Future Hospital Structure in Vest-Agder?

Analyzing a Newspaper Debate

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Abstract

The hospital sector in Aust-Agder and Vest-Agder counties in southern Norway is suggested reshaped in a strategic development plan focusing on the hospital structure and supply of health services in year 2030. The proposed strategic development plan has been presented for inhabitants in the counties and much activity has emerged especially in the two communities where today's hospitals are suggested degraded to lower levels of service. This research analyses the arguments presented in two newspapers through a New Public Management lens using a case study approach. Analysis shows that participants in the debate do not understand or consciously exceeds the limits of what is prescribed in the New Public Management theory. Some politicians suggest scrapping the present form of governing structure for the health sector and making the hospital sector more political. This research therefore questions the debate and the planning process for the hospital structure in Vest-Agder County in 2030 especially why the planning process does not include future development in the e-health domain and the consequences for future location of hospitals in the counties.

Keywords: e-Health, New Public Management, Technology

Introduction

In the last decades of last century public sector had been reformed in different ways. One of the reforms has been labelled New Public Management (NPM) [1]. The NPM concept received much interest in public sector research communities. According to [2] the concept came about as a reaction against some of the more traditional models of public administration and the traditional bureaucracy. There are 7 key doctrinal components in NPM [2 p. 4-5 referred in 1]:

1. Hands-on professional management
2. Explicit standards and measurements of performance
3. Greater emphasis on output controls
4. Disaggregation of units in the public sector
5. Greater competition in the public sector
6. Private sector styles of management practice, and
7. Greater discipline and parsimony in the resource use

Fifteen years after [2]'s publication [3] discussed NPM and characterized the concept along four axis [3]: "management (i.e. results and managerial responsibility) is a higher order function than administration (i.e. following instructions); economic principles (i.e. drawn from public choice theory, principal-agent theory, competition, and the theory of the firm) can assist public management; modern management theory and practices (i.e. flexibility in staffing and organization) can improve public management; and service is important to citizens." [3, referred in 2, p. 354].

Ideas from NPM, especially the management ideas has been heeded in the Norwegian health and care sector [4]. The management ideas have influenced areas like finances, cost, decentralizing of responsibilities, flexibility and how leaders are viewed both for their personal behavior, how they perform their duties and responsibilities, and the result of their work [5]. One consequence of implementing the NPM ideas is that the Health Enterprises (Helseforetak) have got a role that is in a way disconnected from the political influence at least on the local level [4]. The disconnection is labelled "Distansestrategi" (strategy for making a distance) by [6].

Such 'distance strategy' may not necessarily be accepted by inhabitants [7] especially in areas where the inhabitants feel threatened by changes such distance strategy may lead to. Fighting for local hospitals in Norway has therefore been going on for a long time. A blog (lokalsykehus.blogspot.com) was established several years ago and publishes entries from different sources describing how people are fighting for their local hospitals many places in Norway. Norway is a scarcely populated country sometimes with long distances between towns and villages. The inhabitants therefore want hospitals to be located close to where they live.

[6] studied and categorized findings in the discourse about the local hospitals. Two of the findings were commonly labelled 'life and death' (liv og død) but from two different perspectives, the individual health perspective and the local community perspective. In the individual health perspective the inhabitants were occupied with the existence of maternity ward and the emergency ward in the local hospitals, meaning that giving birth and treating for accidents and other life threatening situations could be given locally. As for the local community perspective the inhabitants were occupied with the life and death of a local society, if people wanted to live there without a hospital or if people would move to places far from a local hospital. Another perspective was that local hospitals provided safety, identity and bonding to the local community where it is situated.

NPM ideas also seem to have influences the doctors' position in the hospitals in Norway. One area concerns how the management of the different wards is organized where a HF has

several hospitals. The management of the same type wards in the different hospitals is organized after a 'klinikksjefsmodell' [6] meaning that the same type wards in the different hospitals have a common management. This management model may be a vehicle for moving functions to larger hospitals with more specialized treatment preferably is performed [4]. Another consequence of introducing NPM ideas to the hospital sector is that the management role of doctors has changed and fewer doctors are working as leaders.

This paper wants further to reflect on the space given to present and future influences that e-health technology may have on a hospital location debate. The NPM concept does provide doctrinal components and principles as shown [2, 3] but does not provide any leads to use of technology when applying NPM in actual management situations.

Developing and deploying information systems like e-health systems is associated with change both for the organization using the systems, for the work processes and for the people performing treatment in the health and care sector. [8] discusses the role of human actors and the relationships between the human actors and the technical factors in information systems like e-health systems. [8]'s main point is that human actors have to take leadership and use the technology in a way that supports and strengthens the human actors' objectives.

Developing information systems is an uncertain business where failures are prevalent [9, 10, 11]. It is therefore important to consider the context where the systems are to be used when the systems are developed. It is also important to consider what changes are wanted in the organization that will use the systems since failure rate is extremely high in information systems change initiatives [12]. The future operations and treatments to be given in hospitals may be even more challenging since the technical development of medicines and medical and e-health related equipment seems to accelerate at an unprecedented rate. Hospitals are already using endoscopic surgery, and keyhole technology for inspecting of patients.

A recent conference The South by South West conference held in March 2014 included presentation of body near technology both for present and for future use. Discussions were proposing medicine that will be able to report its own function when taken by the patients. Participants in the discussion at the conference predicted a revolution in the health and care sector where information about the individual patient will be collected, stores and used from cradle to grave. The information may be used both by medical personnel, and by the individual person/patient. One slogan at the conference was: Meet your new RGP: Yourself! Such possible development will challenge the role of hospitals and the relationships between the patients and the hospitals.

This paper proposes to apply NMP as a lens for analysis a case in the health sector and therefore seeks to answer the following research question: How can a newspaper debate about a strategic planning project for future location of hospitals be understood from New Public Management doctrinal components and principles?

In the next chapter the research method is described followed by a case description. The following chapter contains the analysis of the case description and discussion of the findings. The paper ends with a conclusion.

Research Method

A case study approach was chosen to answer the research question in this paper.

Questions related to the phenomenon studied can be asked to judge the appropriateness of a case research strategy [13]. The use of case studies is one of several preferred research strategies in explorative research [14]. When the phenomenon is in it natural setting with a focus on contemporary events a case research strategy is appropriate [13, 14]. In this study the phenomenon studied is in its natural setting. The focus of this study is on contemporary events of what actually happens when strategic plans for location of hospitals are commented on and discussed in two newspapers. This study does not control or manipulate events in the cases studied or participate in the newspaper discussion [13, 14].

Even if the research question in this study is a "how" question the question is actually "what" questions [14] since some "how" questions belong to the exploratory part of the "what" question [13, 14]. The research question can therefore be answered by using an exploratory research strategy for which case studies are an appropriate research method seeking to understand what happens when a strategy planning process and related document is discussed in newspapers entries and analyse the findings using NMP as a lens.

The case studied in this paper concerns how the general public, two newspapers, employees in two hospitals, managements of the regional Sørlandets Sykehus Helseforetak abbreviated SSHF (HF means health enterprise) and politicians, discuss a strategic plan and the planning process for locating future hospitals and hospital services in Aust-Agder and Vest-Agder counties. The study focuses on the two hospitals in Vest-Agder county, Kristiansand Hospital which is the largest and situated in Kristiansand (the major city in the county where about 50% of the inhabitants in the county live) and the smaller Flekkefjord Hospital located in the town of Flekkefjord. The hospital in Kristiansand provides the most specialist treatment on the county level in addition to serving as the local hospital for the Kristiansand area, while Flekkefjord hospital serves as a local hospital for the Lister area (consisting of 6 municipalities in western Vest-Agder) and for some local municipalities in the south-western part of the neighbouring county Rogaland.

Data for the paper was collected through reading and analysing all articles/entries about the strategic plan published in two newspapers in the county, the daily regional paper Fædrelandsvennen edited in Kristiansand and the local newspaper Agder Flekkefjord tidende edited in Flekkefjord (three issues a week). The data was collected in the period from March 12th 2014 through to May 9th 2014. Fædrelandsvennen published a total of 9 entries whereof 2 were editorials, 6 written by the newspapers journalists and one special entry about use of technology in the hospital sector. The special entry was not referring to the actual hospital debate but was a general comment e-health published in several Norwegian newspapers at approximately the same time. The number of entries in Agder Flekkefjord Tidende was 30 whereof 1 was Editorial, 17 entries were written by the journalists of the newspaper, 8 were written by the readers of the newspaper and 4 entries were unsigned entries giving general information.

Case description

The two Norwegian counties Aust-Agder and Vest-Agder have together three hospitals (listed from east to west) Arendal Hospital, Kristiansand Hospital and Flekkefjord Hospital. All three hospitals form SSHF which is part of the South-East regional Health Enterprise (one of 5 in Norway). Slogan for SSHF is "Trygghet når du trenger det mest" or in English "Security when you need it the most".

Distance between the hospitals by road from Arendal, located in Aust-Agder, to Kristiansand is 67 km and from Kristiansand to Flekkefjord is 108 km. Kristiansand Hospital is located in the easternmost part of Vest-Agder while Flekkefjord Hospital is located in the westernmost part of the county. Over the years there have been debates about the location and functions of the hospitals. This paper will focus on the discussions focusing on Flekkefjord and Kristiansand Hospitals.

The reactions and discussions studied in this paper were fueled by a planning process in SSHF focusing on the medical services to be offered to the inhabitants of Vest-Agder in the year 2030. The planning process has been led by a project leader based in the central management of SSHF located in Kristiansand. The project leader for the planning process has initially concluded that one central hospital for the whole of Agder (including Aust- and Vest-Agder) will be the best alternative for the future provisions of governmental health services for patients in these two counties.

The first newspaper entry studied was published by the newspaper Agder and contained information about reactions from the Board of SSHF on the Director of SSHF's involvement in the planning process. Some members of the Board of SSHF argued that the documents that were to be send for consultation concerning the new hospital structure 2030 contained many mistakes and that it was premature to send the document to different instances for comments. One of the board members named in the newspaper article was from Flekkefjord, is working in the local hospital there and has an interest in the survival of the hospital. Other members of the board also commented on what seemed to be too early conclusions on one hospital in Agder as the best alternative. The director of SSHF defended the project leader's suggestions for one hospital in the region and expressed full confidence in the project leader and his work capability. The project leader made an excuse if the Board or members of the Board have perceived the suggested plans as more than suggestions.

In parallel with the plans for the hospital structure in 2030 a nationwide health reform ("Samhandlingsreformen") that affects the relationships between hospitals and local communities are in its initiating phase. The reform reshuffles the responsibilities for the patients between the hospitals and the local municipalities nationwide. In principle, when a patient is ready for being discharged from the hospital the local municipality where the patient lives has to take responsibility for the further care of the patient. The Chairman of Kristiansand Municipality's social services issues a warning to the local municipalities about the consequences of the reform where no or little central government funds is supplied in the reform. If the local municipality cannot take responsibility for the patient and the patient must overstay in the hospital the municipality is fined for every extra day the patient stays in the hospital.

An emergency exercise was performed in Flekkefjord to visualize what would happen to the injured patients in a car crash without a hospital in the vicinity (i.e. supposing Flekkefjord Hospital had no emergency ward). The leader of the ambulance service in Flekkefjord said that the distance to Kristiansand Hospital was too far to save some of the injured patients even if there had been a four-line express way from Flekkefjord to Kristiansand (a possible scenario in 2030). Even calling and using a helicopter the distance itself was too far for saving some of the injured.

A new turn in the discussions about the location of future hospitals was a report (Fædrelandsvennen) in mid-March from Vest-Agder Labor Party's annual meeting. Vest-Agder has two MPs in the Norwegian Parliament, "Stortinget". One of the representatives is from Kristiansand; the other is from Kvinesdal a neighboring municipality to Flekkefjord. The representative from Kvinesdal wanted the planning process "frozen" for the time being and argued that Flekkefjord Hospital was important for the Lister area and some municipalities in the neighboring county Rogaland. Flekkefjord Hospital is located midway between two larger hospitals, Kristiansand Hospital and Stavanger University Hospital.

The situation might be further complicated because the Deputy Director of the SSHF Board is a Labor Party politician living in Kristiansand while the Director of the SSHF Board is a Chief officer in Kvinesdal municipality and might therefore be in a squeeze between local interests, county level interests and central government interests in the debate on locating future hospitals. A Labour Party politician in the neighboring county, Rogaland, suggests that nobody should touch Flekkefjord Hospital as it is used by people in his county even if the county has a University Hospital. The main reason for supporting Flekkefjord Hospital seems to be the shorter distance to the hospital. In case of larger emergencies or where treatment is not offered locally an ambulance helicopter may be called and will transport the patients in need to the closest larger hospitals.

One entry in the newspaper Agder, written by a commoner, problematizes the double role of one person being both the Chief Officer in Kvinesdal municipality and Chairman of the SSHF Board. The writer criticizes the local municipality for allowing the Chief Officer to hold both positions as he suggests that the Chief Officer will not give full support for keeping the local hospital in Flekkefjord. Another entry in the debate is made by a priest in the Church of Norway. He is pondering the possibility to arrange some kind of church service praying for the local hospital and the strategy process.

As a curiosity the newspaper Fædrelandsvennen published "Synspunkt" (View Point) with the title "Mail me, doctor!" in the time period of this case study. The View Point was co-written by one researcher in the Norwegian Centre of Integrated Care and Telemedicine and a Senior Advisor. The View Point discussed a possible technical revolution in e-health equipment and treatment methods in the future. Within the same time period an Oslo-based newspaper, Dagbladet (10.03.2014) is publishing news from the South by South-West conference in USA using the ingress "Meet your new RGP (fastlege): yourself". The news article contains information on different trends within e-health and related fields like the use of DNA-profiles in future health related situations. The focus was on body close technology like cybernetic health, implanted sensors, pills that have sensors small as a grain of sand, and medicines that are reporting information about the body's response to the medicines when the medicines are functioning inside the body. There are strong reasons to believe that the technological development within e-health and care will influence the future locations of hospitals in the two Agder counties. The newspaper Dagbladet concludes that

a gigantic health revolution has started, for the general public, for the RGP, health services, health politicians and the society at large. It is therefore strange that no mention or discussion of consequences of technological advances for future hospital services and location was found in the newspaper reports studied in this case study.

The plan for location of hospitals in Agder County in 2030 was brought to the attention of the MPs through a question raised by the Labour Party MP from Kvinesdal in the "Question Hour" in the Norwegian Parliament. The MP questioned the future hospital structure in Norway and what the present government including the Minister for health plans for the future. To give weight to the arguments an article in the newspaper Agder referred to a Torchlight parade (Fakkeltog) in Flekkefjord where 5000 people participated. The newspaper further mentions the support for Flekkefjord Hospital from many political parties opposing the SSHF strategy plan suggesting only one fully functions operated hospital in 2030.

Parallel to the process in SSHF the central government has started an assessment of the future national structure of the hospitals and treatment to be performed at the different hospitals. The assessment is based on a proposal from the political party "Senterpartiet" while the Chairman of the committee is a leader in another of the opposition parties in the Parliament Socialist Left Party (SV).

There is also a debate about the location of stroke treatment. A medical director in SSHF states that the three stroke treatment units in SSHF (one in each hospital) do not satisfy new international standards. He is therefore suggesting that all stroke treatment is centralized to Kristiansand Hospital as probably the best way to satisfy the international standards for such treatment. A group is preparing a strategy plan for a centralized stroke treatment unit. The representatives in the group that come from Kristiansand supports the suggestion while the representatives from Arendal and Flekkefjord opposes the suggestion for medical reasons. Service quality and treatment quality are often used when the newspaper Fædrelandsvennen and people living in Kristiansand were arguing for one central hospital. One Editorial in Fædrelandsvennen was even suggesting that the debate about future location of the hospital(s) was disturbing discussions concerning the medical focus on the treatments. However, no report seems to describe what quality can be handled for different treatments performed at Flekkefjord Hospital.

Other areas that are discussed are location of teams for handling traumas and for emergency teams handling accidents. Should such teams be placed in Kristiansand Hospital (centralized) or should each hospital have their own teams? An important argument for keeping local teams is the closeness to the patients where patients can get treatment locally. Complications may arise if patients are to be transferred to a centralized hospital for treatment. The argumentation from keeping the treatments in Flekkefjord Hospital includes the important of security for people living in the area. Counteracting arguments suggests that more videoconference equipment and rooms can be provided so that necessary competence can be made available to Flekkefjord Hospital "online" from Kristiansand Hospital meaning that it is not necessary to move the patient to Kristiansand for treatment.

Several entries in the newspapers, especially in the newspaper Agder, do either originate from politicians or are written by politicians. The politicians are constantly challenging political leaders in the area to give more attention to the hospital strategy plan and the promotion of Flekkefjord Hospital. Sometimes complaints suggest that political leaders are more or less "…invisible in the hospital case".

The financial director of the SSHF is airing his concern in a rather short entry in Fædrelandsvennen stating that the funding from central government provided for SSHF will force the SSHF Board to discuss the future roles of the three hospitals. When the financial director presents the SSHF budget for 2015 he airs concern for loosing central government financial support for some treatment areas. He is also discussing possible consequences "Samhandlingsreformen" may have for the hospitals in the region. The basis for his arguments is that the number of future patients will not decrease, but the service will improve as the municipalities will, in principle, be given resources for treating the patients in their home municipality. The financial director further foresees that an explosive growth in the so-called high-cost medicine and –patients' treatment will further fuel the hospital discussion.

One turning point in the hospital location debate came when the SSHF Board decided to prolong the deadline, a second time, for comments to the strategy plan and to ask the Director of SSHF to go through the critical comments that had been given especially directed towards the strategy process. Some of the critics of the strategy planning process expressed satisfaction about the SSHF Board decision and suggested that the medical specialist and the population in the western part of Vest-Agder were in line concerning the need for a local hospital in the area.

Inhabitants in Flekkefjord and the whole Lister area were inventive in their fight for maintaining the pressure on keeping Flekkefjord Hospital in the future plans. A grass root movement combined the fight for Flekkefjord Hospital with aid to build a hospital and an orphanage in Burma. By paying NOK 100, - buying a sticker for cars the locals could contribute to two causes at the same time both giving attention to the discussion of Flekkefjord Hospital and supporting development in Burma.

The health and care committee in the Norwegian Parliament arranged an open hearing about the plans for the future hospital structure in Agder County especially regarding emergency units and maternity wards. Representatives from Flekkefjord were not allowed in the hearing. However, the chairman of the committee, a Socialist Left Party politician, invited more input from Flekkefjord area. More input was given and the chairman of the committee wanted to stop the process with the strategy plan for SSHF until central government had issued their report on the hospital structure in Norway. "He (the chairman of the committee) is pushing the pause button" was the heading of one newspaper entry. However, some days later the newspaper Agder brings another entry where a representative of the Secretary of Health and Care department state that the government has no intention of stopping the strategy planning process in SSHF.

Amongst the more odd Editorial comments is an Editorial in the newspaper Agder that admonishes the people of Arendal to wake up. The Arendal hospital is also threatened in the strategy planning process. Earlier the people of Arendal has turned out in great numbers, taken to the streets and protested against the centralization trend towards Kristiansand Hospital. The Editor comments on an information meeting arranged in Arendal where the project leader in SSHF presented the strategic plan for year 2030 hospital locations in the two Agder counties. Only 100 people turned up at the meeting in contrast to 5000 people turning up to a similar meeting two months earlier in Flekkefjord. The Editor seems to be concerned that the

voice of the people weakens in the debate and therefore seemed to want more people to turn up in Arendal to make an impression on the project leader and the SSHF management since the project leader has stated that it is important to listen to people's voice and responses to the strategy plan.

One line of argumentation by the newspaper Agder and the entities in the paper is to present the successes of Flekkefjord Hospital. Flekkefjord Hospital is presented as very good on hygiene. The employees are carefully washing their hands to prevent infection. The hospital does not alove the employees in the wards or having direct contact with the patients to wear jewelry, watches, rings and similar things as these things are difficult to disinfect or keep clean. An entry in the newspapers is describing patients' satisfaction with the services they receive in the hospital specifically mentioning the maternity ward.

Another line of arguments concentrate on arguing against the documents presented in the process like finding mistakes and wrong information in the strategy documents for the development plan 2030. Especially one health political committee reported on inconsistent information in the documents. Others argue that small hospitals are as good as larger hospitals. They refer to research stating that local hospitals are not more expensive than larger hospitals and that the small hospitals provide equal if not better quality health services than larger hospitals. The report is developed on behalf of a national interest group organization for local hospitals. The report criticized strategy processes for being too shallow, not providing reliable figures for financial advantages or advantages for quality of treatments in larger hospitals, or listening to the people that use the local hospitals. One chairman of a committee for childhood and welfare in Flekkefjord municipality suggests that the planning process was lacking democratic foundation. The writer criticizes the Minister of Health for not listening to the people's voices in the hospital location discussions. Many people voice concern that the local hospitals in Norway will be closed down and local health services be transferred to centralized larger hospitals.

Several politicians from the Socialist Left Party aired support for the local hospital in Flekkefjord. One Socialist Left Party MP visited Flekkefjord and is reported arguing that it was unwise to close down local hospitals that function well. The MP expressed her frustration of how the hospital sector was organized at present. She argued against letting HFs and other groups control the hospitals and suggested that the Norwegian parliament should again have the political control over the hospitals reverting to the former system that was phased out when NPM in many ways were implemented in the running of hospitals in Norway. The support for local hospitals from the Social Left Party politicians is in itself interesting as they were a part of the former government. Some of their comments may therefore be considered politically motivated. Late in the period studied in this case study a local representative for the Conservative Party assure the reader of the newspaper Agder that the Conservative Party supports the future existence of Flekkefjord Hospital. At the same time the same representative argues that a representative for the Norwegian Democrats (a small party in Norway) is misusing facts and arguing from an unfinished report when the representative argues about the hospital situation. The democrat is therefore told to spare his arguments until the final report on the strategy plans is issued and put up for discussion.

On a general level some writers are afraid that the local hospitals will be 'sneakingly' closed over time. One writer is discussing the advantages and disadvantages for patients' travel to the local versus the central hospital. Travelling a long distance to get at treatment that could have been given at the local hospital is suggested as not responding to and respecting the patients and their needs.

Analysis and discussion

The initial analyze of the case follows the 7 key doctrinal components mentioned by [2].

1. Hands-on professional management

From the newspaper entries it is clear that SSHF has hands-on professional management. The project leader is professional and he is supported by the Director of SSHF. The Board of SSHF does not voice strong criticism of the management of SSHF. However one may question how the project leader and the management of SSHF are handling the planning processes. The general public criticizes how the planning processes are handled. Indirectly the Board also airs some criticism since the Board agrees to prolong the deadline for comments.

One stream in the discussion argues that even with hands-on professional management, especially one entry, argues that it is preferable to return to more political control over the hospitals. Such change will reverse the processes that are inspired by NPM.

2. Explicit standards and measurements of performance

In the debate the referring to standards are mainly to the quality of health services the hospitals are to provide to the citizens in the county. Still the mention does not refer to very concrete standards, but more to the types of services that is to be provided at the two hospitals especially in the emergency and the maternity units. The main argument is that too few patient treatments will not provide enough experience to the doctors and nurses; therefore it is suggesting that the service is centralized to one hospital. Cost of having an emergency ward operating at the local hospital is also an argument as these types of wards involve many and expensive resources. The opposing argument is that the patients in some cases will not survive the longer transport from Flekkefjord area to Kristiansand Hospital.

One line in the discussion tries to widen the scope to include cost that a centralized solution will infer on the patients and the families since they have to travel longer distances to accompanying or visiting the patients. This extra travel may not necessarily be accepted by the inhabitants as suggested by [7] and may result in a life or death discussion as suggested by [6].

3. Greater emphasis on output controls

Indirectly this item is touched through better quality to the services provided. On the other side the discussion does not provide a sharp focus on output controls.

4. Disaggregation of units in the public sector

The political reform in the hospital sector originally promoted disaggregation of units where different health services included hospitals were brought out of political control and integrated in regional units also found by [4]. The trend in the plans in the SSHF case seems to be towards larger units as the management of SSHF does not seem to want to continue the disaggregation track. Their arguments mostly support closing or reducing services in Flekkefjord Hospital and centralize the services to Kristiansand Hospital. The aversion against dis-

aggregation is mainly built on a 'quality-in-the-services' argument and is opposing the NPM ideas.

5. Greater competition in the public sector

County-wise the centralization of the hospitals or some hospital services will not lead to greater competition at the county level for hospital services. In the Norwegian system there is a nation-wide competition between hospitals. It is difficult to forecast if a county-wise centralization in Vest-Agder will lead to patients from Vest-Agder will want to use hospital services outside of the county.

6. Private sector styles of management practice

This principle is in force in SSHF. The management is more private sectors styled with a Director of the SSHF that is responsible to a Board. The private sector style of management is challenged in the newspaper discussion. Some politicians are suggested more political control over the health and care sector. Ordinary people are in one way doing the same as they call on politicians to influence the strategy planning process through political channels. From the newspaper entries it seems that both politicians, reporters in the newspapers and the general public do not understand the NPM principle that the politicians have given away their power to the SSHF Board that is supposed to lead in a more private sector style. The 'distance strategy' suggested by [6] therefore does not seem to work in this case as least for some of the participants in the debate.

7. Greater discipline and parsimony in the resource use

This principle may be seen as a driver for the centralization process as it presumably or at least anticipated as possible to save money for SSHF especially in the emergency ward and the maternity ward as these two wards are depending on back-up personnel leading to higher cost if the two services mentioned is provided in two hospitals instead of in one hospital. At the same time this principle only considers the cost of the SSHF. In a wider societal view of hospital or health cost related to patients some of the newspaper entries argue that a local hospital has an important role in the local communities where the hospital is situated in line with the 'life and death' considerations found by [6]. Having to travel far to a hospital will lead to extra cost for the patients and their families/kinds and these costs are not calculated in the strategy planning processes. However there was a mentioning of including these costs in the planning to be able to make better decisions.

Analyzing the case presented in this paper along the four conceptual axis presented by [3] may lead to an even better understanding the understanding of the case. The first axis suggested by [3] points to management as a higher order function than administration. The idea by seeking to implement NPM ideas in the hospital sector was to give more room for maneuvering, not just administer. The Director of SSHF has power to make decision on the daily running of the hospitals in SSHF. However some of the entries in the newspapers wanted to introduce more political control with the HFs in Norway. It is reasonable to anticipate that introduction of political control will revert the hospital sector to mere administration than management. A reason for the wish may be that the inhabitants are discontent with decisions made by SSHF which is in line with [7]'s conclusions of the inhabitants disagreeing with SSHF's decisions.

The second axis, economic principles can assist public management is certainly in operation in this case. The second axis in NPM suggested by [3] may in fact be the provider or main cause of some of the challenges or problems in this case. It seems to be challenging where to set the limits for the areas where the economy of the hospital services are to be counted. If the area is too narrow, just patients in and patients out of the hospital the community part of the health services will not be valued economically. Measuring the economic principles towards the slogan of SSHF "Safety when you need it the most" is certainly challenging and not included in the present strategy plans for 2030. Such conclusion is clearly supported by findings by [6]'s 'life and death' possibilities both for the individual patient and for the local community.

The third axis, modern management theory and practices can improve public management is certainly hoped for by many of the people that publish their views in the two newspapers. The word "can" in the third axis does not include any criteria for finding if any improvement takes place. From the newspaper entries it is therefore difficult to conclude on this axis as the evaluation criteria are differing amongst the writers. One may argue that the 'distance strategy' [6] may be used consciously to free the politicians from direct responsibilities for the difficult priorities in the health and care sector.

The fourth axis, service is important to citizens is obvious, but presents the same challenges as the third axis in this case study because the citizens certainly have different opinions of what service they want provided related to health services, especially hospital treatments in this case. An additional challenge is that citizens that participate in the newspaper debate have different roles. Some writes as "ordinary" citizens, while others carry different hats in the debate. One example is the Chairman of the SSHF Board that is also Chief Officer in a local community that wants to keep the local hospital in Flekkefjord. Some of the entries in the newspapers are written by local politicians that probably have their political agenda when arguing their case. Some of the entries even present views of politicians that are MPs. It seems obvious that these politicians that are left-wingers now want to air their views clearer than when they were part of the Government less than one year ago. The fourth axis may in a way hold the paradoxical perspectives of 'distance strategy' [6], the 'life and death' perspective and the NPM's ideas of flexibility, responsibility and so on for leaders following NPM's principles [2, 3, and 5]. Maybe the different perspectives and expectations to NPM results in a paradoxical situation of management where it is impossible to fulfill what seem to be "promised" by the NPM principles?

A surprising finding or perhaps lack of finding is that in the case description and the analysis part of this paper only one entry about e-health and use of technology was published in the two newspapers within the period of this case study. Furthermore the entries were a general discussion about future health sector technology as the race of invention in the health sector is increasing in speed. The entries mentioned and the South by South West conference report suggest that both body close technology and technology implanted in the body or taken as medicines will be developed and will be able to give feedback to the patients and the doctors and in some cases can regulate functions in the body after how the technology is programmed to respond. The lack of e-health technology and information systems in the debate is even more surprising since research in the e-health and information systems field is prone to failure [9, 10, and 11], requires preparations for change [12] and directly influences and challenges the relationship between the user of the system and the system itself [8].

A concluding remark on the discussion is to suggest that the SSHF Board could clarify their positions and base part of their

report on the eGEP Measurement Framework Analytical Model [15] developed by the European eGovernment Unit. The Framework Model suggests that the value drivers are efficiency, democracy and effectiveness. Using such drivers for analyzing strategic plans may clarify issues that are discussed in this paper. The drivers mentioned include the development of e-health technology and information systems to be deployed in the health and care sector.

Conclusion

Reverting to the research question: How can a newspaper debate about a strategic planning project for future location of hospitals be understood from New Public Management doctrinal components and principles?

In the discussion many of the doctrinal components of NPM is partly employed in the strategic planning process for a new hospital structure in Vest-Agder. However, many of the contributors to the discussion in the newspapers act as if the hospital sector is not run according to NPM principles. It is from the data presented, impossible to find out if the people participating in the debate are conscious of the NPM ideas' consequences when implemented in practice if the participants just by acting on their own interests. It is though reasonable to assume that the MPs that are contributing in the discussion is conscious about their points of view and that they want a change in the roles of the HF Boards bringing the hospitals again under political control.

The discussion also points the some seemingly unbridgeable differences between local priorities versus the priorities of the SSHF management. This aspect may be studied in another study where the future e-health technological development and its possible influences on the future hospital structure may be included in the study.

The debate does not include the consequences of present and possible future development and deployment of technology that may pose new and unexpected challenges both to the local hospitals, a central hospital, the different treatment methods and the patients themselves.

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