

Decommissioning health care: identifying best practice through primary and secondary research – a prospective mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

Identifying best practice for decommissioning health care

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Plain English summary

Background/aim

Making the most of NHS resources requires investment in new services as well as stopping services that do not give the best benefits to patients. However, reducing, replacing or removing health care (referred to here as decommissioning) is difficult to achieve. Our project aimed to provide evidence-based advice on this topic.

Methods

The study was carried out in stages, with each one building on the last. Stage 1 involved gathering previous research and the reflections of NHS leaders. It also involved 30 experts sharing their views on good practice in decommissioning via a questionnaire. Stage 2 involved a survey of Clinical Commissioning Groups (CCGs) to find out their decommissioning plans and experiences. CCGs hold budgets at local levels of the NHS. Responses were received from 56 out of 211 CCGs. Stage 3 involved interviews and observations of four examples of attempts to decommission services in more depth (including 59 interviews). Stage 4 involved group discussions and another expert survey, this time with 26 citizens, patient/service user representatives, carers, third-sector organisations and local community groups.

Findings/conclusions

The most common type of decommissioning reported by CCGs was trying to move services. Some of our case studies made progress with their plans, whereas others did not and found this frustrating. There was felt to be a lack of guidance from national bodies, and also a lack of the staff skills necessary for decommissioning. Citizens, patient/service user representatives, carers, third-sector organisations and local community groups spoke of a strong sense of loss around losing services, and many felt that decommissioning decisions were made mainly for financial or political reasons rather than to improve patient experience. Our study identifies important insights for the range of groups affected by decommissioning in health care. Good-practice principles for leading decommissioning processes and engaging service users and citizens are provided; however, the study suggests that no simple formula exists for doing decommissioning well.

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