THE NATIONAL HEALTH SERVICE

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Part 1

OK, Hello, Good Morning, can you all hear me at the back?

Because of the subject that I'm going to talk about there are some words that you probably won't understand. I will try and explain them as I go along. But if there's anything you want me to make more clear just raise your hands and ask as I am talking. Go ahead and ask, it's no problem. Or if you want to wait until the end you can ask me any questions then.

As John said I did use to be a nurse. I started off training as a general nurse looking after adults in hospitals and then I did some more training as a children's nurse but my last job was as a research nurse, so I worked in a hospital and I worked with new drugs that had not yet been given a licence, were still being developed and we would try them out on patients which isn't as awful as it sounds, you know. They had been tested previously and they were safe. So from there, I ended up moving into the pharmaceutical industry, that is the companies that make drugs and I still work with research so I help with the testing of new drugs and their development. So, I just hope this works.

To start off, I am talking about the National Health Service today and we refer to as the 'NHS' as the National Health Service takes too long to say. Before the NHS was created in 1948, there were a variety of different services available to people. They were not very good, and it often depended on how much money you had and where you lived on what was available to you, so I'm just going to go through what health care there was before the NHS.

Midwives - do people understand 'midwives'? – they help women when they're having babies, when they are giving birth. Over half the babies before the NHS were generally born at home and people didn't have the opportunity to go to hospital and have a doctor present. So midwives worked in the community and they would go to people's houses and help them there. They weren't always very well trained or very well qualified, and if you look at midwives today they are very professional, they are trained, they work in hospitals and in the community. But in those days it was more just based on experience and obviously the death rate of babies was a lot higher, compared to now.

General practitioners, who are referred to as G.P.s, are doctors. These are doctors that work in the community and look after people, you know, within their homes and in the community. They are often referred to as Primary Care Givers because they're the first people that you go and see if you're not feeling well, if you're ill or sick. Before the NHS you had to pay if you wanted to go and see a G.P. You had to give them money in order to get treatment. In the beginning of this last century, about 1911, the government did introduce a law whereby any worker

was able to get free care from a G.P. but their families didn't. So their wives and children still had to pay. But the actual workers were able to get free care from doctors.

There were hospitals around before the NHS but they could be very different again, depending on how much money was available and where they were. Municipal hospitals were run by the local town, they were public hospitals and they weren't really very nice places and they didn't provide a lot of care for people who had a sudden illness. What they did was look after people who had been ill for a long time and weren't going to get better and generally couldn't go home, so we called them the chronically sick and, you know, standards of care were not good. There was little opportunity for doctors to train and learn about medicine in the municipal hospitals, and they were generally where poor people went.

Part 2

There were voluntary hospitals and these were often a lot better because they were funded by people - they were funded by charity so people who were very rich would maybe give money because they cared about their fellow man. So the voluntary hospitals had more funding and they just provided a better quality of care. They often gave the opportunity for medical training so doctors went there to learn how to be a doctor. And some of the first medical schools started in the voluntary hospitals.

There were also mental hospitals for people who were ill in the head. Nowadays if people have a mental illness they are treated very actively but in those days the general attitude was to keep people with a mental illness away from society. So they went to the mental hospitals really to be locked up, and they weren't given a lot of active treatment and care, so the chances that they would get better, were small.

There were some specialist hospitals as well that would look after just one area. For example an eye hospital, so if you had any problems with your eyes you would just go to this specialist hospital. But they generally were only in the larger cities and they weren't available to people who lived in the countryside or lived in smaller towns.
So, before the NHS was created there were all these different services available and when they decided to make the NHS they didn't just say 'Right, we'll build everything new, and have lovely new hospitals' because they didn't have the opportunity. What they had to do was use everything that was available, at the time.

So the NHS was created on the 5th July 1948. When it first started it was free to everybody, absolutely free, and everyone was eligible. 'Eligible' means everybody was entitled or was able to go and get treatment, and that included people who weren't from the U.K., non residents. The money to pay for it came from taxes, so people who were working paid taxes and that's where the money came from. And what they did was get all the existing hospitals and G.P.'s and they put them under these 14 Regional Health Boards so that was the organisation how it was,

the government of the NHS became, the country was split into these 14 areas and they looked after the existing hospitals and doctors in that area.

There were problems. As I said they couldn't build everything anew, they only had the hospitals that existed at the time and they weren't very well distributed. So in the cities, big town, there were lots of services, hospitals, doctors. In the countryside in rural areas there were smaller, there were less services available so across the country there wasn't a fair, equal distribution of health care services. 1948 was only three years after the end of the Second World War and the country was very poor at the time and there wasn't a lot of money, there wasn't a lot of medical equipment. Also at the same time there was a population boom so there were more people and there were new towns springing up around the country. People were moving away from the cities. And there was a shortage of building materials as well. So there were a lot of problems when they first started the NHS.

Another issue was lack of experience. Nobody, there wasn't an NHS before 1948. I think in New Zealand and Sweden, two other countries, they had a sort of health service, but nobody in the U.K. went to those countries to see how they worked it. So nobody really knew how to look after it, how to organise it or how to structure it – and it was a massive organisation and it was a huge undertaking and therefore very difficult. One of the things that also came about at this time, partly as a result of the war, was there were a lot of new medical treatments being developed which was a good thing but it did cost money and that's still happening today, now they invent fantastic new – sorry did you have a question? No, oh O.K. I thought you were putting your arm up – sorry.

Part 3

So, yes, it happens now they introduce fantastic new medicines and they are developed and can treat illnesses such as cancer. But they cost a lot of money, and the government has to think how to spend the money fairly, because if they put all the money in one expensive medicine then there's less money somewhere else for basic health care. O.K.

As you can imagine, and as I said, nobody really knew how to organise the NHS very well and in the last 50 years it's undergone a lot of changes. We have different governments, sometimes left wing, sometimes right wing, and each time they come in they decide to change the structure of government. This is what we have at the moment which I'll go through. But just a point to make is that there's an election tomorrow and tomorrow we may have a new government and then this will all change again. At the moment, at the top of the ladder is the Department of Health. That's the government office for health and that is run by the Minister for Health, his name I don't know, and they are the people who decide who gets money and how much, and where the money goes. They also make the big policies and plan how everything will be structured and organised. So they make the main decisions about health care in the U.K.

Also part of the government we have 9 regional government offices, so they're split around the U.K. and one of the things that this government has been very keen on it says here is 'Health and Social Care'. They want to integrate, bring

together, health and social services. Health Care is about people who are ill, people who need medicine, who need treatment because they are sick. Social Care is equally important, but is not about medical treatment it's about people with social problems. Maybe children with no parents, parents who can't look after them, elderly people who have no family around to look after them, and can't take care of themselves, or maybe people with disability who can't look after themselves. People who are very poor, have no jobs, have trouble finding housing – that's all social care and, in the past, medical care and social care have been very separate. But they have tried to bring them together a lot more and make them responsible for shared care. O.K.

This level here, SHA stands for Strategic Health Authorities, it's just another fancy name for a more local government health care office. If you look at all the different structures of the NHS over the years, they're all quite similar but each new government calls them a different name and changes it just slightly to make us think they're doing something new and wonderful. But really nothing has changed that much. The Strategic Health Authorities are just local organisations and within them we have these things which are Trusts. Trust is a name for a group of health care providers. For example here in Reading you have the Royal Berkshire and Battle Hospital Trust. So that's the Battle Hospital, which is at the end of the Oxford Road in west Reading, and we have the Royal Berkshire Hospital, which is very close to here. A big building I'm sure some of you have seen it. So that is a Trust, those two hospitals that is a Trust and there may be more than two or just one hospital in any Trust it's just the name that they give them locally.

So Trusts are the hospitals and then we have something here – PCT's – that's the Primary Care Trust. You remember Primary Care was a term given to G.P.'s, to the doctors in the community. In the same way that hospitals in one area are put together under a Trust, G.P's, doctors, in one area are also in a Trust, called a Primary Care Trust. So there may be 4 or 5 different G.P. practices, buildings where G.P.'s are, all together and they work in one Trust so they have a unified budget and structure – does that make sense? Good. So that's what we have at the moment but who knows what we will have by tomorrow.

Part 4

When this government that we have at the moment came into power they introduced something called the NHS Plan in the year 2000, and it was just the same as every government. They come out with these wonderful statements about what they're going to do and how wonderful they were going to make everything. But something that they said was very important - was to have a health service designed around the patient. And what they meant was that if you lived in one area and you just had one hospital and one doctor but you needed some other kind of care that that should be available to you. Every individual patient should have access to the care they needed, and not only access to care that was available in their area. O.K.

They have two key objectives, two aims that they wanted to achieve as part of this NHS Plan. The first one to improve quality and reduce inconsistencies in the quality of care. Now I've talked a lot about the regions in the U.K. and the fact

that different areas have different services available to them and this is something that still comes up today. You often hear in the newspaper, they will run a story about something called 'post-code prescribing' and what it means is that if you live in an area that's quite wealthy, where people are all employed maybe well-educated and have a good general standard of health, then less money is spent on health care so more money is available if something, if you are ill. A good example is cancer. There are some specific cancers, that it you live in a wealthy area you can get very expensive treatment for, but it's the best treatment. Whereas if you live in another area where there are, there is less money higher unemployment, more health problems, there's less money available for these specialist treatments. So it might be that you have the same cancer but you cannot get the same medicine. I think it happens less now but it does still happen. And it is a problem, it is a problem and the government wanted to stop that happening. But also they wanted to raise the standard, the quality of standards everywhere so that wherever you were you got the same good quality standard of care.

They also talked about managing costs, and clear clinical and budgetary accountability. I'm not sure what that means – they want everybody to have good care but they don't want to spend any money on it probably. What they did introduce was an organisation called the National Institute of Clinical Excellence which is N-I-C-E, which is nice – which is nice. And what this group do is they review all new treatments so, for example, if a drug company brings a new drug onto the market they have to, they go to NICE and NICE look at all the data and all the tests that were done, and the cost of the drug and how effective they think it is. An they will give a recommendation on whether or not they think it should be used by G.P.'s and hospitals. So they're very important because they really influence how medical care is given. If they think it has a low rate of effectiveness and it's too expensive they will say 'no' Or if they think there's not enough proof the drug company may have to do more research to prove that it is a useful drug.

So there are lots of different government initiatives to drive these objectives about improving quality, and keeping costs down, but also being as cost effective as possible. You know – using the money sensibly. Can I just ask – am I going too fast, too slowly, is it generally O.K.? O.k. yes, good.

Part 5

Just some, these area a little bit old these figures but they do give you a good idea of how much money is spent. So in the year 2002-3 £69 billion that's a million million pounds was spent in the NHS, which works out roughly at about £1,000 per person but obviously not everybody costs the NHS any money at all and other people need a lot of care and cost a lot more money – but that just gives you a rough idea of the budget.

The money comes from a number of different places, most of it, 82%, comes from general taxation, so money that comes out of our salaries every month in taxes. The rest comes from N.I.'s, National Insurance and that's a small contribution that workers make. It's taken from our salary every month but it isn't taxed apparently, and that is specifically for the NHS. Then there are also other areas

where money comes in. You pay for dental care now, you pay for eye care and also you pay for prescriptions. Prescriptions, you know, it's the order that the doctor writes if you're ill. You take it to the pharmacy and they give you medicine. That's a prescription, it's just an order for medicine. And I said the beginning one of the first charges, or maybe I didn't – but the first charges introduced in the NHS was in about 1952, and they introduced a prescription charge because they realised they could not afford to pay for everything. They couldn't all be free. And the first charge was one shilling which is the same as 5 pence in our money now. Nowadays it's six pounds I think. Yes six pounds for a prescription. But if you go to a doctor and you are ill and you need medicine, you get a prescription and you take it to the pharmacy, you pay six pounds, but you may receive some medicine that cost lots more so it's still better than paying for the medicine directly. O.K? So money comes from lots of different places.

The Primary Care Trusts - those are where the doctors work as G.P.s, they hold most of the budget, because they as I said they are the primary care, that is the first place that people go for the health care and they have a very big influence on what drugs are used and what services are provided because they are the ones that tend to advise people or refer them on for more care. Fourteen percent of that budget is spent on medicines which is an enormous amount that is spent by the NHS buying medicine, not how much people spend on prescriptions. O.K.? So, a lot of money. And it's never enough.

So, this government, their priorities for the NHS. As I said before, they wanted to reduce inequality, and obviously improve health, I think that goes without saying. But inequality about depending on where you lived and what services were available to you. I mean in theory everybody should have access to the same care, no matter where they live but in practice it just doesn't work like that. So - they wanted to provide integrated care, as I talked about medical health care and social care. For example, you may have one person, they go to see their GP because they have illnesses and problems. They may see somebody, a doctor at a hospital, a specialist doctor for another problem. They may also have a social worker who looks after - maybe helps them get some money from the government to help them because they can't work because they are sick.The plan is all those health care providers see that patient work together to make sure that patient receives the best care, not that one person sees all these people independently but none of them are communicating with each other because it just makes sense to provide, to treat one person as a whole being. Is that clear?

This is a loaded one - Improve Quality and Responsiveness and Raise Standards. Improve quality, obviously everybody wants to do that. But responsiveness, there is often - you pick up a newspaper, and there will be a big story about something is going wrong in a hospital, maybe a patient was given the wrong drug and you know it was very serious maybe caused them to die or caused a disability.

Part 6

Another issue at the moment is that there is a bacteria and an infection called MRSA, it doesn't matter what it's called, but it's a bacteria but normal people often have on their skin, it's natural. But if you get it in hospital, and maybe you have a wound if you had an operation or if you are just very ill therefore not

strong. If you get this bacteria inside you it can cause very serious illness. And a big problem with it is that it's resistant to a lot of antibiotics. So you give people drugs but it doesn't get rid of it. So it's very dangerous in hospitals. And I started nursing in 1985 and this bacteria was around then, and if we found a patient was infected with it they were put in isolation and, you know, lots of hand washing, aprons, masks, they were treated in isolation.

That still happens, now it's been around for a long time but recently there have been a lot of news stories about it and I'm not sure that the incidents of illnesses from this bacteria have increased but it's just nowadays people are a lot more aware of what's going on. People are better educated about health, people have access to the internet and people want, they want to be able to ask questions about what is happening in hospitals. I think there was a time when doctors were like gods, you understand, what the doctor said was right and nobody argued with it and they were very well protected if they made a mistake. They were protected by their professional body sort of organisation, but nowadays people won't take that they want to know why things happen – if something goes wrong why and I think the NHS now they have to respond to that.

Another issue as well is that people are far more likely to sue, you know litigation, if they want compensation. It's started in America and its coming over here and its not always right and unfortunately the NHS end up paying huge sums of money to people and then that leaves them with less budget. But they need to make sure that the quality, the standard of care is good and it is a shame because the newspapers, the media, if something happens that's bad in hospital, its all over the front pages and people get quite hysterical about it but if people get fantastic care, they're ill, they go to hospital they're well looked after, and it's free, I mean goodness me, it's free. But that doesn't make interesting news stories and it doesn't sell newspapers so I think the reporting is very unfair but it is something that the NHS needs to think about to make sure that they are ready to respond and show how they are working to make everything better all of the time.

They want to increase efficiency and performance, that goes without saying that we all want to do that. This one's interesting - 'Enable staff to maximise their contribution'. As I said I worked in the NHS for about 12/13 years and it was a very, very difficult job, it was really hard. I worked very hard, I didn't always feel that it was recognised or appreciated. The patients, yes, thought I was wonderful but the actual people that I worked for, I felt they expected a lot of hard work and I didn't really get anything back. And I worked very long hours and, of course, it's very physical – you're on your feet all the time running around. And the pay was very bad as well and you didn't get any perks or bonuses. I didn't get free medicines if I was ill. I could steal them from the ward but I never did of course. I had to go to my doctor and pay a prescription fee, you know, and I think that's really wrong. I think if you work for the NHS the pay isn't so good and you should have some other benefits.

And it is a big problem at the moment that qualified nurses don't want to work in the NHS any more and this country. And this government has gone over to many other countries in the world to recruit nurses and have paid for them to come over here because there just aren't enough people. I mean when I trained as a nurse I trained with 20 other people and I think that maybe 3 or 4 of them are

still working as a nurse now. So not many - and I don't know of any who are working in hospitals, you know, they have gone into community jobs, as a school nurse or a health visitor. Health visitors look after children from under the age of 5 so in the community.

Part 7

So, yes, what this government promised to do was to make life better for their staff, I don't know whether they have managed to do that but certainly I would rather go and work on the till in the supermarket than go back and work in the NHS now I think so seriously because it's just not worth the effort. It's a terrible thing to say I know and I did enjoy looking after people but, it's just too hard really. I guess I've just got lazy working in the pharmaceutical industry and, you know, nowadays I still work hard but I have no serious responsibility. No-one is going to die if I don't do my job properly and I get paid over three times as much now so, you know, and then the final, sorry? Well no, no they paid me nothing in the NHS. Well you see, you start earning so much money and the government take it all in tax anyway so – yes to fund the NHS, absolutely.

And the final thing, 'Improve Public Confidence in the NHS and Social Services'. As I said the newspapers can be really, in some ways it's good that we have a free press but at the same time I think they present a very bad image sometimes of the Health Service because they are only interested in reporting bad things that happen and nobody thinks about all the great things that the NHS does.

When the previous government were in place, they introduced something called the Patients Charter. Again it was just another lovely, glossy pamphlet and mission statement, but basically told patients what they could expect, what was available to them. It was slightly, can't think of the word, but an example of it was that it said that all patients were entitled to register with a G.P. so that you could go to a General Practitioner and be registered to receive care from them. But there was no statement that said you were entitled to register with a G.P. in your area and, one time I was living in a city called Birmingham and the area that I lived in there were about 4 G.P. practices and not one of them was taking on new patients as they said they were full and they didn't have any more money. So I couldn't register with a doctor in my area. I could, you know, get on a train to Reading and register here but it wouldn't be much good if I wasn't feeling very well.

So this government replaced it with something called 'Your Guide to the NHS' and again its pretty much the same things saying that there should be a health care service for everybody, and it should be based on what your clinical need is. Whatever your illness you should have access to treatment for it. Again, improvement in quality, supporting the NHS staff and another really important thing is health promotion. I think one of the biggest failings of the NHS is that their care is very reactive. It's only when people are ill that they treat them. But what's really important is educating people on healthy lifestyles, healthy diet activity, to prevent illness happening in the first place. I think this has come into the public arena much more now. Obesity is now quite a big issue. It causes lots of problems, heart disease, diabetes – which is where your body can't break down sugar and it causes lots of problems. All these illness are on the increase and they

could be avoided if people took more exercise, ate better foods, stopped going to MacDonald's, and ate less salt, smoked less, drank less. So it's really important that the government and the NHS work together to just promote good health and promote good lifestyles because although it may take some money to educate people and to promote good health, in the long run they will save themselves a fortune by not having to treat people when they're ill. It makes such good sense but it hasn't really happened until quite recently.

Part 8

So, just what's available to people nowadays if you're not feeling well. There is something called NHS Direct. It's a great service, you can telephone them and go on line and it's staffed by nurses mostly, and some doctors. And if you have a problem you can tell them about it and they will advise you whether or not you should go to hospital, or you should go to see a doctor or whether you should just pull yourself together because there's nothing wrong with you. O.K.

If you don't want to speak to somebody on the phone you can go online and there's lots of information on there. There is even a self diagnosis area, so you can put in all your symptoms and then it will come up with a report to tell you what they think is wrong with you and what you should do about it. It's a good first option if you're not seriously ill and you're not quite sure. (question almost inaudible) I hoped that nobody would say that because nobody can really know for sure. I think in the NHS nobody is that plain speaking – they will use something like 'I think you should see a doctor right now' . You can speak to a pharmacist. They are the people who work in chemist's shops, pharmacy shops and they know a lot about medicines. So for example, say you had a rash on your skin – you could go to the shop, show it to the pharmacist depending where it is of course, and they might advise you on some ointment, and you know, you don't have to see a doctor. So that another option for you.

There are these things called NHS Health Care Centres which are quite new. There's not a lot of them in the country, but they're very good. It's like NHS Direct but you go in person and they can treat mild illness if you have a cut that just needs a couple of stitches or a dressing they can do that for you. Again that is mostly done by nurses who work there. As a last resort, well not a last resort but if you are genuinely ill you should go and visit your G.P. I think all these other options have been introduced to lighten the load of G.P.'s because at the moment, G.P.'s, they're in the community and I think a lot of people go and see their G.P. and they're not ill but maybe they're a little bit depressed or a little bit lonely, or you know, they have some minor problem that doesn't need a trained doctor but it can be dealt with elsewhere. They have a lot of people to see every day and they have a very small amount of time for each person so if there are other options available to patients that they can go to, then it just means that G.P.'s can really focus on the people who genuinely need them.

Secondary Care Hospitals. These are the current targets set by the government, again as I said they might all change tomorrow. Just Outpatient and In patient. If you're an Outpatient you just go to the hospital, have an appointment with the doctor and then go home. If you're an inpatient you go to the hospital and you are in a bed and you stay overnight. So it's a longer term care. But you might go

for an outpatient appointment to see a specialist, because its something your G.P. might refer you to.

If you see your G.P. and he thinks you should go to hospital you should get an appointment within 26 weeks, which is 6 months, which is quite a long time but if you think how many people there are requiring specialist care, you know, they have to set realistic targets. If you can afford private care then you can probably get one within two weeks, or less. If you need an inpatient appointment, you need to have surgery maybe, or some kind of treatment that requires you to stay in hospital you should get that appointment within 18 weeks of your doctor referring it. If you have a suspected cancer, say you find a lump somewhere or you have symptoms that are suspicious you should be referred by your doctor and be seen by a cancer specialist within two weeks. And that's obviously really important because the sooner you treat cancer the better the chances are of long term survival. If you have chest pain then indicating problems with the heart, then you should also be seen by a specialist within two weeks. Although obviously if you have very bad chest pain and your lips are turning blue and you can't breathe you should be seen straight away. I recommend going to the Accident and Emergency Department.

Part 9

If your surgery is cancelled sometimes, maybe, patients come into Accident and Emergency and they have to stay in hospital. And if there are no beds available then they are sometimes put on the Acute Surgical Wards and then you go in for your scheduled operation and there is nowhere for you to stay because all the beds are taken up. If that happens, then they must reschedule it within 28 days, that's the target. I must say I'm not sure how well we're sticking to the targets but that's what has been set by the government.

Just a little bit about this. I talked before about how the doctors were seen as these incredibly important and just all-knowing people and that they were never questioned. There is far more participation in the health care now by patients and there has actually been some initiatives to include patients in decision making at quite a high level, so each Health Care Trust will have a patient member on the Board, so they are involved in decision making. They don't have to be a patient, just a member of the public who is not involved in Health Care.

There's this 'Power of Patient and Advocacy Liaison Service. If you do go into hospital or see a doctor and think that you haven't been treated well, but you don't know who to talk to, you can contact this group and you can know that they will be listening and they will be on your side because they're patient and not Health Care based. There's also local groups, a lot of specialist patient groups as well for specific illnesses but they're all charitable but will give lots of really good up-to-date information. Also the local council have input as well, so it's not just about the doctors.

And then finally, the bit you're probably most interested in, what's available to you if you're not a U.K. resident. Everybody is entitled to emergency care. For example, if you are in car accident and you are badly hurt, you would go to the hospital you would be treated and you wouldn't have to pay because it's an

emergency. If you need follow-up care, you would have to pay for that. If you are not entitled to NHS care. If you have a communicable disease, that is a disease that is very infectious and very dangerous, they have to treat you for free as well. You will probably be put in isolation, but you will get free treatment for that because it's in the public interest to make sure that any sort of diseases like that are treated.

If you need compulsory psychiatric treatment, if you are very sick in the head and you are danger to society, and therefore you need to be put in a hospital. Then again that is free because it's in a public interest too. So these treatment are available to everybody.

If you belong to a European Union member states you have the same access as everybody in the UK, you have free health care but you pay for prescription that kind of thing. If you are a non-European Union student and you are in the UK for less than six months, you are not eligible for free care and it's really important that you have medical insurance. But if you are from a non-EU country and you are student, and you are in the UK more than six months, then you are eligible for national health treatment. Something that you need to do, if you staying in the UK for more than six months is go and register with a GP as soon as possible. You don't just go into a GP practice and get seen, you have to register and they have to create a medical record for you.

If you are in a country for a year and you don't register with a GP and then you go a last month before you leave, they won't take you on because they will think you are not in a country for long enough. But if you go at the beginning of your stay and you can prove - you have maybe a letter from a university to say what period of time you are here for - you need to take documentation with you. Then you will be eligible to be registered and you can have free care, the same as everybody else. And that is it. Are there any questions? Did that all make perfect sense? Hello. Can I ask everyone to be quiet? So I can hear the question.