

How to improve our health services

Author: Walter W Holland^A

There is a long history of research into the manifestations, treatment and causes of illness, but the recognition of the importance of health services research (HSR) as a discrete and necessary component for the adequate functioning and improvement of health services has been slow to develop. Only in the past 50 years has there been any concerted attempt to coordinate and foster HSR in the UK. There are a number of reasons for this neglect. Probably the most important of these has been the belief that advances in medical treatment and technology are infinite and that the development of appropriate methods of treatment will solve the majority of ills. This can be well illustrated by the erroneous belief of many of the founders of the National Health Service (NHS) that expenditure on health services would improve the health of the population and thus lead to lower demand for health services. There is now an appreciation that this is not the case and that the evaluation of health services and what they have to offer is vital if there is to be any reasonable allocation of resources to the health sector by the government or society.

In the UK scientific principles into government decision-making began with the publication of the *Haldane Report* in 1918.¹ Haldane believed that research should play a key role in government and that it should be an integral part of the machinery of government. Although the Medical Research Committee (later Medical Research Council) played a key role in the investigation of problems arising from war conditions in the First World War, it did not play a central role in the development of applied health services research. Its major contributions were to sustain and develop basic research crucial to the development of knowledge about the mechanism and treatment of disease.

With the establishment of the National Health Services Act in 1946 and the NHS in 1948, the minister of health was given specific powers and responsibilities for pursuing a programme of research to support its needs.

However, it was not until the 1960s that the Department of Health (DH) began to commission a substantial amount of research. The book *Improving Health Services*² traces the development of this research. At the beginning there was tension between the work of the old-established Medical Research Council and the newer, much more applied research instigated by the DH. This tension was not helped, in the early years, by the government's emphasis on the priorities of

research that could support practical application rather than an increase in only knowledge-based research (Rothschild principles). Over time a 'modus vivendi' was achieved.³

The development and support of HSR by the DH has been subject to difficulties. Health services research is fundamentally a political matter. At first, civil servants had problems in accepting that research funded by the government could question policy decisions. Politicians have also had difficulties in appreciating that research could uncover problems and inadequacies in the NHS. In the late 1980s the House of Lords Select Committee on Science and Technology commented on these problems, but also emphasised the importance of this type of research.⁴ The committee, chaired by the chairman of General Electric Company, Lord Nelson, was surprised by how little resource was available for such research – far less than the amount spent by industry for equivalent work to ensure that an industrial enterprise could retain its ability to innovate and remain competitive. It also considered that such research should play a far greater role in central decision-making. They believed that for an organisation as large and complex as the NHS it was crucial that both current and future practice and organisation should be based on sound research rather than the whims or beliefs of individuals.

The development and support of HSR are necessary for six main reasons:

- 1 the reassessment of the medical task and the role of general economic and social forces in the health status of populations
- 2 the phenomenal growth in medical manpower and medical technology
- 3 the rising costs and complexity of healthcare provision
- 4 the political and social need for equity of healthcare provision
- 5 the general increase in the complexity of society and the increasing scale of social and health effects, possibly from modern political and industrial developments
- 6 the increasing knowledge and expectations of consumers of healthcare services through newspaper articles, television and the Internet.

In spite of many obstacles, great advances have been made to assess health service needs, introduce new effective methods of treatment and prevention, and develop indicators of health service quality and methods of surveillance of health, as well as the organisations of specific services.²

There are now many more researchers from all disciplines involved in HSR and their standing has improved greatly. It is, however, disappointing that many of the lessons learnt are

^AAuthor: ^Avisiting professor, LSE Health, London School of Economics and Political Science, London, UK

not used more. Several recent major policy decisions, such as the reorganisation of the NHS,⁵ the promotion of polyclinics⁶ and the promotion of ‘health checks’,⁷ have not been subjected to rigorous scientific scrutiny. In spite of the increase in trained researchers, the government and the NHS continue to utilise generic management consultants who often have little expertise in the field. These are far more costly, but, of course, far more likely to succumb to political pressure. Also, many health policy decisions are now based on theoretical, complex mathematical modelling because of the availability of powerful computers and more administrative data (which are subject to indeterminate errors and assumptions) rather than the collection of accurate, checked data for a defined purpose, as was common in the past. This is understandable if it is accepted that the most important prerequisite is to satisfy immediate political imperatives rather than be constrained by the need to undertake reliable, valid research which takes time.

It is to be hoped that the current political, media-inspired and media-stoked frenzy will abate and that once again we will fund and take heed of properly planned and executed research.

Although it must be accepted that HSR and its results are a highly emotive political subject, it is essential that we apply sound scientific methods, take note and apply the findings rather than the ‘easy remedies’ propagated on the basis of belief or ‘experience’. ■

References

- 1 Ministry of Reconstruction. *Haldane Report: Report of Machinery of Government Committee, Cmnd 9230*. London: Ministry of Reconstruction, 1918.
- 2 Holland W. *Improving Health Services: Background, Methods and Applications*. Cheltenham: Edward Elgar, 2013.
- 3 Lord Rothschild. The organisation and management of government R&D. In: Cabinet Office, *A framework for Government Research and Development*. London: HMSO, 1971.
- 4 House of Lords Select Committee on Science and Technology. *Priorities in Medical Research*, Volumes 1–3. London: HMSO, 1988.
- 5 Department of Health. *Equity and Excellence: Liberating the NHS*. London: The Stationery Office, 2010.
- 6 NHS London. *Healthcare for London: A Framework for Action*. London: NHS for London, 2007.
- 7 Holland WW. Periodic Health Examination – a brief history and critical assessment. *Eurohealth* 2009;15:16–20.

Address for correspondence: Dr W Holland, LSE Health, London School of Economics and Political Science, Houghton Street, London WC2A 2AE.
Email: W.W.Holland@lse.ac.uk


www.rcplondon.ac.uk/shop

Gifts and memorabilia


A new range of gifts based on a huge collection of art, and artifacts housed at the RCP's home in Regent's Park.

Elizabeth Garrett Anderson bag
Large jute bag reinforced with a synthetic lining and short padded handles.

£10.00 (inc p+p)



Order by phone or online
Tel +44 (0)20 3075 1358 or email publications@rcplondon.ac.uk



**Royal College
of Physicians**