**NICE Listens: Public dialogue on environmental sustainability**

Methodology annex

February 2023

#  Overview

This document presents all the materials used during the NICE Listens dialogue on environmental sustainability. This includes:

* **topic guides** and **stimulus** used during the workshops
* details on **pre-tasks** participants completed outside of the workshops
* hyperlinks to any **online and additional material** presented to participants during the dialogue.

The dialogue was run from 5th October 2021 until 16th November 2022. This involved 3 individual workshops taking place 3 weeks apart, supported by asynchronous, online engagement tasks between workshops. The dialogue was supported by [Incling](http://www.incling.com), an online community platform designed for running research projects. Basis Social used Incling to manage engagement with participants and enable tasks asynchronous to workshops. Figure 1 provides a visual overview of the process.

The dialogue was designed to be iterative and exploratory. Each workshop was designed to be responsive to the discussion in the previous workshops, the online discussion board, and responses to the online tasks. The ‘shape’ of the public dialogue aimed to focus initial engagement on introducing participants to the topic (discovery stage), then to allow time and space for further learning and deeper debate (deliberation stage) and, finally, consensus-building towards the end of the dialogue (decision-making stage).



**Figure 1: Methodology overview**

# Preparation stage

## Overview

During the preparation stage, Basis Social conducted 6 online interviews with 10 experts working at the intersection of health, healthcare and environmental sustainability. Interviewees were identified in consultation with NICE, with the aim of capturing a breadth of perspectives regarding the challenges and opportunities associated with making healthcare more environmentally sustainable. The interviews were used to help inform the design of the project and clips of recordings from the interviews were used to introduce the topic to participants during the first workshop. The interviews were also used to identify relevant literature to inform the background section of the main report.

## Topic guide

1. How does the health and social care system contribute to climate change? Which activities or parts of the system have the largest carbon footprint?
2. How do you feel the issue of sustainability within health and social care can be made most real or understandable for members of the public? Can you give me any examples?
3. [For NHS respondents only] What is the NHS’s ambition around net zero, and why is this important?
4. What are the main benefits of fostering greater environmental sustainability in the health and social care system?
5. What/where are some of the main opportunities for reducing carbon emissions within health and social care? For example:
	1. anaesthetic gases and metered dose inhalers
	2. manufacture of medicines and chemicals
	3. manufacture of medical equipment
	4. buildings and premises
	5. transport
	6. preventative care.
6. Thinking about the opportunities and enablers of carbon reduction within the health and social care sector, what role does NICE have in supporting organisations in delivering against these opportunities?
7. Do you consider there will be a need for short or longer-term trade-offs between environmental sustainability and other aspects of the health and social care system (for example, performance, experience, choice and cost)? If so, what are these and how might we best explore these with members of the public?

# Discovery stage

## Overview

The aim of the discovery stage was to introduce participants to the purpose and remit of the public dialogue, to introduce NICE and its role in the health and social care system, and to begin exploring participants’ levels of awareness, concern and priorities regarding environmental sustainability and the health and social care system.

## Pre-task

Before the first workshop, participants were asked to record 2 videos and draw, find or take 3 pictures and post them on Incling. The purpose was to understand participants’ views on what an ideal health and social care system looks like to them, their views regarding climate change, and what effects they believe climate change is currently having, both in the UK and internationally.

The instructions to participants are below:

1. **Describing your ideal health and social care system:** Make a short video or audio clip (no longer than 60 seconds) in or around your home, in which you provide 3 words or phrases that describe your ideal health and social care system. Let us know what words or phrases you have chosen, and why. If you need some help, try imagining a perfect health and social care system here in the UK. What 3 words or phrases would you use to describe it, and why?
2. **Effects of climate change in the UK:** Please draw, find or take 3 pictures that illustrate how climate change is affecting people in the UK, with a specific focus on health (this could be both positive and negative). Here we want you to think of other people who could be in your community or other communities in the UK. For each photo, image or drawing, please briefly explain what you have taken a picture of and why.
3. **Views toward climate change:** Make a short video or audio clip (no longer than 60 seconds) in or around your home, detailing your thoughts and feelings toward climate change. Is it something that concerns you? Is it something that affects you? Is it having any impact on your health and wellbeing?

## Stimulus

Five pieces of stimulus were used in workshop 1. These are described below. As some pieces of stimulus included videos of participants and experts, not all of them are available in the public domain, as their consent to do so was not provided.

**Stimulus #1:** An animated video introducing participants to NICE.

**Stimulus #2:** A talking heads video featuring a selection of participants’ responses to pre-task exercise 3 (views towards climate change).

**Stimulus #3:** A talking heads videos featuring the perspectives of expert interviewees who took part in the preparation stage.

**Stimulus #4:** An interactive PowerPoint quiz about healthcare’s contribution to climate change.

**Stimulus #5:** A talking heads video featuring a selection of participants’ responses to pre-task exercise 1 (describe your ideal health and social care system).

## Topic guide

|  |  |
| --- | --- |
| **Timings** | **Content** |
| 6.00 to 6.10pm | **WELCOME***Purpose: to introduce format and purpose of the public dialogue* *Moderator to introduce themselves and the dialogue:* ‘Hi everyone. I’m [NAME] from Basis and will be helping to manage discussions we’ll be having as part of this public dialogue. You are here alongside around 25 other members of the public. We’ve specifically brought you together to help us to represent a range of different communities across England.The focus of this dialogue is on understanding your perspectives on climate change and environmental sustainability, and specifically how you think sustainability should be accounted for within our healthcare system. We are running this dialogue on behalf of the National Institute for Health and Care Excellence or NICE. We will tell you more about NICE as we go through this process but its role is to improve the health outcomes for people using the NHS and other public healthcare services.They are keen to hear from you to help them understand how members of the public think and feel in respect of decisions that are taken around reducing the environmental impact of healthcare. Your contributions will form 1 of several sources of evidence that will help NICE decide how to consider environmental sustainability in its guidance. It is important to provide very clear reassurance upfront: at no point in this dialogue are we suggesting that the reduction of environmental impacts will override NICE’s core remit of improving patient health. Patient health will always come first. Instead, what is on the table is the question of whether, in what cases, and how NICE should take environmental considerations into account when developing guidance and recommendations that will improve patient health. Rest assured we don’t expect you to come into this dialogue with any prior knowledge. You have shown already that you have a view on what good healthcare means to you, on the one hand, and a view on climate change and the effects it is having here in the UK, on the other. What we are here to understand is how those 2 things intersect. As we move through this process you will be introduced to different information and viewpoints and we will help you to have more detailed conversations about the opportunities that exist for increasing the sustainability of healthcare services. So, what do we need from you? We would like you to take part in the discussions we will have by giving your perspective and by listening and responding to the perspectives of other people. The key ground rule in this process is to be respectful of other people’s views. We have brought together a very diverse group of people and it is likely that people will have different views. We want to hear and understand this diversity of views. We also know that health, the environment and climate change may be sensitive topics for some people so please don’t hesitate to take a time out if you need it.My job today is to help us to have a good conversation and this will cover off various different topics. As we move through the conversation you might feel you haven’t had the opportunity to say as much as you have wanted. I would encourage you to use the chat function if you want to, and also the Incling community has an open forum for you to raise additional thoughts.So a big welcome to everyone. Let’s get started.  |
| 6.10 to 6.20pm | **PLENARY SESSION: INTRODUCING NICE** *Purpose: To introduce participants to NICE, its role within the healthcare system, and its existing commitment to and strategy for helping the healthcare system achieve net zero.* To kick-off the dialogue properly, we’re going to spend the next 10 to 15 minutes staying as a big group, during which we’ll play a short video and also introduce you to the CEO of NICE, Dr Sam Roberts, who has joined us today to help give you all a sense of what it is that NICE does. We’ll also give you an opportunity to ask her any questions, should you have any. After that, we’ll break out into some smaller groups where we can have some more detailed discussions. *Moderator to show stimulus set #1 (3-minute introductory video on what NICE, what NICE does, the purpose of NICE Listens and the purpose of this dialogue).* ***Be explicit that this video was created by Basis Social for the purposes of the research, rather than by NICE.*** *Once video is complete, moderator to introduce Dr Sam Roberts (NICE CEO) and give her the floor to present her inputs.* *Moderator to open the floor to any questions participants may have following the video and introduction from the CEO.*OK, now we all know a bit more about NICE and what we’re trying to achieve here, let’s break out into some smaller groups where we can have some more manageable discussions.  |
| 6.20 to 6.50pm | **BREAKOUT GROUPS – SECTION 1: VIEWS ON CLIMATE CHANGE** *Purpose: To ensure participants get to know one another and feel comfortable engaging in the dialogue, and to understand:* * *awareness, beliefs and levels of concern about climate change*
* *awareness, beliefs and levels of concern about the links between climate change and health*
* *attributions of and attitudes towards responsibility for combatting climate change.*

Hi everyone. I’m XXX. We’ll spend the majority of this session and the forthcoming workshops in this little group so it would be great to spend a bit of time getting to know one another. *[If necessary.* We also have a member of NICE joining us today to observe the session and hear people’s honest opinions. XXX do you want to briefly say Hi?’ Explain that they are here to listen only and will have their camera and microphone off.]We do want you all to be as open and honest as you want throughout this discussion. As we get to know one another please feel free to share as much or as little personal information as you feel comfortable with. As we mentioned before, we are going to be talking about topics that can be very personal and sensitive, like health and the environment. Please say as much or as little about your own circumstances as you want. If you feel like you need to take a little break then please do so, and feel free to also message me in the chat if needed. *[Note to moderator: it is unlikely, but if people experience distress because of the nature of discussions please can you (i) encourage them to take a break and (ii) contact the moderator and they will follow up with each participant directly to signpost aftercare.]*Now, if we can briefly go around the virtual table and introduce ourselves that would be great. Perhaps if you can say your name and tell everyone in a few sentences a little bit about the neighborhood where you live and what you most like or dislike about it. I’ll start… XXX do you want to go next?To kick us off, I want to introduce you to what we call the blob tree. We use the blob tree as way of helping people communicate their feelings, which can sometimes be difficult to express just using words. To get a sense of how it works, lets focus on the blob guy at the top of the tree: * How does the group think he is feeling? Why – what about him makes you think that?
* Which blob represents how you feel about how your week is going so far, and why? I’ll go first… *[Note to moderator: go around each participant in turn, acknowledge each person’s response, and make sure everyone has a go.]*
* Now, which blob represents how you feel when I say the phrase ‘climate change’, and why?
* What words, images or examples come to mind when I say the phrase ‘climate change’?

 * What comes to mind when you think about the effects of climate change? Probe for:
	+ current impacts versus future impacts (including UK and global)
	+ groups, communities or people who are most affected (including groups who are most affected in the UK)
	+ health impacts specifically (for example, air pollution, increasing allergens and respiratory disease; extreme heat and cardiovascular failure; water quality; food insecurity).
* And when we talk about ‘combatting climate change’, what do you think that means? *Probe around:*
	+ types of actions associated with combatting climate change
	+ who is responsible for combatting climate change, and why
	+ what actions, if any, members of the group have taken personally (and why)
		- for example, food choices, travel, energy, shopping behaviours and services used
		- how these have made you feel *(refer to blob tree again if useful)*
	+ what actions, if any, members of the groups believe others responsible actors are/should be taking, and why.

Before we carry on the conversation, we thought it would be good for you to get a short introduction to some of the other participants taking part in the dialogue, so I’m going to play you some short clips taken from your pre-task videos where you talked about climate change.*Moderator to show stimulus set #2 (3 to 4 minute video clip of participant responses to pre-task questions on views and effects of climate change)** I’d like to get your reflections on what you heard from the pre-task videos. Was there anything that you found particularly interesting, or different to your own views and experiences? *Probe and draw out how people conceptualise climate change, and the effect on health.*
 |
| 6.50 to 6.55pm | **COMFORT BREAK** |
| 6.55 to 7.05pm7.05 to 7.20pm7.20 to 7.35pm7.35 to 7.55pm | **BREAKOUT GROUPS SECTION 2 – HOW HEALTHCARE CONTRIBUTES TO CLIMATE CHANGE / PRIORITIES FOR HEALTHCARE***Purpose:* * *to introduce participants to, and explore their perspectives on, the ways in which healthcare contributes to climate change*
* *to explore how important environmentally sustainable healthcare is to participants, relative to other priorities.*

As we heard in the plenary session, the focus of these workshops is to get your views on the relationship between climate change and healthcare. To get us thinking about this relationship, let’s start with a group discussion.* In what ways do you think healthcare services might impact the environment? Why?
* What treatments do you think might have an impact on the environment? Why?

I’m now going to show you a short video sharing some perspectives of medical professionals, researchers and experts in healthcare and the environment. Pay attention, as they’ll be a short quiz afterwards. Don’t worry though - you won’t be scored based on your responses. The purpose of the video and the quiz is really just to introduce you to some facts and figures about healthcare’s contribution to climate change. *Moderator to show stimulus set #3 (the challenge and opportunity – 2 to 3 minute video synthesizing responses from expert stakeholders).* * What are your thoughts around what you have just heard? Was there anything there that you found particularly surprising?

OK, we’re now going to do a very short quiz, which will provide some more information on the contributions of healthcare to climate change. *Moderator to show stimulus set #4 (quiz deck). Allow a short amount of time for discussion and encourage participants to try and explain their thinking as they go. Once the quiz is complete, ask the following:* * How do you feel having learned a bit more about how healthcare contributes to climate change? Why?
* What are your thoughts on what you have just heard?
* Given what we have learned, what are your reactions to the idea of the NHS trying to become net zero?
	+ Is this something you think is important? If so, why?
	+ Any reservations/concerns? Any specific aspects of the NHS you think should not allowed to be affected? Why?
	+ Of the hotspot areas of for carbon reduction you just learned about, where would you recommend the NHS focuses first? Why?

In addition to your position on net zero healthcare, we know from your pre-tasks that you all also have views on what the ideal healthcare system looks like to you. For the final part of our discussion today, I’m going to play a short clip containing a selection of your responses the pre-task. *Moderator to show stimulus set #5 (ideal healthcare system response video).* * Let’s start by getting your reflections on what you heard from the pre-task videos. Was there anything that you found particularly interesting, or different to your own views and experiences?
* As a group, what would you identify as the 5 most important priorities for the healthcare system in the UK? Why?
* How much of a priority do you think environmental sustainability should be for the healthcare system, relative to those other priorities?
* Of those other priorities, are there any that you think could align closely with the ambition to achieve a net zero healthcare system? Why?
* Are there any priorities that you think might come into conflict with net zero ambitions? Why?
* Does anyone have any red lines – priorities that should always come before considerations about environmental impacts? What are these and why?
 |
| 7.55 to 8pm  | **PLENARY AND NEXT STEPS**Thank you all for your time this this evening. It was wonderful to meet you all and hope you had a great session. The next workshop will be on 26th October, where we will start to talk in more detail about some of the decisions that could be taken to improve the sustainability of healthcare. Before then we will be setting you a few short tasks in the next few days so please do keep an eye on the Incling platform. You can also find all of the videos show today there for reference and we welcome you chatting with one another within the platform.**Thank and close** |

#  Deliberation stage

## Overview

The aim of the deliberation stage was to engage participants in debate about options, co-benefits and trade-offs associated with making healthcare more environmentally sustainable. Stimulating this debate would, in turn, provide opportunities to observe how participants made decisions regarding how to make healthcare more sustainable, including which other priorities mattered to them, and how they weighed these priorities relative to sustainability goals. This was achieved via a pre-task and by playing ‘The game of NICE’ during the second workshop.

## Pre-task

Following the first workshop, participants were invited to engage with each other online via a discussion board hosted on the Incling platform. This discussion board remained live for the duration of the dialogue, so that participants could continue to engage with one another and the topic over time rather than only during the live workshops.

The research team also used the discussion board to share additional materials for participants to learn more about healthcare and environmental sustainability. In advance of the second workshop, the following videos were shared, with participants requested to provide written feedback summarising their key takeaways from each one:

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| Video title  | Creator  | Link  |
| The Lancet Countdown on Health and Climate Change: 2020 report | The Lancet  | <https://youtu.be/Bp6avcskCcg> |
| Healthcare Sustainability | The Royal College of Physicians | <https://youtu.be/g3xTfNEwfyM> |
| Healthier planet, healthier people | NHS England | <https://youtu.be/9kHMTO8WljA>  |

## Stimulus - The game of NICE

‘The game of NICE’ was a simple online board game developed by Basis Social to enable participants to learn about, debate, and vote for their preferences via a series of scenarios.

A full version of The game of NICE, including rules on how to play.

## Workshop skeleton

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| **Timings** | **Format** | **Content** |
| 6.00 to 6.10pm | **Plenary** | **WELCOME***Summary: Welcome all participants back, followed by a 3 to 5-minute introduction by a NICE colleague about how NICE Advisory Boards work.*  |
| 6.10 to 6.20pm | **BREAKOUT** | **WELCOME ROUND 2 + DISCUSSION OF PRE-TASK MATERIALS*****Purpose:*** * to break the ice
* to introduce any new members of the group
* to briefly gather participant perspectives on the pre-task materials.

***Summary:*** * *moderator allows 5 to 10 minutes for participants to share how their weeks have been and for any new participants to introduce themselves.*
 |
| 6.20 to6.30 pm | **Breakout** | **INTRODUCING THE GAME OF NICE** ***Purpose:**** *to introduce participants to the objective, format and rules of The game of NICE.*

***Summary:*** * *moderator introduces The game of NICE and answers any questions the participants have about how to play.*
 |
| 6.30 to 6.50pm | **Breakout** | **THE GAME OF NICE – 1ST DELIBERATION** ***Summary:*** *the participants choose the first intervention they want to learn more about and discuss their attitudes towards it.*  |
| 6.50-7.10pm  | **Breakout** | **THE GAME OF NICE – 2ND DELIBERATION** ***Summary:*** *the participants choose the second intervention they want to learn more about and discuss their attitudes towards it.*  |

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| 7.10 to 7.15 pm | **COMFORT BREAK** |

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| 7.15 to 7.35pm | **Breakout** | **THE GAME OF NICE – 3RD DELIBERATION** ***Summary:*** *the participants choose the third intervention they want to learn more about and discuss their attitudes towards it.*  |
| 7.35 to 7.55pm | **Breakout** | **THE GAME OF NICE – 4TH DELIBERATION*****Summary:*** *the participants choose the fourth intervention they want to learn more about and discuss their attitudes towards it.*  |

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| 7.55 to 8.00pm | **COMFORT BREAK** |

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| 8.00pm to 8.20pm | **Breakout**  | **THE GAME OF NICE – 5TH DELIBERATION** ***Summary:*** *the participants choose the fifth intervention they want to learn more about and discuss their attitudes towards it.*  |
| 8.20 to 8.40pm | **Breakout** | **THE GAME OF NICE – 6TH DELIBERATION*****Summary:*** *the participants choose the sixth intervention they want to learn more about and discuss their attitudes towards it.*  |
| 8.40 to 8.55pm | **Breakout** | **THE GAME OF NICE – FINAL DELIBERATION + ROLL TO WIN** ***Summary:*** * *the participants decide on their final selection of interventions that they want to use to try and win the game*
* *the dice is rolled for each intervention, and the final score totaled.*
 |
| 8.55 to 9pm | **Plenary** | Thank you all for your time this this evening. It was wonderful to meet you all and hope you had a great session. The next workshop will be on 26th October, where we will start to talk in more detail about some of the decisions that could be taken to improve the sustainability of healthcare. Before then we will be setting you a few short tasks in the next few days so please do keep an eye on the Incling platform. You can also find all of the videos shown today there for reference and we welcome you chatting with one another within the platform.**Thank and close.** |

## Topic guide

For ‘The game of NICE’, moderators were provided with a standardised set of probes to use during different parts of the game. There were 3 main parts to the game:

1. thinking from a patient perspective (repeated for each of the 6 actions)
2. thinking from a citizen’s perspective (repeated for each of the 6 actions)
3. final selection of actions + dice rolling (completed at the end of game).

### PATIENT PERSPECTIVE PROBES

*Note to moderator: if participants are comfortable imagining themselves in the scenario, skip the imagine phase questions and move straight to voting, to spend more time on the discussion phase.*

**Imagine you are in this situation:**

1. What are you thinking/how are you feeling **when you first arrive at the doctors**? Why? would you feel in this situation? Why?
2. What are you thinking/feeling **when the doctor explains that there is a more environmentally friendly option?** Do you care – why/why not?
3. **What questions would you have** for the doctor about the different options?
4. **Show of hands,** who would choose option 1?
5. For those who would choose [CHOOSE OPTION] – **talk me through your decision.**
6. **What things matter** to you when making your decision? Of these, what matters the most?
7. What bearing, if any, do the **environmental impacts** of the 2 options have on your decision-making? Why?
8. [AFTER DISCUSSION IS FINISHED]: Would anyone like to change their mind about which option they prefer?

### CITIZEN PERSPECTIVE PROBES

Remind participants: *“As someone invited to advise NICE, your role now is to think not as an individual patient, but as someone responsible for the health of the population as a whole, including future generations.”*

In this role:

1. What kinds of things do you think it might be important to think about?

Probe for:

1. present versus future generation’s health
2. health inequalities.
3. **Show of hands**, who supports the recommendation?

*Ask below, alternating for each action whether you start with the supporters or non-supporters of the recommendation*.

1. As a group, persuade us why your choice is the right choice.

*Repeat for opposing side. Give both sides of the debate a chance to speak and reply to the other side’s arguments.*

*If the vote all goes one way, play devil’s advocate and argue the opposing viewpoint yourself. For example:*

 If all participants support the recommendation:

1. Are there any groups or types of people who you think should be exempted from this recommendation? Why?

If all participants reject the recommendation:

1. What would you say to someone who supported this recommendation because of:
	1. its benefits to people currently at risk of being affected by climate change?
	2. its benefits to future generations (as a way of reducing climate change)?
2. [AFTER DISCUSSION IS FINISHED]: Would anyone like to change their mind about which option they prefer?

### END OF GAME PROBES

**If ALL actions are selected:**

*This combination suggests that, as a group, you:*

* *consider the goal of reducing emissions as more important than keeping current healthcare practices the same*
* *are comfortable with the possibility that patient’s experiences of healthcare may change*
* *are also comfortable with a small amount of disruption in access to treatments in the UK.*

Is this correct? Why/why not?

*If not, explain how they can change their selection to meet actual views.*

**If ALL actions EXCEPT 6 are selected:**

*This combination suggests that, as a group, you:*

* *consider the goal of reducing emissions as more important than keeping current healthcare practices the same*
* *are comfortable with the possibility that patient’s experiences of healthcare may change*
* *are not comfortable with a small amount of disruption in access to treatments in the UK.*

Is this correct? Why/why not?

*If not, explain how they can change their selection to meet actual views.*

**If ACTIONS 1 to 4 ONLY are selected:**

*This combination suggests that, as a group, you:*

* *are willing to change some things about healthcare to try and increase the health outcomes of future generations, but think there are some things that should not be changed*
* *are comfortable with the possibility that some patient’s experiences of healthcare may change in ways that will make healthcare more sustainable*
* *are not comfortable with a small amount of disruption in access to treatments in the UK.*

Is this correct? Why/why not?

*If not, explain how they can change their selection to meet actual views.*

**If ACTIONS 6 / 5 + 6 ONLY are selected**

*This combination suggests that, as a group, you:*

* *are not comfortable with patients’ experiences of healthcare in hospitals from changing*
* *are comfortable with the possibility that patient’s experiences of healthcare may change*
* *are comfortable betting on actions with lower chances of success – increasing the risks that future generations/at risk populations will continue to be affected by climate change.*

Is this correct? Why/why not?

*If not, explain how they can change their selection to meet actual views.*

If other combination selected, use the below as a rule of thumb to interpret selection:

* **options 1 to 4:** *comfortable with small but relatively non-severe changes to patient experience*
* **option 5:** *comfortable relying on people and other institutions (for example, Governments) to play their part in reducing healthcare emissions (for example, through behaviour change and investment)*
* **option 6**: *comfortable with the possibility that patient’s experiences of healthcare may change.*

# Decision-making stage

## Overview

Playing ‘The game of NICE’ afforded Basis Social and NICE the opportunity to learn more about how different values and priorities, including around protecting the environment, influence decision-making regarding environmentally sustainable healthcare. Drawing on these insights, Basis Social drafted a set of 14 principles intended to reflect participants’ belief about how NICE should act to make healthcare more sustainable. The pre-task and workshop were designed to test, validate and evolve these principles to ensure that they reflected the views of the group.

## Pre-task

For the pre-task, participants were invited to review the 14 draft principles and to indicate for each one whether they:

* supported the principle
* did not support the principle or
* supported the principle in some contexts but not others.

Participants who chose the third option were also asked to explain, via an open-ended question, in which contexts they would support and not support the principle and why.

## Stimulus

Three pieces of stimulus were used in the final workshop.

**Stimulus #1: Presentation – why sustainability matters to NICE**

The goal of workshop 3 was to understand participants’ beliefs about how NICE should act to make healthcare more sustainable. To achieve this, it was important to frame the discussions correctly at the outset by reminding participants about why environmental sustainability matters to NICE. This was achieved using 2 pieces of stimulus.

The first piece of stimulus was a brief presentation recapping what they had learned in the previous workshops about the importance of environmental sustainability for health.

**Stimulus #2: Counter exercise game**

The second piece of stimulus was an interactive exercise requiring participants to weight the relative importance that NICE should give to the health outcomes of 4 different groups when making its decisions. These groups included:

* people in England currently receiving care
* people in England not currently receiving care
* future generations
* people living outside of England.

**Stimulus #3: Pre-task results slides**

The bulk of workshop 3 involved participants discussing each of the 14 principles in turn, with a focus on how they could be improved to bring them more in line with participants actual belief.

These conversations were stimulated using a Powerpoint deck that presented the results of the pre-task.

## Topic guide

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| --- | --- |
| **Timings** | **Content** |
| 6.00 to 6.05pm | **WELCOME***Purpose: to introduce format and purpose of the public dialogue* *Moderator to introduce themselves and the dialogue:* ‘Hi everyone. Welcome back. This is our final workshop together. We will use it as a way to come to some conclusions about what we have learnt through the process. More specifically, we will see if we can arrive at a consensus about what we believe are some principles that should guide decision-making about environmental sustainability in the context of healthcare. You should have all completed the pre-task, as part of which you will have seen and already given some feedback on a set of principles. These principles were developed by the research team here at Basis, after listening to all of you play The game of NICE and reflecting on the ways in which different groups made decisions about the various actions. This set of principles were only ever meant to be early drafts. What we want to do today is to play them back to you, to spend some time deciding whether and why, or why not, you agree with them, and how they might be improved so that they are as representative as possible of the ways in which you all think about environmental sustainability in the context of healthcare. To do that, there’s a few things that we’re going to do this evening: 1. first, we’re going to spend a bit more time as a big group learning a bit more about why environmental sustainability matters to NICE
2. second, we’re going to reveal the results of the pre-task, so you can see how the group felt about the principles in their current, draft form
3. after that, we’ll break out into our smaller groups and play a much smaller game to understand how you all think NICE’s responsibility to the health of everyone should work in practice, and why
4. after that, we’ll take a look at the principles in our small groups, and see if we can come to some conclusions about which we are happy to keep as they are, which ones could be improved, and how
5. finally, we’ll spend some time reflecting on your experiences of this dialogue process as whole, including what you have learnt, how that has influenced your views, and how worthwhile you think the process has been as a whole.

So, what do we need from you? As before, we would like you to take part in the discussions we will have by giving your perspective and by listening and responding to the perspectives of other people. The key ground rule in this process is to be respectful of other people’s views. We have brought together a very diverse group of people and it is likely that people will have different views. We want to hear and understand this diversity of views. We also know that health, the environment and climate change may be sensitive topics for some people so please don’t hesitate to take a time out if you need it.My job today is to help us to have a good conversation and this will cover off various different topics. As we move through the conversation you might feel you haven’t had the opportunity to say as much as you have wanted. I would encourage you to use the chat function if you want to, and also the Incling community has an open forum for you to raise additional thoughts.So a big welcome back to everyone. Let’s get started.  |
| 6.10 to 6.20pm | **PLENARY SESSION: WHY SUSTAINABILITY MATTERS TO NICE + PRETASK RESULTS***Purpose: To playback the results of the pre-task to participants so they can consider how their views on the draft principles compare to the wider group. To set the scene for the breakout group discussions by reminding participants why environmental sustainability matters to NICE, in the context of its responsibility to the health of everyone.* To kick-off the final workshop, we’re going to spend the next 20 minutes staying as a big group. First, we wanted to share a final piece of content providing information about why NICE cares about this topic. *Moderator to show stimulus set #1 (sustainability as a concern for NICE).*Before we go into our breakout groups, we also wanted to take a look at the results of pre-task. *Moderator to show stimulus set #2 (pre-task results).*  |
| 6.20 to 6.55pm | **BREAKOUT GROUPS – SECTION 1: PRIORITISING THE HEALTH OF DIFFERENT GROUPS** *Purpose: To investigate how participants weight the relative importance of prioritising different groups’ health under different scenarios.* Hi everyone, welcome back to the group. *Note to moderator: allow 5 minutes for participants to get comfortable in the group, asking how their week has been etc.* *[If necessary]:* We have a member of NICE joining us today to observe the session and hear people’s honest opinions. XXX do you want to briefly say Hi?’ Explain that they are here to listen only and will have their camera and microphone off.]OK, let’s get started. As before: * the session will be recorded
* during this group we want you all to be as open and honest as you want throughout this discussion
* please be respectful of other people’s views
* please feel free to share as much or as little personal information as you feel comfortable with
* if you feel like you need to take a little break then please do so, and feel free to also message me in the chat if needed.

*[Note to moderator: it is unlikely, but if people experience distress because of the nature of discussions please can you (i) encourage them to take a break and (ii) contact the moderator and they will follow up with each participant directly to signpost aftercare.]*As we mentioned, we’ll be spending the bulk of today’s breakout group looking over the draft principles and what they might mean in practice. The goal is to make some decisions about which ones (if any) you are happy to keep as they are, which ones could be improved, and how. As we review them, we want you to try and keep in mind the various groups who stand to benefit from NICE taking action (or not taking action) to improve the environmental sustainability of healthcare. To get us thinking about these groups, we’ve prepared a warm-up exercise to get us started. *Moderator to introduce stimulus set 3 (100 points exercise). Moderator should repeat the method using the following prompts:* 1. Thinking in general, how much priority do you think NICE should put on the health of these different groups when making its decisions, and why?

*Note to moderator: to facilitate this exercise, walk participants through the following scenarios:* 1. First, let’s imagine we put all the points against people who are currently receiving care. This would mean NICE would only consider the health outcomes of this group and no others when making its decisions.
	1. How comfortable are you with this weighting? Why?
	2. How fair is this weighting? Why?
	3. How could it be improved? Why?
2. OK, what if we split them up equally. This would mean NICE would consider the health of all groups equally.
	1. How comfortable are you with this weighting? Why?
	2. How fair is this weighting, given what you think about NICE’s remit? Why?
	3. How could it be improved? Why?

*Build on insights from scenarios a and b to move towards the allocation that participants are most comfortable with and consider to be most fair.* 1. How, if at all, do you think the relative importance of these groups’ health changes if:
	1. NICE is deciding whether to recommend a new treatment which will be **very environmentally damaging?** Why?
	2. NICE is deciding whether to recommend a treatment which will be **much better for the environment** compared to existing alternatives? Why?

*For each example allow participants the opportunity to change the allocation of points, discussing amongst themselves the rationale for this.* *Moderator to probe into justifications/explanations for moving/not moving points to different groups.*  |
| 6.55 to 7.00pm | **COMFORT BREAK** |
| 7.00 to 7.30pm  | **BREAKOUT GROUPS SECTION 2 – THEME NICE’s RESPONSIBILITIES***Purpose:* *To gather participant feedback on the emerging principles, starting with overarching principles, and considering qualifying views*We’re now going to go through the emerging principles, starting with some of the main overarching principles for NICE.*Moderator to share stimulus set 4 (principles discussion slides).*  *Moderator to run through mini-guide for* ***principles 1 to 4.*** *Moderator to repeat above for principles 2 to 4.* |
| 7.30 to 8.10pm | **BREAKOUT GROUPS SECTION 3 – THEME MAKING DECISIONS** *Moderator to repeat above process for principles 5 to 9.* |
| 8.10 to 8.15pm  | **COMFORT BREAK** |
| 8.15 to 8.55pm  | **BREAKOUT GROUPS SECTION 4 – THEME PATIENT CHOICE***Moderator to repeat above process for Principles 10 to 14.* |
| 8.55 to 9pm  | **PLENARY – THANK YOU AND CLOSE** Thank you all for your time this evening and over the last few weeks. Before we finish up I wanted to give the floor to XX at NICE who has been patiently listening in the background over the past 3 workshops to say a little about how they will use the research and next steps.  Thank you again for your time this evening. This brings this NICE Listens public dialogue to a close. You will be invited to provide final feedback via a short survey tomorrow, which we would welcome your honest responses to. We will also share a copy of the report for those of you interested in seeing how your views have been captured.Thanks everyone. Good evening.**Thank and close.** |

**MODERATOR GUIDE - PRINCIPLE 1**

*“We believe NICE has a responsibility to use its influence to make healthcare more environmentally sustainable.”*



1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. [SKIP IF ADDRESSED IN Q.1] One of the main pieces of feedback shared by those participants who said they would support in some cases but not others was that prioritising greener treatments should not come at the expense of ensuring access to high quality, effective treatments.
	1. What does the group think about this perspective?
	2. Are there any other qualifications/amendments you think are important to include as part of this principle?

1. One way in which NICE might action this principle would be to formally acknowledge (via an amendment to its guiding principles) its responsibility not to facilitate unsustainable growth of the health and care sector.
	1. How do you feel about this proposal? Would you support it (bearing in mind any caveats previously mentioned in Q.2? Why/why not?
2. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
3. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE - PRINCIPLE 2**

*“We believe NICE has a responsibility to influence the healthcare supply chain to prioritise the development of greener treatments, technologies and processes.”*

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1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. [SKIP IF ADDRESSED IN Q.1] One of the main pieces of feedback shared by those participants who said they would support in some cases but not others was that prioritising greener treatments should not come at the expense of ensuring access to high quality, effective treatments.
	1. What does the group think about this perspective?
	2. Are there any other qualifications/amendments you think are important to include as part of this principle?

1. One way in which NICE might implement this principle would be to request that companies have certain sustainability standards in order to submit a new treatment or technology to NICE for review.
	1. How do you feel about this proposal? Would you support it (bearing in mind any caveats previously mentioned in Q.2?) Why/why not?
2. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
3. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE - PRINCIPLE 3**

***“We believe NICE has a responsibility to identify and recommend reductions in the provision of care that provides minimal or no benefit.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. One of the main pieces of feedback was around the definition of ‘minimal’ benefit, and who gets to decide what counts as minimal. NICE has provided some extra information around this:
	* These decisions are evidence based, using trusted datasets on things like patient population outcomes, rather than based on the judgements of individual service providers (for example, doctors)
	* To give some examples, what we’re talking about here are things like:
		+ If a newer, better option is introduced, in which case it’s about updating people’s care to the best standard. So we are getting rid of things we don’t need anymore.
		+ If clinical practice was previously thought to provide benefit, but further evidence suggests it’s not working in the long run.
		+ If a treatment looks good on blood tests, but in reality doesn’t make people feel any better in themselves.
	* Reducing the provision of these sub-par care options would improve the sustainability of healthcare by making sure we only use treatments (and hence only accept the environmental impact of treatments) that really are effective.

Given this additional information, what do you think about this principle now?

1. Are there any qualifications/amendments you think are important to include as part of this principle?
2. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
3. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE - PRINCIPLE 4**

**“We believe NICE should make recommendations that promote healthy behaviour and prevent ill health in order to reduce the need for prescription medicines or more intensive healthcare in the future.”**

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Participants’ written feedback highlighted that these recommendations shouldn’t be seen as a silver bullet – not all health issues can be resolved by lifestyle changes, and even if you encourage people to be healthier, not everyone will.

* 1. To clarify, this recommendation does not entail replacing prescription medicines or intensive healthcare. It simply indicates that NICE should see the promotion of preventative care and healthy behaviour as a priority.
1. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 5**

***“For conditions for which there are no existing effective treatments, we believe that decisions about whether to recommend a treatment should be driven by evidence of clinical effectiveness.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?

1. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?

* 1. As an alternative, how would the group feel about changing ‘clinical effectiveness’ to ‘health benefits’? By changing the wording, this would mean NICE should look at evidence of health benefits more broadly, including the benefits to different groups, as opposed to just the benefits to the patient in a clinical setting.
	2. How many would support this principle if it swapped clinical effectiveness for health benefits?
1. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 6**

***“For conditions for which there are no existing effective treatments, we believe that the consideration of environmental impacts should not delay NICE decisions about whether to recommend a new treatment.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. One of the pieces of feedback shared by participants concerned the level of certainty required for a new treatment to be recommended. This is important from a sustainability perspective, because the more certain you are a treatment will have the desired effect, the less chance that NICE will end up recommending something that proves to be a poor use of resources (think back to minimal to no benefit care principle). However, it would also mean that some people may not get access to a new treatment (which may or may not work) as quickly as they would like.
	1. What does the group think about this perspective?
	2. What are the circumstances, if any, where you think it is more/less acceptable to delay a recommendation to become more certain about the likely effectiveness?
	3. *Prompt, if required:* for example, some participants in the pre-task suggested the acceptability of delays depends on:
		1. the severity of the condition the in question
		2. the length of the delay
		3. the degree of certainty that a new treatment will be effective (this threshold may also depend on the severity of the condition).
3. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
4. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

MODERATOR GUIDE – PRINCIPLE 7

***“For conditions for which there are already effective treatments available, we believe that environmental impact should not affect NICE’s decision about whether to recommend treatments that improve patient health outcomes.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Just to clarify, this resolution as written would mean that in all cases where a treatment improves patient health outcomes, the environmental impacts of that treatment would be ignored when deciding whether or not to recommend it for public use. Health outcomes in this case don’t just refer to number of extra years lived, but also cover improvements to quality of life – for example, in terms of:
* reducing pain/discomfort
* improving mobility
* improving capability for self-care (such as washing and dress oneself)
* enabling a person to do their usual activities (for example, work, leisure)
* reducing anxiety/depression.

So, if a treatment was found to improve patient outcomes on any of these measures, or extending life, the environmental consequences would not influence decision-making.

How do you feel about this principle with that knowledge in mind?

1. Are there any circumstances in which it may be more/less acceptable for consideration of environmental impacts to influence decisions about treatments that improve patient health outcomes?
	1. *Prompt, if required:* for example, some participants in the pre-task suggested the acceptability could depend on
		1. the size of benefit to the person’s health (bringing pain from a 7 to a 3 versus 7 to a 5)
		2. how severe the condition in question is to begin with (for example, providing some mobility to someone who is completely immobile, versus improving the mobility of someone who is already quite – but not fully – mobile)
		3. how big an environmental impact the treatment in question might have.
2. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
3. Given everything we have discussed, how (if at all) could this principle be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 8**

***We believe that environmental impact should not affect NICE’s decision about whether to recommend treatments that deliver the same patient health outcomes compared to existing alternatives but at a lower financial cost to the NHS.***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Just to clarify, because these assessments are not a 100% precise science, it’s not realistic to assume that you’ll find a treatment that provides identical patient health outcomes – what happens in reality is that NICE looks for similar or comparable health outcomes.
	1. How, if at all, does that information influence how you think about this principle?
3. [IF PARTICIPANTS STRUGGLE TO UNDERSTAND THE PRINCIPLE] Also just to clarify, this resolution as written would mean that in all cases where a treatment delivers a comparable benefit to health but at a lower cost (making it more cost-effective), the environmental impacts of that treatment would be ignored when deciding whether or not to recommend it for public use.
	1. How, if at all, does that information influence how you think about this principle?
4. One of the themes from the feedback to the pre-task is that this depends on the size of the cost saving relative to the environmental impact.

So, for example, if a new treatment provides a small cost-saving but is much worse for the environment than existing alternatives, then the trade-off isn’t worth it, but if the cost-saving is large and the treatment only a small amount worse for the environment, then it’s okay. Similarly, if a new treatment were to be much more environmentally friendly but cost a bit more than existing alternatives, that might be okay – but if the environmental benefits were smaller and the cost much bigger, that might not be.

* 1. What does the group think about this perspective?
	2. [If supportive of above]: As a possible amendment to this resolution, how would the group vote if we inserted a qualification that read: NICE may recommend the greener option when the difference in cost is marginal and within an appropriate cost effectiveness threshold, for example, 10% more expensive than the alternative which is clinically equivalent.
1. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
2. Given what we’ve just discussed, please could a representative from the group provide a summary of how (if at all) this principle could be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 9**

***We believe that, if a new treatment delivers equal patient health outcomes at the same financial cost as existing alternatives, the least environmentally damaging treatment should be recommended as the preferred option.***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Given everything we have discussed, how (if at all) this principle could be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 10**

***“We believe that patients have a right to make informed choices about their care, in collaboration with their doctor or healthcare professional.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Given what we’ve just discussed, please could the group provide a summary of how (if at all) this principle could be improved to bring it more in line with what you all believe?

**MODERATOR GUIDE – PRINCIPLE 11**

***“We believe that, for patients to make an informed choice about their care, it is important for doctors to discuss with them the environmental impacts of different treatment options (alongside any other factors that are relevant to the patient, such as treatment effectiveness and what the patient may experience)”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. The main themes from feedback shared by those participants who said they would support in some cases but not others were that:
* it’s not okay for patients to be made to feel guilty or pressured to select the greener option
* there are some cases where it’s just not appropriate to start talking about options – for example, emergency situations
* doctors should be trained and properly equipped to talk about environmental implications
* talking about environmental implications should not become too great a drain on clinicians’ time.
	1. What does the group think about this perspective?
	2. Are there any other qualifications/amendments you think are important to include as part of this principle?
1. In practice, one way NICE might implement this principle is by creating useful, user-friendly advice and information materials (such as a pamphlet) that patients can use to understand their choices and learn what environmentally friendly options are.
	1. How do you feel about this proposal? Would you support it (bearing in mind any caveats previously mentioned in Q.2?) Why/why not?
2. Given what we’ve just discussed, please could a representative from the group provide a summary of how (if at all) this principle could be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 12**

***“We believe that the goal of including environmental impacts in the discussion of treatment options is to enable the patient to identify the option that is right for them – not for the doctor to persuade the patient to choose the greener option.”***

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Given what we’ve just discussed, please could the group provide a summary of how (if at all) this principle could be improved to bring it more in line with what you all believe?

**MODERATOR GUIDE – PRINCIPLE 13**

**“We believe that there are situations in which it is acceptable to limit the range of care options presented to the patient, to improve the environmental sustainability of healthcare overall.”**

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. To clarify, this resolution refers to decisions to take certain options off the table – but never to leave the patient with no options at all. The types of situations the resolution refers to could include:
* Patients who are newly diagnosed with a long-term health condition, for whom the greener care option should be prescribed as the default.

*For example, if a person was newly diagnosed with asthma and had no experience using any other type of asthma inhaler, the clinician would prescribe them a greener, DPI inhaler by default. The person would still have the option to use a different inhaler, if they decided the DPI was not right for them.*

* When 2 care options will produce the same patient experience and outcome, in which case the greener option should be prescribed as the default.

*For example, there are multiple gases that can be used safely and effectively as a general anaesthetic to put a patient to sleep for surgery. As all the gases produce the same experience (unconsciousness), only the greener option should be used.*

* 1. Do these examples influence how you think about this resolution? If so, how/why?
	2. Given this clarification, how would each of you vote now (support, not support, support in some instances)
1. Are there any qualifications, amendments or criteria that you think should be added to this resolution, to bring it more in line with what you believe?
2. Thinking about our discussion before the break, to what extent do you think this principle strikes the right balance for prioritising the different groups, and why?
	1. What (if anything) could be done to improve the balance (for example, amending the wording of the principle and additional actions NICE should take)?
3. Given everything we have discussed, how (if at all) this principle could be improved to bring it more in line with what you all believe?
	1. Others in the group – has anything been missed?

**MODERATOR GUIDE – PRINCIPLE 14**

**“We believe there is no one-size-fits all approach to making healthcare more sustainable. This means that guidance for clinicians to make decisions about whether to recommend a greener care option should be specific to each condition, and should emphasise the need to approach these decisions on a case-by-case basis (taking into account factors such as patient history, age and digital literacy)”**

1. Can you remember how you voted here? Why?
	1. What do group members think having heard others’ perspectives? Have they influenced how you think about this principle?
2. Given what we’ve just discussed, please could the group provide a summary of how (if at all) this principle could be improved to bring it more in line with what you all believe?