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*Exploring Thirty Years of UK Public Services Management Reform -
The Case of Health Care*

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Introduction

The thirtieth anniversary of the 'International Journal of Public Sector Management' provides a good opportunity to reflect on bodies of scholarship on enduring public management questions and debates, including how best to understand public management 'reform'. Public management reform has become a vast and continuing industry in United Kingdom (UK) over the last generation (Pollitt, 2013). The UK has been held up by key public management scholars (Hood, 1995; Hood and Dixon, 2015; Pollitt and Bourckaert, 2011) as a leading edge jurisdiction for New Public Management (NPM) reforms, originally introduced by radical right Conservative governments led by Mrs Thatcher (1979-1990).

This chapter explores the question of the long term durability of UK NPM reforms. Various scholars have addressed the 'NPM (vs) post NPM debate' as a major theme in public management writing and elaborated various post NPM models (e.g. Newman, 2001; Dunleavy et al, 2006; Osborne, 2010). To focus what otherwise might be a vast topic, the chapter analyses just one sector: UK health care. The National Health Service (NHS) is publicly funded through taxation, politically visible and has been subject to various reorganizations over the last thirty years. It has been the site of significant NPM and also post NPM reform activity sponsored by successive governments of different political colours. The central question posed here: '*have the NPM reforms of the 1980s endured or have they been succeeded by a post NPM paradigm?*' will be explored within the concrete case of the UK health care sector.

Building An Analytical Framing from Social Science

How can social science scholarship help us frame this substantive question more analytically? Some concepts developed by public management and other social science scholars will be used as helpful analytical devices throughout the chapter.

Firstly, the chapter draws a small but developing narrative-based stream in public administration scholarship (Borins 2011; Pollitt, 2013) which examines the ‘stories’ found in public policy and management texts. UK public management reforms are often rhetorically justified in official texts, notably so in successive government documents which produce officially sanctioned proposals (so called White Papers) for renewing the machinery of government. These White Papers often reflect currently persuasive ideas or texts circulating in the public policy community. Using the term ‘*narrative*’ of public management reform takes us away from examining just one reform or its technical aspects and moves us towards looking at linked bundles of reform and teasing out their broader meaning and justificatory rationales, along with supporting concepts. This chapter will briefly outline the NPM narrative and then three possible post NPM narratives.

The chapter, secondly, explores whether there has been a *paradigm shift* in received models of UK public management since the rapid rise of the NPM paradigm in the 1980s which succeeded the old public administration/Weberian paradigm. Kuhn’s 1962 pioneering work in the sociology of science first argued that there could be periodic revolutions in scientific fields, interspersed with long epochs of stability or incremental change. Some organizational scholars adapted the concept in developing archetype theory which similarly argues (Greenwood and Hinings, 1993) that organizations move between long periods of stability and occasional bursts of radical reorientation. Within the short period of reorientation, structures, processes and (most fundamentally of all) underlying values all need to shift in a self reinforcing fashion, if archetype reorientation is to take place successfully.

The first proposition made here is that the rapid rise and consolidation of the NPM in the UK of the 1980s can indeed be seen as a paradigm shift. One possible view is that there might be a paradigm shift in public management every generation or so. The old social democratic/public administration order dominant since the 1940s collapsed into ungovernability in the late 1970s, seen vividly in the wave of public sector strikes in the 1978/9 ‘winter of discontent’ which brought Mrs Thatcher to power in 1979. The 1980s was characterised by the rapid rise of new, more achievement orientated and less solidaristic social values, seen in such key words as ‘enterprise’ and ‘performance’. The power of the public sector unions now declined and that of management increased. The public sector shrank and the scope of financialised capitalism (notably banks in the City of London) increased. In 2008, the Global Financial Crisis exposed the dangers of over reliance on financialised capitalism. Would there be a reaction against the excessive power of bankers as against the public sector trade unions in 1979? Would this lead to a shift to a post NPM paradigm of public management? One might expect that another paradigm shift would be possible. This chapter will explore these questions.

Thirdly, the perspective adopted is one of the long duration, covering a historical period of thirty five years. Pettigrew’s (1987) arguments for more contextualist and processual organizational analysis suggest that the study of organizational change should move beyond

the cross sectional to the longitudinal, given the importance of path dependent conditions. Change processes unfold locally step by step, perhaps over long time periods. Moreover, change processes within organizations are shaped by conditions and changes in the 'outer context'. For UK public agencies in the 1980s, the 'Thatcher shock' and the rapid rise of a new neo liberal political economy were major national forces that exerted powerful local effects (Pettigrew et al, 1992).

So the chapter will firstly introduce scholarship on possible post NPM narratives of public management reform. It moves on to a brief overview of key UK health management reforms (for a more extensive discussion, see Klein, 2013) since the 1980s to orientate the reader to the sectoral context. These substantive reforms are subjected to academic interpretation, using some concepts from the narratives already explored. The overall assessment suggests there are some limited changes consistent with post NPM ideas but also that major elements of earlier NPM reforms remain embedded. NPM reforms may even be experiencing a revival after the 2008 Global Economic Crisis and consequent austerity pressures on UK public expenditure. Some wider implications of this assessment will be explored in the concluding discussion.

Narratives of Public Management Reform: NPM and Post NPM

The NPM Narrative

NPM reforms have been characterised in one heuristic device as embodying the 'three Ms': namely, marketization; managerialisation and the measurement of performance (Ferlie, 2017). Reacting against the perceived ungovernability of a bloated UK public sector, NPM reforms aimed to shift power from public sector trade unions and public services professionals back to ministers and their appointed agents. They provided theoretically informed but also actionable doctrines to downsize the State and increase value for money for hard pressed taxpayers. They supported privatization of some state functions and the construction of quasi markets where privatization was politically complex. Specifically, they also empowered general managers and stronger (non elected) governance structures at Board level within public agencies to achieve the politically favoured task of restoring governability.

Basic supporting ideas came from organizational economics, notably from public choice theory (Niskanen, 1971) which was sceptical of the tendency for public agencies to seek perpetual budgetary expansion, if unchecked, and also sought to increase transparency and to strengthen political oversight over bureaucrats. NPM ideas marked a sharp contrast to the old Weberian/public administrative form which was less sceptical about the behaviour and motivation of public bureaucrats. Core NPM values were economic and managerialist in orientation: value for money; productivity and high performance. The dominant NPM governance mode mixed hierarchy within agencies and competition between agencies. NPM reforms sought to give taxpayers more choice over services and create more competition

between alternative service providers which would in turn create downwards pressures on costs. These doctrines assumed widespread influence in UK government in the 1980s, although previously they had been the preserve of a few right wing think tanks.

Three Alternative post NPM Reform Narratives

Counter Narrative 1: Network governance (NG)

NG represents a first post NPM narrative of public management reform, drawing on basic ideas from political science and sociology (e.g. Rhodes, 1997, 2007; Newman, 2001 and Osborne, 2010), rather than organizational economics. As such, it is softer and more collaborative in tone than the NPM. The core label 'network governance' itself conveys two key ideas. The first is that networks – often of a more managed and less tacit nature than the traditional informal professional networks long been evident in public agencies – have displaced both hierarchy and markets as the dominant mode of coordination. The word 'governance' is a broader and looser term than 'government'. Government no longer owns or directs extensive public services. Public policy arenas are now populated by a broader range of actors drawn from different sectors so that 'partnership working' becomes more important. As opposed to the straightforward privatizations of the NPM period, greater stress is placed on joint working with the third sector and social enterprises which are seen as contributing positively to social capital and a strategy of social inclusion.

The role of government becomes more indirect, operating as a steerer and system integrator. Government should in this account be 'joined up' across different departments to respond better to 'wicked problems' that cross conventional agency boundaries. Government also seeks to 'modernise' itself (Newman, 2001), in part to retain public legitimacy by promoting new forms of e government (see below), improving the policy making process and moving towards less ideological and more evidence based policy making.

Counter Narrative 2: Digital era governance (DEG)

Dunleavy et al (2006a; 2006b) boldly proclaim: '*NPM is Dead; Long Live Digital Era Governance!*'. They argue that NPM reforms had important dysfunctional effects, leading to excessive inter agency fragmentation (e.g. too many stand alone and inwards looking executive agencies with responsibility for operational functions spun out of central departments) and weaker creative policy making capacity as the pendulum swung too far towards emphasising operational management capability. They argue the old NPM paradigm is now being replaced by a new DEG paradigm with three core dimensions.

The first trend is insourcing and the reintegration of politically sensitive functions within a smaller number of mega agencies (Elston, 2013), often then ICT enabled. They point to the new form of the post 9/11 Security State and consider the case of the merger of many

different agencies within the Department of Homeland Security in the USA, along with an enhanced e borders programme. The Borders and Passports Agencies have been recently been reintegrated within the UK Home Office.

The second trend is ‘needs based holism’ which goes beyond delivering individual services to provide a client group wide perspective (such as the Pensions Service in the UK which delivers all benefits for older people) or a whole process based service. This shift may involve creating ‘one stop shops’ which provide access to multiple services and ‘end to end’ process reengineering efforts, again often ICT enabled.

The third trend is greater digitalization, seen as a widely expressed societal trend which government needs to copy to retain legitimacy with citizens. Many citizens now shop or bank on line and expect similar service from public agencies. Public agencies may adopt a wider range of communication modalities, including group e mails and individualised texts. Tax, medical and social security records may move from paper to electronic form with enhanced electronic access for clients. For example, UK citizens can now upload their tax returns.

Counter Narrative 3: Re Professionalisation

The NPM strengthened the power of management over rank and file professionals in public agencies. But have NPM reforms gone too far? Within the health care sector, excessive managerialization may have led to a disengagement of clinical professionals from important activities in the public interest for them to perform (Francis, 2013). These activities are in policy domains where clinical knowledge remains key, such as patient safety and quality and clinically led (rather than merely cost reducing) service innovation.

There is a recent rediscovery of the potential merits of the professionally based ‘third logic’ (Freidson, 2001) of organizing. Calls for a ‘new professionalism’ (Martin, 2015) suggest using the long socialisation and ethical sense of clinical professionals to defend core values of quality and equity, less evident in highly managerialized domains. Reformist clinical elements (Royal College of Physicians, 2005) call for a renewed medical professionalism which would also increase the societal legitimacy and accepted leadership role of the medical profession.

An Overview of Key Management Reforms in UK Health Care Since the 1980s

This section considers distinct periods of political control in the UK and associated health policy texts and reforms. Their content will then be benchmarked against the NPM and post NPM reform narratives considered earlier.

Conservative Governments, 1979-1997.

This long period of Conservative control subdivides into a more radical – and formative period – under Mrs Thatcher as Prime Minister (1979-1990) and a more incremental period under John Major (1990-1997).

The NHS was an early site for emblematic NPM reforms driven by the Thatcher governments. The health care trade unions had been active and visible in strikes during the 1978/9 Winter of Discontent. There was now a strong political desire to prevent further industrial unrest and to strengthen management as a countervailing power. The first major change was the introduction of general management which replaced the old facilitative form of administration in the mid 1980s (following Griffiths, 1983). Sir Roy Griffiths was an outside adviser from business and used managerialist language in his report.

The new (lay) general managers had a brief to ‘up the pace’ of complex and contested strategic service changes which had only been patchily implemented, such as hospital closures and service reprovision (Griffiths, 1983; Pettigrew et al 1992). Griffiths (1983) also argued that doctors should be encouraged to move into management. New clinical-managerial hybrid roles spread widely in the 1990s, with the diffusion of the so called Clinical Directorate model, where blocks of services were managed by a triad of a part time Clinical Director, supported by a senior nurse and a general manager/accountant (Kitchener, 2000).

Following increasing concern about NHS funding needs, a high level Cabinet level policy review personally led by Mrs Thatcher (1988, see Klein, 2013) considered this question. The medical profession was not well represented in this new top down policy process. A later White Paper outlined policy direction (Cm 555, 1989; Klein, 2013). Its core themes were the expansion of competition and choice within an internal market, with more contracting out to private providers. The Department of Health would retreat to a strategic core, devolving operational management to a NHS Management Board. All these themes were highly NPM orthodox. Klein (2013, p155) also sees the White Paper as seeking a broader cultural shift from old trust to new forms of contract. However, it also introduced medical audit as a quality measure, largely still controlled by clinicians: Klein (2013, p155) suggests this was an early example of the ability of doctors to regroup and contest managerialist agendas.

The subsequent 1990 NHS and Community Care Act introduced an internal market to mimic the beneficial effects of markets but without outright privatization. The old vertically integrated hierarchy was broken up into separate commissioner and provider arms that related through contracts. So commissioners could now ‘shop around’ and shift contracts to the highest performing providers who might be NHS or external providers. In practice, the market remained highly managed for fear of instability. Hospitals were given more operational autonomy as newly constituted ‘NHS Trusts’, again consistent with NPM doctrines. There were important corporate governance reforms importing Board of Directors model from the Anglo Saxon Private Limited Company (PLC) (Ferlie et al, 1996). These

basic features have remained in place with only minor changes since 1990. Key Performance Indicators (KPIs) and performance management systems grew in this period, facilitated by rapidly evolving Information and Communication Technologies (ICTs) (Carter et al, 1995).

There was a sustained development of a national management centre from the mid 1980s onwards (the NHS Management Board was set up in 1985. The current incarnation is NHS England). NPM critics suggest that the pendulum swung too far towards operational management and away from the traditional creative policy making role of the civil service, then creating avoidable ‘policy disasters’ (Dunleavy, 1995). Greer and Jarman 2007 suggest the NHS management centre successfully hollowed out the Department of Health from below, creating a model ‘department for delivery’ but one which was poor at long term policy making and with weak links to other central ministries.

Throughout the long period of Conservative governments (1979-1997), there were tight limits on public expenditure, including in the NHS. There was great emphasis on efficiency savings and value for money as political objectives.

New Labour Governments (1997-2010)

The long New Labour period (1997-2010) was important firstly for its relaxation of public expenditure limits, notably evident in the NHS (Klein, 2013). So the usual NPM concerns for efficiency, productivity and value for money were counterbalanced by newer and softer themes: quality and safety; service improvement; the diffusion of best practices.

Important network governance reforms were indeed evident. They included devolution of health policy competences to new assemblies in Scotland and Wales (1999) which quickly developed less market orientated policy tracks (Greer, 2004) than in England. Even there, there was a policy discourse of collaboration as well as competition given a push for ‘joined up government’. A distinct New Labour language (Fairclough, 2000) sought to avoid negative binaries, instead positive sounding words such as ‘modernisation’, ‘reform’ and ‘inclusion’.

The New Labour period displayed increased interest in, and partnership with, the third sector and social enterprises, as well as private firms. ‘Managed networks’ (Ferlie et al 2013) helped broker complex service reconfigurations (e.g. cancer services), rather than reliance on markets or hierarchy. Non ideological and Evidence Based Medicine ideas were reflected in the growth of evidence based guidelines produced by NICE (set up in 1999). There was a substantially more funding for scientific research commissioned by the National Institute for Health Research (set up in 2006), including a small service delivery stream.

The 2001 NHS plan (DoH, 2001) was an important text outlining the investment and associated reform strategy the government wished to pursue. The policy process around it was notable for its 'big tent' strategy of coalition building with many interest groups (Alvarez-Rosete and Mayes, 2008), always easier when budgets are increasing: 'It is this inclusive process that has shaped the contents of this NHS Plan. Implementing the policies set out in the Plan also calls for an inclusive approach, to ensure that the resources now available really do produce a step change in results' (Dept of Health, 2001, p3)

While NPM ideas were counter balanced by NG ones, they did not disappear. New system wide regulatory agencies were created in 2004 in both the finance and quality arenas, consistent with a market led approach and have endured. Some authors (Mayes et al 2012) detect a move back to NPM style policies of choice and competition in the later New Labour period (2005-2010), perhaps reflecting an impatience with the slow and emergent nature of earlier network based working.

Drawing on another extensive consultative process, Dept of Health (2008) (the lead author of which Lord Darzi was both was a junior minister and a Professor of Surgery in a London teaching hospital) advocated a distinctive patient safety and quality led agenda and also stronger clinical leadership: 'We will strengthen the involvement of clinicians in decision making at every level of the NHS. As this Review has shown, change is most likely to be effective if it is led by clinicians' (Dept of Health, 2008, p12). Of course, clinical expertise and leadership become even more important in this quality agenda as opposed to a NPM one focussed on less clinical issues of cost savings and operational efficiency.

The New Labour period was finally marked by a sustained push to develop new ICTs in health care, including the (slow) growth of tele medicine and a move towards electronic rather than paper patient records. The history of large scale investment in the National Programme for Information Technology, (NPFIT, launched in 2002) was highly problematic (Harris, 2011). The move to an integrated electronic health record that could cross many agency and professional boundaries has been slow and tortuous.

2010 2017: Conservative Led and Conservative only governments

This last period of a Conservative/Liberal Democrat coalition (2010-2015; Conservative only government from 2015) shows three key developments. The first was the overall fiscal framework adopted in 2010 which brought in continuing austerity across the public services. Although the NHS was accorded higher priority than other services (such as local government), its real terms growth was markedly lower than in the 2000-2008 period. Major change programmes (such as QIPP) were introduced to save significant resources while supposedly protecting service quality. There is scepticism that they delivered service transformation at scale (Ferlie et al, 2016) (although there is a surprising lack of independent evaluation). Even though ambitious Cost Improvement Targets were set for individual health care organizations, significant local deficits quickly built up after 2014. Such deficits soon

attracted top down interventions from NHS England and the sector regulator which reinforced a single agency focus, and a narrow value for money and productivity orientated agenda, all highly compatible with NPM thinking.

A rapidly written White Paper (Cm 7881, 2010) failed to demonstrate clear and coherent themes, perhaps unsurprisingly so since the government included ministers drawn from two different political parties with distinct ideologies. However the later 2012 Health and Social Care Act went firmly down the ‘choice and competition’ route. It intensified the previous policy of ‘any willing provider’ and stimulated further outsourcing by commissioners to external providers. Its flagship policy (Timmins, 2012) provided for a reorganization of the commissioning side, specifically introducing what were termed Clinical Commissioning Groups (CCGs). They are membership based organizations including all general practices (family medicine) in a geographic area. They were designed to stimulate family doctor leadership of commissioning and could be seen potentially as a post NPM form. The general managerial and non executive presence was much more weakly developed than on the provider side. However, as financial deficits and performance issues emerged in a cluster of CCGs, by 2016 NHS England was introducing performance indicators and special measures regimes there too (Ferlie et al, 2017).

Another significant text was the Mid Staffs enquiry (Francis Report, 2013), chaired by a leading lawyer, into basic failures of patient care in Stafford hospital. One way of reading this analysis is that it showed major perverse effects of earlier NPM reforms. In particular, over complex regulatory systems, the remote, insulated and financially driven role of the board and the disempowered behaviour of clinical staff were all important negative factors ‘(p44) Consultants at Stafford were not at the forefront of promoting change. The Inquiry heard evidence which added justification to the view formed at the first inquiry that clinicians did not pursue management with any vigour with concerns they may have had. Many kept their heads down.’

UK Health Care Management Reforms And The Four Public Management Reform Narratives

New Public Management – Strong and Sustained Presence

NPM can be seen as the most dominant reform narrative over the long period (1980-2017). NPM quickly came to prominence in the 1980s through various top down reforms, largely replacing the old public administration/Weberian paradigm. General management was a significant change, as was the introduction of a quasi market and new corporate governance arrangements. The Department of Health morphed into a managerialised ‘department for delivery’ (Greer and Harman, 2007). The elaboration of performance management and measurement systems was noteworthy. Many of these changes have endured.

The Global Financial Crisis from 2008 led to a renewed drive for fiscal austerity in the UK and in the NHS which has been associated with a revival of NPM style control mechanisms

from above. Within a few years, the new CCGs went from being 'liberated' membership organizations to being performance managed in the normal NPM way. Underlying values of efficiency, productivity and value for money were once again in the ascendance.

Network Governance – Substantial Presence, Some of Which Endures

There were some important NG compatible changes in the New Labour period. The period of buoyant funding between 2000 and 2008 (Klein, 2013) temporarily moved the agenda on to softer issues such as quality, the diffusion of innovations and strategies of social inclusion. Rhetorically, there was more emphasis on collaboration and joined up government. There was the use of managed networks (Ferlie et al 2013) to broker major service reconfigurations with less use of market forces or direct hierarchy. There was greater working with the third sector and social enterprises. There was a major push to create a science base of Evidence Based Medicine guidelines, where NICE was seen as a major player globally. Some of these changes (e.g. devolution; EBM; even use of managed networks) survived the change of government in 2010.

Of course, New Labour governments triangulated NG reforms with continuing NPM reforms. Performance management and the clearing out of underperforming management teams ('targets and terror', in the vivid phrase of Bevan and Hood, 2006) intensified. Later New Labour (2005-2010) drifted back towards principles of choice and competition (Mays et al, 2011). Nevertheless, the interpretation advanced here is that NG reforms had some enduring influence, although generally less dominant than the NPM paradigm.

Digital Era Governance – Weak Presence

We suggest that DEG reforms have had only weak impact in the health sector. There has been some growth of telemedicine, new modes of e communication and some care process reengineering. But there has been little ICT led reintegration at system level. The pluralisation of provision has brought more types of organizations into the sector with distinctive motivations and governance structures. Private firms, for instance, are primarily accountable to their shareholders at the AGM. We also see the continuing failure to integrate health and social care systems and the encouragement for individual NHS Foundation Trusts to act in a more entrepreneurial and competitive fashion. System level reintegration of any form remains problematic under these circumstances. Concretely, there has only been slow progress in creating an integrated patient record that crosses the many agency and professional boundaries involved.

Reprofessionalisation – A Variable And Oscillating Presence

Finally, the reprofessionalisation narrative can best be characterised as demonstrating a variable and oscillating pattern of influence. There are periods when these ideas appear more influential; and others when they appear less. There was the strong development of clinical

managerial hybrid roles in the early 1990s. Then interest in this topic appeared to go underground. However, concerns about the possible negative effects of overmanagerialisation on clinical engagement were once again evident in the RCP (2005) defence of the ‘new professionalism’. Darzi (2008) was an important text which gave a push to developing clinically based leadership nationally. However, Ferlie (2017b) suggests that recent attempts to professionalise UK medical management as a career have as yet had only very limited success. It will be interesting to follow the career of these ideas further in the future.

Concluding discussion

As already noted, the UK is of wider interest as a high impact jurisdiction for NPM reforms from the 1980s onwards (Hood, 1995). Of course, alternative post NPM reform narratives (Pollitt, 2013) have been advanced, as the NPM is no longer so new. Three candidates have been explored here in the UK health care sector. Yet the overall interpretation advanced is that major elements of NPM reforms have remained embedded. Lodge and Gill (2011) recently took a similar view in their analysis of the New Zealand case, also a NPM outlier globally. There is (at least in these jurisdictions) no clear and radical transition to a post NPM paradigm of organizing. Traces of other narratives are present (especially Network Governance) but have not broken through to a position of dominance.

Of course, there may be a different pattern in other sectors, notably in the unpredicted rise of the security state which has expanded (e.g. Department of Homeland Security in the USA), following the emergence of major terrorist threats. Here digitally led reintegration may well have proceeded more vigorously (Dunleavy et al 2006). We also see the shift to a smaller number of merged UK super agencies (Elston, 2013) in operationally orientated fields, such as taxation.

This is perhaps a pessimistic conclusion: despite some hybridization, large elements of NPM remain embedded but dysfunctionally so (Trenholm and Ferlie, 2013). While NPM reforms may be useful in cost compression and enhancing operational management capacity within single agencies; these are relatively trivial advantages. The limits to NPM style working in relation to ‘wicked problems’ which involve co production between different agencies and sectors are well known (Ferlie et al, 2013). Moreover, such ‘wicked problems’ are both extensive and of major importance within health policy. Shifting health services from hospital to community settings, responding to the growth of type 2 diabetes, ensuring a financially sustainable and regionally based health and social care system that operates as a whole and responding to the needs of an ageing population are all good examples of ‘wicked problems’. Social care policy for older people in the UK remains an opaque ‘policy disaster’ (Dunleavy, 1995) with little creative policy making over an extensive period of time and would be an excellent ‘spotlight’ to explore further.

So why has a ‘zombie npm’ (Dunleavy and Margetts, 2012) proved so resilient? How might it ever become disembedded? The period of financial buoyancy that helped potentiate a softer

NG counter narrative in the 2000-2008 period is unlikely to be repeated soon in the NHS. Examining the paradigm shift towards NPM in the 1980s, one lesson is that broader and rapid changes in political values and patterns of political mobilization are important, perhaps moving rapidly within a political crisis. Some significant shifts in patterns of political mobilization were apparent in the 2017 UK general election with more younger citizens voting for the new left wing leadership of the Labour Party. On the other hand, there has not been a major banking crisis which might have drawn attention to the perils of over financialization since the 1980s. So the effects of these mixed and ambiguous political conditions on UK public management reforming need tracking in the future.

References

Alvarez-Rosete, A. and Mays, N., 2008. The evolution of the UK health policy process since 1997: a shift from government to governance. *British Politics*, 3(2), pp.183-203.

Bevan, G. and Hood, C., 2006. What's measured is what matters: targets and gaming in the English public health care system. *Public administration*, 84(3), pp.517-538.

Borins, S. (2011) Making Narrative Count: A Narratological Approach to Public Management Innovation', *Journal of Public Administration Research and Theory*, 22(1): 165-189

Carter, N., Day, P. and Klein, R., 1995. *How organisations measure success: The use of performance indicators in government*. London: Routledge

Cm 555 (1989) '*Working for Patients*', London: HMSO

Cm 7881 (2010) '*Equity and Excellence: Liberating The NHS*', London: HMSO

Department of Health (1998) '*A First Class Service: Quality in the new NHS*', London: Department of Health

Department of Health (2000) '*NHS Plan: A Plan for Investment; A Plan for Reform*', London: HMSO

Department of Health (2008) *'High Quality Care for All'*, London: HMSO (Cm 7432) (The Darzi Report)

Dunleavy, P., 1995. Policy disasters: explaining the UK's record. *Public Policy and Administration*, 10(2), pp.52-70.

Dunleavy, P., Margetts, H., Bastow, S. and Tinkler, J., 2006a. New public management is dead—long live digital-era governance. *Journal of public administration research and theory*, 16(3), pp.467-494.

Dunleavy, P., Margetts H, Bastow S, Tinkler J. (2006b) *'Digital Era Governance (IT Corporations, the State and E-government)'* Oxford: Oxford University Press.

Elston, T., 2013. Developments in UK executive agencies: Re-examining the 'disaggregation–reaggregation' thesis. *Public Policy and Administration*, 28(1), pp.66-89.

Fairclough, N. (2000) *'New Labour, New Language?'*, London: Routledge

Ferlie, E., Ashburner, L., FitzGerald, L. and Pettigrew, A. 1996. *'The New Public Management in Action'*. Oxford: Oxford University Press.

Ferlie, E., Fitzgerald, L., McGivern, G., Dopson, S. and Bennett, C., 2013. *'Making Wicked Problems Governable?: the case of managed networks in health care.'* Oxford: Oxford University Press

Ferlie, E. (2017a) 'The New Public Management and Public Management Studies'

The Oxford Research Encyclopaedia of Business and Management, (ed) Aldag, R.

New York: Oxford University Press; on line publication;

<http://business.oxfordre.com/view/10.1093/acrefore/9780190224851.001.0001/acrefore-9780190224851-e-129//>

Ferlie, E. (2017b) 'The Professionalization of Medical Management? The Slow and Chequered Case of UK Health Care', in (ed) Ortenblad, A. *'Leadership as Profession:*

Towards Certification for Leaders- An Academic Debate Book, Basingstoke: Palgrave (in press)

Ferlie, E., Dopson, S., Bennett, C., Fischer, M., Ledger, J. and McGivern, G. (2017) *The Politics of Management Knowledge in Turbulent Times* Oxford: Oxford University Press, under preparation

Francis Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry: Executive Summary*, HC 947, London: HMSO

Greenwood, R. and Hinings, C.R., 1993. Understanding strategic change: The contribution of archetypes. *Academy of management journal*, 36(5), pp.1052-1081.

Greer, S. (2004) *Four Way Bet – How Devolution Has Led to Four Different Models for the NHS*, University College London: Constitution Unit

Freidson, E., 2001. *Professionalism, the third logic: on the practice of knowledge*. University of Chicago press.

Greer, S.L. and Jarman, H., 2007. The Department of Health and the civil service. *From Whitehall to department of delivery to where?* London: Nuffield Institute.

Griffiths, R. (1983) *NHS Management Enquiry*, London: Department of Health

Harris, M. (2011) 'Network Governance and the Politics of Organizational Resistance in Health Care: The National Programme for Information Technology', in (eds) Clegg, S., Harris, M and Hopfl, H. *Managing Modernity: Beyond Bureaucracy?*, Oxford: Oxford University Press, Chapter 5, pp105-129

Hood, C., 1995. The "New Public Management" in the 1980s: variations on a theme. *Accounting, organizations and society*, 20(2-3), pp.93-109.

Hood, C. and Dixon, R., 2015. *A government that worked better and cost less?: Evaluating three decades of reform and change in UK central Government*. Oxford: Oxford University Press.

Kitchener, M., 2000. The Bureaucratization of Professional Roles: The Case of Clinical Directors in UK Hospitals. *Organization*, 7(1), pp.129-154.

Klein, R. (2013) *The New Politics of the NHS*, London: Radcliffe Publishing, Seventh Edition

Kuhn, T.S (1962) *The Structure of Scientific Revolutions*, Chicago: University of Chicago Press

Lodge, M. and Gill, D., 2011. Toward a New Era of Administrative Reform? The Myth of Post- NPM in New Zealand. *Governance*, 24(1), pp.141-166.

Martin, G.P., Armstrong, N., Aveling, E.L., Herbert, G. and Dixon-Woods, M., 2015. Professionalism Redundant, Reshaped, or Reinvigorated? Realizing the "Third Logic" in Contemporary Health Care. *Journal of health and social behavior*, 56(3): 378-397

Margetts, H. and Dunleavy, P., 2013. The second wave of digital-era governance: a quasi-paradigm for government on the Web. *Phil. Trans. R. Soc. A*, 371(1987), p.20120382

Mays, N., Dixon, A. and Jones, L. (2011) *Understanding New Labour's Market Reforms in the NHS*, London: King's Fund

Newman, J. (2001) *Modernising Governance*, London: Sage

Newman, J., 2005. Enter the transformational leader: network governance and the micro-politics of modernization. *Sociology*, 39(4), pp.717-734.

Niskanen, W.A. (1971) '*Bureaucracy and Representative Government*', Chicago: Aldine Atherton

Osborne, S.P. ed., 2010. *The new public governance: Emerging perspectives on the theory and practice of public governance*. Abingdon: Routledge.

Pettigrew, A.M., 1987. Context and action in the transformation of the firm. *Journal of management studies*, 24(6), pp.649-670.

Pettigrew, A., Ferlie, E. and McKee, L. (1992) '*Shaping Strategic Change*', London: Sage

Pollitt, C. and Bouckaert, G., 2011. *Public Management Reform: A comparative analysis-new public management, governance, and the Neo-Weberian state*. Oxford: Oxford University Press.

Pollitt, C., 2013. The evolving narratives of public management reform: 40 years of reform white papers in the UK. *Public Management Review*, 15(6), pp.899-922.

Rhodes, R. (1997) '*Understanding Governance*', Buckingham: Open University Press

Rhodes, R.A., 2007. Understanding governance: Ten years on. *Organization studies*, 28(8), pp.1243-1264.

Royal College of Physicians. 2005. *Doctors in Society*. London: RCP

Timmins, N., 2012. *Never Again?: The Story of the Health and Social Care Act 2012: a Study in Coalition Government and Policy Making*. Institute for Government and the King's Fund.

Trenholm, S. and Ferlie, E., 2013. Using complexity theory to analyse the organisational response to resurgent tuberculosis across London. *Social Science & Medicine*, 93, pp.229-237.