Coordination and Complexity: Evaluating Governance and Policy for Diabetes

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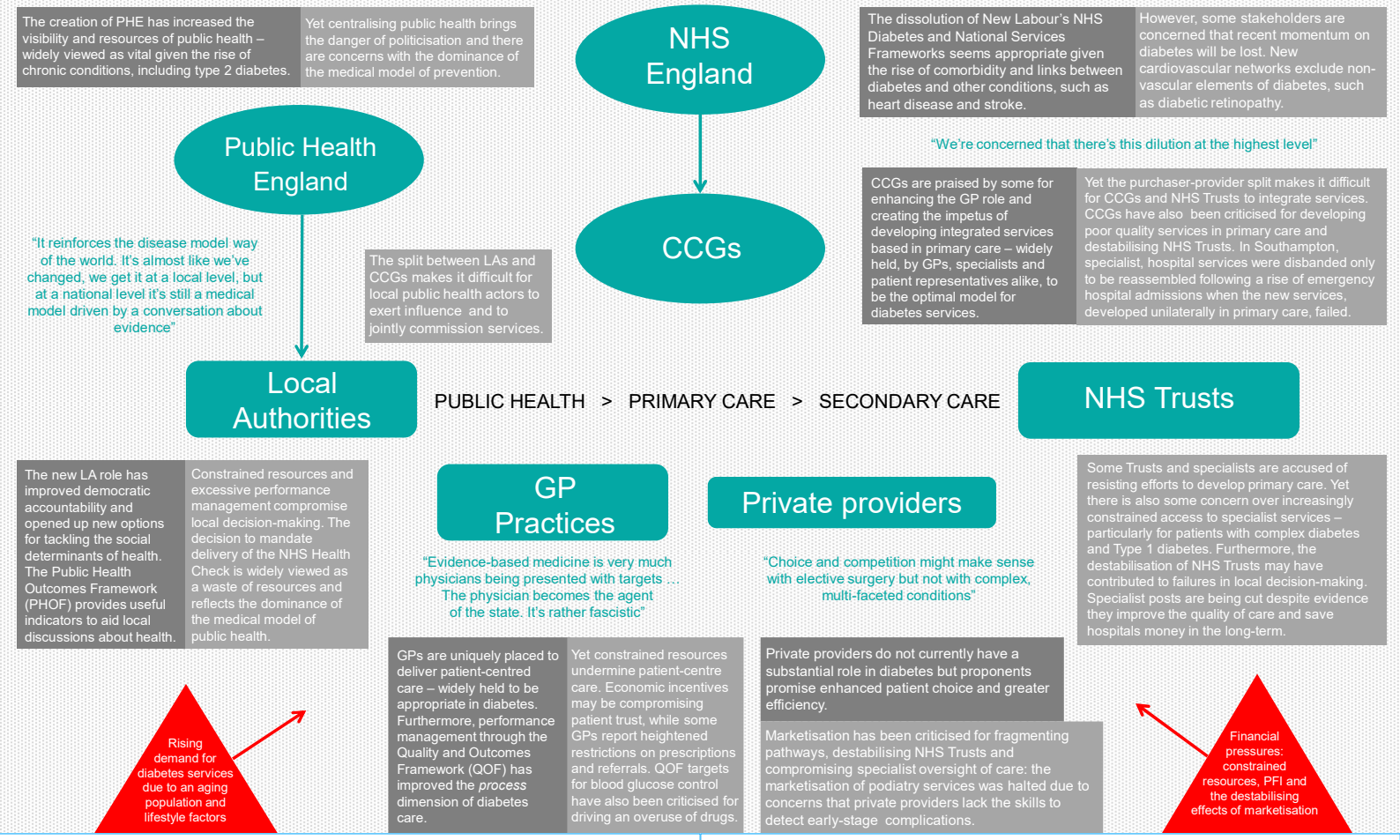
Summary: The present project develops a methodology suitable for evaluating governance and policy for complex problems, in terms of their "coordinative effectiveness" (Greenwood, 2010). This is applied in a case study of diabetes services, following passage of the Conservative/Liberal Democrat Coalition's Health and Social Care Act (2012).



1. Background: Governance evaluation is an understudied area which is surprising given the level of debate over how best to organise and govern public services (Torfing et al, 2012). Criticisms of Evidence-Based Policy has prompted significant methodological innovation but largely at the level of services and interventions. The focus has also been on developing and evaluating specific interventions: trickier economic questions concerning the valuation of outcomes and choices between different interventions tend not to be addressed. This project proposes a methodology to address these complex economic questions, drawing upon heterodox political economy (HPE) and policy analysis.

2. Contribution: A concept of coordination is proposed through a reading of Freidrich Hayek and Charles Lindblom that both elucidates the nature of the challenges posed to policymakers by complex problems and provides a criterion to evaluate governance and policy, in terms of its "coordinative effectiveness" (Greenwood, 2010). Policymakers face an immense epistemological challenge of defining policy objectives and selecting means to achieve them. By exploring and contrasting stakeholder "frames" (Rein and Schon, 1996) across and between different levels of governance, it is possible to ascertain whether or not coordination is occurring. In particular, exploring how stakeholders frame issues can provide insight into any suppressed values or inefficiencies arising under current arrangements. Alternative arrangements may then be proposed where shown to more efficiently realise the values revealed in the analysis.

3. Method: The case study applied this approach to diabetes policy and governance, following passage of the Health and Social Care Act (2012). An extensive document analysis and in-depth interviews with diabetes stakeholders (n-35) was carried out, between March 2012 to September 2015. The interviews sought to ascertain stakeholder appraisals of diabetes policy and governance, using the SWOT interview technique. Patient representatives, civil servants and health professionals, including public health professionals, GPs and diabetes specialists, were included in an opportunistic sample.

4. Analysis and findings: The analysis revealed significant contestation over aspects of diabetes policy and governance (see diagram above). Stakeholders were found to broadly agree with certain core values such as health gain, universalism, efficiency and patient-centred criteria: disagreement related more to the choice of means selected to achieve them. There was support for developing public health and primary care yet question-marks over resources and the use of managerialist and market mechanisms: in particular, the NHS Health Check and risk factor management were widely viewed as distortive. Here, the analysis supports calls for decentralisation and shared decision-making between GPs and patients (Tamhane, 2015). Further down the pathway, the purchaser-provider split and the contracting out of services appears to conflict with the widely-shared objective of developing integrated diabetes services. Here, the analysis supports calls for larger commissioning units and closer relationships with providers.

Greenwood, D. (2010), The Problem of Coordination in Politics: What Critics of Neoliberalism Might Draw from its Advocates, Polity, 43, 36–57
Rein, M. and Schon, D. (1996), Frame-Critical Policy Analysis and Frame-Reflective Policy Practice, Knowledge and Policy, 9, 85
Tamhane, C. (2015), Shared Decision-making in Diabetes Care, Current Diabetes Reports, 15, 112
Torfing, J., Peters, B.G., Pierre, J. and Sørensen, E. (2012), Interactive Governance: Advancing the Paradigm, Oxford : Oxford University Press