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Evaluating market reforms in the English
NHS:
introduction to the reforms and the Health
Reform Evaluation Programme
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*Health Services Research Network and Society for Social Medicine
conference, 'Evaluating market reforms in the English NHS', 20
December 2010*



English NHS 'reforms'

Three main phases:

1991-1997

Predominantly 'internal market', supply side competition, variable prices, 'patients follow contracts'

1997-2004(?)

'Command and control', targets, performance management, investment in return for 'modernisation'

2002/03-2008

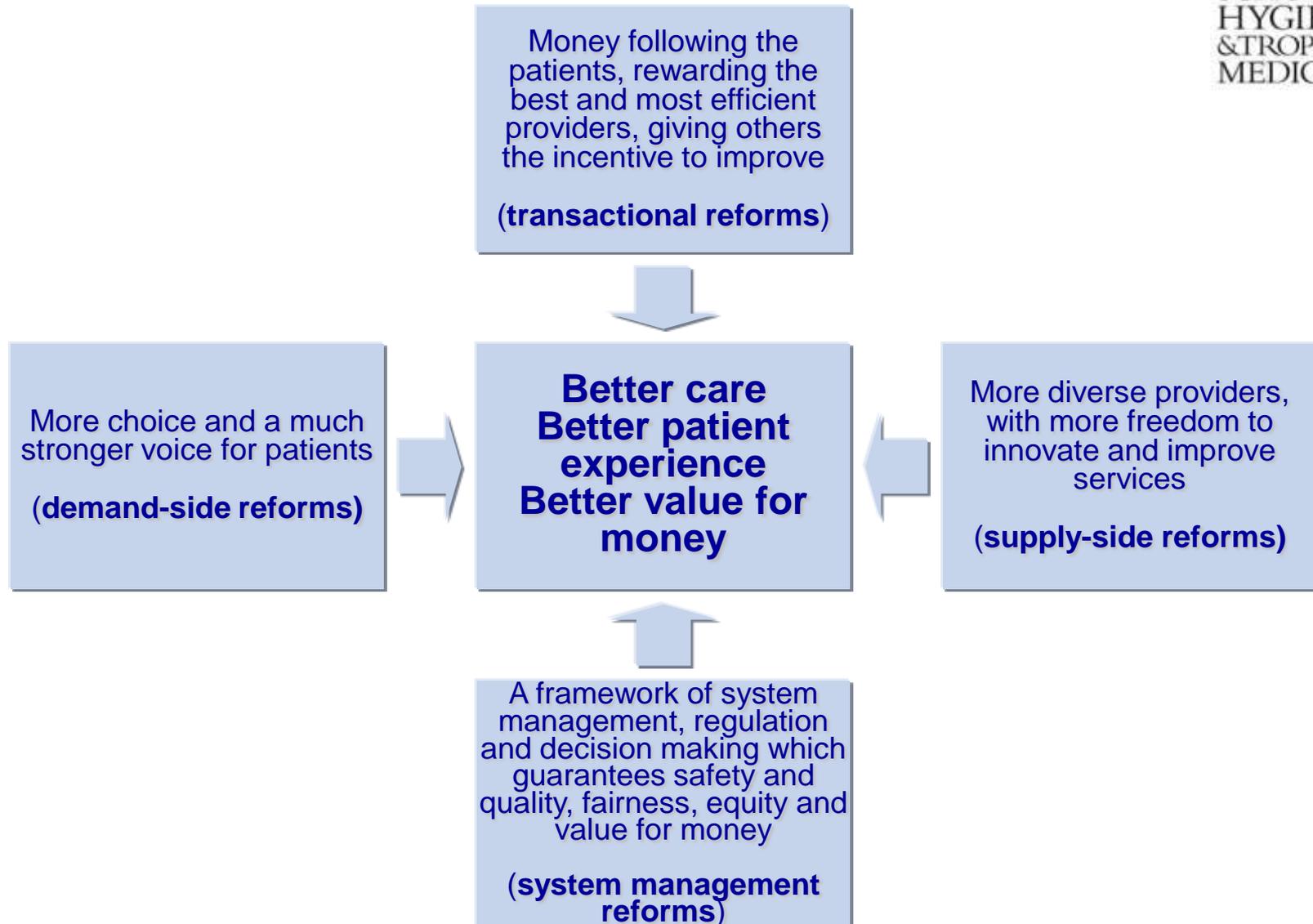
Quasi-market for NHS services, including private & Third Sector, fixed prices and patient choice of hospital

Gradual shift towards a 'self-improving' NHS

The return of the market: towards a 'self-improving' NHS

- Concerns about adequacy of system's response to increased funding
 - e.g. variations in performance, productivity
- Limitations of 'top-down' targets and 'terror'
- Desire to increase capacity by involving private providers
- 18-week target from GP appt. to treatment including

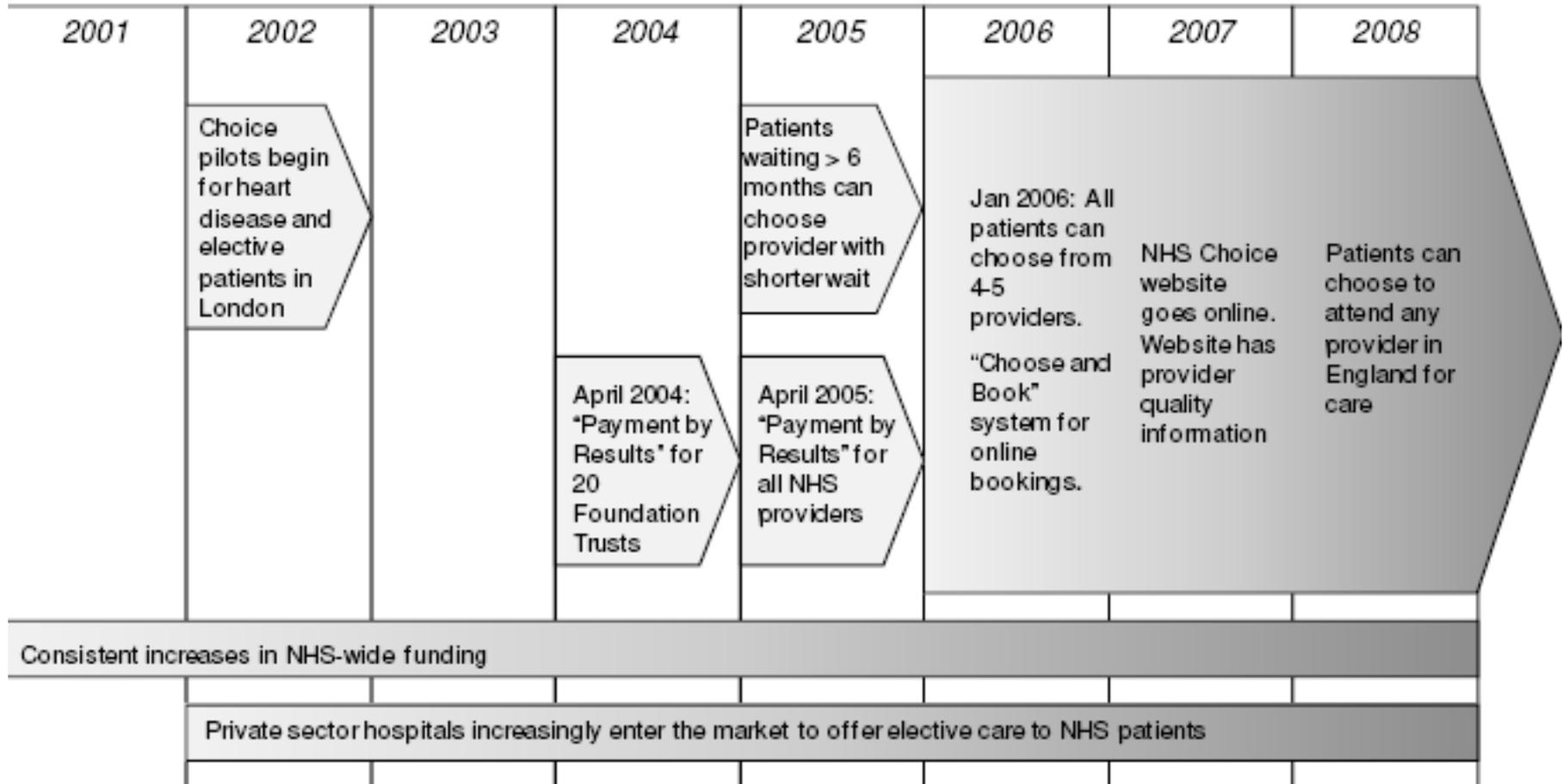
The re-invented NHS market in England



Main components of quasi-market reforms

1. Increased diversity of providers
 - DH-led ISTC procurement, 2002-
 - Encouragement to private hospitals, etc. to enter NHS market
2. Foundation trusts, 2003-
 - High performers with earlier access to PbR, greater autonomy
3. 'Payment by results' (administered prices), 2004-
4. Patient choice of 4+ hospitals, 2006, and any hospital, 2008-

Choice and competition reforms





Studies in DH PRP HREP

- *Mechanism-specific projects*
- *Whole system studies of 'local health economies'*

... while it is useful to categorise the reforms into these four strands, in practice the benefits will be realised through the **interactions between all four elements'** (*Health reform in England: update and next steps* DH December 2005: 9)

- *National and local studies*
- *Mix of routine and primary data*



First wave projects

How patients choose and how providers respond

lead, Anna Dixon (King's Fund)

Effect of competition under fixed prices on patient care

lead, Carol Propper (University of Bristol)

Provider diversity in the NHS: Impact on quality and innovation

lead, Will Bartlett (University of Bristol)

Effects of choice and market reform on inequalities of access to health care

lead, Richard Cookson (University of York)

Comparative case studies on the impact of the health reforms in England

lead, Martin Powell (University of Birmingham)

National evaluation of Payment by Results (PbR)

lead, Shelley Farrar (University of Aberdeen)



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