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The Scottish Approach: A case study of the Out-of-Hospital Cardiac Arrest Strategy



HEALTH AND SOCIAL CARE



The Scottish Approach: A case study of the Out-of-Hospital Cardiac Arrest Strategy



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1. Summary

This report sets out the findings from a series of interviews¹ with partner organisations involved in the design and delivery of Scotland's first national [Out-of-Hospital Cardiac Arrest \(OHCA\) Strategy](#), published in 2015. Staff were interviewed about the development of the Strategy, the on-going delivery, the strengths and challenges, as well as the main features of the policy-making process. By canvassing the views of those involved throughout this process it has been possible to assess to what extent the Strategy embodies what is known as the 'Scottish Approach' to policy.

The Scottish Approach, put simply, “encapsulates a move within public services from top-down, service-led, reactive delivery, towards more personalised, preventative and collaborative ways of working” (Cook 2017, p 1). This Research Internship project serves as a ‘case study’ of the OHCA Strategy, and qualitatively measures whether this policy can be considered as the Scottish Approach in practice.

Findings from the interviews point towards several key messages:

1) The OHCA Strategy represents the core principles of the Scottish Approach – it has hallmarks of public service collaboration, cross-sectoral working, a focus on outcomes, co-production (at an organisational level), using and sharing assets (primarily organisational assets) and it adopts a system-wide approach.

2) Partners have expressed that aspects of this strategy are best practice – if the potential of a distinctive Scottish Approach is to be realised, future policy can be informed by what stakeholders perceive as best practice in this case study.

3) Looking forward, the Scottish Approach should be critically studied – the concept is still in its infancy and has received modest external scrutiny. Future studies should investigate the distinction between the Scottish Approach as a set of ideals – ‘what the approach is’ – and as an empirical practice – ‘what the Government does’.

1. Thirteen interviews were conducted.

2. Introduction

The publication of Scotland’s first OHCA Strategy in March 2015 signalled the national ambition for Scotland to become a world leader in OHCA outcomes. The document sets out 17 aims that span the ‘Chain of Survival’ – the crucial elements that can save a life when someone has an OHCA (Figure 1). The two headline aims for the Strategy are:

“We aim to increase survival rates after OHCA by 10% across the country within five years. Reaching this level of performance would mean around 300 more lives being saved every year compared to recent years. Starting an improvement programme now could result in a total of 1,000 additional lives saved by 2020.

We aim to equip an additional 500,000 people with Cardiopulmonary Resuscitation (CPR) skills by 2020. Increasing the incidence of bystander CPR is the cornerstone of improving outcomes because prompt bystander CPR can increase the likelihood of survival after OHCA by 2 or 3 times.”

(Scottish Government 2015a, p 4)

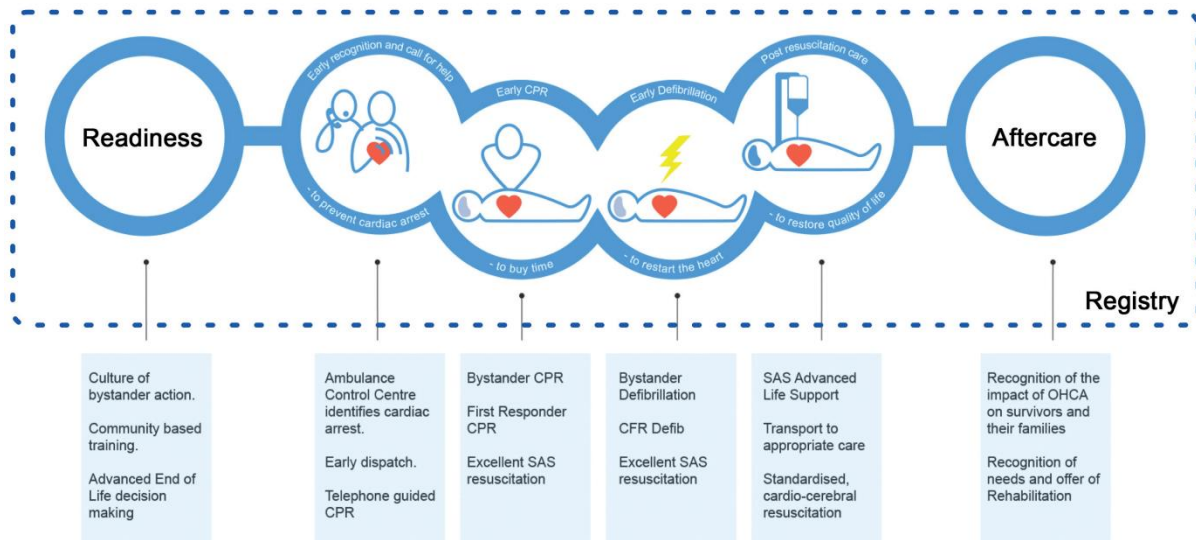


Figure 1. The augmented chain of survival (Resuscitation Research Group, cited by Scottish Government 2015a, p 13)

2.1 Project Aim(s) and Objectives(s)

The aim of this research project is to examine whether the OHCA Strategy is an example of a potentially distinctive 'Scottish Approach' to policy-making (see Section 3 for overview) and if this contributes to continued improvement with existing resources. This will be primarily achieved through interviews with stakeholders.

The objectives are:

1) To identify relevant documents and literature to summarise the main elements of the 'Scottish Approach'. This will be used as the framework to inform this research and the choice of interview questions.

2) Using this literature, interview transcripts and existing data

- Establish whether the OHCA Strategy can be considered an example of the Scottish Approach and the impact this has made
- Set out if and how this Scottish Approach has contributed to achieving the aims of the Strategy
- Identify the main successes and challenges of this approach in the delivery of the Strategy

3) Produce a report that sets out the findings of this research project, including the broader lessons that are transferrable to future policy delivery.

Information about the design, partner organisations invited to interview, analysis and rigour of this Internship project is provided in a full methodology in Annex A.

3. Overview of the Scottish Approach to policy

This section provides a brief background to the Scottish Approach as a concept, and then describes how this has evolved in light of public service delivery in Scotland. The features of what the Scottish Approach is in practice are then identified. The background concludes with an overview of the OHCA Strategy as a case study of this approach.

3.1 The concept of the 'Scottish Approach'

Since devolution a number of legislative and constitutional changes in Scotland have led to a narrative of divergence between the Scottish and United Kingdom Governments (Smith et al. 2009, Stewart 2013), one which posits “the potentially distinctive ways in which the Scottish Government makes and implements policy” (Cairney et al 2016, p 334). As civil servants and academics have observed these changes, the term ‘the Scottish Approach’ evolved as an overarching phrase to describe this potentially distinctive way of working.

3.2 The context of public service delivery in Scotland

The ‘Scottish Approach’ evolved in the context of the changing landscape of Scotland’s public services. In 2006 the-then Permanent Secretary to the Scottish Government (SG), Sir John Elvidge, articulated a new vision for public services at a meeting with the lead of every public service organisation in Scotland. It was proposed that there were too many departments within the SG, as well as numerous fragmented public organisations. In early 2007 a proposal was put forward to reform the organisational structure of departments, and for public services to be reformed.

In a Parliamentary speech in early 2008, the-then First Minister Alex Salmond voiced:

“Looking at the landscape of Scotland's public organisations today, we see a confusing array of organisational roles, remits and functions. A complex system,

which we risk being ever more concerned with talking to itself about procedure - instead of improving services and speaking directly with citizens to address their needs". (Scottish Parliament 2008)

The Independent Budget Review (IBR) echoed this sentiment, stating "For a small country, Scotland has a plethora of institutions, including 32 local authorities, 23 NHS bodies, 8 police forces, 20 universities, 43 colleges, and over 100 other public bodies" (IBR 2010, p 4). In total, there were approximately 199 active public service organisations at the start of the 2007 parliamentary session (Scottish Parliament 2008).

Set against this backdrop, Elvidge argued that "In 2007 the Scottish Government embarked upon a more radical departure in the organisation of government, at the heart of which is the concept of a government as a single organisation. It is, one might say, the idea of 'joined-up government' taken to its logical conclusion" (Elvidge 2011, p 31).

The new vision for Scotland was to create a governmental system that was de-centralised, embedded within communities and brought citizens and services closer together. This end-goal was operationalised in 2007 when the SG introduced the National Performance Framework (NPF). This drew on the outcome-based performance model used in the Commonwealth of Virginia in the United States. This framework catalysed the Government's focus on the shared outcomes of policies. The roles of central and local Government evolved as a Concordat was negotiated between the SG and the Convention of Scottish Local Authorities in 2008.

Around the time of the revision of the NPF in 2011, which was also the second Parliamentary term for the SNP administration, the Christie Commission was formed to review the delivery of public services in Scotland. Although the Commission stated that "our system of public service delivery is in need of a significant transformation" (Christie 2011, p 2), they found areas of progressive working. "What distinguishes these positive approaches", concluded the Commission, "is that they are grounded in people's lives, and the lives of communities (of place and of interest). Typically, people, communities and services work together to decide priorities and how to

achieve their delivery while the focus is on fitting services to people, not people to services. They also maximise all the resources and assets available, and the process itself builds the capacity of all those involved.” (Christie 2011, p 2)

These findings prompted the SG to identify four key objectives that would shape public service provision:

- Participation – public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience
- Prevention – public service organisations prioritise prevention, reducing inequalities and promoting equality
- Partnership – public service organisations work together effectively to achieve outcomes
- Performance – all public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable

The Government’s response to the Christie Commission served to cement the national vision. The NPF was further refined in 2016 and now sits with a 4 tier hierarchy. The overarching aim is defined in the Government’s Purpose. Five Strategic Objectives (wealthier and fairer, smarter, healthier, safer and stronger, and greener) describe how actions will be focussed. Sixteen National Outcomes describe what the government wants to achieve and a collection of 55 National Indicators enable services and citizens to track progress.

3.3 The features of the Scottish Approach in practice

The work described above offers a context for how Scotland’s public services were being developed. In 2011 Elvidge was invited by the Institute for Government to write about the first twelve years of devolved government in Scotland. Whilst reflecting on this progression, Elvidge used the phrase “The Scottish model of government” (p 31). As far as can be determined, this was the first time a distinctive Scottish approach was articulated, and it appears this was used to communicate two ideas. First, the Scottish model referred to his observations of what had previously been

done. Second, this Scottish model was something on-going – a set of principles that should be used to guide future public service provision. This marks an important juncture, where there is a transition between the ‘Scottish Approach’ being spoken about as a concept, to something that gives the approach an identifiable set of features.

Elvidge suggested in 2011 that the early Scottish model, based on the idea of government as a single organisation, was centred on 5 principles:

- An outcomes based approach
- A single government purpose, informed by broader objectives, measured by national outcomes
- A transparent system for tracking progress
- Single leadership roles for the central political and civil service pillars
- Role clarity for political and civil service teams to contribute to the collective objectives

Based on his observations of how the Scottish approach was evolving, Elvidge’s successor – Sir Peter Housden – expanded this approach. He offered a more practical explanation of what the Scottish model entailed. In a journal article published in 2014, Housden argued that the approach was underpinned by alignment and integration of public services, inter-connected patterns of working at local and national level and cross-sectoral working between directorates and organisations.

In addition, several specific elements define the model. Namely, that policies and interventions should be outcome-based. For example, it may serve no use to increase the number of training hours for a profession if the individual cannot secure a job (Housden 2014).

Another feature discussed by Housden is co-production. Co-production refers to a way of working where the service user and provider of the service come together to share dialogue about what is required in their context. A complimentary and reliant term is an asset-based approach. Here, services view individuals as assets and

resources – active agents who can influence change within their lives, their family’s lives and the communities in which they live.

A discussion paper by the Carnegie Trust published in 2017 added to these original ideas (Coutts and Brotchie 2017). They argued that “It [the Scottish Approach] necessitates the production and use of system-wide evidence, rather than evidence focussing on an individual sector or programme” (p 2). This was supported by Cook (2017) who said “The term ‘Scottish Approach’ encapsulates a move within public services from top-down, service-led, reactive delivery, towards more personalised, preventative and collaborative ways of working” (p 1).

Lastly, the former Chief Researcher for the SG voiced three key elements of the ‘Scottish Approach’ (Ferguson 2015): assets or strengths of individuals and communities; co-production or policy developed with rather than done to people; improvement – local ownership of data to drive change.

As the SG has continued to evolve in light of political, social and constitutional change, so too has the Scottish Approach. As Cairney et al (2016) highlighted:

“Overall, the ‘Scottish Approach’: began in 1999 as a broad idea about how to govern by consensus in an era of ‘new politics’; developed from 2007 as a way to pursue a ‘single vision’, cross-cutting government aims, and an outcomes-based measure of success...and became, from 2013, a way to articulate, and measure the impact of, key governing principles (‘assets based’, ‘co-production’, ‘improvement methodology’) and address specific issues such as inequality” (p 339)

Pulling this research together (Figure 2), we can conclude that there are several hallmarks of the Scottish Approach which are regularly identified, albeit with varying degrees of clarity. There are 9 common themes that are frequently cited as features of this approach which should be used as a reference standard going forward (Figure 3a). These cross different ‘levels’ of government, policy and public service.

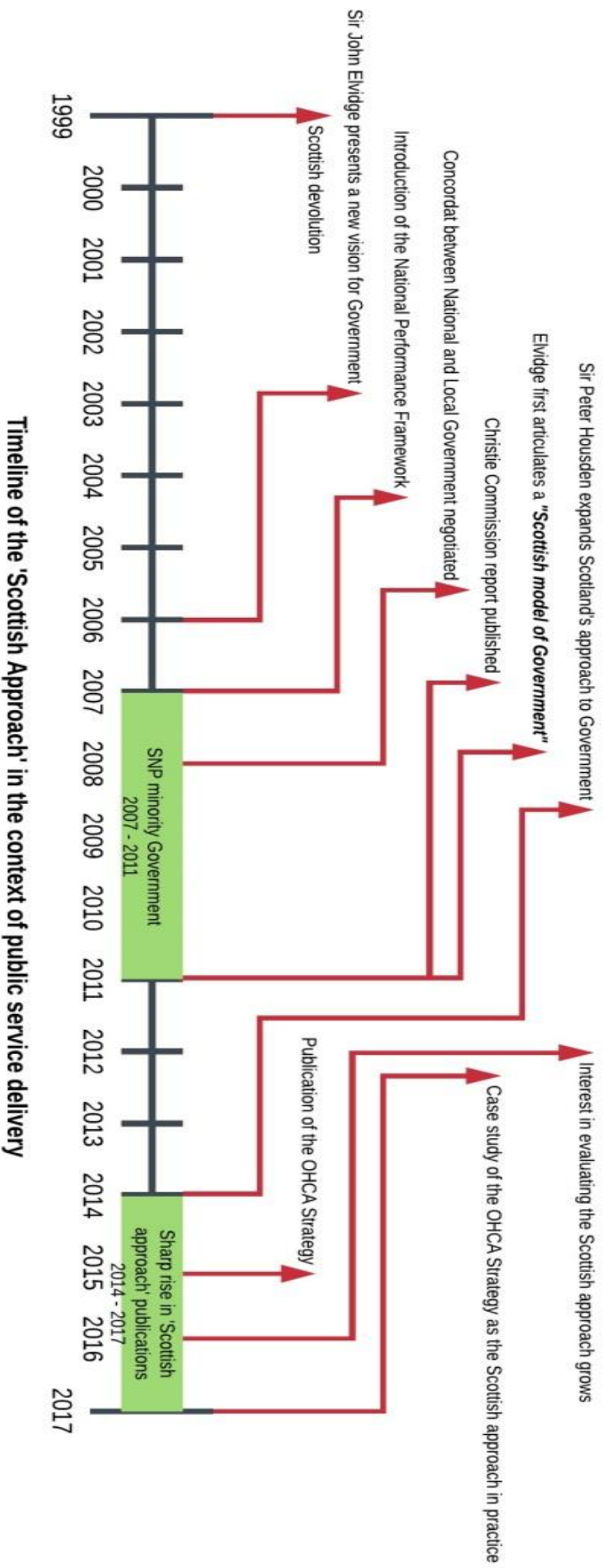


Figure 2. Visual timeline of the 'Scottish Approach' in the context of public service delivery in Scotland

These have been placed within a macro, meso and micro system for 2 reasons: (1) it creates a conceptual framework for the Scottish approach, serving to communicate the multi-level nature of governmental vision being translated into actions of individuals (2) part of the challenge when discussing the Scottish approach is the lack of standardisation, specifically the components of the model and what the terminology refers to.

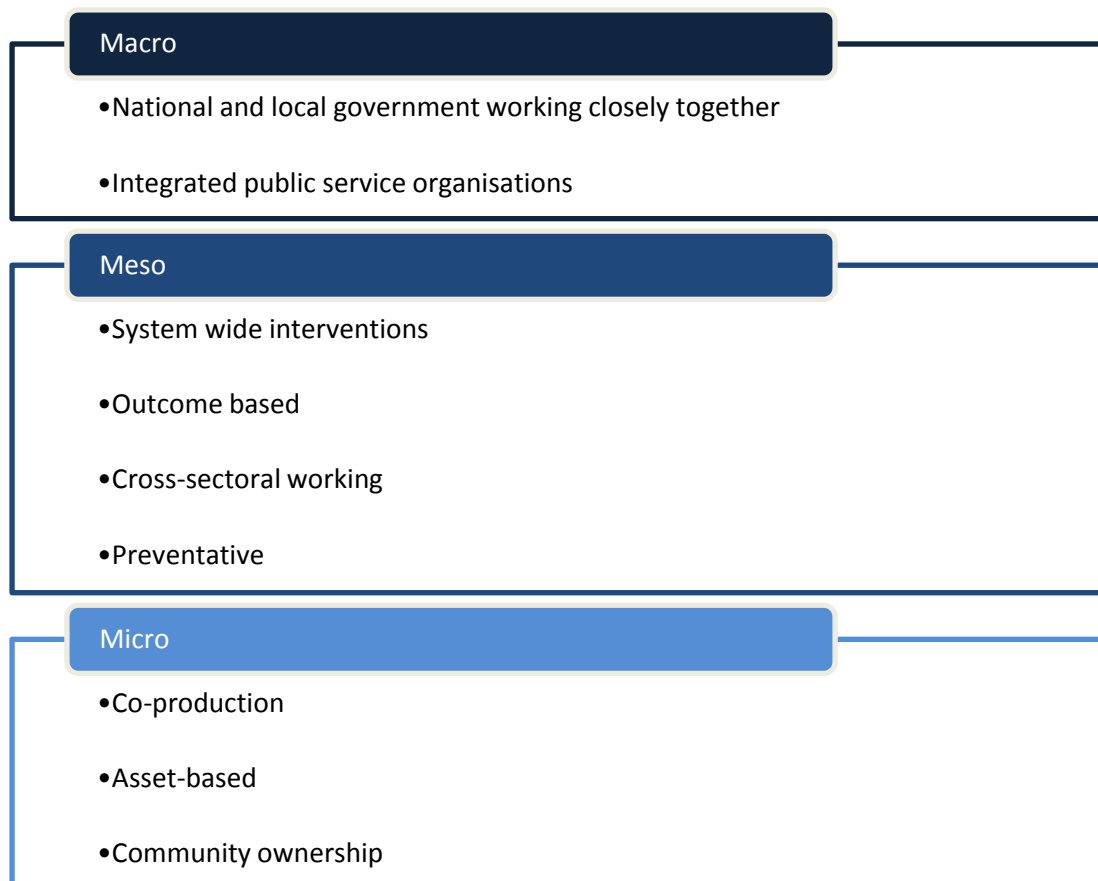


Figure 3a. Conceptual model of the Scottish Approach

Situating the approach within a conceptual schema will anchor future discussions in a common language.

3.4 The OHCA Strategy as a case study of the Scottish Approach

As highlighted in the Introduction above, the SG published Scotland's first OHCA Strategy in early 2015. It was recognised that the Strategy was "ambitious, important and achievable" (Scottish Government 2015a, p 41). Delivering measurable benefits would require a concerted effort from multiple organisations within different sectors.

With this in mind, a Reference Group and a Strategic Delivery Group were developed, which engaged a wide range of stakeholders including:

Public sector:

- Scottish Government
- NHS
- Scottish Ambulance Service (SAS)
- Scottish Fire and Rescue Service (SFRS)
- Police Scotland
- Defence Medical Services

Third sector

- Save A Life for Scotland (national CPR learning campaign), British Heart Foundation, Chest Heart & Stroke Scotland, Royal Life Saving Society Scotland, St Andrew's First Aid, British Red Cross, Trossachs Search and Rescue, Lucky 2 B Here

Academic

- Resuscitation Research Group, University of Edinburgh

Now approximately half way through the timeline of the Strategy, it is possible to study how the Strategy was designed and how the actions are being delivered. As of August 2017, >140,000 people have been equipped with CPR skills in a variety of settings (<http://www.savealife.scot/>), including health and sport events, school CPR days and community engagement programmes. This has involved partner organisations providing CPR training as well as embedding resources within communities – equipment, personnel or knowledge – to contribute to a nation of lifesavers. This is complimented by the longstanding and on-going community CPR training work undertaken by the third sector groups.

Furthermore, the emergency services (SFRS, Police Scotland and SAS) have piloted co-response models for emergency OHCA calls. This has involved deploying defibrillators on emergency vehicles in areas identified by SAS and SFRS, whereby Police and Fire Service staff perform CPR and defibrillation where necessary.

When considering the work of the Strategy in the context of the Scottish approach, it appears several elements may align with the principles of the model. For example, at the macro level public service bodies are integrating their work. At the meso level, cross-sectoral working is occurring between NHS, government and third sector groups. Lastly, at the micro level, partners are engaging with local communities and using the assets within these areas to help create a nation of CPR-aware citizens. This suggests that the OHCA Strategy may share some of the features of the Scottish Approach. The extent to which the development and delivery of the Strategy was – and continues to be – informed by the Scottish Approach is analysed in the Findings (Section 4).

4. Findings

This section discusses the extent to which the development and delivery of the OHCA Strategy illustrates the Scottish Approach in practice. The findings are reported to align with the project's specific objectives. Section 4.1 begins by outlining the partners' understanding of the Scottish Approach, and what it means to them. Section 4.2 gives evidence of the Scottish Approach being applied in practice. This focusses on the four elements that were commonly reported during the interview process: (1) focus on shared outcomes (2) cross-sectoral working (3) co-production (4) asset-based approach. The next section discusses the strengths and challenges of the OHCA Strategy (Section 4.3). The final section outlines the broader lessons that are potentially transferrable to future policy implementation (Section 4.4).

4.1 Partners' understanding of the Scottish Approach

Although the interviewees did not explicitly cite their practices as being aligned to – or driven by – the 'Scottish Approach', the majority of partners have heard of the Scottish Approach to some degree and understood it as a way of different organisations working together with a shared focus. Most referenced their understanding in terms of the work they are currently doing through the OHCA Strategy:

'I see it [the Scottish Approach] as the Government trying to use all partners, whether it be police, fire or ambulance and the wider NHS services and third sector organisations to tackle this nationwide challenge'

Participant 0001

'What it means to me is using both existing and new partners and colleagues – collaborations – to solve enduring issues that affect Scottish society'

'So the Scottish approach for me is building on these really solid partnerships and really making new connections'.

Participant 0005

'I think a really good way to describe it would be to describe what it isn't. Previously we had groups like SFRS saying they were going to do one thing, Trossachs saying they were going to do something else, BHF something else. And everyone was doing the best they could and they were doing the right thing. But nobody knew what everybody else was doing. You know it's that thing – all those individuals' parts coming together is better than the sum of the whole. It's about everybody working together with that joint aim for Scotland'

Participant 0015

This suggests that whilst partners were not overtly aware of abiding by the principles of the Scottish Approach, reflecting on the Strategy's design and delivery it embodies this model nevertheless. Furthermore, as can be seen from the context provided by the interviewees, the majority of partners outwith the SG conceptualise the Scottish Approach through the lens of OHCA, rather than a set of principles drawn from general policy. This is an expected finding given that the SG partners have been exposed to the Scottish Approach as a concept that crosses different policy sectors. One partner encapsulated this idea by stating:

'From my experience I hadn't heard it before. I am very conscious and aware of it now... Scottish Government and NHS partners have, kind of, cited this as saying this is the Scottish Approach, so that would be my level of awareness of that idea as a concept'

Participant 0010

Whilst the majority were aware of the Scottish Approach as a concept, several partners stated they had not heard of this approach:

'So I had no knowledge of the Scottish Approach as a thing, before our conversation as part of the introduction for this'

Participant 0008

4.1.1 Scepticism towards the Scottish Approach

Several partners expressed scepticism about the reality of a Scottish approach in practice. One partner questioned:

'whether it is stories we tell ourselves to comfort ourselves that we are doing something special, something good. And I don't know whether we are'

Participant 0012

Another partner likened the connotations of the Scottish Approach to the notion of civic Scotland which brought its own specific challenges:

'I think there is a broader problem right across policy in public sector Scotland with this notion of civic Scotland – that if you are asking professional people and “experts” and getting their opinions then that is enough. That is an incredibly narrow way of thinking. We don't know everything. There's an assumption that this group is the repository of all wisdom. And my view is that it's not. It's hard for governments to want to let go of control. But I think they need to broaden out the debate and welcome ideas from outside the usual suspects. There is definitely a kind of professional class in Scotland which is quite conservative (small c).'

Participant 0014

4.2 Evidence of the Scottish Approach in practice

As highlighted in Section 3.3 above, there are 9 identifiable elements (approximately) that are regularly cited as features of the Scottish Approach, and these operate at different levels of governance and public service (Figure 3a).

Analysis of the interview data suggests that four elements of the Scottish Approach are strongly evidenced in the OHCA Strategy. Three are moderately supported, whilst the remaining two have limited evidence. A visual aide below describes the extent to which the recognised features of this approach are identifiable in the OHCA Strategy (Figure 3b).

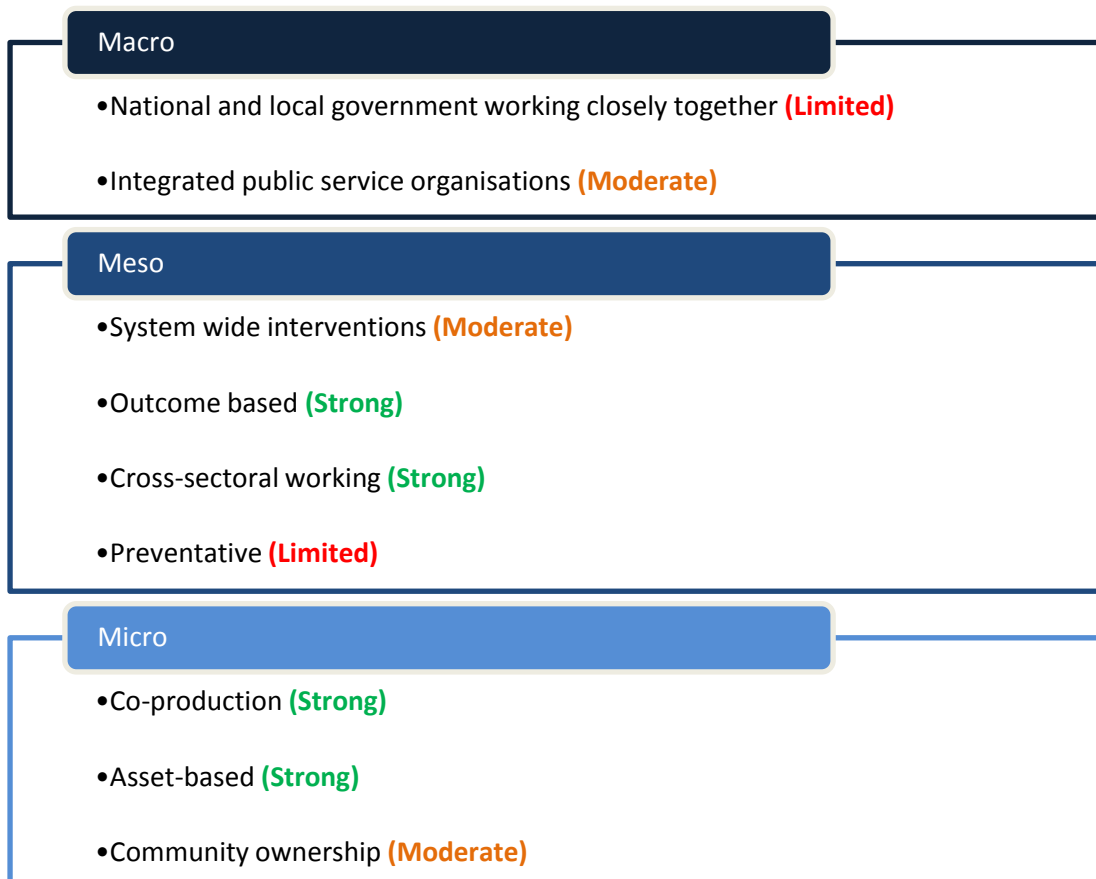


Figure 3b. The extent of the Scottish approach utilised in the OHCA Strategy

The following sections will focus on the four features of the Scottish approach that are strongly evidenced in the OHCA Strategy (outcome based > cross-sectoral

working > co-production > asset-based). An outline of the elements with moderate and limited support will also be given.

4.2.1 A focus on outcomes

One of the main features of the Scottish Approach that is readily identifiable in the OHCA Strategy is that it is outcomes-based. As mentioned in the Introduction, the headline outcome is to “increase survival rates after OHCA by 10% across the country within 5 years”. This will be achieved, in part, by equipping “an additional 500,000 people with CPR skills by 2020” which “can increase the likelihood of survival after OHCA by 2 or 3 times” (Scottish Government 2015a, p 4). Partners expressed that having this focus on explicit outcomes allowed them to gather organisational support:

‘Speaking from an organisational point of view, the published and declared strategic commitment and support is what’s made a difference. Often we can be involved in something and there isn’t a reference – you wouldn’t have a strategy to look at...As a manager and implementer and project delivery person then knowing that, you then know why you’re doing it.

Participant 0010

There’s not a part of society that the mission doesn’t touch I would suggest. Everybody in the room is affected by it...everyone will have someone in their work or in their family that will be positively affected by this work’

Participant 0005

Partners suggested that the clear commitment to the outcome of lives saved means that there was a compelling argument for delivering the Strategy and getting buy-in from staff:

‘It’s a great story to tell. I mean who doesn’t want to save lives...it was a winnable target if people were willing to get stuck in’

Participant 0012

One partner voiced that ‘It’s about the difference between getting Christmas cards or getting wreaths. That is what it’s about’ Participant 0015. Another expressed a similar sentiment, saying ‘There are people today walking around alive today in Scotland because of the work of the cardiac arrest strategy’ Participant 0001.

Several specific examples recalled by partners gave the sense that the OHCA Strategy is viewed as having an immediate, tangible impact on people’s lives. One interviewee explained a scenario in which the Police, SFRS and SAS were deployed to an unresponsive person in a car as part of a co-response model implemented as a result of the OHCA Strategy (Figure 4). The Police and SFRS successfully resuscitated the patient using their on-board defibrillator. The interviewee reflected on this:

‘There is a tangible result for that investment and training and kit and that co-responding pilot...it’s very real and very tangible and it’s a very personal story for that family as well’

Participant 0005

Another participant described how a patient had survived through SFRS co-responding with the SAS:

‘The reality is that chap probably would have died had the fire service not been co-responding to cardiac arrest’

Participant 0001

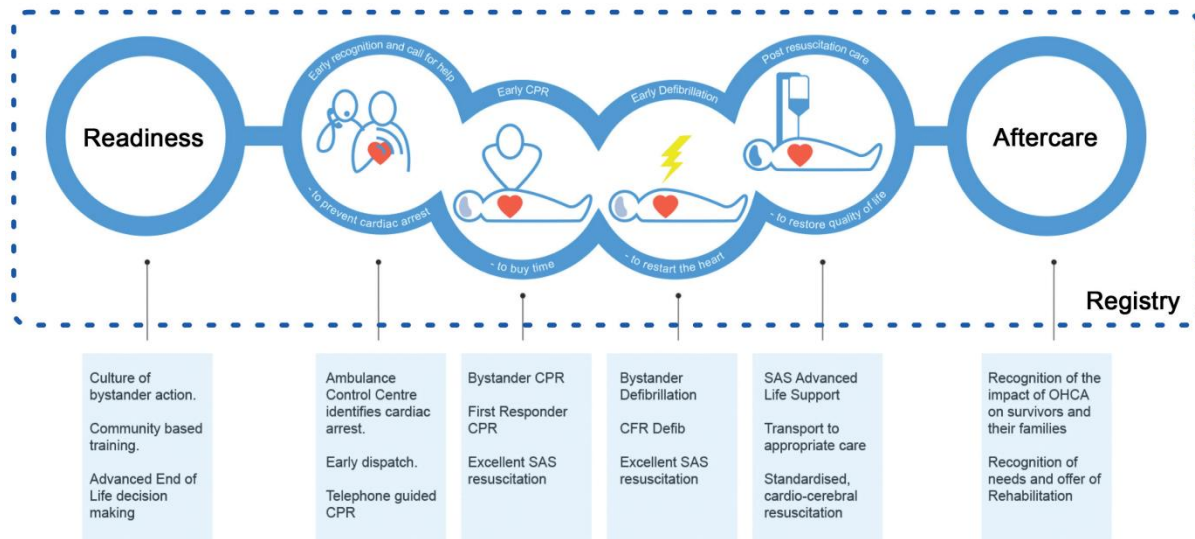


Figure 4. SFRS and Police Scotland role in the Chain of Survival. This highlights how the features of the Strategy’s approach work together; focussing on patient outcomes is complemented by cross-sectoral working and co-production

Although the interviewees did not explicitly cite this as an ‘outcomes-based’ Strategy, it is clear from their reflections that having a clear outcome – particularly one that affects patients and their families – allowed the Strategy to gain support from these individuals, which then influenced how the message of the Strategy was received by

their organisations. As one partner stated: 'I've sat around previous policy tables and there's been a sense that if it doesn't work then we can go on our merry way. Whereas here there is a sense that if this doesn't work then we've only got ourselves to blame' Participant 0002. The outcomes, therefore, were instrumental in the success of this Strategy, as well as influencing how the partners came together to work across their respective sectors.

4.2.2 Working across sectors

The extent to which there was partnership working and how this supports the Strategy commitments was also explored in the interviews. The particularly positive and inclusive nature of the collaboration between the organisations involved was identified as a feature of the OHCA Strategy partnership.

'So this strategy, if I had to sum it up in one word it would be 'inclusive''
Participant 0015

'I have to say that the inclusiveness from the outset from the Government to ourselves as a blue light partner has been very welcoming and refreshing'
Participant 0006

The existing work on OHCA was harnessed and enhanced by the partners and has improved effectiveness and added value. One interviewee reported it provided the basis for a coherent response and is true cross-sectoral working that is achieving more than the sum of the parts in practice:

'There were so many groups trying to do things, and what the strategy did was that thing about all those metaphors – get everybody on the same page, signing from the same hymn sheet, that sort of thing. And people were doing fantastic work. They had been doing this for many years. But this strategy gave the cohesion. So the Scottish Government were the conductor and the fantastic musicians were the individual groups'
Participant 0015

There is a decades long tradition of the public and third sector working together, however this was a step change in partnership working, as an emergency service interviewee put it when comparing previous initiatives:

'Not as collaborative, I don't see that at all. I think you could look through the previous 100 to 150 years of the [organisation] and there will be markers of big changes...All of these have been landmarks, but they are still not collaborations.

They are changes in funding and response. Whereas if we continue to expand what we are doing from OHCA then that is a seismic shift'

Participant 0010

The way this supported improved working and impact on delivery was highlighted.

A third sector interviewee set out how it broadened understanding and effective delivery:

'This has been distinct because there are so many different sector workers all coming together – the more we connect, the more we can get that broader perspective and think beyond who is going to deliver what and what your outcomes are, the better it is.'

Participant 0011

Interestingly this appeared to have generated improved inter-organisation working at all levels of the agencies involved; from senior leaders to frontline staff. This was not a common achievement:

'What is often missing is, at senior level in organisations, you definitely see people in my rank and role speaking to partner organisations at a senior level. I'm not entirely sure – and often for good reasons – that that is replicated in the front end delivery of the service...I think there is a visual representation here where you can physically see the front end delivery of training and awareness and impact done in a very collaborative way'

Participant 0005

The distinction between the idea of collaboration in name, and cross-sectoral working as a meaningful, productive process was made and the OHCA Strategy was an excellent example of the latter, but not straightforward to achieve. One respondent spoke of previous experience and the effect on delivery: 'Sometimes when you force collaboration and you force partnership through legislation you don't always get the outcomes that you would hope for' Participant 0005.

4.2.3 Co-producing the OHCA Strategy

As outlined in the Overview of the Scottish Approach above (Section 3.3), the gold standard definition of co-production is 'a relationship between service provider and service user that draws on the knowledge, ability and resources of both' (Scottish Co-production Network 2017). With this definition in mind, the consensus from the

partners was that this Strategy does not align with the traditional principle of service and user co-production. As one interviewee voiced:

'If it was me, I'd think how can we go beyond this group and get into difficult to reach communities. I'd like to hear it straight from the horse's mouth'

Participant 0014

Instead, partners appeared to view co-production through an organisational lens; the Strategy was co-produced by partners advocating for the patient and representing the patient's voice. One interviewee stated:

'I think this was co-produced with organisations and suppose, you might argue that some partners there represent the patient voice. I think more so with organisations, yeah.'

Participant 0002

One third sector partner shared this viewpoint, suggesting that 'People have a great deal of faith in third sector, they see us as advocates, as a vehicle for people to voice their concerns' Participant 0011. The majority of interviewees pointed towards the work being done by Chest Heart & Stroke Scotland as the main strand of work involving patients. Chest Heart & Stroke Scotland were commissioned to hold a focus group around the theme of cardiac arrest survivorship, lending support to the notion that the patient's view informed the Strategy.

At first glance, then, the Strategy was not traditionally co-produced. Yet there is good evidence that the broader conceptualisation of co-production expressed by the interviewees is gaining support in the literature. A large review of co-production in Scotland was published in 2013 (Loeffler et al.) and highlighted how the typical definition of co-production has evolved in recent years to reflect a more holistic, multi-layered approach. Co-production can mean co-commissioning of services (including co-planning, co-prioritisation and co-financing), co-design of services, co-delivery (including co-managing and co-performing), and finally co-assessment (including co-monitoring and co-evaluation).

Although it is beyond the scope of this report to state whether the historical or revised form of co-production is the 'correct' one, a reasonable conclusion is that the design and delivery of the Strategy fits with the broader model of co-production.

4.2.4 Using assets in the OHCA Strategy

This section on using assets, in many ways, mirrors the section above on co-production. An ‘assets-based approach’, as outlined in the Overview of the Scottish Approach (Section 3.3), has traditionally meant to “view people as active agents in their own and their families’ lives, recognising opportunities and what people can do to achieve the outcomes they want” (Findlay 2016, p 17). However the OHCA Strategy has extended this individual-centric view to include community and organisational assets. The document itself recognises that “central to the success of our aim to change the system and improve outcomes of OHCA will be the commitment and drive of the national and local groups and organisations” (p 40). Again, this broader conceptualisation is supported by extensive review work (Morgan et al 2010).

One interviewee described how assets can be ‘money, people, kit, equipment and expertise’ Participant 0004. Another partner from one of the emergency services echoed this, stating that:

‘We are trying to utilise – and I say we, the NHS Scotland, the wider NHS...and the other strategic partners – to utilise an assets based approach...whether they be physical assets or team or personal skills...assets of individuals who are capable of doing CPR’

Participant 0001

When asked to clarify whether they meant individual, community or organisational assets, they stated:

‘I think it’s a combination of them all. It’s definitely the guys on the ground in terms of their operational side of things, but to drive that forward we need that team [organisational] approach’

The OHCA Strategy is harnessing the resources of individuals by equipping them with CPR skills and setting up structures that allow these individuals to connect within and across their communities. This is contributing to the success of the Strategy by gradually shifting the ownership of CPR training away from centralised organisations and into the communities and responder groups across Scotland.

At an organisational level, an example from an emergency service interviewee highlighted how they were able to seamlessly pull in personnel assets from another partner and optimise their training:

‘A key part of this also was that the training wasn’t just delivered by somebody who looks like me. I pulled in people around me so that someone was delivering training who was dressed in green [Scottish Ambulance Service Paramedic]. We were taking it beyond what would normally be required to show that level of commitment’

Participant 0010

Being able to draw on the assets of other partners – whether they be people, equipment or expertise – has meant that the staff involved in the delivery of the Strategy have been able to evidence a coherent, unified Scotland-wide approach. This has allowed a clear message to filter down from the strategic Reference and Delivery Groups into the organisations themselves. One interviewee commented that: ‘The OHCA is a good example of strategy working on effectively 2 levels, which is the people who do the job and the people who manage and lead the job and I definitely see it at both levels’ Participant 0005.

This also illustrates how the elements of the Scottish Approach applied in the Strategy, although presented in different sections here for clarity, work together rather than in isolation. In the example described above, the use of organisational assets served as a signal of cross-sectoral working, and was built on the work that had been co-produced up until that point. This encapsulates the multi-layered principles of the Scottish Approach that have been evident in the OHCA Strategy.

4.2.5 Other features of the Scottish Approach

The four elements described above are strongly evidenced in the OHCA Strategy. A further three features are moderately supported, whilst two have limited evidence. The three features that are moderately evident are (1) Integrated public service organisations (2) System-wide interventions (3) Community ownership.

(1) Integrated public service organisations – This is defined as the ‘coordination of working arrangements where multiple departments or public sector organisations are involved in providing a service or programme’ (National Audit Office 2013, p 5). The

Strategy has seen the emergency services co-responding to OHCA as part of a trial which has been well received by the 'blue light' partners. One emergency service interviewee stated how 'if you bring people in here, and give them a little bit extra training – we're already doing all that – what it allows us to do a take a little bit of pressure off the Scottish Ambulance Service's total volume of calls' Participant 0010. Although this is not occurring nationally as part of a formal integrated public service delivery model, the work undertaken through the Strategy nevertheless reflects productive integration between public services.

(2) System-wide interventions – Meeting the Strategy's headline aims of increasing OHCA survival by 10% and equipping an additional 500,000 people with CPR skills requires that the 'system' of OHCA is targeted. This means several things, such as developing the right infrastructure, creating a sense of community readiness across Scotland and changing societal norms about CPR. Equipping individuals with CPR skills also needs to happen across the spectrum of society, encompassing different ages, different hinterlands and those from different socio-economic backgrounds.

Currently half way through the lifecycle of the Strategy, many – but not all – of the processes are in place to allow this to happen. Interviewees acknowledged the efforts that have gone in to reaching all parts of society; 'It was about a whole-systems approach' Participant 0006. In light of the recent document Initial Results of the Scottish OHCA Data Linkage Project (Clegg et al, 2017), the scale of addressing all parts of the OHCA system is clear and partners express awareness of the need to target all groups, particularly those where outcomes are unfavourable.

(3) Community ownership – As the name suggests, this refers to communities owning – designing, coordinating and delivering – CPR events. All partners recognised that embedding CPR skills within communities is important. A consistent message from the interviewees was that if this work is to be sustainable, then the idea of 'CPR is something you do' Participant 0012 means 'embedding change within structures that make this normal practice...If we go back to the term 'Scottish Approach' and working with communities, you have to embed that very early on because it takes time' Participant 0011. Although the majority of skills sessions and CPR

events are still co-ordinated and lead by the partners, communities across Scotland are gradually being equipped with the skills to deliver CPR.

The two features with limited evidence are (4) National and Local government working closely together (5) Preventative.

(4) National and Local government working closely together – As mentioned in Section 3.2 above, in 2008 a Concordat between central and local government was negotiated which continues to be the primary mechanism through which central and local government operate. The OHCA Strategy, rather than leverage its work through Scotland's 32 local authorities, partnered directly with the charities and public service bodies which can deliver the aims of the Strategy.

(5) Preventative – Preventing an OHCA is a broader health issue that is outwith the scope of the OHCA strategy. Although there is mention of highlighting preventable risk factors associated with OHCA, this is part of a much larger health promotion drive in Scotland lead nationally by NHS Health Scotland.

4.3 Strengths and challenges of the OHCA Strategy

The main strengths of this Strategy have been discussed above – a priority on outcomes, thorough cross-sectoral working, a commitment to co-produce and using available assets – however partners raised other salient strengths. These ranged from the rudimentary idea that 'One strength is that it simply exists at all' Participant 0014, to more detailed responses such as the way in which the strategy has acted as a catalyst for the emergency services to discuss models of co-responding nationally.

One prominent strength relates to the idea of the 'people' involved, and staff from the SG, emergency services and third sector all voiced this sentiment:

'I think the personalities are quite important...so it was fairly open and there wasn't any sort of big 'I am' – sort of trying to grab the credit, I felt'
Participant 0012

'There are no egos. Nobody is trying to do something better than what somebody else is trying to do. Yeah we've all got our own organisations and our own corporate

images, corporate responsibility etc....but at the end of the day this is all about doing the right thing for the people of Scotland'

Participant 0001

'These types of collaborations are built on personalities. I think this is a key component part. It's about people working together and having a mutual understanding. Mutually working together and benefitting from each other's professional experiences and conduct...I think that's a really important part in all of this'

Participant 0005

Acknowledging this as a strength is important as it gives time to reflect on the effort and continuing commitment from the partners, which may go unsaid otherwise.

During the initial stages of developing the Strategy partners stated that 'the engagement from [name of civil servant] and [their] team was outstanding' Participant 0002. This led to the perception that there have been 'no barriers or hurdles. It's been a very open and inclusive approach to business' Participant 0006.

A key message to take away from this finding is that this was likely influenced by the number and profile of partners who have contributed to the design and delivery of Strategy. The document has covered the interests of all sectors whilst at the same time maintaining a manageable Reference and Delivery Group. One interviewee observed, the Strategy has been able to consistently action a representative group of individuals and organisations which consolidates strong working partnerships.

One third sector interviewee voiced that 'This also affects other areas, like the continuity of sending people who are vested in this' Participant 0002. Another emergency service partner agreed, stating 'They help seal the relationships' Participant 0005. This suggests that the theme of people developing and maintaining strong working relationships across professions is an important part of this Strategy's on-going delivery and future success.

4.3.1 Challenges of the strategy

Despite the numerous strengths of this strategy, approximately half of all interviewees identified salient challenges that could have been – and still could be – addressed. The main challenge relates to the measurement of performance; how are

partners delivering on their strategy commitments? One emergency service partner summed this up as:

'I think the weakness in the strategy is the measurements of performance. We've set these nice aspirational goals of half a million people, a thousand lives, but if it was to be really practical and delivered, I think we would have put some kind of performance measurements for the organisations, about what they would do...that links back to what I was saying earlier about going to each partner and saying 'how are you doing that', you know....if we had set out a year by year basis of what people should achieve, then it would have been much easier to say 'are we on track?'

Participant 0010

This view was shared by a third sector interviewee who stated:

'I am also not sure if the focus on delivery is strong enough at the moment. They've set an ambitious target, but there maybe wasn't that clear understanding of how it was going to be achieved...I would go back and look to see who is delivering on this. And we are of course not the only ones, but really see who is delivering this and then say that we can work with them to drive this forward'

Participant 0014

4.4 Informing future policy-making

As highlighted in Section 3.1, one of the aims of the project is to offer some 'lessons learned' – conclusions that can potentially be transferred to future policy delivery.

The central theme that interviewees identified was that this strategy, unlike other policies they have been exposed to, gave clear and measurable targets which were underpinned by a simple message:

'...getting people aligned behind a single objective. This is far harder than you think, because everyone has a different objective and everyone has different pressures on them. If you can line everyone up, and everyone recognises that reducing the number of people dying from an OHCA is a good thing, and everybody brings their contribution to the party, then you get something that is bigger than the sum of the whole. This is one of the best examples I have seen of that'

Participant 0004

'If you take OHCA, everyone buys in I think – in fact I know everyone does. They buy into the mission for want of a better phrase. They understand the mission.'

Participant 0005

A different but related theme was that partners felt improving OHCA outcomes was a manageable problem that was anchored in data relevant for the Scottish population.

One partner voiced that:

'I think the fact that it was predominantly based in Scottish figures – Scottish data. Making that comparison from a Scotland point of view brought that home, you know what I mean. This meant this was a Scottish problem'

Participant 0013

In terms of OHCA being a manageable issue, a third sector partner suggested:

'It's a very specific strategy for a very specific thing. Of course it's a major strategy, but when you look at the numbers it is quite small and manageable. We've identified a manageable problem that we can tackle. Sometimes in health policy we publish these massive transformational change strategies, and everyone thinks where can they play a part. With the OHCA strategy everyone knows what they are doing – everyone can absolutely say 'here's where I play a role'. This gave it a different feel around the room'

Participant 0002

Future health policies, where possible, can take note of these perceived benefits and develop policy with more discrete targets and outcomes so that the organisations and partners who are tasked with meeting these can focus attention and resources.

5. Realising the potential of the Scottish Approach

Conducting interviews about the Scottish Approach and reviewing its associated literature has revealed 2 important issues for the future of the approach: (1) the need for definitions and avoidance of conceptual stretching (2) the need for critically informed discussion.

(1) Despite over 10 years of observations about the potentially distinctive way Scotland implements policy, “what is meant by the ‘emerging Scottish model’ of policy-making is not clear” (Mitchell 2015, p 3). This is influenced by a phenomenon called conceptual stretching.

Coined by Giovanni Sartori, conceptual stretching occurs as individuals “seek to apply their models and hypotheses to more cases in the effort to achieve broader knowledge, they must often adapt their categories to fit new contexts” (Collier and Mahon 1993, p 845). The ‘Scottish Approach’ has become a phrase that connotes more diverse principles in light of changing practice, meaning that the list of identifiable features continues to grow. An insightful article by Mitchell highlights that “if the Scottish model means everything then it comes to mean nothing” (p 3), and advocates of the Scottish Approach should be mindful that the term is becoming conceptually stretched to the extent that it is now reported to represent most aspects of ‘good’ policy-making.

This case study has been challenged by the flexibility of this term and echoes Mitchell’s suggestion that developing models of the Scottish Approach – not one unifying model – is necessary to take into account diverse policy areas and sectors. Whilst a ‘one size fits all’ model is not optimum, developing standardised taxonomies would offer clarity around the language and practices of the Scottish Approach.

(2) Although the features of the Scottish Approach are inherently progressive, some opposition to how these are put into practice does exist (Mooney and Poole 2004, Mooney and Scott 2005). Central to this challenge is that if the approach

corresponds with certain values and behaviours, this would lead to improved outcomes for those in Scottish society.

However, it was recognised in the Christie Commission that “Despite a series of Scottish Government initiatives...on most key measures social and economic inequalities have remain unchanged or become more pronounced” (p viii). More recently reports from the National Audit Office (2012), Nuffield Trust (2014) and the Scottish Government (2010) have highlighted the continual challenges of tackling national health issues, and the most recent Scottish Health Survey statistics (2015b) shows that many of Scotland’s health issues persist. This suggests that critique may be warranted and a thorough appraisal of the Scottish approach in practice may be necessary. Scrutiny from external and academic bodies should be welcomed if the potential benefits of this approach – the benefits reported by stakeholders in this OHCA case study – are to be realised.

6. Conclusion

Scotland's approach to designing and implementing policy is subject to continual debate. It has been reported that Scotland delivers its policies in distinctive ways which has now become known as the 'Scottish Approach'. Literature published in the last 20 years suggests that there are several identifiable features of this approach (Figure 2).

This Research Internship Project set out to serve as a case study of Scotland's first national OHCA Strategy – to qualitatively explore whether the strategy represents the Scottish Approach in practice. By interviewing 13 partners involved its design and delivery, as well as reviewing other data sources, this project concludes that the OHCA Strategy displays the hallmarks of the Scottish Approach. There is strong evidence that the document focusses on outcomes, partners are working across sectors, the Strategy is co-produced from different bodies – including those that represent the patient voice – and that a variety of assets are being utilised. Other features of this Scottish Approach, whilst applied to a greater or lesser extent, have cumulatively contributed to this Strategy being perceived by interviewees as inclusive, productive and beneficial to Scottish society. Although challenges have been identified, the majority of interviewees cited elements of this OHCA policy-making process as best practice. These insights can help inform future policy development.

The extent to which the Strategy was purposively designed and delivered with the Scottish Approach in mind is unclear. Reflecting on the narratives that have emerged from the interviews, it appears that partners involved in the early stages of policy development did not cite their practice as the 'Scottish Approach' or being driven by this model; rather, their practices can now be qualitatively determined as this approach. Whilst the majority of the interviewees were aware of the Scottish model to some degree, the effect that this had on decisions and practices at the time of policy implementation is challenging to interpret through retrospective interviews.

Accordingly, a useful 'next step' in understanding the Scottish Approach, and complementing this OHCA Strategy case study, could be a policy ethnography. A policy ethnography would involve a researcher 'living' the lifecycle of a strategy – they would observe, document and analyse all the practices that contribute to policy. This would give insight into how and why decisions are made, the effect of cultures and organisational norms on working practices, and give analysis of policy in real-time. This would offer a far richer understanding of the Scottish Approach and could be applied in specific policy areas such as OHCA.

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8. Conflict of interests

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Annex A – Full methodology

1. Design

This project will use a semi-structured interview design with partner organisations involved in the design and delivery of the OHCA Strategy. The draft interview schedule is provided in Annex B.

1.2 Rationale for design

Qualitative research, fundamentally, “seeks to discover and to describe narratively” (Erickson 2017, p 36). In aiming to assess whether the OHCA Strategy represents the Scottish Approach in practice, using a quantitative ‘how many’ approach would not capture the opinions and experiences of design and delivery. A semi-structured interview format was adopted as this allows for core predetermined questions to be asked, as well as giving freedom for “other questions emerging from the dialogue between interviewer and interviewee/s” (DiCicco-Bloom and Crabtree 2006, p 315).

2. Partner organisations

As highlighted in Section 2.4 above, there are over 15 organisations involved in the immediate design and delivery of the OHCA Strategy. We aimed to ensure that all sectors – government, emergency services, third sector and academic partners – were represented. Given the timescale of this research project we had to limit the number of partner organisations invited to interview to ensure that the project was achievable.

We contacted staff from the Scottish Government, Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue Service, British Heart Foundation, British Red Cross, St Andrew’s First Aid, Chest Heart & Stroke Scotland, Resuscitation Research Group and Save A Life for Scotland. Using a standardised introductory letter (Annex C), we sought permission to audio record interviews which were deleted after completion of the interview process.

A list of the organisations contacted is given in Annex D.

3. Analysis

Central to the challenge of qualitative research is the need to produce valid – and to a certain degree reliable – results (Paley and Lilford 2011). Interviews present the researcher with an inordinate number of ways of communicating the processes of their study. For example, should the researcher identify categories, codes, labels, expressions, incidents, themes, units, chunks or concepts? And should these be induced from the data in a grounded theory style, or deduced from a priori theories?

Whilst I acknowledge these issues, I want to avoid this project being hindered by the chronic disputes associated with qualitative research (Denzin and Lincoln 2017). Instead, I adopt a pragmatic view which focusses on producing relevant, credible and useable findings. Owing to this, the influential paper by Ryan and Bernard (2003) is used to guide the analysis. Here, techniques such as identifying repetitions, transitions, metaphors and analogies, and linguistic connectors will be used. This will then be put through a “cutting and sorting” process technique. Although there is variation in how this can be done, this broadly involves segmenting sections of text into related sub-themes. Important for this study is the recognition that specific quotes or phrases need to be placed within the context in which they were spoken as interviews are not being transcribed verbatim (see Section 2.5 below). From here, these sub-themes will then be ordered into their higher order themes in line with the aims and objectives of the research internship.

4. Rigour

I have used Clausen’s (2012) worked example of a technique known as The Individually Focussed Interview (TIFI) which is based on Kvale’s (1997) gold standard traditional thematic analysis of interviews. The main challenge that this project has had to contend with in terms of rigour is that, due to the timescale, the audio recordings have not been transcribed verbatim. Clausen suggests that TIFI offers “methodological quality without transcription of audio recordings” (p 1) if a standardised verification process is followed. This is a 6 stage process: (1)

thematisation (2) thorough introduction to the interview method (3) the interview and co-produced statements (4) writing the draft and further joint production (5) analysis (6) results.

Analysis of verbatim interview transcripts normally occurs independently of the interviewee where the researcher sifts through speech line-by-line and identifies codes within the text (Saldana 2015). However, TIFI posits that the interviewer and interviewee verify findings together (Stage 3 and 4). For this project, hand-written notes were taken during the interview and permission was sought from all participants to audio record the interview for 'light touch' note taking after the interview. The written notes were combined with these summary notes taken from review of the audio recordings and an initial report was sent to the participant. The interviewee was invited to amend any statements or suggest additional themes which then formed the final anonymised report.

Annex B – Sample Interview schedule and standardised introductory letter

Opening discussion:

Firstly 'name of interviewee', thank you for taking the time to discuss the OHCA Strategy with me today. The focus of today's interview is to understand the OHCA Strategy in the context of what has been called the 'Scottish Approach'. The 'Scottish Approach' is a term that describes how the government designs and delivers its public service policies, and there are reported to be several features of this approach: outcome based, co-produced, asset-based, preventative, system-wide and cross sectoral working.

Awareness

1) To what extent have you heard the term or the idea of the 'Scottish Approach'?

Yes – in what context? Can you give an example?

No – have you heard of anything similar?

Application

2) To what extent do you think the design and delivery of the OHCA Strategy can be considered an example of the 'Scottish Approach'?

- specific time (i.e. initial set up phase, on-going delivery, outcomes)

- any specific element (i.e. focus on communities, resources, resilience)

3) How has this approach – the Scottish Approach – contributed to the achieving the overall aims of the strategy?

Successes and challenges

4a) What aspects of the design and delivery of the OHCA Strategy have contributed to its success so far?

- different phases (set-up and/or on-going delivery)

4b) What aspects of the design and delivery of the OHCA Strategy delivery can be improved?

- what further gains can be achieved and how

5) In your opinion, what aspect of the design/delivery of the OHCA Strategy:

a) is having the most positive effect?

b) is most important to your organisation?

Wider application – transferrable

6a) Are there aspects of the design and delivery of this strategy that you think can be applied in other policy areas?

- if so, which part?

6b) Are there aspects of other policies or practice that you think this strategy can learn from?

- if so, which practice or policy?

Other

7) Are there any other aspects of the OHCA Strategy or the Scottish Approach that you believe are relevant/important for this interview?

End of interview

Dear.....

I am contacting you in your role as part of the group involved in the design and delivery of Scotland's Out-of-Hospital Cardiac Arrest Strategy. I am on a research internship with the Scottish Government working in Karen MacNee's team. The research is using the [Out-of-Hospital Cardiac Arrest Strategy](#) as a case study to understand and improve the "Scottish Approach" in practice. As you may be aware the 'Scottish Approach' to public policy focuses on ideas such as cross sectoral working, asset-based interventions and a system-wide focus.

As a key partner in the development and delivery of the strategy, I would like to invite you to do a short, informal face-to-face interview for this research. I am looking to obtain evidence on how the policy was designed, and how it is being delivered.

I am able to travel to your place of work, and I anticipate interviews will last approximately 30-45 minutes, however this can be adapted to fit with your availability. With permission, interviews will be audio recorded and notes will be taken. After relevant themes have been identified, audio recordings will be deleted.

Background

Scotland's first national OHCA Strategy, published in 2015, may share some of the features of the 'Scottish Approach'. This interview will focus on the following broad areas:

- 1) Awareness of the 'Scottish Approach' and its role
- 2) Whether the OHCA Strategy displays facets of this approach, and what impact this has had
- 3) The role of the Scottish model in the successes and challenges of delivering the strategy
- 4) Overlap and transferable lessons to other policy areas

We believe the findings here can inform future policy delivery, not only for OHCA, but also other policy areas. It is our intention to share our findings within the Scottish Government, as well as publish the results in an academic journal.

Thank you for your consideration

Adam Lloyd

Scottish Graduate School of Social Science Research Intern

DG Health & Social Care

The Scottish Government

Annex C –Organisations contacted

Scottish Government

2 interviewees

Scottish Ambulance Service

2 interviewees

Scottish Fire and Rescue Service

2 interviewees

Police Scotland

1 interviewee

British Red Cross

1 interviewee

St Andrew's First Aid

1 interviewee

Chest Heart & Stroke Scotland

1 interview

British Heart Foundation

1 interviewee

Resuscitation Research Group, University of Edinburgh

1 interview

Save A Life for Scotland

1 interview



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