

Change for, with, or
against the
public: Three logics
of service redesign
across the UK

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Summary

Problem

- How do people engaged in reconfiguration understand the problem?

Methods

- Qualitative mixed-methods
- Comparing across four UK systems
- National policies + local case studies

Theories of change

- Change against the public
- Change for the public
- Change with the public

Conclusion

- Not surprising
- Right answer unclear

The problem



NHS systems in the UK and elsewhere often known for rapid reorganization, but the actual infrastructure and pattern of provision changes much more slowly and patchily than organization charts



“Service reconfigurations” because even if “hospitals must close” they aren’t yet.



Literature is overwhelmingly evaluative: despite huge numbers of qualitative studies, most look for “good practice” or take a critical perspective, e.g. Arnstein’s ladder. But what do participants think?

Data

Multi-method across four UK systems

- Policy analysis
- Elite interviews
- Local case studies

System-level

- Interviews N=26
- Document review & analysis
- Secondary literature where present

Local case studies

- Two per system (urban/rural)
- Interviews N= 17
- Document review & analysis

Finding: Three understandings of change

- Cross-cutting the different jurisdictions though differently represented in formal policy
- Mirrored in scholarly literatures

- Change *against* the public
- Change *for* the public
- Change *with* the public

Change against the public

- “We can't continue to provide the current service model that we have across so many sites and expect the best outcome, the best experience of care for individuals. If that's the model you want then you're going to have to settle for a second-rate health service, that's the trade off.” (official 4, Northern Ireland)

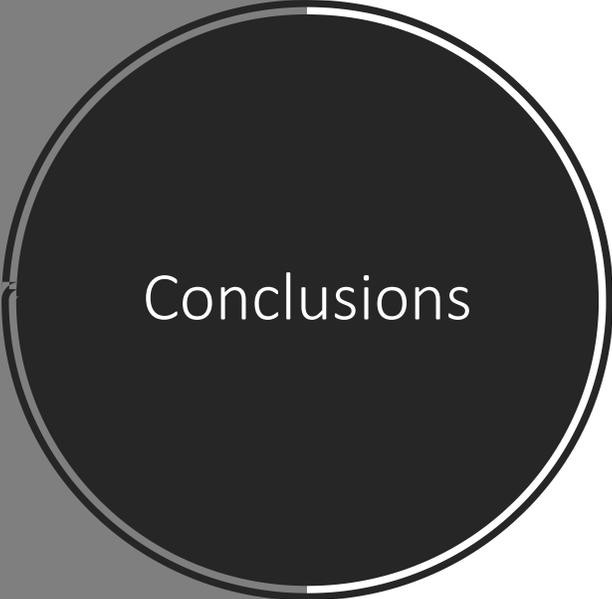
- “they're often campaigners/activists by nature which means they're not really resolution focused... You know, they shout for resolution, but it's not really their focus because their natural state becomes one of activism and... without it, they lose a role”. (consultant 1, England).

Change for the public

- “You've got that clinical evidence, you've got that market research from a public perception point of view, you then go out and do some pre-engagements where you're testing your messaging, you're testing the appetite for change but you're also identifying where the pitfalls are going to come through consultation phase” (NHS manager 1, England).
- “The consultation is stage managed... It's impossible within that process to try to speak out or challenge or be a dissenting voice, you're just muffled around like they do, I don't know, like a spider wraps that stuff round... you know, that's what you feel like, you're like a little fly caught and wrapped up round and you've got no voice.” (public 1, England)

Change with the public

- “We would make the offer which is the fact I'm on a permanent contract and going nowhere and I'd be delighted to come back out and see you in a couple of months' time or a couple of weeks... If it takes us ten years we can meet every year... People want to believe and want to have trust in the public sector, and that requires them to be able to make manifest that in a relationship as opposed to a one-off type of thing.
(Scotland manager 2)
- “The public are quite savvy, they understand the financial constraints, they understand that the National Health Service hasn't got an unlimited pot and it needs to be used, the money needs to be used wisely and they want to be part of that conversation” (Official 4, England).



Conclusions

This should not be surprising!

- Multiple competitors with an interest in framing issues (economic, professional, personal, political and scholarly interests)
- No reason to expect a decisive victory for one framing or its advocates
- “best practice” is always best for somebody

Implications:

- Avoid disciplinary blinders & unthinking normativity (e.g. “ladder of participation”)
- Understand why a given approach might be preferred and by whom
- For policy, think about ways to combine insights for your chosen goals

Thanks

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