Hospital change and closure: studying the policy and politics of disinvestment

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"Although I am not myself a devotee of bigness for bigness sake, I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one."

(Aneurin Bevan, Minister of Health, speaking in 1946)

"Building hospitals is not like building pyramids, the erection of memorials to endure to a remote posterity. We have got to get it into our heads that a hospital is like a shell, a framework to contain certain processes, and when the processes are superseded, the shell must, most probably, be scrapped and the framework dismantled"

(Enoch Powell, Minister of Health, speaking in 1961)
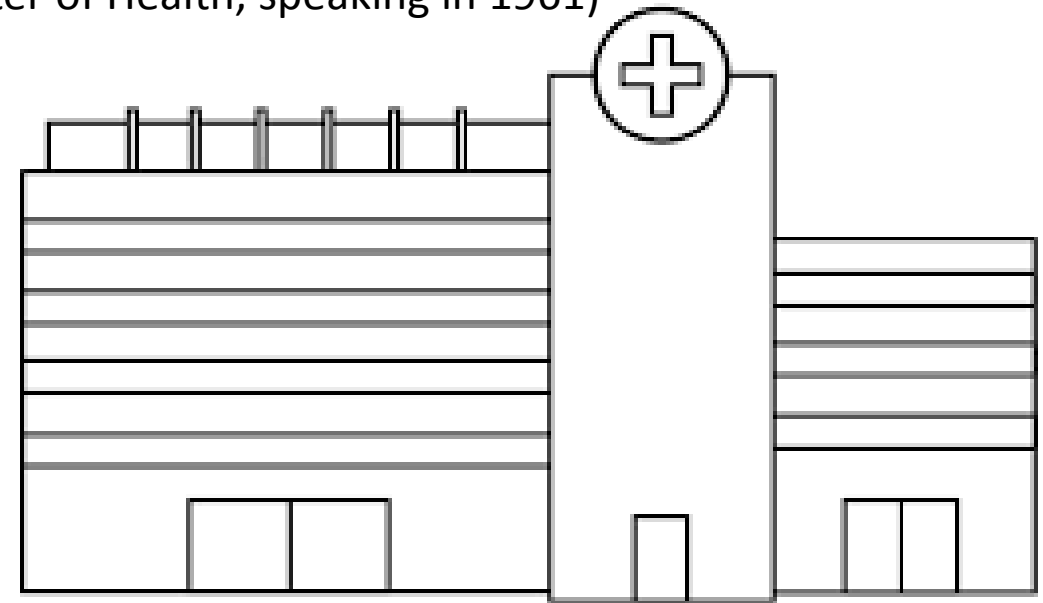
Two studies on public involvement in change

4 year postdoc fellowship 2014-2018

Funded by Chief Scientist Office

3 in-depth case studies of change proposals in Scotland

Interviews (staff, public, stakeholders)

Observation of consultation, protest and community meetings

1 year comparative study with Scott Greer (Michigan) & Peter Donnelly (Toronto) 2016-2017
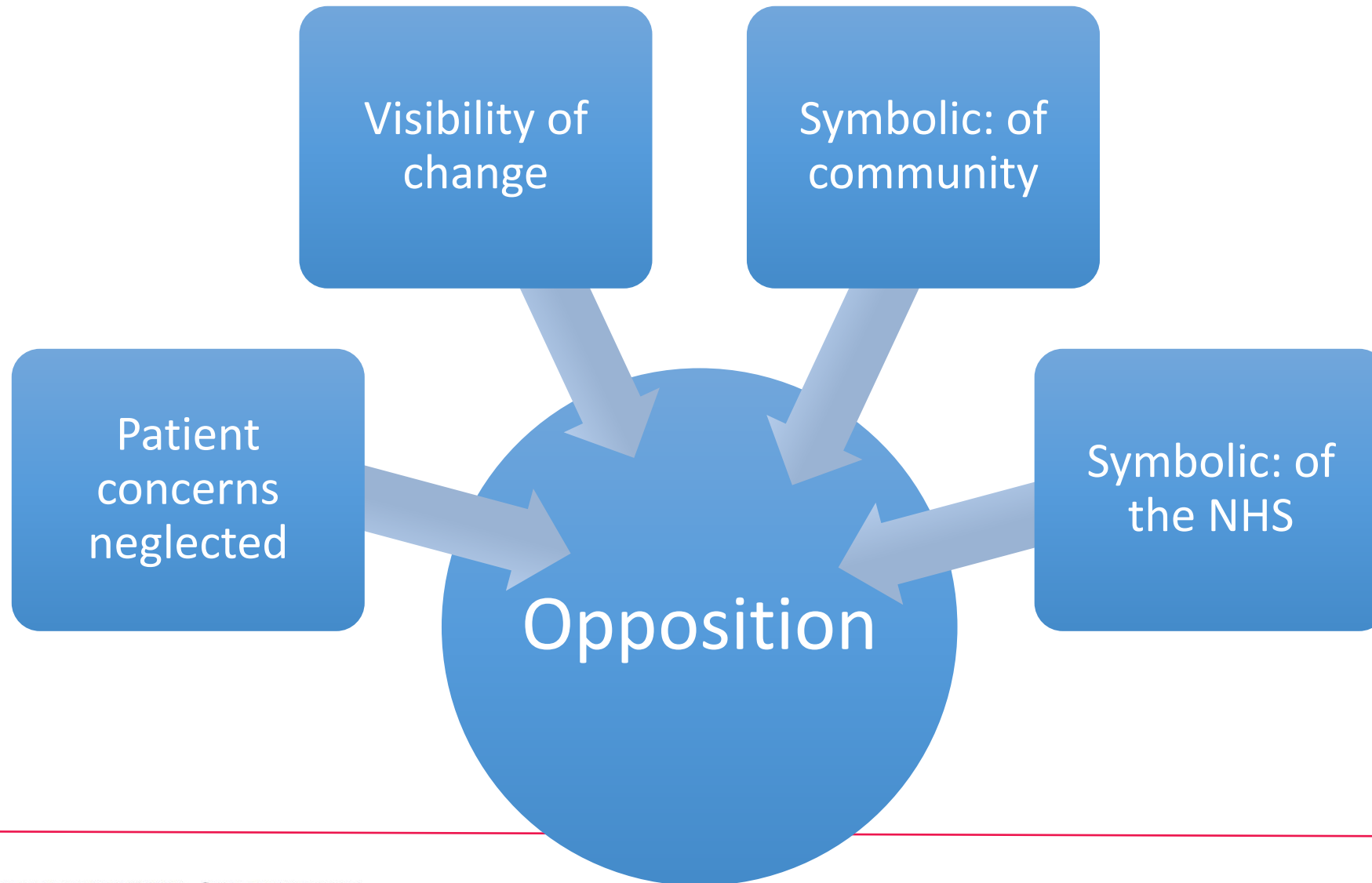
Funded by the Health Foundation

National interviews on policy in England, NI, Scotland & Wales

Rapid case studies of two changes per system

Public opposition to hospital closure

Conflicting narratives of service change in the NHS

Organisational narratives: about services not 'bricks and mortar'

"I mean, I think we've always had it on the desk; it's always been something that we have been keen to re-visit since the previous abortive attempt to restructure the services in [that part] of the city. Whose desk did it come from – I'm not really sure. I suppose I sat with clinical colleagues a number of years ago now, as we've been doing for a long time, to look at how best we deliver care in the city. It wasn't just a direct how are we going to get rid of [hospital D] conversation."

(NHS manager)

Public narratives: anchor institutions in communities

"I see everything falling into place with the hospital [closing]. You know, as I say I don't see a hospital just as a building in its entirety, it's everything that goes on in a hospital and so I felt that the Post Office, it relocating... and, you know, it's going down to a wee shop. I don't want to sound disparaging but, you know, you would pass that and never give it a blink, but the Post Office had a presence. The hospital's got a presence and even the recycling place - at least there's something on a Saturday and Sunday, a place of social interaction because it's not open during the week so people go down there."

(member of public)

What (seems to) 'work': involving the public in change

Invest in a strong underlying relationship between organisations and the population they serve
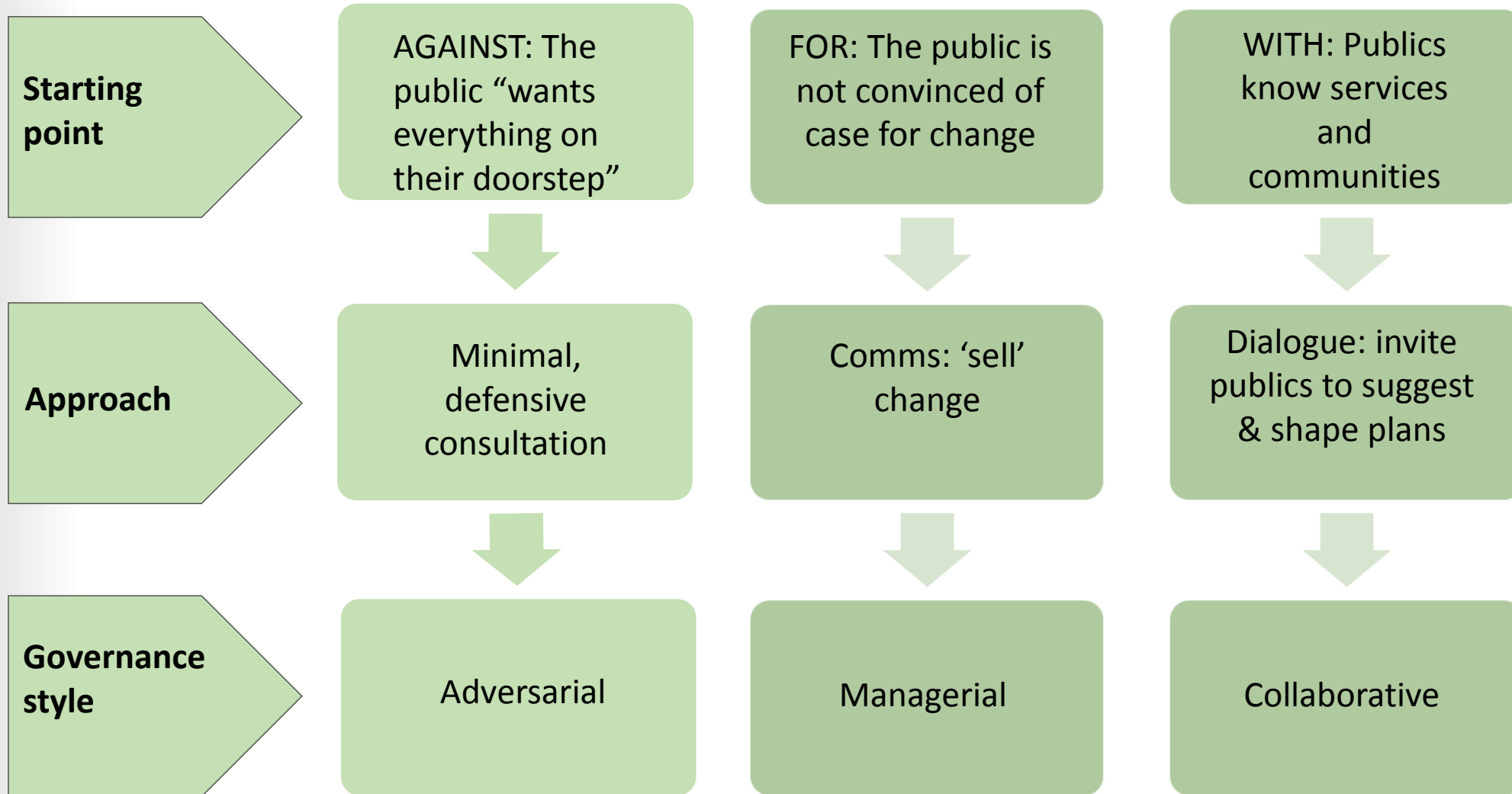
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Engage early

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Communicate a strong (clinical) case for change

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Accept that change is politically sensitive

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Demonstrate listening and explore disagreement

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Build evidence of how publics have been involved

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Change against, for or with the public

Starting point	AGAINST: The public "wants everything on their doorstep"	FOR: The public is not convinced of case for change	WITH: Publics know services and communities
Approach	Minimal, defensive consultation	Comms: 'sell' change	Dialogue: invite publics to suggest & shape plans
Governance style	Adversarial	Managerial	Collaborative

How does policy drive organisational approaches to change?