

Reading list

**The devolved National Health Service -
the NHS in England, Northern Ireland,
Scotland and Wales**

May 2014

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BOOKS/REPORTS

ISBN: 9781905030781

Bevan, Gwyn, et al.

The Health Foundation and Nuffield Trust

The four health systems of the United Kingdom : how do they compare?

London : Health Foundation and Nuffield Trust, 2014

Web publication

This report is the fourth in a series dating back to 1999 which looks at how the publicly financed health care systems in the four countries of the UK have fared before and after devolution. The report was commissioned jointly by The Health Foundation and the Nuffield Trust.

http://www.health.org.uk/public/cms/75/76/313/4746/The%20four%20health%20systems%20of%20the%20UK%20full%20report.pdf?realName=KXMWvd.pdf&dm_i=21A8,2D7WH,FLWSF4,8LDO8,1

Associated documentation:

<http://www.health.org.uk/news-and-events/press/major-report-reveals-impact-of-devolution-on-patient-care-across-the-uk/>

Appleby, John, et al.

The King's Fund

How is the health and social care system performing? : quarterly monitoring report April.

London : The King's Fund, 2014

Web publication

This is the first digital edition of the Quarterly Monitoring Report (QMR). The new QMR still includes a shorter PDF of the headline findings this quarter, but also features digital versions of the survey results, interactive performance data charts and an infographic with the key findings for this quarter. The Quarterly Monitoring Report (QMR) reveals the views of NHS trust finance directors and clinical commissioning group finance leads on the productivity challenges they face, and examines some key NHS performance data.

Headlines <http://qmr.kingsfund.org.uk/downloads/quarterly-monitoring-report-april-2014.pdf>

<http://qmr.kingsfund.org.uk/2014/11/>

Headlines:

<http://qmr.kingsfund.org.uk/downloads/quarterly-monitoring-report-april-2014.pdf>

Previous editions:

<http://www.kingsfund.org.uk/projects/quarterly-monitoring-report>

ISBN: 9781784124472

National Statistics

Free personal and nursing care, Scotland, 2012-13.

Edinburgh : Scottish Government, 2014

Web publication

Information on the number of clients receiving free personal and nursing care services in Scotland, with expenditure figures.

<http://www.scotland.gov.uk/Resource/0044/00449180.pdf>

Association of Directors of Adult Social Services, et al.

Four nations united : critical learning from four different systems for the successful integration of social care and health services.

London : ADASS, 2013

Web publication

This paper originated from discussions on best practice which took place at an ADASS seminar. It aims to provide staff across key services with an accessible and practical overview of best approaches to the challenge of successful integration.

http://www.adsw.org.uk/doc_get.aspx?DocID=740

Great Britain. Department of Health

The health and care system explained.

[London] : DH, 2013

Web publication

This webpage gives an overview of England's new health and care system, which became fully operational on the 1st April 2013.

<https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>

ISBN: 9781846369544

Health and Social Care Information Centre

Investment in general practice 2008/09 to 2012/13 : England, Wales, Northern Ireland and Scotland.

Leeds : Information Centre, 2013

Web publication

For the period 2012/13: The total spend on general practice including the reimbursement of drugs dispensed in general practices was: in England the total spend was £8,459.3m, compared to £8,397.0m spent in 2011/12 (an increase of 0.74 per cent); in Wales the total spend was £469.1m, compared to £465.5m spent in 2011/12 (an increase of 0.77 per cent); in Northern Ireland the total spend was £232.7m, compared to £236.2m spent in 2011/12 (a decrease of 1.48 per cent); in Scotland the total spend was £796.2m, compared to £791.3m spent in 2011/12 (an increase of 0.62 per cent); and in the UK the total spend on GP practices was £9,957.4m, compared to £9,890.2m spent in 2011/12 (an increase of 0.68 per cent).

<https://catalogue.ic.nhs.uk/publications/primary-care/general-practice/inve-gene-prac-eng-wal-ni-scot-08-13/inve-gene-prac-eng-wal-ni-scot-08-13.pdf>

Associated documentation <http://www.hscic.gov.uk/catalogue/PUB11679>

ISBN: 9781909029132

Ham, Chris, et al.

The King's Fund

Integrated care in Northern Ireland, Scotland and Wales : lessons for England.

London : The King's Fund, 2013

HIBO (Kin)

The aim of this report is to describe the approach taken to integrated care in Northern Ireland, Scotland and Wales with a view to drawing out the lessons for England. The report has been written at a time when policy-makers in England have made a commitment to bring about closer integration of care both within the NHS and between health and social care. This creates an opportunity to understand what has been done in the other countries of the United Kingdom to develop integrated care in order to inform policy and practice in England.

<http://www.kingsfund.org.uk/publications/integrated-care-northern-ireland-scotland-and-wales>

ISBN: 9781909029095

Timmins, Nick

The King's Fund

The four UK health systems : learning from each other.

London : The King's Fund, 2013

HIBG (Kin)

This paper aims to probe what it sees as a woefully under-explored area: the differences between the United Kingdom's four separate health systems. These systems, it argues, are diverging in terms of structures, management approaches, and the way social care relates to health.

<http://www.kingsfund.org.uk/publications/four-uk-health-systems-june-2013>

Multiple Sclerosis Society

A lottery of treatment and care : MS services across the UK.

London : Multiple Sclerosis Society, 2013

Web publication

This report highlights disparities across the UK in access to MS medicines, social care support, employment support and health professionals for people with MS. The findings are based on a survey last year asking people with MS what services they needed and to what extent those needs had been met over the previous 12 months. More than 10,500 adults responded - the largest ever survey of people with MS in the UK.

<http://mslottery.mssociety.org.uk/wp-content/uploads/2013/04/UK-ms-lottery.pdf>

Reports by country: <http://mslottery.mssociety.org.uk/download-report/>

ISBN: 9780102977189

Great Britain. National Audit Office

Healthcare across the UK : a comparison of the NHS in England, Scotland, Wales and Northern Ireland.

House of Commons papers. Session 2012-13 ; HC 192 (29 June 2012).

London : The Stationery Office, 2012

HIBG (Gre)

This report highlights key trends and variations in the delivery of healthcare across the four nations of the UK. It finds that, despite the shared history and similarities between the four nations, there are considerable variations in areas such as health outcomes, spending, staffing and quality.

Full report: <http://www.nao.org.uk/wp-content/uploads/2012/06/1213192.pdf>

Executive summary: <http://www.nao.org.uk/wp-content/uploads/2012/06/1213192es.pdf>

Associated documentation:

<http://www.nao.org.uk/report/healthcare-across-the-uk-a-comparison-of-the-nhs-in-england-scotland-wales-and-northern-ireland/>

O'Neill, Ciaran

McGregor, Pat

European Observatory on Health Systems and Policies

United Kingdom (Northern Ireland) : health system review.

Health systems in transition ; Vol. 14 no. 10

Copenhagen : W.H.O. Regional Office for Europe, 2012

HIBezn (One)

http://www.euro.who.int/_data/assets/pdf_file/0007/177136/Northern-Ireland-HiT.pdf

Steel, David

Cylus, Jonathan

European Observatory on Health Systems and Policies

United Kingdom (Scotland) : health system review.

Health systems in transition ; Vol. 14 no. 9

Copenhagen : W.H.O. Regional Office for Europe, 2012

HIBes (Ste)

http://www.euro.who.int/_data/assets/pdf_file/0008/177137/E96722-v2.pdf

Longley, Marcus

Riley, Neil

European Observatory on Health Systems and Policies

United Kingdom (Wales) : health system review.

Health systems in transition ; Vol. 14 no. 11

Copenhagen : W.H.O. Regional Office for Europe, 2012

HIBej (Lon)

http://www.euro.who.int/_data/assets/pdf_file/0006/177135/E96723.pdf

Full list of HiT series:

<http://www.euro.who.int/en/who-we-are/partners/observatory/health-systems-in-transition-hit-series>

Peckham, Stephen, et al.

London School of Hygiene and Tropical Medicine and University of Dundee

A comparative study of the construction and implementation of patient choice policies in the UK.

SDO Project ; 08/1718/147

Leeds : NIHR SDO, 2011

Web publication

The main aim of the study was to examine the content and practice of the different policies in respect of patient choice in the four home countries and to assess their impact on health system performance, including responsiveness to patients.

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1718-147_V01.pdf

Associated documentation: <http://www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1718-147>

Hughes, David, et al.

National Institute for Health Research

NHS contracting in England and Wales : changing contexts and relationships.

SDO Project ; 08/1618/127

Southampton : NIHR, 2011

Web publication

After the establishment of the NHS internal market in April 1991, the NHS became a split organisation in which commissioners purchased clinical services from providers in line with the contracts negotiated. Contracting became a key governance mechanism for co-ordinating the work of purchasers and providers, and ensuring that the expected volumes of care were delivered in line with cost and quality requirements. This study examines the extent of divergence in contracting arrangements in England and Wales after devolution. It concentrates on contracting for secondary care services. The research examines contractual governance, in terms of the use of contracts to manage relationships and the purchase of NHS services, its practice and its limitations in the two systems.

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1618-127_V02.pdf

Associated documentation <http://www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1618-127>

ISBN: 9781905030408

Connolly, Sheelah, et al.

Nuffield Trust

Funding and performance of healthcare systems in the four countries of the UK before and after devolution : a longitudinal analysis of the four countries, 1996/7, 2002/3 and 2006/07, supplemented by cross-sectional regional analysis of England, 2006/7.

London : Nuffield Trust, 2011

Web publication

Revised edition

Political devolution means there are now four National Health Services in the United Kingdom. The health services of England, Scotland, Wales and Northern Ireland are all funded by the UK taxpayer, but have developed different systems of governance and different methods of providing healthcare. This report examines the impact of this by studying key performance indicators for the NHS in England, Scotland, Wales and Northern Ireland at three time points - 1996/7, 2002/3 and 2006/7. The report also undertakes a completely new comparison of NHS performance in the English regions and the devolved countries. This is the first time such an analysis has been conducted.

http://www.nuffieldtrust.org.uk/sites/files/nuffield/funding_and_performance_of_healthcare_systems_in_the_four_countries_report_full.pdf

Summary:

http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/funding_and_performance_of_healthcare_systems_in_the_four_countries_summary.pdf

Associated documentation:

<http://www.nuffieldtrust.org.uk/our-work/projects/funding-and-performance-health-care-systems-four-countries-uk>

Compton, John, Chair

Transforming your care : a review of health and social care in Northern Ireland.

Belfast : DHSSPSNI, 2011

In June 2011 the Minister for Health, Social Services and Public Safety, Edwin Poots MLA, announced a review of Health and Social Care Services in Northern Ireland. This review examined the provision of a range of health services, including acute hospital configuration and primary health care and its findings are published here.

<http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

Associated documentation: <http://www.dhsspsni.gov.uk/index/hscreview131211.htm>

Rarer Cancers Foundation

Nations divided? : an assessment of variations in access to cancer treatments for patients in England, Scotland and Wales.

Canterbury : RCF, 2011

Web publication

This report reveals that :people in Wales are five times less likely to get access to a newer cancer drug than their neighbours in England (if levels of access were the same, then 159 more patients would benefit each year in Wales); people in Scotland are three times less likely to get access to a newer cancer drug than their neighbours in England (if levels of access were the same, then 248 more patients would benefit each year in Scotland); and comparable levels of access for people in Scotland and Wales could be delivered at a cost of only £1 per person in Scotland and Wales per year.

http://www.rarercancers.org/images/stories/news/8011/nations_divided_final_complete_report.pdf

ISBN: 9780755998869

Great Britain. Scottish Parliament. Scottish Parliament Information Centre (SPICe)

The National Health Service in Scotland : subject profile.

SPICe Briefing ; 11/49 (21 June 2011)

Edinburgh : Scottish Parliament, 2011

Web publication

http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_11-49.pdf

Aylward, Mansel, et al.

1000 Lives Plus

The Bevan Commission

Are Bevan's principles still applicable in the NHS?

Improving Healthcare White Paper Series ; 3

Cardiff : 1000 Lives Plus, 2011

Web publication

This paper analyses the current NHS structures in Wales, Scotland and England, and asks whether the NHS is sticking to its founding principles. The paper is based on the 'Back to Bevan' seminar held in Cardiff and St Asaph in January 2011. It outlines the differences between NHS structures in different countries within the UK, and also many of the challenges that the NHS has to face in the coming years.

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Are%20Bevans%20Principles%20White%20Paper.pdf>

Associated documentation: <http://www.1000livesplus.wales.nhs.uk/publications>

ISBN: 9781860303357

Schmuecker, Katie and Lodge, Guy, Editors

Devolution in practice 2010.

London : IPPR, 2010

TLV (Lod)

Introduction:

http://www.ippr.org/images/media/files/publication/2011/10/devolution-in-practice_introduction_1775.pdf

ISBN: 9781906461102

Sutherland, Kim and Coyle, Nick

The Health Foundation

Quality of healthcare in England, Wales, Scotland, Northern Ireland : an intra-UK chartbook.

London : The Health Foundation, 2009

HOHB (Sut)

This report was produced as part of the Quest for Quality and Improved Performance (QQUIP), an initiative of The Health Foundation.

<http://www.health.org.uk/public/cms/75/76/313/559/Quality%20of%20healthcare.pdf?realName=kHRt2D.pdf>

ISBN: 9781905030309

Trench, Alan

Greer, Scott L.

Nuffield Trust

Health and intergovernmental relations in the devolved United Kingdom.

London : Nuffield Trust, 2008

HIBe (Nuf)

<http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/health-and-intergovernmental-relations-in-the-devolved-united-kingdom-jul08-web-final.pdf>

ANNUAL REPORTS

Government Health Departments

ISBN: 9780102984392

Great Britain. Department of Health

Department of Health : annual report and accounts 2012-13 (for the period ended 31 March 2013).

HC ; 46 (July 2013).

London : Stationery Office, 2013

HIBA: IA (Gre)

<https://www.gov.uk/government/publications/department-of-health-annual-report-and-accounts-2012-to-2013>

Main Estimates 2013-14: <http://www.parliament.uk/documents/commons-committees/Health/DoHMainEstimates13-14.pdf>

Public Expenditure: Statistical Analyses 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223600/public_expenditure_statistical_analyses_2013.pdf

ISBN: 9780337098994

McCormick, Andrew

Northern Ireland Executive. Department of Health, Social Services and Public Safety

Department of Health, Social Services and Public Safety resource accounts for the year ended 31 March 2013.

London : Stationery Office, 2013

Web publication

<http://www.dhsspsni.gov.uk/12-13dra.pdf>

ISBN: 9781784120351

Connaghan, John

Scottish Government. NHS Scotland

NHS Scotland Chief Executive's annual report 2012/13.

Edinburgh : Scottish Government, 2013

Web publication

<http://www.scotland.gov.uk/Resource/0040/00408794.pdf>

ISBN: 9781473400849

Sissling, David

Welsh Government. NHS Wales

NHS Wales Chief Executive's annual report 2012/13.

Cardiff : Welsh Government, 2013

Web publication

<http://wales.gov.uk/docs/dhss/publications/131004annualen.pdf>

Public health

Davies, Sally

Great Britain. Department of Health

Annual report of the Chief Medical Officer : surveillance volume, 2012 : on the state of the public's health.

[London] : DH, 2014

Web publication

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/298297/cmo-report-2012.pdf

Associated documentation:

<https://www.gov.uk/government/publications/chief-medical-officer-annual-report-surveillance-volume-2012>

McBride, Michael

Northern Ireland Executive. Department of Health, Social Services and Public Safety

Your health matters : the annual report of the Chief Medical Officer for Northern Ireland 2012/13.

Belfast : DHSSPSNI, 2013

Web publication

<http://www.dhsspsni.gov.uk/cmo-annual-report-2012-13.pdf>

ISBN: 9781784121266

Scottish Government

Annual report of the Chief Medical Officer 2012 : population health and improvement science.

Edinburgh : Scottish Government, 2013

<http://www.scotland.gov.uk/Resource/0041/00411579.pdf>

Web publication

ISBN: 9781473403017

Hussey, Ruth

Welsh Government. Department for Public Health and Health Professions

Chief Medical Officer for Wales annual report 2012-13 : healthier, happier, fairer.

Cardiff : Welsh Government, 2013

<http://wales.gov.uk/docs/phhs/publications/131009reporten.pdf>

Web publication

Data compendium:

<http://wales.gov.uk/docs/phhs/publications/131009dataen.pdf>

JOURNAL ARTICLES

Rimmer, Abi

Are GP pay deals still diverging across the UK?

BMJ 2014; 348 (7952): 4-5 (5 April 2014 Suppl.)

GP representatives from across the UK have now reached agreement on how GPs will be paid in 2014-15. Abi Rimmer looks at how deals in the four nations have moved apart from each other, and whether this pattern looks set to continue. [Introduction]

<http://careers.bmj.com/careers/advice/view-article.html?id=20016943>

Mitchell, Ed

Reforming care legislation in England and Wales : different legislative approaches to promoting integrated care.

Journal of Integrated Care 2013; 21 (3): 164-170

PURPOSE: This article aims to identify the different approaches to integrated care taken by separate proposed care services legislation for England and Wales with a view to informing debate on the legislation. DESIGN/METHODOLOGY/APPROACH: This is a comparative analysis of the proposed legislation. FINDINGS: While there is much common ground between the two pieces of legislation, in other respects the approach taken to integrated care legislation differs across England and Wales. ORIGINALITY/VALUE: This is the first published analysis of the different approaches to integrated care legislation reform proposed for England and Wales. [Abstract]

Bennet, Neil

Health on the agenda in Scottish independence referendum.

Lancet 2014; 383 (9915): 397-398 (1 February 2014)

With Scotland preparing to vote in a historic referendum on independence from the UK this September, what are the implications for health and medicine? "Should Scotland be an independent country?" □ This is the question that will be put to Scottish voters later this year, in a referendum that will decide whether or not Scotland remains part of the UK. The vote, due to take place on Sept 18, follows the election of the pro-independence Scottish National Party (SNP) as a majority government in the 2011 Scottish Parliamentary elections. With Scotland's long-held reputation as the "sick man of Europe" □ - due to a record of poor performance on health indicators compared with other western European countries and the rest of the UK - how the outcome of the referendum might affect health is high on the agenda for both supporters and opponents of independence. Last November saw the publication of the Scottish Government's white paper on independence, 'Scotland's Future', which included the nationalists' plans for the National Health Service (NHS) and other proposals for health in an independent Scotland. [Introduction]

'Scotland's Future : your guide to an independent Scotland'

<http://82.113.138.107/00439021.pdf>

Donaldson, L. J.

Health inequality and governance in Scotland since 2007.

Public Health 2013; 127 (6): 514-520 (June 2013)

BACKGROUND: Since Scottish devolution in 1999, successive governments have accorded priority to reducing health inequality and increasing economic growth. The Scottish Nationalist Party Government elected in 2007 and re-elected in 2011 has accorded considerable attention and allocated substantial resources to addressing these priorities. This article describes why, how and with what results to date the participants in the governance of Scotland, broadly defined to include persons outside as well as within central government, have addressed the determinants of health in order to reduce inequality and, as a result, improve the health status of the population. STUDY DESIGN: Interpretive analysis. METHODS: Research for this article applied the methods of interpretive social science to obtain and analyse published and unpublished public documents; secondary sources in relevant disciplines; and interviews with ministers, officials, staff of National Health Service Scotland and its regions, and other persons active in health governance in Scotland. RESULTS: Participants in the governance of health affairs in Scotland are making important contributions to the reduction of health inequality and the improvement of population health by: (1) linking policy to address health inequality with policy to make health care, public health, social and housing services, and education more effective and efficient; (2) linking policy to address the determinants of health with policy to stimulate economic growth and, as a result, increase employment and income; and (3) embracing and applying a unique synthesis of research findings about the causes of deficiencies in population health status that contribute to health inequality. CONCLUSIONS: These findings could contribute to revising the assumptions and recommendations of some of the researchers and policy advisers who study the determinants of population health, and thus of health inequality, in order to recommend policy. Many contributors to the literature on population health argue that the determinants of health are universal, and that effective interventions to address them are also likely to be universal. Research for this article suggests, however, that participants in the governance of one country, and perhaps of each country, take account of its culture, history and current politics when they describe the determinants of health in order to propose policy to reduce health inequality. The Scottish experience described in this article could, therefore, contribute to conversations about health policy that involve leaders in governance from numerous jurisdictions; conversations that have been occurring regularly for two decades. [Abstract]

Hawkes, Nigel

How different are NHS systems across the UK since devolution?

BMJ 2013; 346 (7908): 18-20 (18 May 2013)

As NHS systems have moved in different directions, Nigel Hawkes examines the challenges of determining whether one country is doing better than the rest. [Introduction]

Stewart, Ellen

A mutual NHS? : the emergence of distinctive public involvement policy in a devolved Scotland.

Policy and Politics 2012; 41 (2): 241-258 (April 2013)

Academic research on health policy divergence across the United Kingdom since devolution has characterised Scotland's approach as 'professionalistic' or 'collaborative'. This article argues that more nuanced studies of particular policy areas are needed, and offers an exploration of the Scottish approach to public involvement as an example. An analysis of policy documents since devolution reveals the shifting significance of public involvement, and the introduction of new instruments for its accomplishment. The Scottish National Party's vision of 'a mutual National Health Service' is presented as a complex, even contradictory, project, which warrants further empirical attention both within and beyond the context of four-system comparisons. [Abstract]

Morrison, Clare

How Scotland is leading the world in its approach to improving patient safety.

Pharmaceutical Journal 2013; 290 (7750): 332 (23 March 2013)

Scotland's approach to improving patient safety has attracted world-wide attention and is delivering impressive results, Clare Morrison, Scotland correspondent, reports. [Introduction]

Donaldson, Jayne, et al.

The Gordian knot : provision in Scotland and England.

British Journal of Healthcare Management 2012; 18 (10): 514-515 (October 2012)

Jayne Donaldson, Bryan McIntosh and Simon Jones argue that England can learn from Scotland's approaches to the nature of hospital capacity and the workforce's delivery of service. [Introduction]

Erridge, Andrew and Hennigan, Sean

Sustainable procurement in health and social care in Northern Ireland.

Public Money & Management 2012; 32 (5): 363-370 (September 2012)

This article reports on a sustainable public procurement project in Northern Ireland. The authors found that limited official guidance was available, especially on equality; nevertheless staff had positive attitudes and sustainability criteria were being embedded in procurement processes. While there is a need to overcome limited knowledge on social aspects and whole life costing, sustainable procurement was found to be compatible with efficiency. Sustainable procurement, if used effectively by confident and well-qualified staff, can achieve not only sustainability goals but also those relating to efficiency and economic recovery. [Abstract]

Moffatt, Susanne, et al.

Choice, consumerism and devolution : growing old in the welfare state(s) of Scotland, Wales and England.

Ageing and Society 2012; 32 (5): 725-746 (July 2012)

The introduction of choice and consumer mechanisms in public services has been identified as a fundamental shift in welfare service provision internationally. Within the United Kingdom (UK), such mechanisms developed and integrated into English services have not been replicated in their entirety in Scotland and Wales. For the first time since the inception of the UK welfare state, there are now formal differences in entitlement for older people as a result of devolution. This paper uses comparative policy analysis to review a range of sources not hitherto brought together in order to explore how these concurrent developments - choice and devolution - impact on people over state retirement age. We also consider the extent to which a more consumerist approach to public services might redress or increase later-life inequalities. Drawing on theoretical research and policy evidence, we argue that for many people over state retirement age, the prospect of becoming a consumer in these varied contexts is difficult and unwelcome. We suggest that although it is too early in the devolutionary process for any significant impact of these divergent policies to materialise, continued policy divergence will lead to different experiences and outcomes for older people in Scotland, Wales and England. We conclude that these divergent social policies offer significant research opportunities, particularly concerning their impact on later-life inequalities. [Abstract]

Connelly, Dawn

Scotland and Wales lead the IT game.

Pharmaceutical Journal 2012; 288 (7708): 666 (2 June 2012)

The development of safe and effective pharmacy services is arguably dependent on appropriate information technology. But this is one aspect of health policy among the devolved administrations in Great Britain that has developed differently, and at different rates. Electronic prescriptions, communication between secondary and primary care and access to patients records have all reached different stages in the three GB countries. [Introduction]

Oxtoby, Kathy

The UK-wide contract : still fit for purpose?

BMJ 2012; 344 (7852): GP3-GP4 (14 April 2012 Suppl.)

As NHS reform in England removes working lives ever further from those in Wales, Scotland, and Northern Ireland, will a UK-wide general medical services contract for GPs look increasingly redundant? [Introduction]

<http://careers.bmj.com/careers/advice/view-article.html?id=20007082>

Petch, Alison

The tartan road : the Scottish route to health and social care integration.

Journal of Care Services Management 2012; 6 (1): 16-25 (April 2012)

After a period of debate and engagement, plans for health and social care integration in Scotland were announced in December 2011. The proposals are explored in the context of earlier developments in Scotland, the evidence on effective models for integrated working, and the existing Community Health Partnerships. Related policy developments, in particular the Reshaping Care for Older People programme, are outlined. Set in the context of the lengthy flirtations with strategies for closer partnership working in the past, factors most likely to lead to successful implementation of the current proposals are identified. [Abstract]

Smith, Katherine and Hellowell, Mark

Beyond rhetorical differences : a cohesive account of post-devolution developments in UK health policy.

Social Policy and Administration 2012; 46 (2): 178-198 (April 2012)

Health is perhaps the most significant policy area to be devolved to decision-makers in Northern Ireland, Scotland and Wales. Consequently, there has been a great deal of interest in assessing the extent to which health policies (which already differed somewhat prior to devolution) have diverged since 1999. To date, analyses have tended to focus either on health care policies or on specific public health issues (e.g. health inequalities or tobacco control). The story that emerges from this body of work suggests health care policies have diverged significantly, whilst public health policies have remained remarkably similar. This article is one of the first to consider health care and public health policy alongside each other. It reassesses and updates previous analyses, incorporating developments relating to the 2010 general election and the 2007 and 2011 devolved administration elections. Drawing on a variety of textual sources (policy documents, research evidence and corporate literature), our findings differ from existing analyses in suggesting that, despite some noticeable differences in policy rhetoric, approaches to both health care provision and tackling public health problems remain similar. Looking to the future, the article concludes that the common economic challenges, combined with a tight fiscal policy (that remains excepted from devolution), means the similarities in health care provision across the UK are likely to remain more pronounced than the differences. However, current debate about the constitutional settlement, and in particular the prospect of greater fiscal freedoms for the devolved administrations, may provide opportunities for more meaningful divergence in health policy than has been possible hitherto. [Abstract]

Peckham, Stephen, et al.

Devolution and patient choice : policy rhetoric versus experience in practice.

Social Policy and Administration 2012; 46 (2): 199-218 (April 2012)

BACKGROUND: Market reforms in England have been identified as making a clear distinction between English health policy and health policy in the devolved systems in Northern Ireland, Scotland and Wales. Patient choice is a high profile policy in the English National Health Service that constitutes significant changes to the demand side of health care. It is not clear what national differences this has led to regarding implementation of policy. This article presents the findings from a large UK-wide study on the development and implementation of policies related to patient choice of provider. The findings reported here relate specifically to the policy development and organizational implementation of choice in order to examine the impact of devolution on health care policy. AIM: This study examines patient choice of provider across all four countries of the UK to understand the effect of differences in national policies on the organization and service how choice of provider presented to patients. METHODS: At the macro-level, we interviewed policymakers and examined policy and guidance documents to analyze the provenance and determinants of national policy in each UK nation. At the Primary Care Trust or Health Board level, we interviewed a range of public and private health service providers to identify the range of referral pathways and where and when choices might be made. Finally, we interviewed ear, nose and throat, and orthopaedics patients to understand how such choices were experienced. FINDINGS: While we found that distinct rhetorical differences were identifiable at a national policy level, these were less visible at the level of service organization and the way choices were provided to patients. CONCLUSION: Historical similarities in both the structure and operation of health care, coupled with common operational objectives around efficient resource use and waiting times, mediate how strategic policy is implemented and experienced in the devolved nations of the UK. [Abstract]

Tritter, Jonathan Q.

Public and patient participation in health care and health policy in the United Kingdom

Health Expectations 2011; 14 (2): 220-223 (June 2011)

Since 1948, the United Kingdom (UK) has operated a National Health Service funded primarily through public taxation where health services are available based on need and free at the point of delivery with limited out-of-pocket copayment. Other European predominantly public taxation funded systems operate, for example, in Sweden, Denmark, Finland and Italy. Domestic policy decisions have been devolved from London and England to Wales, Scotland and Northern Ireland since 1999, although for the latter full devolution did not really occur until 2007. One consequence of devolution has been the growing divergence in policy and practice across the four countries within the United Kingdom. This digest summarizes the evolution of key policies across the United Kingdom and then identifies some of the distinctions between the four different administrations. [Introduction]

Appleby, John
The King's Fund

What's happening to NHS spending across the UK?

BMJ 2011; 342 (7808): 1178-1179 (28 May 2011)

England has traditionally lost out in the per capita health spend across all UK countries, but John Appleby finds it is faring better in the current economic climate. [Summary]

Greer, Scott L.

Centralizing England and decentralizing the United Kingdom : the paradox of power in British health services.

Euro Observer 2011; 13 (1): 4-6 (Spring 2011)

Health policy in the United Kingdom is a paradox of simultaneous centralization and decentralization. On the one hand, since the 1998 creation of devolved governments for Northern Ireland, Scotland, and Wales, theirs and England's health policy worlds have drifted further apart, with little interest or coordination across borders. On the other hand, within each jurisdiction, and particularly England, every minister has made greater and greater claims to control the system, at the expense of intermediate organizations such as the medical profession or NHS boards. [Abstract]

http://www.euro.who.int/_data/assets/pdf_file/0007/135664/EuroObserver13_1.pdf

Sparer, Michael S., et al.

Inching toward incrementalism : federalism, devolution, and health policy in the United States and the United Kingdom.

Journal of Health Politics, Policy and Law 2011; 36 (1): 33-57 (February 2011)

In the United States, the recently enacted Patient Protection and Affordable Care Act of 2010 envisions a significant increase in federal oversight over the nation's health care system. At the same time, however, the legislation requires the states to play key roles in every aspect of the reform agenda (such as expanding Medicaid programs, creating insurance exchanges, and working with providers on delivery system reforms). The complicated intergovernmental partnerships that govern the nation's fragmented and decentralized system are likely to continue, albeit with greater federal oversight and control. But what about intergovernmental relations in the United Kingdom? What impact did the formal devolution of power in 1999 to Scotland, Wales, and Northern Ireland have on health policy in those nations, and in the United Kingdom more generally? Has devolution begun a political process in which health policy in the United Kingdom will, over time, become increasingly decentralized and fragmented, or will this "state of unions" retain its long-standing reputation as perhaps the most centralized of the European nations? In this article, we explore the federalist and intergovernmental implications of recent reforms in the United States and the United Kingdom, and we put forward the argument that political fragmentation (long-standing in the United States and just emerging in the United Kingdom) produces new intergovernmental partnerships that, in turn, produce incremental growth in overall government involvement in the health care arena. This is the impact of what can be called catalytic federalism. [Abstract]

Border patrol.

Health Service Journal 2010; 120 (6233): 23 (18 November 2010)

In England the policy of commissioning by consortia is taking hold but enthusiasm for it in other UK nations is less clear. So exactly how is the vision of GP influence seen elsewhere in the UK? [Introduction]

Greer, Scott L. and Trench, Alan

Intergovernmental relations and health in Great Britain after devolution.

Policy and Politics 2010; 38 (4): 509-529 (October 2010)

Political devolution allowed policy divergence around the UK. But England, Scotland and Wales must coexist within the UK, which means that the overarching rules of devolution shape their policy options. What friction emerges, what does it mean for health and how does the UK deal with it? This article, based on extensive elite interviewing, identifies 'bottom-up' issues in which health policy divergence creates intergovernmental friction and 'top-down' issues in which broader conflicts affect health. The rest of the article identifies and explains the mechanisms of coordination and dispute resolution, finding them probably inadequate to managing conflict. [Abstract]

Blackman, Tim, et al.

Tackling health inequalities in post-devolution Britain : do targets matter?

Public Administration 2009; 87 (4): 762-778

Since devolution in 1998, many aspects of public policy in Great Britain have diverged between England, Scotland and Wales, including how targets and performance assessment are used in the National Health Service and local government. Health inequality is an example where all three countries have recognized a need to act but approaches to performance assessment differ. Based on interviews with senior managers, the complexity of health inequality as an object of local intervention is explored and compared. Despite contrasting approaches to targets, local discourses in all three countries had significant similarities. Health inequality had to compete against a preoccupation with improving access to acute services generally and balancing budgets over the short term. There was a bias in the interventions described towards targeting health behaviours, but with limited use of evidence about efficacy, and indications that measuring progress with reducing health inequalities was starting to lead to an emphasis on 'quick wins' from pharmacological interventions. 2 figs. 1 tables 33 refs. [Abstract]

Hughes, David, et al.

Choice vs. voice? : PPI policies and the re-positioning of the state in England and Wales.

Health Expectations 2009; 12 (3): 237-250 (September 2009)

CONTEXT AND THESIS: Changing patient and public involvement (PPI) policies in England and Wales are analysed against the background of wider National Health Service (NHS) reforms and regulatory frameworks. We argue that the growing divergence of health policies is accompanied by a re-positioning of the state vis-à-vis PPI, characterized by different mixes of centralized and decentralized regulatory instruments. METHOD: Analysis of legislation and official documents, and interviews with policy makers. FINDINGS: In England, continued hierarchical control is combined with the delegation of responsibilities for the oversight and organization of PPI to external institutions such as the Care Quality Commission and local involvement networks, in support of the government's policy agenda of increasing marketization. In Wales, which has rejected market reforms and economic regulation, decentralization is occurring through the use of mixed regulatory approaches and networks suited to the small-country governance model, and seeks to benefit from the close proximity of central and local actors by creating new forms of engagement while maintaining central steering of service planning. Whereas English PPI policies have emerged in tandem with a pluralistic supply-side market and combine new institutional arrangements for patient 'choice' with other forms of involvement, the Welsh policies focus on 'voice' within a largely publicly-delivered service. DISCUSSION: While the English reforms draw on theories of economic regulation and the experience of independent regulation in the utilities sector, the Welsh model of local service integration has been more influenced by reforms in local government. Such transfers of governance instruments from other public service sectors to the NHS may be problematic. 67 refs. [Abstract]

Clews, Graham

Devolution in the UK : how each country went its own way.

Health Service Journal 2009; 119 (6155): 20-22 (7 May 2009)

The devolved health systems all have unique features, but managers are reluctant to comment on how well they think they are doing. The Scottish system has consciously moved away from market oriented models. Reorganisations in Northern Ireland and Wales have cut the number of health bodies and both are working more closely with local authorities and social services. [Summary]

Greer, Scott

Devolution and divergence in UK health policies.

BMJ 2009; 338 (7686): 78-80 (10 January 2009)

Scott Greer explores how political variation in the UK has led to differences between the health systems of its four nations since devolution. 2 figs. 9 refs. [Introduction]

Greer, Scott L.

Devolution and health policy in the UK.

Eurohealth 2008; 14 (4): 22-24

The United Kingdom has not one, but four health systems, and they correspond to its four different political systems. Northern Ireland, Scotland, and Wales each have an autonomous legislature that makes health policy while the UK government, somewhat oddly, directly runs England's National Health Service. Each political system has its own party politics and influential policy communities, and they therefore adopt divergent policies in spite of similar baselines and public preferences. Many of their future problems, in fact, might come from the UK's poorly defined rules for organising their interactions. 20 refs. [Abstract]

http://www.euro.who.int/_data/assets/pdf_file/0006/80439/Eurohealth_14_4.pdf?ua=1

Maslin-Prothero, Sian E., et al.

Four parts or one whole : the National Health Service (NHS) post-devolution

Journal of Nursing Management 2008; 16 (6): 662-672 (September 2008)

AIM(s): There is a need for nurse and midwifery managers to have an understanding of devolution and its implications for them and their colleagues. This paper will explain devolution, consider some health and social care policy including similarities and differences, and assess the impact of devolution on the nursing workforce and the regulation of nursing across the four countries of the United Kingdom (UK). BACKGROUND: If managers are to manage effectively it is critical that they remain aware of emerging policy development and outcomes across the UK. It is now more important than ever that nurses maintain a keen eye on the impact divergent policy is having on practice as well as the UK nursing workforce. EVALUATION: The impact of devolution across the UK will be explored using convergence and divergence as a framework; commencing by providing an overview of devolution and health, moving on to examine health policy in action across the four countries. KEY ISSUES: Healthcare is highly political in nature. Devolution has implications for all, and adds to the complexity of health and social care provision. If managers are to manage effectively it is critical that they remain aware of emerging policy development and outcomes across the UK. CONCLUSION: It is equally important that nurses, and nurse managers, develop and draw upon their political leadership skills, actively engaging in policy debates to ensure that when policies are translated into practice their outcomes are optimal in terms of quality, efficiency and sustainability. IMPLICATIONS FOR NURSING MANAGEMENT: There is a need for nurse and midwifery managers to have an understanding of post-devolution structures and how they operate in order to work effectively, as well as to learn from the experiences of other parts of the UK. 60 refs. [Abstract]

WEB RESOURCES

England

Department of Health

<https://www.gov.uk/government/organisations/department-of-health>

NHS England

<http://www.england.nhs.uk/>

Public Health England

<https://www.gov.uk/government/organisations/public-health-england>

Parliament. House of Commons. Health Committee

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/>

- **Structure of the NHS in England**
<http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>
- **Data on health and healthcare in England**
<http://www.hscic.gov.uk/>

Northern Ireland

Department of Health, Social Services and Public Safety

<http://www.dhsspsni.gov.uk/>

Health and Social Care Board

<http://www.hscboard.hscni.net/>

Health and Social Care in Northern Ireland

<http://www.hscni.net/>

Public Health Agency

<http://www.publichealth.hscni.net/>

Northern Ireland Assembly. Committee for Health, Social Services and Public Safety
<http://www.niassembly.gov.uk/Assembly-Business/Committees/Health-Social-Services-and-Public-Safety/>

- **Structure of the NHS in Northern Ireland**
<http://www.belfasttrust.hscni.net/about/Understanding-Health-Service-Structure.htm#HSC>
- **Data on health and healthcare in Northern Ireland**
http://www.dhsspsni.gov.uk/index/stats_research.htm

Scotland

Health & Social Care Directorate, Scottish Government
<http://www.scotland.gov.uk/About/People/Directorates>

NHS Scotland
<http://www.show.scot.nhs.uk/>

Healthcare Improvement Scotland
<http://www.healthcareimprovementscotland.org/home.aspx>

NHS Health Scotland
<http://www.healthscotland.com/>

Scottish Parliament. Health and Sport Committee
<http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/29829.aspx>

- **Structure of the NHS in Scotland**
<http://www.show.scot.nhs.uk/introduction.aspx>
- **Data on health and community care in Scotland**
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health>
- **Health Management Online - NHS Scotland**
<http://www.healthmanagementonline.scot.nhs.uk/home.aspx>

Wales

Health and social care
<http://wales.gov.uk/topics/health/?lang=en>

Health in Wales
<http://www.wales.nhs.uk/>

Public Health Wales
<http://www.wales.nhs.uk/sitesplus/888/home>

National Assembly of Wales. Health and Social Care Committee
<http://www.senedd.assemblywales.org/mgCommitteeDetails.aspx?ID=227>

- **Structure of the NHS in Wales**
<http://www.wales.nhs.uk/nhswalesaboutus/structure>
- **Data on health and healthcare in Wales**
<http://www.wales.nhs.uk/statisticsanddata/sourcesofdata>