INTRODUCTION

For over two decades now, the structure and organisation of healthcare in Britain has been in a permanent state of transformation and change. The Conservative government under Margaret Thatcher’s leadership initiated this period of reform by seeking to introduce market forces into the post-war state system of healthcare. The New Labour government which came into power in 1997 was in principle committed to reversing many of these policies and to a return to the founding principles of the NHS. In practice, the New Labour government has been more reform-orientated than the previous government. An almost continuous stream of policy initiatives has emerged over the last decade, designed to meet the government’s political goal of retaining healthcare as a public service whilst offering patients more choice through the development of a ‘supplier market’ in healthcare provision.

But how do we make sense of these constant shifts in health policy? Should the public pronouncements of health ministers be accepted at face value? Or should health policy be seen purely as a pragmatic response by government to changing political demands without any long-term strategic plan? Can a broader set of social, political and organisational processes which have shaped policy development be identified? There is certainly a need for a much more integrated and theoretical perspective in health policy textbooks in order to contextualise what often amounts to a rather superficial and chronological account of a series of government policy initiatives.

Policy studies have traditionally eschewed explicit theorisation (although it has always been present implicitly) reflecting its origins in social administration, but this can have the consequence of providing students with a sea of information with no map to guide their journey through the complexities of health policy. The aim of this textbook is to integrate conceptual themes drawn from sociology and political science in analysing health policy. The focus on conceptual linkages will demonstrate the continuities in policy practice, and avoid the impression of newness or innovation that governments like to convey. The aim being to contextualise ‘the reforms’ in the healthcare system within a wider understanding of social and political processes in order to avoid descriptive and historicist accounts of health policy formation.
INTRODUCTION

Michael Hill (1997) has identified four possible approaches to the study and analysis of social and health policy:

(a) Analysis of policy - with the aim of furthering an understanding of specific policy
(b) Analysis for policy - with the aim of improving the quality of policy
(c) Analysis concerned with ends - evaluating the outcome of a policy
(d) A concern with means - the policy process

This book will adopt all four approaches. Additionally, it is hoped that as students develop a critical understanding of the policy process they themselves will be able to influence and participate in both process and policy advocacy in the field of healthcare.

THE STRUCTURE

The first section of the book is concerning with theoretically contextualising the study of contemporary health policy. The first chapter begins by examining the field of health policy studies. Where there was once a broad agreement about the main constituents of the study of health policy, today many of these assumptions are being challenged and subject to dispute. In introducing the reader to the field of health policy studies, this chapter examines the range of theoretical frameworks that are drawn upon in the contemporary analyses of policy, and includes a discussion of power as a key analytical concept. The second chapter builds on these conceptualisations of power in order to examine the nature of state power in modern societies in the context of its role as the major provider (and purchaser) of healthcare in Britain. The major conceptualisations of the role played by the modern state in democratic societies are outlined, and the theoretical and philosophical differences that exist between them are identified. The final chapter in this section of the book analyses the process of making policy. The formal and informal processes involved in the formation, development, implementation and assessment of health policy initiatives are examined in the context of the NHS being one of the largest bureaucratic organisations in Western Europe. The issue of whether the political processes involved in policy-making are purely a ‘reactive’ pragmatic response to some emergent set of social and health problems, or whether a defined and distinct set of political ideas and values shape policy is explored.

The second section of the book examines the constituents of what are termed healthcare ‘systems’. The first chapter in this section examines the organisational structure of healthcare in the UK, and assesses the organisational transitions that have occurred throughout the sixty year
history of the NHS. The second chapter in this section examines the sources
of funding of the NHS, the issue of ‘under-funding’, and goes on to critically
assesses the expanding role of private finance in the state healthcare system.
The third chapter in the section provides a comparative analysis of European
national healthcare systems. This analysis is presented as a method of
avoiding the pitfalls of studying the UK healthcare system in isolation, which
can lead to a over- or underestimation of the uniqueness of the problems
faced by the NHS. The key learning objective of the chapter is for readers
to appreciate is that the health policy responses of other European Union
countries address a common set of concerns around delivery of healthcare
and meeting health needs.

The third section of the book focuses on specific issues in contemporary
healthcare policy and provision. It seeks to provide a historical background
and organisational context to a detailed examination of New Labour health
policy. The first chapter in this section looks at the role played by the medical
profession in the structuring of the NHS, who as ‘gatekeepers’ to the service
were able to determine health need and set priorities for healthcare
spending. Over the last twenty years, central government has sought to
re-establish its control over the activities of the medical profession through
a series of organisational developments designed to extend managerial
control over the autonomy and self-regulation traditionally enjoyed by
doctors. The second chapter examines the management and performance
of the NHS. New internal regulatory systems and performance assessment
frameworks have been established over the past two decades with the goal
of improving the organisational performance of the NHS. The chapter
examines the ways in which these managerialist solutions can become
derailed by organisational cultures resistant to change. The third chapter
explores the development of the ‘Patient-led NHS’. This is a vision of
the NHS in which users are given a greater range of choices about who
will provide the care they require. This process is being facilitated by
the construction of a new supplier market in which service provision is
commissioned from a range of healthcare providers from the public, private
and voluntary sectors. This chapter draws upon a critical conceptualisation
of consumerism in order to assess the thinking behind these recent reforms,
and whether equity of access to NHS services is narrowing rather than
widening as a consequence of this shift in policy. The final chapter in
this section examines how the increasing demand for long-term care in
the community has brought about a fundamental reform of health and
social care services. This chapter sets out a conceptualisation of ‘social
needs’, and then looks at the way in which such needs are now assessed
by the state and the logic behind the imposition of new eligibility criteria
for care. The chapter goes on to critically assess some of the assumptions
of policy makers about the role of families, and particularly of women,
INTRODUCTION

in providing care and support for those with long-term health and social care needs.

The final section of the book assesses the increasingly limited ability of health policies to limit or reduce threats to the health of the population. It examines the processes by which governments were able to ignore the widening of social inequalities in the UK, and the challenges faced by the new Labour government in reducing this gap in health outcomes between social groups. The chapter also analyses the development of the strategy of health promotion associated with the changing nature of the relationship of governance between state and citizen in managing or preventing health risks. The chapter concludes by looking at the increasing globalised nature of health risks which can affect the health of all.

USING THIS BOOK

This text utilises a series of case studies to illustrate how health policies have been implemented in practice. These are designed to show the importance of the social and organisational context in which top-down policy is enacted. A series of what are termed ‘Key Concepts’ appear throughout the text; these are designed to introduce the reader to the relevance of theory in assessing the formation and implementation of health policy. Also present throughout the text are a number of activities that enable readers to develop their understanding of the issues discussed in the text. These activities include references to further sources of information that the reader can utilise in completing the activity.