

ANALYSIS



Role of politics in understanding complex, messy health systems: an essay by David J Hunter

Rather than exclude politics from health, **David Hunter** argues that we must embrace it if we are to improve our complex health systems

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Health systems have always been complex, messy, hard to comprehend and even harder to change. Meeting these challenges has not been helped by the endless meddling in health systems by politicians. In this endeavour they have been assisted by numerous snake oil merchants peddling the latest fads and fashions.¹ These are invariably derived from the ideologies of those funding numerous think tanks, and lobbyists engaged in what has been termed institutional corruption²—a case of faith based policies triumphing over evidence.

The political nature of the policy process is therefore central to any understanding of a complex system. It is also why political science is uniquely well placed to explore its inner workings. Largely ignored and unappreciated, the discipline has much to offer those seeking a deeper understanding of current health systems, how they operate, and what needs to occur if they are to undergo effective and sustainable change.

Admitting and appreciating complexity

Although policy makers are now more ready to acknowledge the existence of complexity and complex adaptive systems,³ they lack a true appreciation of them. This may be because they need the systems to fit into “the traditional mainstream of evaluation approaches.”⁴ The Medical Research Council guidance on developing and evaluating complex interventions, which appeared initially in 2000 and was modified in 2008, is one such example.⁵

Although the guidance includes a range of social science methods, Ray Pawson, an authority on social research methods, is critical of the remaining shortcomings in the MRC’s limited understanding of complexity.⁴ Essentially, because it is still wedded to a spurious “scientism,” the attempt to provide an overlay of uniformity and stability on what are unstable and endlessly evolving social systems is unhelpful and, not to put too fine a point on it, “stunted,” he says.

Even when there is good evidence that something works, such as surgical checklists and hand washing in hospitals, it is often not implemented effectively across a whole health system. Data driven health services research has tended to eclipse qualitative

research and provide spurious “evidence based” solutions to complex challenges that ignore context and local contingencies.⁶ In the process, disciplines like political science that are concerned with professional values and organisational cultures and with why things happen, or not, remain seriously undervalued.

In praise of politics and political science

Perhaps the reason lies in our distaste of politics. Yet, although “politics may be a messy, mundane, inconclusive, tangled business, far removed from the passion for certainty,” it does give us some choice in what role to play, some variety of corporate experience, and some ability to call our soul our own.⁷

Politics is at the heart of all that happens in public policy and in complex systems, such as health, with their multiple levels of decision making and myriad groups of practitioners conducting power plays.⁸

In Virchow’s aphorism, “medicine is a social science, and politics nothing else but medicine on a large scale.”⁹ Conceptualising health as political and as being produced through political action has several practical implications when it comes to researching and comprehending complex health systems. In particular, the theories and insights offered by political science are well suited to providing a deeper understanding of the context of policy making.¹⁰

Political science deals with who gets what, when, and how.¹¹ A unitary perspective and conception of policy and implementation, often beloved of politicians, denies the existence of sectional or competing interests. By contrast, a pluralistic approach acknowledges differences between stakeholders and accepts that they do not all have equal resources and power at their disposal. It is all too easy to oversimplify social complexity by ignoring or understating the interplay of politics and power. Complexity is not simply a case of there being many moving parts but about what happens when these parts interact in ways that cannot be predicted but will

nonetheless heavily influence or shape the probabilities of later events.¹²

Kingdon's organised anarchy model of public policy making teases out the process's messiness, disjointedness, power asymmetry, and luck.¹³ The model comprises three streams that flow largely independently of one another. The problem stream focuses on a particular problem (such as controlling smoking); the political stream is the governmental agenda of problems to be resolved; and the policy stream is the decision agenda from which a public policy may be selected (such as banning smoking in public places). When these three streams converge they create "windows" through which a public policy can result.

The fate of the London Health Commission report, *Better Health for London*, shows a spectacular failure to align these three streams.¹⁴ Lord Darzi, chair of the commission, was convinced that the proposal for smoke-free parks and open spaces would be endorsed by London's mayor, Boris Johnson, but this proved not to be the case. Within hours of the report being published, the proposal had been rejected and was politically dead in the water.

Another useful framework to illuminate the politics of health comprises three groups of structural interests: dominant professional interests (chiefly clinicians whose values and sources of power are key drivers of health systems), challenging corporate and managerial interests (whose power and authority have been in the ascendant in recent years, representing a challenge to the prevailing professional hegemony), and the repressed community interests (who for the most part remain powerless in the face of the combined dominant and challenging interests).¹⁵

The UK health reforms introduced in 2013 are a startling example of the supremacy of corporate and managerial interests (including political interests) flying in the face of widespread professional opposition. And though the reforms were intended to liberate patients, it is hard to see how their interests have become less repressed.

What happened at Mid Staffordshire NHS Foundation Trust, as documented by the Francis inquiry, is another example of corporate and managerial interests ignoring the concerns both of professionals and of patients and the public.¹⁶ The inquiry concluded that the trust's misplaced focus on delivering on the government's agenda to balance budgets and meet targets took precedence over the quality of care being provided, with disastrous consequences.

Many of the core cleavages in health policy reflect political and ethical tensions over the balance to be struck and negotiated across personal and collective responsibility, across public and private interests, and between the rights of the community and personal freedoms. These are intensely political choices.¹⁷

Public policy, including health, is therefore about politics resolving (or at least attenuating) conflicts about resources, rights, and morals.¹⁸ To make sense of health policy, analysts need to understand the frameworks underlying policy makers' choices, the institutions within (and through) which governments operate, and the interests of the different political actors involved. Political ideologies and institutions, the power of interest groups, media coverage (such as of a hospital closure or of pressures on emergency facilities), public opinion, and so on all contribute to the definition and evolution of health policy. Problems of implementation are often problems in developing political will and expertise to get things done.¹⁹ A paradox is that a focus on evidence based, as distinct from evidence informed, policy often seeks to ignore, or even deny, politics, regarding it as an unhelpful intrusion into the process of finding

optimal solutions to complex problems. But, as Pfeffer and other commentators insist, we need to re-politicise public policy in order to bring about change and improvement.

Putting politics back into global health was the starting point for a health summit held at Durham University in November 2014 to act on the conclusions of the *Lancet/University of Oslo Health Commission on Governance for Health*.²⁰ Unless the social, commercial, and political determinants of health are appreciated the illusion that technical fixes exist for global health problems will prevail.

Discomforts of political science research

Randomised controlled trials and other so called objective science methods have the merit of being detached from the messy political reality of the processes among which they are looking to establish causal relations. By contrast, the findings from political science research can be uncomfortable for those involved because they can challenge prevailing assumptions and beliefs and the power distribution in organisations and systems.²¹

By way of illustration, a group of us conducted an ethnographic study of the impact of general management introduced into the NHS in the mid-1980s.²² Following the Griffiths report, which was highly critical of management in the NHS, the change of management style from consensus teams to a single chief executive was important and represented a potential shift of power from medicine to management—a trend that has persisted to this day.²³

All four of us were well versed in elite actor research and in the specifics of NHS policy making, and we obtained funding from the Economic and Social Research Council. When we sought support from central government the NHS Management Board (a forerunner of NHS England) intervened insisting that no research into general management be funded until a set of criteria had been drawn up. Reasonable enough you might think, but three years later we were still waiting for the criteria to appear and had not received a definitive response to our application.

We can be charitable and put the delay and prevarication down to bureaucratic inertia. But others factors were also at work. Some of us had already published critical commentaries on general management, and health department civil servants—including one pivotal senior official—were known to be enthusiastic about general management and might not have welcomed the prospect of research challenging their convictions.

In such a climate of bad faith, independent published research may not be welcomed because it risks exposing fundamental flaws. Research may therefore be refused funding, publication of its findings may get delayed, or it may be quietly ignored if it fails to endorse the prevailing orthodoxy. Much of the commentary on the coalition government's ill advised health reforms has been subjected to such a fate.²⁴ The reforms would not have survived an analysis derived from political science theories and concepts.

Conclusion

When it comes to investigating and understanding contemporary health policy in all its complexity, natural science and experimental methods of research are of limited value. In their place what are required are qualitative and interpretive studies, including those informed by political science. Derek Wanless, a health adviser to the last Labour government, bemoaned the

absence of research examining what interventions worked or did not work and why.²⁵

Political science can get beneath the skin of policy and practice and understand the dynamics of organisational life, which are in essence political. For these reasons its findings can be uncomfortable, challenging, and even personal. It does not produce quick, simple, or always palatable prescriptions and might even generate political embarrassment by revealing conflict and competing perspectives when public discourse demands that such power plays be airbrushed out of the picture.

The need for strong policy research that is prepared to speak truth to power rather than about it has arguably never been greater. Despite living in an era where any change axiomatically has to be for the better and to represent progress, “in truth there are only humans, using the growing knowledge given them by science to pursue their conflicting ends.”²⁶

By exploring and interpreting these conflicting ends political science can provide the insights needed to improve policy. It has the potential to be of immense practical value in generating solutions to complex problems that have so far largely defeated policy makers and practitioners.

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Key messages

Randomised controlled trials and quasi experimental research designs have limited value in understanding and changing complex systems

Political science has much to offer in understanding complex systems and yet remains undervalued

Insights from political science research can help identify the enablers and barriers to change in health systems