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Reflection on reviews of 'Never again?'

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In policy analysis 101, there is a basic question always to be asked of any new government policy: what is the problem the policy is trying to solve? Having identified the problem, the next few questions to grapple with are whether the proposed solution will solve it, at what cost, and compared with alternative solutions (including 'doing nothing' – not without its costs, or benefits of course). Such questions are the starting points for organisations such as the King's Fund in its policy critique role. A cynical view would be that organisations such as the King's Fund welcomes new 'redisorganisations': a chance to produce more commentaries, analyses, reworked costings, reports, blogs, tweets, papers, dedicated micro websites, conferences and workshops, and an opportunity to get stuck into the policy 101 questions (cf. King's Fund, 2012a, 2012b). However, that really would be a cynical view. As long as there are politicians, there will be a continuous churn of new ideas and policies to address the never-ending parade of problems. Something is always on top of the list.

However, alongside the basic policy questions are another set of questions – less direct perhaps, but interesting and potentially illuminating. These concern the origins and context of policy: Who was responsible? How and when did the ideas emerge? What was the politics (with a big and small 'p')? What was the 'path' on which the new policy was 'dependent'?

Despite the view that, like sausages, it is best not to see laws – or policies – being made, seeking answers to the process (and context) questions is important. It may be a dirty job, but someone has got to do it. Enter Nick Timmins, to peer into the sausage machine to tackle these questions and produce a description/analysis in five (incomplete) acts of what Rudolf Klein suggests will be seen as one of history's policy fiascos, the Health and Social Care Act of 2012 (Klein, 2012).

As Timmins and the reviewers of *Never again?* make clear, there is a long (and winding) historical path involved in the telling of the more modern history of the coalition government's NHS reforms. From Kenneth Clarke's Working for Patients (Secretary of State for Health, 1989) attempts at a 'smooth takeoff' for a separation between purchasers and providers and more independence for hospitals (but within state ownership), through into the new century with Alan Milburn and his successors as they resurrected a money-follows-the-choices-of-patients

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quasi market, following a tough 'targets and terror' performance management regime.

As Timmins' account reveals and, from differing points of view, Klein's, Paton's (2012), Le Grand's and Cooper's (2012) reviews of this account attest the policy-making process that lead up to the eventual Act was – like a sausage factory – messy. Moreover, for Paton, the messy process has led to a messy outcome – although one, in his view, that leaves the NHS free to 'fight another day'.

Le Grand and Cooper – somewhat battered I suspect from some rather vitriolic ad hominem attacks on their views, their research on the impact of markets in health care from some quarters and often it seemed, simply for being economists – reflect on the difficult role for evidence in policymaking, in particular, its contestability.

Klein's conclusion also concerns the evidence on which policy is (or should be) based. He notes that the government have published a plan of reform for the civil service this year that aims to establish a more open and transparent model of policymaking, '…encouraging external challenge and insights from external experts.' On this, Klein is not optimistic.

Hence, what is a King's Fund view on all this? The Fund – one of the 'middle-of-the-road think tanks' referred to by Calum Paton – jointly published (along with the Institute for Government) Timmins' account of Andrew Lansley's reform plans for the English NHS and were keen to do so as part of its policy critiquing role. The King's Fund – a politically non-aligned, independent organisation established in 1897 (King's Fund, 2012c) – has engaged with many governments and others over many years in the formation, implementation and evaluation of policies towards health and health care. If there is one lesson the organisation (in essence its staff of course) has learnt over time, it is that there is hardly ever an instance of a black and white take-on policy. It is hardly ever wholly good or wholly bad. There are always shades of grey. This may smack of the equivocation of 'on the one hand on the other' but this is usually the (messy) reality. Most policies work sometimes in some situations, given some conditions. As Le Grand and Cooper note, for instance, research (such as it is) on the impact of choice and competition in the NHS suggests patient benefits under a regime of fixed prices, but not when there is a free market in price setting. And of course, other conditions will apply.

Moreover, the full story – of the actual outcomes of policy or the process – either never emerges (as, for instance, a new policy comes along to overlay and partly obliterate an old one) or only do so partially many years later. Does this matter? It does.

First, understanding of how policy came into being can help the analysis of the potential outcomes of that policy. Knowing, for example, as Timmins tells us, that Andrew Lansley had more or less conceived the bulk of what was to become his 2010 white paper, Equity and Excellence: Liberating the NHS

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(Secretary of State for Health, 2010), and subsequently the 2012 Act (HMG, 2012), two years *before* the global financial crisis and three years *before* the NHS started to plan for essentially zero real growth in funding is revealing. At some level, the reforms were already out of date – or at least out of kilter – with what was happening in the real world even before they got near the statute book. There was, for example, a huge problem to be addressed – a growing gap between actual funding and the need for funding – which Lansley's reforms had next to nothing to say about. As I pointed out at the time of the Conservative's draft manifesto: '*Perhaps the most surprising omission…is any mention of how the NHS will improve productivity. If there's one message that's been drummed into the noggins of managers over the last year by the Department of Health it is the absolute and overriding need over the next few years to make every health care pound go further*' (Appleby, 2010).

Another reason to examine the policymaking process concerns the accountability to the public of those in charge of policy towards public services funded publicly. For example, some critics of the NHS reforms suggested that there were significant conflicts of interest and/or ulterior motives at play among some of the proponents of the changes. For some, there was deep distrust of the basic motivations behind the reforms. Others constructed a line of reasoning (with some evidence) that the reforms were simply a way to dismantle the NHS and to stuff the pockets of private business with taxpayers' money (cf. Reynolds, 2011). If this really were the case, and if it really were the case that the implied criticism – that this would be done regardless of the impact on patients – were true, then this would be damning of the policymaking process (as well as the outcomes).

Although it is hard to see any analysis of the policy process unequivocally revealing an answer on the motivation underlying policy either way, few (including Timmins) have seriously challenged Andrew Lansley as motivated in an underhand way. For Paton, for instance, it is the flaws in the actual policy and the nature of the coalition government that were the problem, not outright malice or indeed chance.

As for others involved – such as the Conservative MP in an overarching policy role, Oliver Letwin – one corrective to the view that (in the case of the NHS reforms) there are politicians wholly motivated in a way antithetical to the public's interests and views is, indeed, those very public views. The British Social Attitudes survey (the health section of which is paid for by the King's Fund) conducted in 2011 revealed – yet again – the longstanding support the public have for the NHS as a tax-funded health system free at the point of use (cf. Appleby and Lee, 2012). Interestingly, it also reported that the first drop in overall satisfaction with the NHS in nearly a decade – a result we interpreted more as a vote on the government's reforms than the performance of the NHS (Appleby, 2012). Politicians know that to ignore such views risks a negative reaction at the polls.

Related to the accountability issue is a positive attitude towards the inherent uncertainty in all major government policy. Too often – and it seemed the case

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with Lansley's reforms – the changes proposed were presented as though they were destined for success; patients *would* benefit in a cost-effective way. There is no alternative. What is revealing again about Timmins' account is how little any alternatives to the 'vision' Lansley had for the NHS seemed to be discussed in government/adviser policy circles. And, of course, many policy choices do exist to solve a problem.

The question, as Campbell (1969) noted, is how to focus on the seriousness of the *problem* to be solved to take the pressure off the apparent need of politicians to oversell their solutions, and further to allow policymakers/politicians to state openly that policy A will be implemented and if after evaluation it is found wanting something else will be tried. The key is the evaluation of policy. There may be some evidence to hand to consider before formulating and implementing a policy. Or it may be possible to conduct a gold-plated randomised control trial to generate the evidence. On the other hand, it may be difficult, ethically unjustified or prohibitively expensive to conduct such experiments. In which case, as Campbell would advocate, we have to do the best we can, but no evaluation is not an option.

However, a key problem for the reforms was that 'the problem' was not just *not* the focus (in Campbell's terms) but that it was only vaguely articulated, generally in terms of the NHS 'could do better' (who could deny that?). The narrative vacuum was filled by others – largely with tales of doom for the NHS. The historical development of Lansley's reform plans seemed like a solution in search of a problem. The lack of a convincing narrative to justify an organisational upheaval, which, in the Chief Executive's Sir David Nicholson's words, was so big that it could be seen from space, was and remains a problem.

Following conception (the white paper) and legislation (the Bill), the NHS is now into the third phase of a new policy – implementation (although additional, secondary legislation is ongoing). Just as there are differences between the conception and the legislation, experience suggests that there is always more than one way to implement a policy – and the outcomes may not be as expected or planned. Paton suggests that what was billed as a decentralising policy is turning out, on implementation, to be the opposite. Well, possibly. However, the policy story is still ongoing, with more twists and turns ahead.

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