Chapter 3
Applying a Cross–Cultural Health Systems Strengthening Diagnostic Tool: The Experiences of a Small Social Enterprise Delivering Health Care Services in England

Elizabeth S. Watson
Change Through Partnership (UK) Ltd, UK

Paul Roberts
Willow Bank Partnership cic, UK

ABSTRACT

The authors aim to contribute to the limited but growing body of cross-cultural research on the dynamic between social enterprise and systems context. They describe their experiences setting up a small social enterprise between 2004 and 2015 to deliver primary care services in England. They use a diagnostic tool to structure their discussion on the health systems context. The three domains—social impact, government systems, and health system capacity—influenced the authors’ capacity and capability to realize social innovations in care to vulnerable people. This chapter will have implications for researchers, health policy makers, and social entrepreneurs with an interest in supporting the development of social enterprises, with particular reference to small social enterprises in health systems.

INTRODUCTION

This chapter describes the authors’ experience setting up a small social enterprise, Willow Bank Partnership CIC, (WB) in Stoke-on-Trent, England. The authors document how the socio-political and economic context influenced the set up and growth of the organisation. They apply a diagnostic tool, developed...
Applying a Cross-Cultural Health Systems Strengthening Diagnostic Tool

by Watson (2017a) to structure their thinking. A summary of their findings considers the implications for health system reform.

WB delivers health services to people registered with them for care. Doctors, called General Practitioners (GPs), or a member of their team usually provide the first contact with health services for people on their list who are unwell. They also coordinate care for those patients who need other health services. They are called ‘primary care services’.

Historically, General Practices are owned and managed by GPs, who are Partners. They receive a payment from the government for the number of patients on their list. They use the money to pay themselves, their employees and other costs associated with providing care (eg medical equipment). Their organisations are independent of state management, operating like small businesses. They hold a contract for services for an unlimited term under a General Medical Services (GMS) agreement. Further detail about the primary care context in England is provided in Appendix 1.

In the early 2000s, the government challenged this way of working. They introduced two new contracts, one of which, the Alternative Provider of Medical Services (APMS) allowed different commercial arrangements, including a contract term and more flexibility in ownership structure. WB was able to take advantage of this changing national context to develop as a social enterprise (Hewitt, 2006).

The opportunity to enter into new contractual arrangements for the delivery of primary care services, reflected a broader range of health system reforms. One of these was the social enterprise policy initiative. It offered teams, who were delivering health services and managed by the NHS, the opportunity to set up their own social enterprises. Between 2006 and 2010 there were three initiatives, each building on the learning from the previous one (Directorate of Commissioning & System Management, 2008; Maude & Lamb, 2014). WB was included in the first, ‘Pathfinder’ initiative. The social enterprise policy was highly controversial and the health system reforms sometimes acted as a barrier to change. The authors describe the health system challenges they addressed when setting up the organisation and managing its growth.

The chapter begins, in section 1 with a review of the literature on the health systems context. This section also presents the research background behind the development of the diagnostic tool. Section 2 describes the methodology. The authors experience setting up and managing WB is captured as a discussion in section 3. Their discussion, with illustrative quotes, follows a historical trajectory. It begins before WB became a social enterprise, describes its start-up and then growth to a medium sized enterprise. In section 4 the authors consider the results from the perspective of health system policy actors and how the diagnostic tool could be applied by those introducing social enterprises into a health system. The chapter concludes with their reflections on how the diagnostic tool might be used to inform cross cultural research on social enterprise and recommendations.

LITERATURE REVIEW

This literature review starts with an overview of the health system reforms in England. These provide context for social enterprise policies and the small, but growing number of theories on system context. The next section summarises the literature on the meaning of social enterprise. The final section describes the diagnostic tool used in this research and the literature on social impact, the role of governments in health system reform and health system capacity building.