

## Book review

### IMPROVING HEALTH SERVICES: BACKGROUND, METHOD AND APPLICATIONS

Walter Holland

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It is difficult to conceive of the discipline of Health Services Research (HSR) predating the 1970 creation of Walter Holland's Social Medicine and Health Services Research Unit at St Thomas' Hospital Medical School.

However, as this fascinating journey of the history of HSR reveals, population based studies were undertaken in the United States dating from the first decade of the 20th century. Holland points to major differences between the US and UK. One was the role of private foundations in supporting HSR in the US, the Carnegie Foundation, Milbank Memorial Fund, Rockefeller Foundation, the Commonwealth Fund and the W.R. Kellogg Foundation to name a few.

The Milbank Memorial Fund, founded in 1905, had a substantial impact, not only in the selection of topics chosen for analysis but, more importantly, for the development of a 'publication that provided a respected forum for the publication and dissemination of the results of the HSR'. By comparison in the UK public funding directly supported much of the early research.

Having 'dipped his lid' to the birth of HSR in the US, Holland's book focuses on what he knows best and was incredibly influential in the development of HSR in viz the UK. Given the similarities between UK and Australia, it is this development, which most influenced the discipline's growth in Australia.

Holland's prime motivation over the past five decades has been the use of evidence to assist the development of health policy and planning and evaluation of health practice.

This focus inevitably leads to the interconnection of health politics and policy and the book is resplendent in describing such clashes.

The work initially undertaken at St Thomas' Hospital were questions initiated by the NHS administration and hence the immediate link between the HSR and national policy was established. Within the hospital, John Wynn Owen was appointed as a health service manager jointly by the administration and the research unit. In subsequent years as Director General of NSW Health, Wynn Owen continued the emphasis on promoting HSR to aid policy formation.

Holland's mentors and, no doubt, aided by being a St Thomas' graduate, contributed greatly to Holland's skills developments! At the London School of Hygiene and Tropical Medicine, Sir Richard Doll and Professor Donald Reid oversaw his epidemiology training followed by a stint at the Department of Epidemiology at Johns Hopkins School of Hygiene.

The waxing and waning during the 1970s and 1980s of support for funding HSR within governments, and Holland's involvement in these debates, is beautifully described through a

series of quotes from key players of the day. These commentaries reflect much of the debate, which remains in Australia today – such as the tension between investigator driven research and what was then called 'customer-contracted' research. Where there was a capacity for funding customer-contracted research in the early 1970s the inability and/or reluctance of administrators to identify research priorities, stymied such funding.

St Thomas' undertook several ground breaking HSR projects during this period. The Lambeth Population Studies, the Frimley Studies (which determined as safe, shifting the balance of care from inpatient to community care) technology assessment studies, development of HSR in general practice, mental health studies, nutrition and smoking studies, are a few examples.

Nowhere is the interface between HSR, health policy and health politics better illustrated than in Holland's description of the formation of the Resource Allocation Working Party (RAWP).

At this time, in the mid-1970s, UK faced considerable geographic variation in access to health dollars and it was this perception of unfairness that led to Barbara Castle as the incoming Secretary for State in the 1974 Labour Party seeking different resource allocation arrangements. The application of this tool throughout the UK and subsequently in parts of Australia had an unintended, but beneficial, consequence of encouraging HSR as health administrators attempted to verify why the formula inadequately represented the particular characteristics of their geography. Indeed I was engaged at St Thomas' at this time to attempt to demonstrate how, the inclusion of outpatient geographic flows would be to St Thomas' District benefit. Much to the administrators' chagrin, no such conclusion could be reached!

Holland is clearly skeptical of the modifications to the research allocation methodology over time. He says, 'it is difficult to determine whether the 'fiddles' which the RAWP eschewed have achieved their objectives'.

In the penultimate chapter to his book, Holland highlights the complexity of HSR by comparison to basic or experimental research. The best HSR, he says, must not only have the appropriate protocols and methodology of other research but 'must navigate organizational, political and human obstacles' and 'that those undertaking HSR have real knowledge of the health service and how it works'.

That's what makes HSR such fun and this book by Sir Walter Holland so insightful.

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