

The international health perspectives health and social care essay



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During the course of P2, two more visits took place. On the third day, the Community Treatment Team (CTT) was visited and routine assessments were carried out. The fourth day involved a home visit in Eastleigh, back with AA. A third placement (P3) was carried out within elderly care at Reablement Services in the Royal Hampshire County Hospital, Winchester. Each day the MDT, consisting of nursing staff and OT, would meet to discuss the patients coming in and to delegate jobs to each member. MDT meetings and exercise/therapy classes was observed, the transport team was joined to see what establishments the patients live in. Patients were also shadowed as they went through initial assessments and the falls clinic was also visited.

NHS Introduction

First created in 1948, the NHS has become the largest publicly funded health service in the world. It was designed to meet the idealism that good healthcare should be available to everyone irrespective of wealth. With the exception of certain prescriptions, optical and dental services, which are not free in England, the NHS is free at the point of use for all UK residents.

Responsibility for healthcare in Northern Ireland, Scotland and Wales is devolved to the Northern Ireland Assembly, the Scottish Government and the Welsh Assembly Government respectively. The NHS employs more than 1.7m people. Just under half are clinically qualified, including, 39,780 GP's, 370,327 nurses, 18,687 ambulance staff and 105,711 hospital and community health service, medical and dental staff. The NHS in England is the biggest part of the system, catering to a population of 53m and employing more than 1.35m people. The NHS in Scotland, Wales and Northern Ireland employs 153,427, 84,817 and 78,000 people respectively.

Currently the NHS is undergoing considerable changes, most of which occurred on April 1st 2013.

Previous structure

The NHS is funded directly from taxation, the funds are granted to the Department of Health (DH) by Parliament which consists of 80% of the NHS income. Contributions also come from the National Insurance Fund and patients also contribute directly through certain prescription and equipment charges. In 1948 the NHS budget was £437 million (roughly £9 billion at today's value), today the budget is approximately £108.9 billion. At the moment, 152 bodies called primary care trusts (PCT) control local spending on dentists, hospital operations and tests, and medicines - accounting for 80% of NHS spending. They are mostly made up of health managers. The health secretary sets policies, such as waiting times, for the NHS. Currently, the DH then passes these down through 10 strategic health authorities and then to the PCT who have to ensure they are implemented.

Reorganisation

Organisations such as PCT and strategic health authorities (SHA) will be abolished. Bodies such as clinical commissioning groups (CCG) will take their place assuming responsibility for public health budgets. NHS services will be open to competition from providers that meet NHS standards on price, quality and safety, with a new regulator (Monitor). It is expected that the majority of hospitals and other NHS trusts will become foundation trusts by 2014. The Secretary of State for Health will still have ultimate responsibility to provide a comprehensive health service and make sure it works

effectively to meet patient and community needs. Strategic management of <https://assignbuster.com/the-international-health-perspectives-health-and-social-care-essay/>

health & social care systems will still be the concern of the DH. On the other hand it will not directly oversee any NHS organisations nor will it continue to be the NHS headquarters. What used to be termed the " NHS Commissioning Board, will be known as " NHS England". It is an independent body, separate from the government with the task of improving health outcomes. It will also oversee the operation of and allocate resources to CCG and commission specialist services. CCG have undertaken the position of PCTs alongside some functions previously carried out by the DH. All GP practices now belong to a CCG who will commission most services including: planned hospital care, rehabilitative care, urgent and emergency care, most community health services and mental health and learning disability services. CCGs can commission any service provider such as NHS hospitals, social enterprises, charities, or private sector providers. However, the quality of services they commission must meet both National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers. The CQC will still regulate all health and adult social care services. Healthwatch, a new system, acts as part of the CQC to gather and present public views on health and social care services in England. It will operate on a national and local level making sure views of the service user are taken seriously, giving them a voice on decisions that will affect them. Each top tier and unitary authority is to have its own Health and Wellbeing Board. Members of these boards will collaborate to help meet their local community's needs, agree upon priorities and encourage and strengthen integrated commissioning. It is envisaged that patients and public should experience improved collaboration between the NHS and local councils. Another new organisation called Public Health England (PHE) is <https://assignbuster.com/the-international-health-perspectives-health-and-social-care-essay/>

being created to provide nationwide expert leadership and services to back public health. PHE will help coordinate a national public health service and support the public to choose healthier options, it will also support development of the public health workforce. Responsibility for regulating certain aspects of care is now spread over CQC, Monitor and individual professional regulatory bodies e. g. the GMC. Monitor's role has been expanded to regulate all providers of health and social care. Its aims are to promote competition, regulate prices and ensure the continuity of services for NHS foundation trusts. To legally provide services NHS providers will be required to be registered with the CQC and Monitor to legally provide amenities. Following the abolition of SHAs, the NHS Trust Development Authority will oversee the performance, management and governance of NHS Trusts, also managing their progress towards foundation trust status.

International health perspectives

Life expectancy has been rising gradually and infant mortality has been falling since the NHS was established. These figures compare favourably with other nations. Against many beliefs, surveys have shown that patients are generally satisfied with the NHS care they are provided. Those with recent direct contact with the NHS often report being more satisfied than people who have not had a recent experience with the NHS. The Commonwealth Fund in 2010 stated that compared with the healthcare systems of six other countries (Australia, Canada, Germany, Netherlands, New Zealand and USA) the NHS was the second most impressive. It was rated as the best system in terms of efficiency, effective care and cost-related issues. It also ranked second for patient safety and equality.

Evaluation

Although the government say that the current changes will be more beneficial, the majority of staff at P2 seemed to find most changes unfavourable. The large changes such as the change in areas to be more in line with the commissioning groups were beneficial for staff as it reduced their travel time and expenses, giving them more time with patients. However the transition of the previous mental health teams to the new teams were not favoured by P2 HP's. Such as the Assertive Outreach Team (AOT) and Early Intervention in Psychosis team (EIP) were both broken up and AAT, CTT and Hospital at Home teams now exist. These new teams aren't allowed to spend as long with a patient nor can they see them for the same number of consultations as they used to. The staff at P2 believed this seriously affected their ability to help them. Also as there were more individual teams, staff were able to utilise specific skills learned as a nurse or OT for example. Now, they cannot use these skills and must carry similar roles to each other e. g. assessing or consulting only. Staff within P3 were not significantly affected by the changes in NHS structure, however the slight changes that did come about were deemed as favourable. Previously Re-ablement services had not been part of any of the four hospital pathways; Rehabilitation, Musculoskeletal/Orthopaedic, Acute or Paediatric. Now they are a more recognised service and fall under the rehabilitation pathway. They are seeing more patients than before and are making significant improvements on the quality of people's lives. Those that are critical towards NHS reforms argue that GPs should be dealing with patients, saying doctors have studied medicine not management. Those previously in managerial positions voiced concern about job losses, believing that it is

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unrepresentative to say they have no interest in patient care as often they come from clinical backgrounds. The public are worried that a conflict of interest means GPs would be unable to act independently as commissioners. People are concerned that extra funding in specific areas could mean some areas would provide better healthcare than those local to the service users. Health professionals also share apprehensions that doctors are being unfairly favoured and that knowledge brought by staff in other areas is overlooked. Pharmacists in particular have had little consultation, despite prescription costs being a vital element of budgeting.

Conclusion

The changes in the NHS were brought about overall to help improve the current health system in place. The aim is to provide more power to those that benefit from the service and it seems that target is being achieved. However, in some cases it is being achieved at the cost of the quality of care provided. There are reforms in place to help improve quality of care also and it may be that these have just not taken effect yet. The NHS is still one of the most effective health systems in the world and although it may not be the best it is still free to all and aims to provide the best quality of care available.