

# Comparative Case Studies on the Impact of the Health Reforms in England

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# Co-applicants

- Birmingham
- Stirling Bryan; Hugh McLeod; Judith Smith; Elizabeth Wade; + Research Fellow (2 years) + Research Fellow (1 year)
  
- King's Fund
- Anna Dixon; Nick Goodwin; Arturo Alvarez-Rosete

# Aims

- explore empirically how complex policy initiatives are being operationalised (implemented) within a range of local health economies (contexts), including how these local implementations are intended to operate (process) and their observed effects (outcomes);
- identify the extent to which policy initiatives are proving effective in addressing specific local issues in a range of tracer conditions / service specialties – this will assess the impact on the interactions and dynamics *within* organizations as well as *between* them
- provide policy-makers and practitioners with timely, formative feedback on good practice in implementation;
- actively disseminate findings within policy, managerial and academic communities

# Plan of investigation

- This study will examine the combined impact of recent health sector reforms in order to uncover the right balance of levers and incentives within a Local Health Economy (LHE) that will enable the delivery of service reconfiguration, achieve high quality care, and within budget.
- Using contextual theory, the study will examine how the different reform incentives interact with each other both nationally, but specifically through an examination of three tracer conditions/services (orthopaedics, diabetes, and mental health) across six LHEs in different contexts (market diversity, degree of competition between providers, and level of integration with social care).
- The case study sites will be chosen in collaboration with the other projects, and will include a number of DH Demonstration sites.
- The research will consist of comparative local case studies using a mix of documentary, quantitative and qualitative data, plus routine data at a national level will be sought from other PRP-funded studies

# Plan (cont)

- The main research questions have been selected from the Research Brief, namely:
- **Objective 1: Commissioning- 1A, 1C, 1F**
- Objective 2: Patient Choice of Provider- 2C-2F
- Objective 4: Impact of more diverse service providers- 4A-D
- **Objective 6: Oversight, system management and regulation- no specific research questions listed**
- However, these RQ will be examined in an interactive sense between the reforms giving 'net' rather than 'gross impact.'

# Plan (cont)

- The main data sources of qualitative data will be sourced via documentary analysis, focus groups and semi-structured interviews.
- We will use a software package (e.g. NVIVO) to manage the qualitative data.
- We will interview in two rounds for each tracer condition for each case study.
- The numbers of interviewees will vary by site and tracer conditions, but might typically include key respondents from: PCTs, PbCs, Foundation Trusts, independent and third sector providers, GP practices, local authorities and patient representative groups.
- We estimate that for 3 tracer conditions, across 6 LHEs, with two phases of data collection approximately 400 in-depth interviews will take place.
- In order to minimise costs, the second round of interviews will be telephone-based, wherever possible.

# Choice of Case Study Sites

- 6 sites: variables of market diversity, degree of competition between providers, and level of integration with social care (eg. degree of coterminosity of boundaries and/or shared commissioning functions; substantial use of Section 31 arrangements across multiple client groups; joint appointments of Director of Adult Social Services and PCT Chief Executive; verdicts of inspection).
- Case A - Choice in market structure; diverse providers; stronger integration with local government
- Case B - Choice in market structure; diverse providers; weaker integration with local government
- Case C - Choice in market structure; lack of diverse providers; stronger integration with local government
- Case D - Choice in market structure; lack of diverse providers; weaker integration with local government
- Case E - Monopoly in market structure; lack of diverse providers; stronger integration with local government
- Case F - Monopoly in market structure; lack of diverse providers; weaker integration with local government
- We will attempt to include DH Demonstration sites and one Care Trust.
- Pragmatic criteria- location; travel costs; access

# Impact Measures

- the five criteria outlined in the Research Brief (promoting better health and wellbeing; improving service responsiveness; increasing quality; reducing inequalities; and improving efficiency);
- the 'annual health check' from the Health Care Commission.
- specific national targets and objectives as set out in the NHS Operating Framework 2007/8 (DH 2006c) (eg achieving a maximum wait of 18 weeks; reducing rates of MRSA; and achieving financial health)
- specific tracer condition/service process and outcome objectives measured in relation to the espoused targets and goals laid down in Local Development Plans and other strategy documents.