



THE AUSTRALIAN NATIONAL UNIVERSITY

What happens after big reforms: implementation lessons from UK health care policy

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Lesson: Implementing health reform is a process without an end

Implications

Health is a hardy perennial

Today's implementation = tomorrow's problem

We are always 'in the middle'



Lesson: 'Losing weight is hard, keeping it off is harder'

Eric Patashnik (2008)

Implications

Reform is a dynamic process

'Forces of conservatism' Blair

Competition to label reforms



Lesson: The paradox of decentralisation

‘the sound of a dropped bedpan in Tredegar will reverberate around the Palace of Westminster’ Aneurin Bevan (1947)

Implication

Central power and commitment-phobia

Centralising politics of poor performance

Extrinsic v intrinsic motivations clash in health



Lesson: ‘The decision is not whether or not we will ration care - the decision is whether we will ration with our eyes open.’

Donald Berwick (2009)

Implications

NICE and the democratic expert

RBA models in health?

Evidence-based policy in health?



Lesson: Financial resources are not the same as real resources

Latest ONS data shows that from 1995 to 2008 NHS productivity fell by 3.3 per cent, an annual average decline of 0.3 per cent;

This is because:

- output grew by 69.3 per cent, with an average annual increase of 4.1 per cent
- inputs grew by 75.1 per cent, with an average annual increase of 4.4 per cent
- productivity fell by 0.7 per cent in 2008, compared with a fall of 0.3 per cent in 2007