There is a broadly based consensus across the political spectrum that opportunities for citizen participation should be encouraged, as both an intrinsic ‘democratic’ good and a route to myriad benefits, from efficient public services to more cohesive communities. This is not new; writing in 1970s America, Pateman (1976, p. 1) said that the term had become so ubiquitous that ‘any precise, meaningful content has almost disappeared’. However, contemporary calls for participation differ, in important ways, from the radical demands of the 1960s and 70s. Polletta (2014, p. 457) argues that:

participatory institutions [of the 1960s] were seen as firmly outside the establishment. Today, they are the establishment. The arguments then for participation were principled. Today, they are practical ... In an important sense, participatory democracy has gone mainstream.

This mainstream consensus on the need for, if not the means to, more participation permeates organisations in the public sector. Warren (2009a, 2009b) has argued that citizen participation initiatives are transforming the nature of contemporary democratic systems as the institutions of representative democracy struggle to retain their legitimacy, political parties drift away from their popular base, and electoral turnout falls. It is no longer seen as adequate, or even perhaps possible, for elected politicians to act as the sole conduit for public knowledge and action into the large organisations which administer and deliver public services. Across countries and in administrations across the political spectrum, these organisations have been mandated to develop, manage, and evaluate mechanisms of public participation.
This book takes an interpretive, critical approach to participation in health systems, an approach rooted in the work of scholars such as Wagenaar (2011), Yanow (2000, 1996) and Bevir and Rhodes (2006). It draws on research conducted in one specific (set of) institution(s), the National Health Service (NHS) in Scotland, where participation is often referred to gently as ‘public involvement’. Concerns about public accountability in the UK NHS can be traced back to its creation (Hunter and Harrison, 1997; Klein and Lewis, 1976). In the early days of the NHS Bevan famously declared: ‘The Minister of Health will be whipping-boy for the Health Service in Parliament. Every time a maid kicks over a bucket of slops in a ward an agonised wail will go through Whitehall’ (quoted in Foot, 2009, p. 195). Since the 1970s, health policy has been concerned to establish other avenues for public redress and influence than direct control by central government. However defining the means of participation has repeatedly proved problematic for policymakers: Klein (2010, p. 234) describes the reform of public involvement policy in the UK as a ‘stutteringly inconsistent process’. Proposed measures have included repeated reforms of local structures of public involvement, reforms of complaints systems, increasing local authority oversight of NHS services and, in Scotland, the direct election of members of Health Boards. However, as this chapter will demonstrate, the consistency of the criticisms and dilemmas which have plagued the various models of involvement over time is remarkable (Carlyle, 2013; Learmonth et al., 2009).

In exploring practices of participation within the Scottish NHS, this book probes fundamental tensions within current discourses of participation. These relate to the capacity of techniques of participation to generate adequate legitimacy, and to accommodate ‘small-p’ politics and conflict, which have a habit of spilling out of the participation initiatives that organisations plan. By filling a perceived political vacuum at the local level of the NHS (Klein and New, 1998), policies of participation have generated new political terrain, and this book is therefore simultaneously an examination of policy implementation, and of grassroots political action in both ‘invited’ and uninvited spaces (Gaventa, 2006). This introductory chapter reviews the current state of knowledge on citizen participation in healthcare, highlighting some of the challenges of research in the field, and then introduces the conceptual approach taken in this book.

Empirical studies of participation in health systems

Healthcare is one field where participation has been a major trend for decades (affirmed by the World Health Organization (1978) as ‘a right