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CLAHRC BITE

Brokering Innovation Through Evidence

How is the public involved in decisions to change health services at a large-scale?



Involving the public in decisions regarding healthcare services is promoted in several countries in a variety of ways.

Some, like the UK, made it a legal requirement for the public to be involved when health services are changed at a large-scale. Yet, despite being strongly promoted, little is known about how involvement is understood and put to practice in the – often controversial – context of large-scale change to health services.

Thus, we investigated how public involvement is interpreted and carried out in this context, how different stakeholders perceived the involvement process and what impact it had on decisions to change health services.

What was the aim of the project?

This research project aims to develop the way people are involved in decision-making to change health services, to find out ‘what works’ and provide evidence to make future public involvement more meaningful.

What did we do?

As a first step we wanted to see what the evidence base was like. We conducted a scoping review to map the international literature on the topic. We then gave the opportunity for those with experience of public involvement in this context to comment on our findings. We received 18 responses from patients and members of the public.



What we found and what does this mean?

- There is little clarity on what public involvement is, its aims, who to involve and how to involve the public.
- The most used method of involvement is public meetings; criticised for being poorly attended by the larger community and in particular the vulnerable groups most likely to be affected by the changes.
- In the UK, planners of proposed change also publish a consultation document for the public. These documents were criticised for being i) lengthy ii) complex iii) unsuitable for a lay audience and iv) for not being transparent about the implications of proposed changes to patients.
- Members of the public felt they could not influence decision-making as they believed decisions for change had been made before public consultation. This could lead to an atmosphere of mistrust towards those leading the change; whereby the public believed that change was driven by the need to cut costs rather than improve services.

- As a result, some groups of the public found alternative routes to be heard (such as petitions, demonstrations, Save Our Hospital campaigns...) which seemed to have more impact than taking part in formal public involvement.



Recommendations

- Efforts should be made to better understand the mechanisms of involvement. In particular, opposition to change can become confrontational but is often an omitted aspect of public involvement.
- Political conflict is an inherent part of healthcare planning. Thought should be given to re-framing the conflict in change as positive, rather than an obstacle to implementation, and how it can be incorporated into meaningful methods of public involvement.



What next?

We are looking into this topic in more depth through two qualitative case studies in the UK.

Find out more

Djellouli N, Jones L, Barratt H, Ramsay A, Towndrow S, Oliver S (2019). Involving the public in decision-making about large-scale changes to health services: A scoping review *Health Policy*, 123 (7), pp 635-645 www.sciencedirect.com/science/article/pii/S0168851019301137

Research website: www.involvingpeopleinchange.com/

Health and Social Care Act 2012

PART 5 Public involvement and local government; www.legislation.gov.uk/ukpga/2012/7/part/5