



Street-level diplomacy? Communicative and adaptive work at the front line of implementing public health policies in primary care



Nicola Gale ^{a, *}, George Dowswell ^b, Sheila Greenfield ^b, Tom Marshall ^b

^a Health Services Management Centre, School of Social Policy, University of Birmingham, UK

^b Primary Care Clinical Sciences, Institute of Applied Health Research, University of Birmingham, UK

ARTICLE INFO

Article history:

Received 19 November 2015

Received in revised form

15 November 2016

Accepted 22 January 2017

Available online 24 January 2017

Keywords:

Implementation

Diplomacy

Agency

Prevention

Policy

Power

Governance

Work

ABSTRACT

Public services are increasingly operating through network governance, requiring those at all levels of the system to build collaborations and adapt their practice. Agent-focused implementation theories, such as 'street-level bureaucracy', tend to focus on decision-making and the potential of actors to subvert national policy at a local level. While it is acknowledged that network leaders need to be adaptable and to build trust, much less consideration has been given to the requirement for skills of 'diplomacy' needed by those at the front line of delivering public services. In this article, drawing on theoretical insights from international relations about the principles of 'multi-track diplomacy', we propose the concept of street level diplomacy, offer illustrative empirical evidence to support it in the context of the implementation of public health (preventative) policies within primary care (a traditionally responsive and curative service) in the English NHS and discuss the contribution and potential limitations of the new concept. The article draws on qualitative data from interviews conducted with those implementing case finding programmes for cardiovascular disease in the West Midlands. The importance of communication and adaptation in the everyday work of professionals, health workers and service managers emerged from the data. Using abductive reasoning, the theory of multi-track diplomacy was used to aid interpretation of the 'street-level' work that was being accomplished.

© 2017 Published by Elsevier Ltd.

1. Introduction

Primary care policy is shifting from traditional response-mode delivery to preventative healthcare and the more active management of long-term conditions. At the front line of much of this work are allied health, para-professionals and community health workers who, while having access to very little hard power are nonetheless required to negotiate persistent tensions at the interface of the primary care and public health agendas, as well as being (or even embodying) a bridge from healthcare professionals to the general practice community. Operating within the context of a health system that increasingly resembles a 'network' rather than a 'bureaucracy' (Rhodes, 2007), we examine the everyday work of these people by examining their roles in relation to agency-based theories of implementation (Lipsky, 1980; John, 2013). We propose that a new concept of 'street-level diplomats', drawing on

diplomatic theory from international relations, is a useful way to theorize the communicative and adaptive work that underpins the role.

2. Background

The organisational structures of English primary care, contractual obligations and the nature of associated medical work have changed considerably over the last quarter century (Checkland, 2004). Historically, GPs have always provided care in response to patients' requests but in England a key contractual change in 1990 tied some practice income to limited health promotion activities such as screening and immunisation services (Lewis and Gillam, 2002) and further changes in 2003 incentivised chronic disease prevention (Shekelle, 2003). Changes to the existing order implicitly question current practices and invariably create additional work in an already pressurised service. Therefore, they have been contested at all levels to some extent (Harrison and McDonald, 2008).

Clinical epidemiology and public health perspectives, based on

* Corresponding author. Park House, 40 Edgbaston Park Road, Birmingham, B15 2RT, UK.

E-mail addresses: n.gale@bham.ac.uk, n.k.gale@gmail.com (N. Gale).

probabilistic risk, have been highly influential at health policy level, contributing to the codification of research into evidence-based guidelines and often termed 'scientific-bureaucratic medicine' (Harrison, 2002). In England, National Service Frameworks (NSF) were introduced to standardise care delivery, for coronary heart disease and other conditions (Hippisley-Cox and Pringle, 2001; Department of Health, 2004). Globally, it is expected that individualised, demand-led consultations will form a smaller proportion of primary healthcare teams' work (Bodenheimer et al., 2009). A recent review concluded that there is insufficient good evidence on health improvement interventions in primary care and that GPs tend to focus on individual patients rather than on population approaches (Peckham et al., 2015).

Cardiovascular disease (CVD) is the main cause of morbidity and mortality in England (British Cardiac Society, British Hypertension Society et al., 2005) and there are continuing efforts to improve prevention services. Underpinned by national guidelines (National Institute for Health and Clinical Excellence, 2011), CVD targeted case finding programmes, informed by health economic evaluation, target preventative services to those with highest risk of CVD in order to improve effectiveness and cost-effectiveness of preventative healthcare (Marshall, 2010). Targeted case finding programmes typically involve gaining access to GP practices; running a computer algorithm through existing electronic patient records to stratify patients by CVD risk; inviting patients for assessment; discussing risk; and encouraging them to reduce risk by taking medication, changing lifestyle or both (Marshall et al., 2008). These programmes have been shown to increase the number of high-risk patients started on antihypertensive and statin treatment (Hemming et al., 2016) and to be cost-effective as, across all age ranges, targeted case finding is more efficient than universal case finding in healthy adults (Crossan et al., 2017).

Across England, various approaches have been used involving existing or additional specialist CVD nurses, community pharmacists, health trainers and others. These have been funded by the NHS and local government, including specific programmes to address health inequalities (Hemming et al., 2016). Socio-economically disadvantaged groups, particularly men, are much less likely to access preventative services, particularly those provided opportunistically in routine care (Banks, 2001). However, it is important to note that a major constraint in the targeted case finding model in any attempt to tackle health inequalities was its absence of links to a wider community strategy. A co-ordinated engagement with local government could influence some of the wider determinants of health but at the time of the intervention major structural changes (abolition of Primary Care Trusts and the move of public health to local authorities in 2013) limited some of these options. While the intervention might be a success, within its own terms of reference, and have some potential to address health inequalities (Mathers et al., 2016), wider policy success (McConnell, 2010) is more elusive in the field of health inequalities (Exworthy et al., 2002; Exworthy et al., 2003).

In 2009, annual NHS 'Health Checks' in England and Wales were introduced for all adults aged 40–74 for stroke, heart disease, diabetes and kidney disease prevention, although there has been significant variation in the way this policy has been implemented (Artac et al., 2013). The Sandwell targeted case finding project (piloted in 2005) may have influenced the Health Check policy as the project was Highly Commended in the Information-Based Decision Making category of the Health Services Journal Awards 2007 & Sandwell PCT won the Primary Care Organisation of the Year in the Health Services Journal Awards 2008. The rollout of the complete evaluation project (Hemming et al., 2016) overlapped with the introduction of NHS Health Checks and the project was modified to meet with the mandatory requirements of the NHS Health

Checks and absorbed into the NHS Health Checks programme. While the universal approach of NHS Health Checks is in tension with the more cost-effective approach offered by targeted case-finding, both approaches are fundamentally different to the traditional responsive mode of primary care, while still being medically-driven, rather than focusing on the social determinants of health. Our empirical interests lay in exploring the everyday work (Gale et al., 2016) of those implementing case-finding programmes.

3. Theoretical framework

This research was conducted in the British context where network governance, with high levels of interdependence between actors, predominates (Bevir and Rhodes, 2003a). Politics post-Thatcher in the UK has reduced bureaucracy, yet, ironically, multiplied the actors and made more complex the processes required to deliver public services (Rhodes, 2007). While the NHS retains some characteristics of hierarchical/bureaucratic and market governance, as well as network governance (Exworthy et al., 1999), the value and validity of applying theories of network governance to the health system have been well established in the literature (Addicott, 2008; Kuhlmann and Allsop, 2008; Velotti et al., 2012). In primary care, this is particularly relevant, because it is primarily delivered by independent contractors (general practitioners in partnerships), who collaborate with other practices, public and third sector organisations (Pickard et al., 2006).

As Rhodes argues, while bureaucracies are reliant on rules and authority and markets on competition and finance, policy networks are characterized by a reliance on trust and diplomacy (Rhodes, 1998). He argues for more interpretative research that focuses on the beliefs and practices of the people in policy networks (Rhodes, 2007: 1259). Indeed, Barley and Kunda (2001) have argued that theoretical approaches to understanding post-bureaucratic organizing have been 'hampered by a dearth of detailed studies of work'. We make the case in this article that diplomacy is not only relevant for steering and managing networks (Ferlie and Pettigrew, 1996), but also for those at the front line of implementing policies. To develop this argument, we draw primarily on two theories: the sociological concept of street-level bureaucracy (Lipsky, 1980) and multi-track diplomacy (Diamond and McDonald, 1996) borrowed from international relations (see Methods below for critical discussion of theorisation process). Our hybrid concept – *street-level diplomacy* – aims to make the communicative and adaptive work of front-line healthcare workers more visible in the theoretical debates around the everyday practice of implementing health policies.

A major contribution of Lipsky's concept of street-level bureaucrats comes from his observation of an inherent paradox in their work:

On the one hand, the work is often highly scripted to achieve policy objectives that have their origins in the political process. On the other hand, the work requires improvisation and responsiveness to the individual case (xii).

Lipsky argued that because many public servants operate with a high degree of discretion and autonomy in resource-limited conditions, they can profoundly influence the outcomes of the policies they are employed to enact. He concluded that:

the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively become the public policies they carry out (xiii).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات