

Olusola eletu international healthcare policy health essay

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INTRODUCTION

A healthy nation they say is a wealthy nation. Healthcare is important to the society because people get ill, accidents and emergencies do arise and the hospitals are needed to diagnose, treat and manage different types of ailments and diseases. Many of people's aspirations and desires cannot be met without longer, healthier, happy lives. The healthcare industry is divided into several areas in order to meet the health needs of individuals and the population at large. All over the world, the healthcare industry would continue to thrive and grow as long as man exists hence forming an enormous part of any country's economy. Healthcare is defined as the diagnosis, treatment, prevention and management of disease, illness, injury, and the preservation of physical and mental well-being in humans.

Healthcare services are delivered by medical practitioners and allied health professionals. The National Health Service (NHS) is the provider of healthcare to all permanent residents in England. The services provided by the NHS are free at the point of use and paid for from general taxation. Although, there are charges associated with other aspects of healthcare such as eye tests, dental care, prescriptions, and many other aspects of personal care. The NHS is guided by series of policies as outlined by the Department of Health from time to time. All Health policy in England and the rest of the UK rests on the National Health Service Act of 1946 which came into effect on 5th July 1948, launched by Minister of Health, Aneurin Bevan during the opening of Park Hospital in Manchester. In this write-up, I would be analysing healthcare policy, provision and funding in England. I would also assess and evaluate the impact that culture and the society has on healthcare as well as the

people's attitude towards healthcare. The role of public health and health promotion in the provision of healthcare services cannot be over emphasized. I would also assess national and international socio-political issues in the promotion of public health, an analysis of the impact of international campaigns and national policies on the demand for healthcare would be done. I would also evaluate the role of health promotion in determining healthcare service demand in England. Contemporary issues affecting healthcare in England would be identified and an evaluation of their impact on national and international policy as well as practical responses to these issues would be done. The World Health Organisation (WHO) defines health policy as decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. The aim of health care policies is to define a vision for the future which in-turn helps to establish targets and points of reference for the short and medium term. It also outlines priorities and the expected roles of different groups; and it builds consensus and informs people. Policy governs and informs the planning and implementation of both strategies and projects, and provides a framework for the professional development of the workforce (Porter and Coles, 2011).

However, policies can take on different forms and may be communicated in different ways. Culture is a way of life; it is the way we do things. It is defined as the way of life of a particular society or group of people; it includes the patterns of thought, beliefs, behaviour, customs, traditions, rituals, dress, language, art, music, as well as literature (Webster's New World Encyclopedia, 1992). Culture as defined by dictionary. com is the behaviours and beliefs characteristic of a particular social, ethnic, or age group. It is a

group's shared set of beliefs, norms, and values. The cultural differences and way of life of people have a great impact on the way they assess their health and well-being as well as their attitude towards healthcare. It affects their attitude and understanding of the cause of an illness and how to manage them as well as the consequences of medication and medical treatments. This also has an effect on people's expectations on healthcare delivery. There are diverse groups of people living in England as a result of migration and they are diverse in the fact that they are of different age, sex, gender, race, ethnic background, colour, religion, beliefs as well as cultural background. It is important for health and social care practitioners to understand and cope with all these differences as it affects the way people react to healthcare provision. In England, every resident have access to free healthcare provided by the NHS. However, people can still go to private hospitals if they wish to but they have to pay for the medical services they receive by themselves or by their health insurer. For religious reasons people also have different beliefs and how they perceive healthcare delivery and sometimes how they react to medical practitioners. For instance, Muslim women do not allow male medical practitioners to attend to them especially when it has to do with the exposure of their private parts. Jehovah's witnesses do not consent to the use of blood transfusion. Using the PEST analysis, I will be assessing how several factors have influenced people's attitude towards healthcare in England. Political factors: a new government with new agenda and mission to fulfil their manifestos pass new laws about health and health reforms. With the government of the day wanting to cut cost; so many benefits of the citizens has been drastically reduced. These

include a cut in energy allowance for the elderly, cut in healthcare allowance and so on. Economic factors: the global economic downturn has made the government of the day to cut cost and introduce policies and agenda which has made people loss job and become unemployed. How well the government of the day react to these issues will determine the extent to which the health and well-being of its entire populations are protected. During these times, some people may become depressed, and become mentally ill. Social factors (inequalities, discrimination): for instance, when people become depressed and mentally ill during recession, they become discriminated upon by colleagues, friends and sometimes close family members. The loss of a job too makes people to socialise less often and prefer to live in isolation most times and this can have a great impact on their health. Technological advancement: this has drastically affected healthcare delivery in recent times. Diagnosis and treatment of diseases with the use of technological equipment have gone a long way in making things easier and faster for healthcare professionals and the patients as well. Treatment can be done faster and accurately too, for instance, the use of radiotherapy in the treatment and control of cancer. However, such treatments are sometimes rejected by the patient due because of the after effects it will have on them. A recent example is Sally Roberts who resisted radiotherapy being done on her son who has brain tumor (the guardian news UK). Environmental factors: a change in the weather e. g. snow, heavy rainfall and flooding also affect people's attitude and spending towards healthcare. Many become very ill, catching a cold, having flu and fever in cold temperatures, making them to visit their local G. Ps more frequently,

and spending more on medication as well. The government tend to spend more and healthcare professionals tend to be more engaged during these periods. Emergency services work round the clock saving people. Healthcare in England would not be complete without taking a look at NHS, its history and how it has evolved over time. NHS is the major provider of healthcare in England as earlier mentioned in the introduction. For this purpose of this assignment, I would be analysing only the major events that happened in the NHS. The Second World War ended in 1945 leaving many soldiers dead and lots wounded who needed quality healthcare and some suffering from post war depression and all other kinds of ailments and diseases. Right after the war, there was heavy storm and flooding in the following year causing destruction, industrial and economic breakdown. With no money to spend on proper and balanced diet, people are left with malnutrition and became prone to various infectious diseases and so on. This led to the government wanting to create a system whereby good healthcare can be available to all regardless of wealth and to bring all healthcare professionals under one umbrella, hence the creation of the NHS. Before the start of NHS, access to healthcare in England was funded by each individual that needs healthcare services. There are also fewer hospitals and fewer Doctors. After the creation of the NHS in 1948, there have been lots of innovations, inventions and discoveries through the use of research. Even though healthcare services are free at the point of use, prescription for medication is usually paid for except for those who are eligible for free prescription. In the early 1950s, one shilling (5p) and £1 respectively for prescription charges and dental treatment was introduced, however the prescription charges was abolished

in 1965 and later re-introduced in 1968. This was followed shortly by the revelation of the DNA (deoxyribonucleic acid) structure by two scientists, James D. Watson and Francis Crick. The DNA is a material that makes up the gene and passes hereditary characteristics from parent to child. This allows the study of diseases caused by defective genes, hence allowing doctors and clinicians to easily identify diseases and know how to treat them on time without wasting money and resources. It also helps in the prevention of hereditary diseases. In the mid-50s, Sir Richard Doll published his finding of a research he carried out in the 40s about the link between smoking and cancer. He was able to find out that smokers are more likely to die of lung cancer than non-smokers. By 1958, polio and diphtheria vaccinations were launched as there has been an epidemic just before that year. The vaccination programmes ensures that children of 15 years and below were vaccinated; leading to an immediate and dramatic reduction in the diseases, hence, the promotion of good health by the NHS and not only the treatment of illnesses and diseases. This however formed a good part of the NHS plan. A report (Porritt Report) was published in 1962, which results in Enoch Powell's Hospital Plan. The medical profession calls for unification of the NHS after criticizing its separation into - hospitals, general practice and local health authorities. The Hospital Plan approves the development of district general hospitals for population areas of about 125, 000. The 10-year programme happens to be the new territory for the NHS. In the same year, the first hip replacement was carried out by Professor John Charnley in Wrightington Hospital. The Salmon Report was published in 1967. It sets out recommendations for the development of senior nursing staff and the status

of the profession in hospital management. The Cogwheel Report considers the organisation of doctors in hospitals and proposes that medical practitioners be grouped according to area of specialisation. The report also acknowledged how complicated the NHS is and the fact that change needed in order to meet future needs and demands. The Abortion Act was introduced and became law on April 27 1968. Abortion became legal up to 28 weeks if carried out by a registered physician and if two other doctors agree that the termination is in the best mental and physical interests of the woman. By 1990, the time limit is lowered to 24 weeks. On the 2nd of October 1968, a British woman gave birth to sextuplet after receiving fertility treatment. In the same year, In 1972, Computer tomography, CT scans was introduced and it transformed the way doctors examine the human body. CT scanners have developed enormously over time, but the principle remains the same. Another major discovery of the 70s was the world's first test-tube baby, Louise Brown, who was born on July 25th, 1978 as a result of in-vitro fertilization. This technique was developed to fertilize the egg outside the woman's body before replacing it in the womb. Shortly afterwards in 1979, the first successful bone marrow transplant on a child took place at the Great Ormond Street Hospital for Children. Magnetic resonance imaging- MRI scans was introduced in the 80s to provide more effective information about the body e. g. prove more effective in providing information about soft tissues, such as scans of the brain. It is useful for detecting brain tumours, multiple sclerosis and the extent of damage following paralysis. The first keyhole surgery was performed in the 70s using a telescopic rod with fibre optic cable to remove gallbladder. The Black Report commissioned by the then

secretary of state, David Ennals, aimed to investigate the inequalities of healthcare i. e. differences between the social classes in the usage of medical services, infant mortality rates and life expectancy. In 1986, the public health campaign was launched to inform the society about HIV and Aids. This is done in order to keep with the NHS's original idea to always improve the health and well-being of people and also prevent disease, rather than just offer treatment. In the following year, the first heart, lung, and liver transplant were carried out at Papworth Hospital in Cambridge. A comprehensive national breast-screening programme was introduced in 1988 in order to reduce breast cancer deaths in women over 50. This project is launched with breast-screening units around the country providing mammograms that takes an X-ray of each breast to show any abnormalities as early as possible, making treatment more effective. NHS and Community Care Act was introduced in 1990 and the first trust established in 1991. This means health authorities manage their own budgets and organisations will become NHS Trusts. In order to make sure that people continually access quality healthcare delivery, the NHS Direct was launched to offer a 24-hour health advice over the phone. The NHS walk-in centre was established in year 2000 to offer convenient access without making an appointment nor requiring patients to register. The centres are managed by the Primary Care Trusts. In 2002, Primary care trusts are set up to improve the administration and delivery of healthcare at a local level to oversee 29, 000 GPs and 21, 000 NHS dentists. Their responsibilities include supervision of vaccination programmes, control of epidemics as well as the control of 80 per cent of the total NHS budget. They also liaise with the private sector when there is a

need to contract some services out to them. They are local organisations that understand the needs of their local community, so they can make sure that the organisations providing health and social care services are working effectively. The first NHS foundation trust was created in 2004 and several independent sector treatment centres and hospitals were contracted from the private sector. People were able to choose according to what matters most such as waiting lists, MRSA rates, bus routes and so on. Robotic intervention was launched in 2007 with the aim to performing heart surgeries in order to treat people who have fast or irregular heartbeats. Free choice was introduced on April 1 2008, allowing patients to choose from any hospital or clinic that meets NHS standards. On July 5 2008, the NHS celebrated its 60th birthday. It was celebrated all over the country, whilst NHS staff and patients celebrated at Westminster Abbey and 10 Downing Street. HPV vaccination programme was launched a few months after the 60th anniversary of the NHS. The aim is to vaccinate girls aged 12 and 13 against the human papilloma virus (HPV) in order to prevent cervical cancer. A three-year campaign was also introduced to vaccinate girls age 13 to 18 years old. The NHS Constitution was published on January 21st 2009 and sets out people's rights as NHS patient. For the first time, the Constitution is about the details of what the expectations of NHS staff, patients and the public from the NHS should be. It aims to ensure that the NHS will always provide high-quality healthcare that is free and for everyone, which is why it was set at inception. Primary care trusts began implementing the NHS Health Check programme for adults of age 40 to 74. By the end of 2009, a five-year plan to reshape the NHS to meet the challenge of delivering high

quality health care in a tough financial environment was developed. The vision is to have an NHS that is organised around patients whether at home, in a community setting or in hospitals and also to meet the health demands of the people, to prevent diseases and illness and the same time deliver cost-effective high quality care all over the country. Even though all the above mentioned discoveries, innovations and plans involved a lot of financing, but their overall success in the prevention and treatment of different diseases and ailment and also the way it has helped shaped healthcare delivery system are not under estimable. The role of public health and health promotion in the provision of healthcare services cannot be over emphasized. Public health is about helping people to stay healthy and avoid getting ill, it is about prevention of diseases rather than treatment. Public health areas include immunisation, nutrition, tobacco and alcohol, drugs recovery, obesity, sexual health, pregnancy and children's health. The World Health Organisation (WHO) plays a major role all over the world in the promotion of public health. It is the directing and coordinating authority for health within the United Nations system of which England is a member. WHO provides leadership on health matters all over the world, influencing the health research programme, setting rules and standards as well as the provision of needed support to countries and monitoring and assessing health trends. In England, WHO has been able to assist in the implementation of several public health programmes such as immunisation against several diseases such as polio, diphtheria, measles, rubella, tetanus to mention a few. The Government is the sole buyer of the healthcare systems in England and the systems are basically funded from a mix of

sources majorly from general taxation, through National Insurance (NI) contributions, health insurance, and private health insurance amongst others. While some people get their prescriptions free of charge, others pay for it. Charity organisations such as British Red Cross, Oxfam, Barnados, Cancer Research UK to mention a few and other non-governmental organisation also assist in running several healthcare systems all over the countries. The Cancer Research UK for instance, is one of the medical research charities that make unique contributions towards high-quality NHS medical research. The trusts are given the responsibilities to provide health care delivery in England. They negotiate on behalf of the people to provider health care to all. Healthcare is widely delivered either as primary care (by the local surgeries, G. Ps, pharmacist, dentist etc.) and managed by the commissioning trusts or secondary care (hospitals, emergency services and so on) which are managed by the provider trusts. The primary care remains the first point of contact for many while the hospital trusts own assets such as the hospital buildings and the all the facilities and equipment in them. All of these are purchased and held in trust for them. In healthcare, there are several barriers and obstacles that prevent people from accessing needed healthcare in the society. Migration is a natural phenomenon, England and the whole of the UK at large has experienced a new wave of migration in recent years. This is due to the fact that the European Union (EU) has expanded and people have immigrated into England to make a living; students come in to study and people come for different other reasons such as tourists, for greener pastures and so on. The barriers being created as a result of migration include cultural barriers and illiteracy, as well as language

barriers. The UK which England is part of is the only country in the whole of Europe where English is spoken as a first language; hence some of the migrants from the EU countries and others from countries where English is not widely spoken face the problem of accessing basic healthcare. As a result of lack of interpreters, it is often difficult for them to give the required information to their local surgeries when they go for registration. Personally, I have experienced a long time appointment wait recently for a referral and this has prevented me from accessing healthcare as at when needed. For personal reasons, when some people fall ill, the fear of taking time off work, losing their jobs or working for fewer hours with less pay prevents them from visiting the G. P when the need arises and hence not having access to basic health care needs. Environmental barriers such as snow and extreme weather conditions also prevents people from going to G. Ps or prevents emergency rescue teams from reaching them on time. Black and Minority Ethnic (BME) Groups in England also suffer economic disadvantages hence an increased risks of ill health (The Independent, 1995). Another barrier is perception and lack of understanding of immigration laws on the part of the local surgeries staff, hence preventing people from registering with local G. Ps. Very recently, students studying in England are being refused registration with the G. P because their visas do not show any work hours, the surgeries claimed that it means the students are not contributing through general taxation towards healthcare and do not deserve to benefit from the services being offered by the NHS. Undocumented, irregular and illegal migrants for fear of being detected and arrested by law enforcement agents do not visit and access healthcare. In Nigeria, the healthcare delivery can be termed as

complex. There are several providers of healthcare services, both private and public (private for profit providers, non-governmental organisations, community-based organisations, religious as well as traditional care providers). However, modern health care delivery is simultaneously the responsibility of the three tiers of government i. e the local, state and federal government. The healthcare system is divided into primary (dispensaries and primary health centres), secondary (general hospitals) and tertiary (university teaching hospitals, federal medical centres) and these are managed by the local, state and federal ministries of health respectively. The Federal ministry of health is the overall health policy formulating body. It coordinates and supervises the activities of the other levels. Traditional healthcare has been practiced in Nigeria from time immemorial long before the start of modern medicine. Up till date, people do go for local way of curing and preventing diseases and illnesses. Sometimes, this is due to the fact that the poverty level does not allow many to be able to access modern healthcare and also due to illiteracy levels and personal beliefs. Funding of healthcare in Nigeria comes from multiple sources such as general taxation, direct payments by patients at the point of use, donations, community financing, and recently health insurance, after the launch of the national health insurance scheme (NHIS) as well as private health insurance. Obesity has become very rampant all over the world, not leaving England behind. Tasty and fatty foods are readily available all over the country 24 hours a day. It has become increasingly epidemic and a major public health concern and if not tackled appropriately and on time, many of the working generations may become too overweight to carry out their daily activities

and end up being ill with various diseases; hence the saying that a healthy nation is a wealthy nation would not be achieved. Obesity can be measured by using the Body Mass Index (BMI) calculator. BMI is calculated by dividing a person's weight measurement (in kilograms) by the square of the person's height (in metres). Statistically, a little over a quarter of adults (age 16 upwards) were overweight with a BMI of 30kg/m² or over as at 2010. There are several factors that contribute to the fact that people become overweight or obese. Unhealthy eating habit, poor diet, excessive eating of junk are a major contributory factor to being overweight or obese. When people do not eat nutritious meals that are balanced in diet, they tend to become obese as time goes on. The way many live their lives can also make them become overweight. When excess fat in human body is not burned out or shed off, the fat becomes part of the total body weight. With many people being lazy to do regular exercise means the rate of at which people become obese may continue to soar high. Labour saving devices and the introduction of new technologies almost every year means that people no longer to do many jobs manually. Hence, the need to burn energy, sweat which in-turn leads to shedding of some weight is no longer there. The invention of TVs, laptops and computers, cars and so on has drastically changed what people do for work. People tend to sit at in one position for longer hours without having to walk around and burn some fat off. There are lots of disadvantages associated with being obese. Obesity has lots of bad effects on one's health. In my opinion, obesity and diseases may be referred to as Siamese twins due to the fact that it is usually associated with diseases such as type 2 diabetes, hypertension (high blood pressure), heart attack, hyperlipidaemia, cancer,

disability, reduced quality of life, which eventually may lead to premature death. Having analysed how people become obese, however, there is still a way out for it. Tackling obesity has been a major concern for the government of the day. Several talk shows and TV programmes that deals with people's eating habit and how to stop being overweight has been going on to educate people on the issue. There are several ways in which people can tackle the problem of obesity, these ways are inexhaustible. Individually, people can engage in physical activities in tackling obesity. School sporting activities as well as physical education (PE) for children and teenagers; also walking to and fro school depending on how far the school is also is a very good way to keep fit always. When people eat balanced diet and nutritious food, the issue of obesity would be reduced. However, the government also has a role to play in the campaign against obesity and unhealthy eating habits. Lots of policies have been developed in in time past and very recently in order to tackle this public health issue. A White Paper called Healthy Lives, Healthy People: Our Strategy for Public Health in England was published in year 2010 by the coalition government as one of its strategy of solving the problems of obesity. From then till date, several other paper and reports have been published on the same subject of tackling obesity. For the purpose of this assignment, some of them will be analysed to see how they have been able to provide meaning solutions and /or what improvements needs to be done. Healthy Lives, Healthy People: A call to action on obesity in England was published in October 2011 and it sets out how the new approach to public health will enable effective action on obesity and encourages a wide range of partners to play their part. The eat-well plate policy of 2011 defines the

Government's recommendations on healthy diets. It makes healthy eating easier to understand by giving a visual representation of the types and proportions of foods needed for a healthy and well balanced diet. The eat-well plate encourages the choice of different foods from the balanced diet groups in order to help ensure that people get a variety of nutrients that is required by the body to remain healthy and hence reduce obesity. The government has also set out plans to use the 2012 olympics and paralympics games to increase physical activities among the people. This they have done to encourage everyone to be physically active by participating in sporting activities across England and the whole of UK. According to WHO, for good health, adults should get the equivalent of two and a half hours of moderate-to-vigorous physical activity each week. Children should get even more, at least one hour a day and exercise has also been proved to help control weight gain. However people react differently towards contemporary issues in healthcare. For instance, research found out that there are myths and negative attitudes towards condoms but there were also positive responses, for example, people do say that " Using a condom is a sign of love and respect". From time past, lots of people adult and the community at large believe that abstinence should be the watch word but nowadays, local values were intersecting with new globalpolicy perspectives on abstinence. Younger adolescents internalise these attitudes and so abstinence is the preferred prevention strategy, even among sexually active girls. This led to a skewed perspective on prevention. Health workers would say " condoms don't work" meaning that we need to devise newstrategies for HIV prevention, but this would be interpreted as meaning that condoms are faulty. In South Africa the

late age of marriage means that abstinence until marriage is unobtainable for many. They also produced materials to be displayed at the point of sale so that young people didn't have to ask for condoms. They also worked to improve the attitudes of cashiers towards sexually active young people.

First, the Church always looks upon those who are ill with compassion, and prays for healing. We encourage the medical profession to continue seeking for the appropriate medications to heal this disease. But at the same time, we note that the major causes for the spread of this disease are behaviours which the Church has always taught are immoral and ought not to be practiced: homosexual behaviour, promiscuity, and narcotic drugs (the use of contaminated needles). Love and caring for all persons provokes the Church to re-affirm its teaching. The best prevention against the AIDS virus is virtue. Some have raised the question of possible contamination through the Communion Spoon and the possible change of the method for administering Holy Communion. There have been other methods for the administration of the Sacrament in the Church, in the past. In principle, therefore, the method could change again. Nevertheless, several strong reasons would argue against it. Theologically, the Orthodox Church cannot accept that the Sacrament would be a source of illness, since it teaches that it is a "medicine of immortality." Further, not one single case of the transmission of any illness has been shown empirically as coming from participation in the sacrament. In addition, scientific evidence points to another reason for this as well: it appears that saliva inhibits the transmission of all kinds of microbes, including the AIDS virus (Journal of the American Dental Association, May, 1988). Should the Church change its

method of administering the sacrament, it should do so for its own reasons and not those provoked by unreasonable fear.