Definition
Ideology versus practicality: Care Closer To Home (CCTH) is perceived as desirable but difficult to achieve. Financial and practical difficulties (e.g. ensuring equivalence in standards and equity in service provision) challenge the philosophical ideology underpinning paediatric CCTH.

Codes
Ideology of CCTH; Patient-centred approach; Equivalence to hospital care; Equity in Service Provision

Summary of data
- Ideology and patient-centeredness

Participants view paediatric CCTH as intrinsically desirable, a sound theoretical principle for keeping children out of hospital and guiding health service redesign: *"Only the patients who need specific investigations they can only get in the hospital really need to attend the hospital."* **(Consultant 7, p. 1, line 7)**. In addition, participants were keen to convey their support for a <u>user-led agenda</u> in which new services incorporate families' perspectives, as well as being responsive to the needs of communities. This was contrasted with the present service design which was perceived as reflecting the needs of the organisation: *"We need to be very different in how we deliver services based around what the patients and their families need and I think at the moment we're not, we're still focused on what's easier for us"* **(Manager 1, p. 20, line 464);**
"The preservation of the institution, rather than the needs of the population they actually serve, seems to me to be the predominant interest" **(Consultant 7, p. 3, line 69).**

The <u>ideology</u> of providing care that is both closer to patients' homes and tailored to their needs was further contrasted with the <u>practical and financial difficulties</u> of delivering 'hospital' services in community settings. So, although closer to home policies were philosophically presented as unproblematic, the process of actually setting up and maintaining clinics in terms of finance and infrastructure was seen as far more challenging: *"What we're talking about is logistics and possibilities and that's not necessarily the same as kind of philosophical approach is it?"* (Consultant 8, p. 14, line 324).

Does this mean that <u>participants supported CCTH in theory, but not in practice</u>? *"Behind it in theory but the practice is often more complex than the theory"* (Executive 1, p. 4, line 73). Does this call into question the interviewee's <u>commitment to delivering paediatric CCTH</u>? Perhaps the reluctance of participants to fully commit to implementing this policy relates to uncertainty about whether a new government will endorse the initiative? Given that interviews spanned the introduction of a new government / White Paper, the <u>political and economic context</u> was clearly present in participants' views, leading many to examine the costs and benefits of CCTH: *"We've got to strike the balance between improving access and improving choice... And what's actually affordable"* **(Executive 5, p. 16, line 364)**.

- Equity, equivalence and fairness

The CCTH policy was also contested on ethical grounds. Many participants depicted a <u>moral obligation</u> of providing outpatient services in community settings which were of at least an <u>equivalent standard</u> to hospital care: *"You would never want to take something out into the community that's any different than you'd be happy providing here"* (Manager 3, p. 10, line 226). Participants also suggested that if patients were given appointments on the basis of their geographical location, this could create a <u>'postcode lottery'</u> in which access to paediatric health services is defined by the area in which a patient lives: *"If you start pulling patients out of, based on their geographical area from the total waiting list... people in that particular clinic might be seen earlier if it's a first appointment... So that kind of might create a double standard"* (Consultant 7, p. 7, line 205). Thus, far from having the desired outcome of improving access, some participants suggested that <u>decentralisation of services may actually reduce access</u> for some families: *"If you just transfer a clinic from a hospital to a community setting, you'll improve access for some and reduce it for others"* **(Executive 5, p. 11, line 340)**.

Deviant cases
One G.P did not think that paediatric outpatient care should be moved closer to patients' homes. However, the GP's surgery is geographically located close to the hospital, which could explain his views.

Points for further consideration
- What are participants' motivations for putting policy into practice?
- What is the CCTH agenda intended to achieve (e.g. keeping children out of hospital, improving access, relieving demand on hospitals, reducing DNA)?
- Are consumerist ideals (e.g. convenience and satisfaction) compatible with sustainability in the NHS?