

# Health policy and reform: gathering the evidence

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*Ideas abound, but robust evidence from health care services research is still scarce*

In 2000, 3 years after the election of the Labour Government in Britain, the then Prime Minister, Tony Blair, launched an ambitious reform program for the National Health Service (NHS), which would make it “the healthcare system the world most envies.” The reform was underpinned by the largest ever investment in the NHS, with spending increasing from £23.7 billion in the 2000–01 financial year to £90.2 billion in 2007–08.<sup>1</sup>

The reform package included not only more medical school places and increased rewards for consultants, but also more specialist registrars, general practitioners and GP trainees. There was also to be a quantum leap in the numbers of nurses and other health care professionals, along with widening of their practising opportunities through task transfer. The Blair NHS plan signalled 7000 more beds in hospitals and 100 new hospitals over 10 years, along with a commitment to modernising general practice premises and opening 500 new one-stop primary care centres.<sup>1</sup> It was promised that, by 2005, the maximum waiting time for outpatient appointments would be 3 months; for inpatient admissions, 6 months; and waiting lists for hospital appointments and admissions would be replaced by a booking system, designed to give patients a choice of a convenient time within a guaranteed maximum waiting time. In short, there were to be more doctors, nurses and other health professionals, more hospitals beds as well as improved patient access to GPs and specialists.<sup>1</sup>

So, what were the outcomes of this radical and incisive reform of a health system? The answers are in the report by the NHS Audit Commission, issued in June this year. The overall verdict was that the NHS system reform has improved management of the health service but needs more time to deliver significant benefits for patients.<sup>2</sup>

In Australia, there is an expectation that the newly elected Rudd Labor Government might emulate the Blair health reform agenda. But since its election last November, beyond a \$423 million commitment to general practice super clinics,<sup>3</sup> what we have witnessed is a cavalcade of commissions and taskforces, such as the National Health and Hospitals Reform Commission, the National Preventative Health Taskforce and the National Primary Health Care Strategy.

Cynics may well say that the Rudd Government is affected by decision-paralysis, while others might say that it is in the process of gathering evidence to underpin its policies and reforms. In a recent speech, Prime Minister Rudd noted that: “A third element of the Government’s agenda for the public service is to ensure a robust, evidence-based policy making process. Policy design and policy evaluation should be driven by analysis of all the available options, and not by ideology.”<sup>4</sup>

Furthermore, Sally Redman, Chief Executive Officer of the Sax Institute, a health policy think-tank in Sydney, believes: “Policy-makers need timely information that is locally relevant, of high quality and dependable.” (personal communication). But they also need ideas.

In this issue of the Journal (*page 171*<sup>5</sup> and *page 170*<sup>6</sup>), we commence a series of articles written by leading proponents of health care reform in Australia, and coordinated by the Series Editor Gavin Mooney, Director of the Social and Public Health Economics Research Group (SPHERE) at Curtin University of Technology in Western Australia. There can be no doubt that Australian health care does indeed need reform, and that there are many ideas upon which to draw. But what is missing from the mix is robust evidence.

The National Health and Medical Research Council (NHMRC) is the major powerhouse for health care research in this country. It should be of concern that, in 2000, only \$1.7 million was spent on health services research, and this had risen to a mere \$23.7 million by 2007.<sup>7</sup> Indeed, the funding for new grants for health services research has, on average, scored around less than 3% of total commitments.<sup>7</sup> Furthermore, over the same period, successive governments have allocated infrastructure support to a bevy of Australian biomedical research institutes, while fledgling Australian health policy research institutes continue to be poor cousins.

This relative poverty in health services research was highlighted in the 2004 *Investment review of health and medical research* (by the Grant Committee).<sup>8</sup> It recommended the development of strategies to improve the impact of research influencing policy and practice, through a dedicated process, NHMRC staffing, an advisory committee and appropriate investment.<sup>8</sup>

Now, some 4 years later, the NHMRC has announced a package of \$108 million over 2 years to support:

- research — preferably though collaboration between researchers and those responsible for the design and delivery of health services;
- centres of excellence — undertaking policy research from which a national institute of health research may well emerge; and
- a program for capacity-building grants for health services research — each of \$2.5 million over 5 years (Warwick Anderson, Chief Executive Officer, NHMRC, personal communication).

These initiatives are to be welcomed, but there is one missing element — a comprehensive research agenda to guide the gathering of evidence pertinent to health care reform. As the Prime Minister has stressed, health policy formulation and its inherent health care reform should be driven by relevant evidence. The Rudd Government may well consider yet another taskforce that brings together key stakeholders to identify those areas in health care that currently need robust evidence to support future reform.

Ideally, establishing this agenda might be an item for consideration at the next Australian Health Care Agreements meeting. After all, health care systems are the responsibilities of all our governments — federal, state and territory. Given the recent highly publicised recommendations to expunge the “blame game” from the Australian Health Care Agreements,<sup>9</sup> it could be the seminal test case.

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