

## INTRODUCTION

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

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

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

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

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

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

## 12 THE STRUCTURE

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

35 The second section of the book examines the constituents of what are  
36 termed healthcare 'systems'. The first chapter in this section examines  
37 the organisational structure of healthcare in the UK, and assesses the  
38 organisational transitions that have occurred throughout the sixty year

1 history of the NHS. The second chapter in this section examines the sources  
2 of funding of the NHS, the issue of ‘under-funding’, and goes on to critically  
3 assesses the expanding role of private finance in the state healthcare system.  
4 The third chapter in the section provides a comparative analysis of European  
5 national healthcare systems. This analysis is presented as a method of  
6 avoiding the pitfalls of studying the UK healthcare system in isolation, which  
7 can lead to a over- or underestimation of the uniqueness of the problems  
8 faced by the NHS. The key learning objective of the chapter is for readers  
9 to appreciate is that the health policy responses of other European Union  
10 countries address a common set of concerns around delivery of healthcare  
11 and meeting health needs.

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

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

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

### 13 USING THIS BOOK

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