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Health policy and the policymaking system: A case study of primary care in Ireland

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ABSTRACT

In 2001 the Irish government published a reforming policy intended to modernise and expand the delivery of primary care in Ireland. Fifteen years later, the Irish health system remains beset by problems indicative of a fragmented and underdeveloped primary care system. This case study examines the formation and implementation of the 2001 primary care policy and identifies key risk categories within the policymaking process itself that inhibited the timely achievement of policy objectives. Our methodology includes a directed content analysis of the policy formation and implementation documents and the influencing academic literature, as well as semi-structured interviews with key personnel involved in the process. We identify three broad risk categories – *power*, *resources* and *capability* – within the policymaking process that strongly influenced policy formation and implementation. We additionally show that the disjoint between policy formation and policy implementation was a contested issue among those involved in the policy process and provided space for these risks to critically undermine Ireland's primary care policy.

1. Introduction

In common with developments in other European countries and internationally, Ireland has attempted to reform its primary care infrastructure in recent years. Ireland's foundational policy document on primary care reform, entitled *Primary Care: A New Direction*, was published in 2001 [1]. A key motivation for the new policy was the recognition that (i) existing primary care infrastructure was poorly developed, (ii) services were fragmented with little teamwork, and (iii) secondary care was providing many services that were more appropriate to primary care [1]. The policy was introduced as part of a new overarching health policy for Ireland [2] which committed to improving equity of access to health services and creating a more 'people-centred' high quality system of delivery.

To address the above issues the new policy proposed making primary care the central focus of the health system and main point of entry to all health and personal social services. An inter-disciplinary primary care team (PCT) was identified as the core health service unit that would be tasked with meeting the health and social care needs of a specific population. The plan also proposed the establishment of wider primary care networks of other health professionals to support a number of core PCTs in given areas. It was envisaged that approximately 600–1000 PCTs would be required nationally, with a goal of achieving two-thirds of implementation (400–600 PCTs) by 2011 [1]. Unfortunately, progress to date in rolling out the Government's primary care strategy has been very slow with most of the original targets missed and the Irish health system is still beset by issues that stem in part from a fragmented primary care infrastructure.

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This paper examines the processes that framed the formation and implementation of the 2001 primary care policy and the degree to which risks to policy failure were addressed. Ireland experienced unprecedented political stability and strong economic growth for seven years following the publication of the primary care policy. The failure to meet the targets set out in the original policy provides a strong motivation to assess potential 'process failure' risks, within the policy making system. Our methodology incorporates a directed content analysis of all of the Government documentation related to the formation and implementation of the policy as well as semi-structured interviews with key participants in the policy making process. We find that there was a considerable disjoint between policy formation and implementation and we identify three broad risk categories – *power*, *resources* and *capability* – within the policymaking process that strongly influenced its development.

Our research addresses an often overlooked area of health policy research [3,4], particularly in an Irish context, where MacCarthaigh notes that "we do not know enough about the Irish policy-making process as there has been little if any fundamental research conducted" [5]. The primary care initiative is an ideal subject matter as it stands as a distinctive and reforming policy in recent Irish political history and in the provision of health care services.

The paper is structured as follows: the next section provides a brief overview of the international literature on primary health care as well as some of the recent Irish literature on primary care and health policy in general. Section 3 outlines the key objectives and targets of the 2001 primary care policy initiative in Ireland, the progress in implementing the policy and meeting the 2011 targets, and some of the key issues that confounded the policy's implementation. Section 4 describes our methodology which incorporates a directed content analysis of published and unpublished policy-related documents, along with semi-structured interviews with key members of the policy implementation steering group. Section 5 provides a detailed discussion of our findings and Section 6 concludes.

2. Literature review

It is now well recognised internationally that strong primary health care systems are imperative if countries are to deal with the pressure arising from continuous demographic and socio-economic changes. There is a considerable body of evidence that shows that countries with strong primary care systems generally have healthier populations, more equitable access to health services, and lower overall costs for health care [6–8]. The positive evidence in relation to primary care reform and improved equity in health is particularly relevant to the subject of this study where the radical reform of primary care services was central to the goal of reducing health inequalities that underpinned the Government's overarching health strategy introduced in 2001.

Despite the strong evidence in favour of primary care reform and calls by bodies such as the WHO for countries to strengthen primary care systems [9], the development, organisation and strength of primary care systems to date varies widely across countries [10–12]. Historically in most countries in Europe, GPs have remained the gatekeepers to further specialised care and secondary care and this remains the case in many national health systems today. In recent years, however, a considerable number of countries have moved to integrate specialised nursing and additional professions with GP services to form more comprehensive and coordinated primary care teams in the community. The content and extent of primary care reform policies across European countries differs substantially as a result of the historical development and institutional structure of each country's health care system [12,13]. In addition, macroeconomic conditions, as well as labour and social policies in each country, can also enhance or diminish the effectiveness of a primary care reform policy.

In terms of the Irish literature, much has been written on the broader developments in Irish health policy and services, particularly since the economic crisis of 2008 which has had a severe impact on the provision of health services [14–18]. There have also been numerous policy studies that focus on narrower aspects of the health service in Ireland. For example, McHugh et al. conducted an analysis of the policy-making process related to diabetes care [19], while May et al. conduct a detailed analysis of palliative care policy reform since 2001 [20]. The latter paper adopts a similar approach to our own in that the authors perform a content analysis of all relevant policy and service documents developed at a national and regional level, as well as relevant academic articles on palliative care in Ireland. The authors found that policy goals could not be realised largely as a result of a shortfall in committed resources, a finding that resonates with our own results which are discussed later.

With regard to primary care reform in Ireland, while there have been a number of reports by government bodies and other groups such as the Irish College of General Practitioners on the experience with reform since 2001, the policy has received very little attention in the academic literature. O'Sullivan et al. conducted a review of peer-reviewed publications and the grey literature related to PCTs, the primary care reform process and interdisciplinary working in PCTs over the period 2001–2012 [21]. The authors found that there was a lack of comprehensive research in relation to PCTs in Ireland and noted that it would be valuable to conduct "a major theoretically informed analysis of the implementation journey of primary care teams in Ireland" [21]. Our paper addresses this critical issue and makes a significant contribution to the Irish and international literature where, to the best of our knowledge, our paper is the first in-depth case study of how risks to policy failure were addressed in the policy formation and implementation process for primary care services in any country. The next section describes the 2001 primary care reform policy in more detail and outlines the implementation of the plan up until 2011 (a key implementation milestone year within the policy and also when a new Government was elected and introduced major health policy reforms).

3. Primary care reform in Ireland

The core operational element of the 2001 primary care reform policy was the planned creation