

# Insights from the clinical assurance of service reconfiguration in the NHS: the drivers of reconfiguration and the evidence that underpins it – a mixed-methods study

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## Plain English summary

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## Plain English summary

Clinical services in the NHS are frequently subject to reconfiguration. This means changes to the location and the type of service being offered. Yet it is rare for reconfiguration to hospital services to be evaluated. This means that there is a lack of evidence to help guide service change.

This research set out to discover which services are being reconfigured and why, and what evidence is being used to guide this. We have drawn two main sources of information. First, we reviewed the reports produced by the National Clinical Advisory Team (NCAT). This is a team of clinical experts who, until March 2014, advised the NHS when making changes to hospital services. Second, we have looked for research evidence that would support the changes to services that the NCAT advised on.

We found that many places are reconfiguring clinical services by centralising them on to fewer hospital sites. This is mainly because they want to save money or are having difficulties staffing services. However, the planned changes are frequently not implemented because of local public and/or clinical opposition. There are also examples of changes to services provided in the community. We could not find evidence that service reconfiguration would save significant amounts of money. There is also little evidence to help hospitals find ways of overcoming their staffing difficulties. More research is needed. We believe that the NHS would also benefit from retaining a national source of clinical advice to help guide service change.

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