

## THE NATIONAL HEALTH SERVICE

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### Part 1

1. What was the lecturer's job in the past, and what does she do now?
2. What work did she do as a research nurse?
3. The NHS was created in 1948. What three health services were available before then?

### Part 2

4. How were the voluntary hospitals funded?
5. What was the attitude in the past to people with mental illness?
6. How was the NHS funded financially?
7. List some of the early problems with the NHS
8. Which countries had an NHS before the UK?

### Part 3

9. Who makes the decisions about the NHS, e.g. financial and planning decisions?
10. What are some examples of social problems?

### Part 4

11. What are the two main objectives of the NHS Plan introduced in 2000?
12. Explain the problem with post-code prescribing
13. What does 'NICE' do?-

### Part 5

14. Where does the money come from for funding the NHS?

**Part 6**

15. Why is MRSA a problem in hospitals?
16. Why do qualified nurses not want to work for the NHS?

**Part 7**

17. What does the lecturer like about her current job?
18. Why does the lecturer criticise the Press?
19. What health issues should people be educated about?

**Part 8**

20. What kind of service does NHS Direct provide?
21. What is the difference between an outpatient and an inpatient?

**Part 9**

22. What health care is available if you are not a UK resident?
23. What else is available to you if you are a non-European Union student and you are in the UK for more than 6 months?

**Key**

1. The lecturer used to be a nurse in the NHS. Now she works for a pharmaceutical company.
2. She tried out new drugs on patients.
3. a) Midwives, to help in child-birth, often due to experience, not qualifications.  
b) Doctors in the community, whom people paid to see.  
c) Public hospitals, often not very nice.
4. They had funding from rich people. The quality of care there was better.
5. It was to keep them away from society, basically to be locked up, with no help.
6. It is funded by taxes people paid.

7. a) In some areas like the towns and cities, there were lots of services, but in other areas, especially rural areas, there were not good services.  
b) The country was recovering from WW2, which means there was a shortage of building materials, population boom, and new towns.
8. New Zealand and Sweden, but no one went to see these.
9. The Department of Health/Ministry of Health makes the decision.
10. a) children with no parents  
b) children with parents who cannot look after them  
c) people with disabilities who cannot look after themselves  
d) elderly people with no family, who cannot look after themselves
11. a) to improve quality of health care  
b) to reduce inconsistencies in health care
12. It is unfair because it favours the wealthy people.
13. It stands for the National Institute of Clinical Excellence. They review all new treatments and drugs.
14. 82% come from general taxes, and the rest come from National Insurance (NI) which comes out of everyone's salary.
15. Because it is a bacteria resistant to drugs. It does not respond to anti-biotics.
16. Because they have to work very long hours. It is hard physical work. They are poorly paid. They do not have extra benefits.
17. She works hard, but has no responsibility.
18. They are only interested in reporting the bad things that happen in hospitals, not reporting on all the good work that is done.
19. a) healthy lifestyle  
b) healthy diet  
c) obesity and link to heart disease and diabetes
20. It provides telephone/online information about symptoms. It also gives advice about whether to see a doctor or go to hospital.
21. As an outpatient you go to hospital and then go home. As an inpatient you need to stay overnight.
22. a) emergency care if you are badly hurt  
b) treatment for a disease which can be passed on  
c) compulsory psychiatric treatment
23. You are entitled to register for NHS treatment