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The topic of health policy-making in Britain seems inextinguishable, constantly renewed by shifts in the balance of power between its main players – the state, the medical profession and civil society. In that context, the papers collected in *Health Policy and Politics* examine the political factors that currently shape the making of health policy in the National Health Service (NHS). Its fourteen chapters cover a wide array of overarching issues that affect virtually all forms of treatment within the health care sector, except for two more specific case studies (Chapter 10 on ‘protracted waiting for orthopaedic services’ and Chapter 12 on immunization policy). Most chapters are drawn from conference papers given by members of the Health Politics Group between 2005 and 2006.

An important transversal theme of the book relates to the design and reform of structural, system-level aspects of the NHS, which Alison Hann introduces as the ‘macro’ level of British health policy-making. Chapter 2 explores the mechanisms that help explaining a characteristic paradox of the NHS, or as Rudolf Klein once put it, a paradox of famine among plenty: ‘how did a creditable record on NHS expenditure after 2002... come to co-exist with record deficits?’ (p. 14). Chapters 3 and 4 address the parallel issues of decentralisation and modernisation within the institutional framework of health services, both observing that reform is driven by sets of dual dynamics which often contradict, between centralist and decentralist tendencies or between competing models of modernised policy-making. Such ambiguity and complexity affects all instances of NHS reform, as illustrated by the Quality Outcomes Framework recently introduced in primary care (Chapter 14).

Another common line of inquiry addresses legitimacy and accountability in health services, which forms the backbone of Chapter 6. The historically persistent trend towards a consumerist model of health care, as described in Chapter 5, emphasizes
responsiveness as an organisational imperative for the NHS, insisting on the need for ‘a more flexible mode of health provision’ (p. 66) that considers the patient as an active figure in his/her care. For that reason, patient and public involvement in health services (PPI) has provided a recurrent motive for reform and a long history of unsolved issues, as presented in Chapter 8. In parallel to the forums dedicated to ‘expressing the patient’s voice,’ new institutions such as the National Institute of Clinical Excellence (NICE) face a different challenge as they strive to establish themselves as legitimate decision-making bodies in the NHS, a task that blame-avoiding governments tend to avoid to handle themselves because, as shown in Chapter 7, of ‘the high political profile enjoyed by the NHS, leading to the prospect of lost votes for any party seen to damage it’ (p. 93).

The book inevitably leads the reader to look forward to the most important factors that might guide future developments of health policy. Alongside mentions of European regulatory convergence over particular aspects of health care, such as drug licensing (Chapter 13, p. 174), two chapters are particularly interesting in that respect. Chapter 1 provides a brief survey of the impact of European regulations, derived mostly from common market agreements, on public health policy—a trend, one may hint, which is set to increase in the coming years. A parallel source of influence over health policy-making stems from the rise of a ‘New Public Health’ ideology described in minute detail and through a careful examination of its historical lineage in Chapter 9. Both factors provide an institutional and ideational impetus that, when operating in conjunction to other social factors, is susceptible to introduce important changes in the public health policies of European Member States, as already shown in the past with the adoption of new measures in tobacco control policy (p. 115).

The texts collected in Health Policy and Politics provide an informative as well as critical vision of British health policy, which will prove especially useful to students of the NHS under New Labour. The only immediate regret that the reader might feel concerns some important aspects of health care that do not clearly appear in either the structure or the substance of the book, such as the evolution of clinical autonomy within clinical pathways built on networked models of care, the role of the third sector in supporting state-led treatment facilities and biomedical research, or the governance of the nursing profession in the NHS, all topics which become even more salient when observed in comparative settings.
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