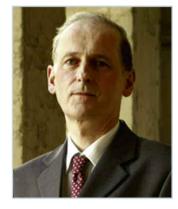
Newsletter of the ESRC Public Services Programme

Number 7 Autumn 2008

I f the Programme was a space rocket, it would now be in its final stage. Over the next year we shall see no less than 27 of our research projects reporting as we complete the studies we have commissioned and draw them together, and this short newsletter format will only be able to give the briefest indication of our findings. Just one example of the joint work we're doing is the special journal issue on ranking and rating of public services that is highlighted on page 2 of this newsletter.

The Programme's work has now been presented and discussed on five continents and I have personally presented it on four continents in this year alone, having just got back from the IAMRA conference in South Africa, at which both Jan Illing and myself from the Programme were presenting. So no-one can accuse us of being parochial!

After his three hard years as the mainstay of the Programme office, we're saying goodbye to Rikki Dean in November. He's getting married and then embarking on a year-long trip to Latin America. We're really grateful for all he's done for the Programme, and we wish him and Rachel all the best for their future together, as he spreads the word about the Programme's work into the farthest recesses of South America!



Christopher C. Hood

Christopher Hood, Programme Director Gladstone Professor of Government and Fellow of All Souls College, Oxford

The Programme at-a-glance

2004

ESRC Public Services Programme established; Professor Christopher Hood appointed as Programme Director; 1st Projects Call; first 14 Projects commissioned

2005

Programme launched; first 14 Projects began research; two further Projects commissioned in May began research in October; 2nd Projects Call

2006

First 14 Projects reported results; 2nd Call Projects commissioned in Spring to start 2006; 3rd Call for fellowships and research on medical regulation and performance

2007

Some 2nd Call projects report results; fellowships and 3rd call projects begin

2008

Most 2nd Call projects complete

2009

Remaining Projects complete; fellowships complete **Equality, Diversity and Fitness to Practise**

We know that doctors from ethnic minorities or trained abroad are disproportionately more likely to be subject to Fitness to Practise proceedings in the UK, from complaints to formal hearings. While foreign trained doctors account for around a third of the workforce, they made up two thirds of the 54 doctors struck off in 2006. So are these doctors subject to discrimination, or are there other factors, for instance differences in training, at work?

The latest research to be commissioned by the Programme comprises three interlinked projects exploring these issues.

Project 1 is developing a theoretical understanding of how doctors' and other healthcare workers' experiences of migration and discrimination impact upon their performance and the raising of concerns if they are performing poorly.

Project 2 examines the various stages of the GMC's Fitness to Practise proceedings to find out whether ethnic minority or

overseas trained doctors are more likely to receive less favourable decisions with more serious consequences (for example, suspension) than their counterparts.

27% of the referrals of foreign trained doctors to the GMC came from NHS trusts and police compared with 14% for UK doctors in 2007. **Project 3** is developing a method for measuring the nebulous phenomenon of organisational discrimination and using it to probe organisational attitudes to diversity in the healthcare workforce.

These projects increase to eleven the number in our pioneering, exploratory set on medical regulation and performance, co-funded by the UK General Medical Council (GMC). The projects are linked, not only by theme, but by a common core of researchers – Charlotte Humphrey (Kings College), Aneez Esmail (Manchester) and Debbie Cohen (Cardiff) – and are sequenced so that insights from the first project will inform the later investigations.



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The

Public Services Programme

Quality, Performance & Delivery



Research theme: Incentives, Blame and Liability

To improve the performance of primary care doctors (GPs) in the UK, from 2004 they were given a financial incentive to perform certain medical procedures, with 25 per cent of each practice's income dependent on 147 performance indicators called the Quality and Outcomes Framework (QOF: see table). The outcome was that GPs racked up so many QOF points that NHS primary care costs in England blew out by £1.5 billion over the level policy-makers expected. And there were some signs that QOF caused doctors to focus on the 147 things that were incentivized over key medical concerns (such as mental health treatment) that were left out of QOF.

-

Number

of

Indicators

18

Clinical

Domain

Area

Diabetes

Mellitus

incentives in different ways. We're putting claims like these to the test by methods such as relating dentists' clinical behaviour with the types of contract under which they work, relating data on the quality of hospital care to the financial arrangements for insuring against malpractice suits, and relating data on local authority performance to the exposure of local authorities to litigation and judicial review.

Among our discoveries are:

Unadjusted

Total for

2004/05

£7,425

 orthodox economic theory mostly predicts the direction of the relationship between money incentives and measured

2005/06

Pounds

per Point

£125

- much trumpeted initiatives often appear to have very little discernable impact; for example, in the cases of risk management, marketisation and delayed discharge (see graph);
- policy-makers often miscalculate individual and organizational responses to orthodox financial incentives in public services.

To find out about the Programme's individual

Programme Office



Programme Director: Prof. Christopher Hood Deputy Director: Dr. Deborah Wilson Programme Administrator: Heidi Young Programme Officer: Bryony Gill Project Assistant to Programme Director: Dr. Ruth Dixon

For some, those who provide public services are motivated by the same incentives as any other actors. Others think those who choose to be teachers or social workers (for instance) are different from those who choose to be bankers or estate agents, and will respond to

Points

Available

99

outcomes (e.g. doctors and dentists do more treatment when paid on a piece-work than on a salary basis), but the strength of such relationships varies greatly;

Unadjusted

Total for

2005/06

£12,375

projects engaged in researching this analytic theme, see http://www.publicservices.ac.uk/ category/research/performance-incentives/

No. of patients occupying an acute hospital bed with delayed discharge in England Points Mean Prizes: QOF Incentives for 8,000 GPs (unadjusted) 7,000 6,000 Community Care Act implemented i = 5,000 S 3,000 king ing'? f the unity Act 203 Q2 203 Q3 203 Q4 204 Q1 204 Q2 204 Q3 1/02 Q3 1/02 Q4 4/05 Q3 4/05 Q4 5 Q2 8 2/03 Q1 501

ESRC Public Services Programme

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	Chronic Obstructive Pulmonary Disease	8	45	£75	£3,375	£125	£5,625	Unblocking 'Bed-blocking The impact of ti 2003 Communi Care A
	Coronary Heart Disease	15	121	£75	£9,075	£125	£15,125	
	Asthma	7	72	£75	£5,400	£125	£9,000	

2004/05

Pounds

per Point

£75

www.publicservices.ac.ul

Newsletter of the ESRC Public Services Programme



'For He's a Sunningdale Fellow...'

Programme Director, Christopher Hood, has been invited to become a fellow of the National School of Government's Sunningdale Institute. This will give the Programme further opportunities to advance its work in bridging the gap between research and policy.

Paradoxes of Modernisation: Puzzles and Unintended Consequences of Public **Policy Reforms**

Hilary Term Workshop Series, Oxford Internet Institute

Why do so many supposedly modern and rational policy initiatives end in surprise and disappointment? This workshop brought together researchers from a number of disciplines to explore various cases where well-intentioned policy had led to unintended consequences or the actions of policy-makers appeared irrational or paradoxical. For instance, why do politicians invest heavily in little used longdistance rail journeys, yet ignore busy commuter lines? There are plans for a volume to bring together studies from this and last year's workshop, so watch this space for more details...

Health Care Metrics and Reform

9-11 January 2008, Dunston Hall, UEA, Norwich

The Programme hosted a special session on 'Health Care Metrics and Reform' at the 72nd meeting of the Health Economists' Study Group. The use of performance metrics as part of broader performance management regimes is increasing in health care, and the three papers presented in this session - by Richard Cookson, Frank Windmeijer and Nigel Rice - covered different aspects of performance and measurement, plus the effects of alternative performance management regimes. Further information on all these projects is available from the Programme website.

'And that's official...' Credibility and **Government Statistics**

10 March 2008, Oxford Community School

As part of the ESRC Festival of Social Science, the Programme took a panel of distinguished statisticians to Oxford Community School for a debate on trust in Government statistics. More than 70 students participated from schools all over Oxford. Presentations ranged from 'What is a big number?' to 'How can we determine the probability of the same family experiencing two cot deaths?' A DVD learning resource for students will follow and be available on our website.

See our website for lots more news and events.

Does Litigation Make Local Services Better? 14 May 2008, Institute of Advanced Legal Studies, London

This event aimed to feedback the findings of Maurice Sunkin and his team at Essex, who have been investigating how judicial review impacts upon the quality of local government services (see project spotlight). An introduction by Michael O'Higgins, Chair of the Audit Commission, was followed by presentations from the team and discussants. A lively debate with local government officers from across the country, as well as representatives from the Legal Services Commission and the Law Commission, then ensued.

Medical Professionalism: The Building Blocks

6-9 October 2008, Cape Town, South Africa

Two representatives of the Programme joined participants from around the world to share best practices and explore new approaches to issues facing medical regulatory authorities worldwide for this International Association of Medical Regulatory Authorities (IAMRA) conference in South Africa. Jan Illing (Newcastle) talked about her work on transitions from medical education to practice, and Christopher Hood, Programme Director, discussed the information that a fullyevidence based medical regulator would need to have, and how research such as that being done by the Programme can reduce the gap between what we know and what we know we don't know.

Onwards and Upwards: How Junior Doctors Learn to Cope When Changing Environments and Responsibilities

17 October 2008, RIBA, 66 Portland Place, London

This Association of Medical Education (ASME) conference was organised by Trudie Roberts' team at Leeds University to involve stakeholders in discussions of the Programme's key findings from its research on medical transitions, and develop implications for policy, practice and research.

Public Services in a Cold Climate

4 November 2008, HM Treasury, London

The recent financial crisis draws attention to a problem that has had little attention during the boom years - namely what happens to public services in periods of fiscal restraint. In this invited seminar for policy-makers, Christopher Hood and Ruth Dixon from the Programme reviewed research evidence on what happened to public services in the fiscally constrained years of the 1920s and the 1970s/80s, and they were joined by Carl Emmerson of the Institute of Fiscal Studies to assess the current financial position.

Publications

Ratings and Rankings of Public Service Performance

A special issue of International Public Management Journal Vol. 11 Issue 3 http://www.informaworld.com/smpp/title~content=g901676334~db=all

National and international rankings and ratings of public service performance have become commonplace today. Supporters claim they are a valuable tool for spurring performance improvements. Detractors argue they can cause output distortions, such as encouraging school teachers to 'teach to the test' and thus narrowing the curriculum, and can be misleading; for instance, when the difference between those ranked is less than the likely measurement errors. However, love them or hate them, it seems ratings and rankings for public services are here to stay.

The latest publication to come out of the Programme, this special issue of the International Public Management Journal, thus attempts to go beyond the standard social science critique of rankings' statistical reliability and validity. It asks:

- What should be counted as 'public services' and 'performance' for the purpose of ranking;
- How do rankings emerge from the arcane workings of political, bureaucratic and academic institutions;
- Why do inferior rankings persist when better ones are available;
- How can we go about developing better rankings for health and education;
- And, can the rankings themselves be ranked?

The issue consists of six papers answering these questions, including one by Christopher Hood and Ruth Dixon that develops a method for ranking the rankings, arguing that maybe it is time for a kite-marking of rankings to be introduced, and one by Deborah Wilson and Anete Piebalga examining the use of 'contextual value added' in ranking English schools. The issue originates from the International Public Management Network Workshop that the Programme hosted at Worcester College, Oxford in August 2007, where early versions of these papers were presented. The Programme has several other similar projects currently in train, so keep checking the website for more details.

So long, farewell, auf Wiedersehen, adieu...

Without the remotest hint of a scandal Rikki Dean, Programme Officer, is leaving the Programme after three years of hard labour. Asked to comment on his

departure he said, "This is not so much a goodbye as a

see you later. It may be due to three years of brainwashing, but I have caught the public management bug, and I fully intend to be back from my sojourn in South America in time to begin a DPhil and see the Programme's final event make a big splash."



Full details of all our projects are available at www.publicservices.ac.uk.

To learn more about the project and how to contact the researchers, please visit http://www.publicservices.ac.uk/research/ impact-of-litigation-and-public-law-on-thequality-and-delivery-of-public-services/

Project: The Impact of Litigation and Public Law on the Quality and Delivery of Public Services

Research team: Maurice Sunkin, Todd Landman, Lucinda Platt and Kerman Calvo (University of Essex)

We often hear claims that a voracious 'compensation culture' has taken hold of society and that this is good for little other than lining the pockets of the legal profession. So how does the incidence of judicial review litigation affect the performance of our public services? Maurice Sunkin has been leading a team of researchers at the University of Essex who have, for the first time, investigated the relationship between levels of litigation and performance of English local authorities

Their first step was to map judicial review litigation for all 409 English and Welsh local authorities from 2000-2005 – the first time that had ever been done. As Maurice explains, "It was widely known that the use of judicial review is sporadic, but compiling this dataset allows us to show just how different the experience of litigation is across local authorities (see figure). While for some authorities challenge is an everyday. occurrence, for most it is very rare; 20% of authorities attract more than 80% of judicial review challenges. It also revealed that challenge is primarily 'a London thing' - London boroughs account for 14% of the population but attract 60% of challenges and all of the top 20 most challenged (per capita) authorities were London boroughs. What's more, over 50% of all challenges were concerned with housing, housing benefits or homelessness. These were often cases PERFORMANCE where the threat of judicial review was being used as an attempt to secure short-term access to essential, but scarce, resources, and is far from the view of judicial review as a process for addressing grand issues of principle."

speed and accuracy of processing benefit claims - while controlling for other variables such as deprivation. "We found a relationship between higher levels of judicial review litigation and poor performance on all of these measures. Authorities that perform badly on the CPA and are worse at processing benefit claims are more likely to be subject to judicial review challenges, and those authorities with worse housing stock are more likely to be challenged on housing."

What about how judicial review litigation affects performance? Do these high levels of challenge prompt poor performers to improve their services? To explain that the team followed-up their statistical analysis with in-depth case studies. Maurice said. "We have not discovered a simple relationship of how litigation affects performance. It seems authorities keep little information on threats and challenges and know virtually nothing about the experience of other authorities. Judicial review judgements have a greater impact, but our case studies have shown that this impact on quality is often ambiguous – for instance, forcing an authority to improve quality in one way can put greater strain on other aspects of delivery."

Project

Next the team matched the levels of litigation to English local authorities' performance on official performance measures - the Comprehensive Performance Assessment (CPA) and Best Value Performance Indicators (BVPI) on the quality of housing stock and

