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ARE INTERNAL MARKETS
GOOD FOR YOUR HEALTH?

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THE WELSH HEALTH BATTLEGROUND

Devolution leads to divergent health policy in each of the home countries of the UK

“One Wales”: A progressive agenda for the Coalition Government of Wales to reinstate democratic engagement and to work purposefully to end the internal market in health care
POLICY FUTURES FOR UK HEALTH

Health is fundamentally a “public good” and creates a special relationship between state and society (Dawson and Sausman. Nuffield Trust Policy Futures)

UK governments post 1979 ideological preference for markets over state bureaucracies; now rejected in Wales
MARKETS OR SOCIAL VALUES FOR HEALTH CARE?

Commercialization of the NHS could result in the displacement of values and need to be addressed if governments wished to remain committed to the core principles of the NHS.

(Policy Futures, Nuffield Trust 2005)
MARKETS OR SOCIAL VALUES FOR HEALTH CARE?

“The health consumer represents an individualist privatized relationship mediated by autonomy granted by a cash nexus whilst the health citizen embodies a collectivist conception of rights and entitlements, solidarity mediated by political agencies and institutions” Clarke
THE CITIZEN MODEL

“ The citizen model is complex and challenging. Wales has an opportunity emanating from its scale to lead the way in ‘small country governance’, achieving for its people excellent, responsive and accountable citizen centred services”

( Sir Jeremy Beecham, Review for the Welsh Assembly Government 2005)
PROPOSALS FOR CHANGE TO THE NHS IN WALES

“End the internal market to make co-operation rather than competition the bedrock of public service delivery in Wales and a re-invigorated public service ethos of partnership”

(Health Minister, Welsh Assembly Government 2008)
REMOVING THE INTERNAL MARKET

Justification: purchaser provider led to futile competitive behaviour between clinicians and managers, currencies for transactions remained input and output based rather than outcomes and public health expertise dissipated

Expected benefits: strengthened partnership working, changing the currencies to clinical quality, outcomes and better overall cost control
Response: challenged the evidence base and how in 5 years to judge success of the changes; in the absence of the internal market what incentives are going to drive the system and the need for a fresh approach to values, cultures and attitudes that motivate staff; benchmarking and a data base open to all to see and readily understand.
THE WELSH HEALTH BATTLEGROUND

Prioritization between the wider public health and health care agenda.

“If you consider the wider determinants of health as the ‘battlefield’ and medical care the ‘field hospital’ then the greater impact of conditions on the battlefield on mortality can be appreciated as can the importance of high quality care for those who need it.”

(Rogers, Academy Health Wales 2007)
Securing the health of the people of Wales is as vital a part of the Assembly’s stewardship role as promoting the economy.

Good health is the new wealth and vulnerability the new poverty.

Wales needs to think ‘futures’, systems for ‘health’ and ‘healthcare’ and ‘learning’ and globally as planning replaces markets and competition and a focus on the citizen.