address database and sent a letter from the H&S Committee Convener, Lewis MacDonald MSP. The letter asked them to register their interest in participating in the Citizens' Panels and to provide some basic demographic details about themselves. The response rate to the invitations was low (<2.4%). From the 161 people that responded, stratified sampling was used to select a broadly representative sample of the Scottish population. In total 35 participants were selected. Participants received £200 reward and their costs were covered.

In this section we evaluate whether the random sampling was successful in creating diversity in terms of demographic characteristics, party allegiance, prior experience of political participation, and prior knowledge about primary care. The evaluation is based on participant surveys, interviews with H&S Committee staff, and observations of a Citizens' Panel by the research team.

The Diversity of the Participants

The Citizens' Panels comprised 35 participants in total; 34 of them filled out the surveys distributed at the beginning and the end of the event (9 in Cambuslang, 14 in Dunfermline, and 11 in Inverurie). 16 of the respondents were men, and 18 were women. The youngest respondent was 18 years old, and the oldest was 84. The median age of the panellists was 53.5 years. According to the 2011 census, about half of the Scottish population over 19 years are older than 49. The panellists are therefore considered representative of the age of the wider adult population.

Party affiliation is also important, as it could indicate participants' views on particular issues. Moreover, as parliamentary committees seek cross-party support in their inquiries, they may look less favourably on mini-publics that are not broadly representative of allegiance across the country. As Table 2 shows, 39% of the participants who provided information about their party identification identified with the Scottish National Party, 24% with the Conservative and Unionist Party, 18% with the Labour Party, 12% with the Liberal Democrats, and 3% with the Green Party. This means that all parties in the Scottish parliament had sympathizers in the Panels. However, as a comparison with the vote share in the Scottish Parliament Elections



2016 shows (Table 2), the supporters of the Liberal Democrats were overrepresented, while the Labour Party and Scottish National Party were slightly underrepresented.

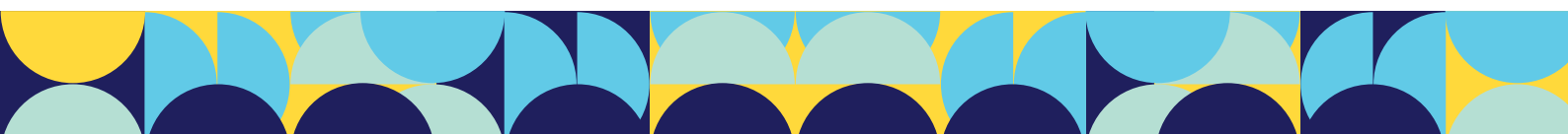
Table 2

PARTY IDENTIFICATION	PARTICIPANTS' FREQ.	%	SCOTTISH PARLIAMENT ELECTIONS 2016, CONSTITUENCY VOTE SHARE
Conservative and Unionist Party	8	24.24	22.00
Labour Party	6	18.18	22.60
Scottish Green Party	1	3.03	0.60
Scottish Liberal Democrats	4	12.12	7.80
Scottish National Party	13	39.39	46.50
Other	1	3.03	0.50
Total	33	100.00	100.00

Research findings on participation indicate that individuals with relatively high education tend to be more politically active than those with low education (e.g. Verba et al. 1995). Table 3, below, shows that 29% of the participants had a university degree compared to 22% of the Scottish population (Scottish Government 2010). Hence, the panellists were not considerably more educated than the Scottish population.

Table 3

PARTICIPANTS' LEVEL OF EDUCATION	FREQ.	%
University degree	10	29.41
Other further education	12	35.29
Secondary school/college (up to 18 years of age)	4	11.76
Secondary schooling (up to 16 years of age)	5	14.71
Primary School	1	2.94
Other	2	5.88
Total	34	100.00



Research also shows that income is positively correlated with political participation (e.g. Verba et al. 1995). Table 4 shows the household income of the participants. Of those who reported their household income, about half stated an income of either up to £299 per week or between £300-£599 per week. This is comparable to the median household income in Scotland 2014-2017, which was £485 a week (Scottish Government 2018).

Table 4

PARTICIPANTS' HOUSEHOLD INCOME	FREQ.	%
Up to £299 per week	10	30.30
£300 - £599 per week	7	21.21
£500 - £999 per week	7	21.21
£1000 and over per week	5	15.15
Prefer not to say	3	9.09
Do not know	1	3.03
Total	33	100.00

Mini-publics aim to remove barriers to political participation by (i) using random and stratified sampling for recruitment and (ii) providing financial incentives to ensure that those who do not normally engage are heard, and prevent the most politically active and interested dominating the forum. The three most common forms of political participation among the panellists were signing a petition, contacting a politician or government official, and working in a non-political organization or association (see Table 5). There were also experiences of posting political content on social media and boycotting certain products, while experiences of working in a political party and taking part in lawful demonstrations was much more unusual. Taken together, the frequencies of previous experiences of political participation indicate that the participants were diverse with respect to their experience of political participation, and that the Panels did not only consist of politically active and interested citizens.



Table 5

PARTICIPANTS' REPORTED POLITICAL PARTICIPATION IN THE LAST 12 MONTHS	FREQ.	%
Contacted a politician or government official	10	31.25
Worked in a political party or action group	2	6.25
Worked in another organization or association	10	30.30
Posted political content on social media	9	29.03
Signed a petition	20	60.61
Taken part in lawful demonstration	2	6.25
Boycotted certain products	8	25.00

Finally, it is also important that mini-publics do not only include participants with high stakes and a strong interest in the specific issue at hand. According to the participant survey, most of the respondents (18 of 34) stated that they had read or heard “only a little” about primary care in the newspapers, or on the internet, television or radio (Figure 1). This was also the most frequent response to having discussed primary care with family, friends or co-workers (Figure 2). Thus, it can be concluded that although a lot of the participants were quite unfamiliar with the topic, almost all had a little prior knowledge and experience of discussing the issue.

Figure 1. How informed participants were about primary care

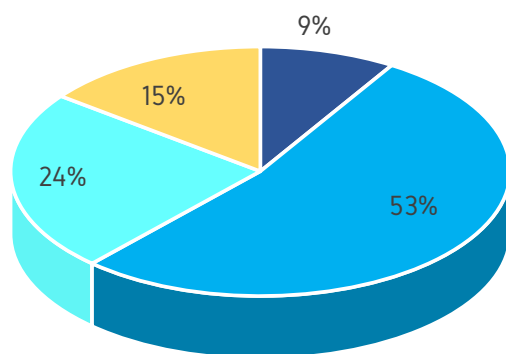
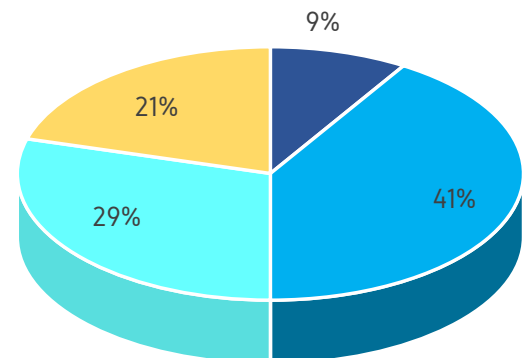


Figure 2. Extent participants have previously discussed primary care



The diversity of the participants was recognised by the panellists themselves. At the H&S Committee's meeting in November, Panellist 3 recognised there was "a good cross-section of people ... lots of different experiences and social and geographical backgrounds".

The interviews with the parliamentary staff and committee members indicate that they saw great value in the selection method of the Citizens' Panels, as it enabled them to hear from a representative and diverse group of people that they would not have otherwise heard from. Interviewee 4 credited the format of the Citizens' Panel with bringing together from "all different demographics", "different levels of people as well, different levels of their finances, their different backgrounds, different culture, different religion, different everything". Interviewee 7 agreed, stating that "the diversity of the people taking part ... was good". The committee members and staff emphasised that "it was really important to have a good mix" (Interviewee 3) because the range of views provided "an interesting take on it and different views and different politics" (Interviewee 4). Interviewee 1 considered that this mix "became representative", because the Panels "represent the composition of the community and where they come from ... it was also an absolute reflection of the difference between urban and rurality health and the approach to health". The Committee members and staff acknowledged that one of the main strengths of the Citizens' Panels was that they represented "a different way of trying to capture ... information" (Interviewee 4) and is "something different and something that's not been done before (Interviewee 3). This difference gave the committee "a view from the public" about "what they want" (Interviewee 1), which delivered instrumental benefits to the inquiry. The Interviewees considered that the perspectives from the public enriched the inquiry. They noted that the range of perspectives included those "that had never really engaged with parliament before" (Interviewee 4). This range of views provided a "different vision" and "way of scrutinising government" (Interviewee 4) and enabled the committee "to test some thinking ... to give us a feel for what the public would tolerate and ... also, what they wanted" (Interviewee 1).

The parliamentary members and staff recognised that low participation would reduce the legitimacy of a mini-public, and they raised some concerns about attendance. As discussed previously in this report, the response rate to the invitations to participate was low, which was recognised by Interviewee 4 who "thought there'd be more people there". The committee staff recognised the practical barriers to, and burden of, participation: "if they give up a Saturday to work to go to a community centre, it's quite a big ask ... to come all the way in on your day off" (Interviewee 4). The risk to future mini-publics would be that numbers of participants could "sort of drop off" (Interviewee 1), reducing their value. In contrast, the expert witness considered that the response rate was good, stating that they were "really impressed that they had got so many people to actually commit to two days because in my experience of doing public consultation and public engagement ... two days was a huge commitment" (expert witness 1). Reflecting on recruitment strategies, expert witness 1 recalled how one of the participants was there "holding his invite card from the Parliament ... he was so proud of this gilt edged invitation and it almost came across for most of them that it felt really special for them to be invited". This highlights the significance of little touches that can improve engagement.



Conclusion

The inclusion of a diverse group of citizens is vital from a deliberative democratic perspective and was also of great importance to the parliamentary committee. The panellists were a diverse group of citizens in terms of gender, age, education, income, and party identification. However, due to the low response rate (<2.4%) it was difficult to match the sample to Scottish census data closely. Most of the participants had little self-reported prior knowledge about primary care but had some experience of discussing the issue.



4. Evidence Provision

One of the key aims and justifications of mini-publics is that participants become much more knowledgeable about the issue at hand by the end of the process. This is because participants in mini-publics are given information and evidence by a range of witnesses to support their deliberations in a learning phase. Indeed, research indicates that it is the information provided to the participants that has the greatest influence on their opinions (Goodin and Niemeyer 2003; Thompson et al.). From our interviews the parliamentary committee staff appreciated that the Citizens' Panels provided participants with an "understanding of the health system" (Interviewee 1)", so at the "end of the day they were definitely much more informed" (Interviewee 4).

It is therefore important that the panellists receive balanced information from a diverse range of perspectives and that they find this information and evidence useful and accessible (Roberts et al. 2019). For the expert witness to do this effectively, they needed good guidance and support from the organisers so they can understand their role and the expectations of them. We evaluate these aspects of the primary care Citizens' Panels in this section of the report. The evaluation is primarily based on observation of the process from the research team and interviews with the expert witness, and committee staff and members, supplemented with some data from the survey of the participants.

Observing the Learning Phase

Evidence sessions were delivered on the first day of each Citizens' Panel by one external expert witness and researchers from SPICe. Usually, a range of external expert witnesses present to a mini-public to ensure impartiality. This distinguishing feature is consequently of interest. The evidence sessions covered: the range of services included within primary care, funding, health and social care integration and the Scottish Government's vision for the future of primary care, as well as alternative models from elsewhere.

After the evidence was delivered, the panellists considered together why this issue is important for them and their families and what might get in the way of delivering the vision. They then participated in a horizon scanning activity thinking about future possibilities in areas such as technology, self-care and volunteering. On the first Saturday there were a variety of activities: small group discussions (sitting), big group presentations (standing), and brainstorming (moving around and writing down thoughts and ideas on four flipcharts located in different corners of the room). The second Saturday of each Citizens' Panel comprised one main activity: creative mapping in small groups of three or four participants. Importantly, the sessions were deliberative, enabling the participants to learn from each other, and not just the speakers. There were also opportunities on each day to think quietly. One of the committee staff recognised the benefits of this format, which "worked really well", because, "you can't just talk at people, you have to have activities ... that brings them together" (Interviewee 4).

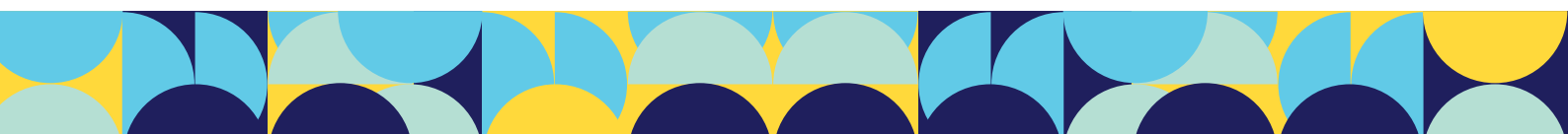
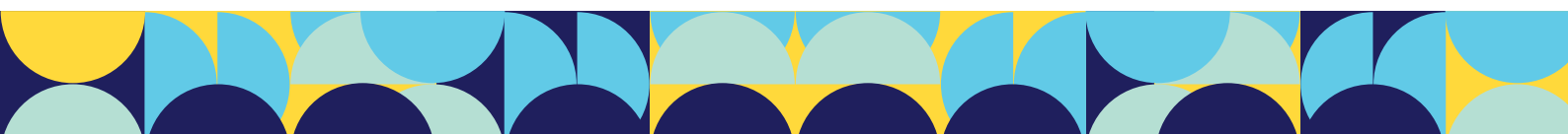
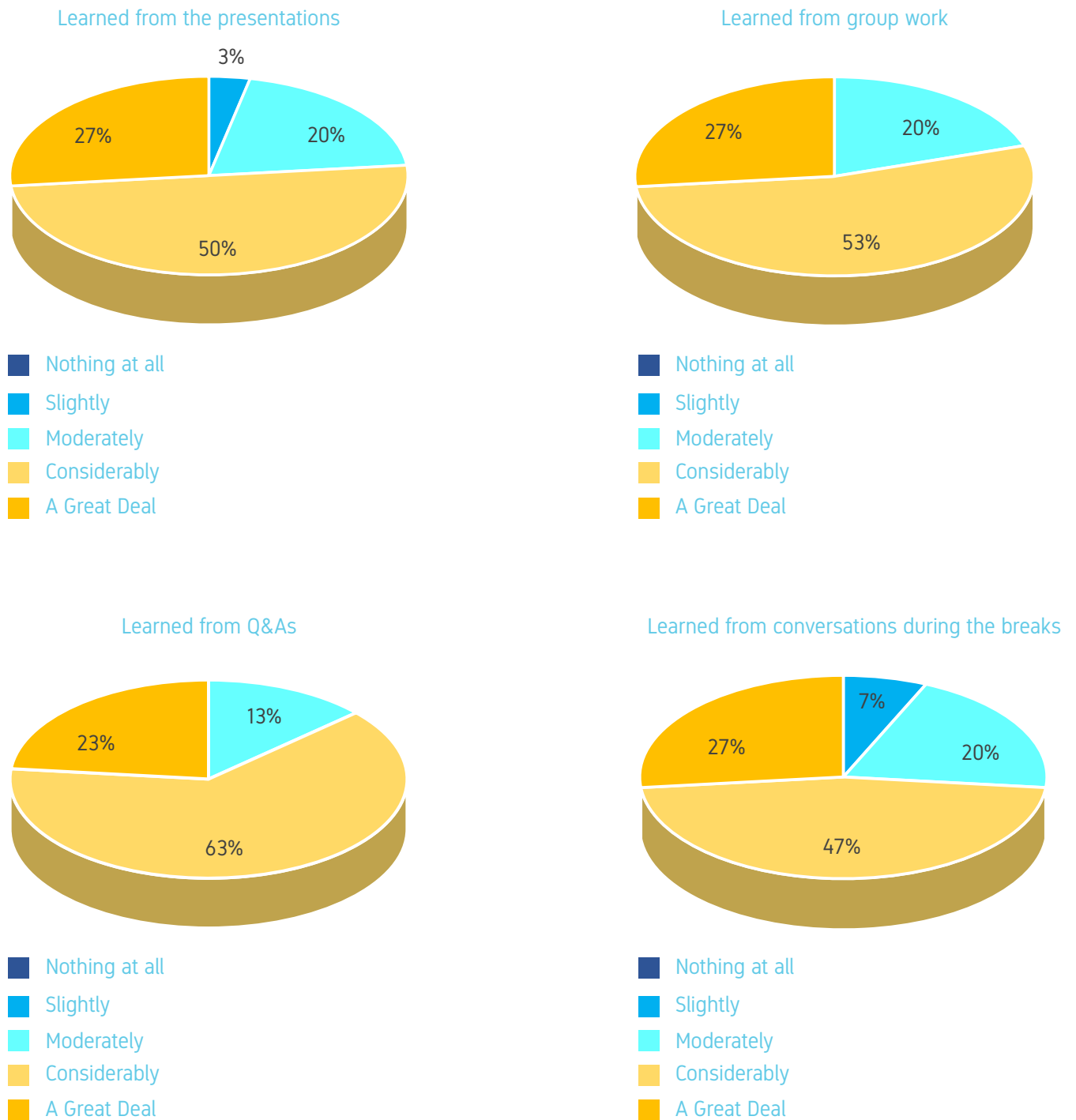


Figure 3, below, shows that the participants believed they benefited from multiple sources of knowledge. A vast majority responded that they learned “considerably” or “a great deal” from the presentations, the group work following each talk, and the question and answer sessions. In addition, the conversations in the breaks also constituted an important source of knowledge.

Figure 3. Sources of knowledge in the Citizens’ Panels



The panellists who attended the H&S Committee meeting in November 2019 reiterated that they recognised the work of the staff to facilitate learning. Panellist 5 stated that “a lot of work has gone into supporting us to get to where we are now in our understanding.”

The SPICe staff delivered most of the presentations to the Citizens’ Panels. Interviewee 5 described this as “education work at the beginning” to give the participants “an understanding of ... what primary care is.” An advantage of SPICe providing information was their “impartiality” (Interviewee 2) because SPICe is “used to presenting information in an impartial way” (Interviewee 5) and because “what they’re giving you, they give entirely without agenda” (Interviewee 8). According to Interviewee 1 the fact that the information was delivered by the SPICe team added “a degree of credibility” to the inquiry “because of the impartiality that SPICe have ... there’s not been any leading going on.” Expert witness 1 agreed, stating that SPICe “were just really open and transparent in their approach.”

To ensure balanced evidence is provided, it is usual for mini-publics to employ a range of witnesses to ensure a range of perspectives are provided. However, committee members and staff noted that the range of evidence provided should depend on the topic and aims of the inquiry. In the case of the Primary Care Citizens’ Panels, Interviewee 7 emphasised that because “what we were after was not expert or informed opinion or vested interests ... you didn’t, in my view, need expert opinion.” Therefore, it was considered appropriate that the Citizens’ Panels received neutral information from SPICe, because they “didn’t want the evidence from the public to reflect the views of GPs, for example.”

Researcher observations during the Citizens’ Panel in Dunfermline considered that the content of the presentations influenced the participants knowledge and understanding of primary care. For example, pre-printed questions/issues were distributed in a booklet that covered money, demographics, organisation model, patient expectations/health literacy, culture, and technology in relation to primary care. The expert witness recognised that although this additional information steered the discussions, they considered that it was balanced, stating that: “everybody got an information pack ... we were on an equal footing” (expert witness 1).

The expert witness delivered presentations on different models of primary care. In their interview, expert witness 1 emphasised that the content of their presentation was steered by the SPICe team; “they were pretty clear in terms of what they wanted from the session”. Researcher observations during the Citizens’ Panel in Dunfermline raised some concerns about the comprehensibility of statistics presented by the expert witness, and that the presentation left the participants wanting to know how much of the Government’s vision had been implemented before being able to reflect on it. The Parliamentary members and staff also raised concerns that the information presented to the participants was “maybe a little bit too complex and in-depth” (Interviewee 4). Interviewee 1 agreed, describing the reaction of participants to the material: “some of the technical terms, they weren’t really sure”, and as a result “spent quite a lot of time translating the stuff ... into normal speak.” Interviewee 4 therefore warned that “you assume people know things and they don’t” and advised that the information presented in future Citizens’ Panels “should just be, like, a level that’s accessible for everyone.”



The expert witness acknowledged these challenges, stating that: “it is always difficult to pitch to people ... you don’t really know what people’s backgrounds are and what their understanding is” (expert witness 1). The expert witness also acknowledged some gaps in their presentation, reflecting that it “might have been helpful ... to present some themes of the national strategy and how it is being delivered” (expert witness 1). Considering these challenges, the Parliamentary members and staff were concerned that they could have “done more to help” by giving the expert witness “a bit more briefing” (Interviewee 5). However, the expert witness themselves emphasised that they were satisfied with the preparation, stating that “there was a lot of interaction and communication between us ... really quite iterative” (expert witness 1). Expert witness 1 adopted a flexible approach and amended some of their content in response to earlier feedback: “there was a bit of refinement by the third workshop [Citizens’ Panel].”

The uncertainty held by the Parliamentary members and staff about the ability of the panellists to effectively engage with the information they were provided with is not supported by evidence from the participant survey that was distributed at the end of the process. The post-survey measured (among other things) how the panellists experienced the evidence provision in the Citizens’ Panels. The feedback was in general very positive. As can be seen in Figures 4 and 5 below, 30 (91%) of the participants either agreed or strongly agreed that they had enough information to participate effectively, and 31 (94%) of them stated that they had understood almost everything presented by the speakers.

Figure 4. Adequate information to participate

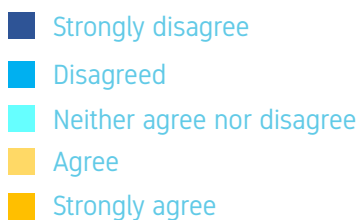
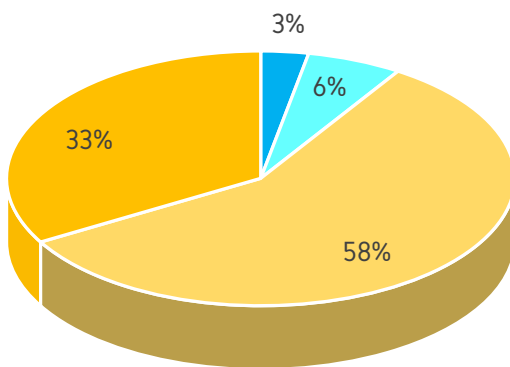
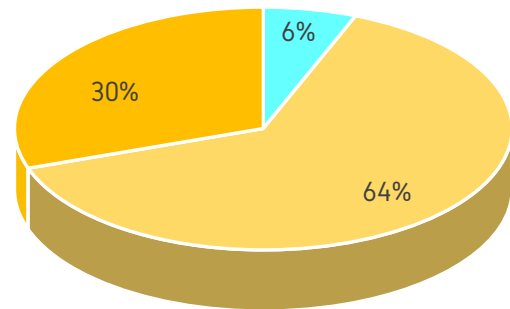


Figure 5. Participants understood the speakers



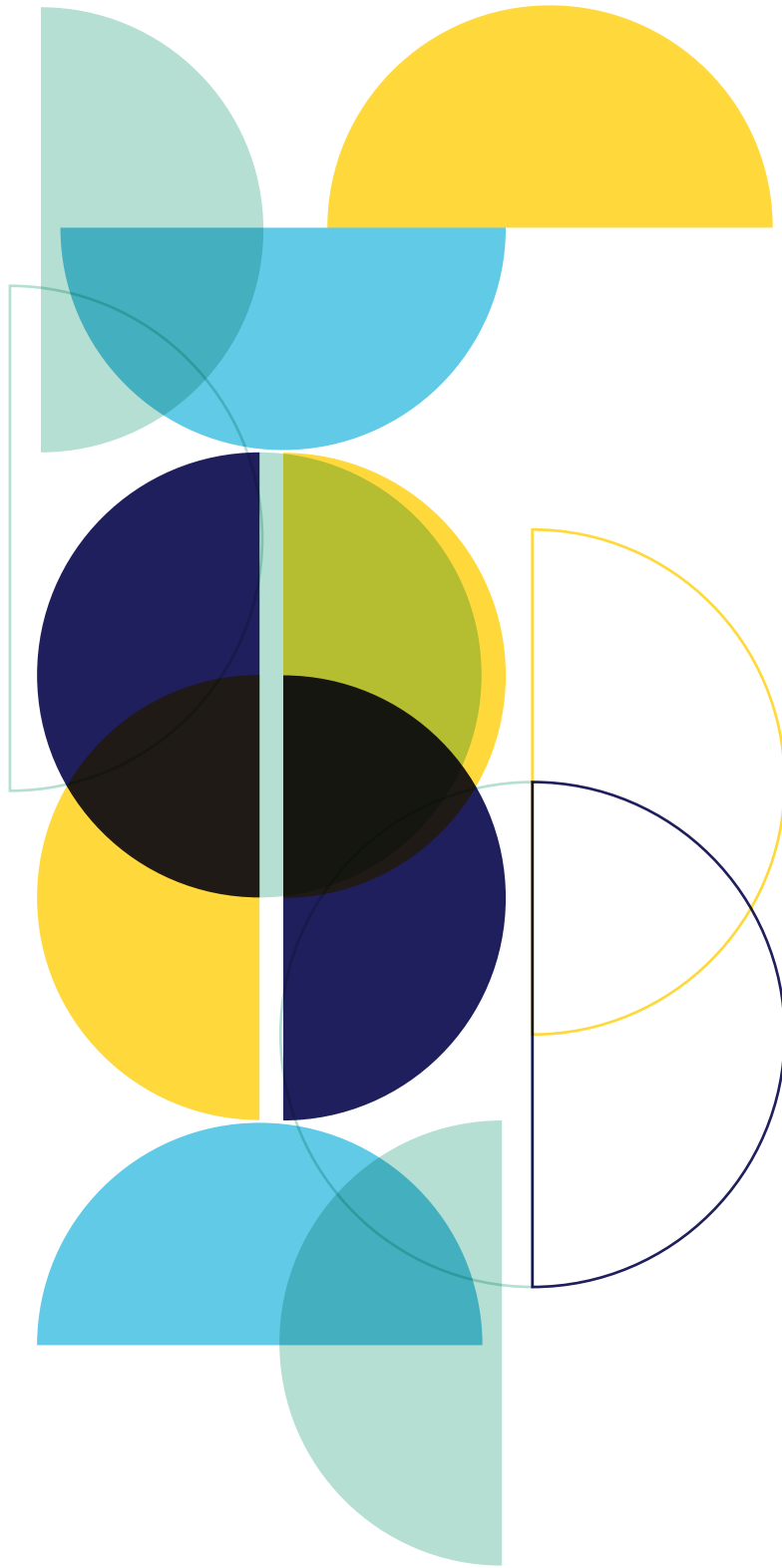
However, it should be noted that there are considerable limitations of subjective assessments of knowledge gain in mini-publics. Psychological factors come into play such as the desire to please the organisers who they have spent quite some time with.

Reflecting on what could be done differently to improve evidence giving in future Citizens' Panels, expert witness 1 considered that the evidence may have been more effective if it were delivered with examples of "how it works in ... practice". They went on to state that, "rather than say, 'high level this is what is happening and some of the international stuff.' ... I was thinking, 'If that was my mum and dad and someone was presenting about a model from Spain, would they be interested in it?'" In providing practical examples, expert witness 1 proposed that the participants could link the evidence to "their experience of using the service."

Conclusion

Overall, the evaluation indicates that the provision of evidence in the Citizens' Panels provided crucial information to assist the panellists in answering the question set. Most of the participants were content with the information provided and agreed that they had learnt from the evidence. The Parliamentary staff and members, and the external witness acknowledged challenges pitching the level of evidence and the content to such a diverse group. The participants had opportunities to deliberate together after receiving evidence, and the evidence provided influenced these discussions. Mini-publics usually use a range of experts to address the challenges associated with delivering balanced and neutral information. However, to meet the scope and aims of the inquiry, the Primary Care Citizens' Panels relied on impartial background information provided by SPICe, supported by one expert witness.





5. Deliberative Quality and Facilitation

The norms of deliberative democracy are widely recognised to be difficult to achieve in practice. The closer discussions get to promoting these norms, the better the deliberative quality. Mini-publics have been developed, primarily, to achieve this goal. Participant discussions in mini-publics are facilitated to ensure they keep to deliberative norms e.g. the discussions should be inclusive with all having an opportunity to have their views heard, participants should justify their views, listen to the views of others, and respect the views of others. Although the Citizens' Panels were not explicitly designed to be mini-publics, deliberation was a feature of them. At the end of the process participants were surveyed and asked questions to evaluate their views on whether these norms were present in the discussion. The group discussion sessions in Dunfermline were also observed. The interviews with Parliamentary staff and the expert witness also touched on the issue of deliberative quality and facilitation from their observations. These data sources are combined in this section of the report to evaluate the deliberative quality of the Scottish Parliament's Primary Care Citizens' Panels.

On the first Saturday of each Citizens' Panel, the panellists agreed their own conversation guidelines to ensure that discussions were positive and respectful, which reflected core principles of deliberation. It is important and good practice to have participants agree the conversation guidelines, as they are then more likely to heed them, making the role of the facilitators easier. The agreed guidelines were visible throughout the process, and the panellists and facilitators regularly referred to them if they thought others were not adhering to them.

The survey distributed at the end of the second Saturday measured how the panellists experienced the deliberative quality of the Citizens' Panels. The feedback was in general very positive in all three locations. Figure 6 shows that 28 of the respondents felt that their fellow panellists had respected what they had to say. The rest neither agreed nor disagreed to this statement. Figure 7 shows only two respondents reported that they had felt pressure to agree

Figure 6. Others respected what the participants had to say

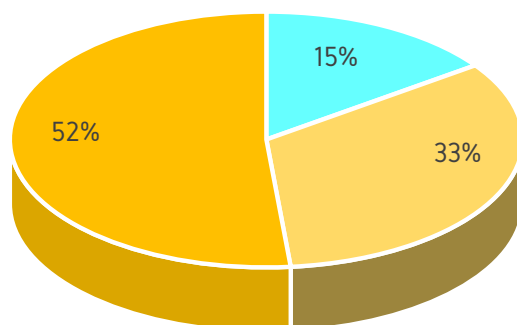
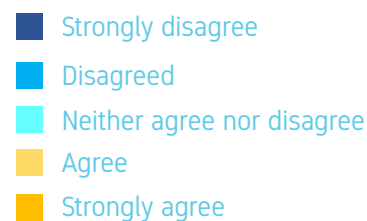
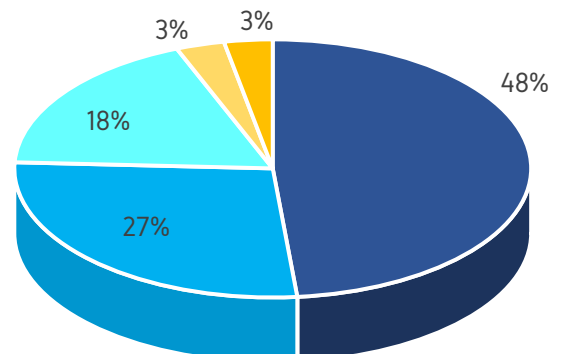


Figure 7. Participants felt pressure to agree



Although all the participants agreed or strongly agreed that they had opportunity to express their own views (Figure 8), figure 9 shows that 9 out of 33 respondents (27%) agreed or strongly agreed that one or more people tended to dominate the discussions. This was supported by the researcher's observations from the Citizens' Panel in Dunfermline, which noted that one of the participants tried to dominate the question and answer sessions, which the facilitators attempted to manage. For example, they parked one of the questions in the parking place for unanswered questions.

Figure 8. Participants had opportunities to express views

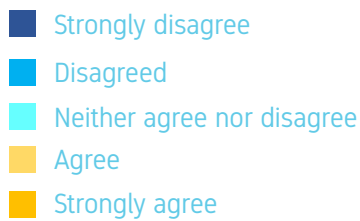
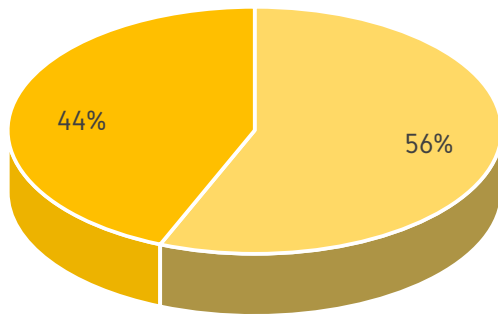
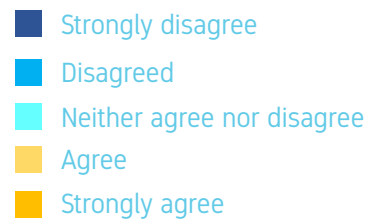
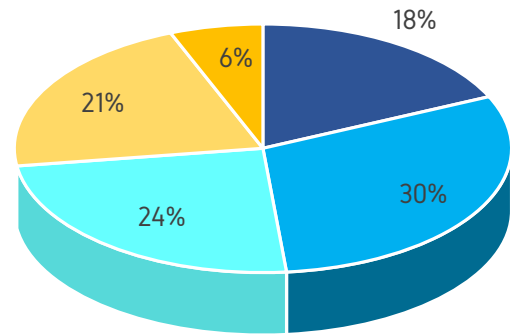


Figure 9. Participants felt others dominated the discussions



The results show that the process was inclusive and that the discussions were mostly respectful. Although some of the participants felt that others dominated the discussions, which is a concern, this did not seem to affect their opportunities to contribute.

Observations during the Citizens' Panel in Dunfermline indicated that there were opportunities for discussion and questions, creating safe space for participation. The participants felt comfortable in sharing personal experiences. For example, one younger man shared his experience of having had a mental health problem. Others also shared experiences about waiting times to see a GP and the attitude of receptionists at their GP surgery. Overall, discussions were inclusive. There were examples of good facilitation practices observed on both Saturdays. The facilitators actively encouraged contributions from quieter participants in the facilitated small group discussions and helped participants to formulate and present their ideas in an effective and clear manner.

Observations during the Citizens' Panel in Dunfermline identified a general shortage of time for participants' questions during the first Saturday. The parliamentary members and staff agreed. For example, Interviewee 5 considered that there was insufficient time during some of the sessions; "there wasn't really built in a time for answering those questions." They also thought that it was a challenge for the speakers to deliver their content in the allotted time. Interviewee 5 stated that "it was very limited really in the amount of presentation time", "it wasn't very long", so they "couldn't cover everything."

No disagreements were observed on the first Saturday at Dunfermline, which generally comprised collaborative ideas generation, with participants mostly confirming other people's points and few counter-perspectives. On the second Saturday, there were some disagreements between participants. The first occurred when the small groups moved around to observe the community maps of other groups. One person then expressed dissatisfaction with another group's map. The second was during an informal discussion between two individuals as they formulated recommendations for the H&S Committee. One of them (a young man) supported more awareness/ information about green spaces, while the other (a young woman) thought that awareness raising is an ineffective measure when it comes to encouraging an active lifestyle. However, in general, participants were not encouraged, and did not take the initiative, to disagree. Points and issues raised during small group discussions and in plenary sessions were collated and in the last session the facilitators provided the participants with opportunities to add to the themes identified.

The points and issues raised by the participants were not challenged or ranked and not all panellists agreed with all the recommendations they made to the H&S Committee to be taken forward in the inquiry. Figures 10 and 11 show the participants' views on the results of the Panel's recommendations. They reveal that 7 (21%) of the respondents neither agreed or disagreed with the recommendations and 1 panellist strongly disagreed with them.

Figure 10. Recommendations reflect participants' own views

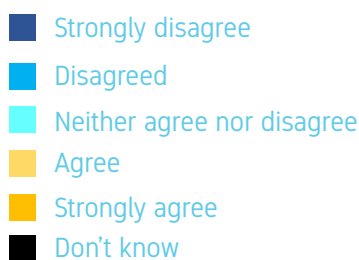
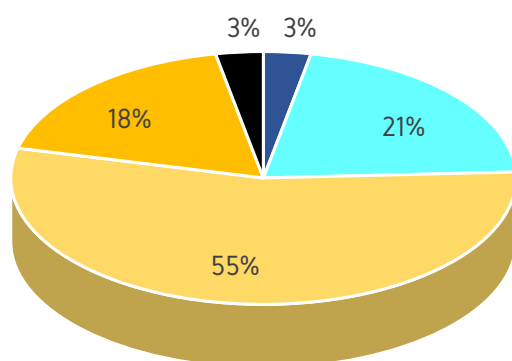
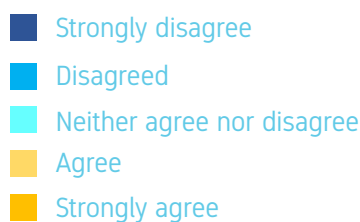
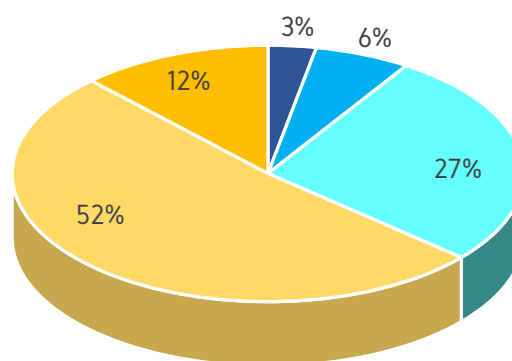


Figure 11. Participants felt they had influenced the recommendations



Additionally, 21 (64%) respondents agreed or strongly agreed they had influenced the recommendations.

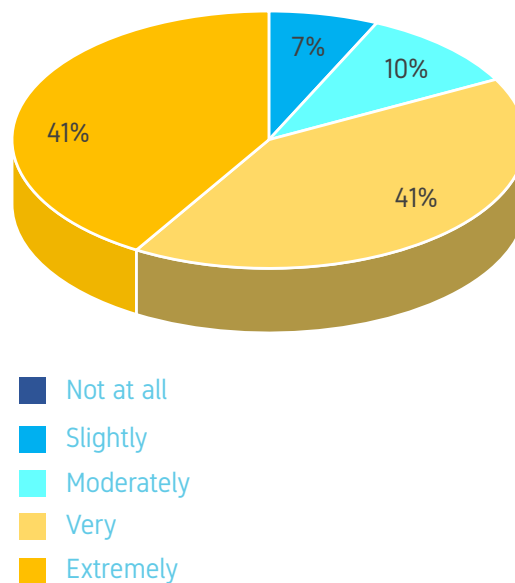
The parliamentary members and staff also raised concerns about the panellists' opportunity to influence the recommendations, indicating contributions from the MSPs that "hadn't come from any discussion ... at any of the tables" (Interviewee 2) influenced the recommendations. Interviewee 1 stated that: "at least one of the members got one of these hobbyhorses into the final report. We know it's there. We'll just ignore that. And it sticks out like a sore thumb. But we felt that we couldn't take it out because it was endorsed by the group."

Panellists' interaction with MSPs

Two to four Members of the Scottish Parliament (MSPs) were present on the second day of each Citizens' Panel. At Dunfermline two MSPs were present. Researcher observations from Dunfermline note that MSP1 arrived in time and took part in the ice breaking session. In contrast, MSP2 arrived late, introduced himself standing up, which singled him out and after making a short speech about the most important issues for him (managing the public's expectations), he received applause. During the day the two MSPs mingled around the three tables where the community maps were created. The participants took the opportunity to engage with both the MSPs. The interactions were mostly one-on-one and seemed to interrupt the work around the tables.

The results of the participants' survey show that respondents found it useful to discuss the issue with the MSPs to some extent. Figure 12 shows that 24 (82%) of the respondents stated that the opportunity to discuss the issue with the MSPs was "very" or "extremely" useful. The other 5 respondents thought this was "moderately" or "slightly" useful.

Figure 12. Participants felt it was useful being able to discuss issues with the MSPs



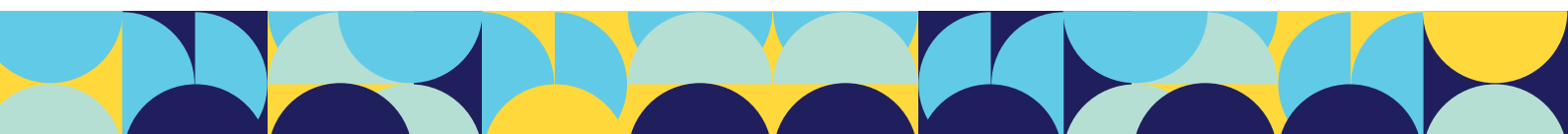
The committee members and staff also considered that the participants benefitted from the MSPs' attendance, reflecting that "people actually were looking forward to seeing a member" (Interviewee 4). Interviewee 3 agreed, stating that "people had specifically said that one of the reasons they ... had agreed to attend was the opportunity to meet and talk with the MSPs", assuming that was because the participants "wanted to be heard". Interviewee 7 reflected that MSP attendance made the panellists feel valued: "for the public to feel that what they were saying was not just a tick box exercise but was actually meaningful ... to be able to talk directly to members of the committee ... was really important."

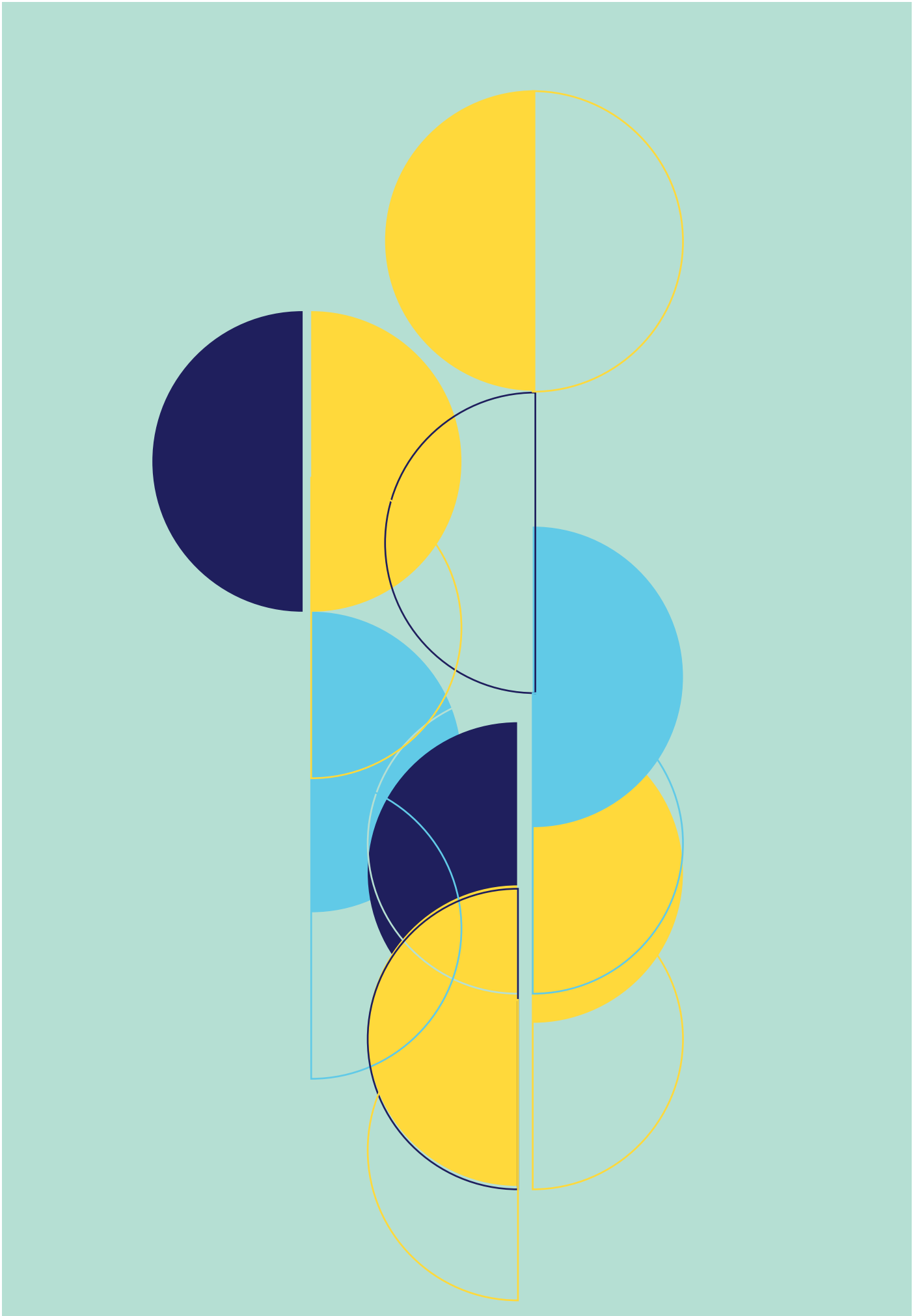
Moreover, attending and participating in the Citizens' Panel encouraged the committee members to buy into the process. Meeting the panellists fostered their "confidence in the panel" (Interviewee 7). While "interacting" with the panellists during activities enabled the MSPs to explore comments made by panellists by asking them, "what do you mean by that or tell me a little bit more about that or has that directly affected you" (Interviewee 8).

Overall, the Parliamentary members and staff considered that the MSPs worked well "in the group work ... it was a team building thing, so the public were more involved. It wasn't a case of just them listening to the MSP" (Interviewee 4). However, there were risks with this design. Interviewee 1 noted that "the risk was they would absolutely hate it, what the panels were up to and what they were producing". Interviewee 1 also worried that the participants would "just use that opportunity to just, like, hound the MSP on something and say ... I've got this personal problem", and that the MSPs are "incapable of asking questions properly." These risks meant that the involvement of the MSPs' was carefully designed: "to minimise their influence in terms of steering and leading the groups" (Interviewee 1) and the committee members themselves were aware that "it's important [for them] not to dominate the proceedings" (Interviewee 7). The Parliamentary members and staff were also worried that the MSPs could confuse the panellists. It was reported that one of the MSPs "started talking about acute healthcare, which was not what the inquiry was looking at ... that just confuses everybody" (Interviewee 5). They also worried that the MSPs were not serious about their involvement. Interviewee 5 stated that "one of the members turned up a bit late" and "some of them sometimes were chatting and not actually getting involved". Interviewee 2 claimed that there was "more mischievousness on the part of some of the politicians" and that they tried "to stir things a little bit." However, overall, the interviewees emphasised that the MSPs' attendance and participation was managed well.

Conclusion

Overall, the facilitators implemented the key deliberative norms, with lots of examples of good practice. The participants felt that their opinions were heard and respected. The researcher noted examples of participants feeling comfortable enough to open-up about their own experiences and noted examples of productive deliberation. However, some participants reported that one or more people tended to dominate the discussions, and many did not feel that their Panel's recommendations reflected their own views. The MSPs' attendance and participation had mixed results. The participants looked forward to meeting the MSPs and most considered it very, or extremely, useful, indicating that their presence was valuable for the recruitment of participants. However, it was noted that the presence of MSPs needed to be closely managed, to keep the focus on the topic and resist political influence. There was at least one occurrence of an MSP having undue influence on the final recommendations.





6. Influence on the Participants

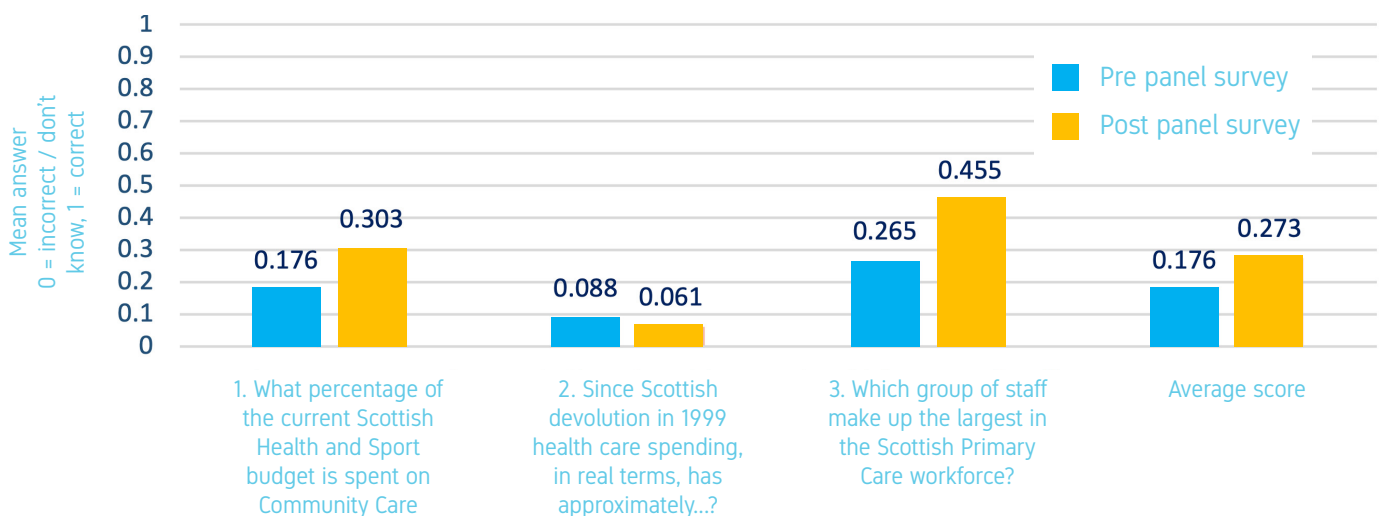
A key deliberative principle is open-mindedness and reflexivity. Participants of deliberation are expected to listen to their fellow participants and the information provided by the witnesses, so they can reconsider their views and preferences given on the issue at hand. This process creates expectations of knowledge acquisition and opinion transformation. In addition, the opportunity to deliberate is expected to increase participants' political interest, and perceptions of the responsiveness of the political system (Mansbridge 1995; Nabatchi 2010). In this section of the report we evaluate whether these effects on the participants occurred in the Scottish Parliament's Citizens' Panels on primary care. This evaluation is primarily based on comparison between the pre and post deliberation participant survey, supplemented with observations of the process from the research team conducting the evaluation.

Knowledge Gain

The participant surveys contained 3 multiple-choice questions measuring panellists' knowledge on specific details on primary care. The variables were coded to take the value of 0 for "wrong" or "don't know" answers, and 1 for "correct" answers. The average score for the panellists for each question was calculated, so if everyone answered a question correctly the mean score would be 1, if half of them got the question right the mean score would be 0.5, and so on. The mean scores for the questions in the pre and post deliberation surveys were calculated and are presented in Figure 13 and tabulated in Table A1.

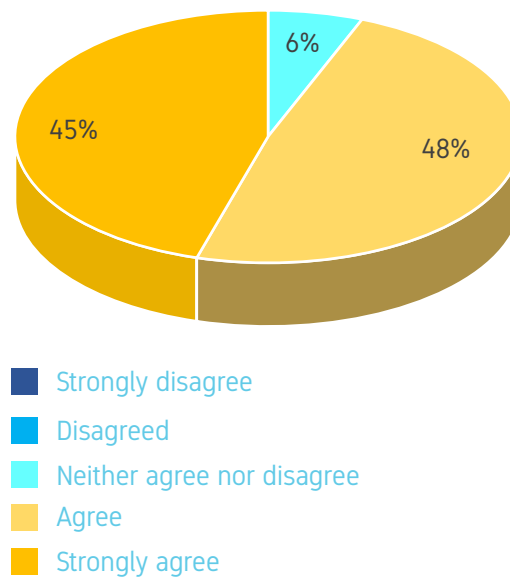
Table A1 shows that there are more correct answers in the post-deliberation survey for two of the three questions. The average score for the three questions is also higher post-deliberation. However, none of the differences of means are statistically significant at the 10% level, which means that we cannot reject the hypothesis that these differences have occurred in a random manner.

Figure 13. Comparing participant knowledge gain on primary care, pre and post deliberation



Besides the objective measure of knowledge gain presented above, the post-deliberation survey included a question about the panellists' own perception of their knowledge gain. As Figure 14 shows, 31 (94%) of the panellists "agreed" or "strongly agreed" that they had learned a lot about primary care during the Citizens' Panel. Two panellists neither agreed nor disagreed. Self-reported knowledge could be an unreliable measure of knowledge gain. Factors other than an increase in knowledge (such as social desirability bias) might have affected participants' positive answers about their knowledge gain. However, since the three knowledge questions above are quite specific, it is interesting to consider the self-reported knowledge gain, which does not specify the content of the acquired knowledge.

Figure 14. Participants' self-reported knowledge gain



The survey results indicating some knowledge gain by the panellists are supported by the observations of panellists that attended the H&S Committee in November 2019. Overall, panellists considered that the process "has been informative and educative" (Panellist 2), from which they "have learned a huge amount" (Panellist 4). Reflecting on their knowledge gain, the panellists referred to a better understanding of the general concepts as opposed to the specifics like those specified in the survey questions, as shown in Figure 13. For example, Panellist 4 stated that they had "never heard of it [primary care] before" participating, and Panellist 2 stated that "I did not know about social prescribing until I participated in the panel." The panellists' knowledge gain was noted by the committee members. Interviewee 7 observed that the panellists "had learned from the process and ... all developed their knowledge."

Opinion-change

The surveys were designed to enable a comparison of opinions about primary care pre and post deliberation. The participants responded to specific statements about primary care on a scale from 1 (strongly disagree) to 5 (strongly agree); the results are shown in Figure 15 and Table A2.

Figure 15. Comparing participants' opinions about primary care, pre and post deliberation

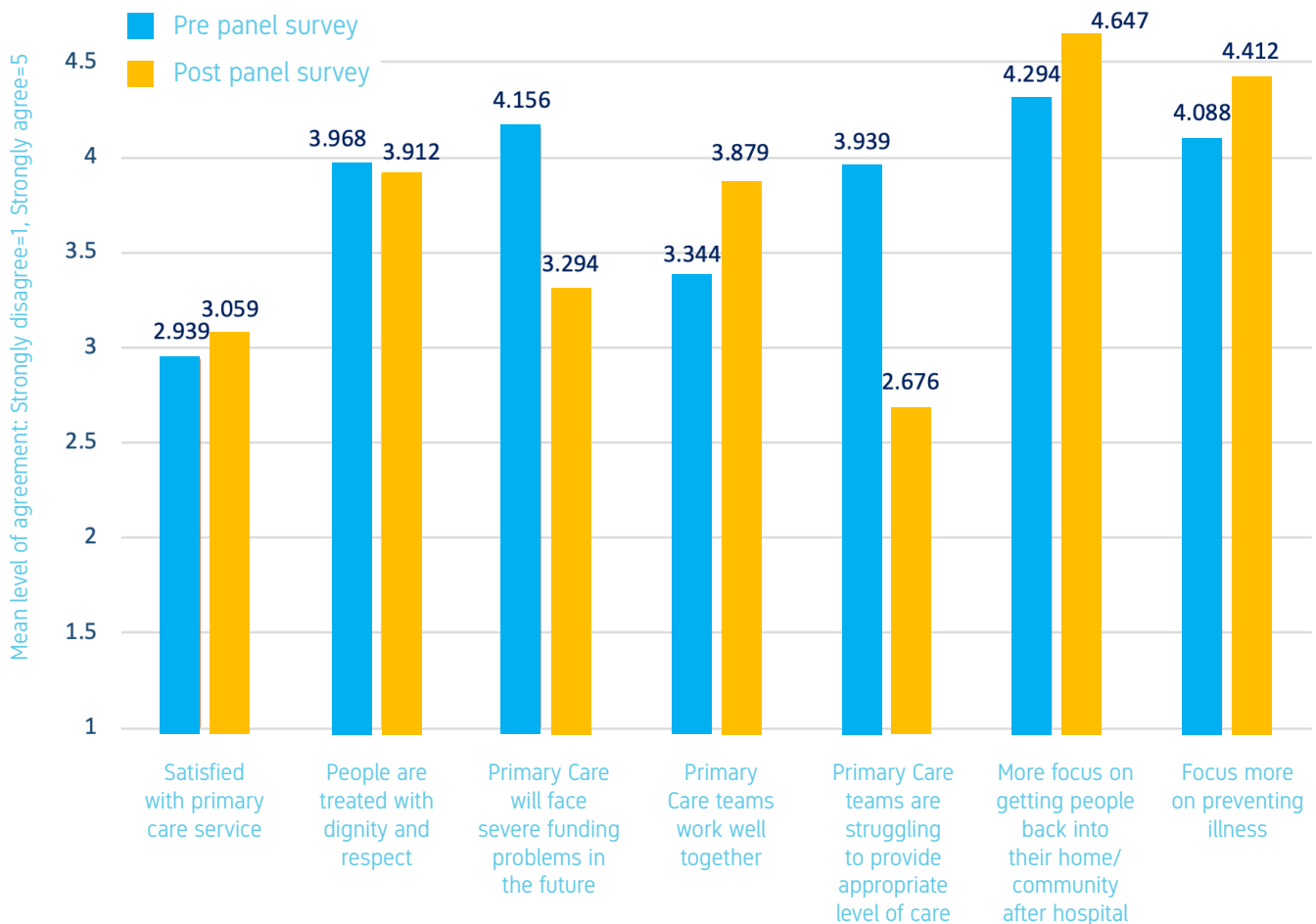


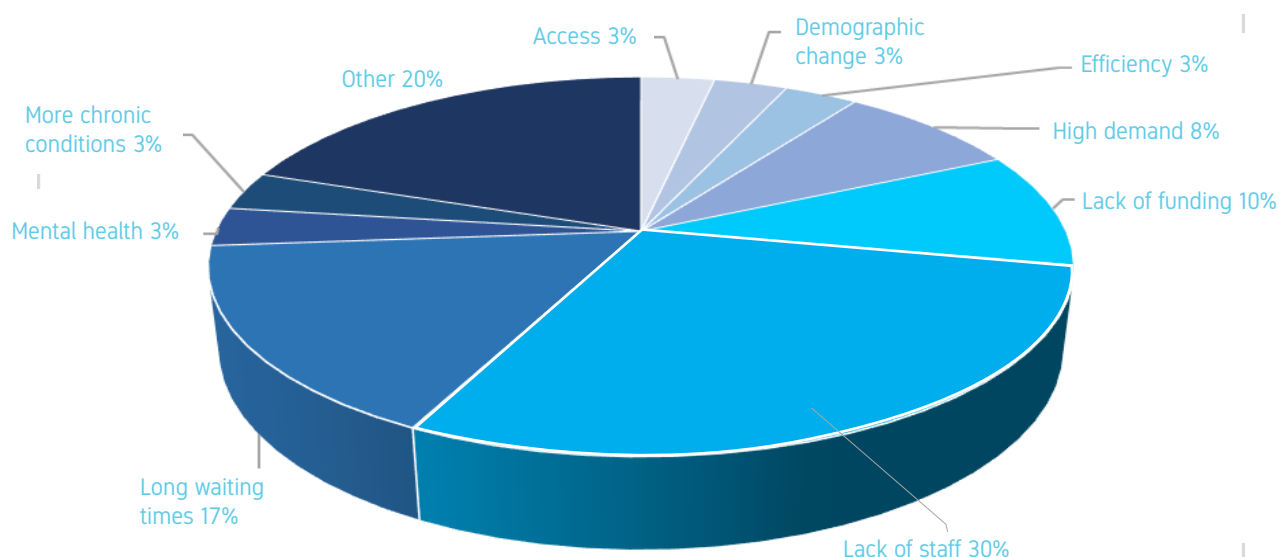
Figure 15 and Table A2 show that participants were less worried about a severe future funding problem after having discussed the issue (21% decrease in agreement), and that they, to a lesser extent, agreed that primary care teams are struggling to provide an appropriate level of care (32% decrease). In line with this trend, the participants increasingly believed that that primary care teams work well together to give people coordinated care (16% increase). All the differences between the pre and post deliberation data are statistically significant at the 1% level.

Figure 15 and Table A2 illustrate that there was an increase (8%) in support for the statement that there should be more of a focus on ensuring that people get back into their home environment as soon as appropriate after hospital treatment. This difference between the pre and post deliberation data is statistically significant at the 5% level.

There is also an increase in support for the statement that the government should focus more on preventing people from getting ill. However, this difference is not statistically significant.

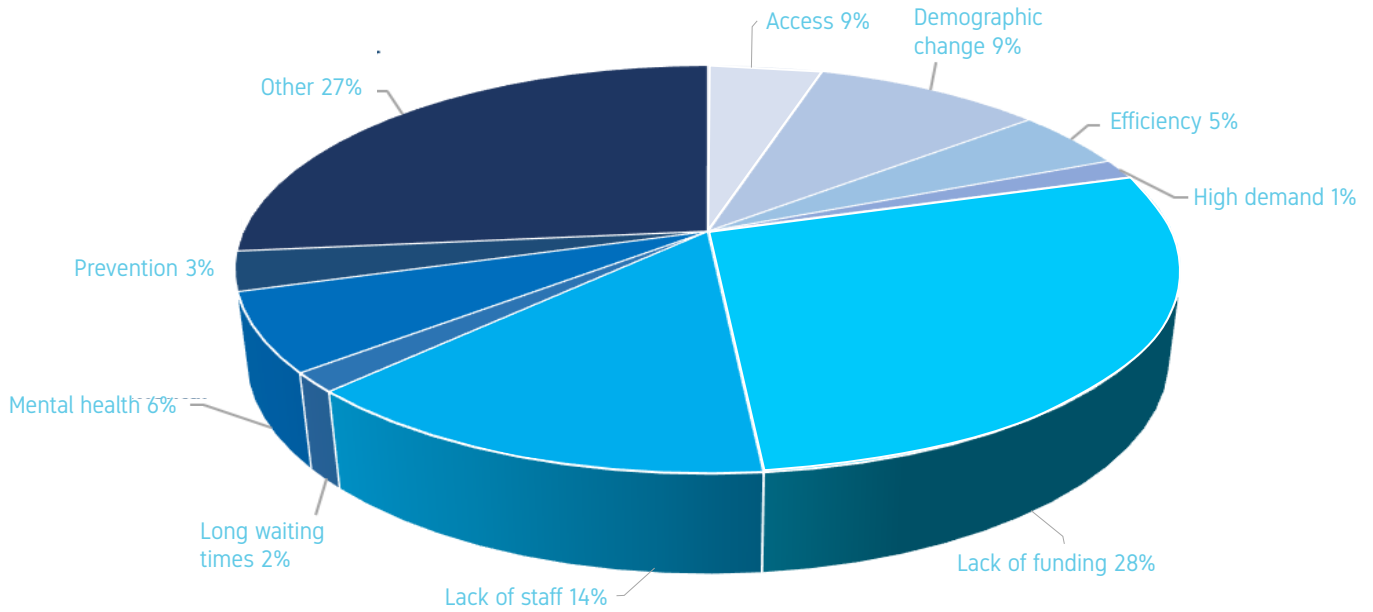
Both the pre and post deliberation surveys also contained free text questions about what the participants saw as the first and second biggest problems facing primary care delivery in Scotland. As Figure 16 shows, the most frequent problem mentioned pre deliberation was a lack of staff. This was mentioned as the first or second biggest problem with a relative frequency of 30%. Long waiting times, lack of funding, and high demand was also frequently mentioned.

Figure 16. The first and second biggest problems facing primary care delivery in Scotland: pre deliberation survey



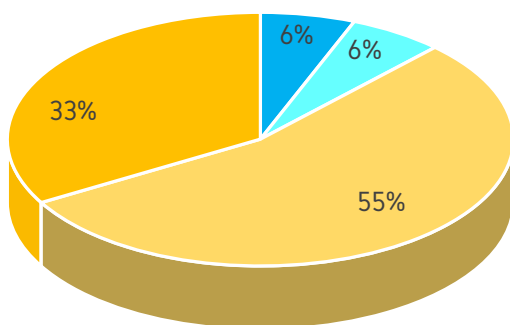
As can be seen in Figure 17, the perception of problems is slightly different in the post deliberation survey. First, the lack of funding is the most frequently mentioned problem post deliberation (increases from 10% to 28%). This seems to contradict the finding above: the increased disagreement to the statement that Scottish primary care will face severe funding problems in the future. However, the increased optimism observed above could be due to a belief that the problem can and will be solved in the future. Second, a comparison between Figures 16 and 17 shows that long waiting times and high demand is mentioned to a much smaller extent. Finally, the demographic change, i.e. an aging population, is mentioned much more often in the post deliberation survey (increases from 3% to 9%).

Figure 17. The first and second biggest problems facing primary care delivery in Scotland: post deliberation



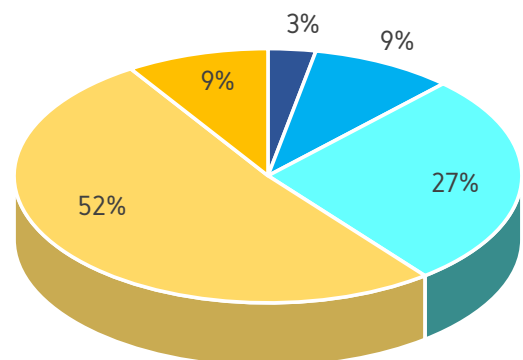
The participants’ own perceptions of their opinions also indicate that their opinions have changed during the Citizens’ Panels. Figures 18 and 19 show that 29 participants agreed that the Citizens’ Panel had helped them clarify their views about primary care, and 20 participants agreed that their views about the future of primary care in Scotland had changed as a result of the Panel process. However, as with the self-reported knowledge gain discussed above, the self-reported opinion-change may be due to factors other than actual change of opinion – e.g. expectations from oneself or from others to form new opinions about primary care as a result of having participated in the Panel. It should also be noted that this report does not shed light on the causes of opinion-change, i.e. whether they occurred because of the contents of the presentations, the group discussions, or something else.

Figure 18. Participants’ self-reported clarification of own views

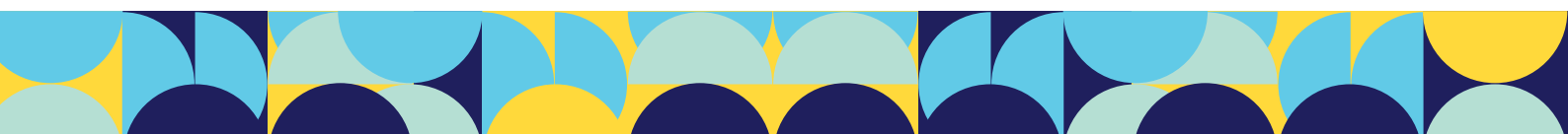


- Strongly disagree
- Disagreed
- Neither agree nor disagree
- Agree
- Strongly agree

Figure 19. Participants’ self-reported opinion-change



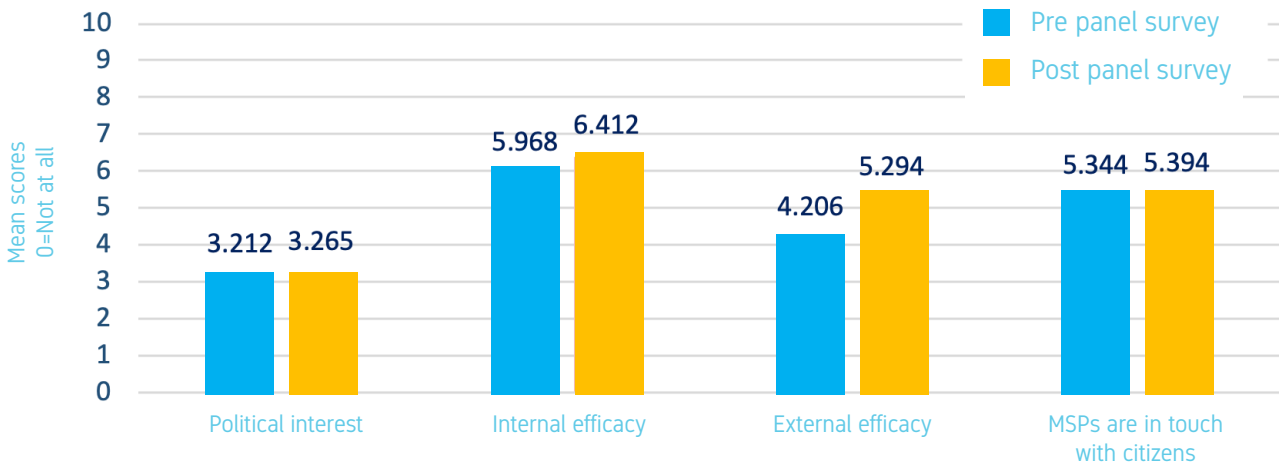
- Strongly disagree
- Disagreed
- Neither agree nor disagree
- Agree
- Strongly agree



Attitudes towards Political Participation

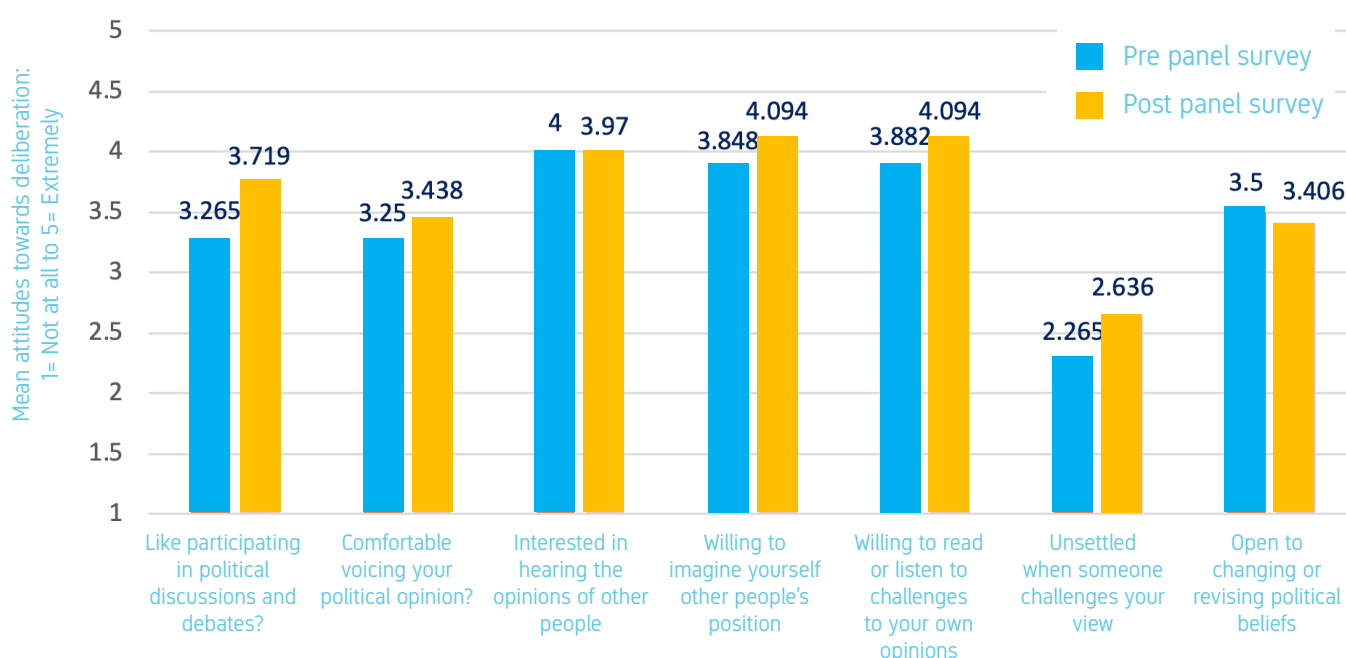
The surveys contained four questions about the panellists' political interest and efficacy. The panellists were asked about their political interest on a scale from 1 (not at all interested) to 4 (very interested), and to statements about political efficacy on a scale from 0 (not at all confident) to 10 (completely confident). We followed common practice and measured both internal and external political efficacy, i.e. we asked how confident the panellists are in their own ability to participate in politics (internal efficacy) as well as how much they believe politicians care about what people like them think (external efficacy). There was also an additional question about the extent to which people elected to the Scottish Parliament (MSPs) are in touch with Scottish Citizens. Figure 20 and Table A3 indicate that the panellists expressed higher political interest and efficacy in the post deliberation survey. However, the only statistically significant difference is that for external efficacy, which increased by approximately 26% (from 4.2 to 5.3). This difference is statically significant at the 5% level.

Figure 20. Comparing participants' political interest and efficacy, pre and post deliberation



The surveys also measured the participants' attitudes to deliberation – their so-called deliberative stances. These are broadly about the willingness to express and explain one's own opinions, carefully listen to understand other people's opinions, and being open to revising or changing one's initial standpoints. These attitudes towards deliberation were measured on a scale from 1 (Not at all) to 5 (Extremely). Figure 21 and Table A4 indicate that the participants' expressed a higher appreciation of participating in political discussions in the post deliberation survey. They expressed a greater comfort to voice their political opinions, and an increased willingness of imagining themselves in other people's position as well as to listen to people who challenge their own view. Further, and a bit surprisingly, the discomfort of being challenged during a conversation increased, and the openness to change or revise opinions decreased. However, it should be noted that the only statistically significant change is the increase in how much they liked participating in political discussions and debates. It increased by about 14% (from 3.3 to 3.7) and is significant at the 10% level.

Figure 21. Comparing participants' deliberative stances, pre and post deliberation



The post deliberation survey contained questions about participants' willingness to participate in similar activities in the future, as well as their views on the desirability of processes like the Citizens' Panels. Figure 22 indicates that all but three respondents stated that they would participate in similar activities in the future. Further, as can be seen in Figure 23, all panellists agreed to some extent that the Scottish Parliament should run more processes like the Citizens' Panels on primary care.

The panellists were invited to participate in the inquiry after the Citizens' Panels by attending a meeting of the H&S Committee; of the 35 panellists, 7 attended the meeting on 19 November 2019. The attendance and participation of panellists at the meeting demonstrates that interest in the issues endured after the Citizens' Panels. It also supports the findings of the survey shown in Figures 22 and 23, which indicated some panellists intend to participate in the future.

Figure 22. Participants' intentions of future participation

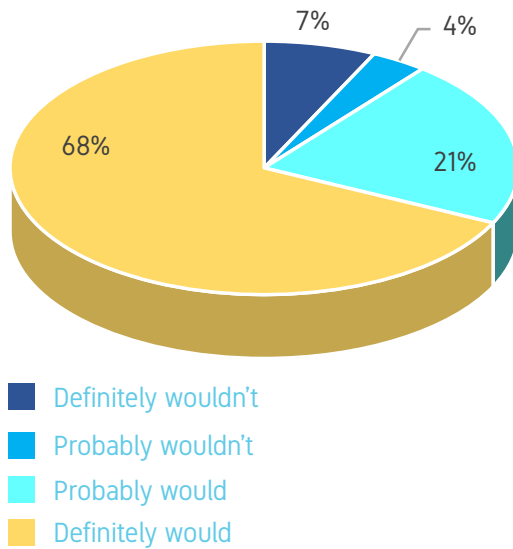
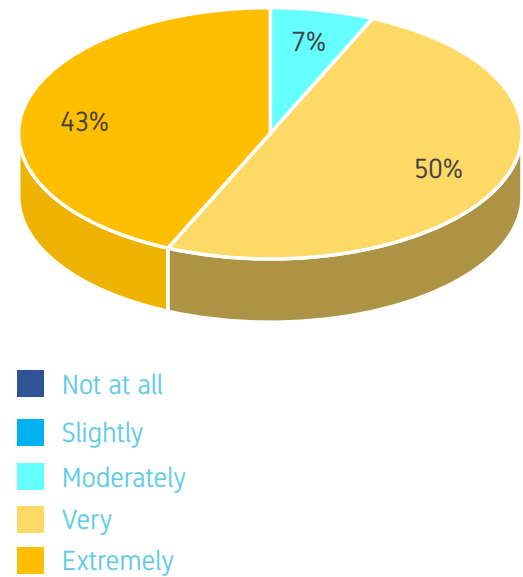


Figure 23. Agreement that there should be more mini-publics



Although panellists attending a Committee meeting does demonstrate that participating in Citizens' Panels encouraged further political engagement, the effect was variable. Of the 7 panellists that attended the committee meeting only 1 was female. Interviewee 7 reflected on barriers to participation of specific groups, specifically women in this case: "it asks some questions about how do you enable everyone to take part?" Additionally, Interviewee 8 considered that all the panellists that attended the committee meeting "were slightly ... less sure of themselves" and may have "felt a little bit more inhibited because of the surroundings." Therefore, Interviewee 8 suggested that the panellists should have been better "supported" and prepared "so that they can get past the austerity and the ceremony of the official setting."

The parliamentary members and staff recognised that one of the main strengths of the Citizens' Panels was that they engaged participants from a range of places, improving the committee's public engagement profile. Interviewee 4 noted that "it [the Citizens' Panels] shows people that parliament's going outwards and it's a great thing for outreach and for engagement for us to be seen to be leaving this bubble of the parliament and going actually into communities" (Interviewee 4). This was important to the parliamentary staff because public engagement is "a huge part of the parliament's ethos", so "if you're serious about engaging the public, you have to be outward" and "get out there and talk to people" (Interviewee 4).

Some of the panellists confirmed that the opportunity to participate had a positive effect on their views of political participation. During the committee meeting panellists expressed their appreciation for the opportunity to participate in the Citizens' Panels. Panellist 3 said "thank you for the opportunity to take part in the panel; it was a fantastically empowering experience." Panellist 2 agreed, stating that "it has been a privilege for me to participate in the panel ... I have really enjoyed it and am proud to have been part of it." This positive effect on political engagement was noted by the committee members and staff who considered that the panellists "became enthusiastic" throughout the process (Interviewee 7).

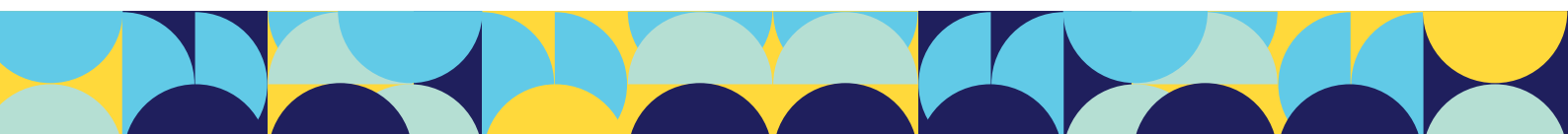
For some panellists, the positive effects on their views on political engagement were enhanced by the opportunity to continue their participation in the inquiry after the Citizens' Panels by attending the committee meeting. Panellist 4 stated that "it has been a privilege to be here" [at the committee meeting] and Panellist 5 agreed stating that they were "grateful ... to have this opportunity to speak to the committee." The panellists' appreciation of attending a committee meeting was recognised by the members. Interviewee 7 stated "those I spoke to afterwards ... were very pleased that they'd been able to do that [attend]" and that the panellists took "an active part in the meeting" (Interviewee 7).

Attendance at the committee meeting provided an opportunity for the panellists to observe how the recommendations from the Citizens' Panels were influencing the inquiry. When discussing systems planning, panellist 3 noted "that was a key theme that came from our panel." Panellist 2 agreed and indicated that participation in the Citizens' Panels and attendance at the committee meeting encouraged them to feel valued, stating: "that some of the things we have discussed have been brought to the table for possible implementation makes me feel very good about the whole process." The committee members and staff also recognised the value of being "able to explain to them or demonstrate to them what we'd done with what they'd given to us" (Interviewee 7). Attending the committee meeting also gave the panellists the chance to make further contributions, which the committee members appreciated: "there were some new ideas that came out of that meeting, which was surprising, which I didn't expect necessarily, which was good" (Interviewee 7).

Overall, the panellists appreciated that the Citizens' Panels gave them the opportunity to "take part in the work of the Parliament" (Panellist 6) and observe the "hard work being done by people in this building" (Panellist 1). This influenced the panellists' view of parliamentary processes. They became more satisfied with Parliament's work: Panellist 6 reflected that it was "satisfying to know so many people work so hard to improve our health service." Participation also influenced how represented the panellists felt: Panellist 3 stated that "being involved has made me feel as if the Scottish Parliament is a parliament for me." This indicates that the Citizens' Panels did contribute to improving the panellists' view of Parliament.

Conclusion

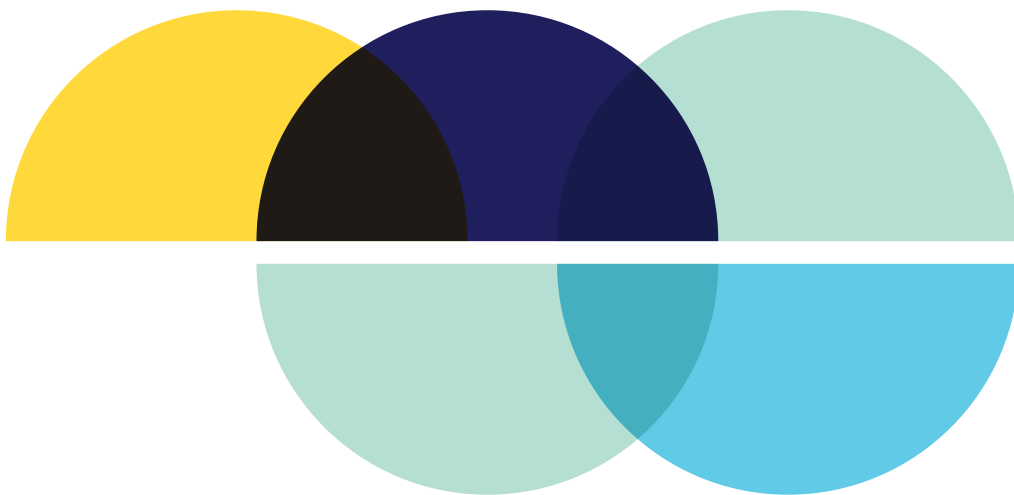
A comparison of answers to multiple-choice questions between the pre and post deliberation surveys demonstrates an increase in knowledge of primary care. This finding is supported by participants' self-reported knowledge-gain. There were also some changes in opinion on primary care between the pre and post panel surveys. Lack of funding, and the demographic shift toward an older population, were more frequently mentioned



as problems facing primary care delivery in Scotland at the end of the Panels. However, it also seems that the participants got more optimistic about primary care delivery at the end of the Panel process. They agreed to a lesser extent that Scottish primary care will face severe funding problems in the future, and that primary care teams are struggling to provide appropriate level of care for those who need it. Further, they agreed to a higher extent that the primary care teams work well together to give people coordinated care.

Comparisons of the pre and post deliberation surveys also show an increase in participants' external efficacy, i.e. how much the participants believe politicians care about what people like them think. There are no statistically significant differences in political interest and confidence in one's own ability to participate in politics. However, when it comes to attitudes to participation in political discussions, there is a statistically significant increase in how much the respondents like participating in political discussions and debates. Most respondents stated that they would participate in similar activities in the future, and all panellists agreed to some extent that the Scottish Parliament should run more processes like the Citizens' Panels in the future.

The positive effects of participating in the Citizens' Panels were enhanced by the panellists that attended the H&S Committee's meeting in November 2019. Their attendance supports the assertion that the Citizens' Panels encouraged enduring political engagement. The opportunity for the panellists to attend and observe the recommendations from the Citizens' Panels being considered in the inquiry made them feel valued. It also generated new contributions from the panellists for the inquiry.



7. The Impact on Parliament

Mini-publics should be organised for a purpose. They should be used to inform public debate or opinion, and policy, as well as committee inquiries (in the case of the Citizens' Panels on primary care, the H&S committee) and committees' ability to scrutinise government. Therefore, in this section of the report, we evaluate the impact of the Citizens' Panels on the H&S Committee and their views of the strengths and weaknesses of the process, through semi-structured interviews with parliamentary members and staff, supplemented with views of the external expert witness.

Strengths of the Citizens' Panels

Generally, members and staff of the H&S Committee were satisfied with the Citizens' Panels. Interviewee 7 stated: "the committee as a whole were all happy with the approach and the process" and "by the end of the process, I thought yes, that was well worth doing and was a very good model." Interviewee 8 agreed, stating that "it was really, really useful."

The Citizens' Panels were organised and run by in-house staff (from CEU, SPICe and outreach), rather than being outsourced. Interviewee 3 stated that "it worked so well" and Interviewee 4 considered that "the CEU did a really good job" and that "the facilitators were brilliant." In addition, they appreciated that another "unit [was] there to support, prepare, deliver, organise, and take a huge burden off me." Interviewee 3 praised the "collaborative working between the committee, the CEU and outreach", which they considered "was invaluable really."

One of the key novelties of the Citizens' Panels was the attendance and participation of MSPs on the second Saturday of each Panel. The committee staff considered that the attendance and participation of the MSPs in the Citizens' Panels had several positive effects on the committee's inquiry and the participants. The Citizens' Panels were designed in "a format so that they [the MSPs] would see what the outcome was and could speak to the public" (Interviewee 1). Interviewee 3 stated that: "it was great that MSPs were there for the second day just to really be aware of what people are looking for and wanting and it really helped everyone talk to each other about it." This design encouraged "buy-in from members to what was going on with the panels. They became a part of the process, although not integral in it" (Interviewee 1). There was evidence that the inclusion of the MSPs did facilitate their 'buy-in.' Interviewee 3 stated that the MSPs "really just took on board talking to members of the public"; "there's definitely a couple of MSPs that have actually brought up ... what was said during those sessions ... in our formal committee meetings. So, they've very much taken that on board." Interviewee 1 agreed, stating that "members endorsed the approach."

The parliamentary members and staff agreed that the MSPs' attendance and participation in the Citizens' Panels was positive. The MSPs received a better understanding of the public's perspectives: "it gives them an opportunity to ... calibrate what they might think of how much people know about primary care; how much people care; how engaged they are" (Interviewee 2). It had encouraged MSPs to "work collaboratively



for the best outcome” (Interviewee 5). Interviewee 2 agreed, stating that “they are not often put in the position where they can be a participant along with a group of their not necessarily constituents.” Interviewee 8 valued the opportunity to hear about members of the public’s “lived experience”, reflecting that MSPs “seldom hear from people who are just living their normal lives and are affected by these things.” Similarly, Interviewee 8 considered that “people telling us their stories ... that’s key, it’s vital”. Additionally, Interviewee 7 noted that it was “very important ... [for them to see] the process working” and “to meet the people at the panel, to understand the diversity of views within the room.” The MSPs worked well with the panelists; they “started off on a pedestal and became part of the group” (Interviewee 1). Attending the Panels further gave MSPs an appreciation of the outcomes, stating that “what looked like complete chaos to me on the second day...turned out productive results.” Interviewee 3 agreed that attending the Panels allowed MSPs to appreciate the work achieved by the participants, commenting that “it was great to see everyone turning up and being really ready to engage and go with the exercises and listen to the presentations and yes, and so, it felt really positive after, I think it did work really well.”

The committee members and staff also recognised that their attendance contributed positively to the Citizens’ Panel. Interviewee 1 emphasised that they “helped out”, by “translating the stuff ... into normal speak”, being present to “answer quite a lot of questions”, and in “some of the group sessions ... interpreting what was happening.” Interviewee 4 agreed, considering their attendance benefitted the participants, reflecting that the participants “were just so happy that they could talk to you and they could engage with you and you weren’t, like, scary politicians that they didn’t know ... it, sort of, broke down a lot of barriers.” Interviewee 5 gave an example of one of the Parliamentary staff intervening to address some of the participants’ questions that had been previously ‘parked.’ Recognising that the participants may feel: “some dissatisfaction with that ... you have a question, it doesn’t get answered”, in response the staff member “did go through them and try and answer them.”

It was further thought that having the Citizens’ Panels and having the MSPs participate in them could change the image of parliament. For example, it could raise “awareness to people about the work of the Parliament” and show the public that “we’re out there, we’re doing stuff, and we’re actually engaging directly” (Interviewee 3), “so people felt a bit more of being listened to” (Interviewee 4). It encouraged MSPs to get “out of the Holyrood bubble ... to people ... who will be affected by the decisions” (Interviewee 8).

Limitations of the Citizens’ Panel

The committee members and staff noted some limitations of the Citizens’ Panels, particularly with respect to the financial and time resources involved. Interviewee 1 linked the high costs and time requirements: “it does come with a time commitment ... There’s a cost in terms of committee staff time, and there’s the outlays”; “Saturdays out of people’s working lives being paid overtime, travel time, opportunity costs disappearing because we could have been doing other things rather than preparing it.” The committee members and staff agreed that the Citizens’ Panels were “very time-consuming” (Interviewee 1). They emphasised that “it needs a lot of planning in advance. It can’t be rushed. It has to all be worked out months in advance ... to get the people, to get the invites out, to get everything ... the logics of it all” (Interviewee 4). Interviewee 3 noted that the planning time



was key to the Citizens' Panels' success: "it was crucial that the planning ... started as far back as possible to get everything in place because I don't think you could do something like that successfully if it was rushed." Interviewee 7 noted that the need for participants "to attend all the way through" could limit their recruitment and retention. Citizens' Panels also represented an additional commitment for the committee members that "wasn't hugely convenient" (Interviewee 8).

The committee members and staff saw some limitations in relation to the resulting Citizens' Panels' recommendations. For example, the committee could not predict the value and content of the recommendations: "you go into this not knowing what the value of what you get out will be. Will it be useful? Will it be deliverable?" (Interviewee 1). There was also concerns about managing the expectations the participants had about the influence of their recommendations. Interviewee 4 commented that "if you've given people that opportunity to come out with their case and give you their views, you have to actually do something with it", and Interviewee 1 wondered "are we going to leave them satisfied that they've actually influenced what happens and then felt involved." They also considered that the subjectivity of the participants and potential for them to be influenced by the provided information, because "the information being fed in ... the questions have to be framed", limits their use (Interviewee 7). Consequentially, Interviewee 7 considered that Citizens' Panels come with "qualifications." Additionally, Interviewee 1 worried about the response of stakeholders to the outcomes, commenting that "GPs are probably going to hate it."

Recognising the practical limitations of using Citizens' Panels, committee members and staff acknowledged that they "wouldn't be appropriate for every topic" because the "kind of engagement you have should be proportionate to the kind of inquiry you're doing" (Interviewee 7). It was therefore considered that Citizens' Panels should be used "on an exceptional basis" (Interviewee 8).

Influence of the Citizens' Panel on the Committee

To satisfy the concerns of the members and become useful and deployable, the outcomes of mini-publics must strike the right balance between influencing the committees enough to be valuable, while not undermining their work. As mentioned previously in the report, the influence of the Citizens' Panels over the committee was enhanced by MSPs' attendance, as well as the panellists attending a committee hearing.

The degree of influence the Citizens' Panels will have on the H&S committee inquiry remains to be seen as their future of primary care inquiry report is still to be published. However, the committee members and staff indicated that the views and ideas from the Citizens' Panels will be "all taken forward" and included in the committee's report (Interviewee 4). The Interviewees considered that the Citizens' Panels raised a sense of responsibility to take forward the evidence provided to the inquiry. Interviewee 4 stated that "we have got a lot of responsibility as a committee to make sure that their views are taken forwards and used in the correct way." Interviewee 8 noted that the use of the panellists' recommendations "needs to mean something", otherwise the panellists "won't feel that their time has been effectively used."



The Interviewees indicated that the influence of the Citizens' Panels reached beyond the committee report. Committee members and staff reflected that the Citizens' Panels added "depth to the inquiry ... because it has that authenticity" associated with the "voice of normal people" (Interviewee 8). Interviewee 1 considered that the Panels had "changed the conversation [between the committee members] to the extent that they won't just blindly accept what the professionals tell them." It was thought that this change in conversation bought by the Citizens' Panels would change broader public deliberation around the primary care issue: "we'll have changed the conversation in terms of the health boards, and the GPs and the others, and how they engage with the public" (Interviewee 1).

The committee members and staff also acknowledged the potential for the Citizens' Panels to enhance government scrutiny and to influence policy change. Interviewee 4 considered that "if the government can see all the things that come back from public panels, maybe they'll take notice and make changes because it's the people out there that are the voters." Interviewee 7 considered that the Citizens' Panels "gave the committee an extra means and extra leverage in obtaining information and commitments from government."

Conclusion

The parliamentary members and staff were overall in favour of the Citizens' Panels and considered that they "should be done more often" (Interviewee 3) in the right circumstances as there was some concern about the time and cost. The inclusion of the MSPs in the Panels was considered a positive for the MSPs and the panellists. Being able to observe the process enhanced the influence of the Citizens' Panels on the committee. The Citizens' Panels got the H&S committee out into the community and raised the profile of the committee's public engagement. Perhaps most importantly, they thought that the results of the Citizens' Panels were changing the nature of the conversation between the committee members and therefore influencing the results of the inquiry.



8. Lessons and Recommendations

Overall, we conclude that the Scottish Parliament's pilot of running an in-house mini-public for the H&S Committee was successful in enabling the public to participate in executive scrutiny. Although the Citizens' Panels were not designed to fulfil all of the criteria of mini-publics, the features of the process met the core procedural requirements of a mini-public. A diverse sample of citizens was successfully assembled. Balanced and pertinent information was provided to the participants. The participants' discussions were well facilitated, ensuring key deliberative norms were adhered to. Through participating in the Citizens' Panels, the participants became more informed about the issue of primary care and they changed some of their opinions about it. The panellists had more trust in Parliament following their participation. Moreover, they thought Parliament should organise more mini-publics. The committee members and staff agree and appreciated the fact that the Citizens' Panels gave them access to informed public opinion from members of the public that they rarely hear from. They were positive about the MSPs attendance and participation and this enhanced the influence of the Panels over the committee. They considered that the Citizens' Panels have the potential to increase the committee's influence over government policy.

Some concerns were raised about the costs of the Citizens' Panels, the way recommendations were agreed, the complexity of the information provided, and the extent the MSPs were able to unduly influence the process. As a result, this section of the report outlines the key lessons that can be learnt from the pilot and makes recommendations for how these can be addressed going forward.

Here we highlight the following key take home lessons and recommendations:

- **Recruitment strategy:** there was a relatively low response rate to the invitations to express interest, which affects how representative the Citizens' Panels can be and consequently their value for money. To mitigate the risks associated with low response rates, a creative recruitment strategy should be implemented that optimises the prestige of participating in Parliamentary process. We recommend:
 - >> **The opportunity to meet MSPs, formal parliamentary invitations, and hosting the mini-public at Holyrood.**
- **Evidence and information provision:** the participants felt, and showed, that they had obtained knowledge from the evidence provided. The content and presentation of the expert evidence was tweaked during the process in response to feedback, demonstrating a flexible approach to evidence provision is required so that evidence can be adapted in response to participants' needs. The challenge of balancing enough information to guide the process without setting the agenda was recognised. Usually, mini-publics employ a range of expert witnesses to deliver evidence that is prepared in a way that highlights contesting or alternative views. Having one expert witness giving evidence did limit the range of views provided. However, it is recognised that the scope and aims of the primary care inquiry enabled challenges associated with balance and impartiality to be met by the provision of neutral background information by SPICe. We therefore recommend:



>> SPICe provide background information and evidence, but this is supplemented by a range of external witnesses to ensure a range of views are covered on more contested topics.

- **MSPs and Participant Interaction:** the effects of attendance and participation of MSPs in the Citizens' Panels were mixed. There was evidence that the participants valued the opportunity to meet and interact with the MSPs, and that this opportunity was helpful in the recruitment of participants. The fact that the MSPs attended the Panels also gave them a valuable perspective on the process and the recommendations, extending the potential influence of the Citizens' Panels on the inquiry. However, the presence of the MSPs did pose a risk to the impartiality of the process. The panellists valued attending the committee evidence session and seeing the MSPs discuss their recommendations. This also enhanced the impact of the Panels on the committee. Therefore, we recommend:
 - >> Committee members attend parliamentary mini-publics as observers, but do not participate.
 - >> Mini-public participants should be invited to attend a committee evidence session to discuss their recommendations further.
- **Facilitation:** as highlighted throughout the report the quality of the facilitation was very good. However, there were a few key instances where the facilitators could have intervened more to manage dominant voices. Moreover, a significant number of the panellists did not agree with the final recommendations. Discussions should be facilitated, and the process designed to ensure unpopular recommendations are filtered out. Therefore, we recommend:
 - >> Further facilitation training and practice for parliamentary staff.
- **Resources:** in response to the concerns in Parliament about the costs of the process it is clear that more investment in public engagement is needed if there are to be more mini-publics, and if the Scottish Parliament is to meet the recommendation of Commission on Parliamentary Reform (2017: 64). We recommend:
 - >> A discrete budget (ideally including staff costs) to be allocated for committee mini-publics administered by the Mini-Public Review Group (Elstub et al. 2019).



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Appendix A / Data tables

Table A1. Mean correct answers to knowledge questions, before and after the Citizens' Panel

		Pre (1)		Post (2)	T-test
	N	Mean/SE	N	Mean/SE	(1)-(2)
1. What percentage of the current Scottish Health and Sport budget is spent on Community Care	34	0.176	33	0.303	-0.127
		[0.066]		[0.081]	
2. Since Scottish devolution in 1999 health care spending, in real terms, has approximately...?	34	0.088	33	0.061	0.028
		[0.049]		[0.042]	
3. Which group of staff make up the largest in the Scottish Primary Care workforce?	34	0.265	33	0.455	-0.190
		[0.077]		[0.088]	
Average score	34	0.176	33	0.273	-0.096
		[0.043]		[0.042]	

Note: The value displayed for t-tests are the differences in the means across the groups.
 ***, **, and * indicate significance at the 1, 5, and 10 percent critical level



Table A2. Comparing participants' opinions about primary care, before and after the Citizens' Panel

		Pre (1)		Post (2)	T-test
	N	Mean/SE	N	Mean/SE	(1)-(2)
Overall how satisfied are you with the running of primary care services in your area?	33	2.939	34	3.059	-0.119
		[0.123]		[0.126]	
People are treated with dignity and respect when they use primary care services	31	3.968	34	3.912	0.056
		[0.135]		[0.129]	
Scottish Primary Care will face severe funding problems in the future	32	4.156	34	3.294	0.862***
		[0.128]		[0.172]	
The Primary Care teams work well together to give people coordinated care	32	3.344	33	3.879	-0.535***
		[0.139]		[0.136]	
Primary Care teams are struggling to provide appropriate level of care for those who need it	33	3.939	34	2.676	1.263***
		[0.144]		[0.183]	
There should be more of a focus on ensuring that people get back into their home/community as soon as appropriate after hospital treatment	34	4.294	34	4.647	-0.353**
		[0.149]		[0.083]	
The government should focus more on preventing people from getting ill	34	4.088	34	4.412	-0.324
		[0.200]		[0.104]	

Note: The value displayed for t-tests are the differences in the means across the groups.
 ***, **, and * indicate significance at the 1, 5, and 10 percent critical level



Table A3. Comparing participants' political interest and efficacy, before and after the Citizens' Panel

		Pre (1)		Post (2)	T-test
	N	Mean/SE	N	Mean/SE	(1)-(2)
Political interest	33	3.212	34	3.265	-0.053
		[0.113]		[0.129]	
Internal efficacy	31	5.968	34	6.412	-0.444
		[0.416]		[0.394]	
External efficacy	34	4.206	34	5.294	-1.088**
		[0.384]		[0.355]	
MSPs are in touch with citizens	32	5.344	33	5.394	-0.050
		[0.319]		[0.317]	

Note: The value displayed for t-tests are the differences in the means across the groups.

***, **, and * indicate significance at the 1, 5, and 10 percent critical level



Table A4. Comparing participants' deliberative stances, before and after the Citizens' Panel

		Pre (1)		Post (2)	T-test
	N	Mean/SE	N	Mean/SE	(1)-(2)
How much do you like participating in political discussions and debates?	34	3.265	32	3.719	-0.454*
		[0.181]		[0.144]	
How comfortable do you feel when voicing your political opinion?	32	3.250	32	3.438	-0.188
		[0.191]		[0.179]	
How interested are you in hearing the opinions of other people?	34	4.000	33	3.970	0.030
		[0.134]		[0.127]	
How willing are you to imagine yourself in other people's position before judging them?	33	3.848	32	4.094	-0.245
		[0.152]		[0.122]	
How willing are you to read things or listen to people who challenge your own opinions?	34	3.882	32	4.094	-0.211
		[0.118]		[0.130]	
How unsettled do you feel when someone challenges your view during a conversation?	34	2.265	33	2.636	-0.372
		[0.148]		[0.173]	
How open are you to changing or revising aspects of your own political beliefs?	34	3.500	32	3.406	0.094
		[0.165]		[0.155]	

Note: The value displayed for t-tests are the differences in the means across the groups.

***, **, and * indicate significance at the 1, 5, and 10 percent critical level



