



As a leading Irish business school in a public university system, KBS is committed to excellence in teaching and to fostering knowledge and understanding of business and society within a diverse, research active and socially engaged environment.

Research at KBS serves this mission. Our goal is to cultivate excellence in research, underpinned by our core values including commitments to promote learning and discovery as well as social responsibility and ethical behaviour; to protect academic freedom and enhance knowledge; to maintain a future orientation and an international perspective; to promote inclusive and sustainable societies and facilitate the involvement of industry.

Our research finds a focus in the four academic departments of the School as well as in themes (Work, Knowledge & Employment; The Services Economy & Tourism; Entrepreneurship, Innovation & Marketing; and Public Policy, Enterprise, Governance & Sustainability) and clusters (Accountability (ARC); Digital Marketing ; Emerging Risk Assessment & Underwriting; Interpretive Consumer Research; Psychological Science in Business; Privatisation & PPP; and Quality of Work).

See <http://www.ul.ie/business/research> for more information.

Health policy and the policymaking system: a case study of primary care in Ireland

Niall Kelly, John Garvey, Donal Palcic

Synopsis

In 2001, the Irish government published a reforming policy intended to modernise and expand the delivery of primary care in Ireland. Fifteen years later, the Irish health system remains beset by problems indicative of a fragmented and underdeveloped primary care system. This case study examines the formation and implementation of the 2001 primary care policy and identifies key risk categories within the policymaking process itself that inhibited the timely achievement of policy objectives. We identify three broad risk categories - power, resources and capability - within the policymaking process that strongly influenced policy formation and implementation. We additionally show that the disjoint between policy formation and policy implementation was a contested issue among those involved in the policy process and provided space for these risks to critically undermine Ireland's primary care policy.

Introduction and Background

In common with developments in other European countries and internationally, Ireland has attempted to reform its primary care infrastructure in recent years. Ireland's foundational policy document on primary care reform, entitled Primary Care: A New Direction, was published in 2001. A key motivation for

the new policy was the recognition that (i) existing primary care infrastructure was poorly developed, (ii) services were fragmented with little teamwork, and (iii) secondary care was providing many services that were more appropriate to primary care. The policy was introduced as part of a new over-arching health policy for Ireland which committed to improving equity of access to health services and creating a more 'people-centred' high quality system of delivery.

To address the above issues the new policy proposed making primary care the central focus of the health system and main point of entry to all health and personal social services. An inter-disciplinary primary care team (PCT) was identified as the core health service unit that would be tasked with meeting the health and social care needs of a specific population. The plan also proposed the establishment of wider primary care networks of other health professionals to support a number of core PCTs in given areas. It was envisaged that approximately 600-1000 PCTs would be required nationally, with a goal of achieving two-thirds of implementation (400-600 PCTs) by 2011. Unfortunately, progress to date in rolling out the Government's primary care strategy has been very slow with most of the original targets missed and the Irish health system is still beset by issues that stem in part from a fragmented primary care infrastructure.

AUTHORS



Niall Kelly,
PhD Scholar,
University of Limerick



John Garvey,
Department of
Accounting & Finance
University of Limerick



Donal Palcic,
Department of
Economics University
of Limerick

Issues and Questions Considered

The core operational element of the 2001 primary care reform policy was the planned creation of inter-disciplinary PCTs that integrated GPs with nurses/midwives, health care assistants, home helps, physiotherapists, occupational therapists, social workers and administrative personnel. These PCTs would be supported by wider primary care networks including professionals such as psychologists, speech and language therapists, dieticians, dentists, chiropodists, pharmacists and community welfare officers. The plan assumed that approximately 600-1000 PCTs would be required nationally over the long-term (based on a 3.8 million population). Initially, the model was to be implemented on a phased basis through a small number of pilot implementation projects but with the expectation that by 2011, two-thirds of full implementation would be achieved. Specifically it was expected that between 400 and 600 fully functioning primary care teams with wider providers' networks would be operational by 2011. The target number of PCTs to be established was revised a number of times after 2001 as the size of both the target population groups for each PCT were changed and Ireland's overall population grew. By 2010 the target number of PCTs was 527.

Evaluating the success of primary care implementation in Ireland is complex as the stated policy goals were inevitably affected by demographic and economic trends over the planned period of implementation.

Demographically, Ireland experienced rapid growth in its population from the mid-1990s onwards, driven by significant net immigration up until 2009 and one of the highest fertility rates in the EU. On the macroeconomic side, Exchequer finances benefited considerably from significant economic growth as a result of a major property bubble that began in 2003 but subsequently collapsed with the onset of the global financial crisis in 2008. This precipitated a major economic crisis which required a bailout from the so called 'troika' (ECB, EC and IMF) in 2010 and a significant programme of austerity that led to severe cuts across all public services (particularly in health) and drastically curtailed any additional investment.

Methodology

The first step in our methodology involved collecting the relevant documentation used by the Government in the formation of the 2001 policy. The second step in our methodology involved undertaking a further detailed content analysis of the documentation analysed in the previous

step along with published and unpublished documents relating to the implementation of the 2001 policy using the a priori themes developed previously as a guide. The third step in our methodology involved semi-structured interviews with high-level participants in the policy formation and implementation process. Our interview sampling plan was designed to maximize the diversity of the sample around the location of interviewees within the policymaking process (either in formation, implementation or both) as well as their representative group (political, health, administration).

Outcomes and Findings

Our analysis shows the important role of the Steering Group at the juncture between policy formation (the point where primary care was approved by Cabinet) and policy implementation. The group members' experiences captured in the interview data resonate with Exworthy's observation that the distinction between policy "formulation and implementation is rarely clear-cut". In the case of the 2001 primary care policy this emerges as a weakness within the policymaking process itself. As one interviewee noted, the requirement was for the Primary Care Task Force to "develop the policy" as it went about its work because "a whole range of operational, practical questions arose". This created the space for stakeholders to attend to the requirements of their respective constituencies, rather than facilitate and lead a well-defined path towards implementation. This overarching finding suggests the need for a much stronger evaluation of risks within the policy formation phase and a need to develop ex-ante a set of clear resolution mechanisms for the specific risk categories of resources, capability and power.

Our findings also support and extend May et al.'s recommendation that 'priority is given to feasibility and evidence in compiling a plan'. Our evidence shows that 'feasibility' in the form of resources was not considered when the primary care policy was being developed. One recommendation to address this issue would be that senior representation from the Department of Finance be involved at both the policy formation and implementation stages for major policy initiatives so that the key risk categories of resources and power can be somewhat mitigated. Within the capability category, the interview data points to the role of civil servants in planning and moderating of the policy development process. Their activity in managing information flow and maintaining momentum of a policy's evolution is not explored in detail in this paper and is worthy of future study.

A full copy of the paper can be obtained at:

<http://dx.doi.org/10.1016/j.healthpol.2016.06.006>

Authors:

Niall Kelly, PhD Scholar,
University of Limerick
John Garvey, Department of
Accounting & Finance,
University of Limerick
Donal Palcic, Department of
Economics University of Limerick

For further information and comments, please contact:

Dr. Sheila Killian
Assistant Dean, Research
Kemmy Business School
University of Limerick, Ireland
T: +353 61 202237
E: sheila.killian@ul.ie

Forthcoming Research Bulletin

Title: 'The Unintended Consequences of Role Modelling Behaviour in Female Career Progression'. Personnel Review

Authors: Cross, C, Linehan, M. and Murphy, C (2016)

About the KBS Research Bulletin

The purpose of the KBS Research Bulletin is to make our research more readily accessible to a wide range of interested stakeholders, and so allow our work to have a useful impact on the society in which we operate. We regard this as an important part of our stakeholder engagement. Their dissemination aligns with both the UL focus on excellence and impact in research, and on the KBS strategic goals of cultivating excellence in research while contributing to our community of stakeholders in a responsible and sustainable manner.