

Framework for Answer

Tips

- Speak with purpose and passion
- Expect the unexpected
- Bullet point notes
- Prepare to cover all the tasks

Essentials

- Who are you
- Who is audience
- What is the purpose of the meeting
- What is ph issue in general- state the problem clearly
- What is ph message
- What does information/ graph/report show
- Why is it important
- What should be done e.g. action plan, clarification, future meetings, way forward etc. very specific

Points to remember

- Back ground knowledge
- Don't give too much detail- distil the 'gold from the ore'
- Be honest and helpful
- Give chance for role player to ask questions- shared understanding

Introduction

- Media- *Thank you for inviting me, Thank you for the opportunity*
- CEO, Commissioner, GP, - *Thank you for your time*
- Patient, lay person- *how can I help?*

Summary

- To reflect / summarize our discussion - *I would like to emphasize.....3 points*
- Simple ph message
- Follow up specific action
- Contact info/ place to get more info/ setting up hotline

Middle bit

- Media- Who, what, when, where, why does it matter, how-are you dealing with it
Regret, reason, response
Prepare 'sound-bite' or quote always include positive PH message
- CEO/ commissioner- quality, performance, resources, finance, targets, Healthcare commission, NSFs
- GP- Time, decrease workload, QOF (Quality and outcomes framework)
- LA- partnership, working together, pool resources, what's in it for them, reduce

inequalities

- Lay person- empathy, take concerns seriously, empower
- Presentation- Signpost
- Discussion- Ask questions- *what are your thoughts? any suggestions?*
- Conflict- Take concerns seriously, find 'win-win' situation, use this as an opportunity, work with community or person involved in the conflict, ask about their suggestions, thoughts, get more information and discuss again

Screening

- The condition- importance, history etc
- The test- sensitivity, specificity, acceptability etc
- The treatment- definitive
- The programme- RCT evidence, balance benefit vs harm

Health Promotion

- Primary, secondary, tertiary prevention
- Ottawa charter- public policy, environment, community, individuals, health services

Strategy

- where are we- Needs Assessment
- where do we want to be- Multiagency Stakeholder meeting- set SMART objectives
- how do we get there- evidence based interventions
- how do we know we are getting there- evaluation, benchmarking

Data

- True/ Artefact-coding or reporting error, introduction of screening programme, change in practice, denominator
- Chance- small numbers- look for significant difference (confidence intervals), trends
- Confounding- Age, case-mix, deprivation, ethnicity etc- Standardise, adjust
- Bias- data collection, randomisation, intention to treat etc

NICE/ Prioritisation

- Does it work?- effectiveness
- Is it safe?- balance benefits vs harm
- Is it better than what we have?
- Affordability- value for money, greatest good for greatest number, often very difficult to decide

Quality of Care

- Audit- National guidelines, best practice

- Evaluation- Structure, process, outcome
 - Access, acceptability, relevance, effectiveness, efficiency, equity

Health Protection

- outbreak or cluster
- major disaster or emergency
- Confirm/ gather information
- control measures
- communicate
- monitoring and surveillance
- work with others
- identify- source, pathway, receptor

Health Equity Audit

Process to measure how **fairly** resources are distributed with respect to need and to make recommendations to reduce inequalities in health. More resources for greater need.

- Decide outcomes
- Measure resource use vs outcomes
- Recommendations
- Reaudit

Health Impact Assessment

Process to look at the possible health effects of any activity and make recommendations to increase the beneficial effects, minimise harm and reduce inequalities

- Screening
- Scoping
- Appraisal
- Engagement with stakeholders
- Recommendations
- Monitoring and evaluation

Health Needs Assessment

- Epidemiology- incidence, prevalence
- Current services
- Gaps in service provision
- Evidence of effective interventions
- Compare
- Stakeholder view

Prioritising an in-tray

Divide the tasks into 4 categories

- UI- Urgent and important- do
- UN- Urgent, not important- delegate

- IN- Important, not urgent- slot a time to do
- NN- not urgent and not important- ?dump

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