

Coalition's Health White Paper is more evolution than revolution

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Many aspects of the government's much criticised health reform package represent an extension of existing policy rather than a new direction for healthcare according to a new report from the University of Birmingham's leading health policy unit the Health Services Management Centre.

The report '*Liberating the NHS: orders of change?*' looks at the five key policy areas outlined in the Coalition's White Paper to assess whether the reforms represent a significant break from existing policy ideas. To do this the team used a model with three levels of change ranging from an incremental adjustment of current policy to radical change. looks at the five key policy areas outlined in the Coalition's White Paper to assess whether the reforms represent a significant break from existing policy ideas.

The five areas they considered were:

- Putting patients and the public first
- Improving healthcare outcomes
- Autonomy, accountability and democratic legitimacy
- Freeing providers and economic regulation
- Cutting bureaucracy and improving efficiency

For each of these areas the authors looked at the proposals in the context of previous government policy decisions to demonstrate where these reforms fit in the trend of policy. For example, in the area of patient choice the paper points out that choose and book technology and extensions to personal budgets can all linked back to reforms introduced under New Labour. The reform proposals to move away from nationally set targets towards a new NHS Outcomes Framework designed to improve mortality, morbidity and patient experience also builds on the 2008 Darzi review.

Dr Ross Millar lead author explains: "*in many areas these reforms do not represent a seismic shift in direction. In many cases they follow a direction of policy that has developed over the last 15 to 20 years. The ideas of choice and freeing providers have been important elements of policy for a number of years.*"

People seem to forget this when criticising the proposals. That said, when we start to consider the combined impact of the reforms when they are implemented they do have the potential to bring about radical change as the scale and speed of the proposed changes take effect."

It is in the areas of economic regulation and cutting bureaucracy that the authors believe the reforms will mean radical change in the service.

Research Fellow Hilary Brown adds: "*While the reforms individually might represent more continuity than change, the pace and scale are hugely significant in terms of the cumulative effect on the service and understandably there has been much concern raised. It will be intriguing to see whether the pause in the passage of the Health Bill results in significant changes to those reforms which we might conclude are actually evolutionary in nature.*"

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A PDF copy of the report is available on request or on the Health Services Management Centre Website: www.bham.ac.uk/hsmc (<http://www.bham.ac.uk/hsmc>)

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NOTES TO EDITORS

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