

Education and employment in the european union the social cost of business

[Business](#)



Table of Contents G H 2 I 3 J 3 K 4 L 5 References 5 G Current market system of European Union is based upon supranational understanding. Though the economic system is capitalistic where free trade and liberalization is beyond countries (MCCORMICK, 1999)but it includes an additional element of social welfare where provision of social protection is considered as right of individuals rather than privilege (CHORAFAS, 2011). In the light of these market scenarios National Health Services (NHS) has to make a significant decision of maintaining costs to minimum. NHS prices and output decisions are defined by healthcare currency which covers cost of a patient from admission to discharge. Health Care Resource Group (HRG) is responsible for specifying a pricing pattern for all countries and departments. HRG regulates the standards and inquires about costs of every aspects starting from direct costs of any activity, fixed costs, indirect costs, local price, overhead costs, marginal costs, variable costs, patient level costs, payment by results, step costs and tariffs etc. All NHS organisations are required to submit their cost patterns to healthcare resource group which then examines and compares the costs and publish prices and output decision schedule. NHS pricing is kept under consideration of maximum social benefits and ensures that all resources used are economical as cheap as possible, effective in achieving quality services and efficient in providing maximum output with limited input cost (JACOBS, et al., 2009). H National Health Services and British Red Cross are consistently facing substantial change to their policies. In order to meet the emerging needs of people a new act known as Health and Care Act, 2012 has been introduced to conclude changing behaviour and perceptions of people (MOSSIALOS, 2010). The target of such policies and reforms was to

foster a competitive market which encourages innovation and efficiency. Taking account of increasing pressure of demand of health care, NHS has also introduced provision of services through state and privately run organisations to meet up with the NHS supply. NHS has expanded its horizon of service provision to external sources outside NHS circle so that supply demand gap is covered in time. In authorization, NHS has ensured maintenance of minimum quality standard and provide community, primary and secondary care to patients. As far as prices are concerned, NHS implements and issues its own prices annually for upheld consistency throughout Europe. Health care commission in collaboration with Strategic Health Authority (SHA) regulates and monitors NHS organizations to derive positive reaction from customers (GREEN & GREEN, 2007). Besides NHS, British Red Cross has also been vocal in preserving healthcare rights and facilitation and has introduced number of project ranging from volunteering youth to war conflicts and healthcare. NHS owns a very respectable place among businesses due to its corporate vision which ensures provision of qualitative and valued services of health and social care. NHS owns a foundation trust status which makes NHS answerable/ accountable to its stakeholders and regulators. Before every policy decision making, NHS conducts market assessment of those decisions examining financial competitiveness and commissioning. Business plan of NHS provides efficient long term service delivery and aids development and preserves benefits of patients. NHS commission before announcing any policy overviews the financial performance and financial risks of pricing and its outcomes. Finally NHS business infrastructure ensures effective governance arrangements

targeting corporate management, risk management, audit arrangement, financial reporting and clinical governance (Jenkins, 2010). Apart from business environment, NHS has not been up to the mark considering the cultural environment. Using uniform pricing, policies and practices around the Europe is difficult to be absorbed easily by every culture. NHS has been working in Europe but ploughing the whole field with single stick is not satisfactory. Every society has its own culture, preferences, leadership and performance while examining all societies and individuals as efficient would require distinctive bar stick. J Capitalism demands free trade and liberalized economy in which there is healthy competition and innovation whereas specifically Europe is home to greying population. If examined through health perspective population with such attributes need excessive healthcare. International trade to UK NHS organizations can provide them with numerous opportunities in which specialised and skilled labour force can be imported from other parts of the world (HEALY & OIKELOME, 2011). NHS owns the status of being a governmental body of UK and European Union by which NHS can interact with Governments of other countries. Such interaction will help delivering healthcare services to other nations and governments who do not have such institutional capacity. Secondly opening up NHS activities to global economy will put NHS into global competition where NHS can build up its reputation internationally and exchange supply of goods with services. Through international trade NHS may have surgical and pharmaceutical products at a very marginal and competitive rates. Leaving NHS into international trade and open competition may also have some consequences that NHS now is working for social facility but with competition

the preferences will change to corporate gains. Secondly against transnational and global giants NHS may lose competition while rendering its services which can hurt the foundation of NHS. K Opening International Trade for NHS can have far reaching impacts on the growth of NHS foundations. Evaluating the financial advantage NHS can have benefit of about \$4 trillion from international trade. NHS has a comparative edge over its qualitative products, expertise, knowledge and services (NOE & NOE, 2012). No doubt going global provide expansion and growth opportunities by which NHS can attract many investors and new customers. Expansion will bring numerous employment opportunities to domestic labour and to foreign labour force too. In this regard there many financially developed countries e. g. Countries in Middle East who lack expertise and knowledge while opening borders to NHS will give them a new market to flourish (WOOLCOCK, 2006). Establishing partnerships with other governments and organisation imply that exchange of knowledge, skills and labour force will take place. Many professional exchange and training programs will take place generating economic and financial activity for NHS. In short international trade has extensive growth and development opportunities for NHS while the only need is to explore and initiate them. L Legislation/ decision making of European Union into UK always creates an opportunity for debate to evaluate the implications of EU decisions over UK health organisations and specifically on NHS. After scholarly debate all decisions in conflict to practical implication are amended and adjusted accordingly. All decisions after review are informed to EU of their practical suggestions. It is true that European Union decisions affect healthcare system in UK but NHS and healthcare

organisations are usually well aware policies taken by EU institutions which enable UK healthcare organisations including NHS to prepare mandatory, timely and ample response strategy. References CHORAFAS, D. N., 2011. Education and employment in the European Union the social cost of business. Farnham, England: Gower. GREEN, A. & GREEN, A., 2007. An introduction to health planning for developing health systems. Oxford: Oxford University Press. HEALY, G. & OIKELOME, F., 2011. Diversity, ethnicity, migration, and work international perspectives. New York: Palgrave Macmillan. JACOBS, P., JONSSON, E. & RAPOPORT, J., 2009. Cost containment and efficiency in national health systems: a global comparison. Weinheim: Wiley-Blackwell. Jenkins, F., 2010. Managing money, measurement and marketing in the allied health professions. Oxford: Radcliffe Pub.. MCCORMICK, J., 1999. Understanding the European Union: a concise introduction. New York: St. Martin's Press. MOSSIALOS, E., 2010. Health systems governance in Europe: the role of European Union law and policy. New York, N. Y.: Cambridge University Press. NOE, R. A. & NOE, R. A., 2012. Human resource management: gaining a competitive advantage. New York: McGraw-Hill Irwin. WOOLCOCK, S., 2006. Trade and investment rule-making: the role of regional and bilateral agreements. Tokyo: United Nations University Press.