



Involving the public in major service change in Scotland



AIMS

This project studied how members of the public have been involved in decisions about closing or significantly changing hospitals in Scotland since devolution. These decisions are an example of NHS 'major service change'; a legal category that requires Boards to 'inform, engage and consult' the public. This research aimed to learn how the NHS in Scotland could improve this process in the future.



KEY MESSAGES

- Hospitals are more than buildings where the NHS delivers services. They provide a wider range of benefits for communities, and staff, patients and the wider community all make important contributions to them.
- There is some evidence that particular types of health service are clinically safer in fewer, larger hospitals. However small local hospitals often deliver a highly-valued patient experience of care.
- Particularly since a 2010 policy change, NHS Boards put significant time and resources into involving the public in service change.
- This works best when plans are developed in collaboration with key groups including local GPs, 'Friends of Hospital' groups, and community councils. This requires openness to a range of options from both NHS managers and communities.



WHAT DID THE STUDY INVOLVE?

The research had five stages

1. An international systematic review of evidence on public engagement in hospital closures
2. A desk-based analysis of overall patterns of hospital closure in Scotland 2004-2014





3. Qualitative interviews with 11 key individuals at the national level to understand how guidance on public involvement in major service change had developed
4. Three qualitative case studies of closure processes including document analysis, interviews with 70 staff, politicians and members of the public and observation at 11 consultation and community meetings
5. Based on emerging findings above, 10 interviews with people campaigning against change in a fourth site where the model of care was contested

The topic chosen was informed by discussions with members of the public during previous research projects in Scotland, and two recent hospital closure campaigners were consulted about the research plan. While there was no further formal public involvement during the project, understanding public perspectives on this issue was a central goal of the whole study.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Existing research has suggested that involving the public in hospital closures is extremely difficult, if not impossible, and that the public understands and assesses the clinical risks and benefits of hospitals differently from NHS decisionmakers.

Focusing mostly on smaller hospitals, this research challenges this somewhat:

- Some change projects in Scotland have demonstrated that big changes can happen working in partnership with local communities.
- This depends on a trusting existing relationship between local staff, politicians and the community, which can take time and work to develop.
- Much of what communities value about hospitals does not relate to the clinical risks and rewards of services delivered. While the reassurance of emergency facilities is important, hospitals are also valued as a good employer, a place for people to meet, a familiar place for rehabilitation, and as an 'anchor institution' which builds community. Change proposals need to demonstrate respect for these wider determinants of health and wellbeing in a community.
- The NHS is under considerable financial pressure. Sometimes change proposals are based on a concern that small local hospitals are offering a level of service that is not evenly available across Scotland, and that prevents resources being used for other things. This fear is rarely explicit in published change proposals, but it is a legitimate argument which should be debated openly.



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WHAT IMPACT COULD THE FINDINGS HAVE?

For patients and the public:

- Communities seeking to influence decisions about the future of hospitals should consider joining or creating Friends of Hospital groupings. These groups strengthen hospitals in various ways, and are often involved in potential changes at an early stage.

For policy:

- Guidance on involving the public in change (known as 'CEL 4') may need to be revisited. It has established public involvement as a policy priority, but has not kept pace with other policy changes (such as integration of health and social care and collaborative locality-planning approaches like the Place Standard).
- As the NHS moves to regional planning it should consider how to incorporate the local knowledge of staff and communities, recognising that regional decisions have local consequences.

For practice:

- Boards need to take time to understand hospitals (especially smaller hospitals) as community 'anchor institutions' and not only as a site for clinical delivery.
- Local GPs often have a vital role in shaping local views on a change proposal.



HOW WILL THE OUTCOMES BE DISSEMINATED?

Draft findings have been shared with participants who asked to be kept informed, and tailored feedback will be offered to each Board which hosted a case study.

This briefing will be shared online, and the research will additionally be presented at conferences and published in peer-reviewed academic journals.



CONCLUSION

Public attachment to hospitals is a complex issue which should not be dismissed simply as resistance to change. Community support for hospitals is often an asset for the NHS, contributing to non-clinical aspects of care which significantly enhance patient experience.

Involving the public in major service change works best when it builds on existing relationships with communities, and where it respects community knowledge of, and contribution to healthcare.



RESEARCH TEAM & CONTACT

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Additional Information

This project ran from March 2014-September 2018, and the total budget was £172,744. This included a budget for research training, because the project was initially funded as a Postdoctoral Training Fellowship.

