A Reader in Health Policy and Management

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Edited by Ann Mahon, Kieran Walshe and Naomi Chambers

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Introduction

Ann Mahon, Kieran Walshe and Naomi Chambers

Policy context and the purpose of this reader

This reader aims to offer managers and leaders working in healthcare easy access to a selection of key readings that will help them to make sense of their day-to-day working experiences, and to see the 'bigger picture' of health system reform. Health care organizations are often complex, diverse and difficult to manage and there are many different types of manager, working in different ways, in different organizational settings and in different countries. Health system reform can be seen as a unifying concern for them all. They need to understand the factors shaping policy (policy drivers) and the many and varied responses to these (policy levers) (Mahon and Young, 2006). Those levers and drivers may be outside of the influence of most managers, but they must be in a strong position to *respond* to these drivers if they are to commission, provide and manage effective and timely healthcare. To respond to this challenge, managers have to combine practical experience of day-to-day management with a depth and a breadth of knowledge and understanding about the wider context of the health system in which they work. That is the purpose of this book.

Many of the recent reforms introduced in the public sector have been inspired by market-based approaches that in the past were simply not associated with, nor deemed to be relevant to, healthcare. This has changed and management theories, concepts and practices developed in the business world have now extended into the 'business' of healthcare. As a consequence, we have witnessed a move away from models associated with public administration towards those associated with the worlds of business and private enterprise. The global term for this trend is 'new public management'. It is outside the scope of this introduction and indeed this reader to offer an in-depth overview and critique of the new public management debate. This has been offered by others working closely in this field (Hood, 1995; Ferlie et al., 1997; Ferlie, Lynn and Pollitt (eds), 2005). However, a framework setting out key policy drivers and policy levers will be introduced to provide a

conceptual framework that sets the scene for the readings included in this book. First, it is helpful to explain how this reader has been compiled.

The purpose of the reader

As directors of various postgraduate programmes in health policy, management and leadership, we have observed a number of trends of interest and concern in recent years. As is apparent in the different disciplinary bases of our selected readings, the field of health policy and management draws on a range of disciplines including *inter alia* economics, political science, sociology, social psychology, business and management and philosophy. This diversity, combined with the proliferation of published material in the field, means that managers get overwhelmed, cannot see the wood for the trees and simply 'don't know where to start' when it comes to searching the literature. As well as the proliferation of published material, the ever increasing use of the Internet with electronic databases and journals have contributed to the growth in the literature. They have also changed the way we search and gather sources. Papers can be searched, accessed and printed within a matter of minutes and at any time of day or night, providing immediate access for busy managers and clinicians and facilitating the combination of challenging working lives with part-time study. However, this has also meant fewer trips to the library, fewer hand searches of journals and perhaps fewer serendipitous moments of discovery while trawling through the archives.

Furthermore, why seek out original sources of material when writers of health policy and management text books provide us with adequate summaries of primary sources? The short answer is that they often do not. Original ideas can get diluted and distorted over time and summaries often fail to capture the context they were written in.

Programmes in health management, policy and leadership tend to be applied programmes that encourage the application of concepts and theories, often at the level Robert Merton referred to as 'theories of the middle range' (Merton, 1968). By this he meant theories that were not distant, abstract or grand ideas but rather concepts and frameworks that can be accessed and used to elucidate, elaborate and explore the challenges that managers face in their day-to-day jobs. We see this reader as providing access to a number of papers developing or testing out middle-range theories in order to shed new light on contemporary problems.

Finally, as policy initiatives come and go, young leaders can often believe that policies are breaking into brand new ground and sparking debates that have not previously been on the agenda. The readings selected for this reader provide ample evidence to support the notion of 'path dependency' in health policy and management – a theme explored more fully in Part 2 of this reader.

So, the reader has been compiled in response to these observations and concerns. We hope this provides managers and others who – for whatever purpose wish to explore topics in greater depth – a place to start their journey. We hope it gives a thirst for tracing readings back to primary sources and the energy and enthusiasm for making that extra effort to seek out classic papers in their full and

original glory. We hope it provides managers and leaders with illustrations of how papers, some of which were first published many years ago, continue to have relevance as we enter the second decade of the twenty-first century.

Before introducing the structure of the reader and the readings selected, the policy context is set out by looking at the factors that are driving reforms and the various ways that governments are responding.

Healthcare reforms – drivers and levers

The impetus for reforms across many developed and developing countries have emerged from sociological, technological, economic and political developments that have accelerated in recent decades. The drivers for reform in public services in general and health policy and management in particular, are well rehearsed (e.g. Baggott, 2007; OECD, 2005; Dubois et al., 2006; Walshe and Smith, 2006). The main driver for reform has, without doubt, been governments' concerns with increasing costs and efforts to contain them. Other factors relating to rising public expectations, changing demographics, technological developments and globalization are also important. These drivers, with some examples, are summarized in Table I1.1.

The OECD review '*Modernising Government: The Way Forward*' was carried out to provide a greater depth of understanding of how governments have responded to these various pressures for reform with a concern to help policy makers and managers prepare for future challenges. They identify six management reform policy levers as follows:

- open government;
- enhancing public sector performance;
- modernizing accountability and control;
- reallocation and restructuring;
- the use of market-type mechanisms;
- modernizing public employment.

These levers, with some examples of related policy options, are summarized in Table I1.2.

Table I1.1 Policy drivers

Consumerism – A general rise in expectations and a reduction in confidence and trust in professions and institutions

- Increasingly well-educated, informed and critical citizens expect high-quality services, streamlined administrative procedures and to have their views and knowledge taken into account in public decision making (OECD, 2005)
- Increased population mobility and a preparedness to travel as a consequence of cheaper air travel (Baggott, 2007)
- The users or consumers of health care are no longer 'passive patients' accessing and utilizing care in deference to health professionals. Patients have high expectations of the services they access, they are less deferential and more demanding (Coulter, 2003)

Socio-economic and demographic changes – Changes in age distribution and ethnicity

- Ageing population and associated changes in the patterns of illness (Baggott, 2007)
- Population displacement due to war (Baggott, 2007)
- Economic migration including health workers (Young et al., 2008)
- Failure to reduce inequalities in health/increasing inequalities within and between nations (Baggott, 2007)
- Epidemiological transition (Mahon, 2006)

Technological advances

- More advanced systems in accounting and auditing (OECD, 2005)
- Technological advances: biomedical science, genetics, pharmacology, computing, e-Health, telemedicine, genetics internet, email (McDonald and Walley, 2006; Donaldson, 2007)

Costs – An increasing concern about increasing costs, cost-effectiveness and productivity

- Increasing demands on public expenditure, calls for higher-quality services and in some countries an increasing unwillingness to pay higher taxes (OECD, 2005)
- Costs and concerns with efficiency, effectiveness and productivity. Increasing costs and concerns with productivity (OECD, 2005)
- Issues of costs and cost-effectiveness relate to choices about what governments choose to invest their resources in (OECD, 2005)

Globalization/internationalization

- Internationalization of the health policy process – the role of international bodies such as the WHO and the World Bank in policy making (Baggott, 2007)
- Increasing role of the European Union in shaping domestic health policies (Dubois, McKee and Nolte, 2006)
- Threat of war and terrorism (Donaldson, 2007)

Table I1.2 Policy levers (summarized from OECD, 2005)

Policy levers	*Summary of the key features*
Open government	Countries are moving from a situation where governments decided what information to make public to a greater willingness to make information available unless there is a defined public interest in it being withheld. Often citizens have a legal right to information. For example 90 per cent of OECD countries have a Freedom of Information Act and an Ombudsman office. The three main characteristics of open government are: ● transparency – that its actions and the individuals responsible for those actions will be exposed to public scrutiny and challenge; ● accessibility – that its services and information on its activities will be readily accessible to citizens; ● responsiveness – that it will be responsive to new ideas, demands and needs.
Enhancing public sector performance	To enhance performance countries have adopted a range of approaches to management including budgeting, personnel and institutional structures. Examples of institutional change include the creation of executive agencies and the privatization or outsourcing of the provision of public services. This lever of reform seeks to move the focus of activity such as budgeting away from inputs and towards results. The quantity of performance information is continuously increasing although problems are encountered with the quality and the application of the information. Performance information is important for governments in assessing and improving policies: ● in managerial analysis, direction and control of public services; ● in budgetary analysis; ● in Parliamentary oversight of the executive; ● for public accountability – the general duty on governments to disclose and take responsibility for their decisions.
Modernizing accountability and control	There has been a move from ex ante to ex post control and the development of stronger processes of internal control. This means a trend from a system where transactions were approved prior to commitment from a controller outside of the spending ministry (ex ante) to one where internal management makes many financial and non-financial resource allocation decisions that are externally checked after the event (ex post). This has resulted in more external audits and new and more complicated auditing and accounting regimes being put in place. As control becomes increasingly ex post, accountability becomes more important.
Concern with costs and demand leading to reallocation and restructuring	Fiscal constraints combined with increasing demands have led to the need for a range of structures tailored to specific requirements. In the past two decades many countries have restructured public services in a variety of ways which include: ● devolution of authority and functions from central to local government; ● reorganization of functions driven by the globalization of public concerns such as trade, environment and anti-terrorism; ● governments have been withdrawing from/selling off their interests in activities that could be conducted by private entities without direct involvement by the State; ● moving away from being a direct provider of services towards creating market structures increases the regulatory role of the State; ● whole of government reform reorganization; ● devolution, privatisation, contracting out.
The use of market-type mechanisms to provide government services	Market-type mechanisms are a broad concept 'encompassing all arrangements where at least one significant characteristic of markets is present' (OECD, 2005, p. 131). In service provision these characteristics include outsourcing, contracting out, public–private partnerships and user charges. Significant management challenges exist in moving to a market-type mechanism model, especially in separating the role of government as purchaser and provider of services, where traditionally governments have performed both roles.
Organizing and motivating public servants: modernizing public employment	A variety of initiatives have attempted to reduce public employment and increase managerial flexibility through decentralization of human resource management, accountability and pay. As a result of these changes many assumptions about the way public service works – such as jobs for life and generous pension packages – are no longer true.

The structure of this reader

The fifty selected readings have been organized in ten parts. It is not anticipated that anyone reading this book will read it cover to cover and in sequence, and it has not been designed to be read in that way. Instead, we expect it to be used as a resource to provide instant access to classic readings in specific areas of policy and management and to address some of our concerns that such readings should be available to as wide an audience as possible, whether as a layperson with an interest in health policy and management, a manager or clinician pursuing topics of personal interest or for professional development on short courses or postgraduate programmes. With this in mind, a similar format for each part has been adopted so that the readings selected for each part are preceded by a short introduction with some background and scene-setting to the general topic, an introduction to the selected readings and a summary of the key messages, references and further reading.

Part 1 includes papers with different perspectives on *the role of the state in healthcare*. The shift from bureaucratic and paternalistic models of healthcare towards more market-oriented systems of healthcare has meant an evolving rather than diminishing role for the state. This part of the reader includes selections that set out or critique the impact of the state on health policy from the period preceding the introduction of welfare in England up to the present day.

Part 2 focuses on the *policy-making process*. Healthcare managers need to understand how policy is developed and implemented in order to understand their role and contribution, but also as a touchstone for personal priority setting in their day-to-day work. This part of the reader therefore focuses on classic texts in relation to policy development and implementation.

The *allocation and distribution of resources* is the focus of part 3 that explores the way in which healthcare funding is organized and the readings focus on the implications of funding mechanisms for issues of equity, effectiveness and efficiency in health systems and also how systems of funding have shaped both the nature and the behaviour of healthcare organizations and health services.

Governments throughout the world are increasingly attracted by the use of market mechanisms and choice in health and public sector reforms to drive up efficiency and quality. Part 4, *Markets and choice in healthcare*, identifies some key readings that have influenced the marketization of healthcare and the increasing emphasis on choice.

The readings selected for part 5, *Accountability and regulation,* consider the changing relationship between society and healthcare and how organizations and the professionals working in them are held to account with a growth in formal and external systems of monitoring.

Recent years have witnessed increasing interest throughout the developed world in the quality of health services, and in systems to measure, assure and improve quality in healthcare. The selections in part 6, *Quality and safety,* consider developments and responses to this trend with a focus on the development of clinical governance, total quality management in healthcare and patient safety.

With the emergence of the 'new public management' era, the language used to describe the administration of health services changed dramatically in the 1980s. In part 7, *General management and governance*, the selections cover the origins of general management in the NHS, new responsibilities for managing strategic change and the nature and performance of Boards.

The rise over the 1990s of the 'evidence-based medicine' movement has influenced not just health but also those in other sectors such as education, social care, criminal justice and housing. Part 8, *Evidence-based health policy and management*, focuses primarily on the use of evidence by decision makers to shape health policy and the organization and delivery of health services.

Adopting a broader and more positive definition of health shifts our attention away from health services that are provided to treat illness and disease and towards the wider socio-economic and political contexts where health, illness and disease are defined, experienced and determined. Part 9 thus focuses on *The social context of health* locating healthcare in its wider context as one of many factors contributing to the health of a population.

Part 10 considers aspects of the *Cultural critiques of formalized healthcare systems*. The 1970s witnessed the growth of these 'cultural critiques' of medicine as well as other established institutions and professions in society. The debate is brought up to date with more recent readings seeking to address the balance.

A note on the selections

Space does not permit inclusion of all the relevant themes and readings that could be covered in this reader, although some may be conspicuous by their absence (such as leadership, patient and public involvement, healthcare commissioning, and so on.) The final ten themes and fifty readings that have been agreed upon emerged from discussions reflecting the editors' understanding of contemporary policy drivers and levers and their respective areas of interest. They also reflect some of the constraints imposed on us as a result of seeking copyright permissions. Nevertheless, we believe that these ten themes cover some of the key policy drivers and levers set out earlier in this introduction. They also cover topics that reflect the multidisciplinary content of many postgraduate programmes in the field of health policy and management.

This book and its companion: 'Healthcare management'

The idea for this book emerged in part from the work we and many colleagues did in writing and editing a comprehensive text on healthcare management, designed for use in management development and postgraduate programmes (Walshe and Smith, 2006). That book ended up with 28 chapters (and over 500 pages), and there are many connections – implicit or explicit – between its content and the content of this reader. We have not tried to follow the same thematic structure in this reader as we used in the text on healthcare management, in part because the

primary focus of the former was on managing healthcare organizations, while this book tends to tackle the wider context of health systems and health policy. However, we anticipate that many people will want to use them alongside each other, and for those readers, the connections will, we think, be readily apparent. For example, anyone grappling with the complexities of healthcare financing might want to read Chapter 3 in the textbook in which Suzanne Robinson offers a clear and structured typology and explanation of how health system funding is organized, alongside part 3 of this reader, which explores the question of how resources are allocated and distributed, with contributions from Alan Williams, Antony Culyer, Chris Ham, Angela Coulter and others.

However, our main hope is that for many managers, this book and its companion text will be not the end of their reading, but the beginning. If we have stimulated you to want to know more, to follow up the suggested readings and references at the end of each part or chapter, and to use our work as your stepping-off point into a wider literature, then we will be more than pleased.

Ann Mahon, Kieran Walshe and Naomi Chambers
Manchester, March 2009

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