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Framing in policy processes: A case study from hospital planning in the National Health Service in England

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ABSTRACT

This paper reports from an ethnographic study of hospital planning in England undertaken between 2006 and 2009. We explored how a policy to centralise hospital services was espoused in national policy documents, how this shifted over time and how it was translated in practice. We found that policy texts defined hospital planning as a clinical issue and framed decisions to close hospitals or hospital departments as based on the evidence and necessary to ensure safety. We interpreted this framing as a rhetorical strategy for implementing organisational change in the context of community resistance to service closure and a concomitant policy emphasising the importance of public and patient involvement in planning. Although the persuasive power of the framing was limited, a more insidious form of power was identified in the way the framing disguised the political nature of the issue by defining it as a clinical problem. We conclude by discussing how the clinical rationale constrains public participation in decisions about the delivery and organisation of healthcare and restricts the extent to which alternative courses of action can be considered.

Hospital planning is an enduring and seemingly intractable issue on the agenda of local health services managers. Efforts on the part of regional planners to rationalise hospital services have been in place since the publication of the Hospital Plan for England in 1962 (Ministry of Health, 1962). Since the 1990s this agenda has coincided with that of national professional associations representing doctors which have sought to centralise acute services (i.e. concentrate in fewer, larger departments) in order to facilitate medical staffing and training (Joint Working Party of the British Medical Association, Royal College of Physicians of London and the Royal College of Surgeons of England, 1998; Senate of Surgery, 1997, 2004; Royal College of Obstetricians and Gynaecologists, 2012; Academy of Medical Royal Colleges, 2012).

In both managerial and professional narratives policy arguments are couched in the language of rational analysis whereby the centralisation of hospital services is presented as the means to some desired ends ('efficiency' say or 'effectiveness'). These claims are highly contested in the research community. Criticisms have concerned the methods of studies investigating the relationship between volume and outcome, the interpretation of findings and, of particular relevance to this paper, *the choice of policy response* (Nuffield Institute for Health, 1996; Shahian and Normand, 2003; Byrne and Yang, 2008; Shapiro, 2008; Harrison, 2012).

Plans to close hospitals or hospital departments also face significant community resistance. One of the best known examples of community resistance to hospital closure in England is that of Kidderminster, where in 2001 a Member of Parliament lost his seat in a general election to a single-issue candidate on a platform to save the local hospital. At the same time national policy rhetoric emphasises the importance of involving the public in decisions about healthcare delivery (Secretary of State for Health, 2010, 2006).

We understand politics to involve a conflict in *meanings* as well as *interests* (Fischer, 2003). Insight into the differences in meaning ascribed to health services by different social groups has come from the field of cultural geography. Brown (2003), for example, has argued that proponents of hospital closure from a rational planning perspective 'neglect to locate the hospital, and in particular the district general hospital, within its broader context' (p. 489). He draws on the work of Kearns and Joseph (1993) and Pred (1983) to

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show how health services are important to people's ideas about local identity and 'sense of place'. Here 'sense of place' refers to the consciousness of a locality from the 'insider perspective'. It is based on the understanding that a place is more than the sum of its material characteristics, it is the centre of meanings, values, significance and emotional attachment.

Thus the political contest over hospital planning can be understood as a conflict in frameworks of meaning, between the instrumental rationality instantiated in both management and medicine (Rhodes, 2013; Good, 1994) and the perspective of community groups for whom health services are not just health services but are replete with social and emotional attachments. Our concern in this paper is not with how services should be provided but with exploring the role of policy in political contests. Following Shore and Wright (1997), we ask how, in this instance, does policy 'work' as an instrument of power?

Drawing from an ethnographic study of hospital planning in England we consider how policy is espoused in national policy documents, how this shifts over time, and how it is articulated and enacted in practice. Following Wright and Reinhold (2011), our approach is one of 'studying through', that is following a policy through relations between actors, institutions and discourses across space and time. We found that power operated through policy texts and in the practices of policy implementation in ways that were often difficult to see. Central to these processes were medical knowledge and expertise which served to frame the debate and undermine public involvement in decision-making.

1. Frames and framing in policy processes

Our approach is informed by the anthropology and sociology of policy (Shore et al., 2011; Wedel and Feldman, 2005; Shore and Wright, 1997; Ball, 1990; Donnan and McFarlane, 1989). This approach views policy as a social practice that is essentially linguistic. It presupposes that policy is a site of political contestation and uses discourse theory to illuminate the operation of power. A central concern is with unsettling the 'certainties and orthodoxies that govern the present' (Shore and Wright, 1997, p.17) so as to create room for alternative policy options.

From this stance, one way to view policy texts is as rhetorical strategies intended to convince other actors of the legitimacy of a course of action by using language to connect it to broader social values (Suddabury and Greenwood, 2005). Beyond the often quite obvious attempts at persuasion, there are the less visible discursive acts of 'naming and framing' that have the effect of making a certain course of action appear inevitable whilst marginalising alternatives (Shore and Wright, 1997). Much of the literature on naming and framing draws on Foucault's (1979, 1980) insights on the exercise of power in modern societies. Specifically, his observations on the way that language constructs the social world, the immanence of knowledge and power, and how the operation of power becomes hidden from view. So, for example, Edelman (1988) acknowledges a debt to Foucault in his analysis of how policy problems are constructed in discourse. In contrast to the rational approach to policy, which sees governments responding to policy problems that exist 'out there', Edelman argues that policy problems are created in the policy proposals that are offered as solutions. Similarly, Stone (1988) argues that policy texts are a political process of establishing definitions. The classifications and categories used in policy not only reflect a particular view of the world, they have consequences for people's lives. They 'confer advantages and disadvantages, rewards and penalties, permissions and restrictions, or power and powerlessness' (p.309).

Ball (1990) has described policies as 'power/knowledge configurations par excellence'. Policies, according to Ball 'embody claims to speak with authority, they legitimate and initiate practices in the world, and they privilege certain visions and interests' (p.22). Similarly, Shore and Wright draw on Foucault when they argue that:

> Policies are most obviously political phenomena, yet it is a feature of policies that their political nature is disguised by the objective, neutral, legal-rational idioms in which they are portrayed. In this guise policies appear to be mere instruments for promoting efficiency and effectiveness (1997, p.8).

Scholars differ on the extent to which they see the operation of power in policy texts as intentional. Some focus on the *uses* of discourse, emphasising the intentional mobilization of discourses for political purposes. Bacchi (2000), for example, attempts to capture this in her notion of 'category politics'. Others focus more on the *effects* of discourse, emphasising the way underlying assumptions and presuppositions of policies constrain what can be said or done. Ball, for example, sees the constraints imposed by discourse as arising from institutional practices and power relations and insists that the effects of discourse 'cannot simply be reduced to the intentions and ambitions of a few key actors' (1990, p.155). Similarly, Shapiro (1992) speaks of the operation of discourse as *exceeding* the intentions of individuals. According to Shapiro, when people speak they participate, often unreflectingly, in an existing discursive practice that 'constructs worlds of submission and domination' (1981, p.38). So, for example, doctors dominate patients not so much through the strategic use of language but through the fact that discursive practices construct 'doctors' and 'patients'.

To explore the operation of power in policy processes we employed, as a point of departure, Rein and Schön's (1993) concepts of 'frames' and 'framing'. The concept of interpretive frames stems from the work of Goffman (1974) who defined frames as organizing principles that govern the meaning we assign to social events (p.10). Rein and Schön have applied the notion of frames to the study of public policy, using the term to refer to 'a perspective from which an amorphous, ill-defined, problematic situation can be made sense of and acted on' (1993, p.146). Rein and Schön argue that policy actors have different frames that lead them to see things differently and support different courses of action concerning 'what is to be done, by whom, and how to do it' (1993, p.147).

Hospital planning exemplifies what Schön and Rein call 'intractable policy controversies'. Intractable policy controversies are 'marked by contention, more or less acrimonious, more or less enduring' (1994, p.3). A feature of policy controversies is that they are resistant to resolution by appeals to evidence or reasoned argument. This is because opposing parties hold different frames which lead them to differ in their view of what facts are important, or to give the same facts different interpretations.

Schön and Rein distinguish between action frames and rhetorical frames. Action frames are those implicit in the content of policies while rhetorical frames are those that underlie the persuasive use of argument. Sometimes the same frame serves both functions but more often they are different. A rhetorical frame may obscure the underlying action frame:

> Frames are about action, and the desire to do something usually leads to a commitment to make the action we seek realizable. We often do so by 'hitching on' to a dominant frame and its conventional metaphors, hoping to purchase legitimacy for a course of action actually inspired by different intentions (Rein and Schön, 1993, p.151).