Involving the public in major service change in Scotland

Citation for published version:

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Publisher's PDF, also known as Version of record

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# 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
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.
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.