

# Overview of the UK HealthCare System

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## The Structure of the UK Health Care System

The UK health care is a strategic system carefully planned to cater to the needs of the individuals and community. As per a Commonwealth Fund report 2014, the UK's health care framework secured the first rank among ten developed countries of the world. This public-funded system also makes appropriate arrangements for individuals to access private health services as an option.

### The National Health System (NHS)

NHS is a blanket term used for the extensive healthcare system in the UK that comprises of:

#### 1. NHS in England

NHS England monitors and funds the Clinical Commissioning Groups (CCGs), commissioning specialist services and contracts for dentists and general practice.

CCGs are general practice groups that deal with delivering NHS services in their geographic area in England.

NHS England is working in close partnership with NHS Improvement to deliver improved care since 1st April 2019.

(NHS Improvement is a non-departmental entity that manages NHS trusts, the NHS foundation trusts and independent health care providers funded by NHS.)



## 2. NHS Scotland

NHS Scotland has one public health body, seven Special NHS Boards and 14 NHS boards that operate at the regional level. The structure was developed in 1947 under the Universal health care coverage through National Health Service (Scotland) Act. The act was revised twice in the years 1972 and 1978.

## 3. NHS Wales

There are seven Local Health Boards (LHBs) under NHS Wales. They provide services in designated areas. The NHS framework in Wales also comprises three national trusts which offer ambulance services and cancer care.

## 4. Health, Social Services and Public Safety in Northern Ireland

In Northern Ireland, the system has a unique set-up that comprises one agency, five medical groups, five business groups and five regional trusts under the Permanent Secretary. The regional trusts manage the front liners and services concerning health and

social needs. Thus, it deals with both health and social care, unlike the system in the other three countries.

All four health care systems emerged out of the national system in the 1990s. The National System was launched in 1948 under the National Health Service Act as an outcome of social reforms after the Second World War with the founding principles of:

- providing comprehensive services based on clinical needs and not financial status
- charge-free health services at the point of delivery
- universal health coverage (available for all the ordinary residents in the UK)

The NHS in England receives budget directly from the UK government, while the other three countries get block grants. A share from this grant is spent on health care as decided by the respective legislatures.

### **Healthcare Facilities in the UK**

The public-funded and private services in the UK provide adequate provisions for primary care, preventive medicines and hospital assistance for the residents. These services include:

- in-patient care
- out-patient care
- primary care

For few services such as dental care, prescriptions, and optical care, users need to pay a part of the fee as a user fee. However, those over the age of 60 are exempt from paying for prescription charges.



## Regulators of Health and Social Care in the UK

The regulatory bodies manage the robust health and social care system in the UK. The key regulators are:

- Health, Safety, and Environment (HSE) – HSE also known as Occupational Safety and Health (OSH), implements and monitors health and safety in private and publicly owned care settings in Great Britain.
- The Health and Safety Commission (HSC) – HSC is a governing body established under the Health and Safety at Work Act, 1974, to avoid injury and death in the workplace. It also ensures that individuals are not exposed to risk by their co-workers.
- Care Quality Commission (CQC) – It is an independent regulatory body that registers and monitors adult health and social care providers in England. The aim is to ensure quality standards and security in offering services.
- Healthcare Improvement Scotland (HIS) – HIS also includes Healthcare Environment Inspectorate (HEI) and aims to:
  - minimise the spread of infection among hospitalised patients
  - promote quality standards in elderly care as stated by the NHS Quality Improvement Scotland (NHS QIS)
  - review and scrutinise independent healthcare services
- Care Inspectorate – Officially known as the Social Care and Social Work Improvement Scotland (SCSWIS), the Care Inspectorate in Scotland works to scrutinise and support social care and child protection maintaining quality standards in service delivery.
- Mental Welfare Commission for Scotland (MWC) – MWC fosters appropriate care and welfare for individuals with mental incapacities, learning disabilities and other related ailments. It inspects and issues recommendations in cases related to maltreatment and inadequate care arrangements of such individuals.
- Care Inspectorate Wales (CIW) – The CIW regulates care support offered by Local Authorities in Wales, early years services and social care through enforcement, compliance and replying to concerns.

- Healthcare Inspectorate Wales (HIW) – The role of HIW is to scrutinise and review NHS and private healthcare organisations per the standards, policies and regulations.
- Medicines and Healthcare Products Regulatory Agency (MHRA) – MHRA is an agency of the Department of Health that ensures the safety and effectiveness of medicines, medical equipment and devices. It also works closely with healthcare providers and blood services across the UK.
- Healthcare Professional bodies – Besides, there are professional regulatory bodies to ensure standards in health and social care delivery in the UK, such as:
  - General Medical Council (GMC)
  - Nursing and Midwifery Council (NMC)
  - General Pharmaceutical Council (GPC)
  - General Chiropractic Council (GCC)
  - General Dental Council (GDC)
  - General Optical Council (GOC)
  - General Osteopathic Council (GOsC)
  - Health and Care Professions Council (HCPC)



## **RIDDOR**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 or RIDDOR is an enforcement body of the Parliament of the UK that exercises statutory obligation on responsible persons to report deaths, near-death incidents, injuries, diseases or any occurrence of safety violation at the workplace or work-related locations. The responsible persons are usually employers, managers or individuals living in the work premises.

## **Private Medical Insurance in the UK**

We already discussed that UK provides affordable healthcare services to all its residents through a robust system of HSC and NHS. The public healthcare services are well regulated, which is a good reason not to opt for any private health insurance. Hence, very few people in the UK have private health insurance.

However, the main reasons people buy private medical insurance here are:

- To avert the long waiting period for services. NHS services are in huge demand and, so the system is often overburdened.
- Besides, only a limited number of NHS patients get access to specialist doctors. If the health care need demands a specialised treatment, then people prefer to skip the long queues. In such cases, private healthcare systems can be of great help because they are less saturated and adequately available.

## **Rights and Health Care**

Healthcare is a fundamental right in the UK, and the European Declaration of Human Rights and the NHS Constitution in England ensure its provision through legal guidance. Health care provision is the joint responsibility of the government and society.

Public authorities and care providers must safeguard the individual's human rights while offering medical and social assistance. People can raise a concern with the court in case of any breach of human rights or maltreatment by the public authorities under:

**Article 2** – Article 2 pertains to the right to life. The right entitles a person to access life-saving treatment and seek protection when his life is at risk. It also means that no one has the right to take the lives of others.

**Article 3** – This Right safeguards against torture or ill-treatment. It can be used if someone has suffered neglect in a care home or hospital. For example, if someone has been secluded due to mental inability or denied proper care during a physical ability, article 3 applies.



**Article 5** relates to the right to liberty. It means that no individual should be detained unless permitted by the law. The article offers protection to individuals in instances of informal detention in a hospital or when restrained for a long time.

**Article 8** is the right to respect for private and family life, which means that every person has the right to enjoy his family relationships, and no one should interfere in his choices unless it is a threat to their welfare. The article applies in cases, such as:

- A person's family is not allowed to visit him in the hospital.
- The hospital treats him in a mixed-sex ward.
- He wants to discuss a medical problem with the practitioner in private.

**Article 14** – The right against discrimination safeguards a person's human rights against breach or differential protection based on race, disability or sex.



### **Promoting Health and Social Care Choices**

Why is patient choice required when care is safe and quality-driven in the UK? The answer is that choice in healthcare nowhere relates to selecting between good and not good enough, or it does not assure quality to the patients. However, it means empowering patients to make informed decisions regarding their care needs.

Patient preferences insist on patient-practitioner co-operation during medical intervention because it directly resonates with the individual's satisfaction, experiences, values and needs.

The approach of Shared Decision Making (SDM) is crucial in health care as both patients and expert clinical providers work closely to choose the treatment and tests based on the situation and needs. It means that choices depend on clinical expertise where clinical workers inform the patients about the potential benefits and harms of the option; and the patients' experiences about their social environment, risk appetite and attitude to illness.

### **Challenges to Making Choices**

- The patient is not able to express choices due to a disability.
- The care provider does not realise the availability of options.
- The service provider decides on behalf of the individual to save time.

### **Ways to Promote Choices in Health and Social Care**

**Encourage autonomy:** This means to further people make their own decisions and express preferences.

**Provide advocates:** Arrange for translators and interpreters for patients having mental issues and/or speech or language difficulties. It is crucial to find out the patient's expectations, needs and choices.

**Take feedback:** Getting feedback should be a dynamic process as it allows improving the services.

### **Care Needs Assessment**

A care needs assessment is a process of identifying and helping people access the support they need from their care. The department of social services of the local council assesses those who seem to need assistance. The care assessment is given regardless of the person's income or chances to qualify.

An assessment allows people to discuss the health and social problems they encounter and the support they require for their wellbeing. Sometimes friends or relatives who assist the person in need are assessed through a carer's assessment to decide if they require any aid. Once the assessment is over, the local authority elucidates the various care needs and whether they qualify for aid. Assessments may suggest:

- meals on wheels
- care home services
- home adaptations ( like stairlift) or equipment (such as wearable alarms) in case of disabilities
- assistance from care workers for chores like washing and medication



## **Types of Assessment**

The type of assessment that the authority gives depends on the complexity and genre of needs. They might suggest a face-to-face, telephonic or self-assessment.

- **Face-to-face interview** - It is generally a comprehensive needs assessment. Mostly a care manager or member of social services visits the home. Sometimes, the assessment may happen in a social services' head office of the locality or at a general practitioner's clinic.
- **Telephonic interview** - Telephonic screening is apt for a simple needs assessment. However, the government does not guide this type of screening method except in Wales. It is because assessing over the phone may lead to missing out on crucial details and may not be as effective as the face-to-face screening method.
- **Self-assessment** - The self-assessment method gives the option to people to assess their own care needs through an online form or questionnaire provided by the council. Self-assessment is a quick process that allows people to get an instant response if they qualify for support from social services. However, in complex situations, the authority may arrange for a face-to-face interview.

If the person is not satisfied with the telephonic or self-assessment, he can ask the social worker to assess him through a meeting.

## **Urgent assessment**

Sometimes due to a mishap if an individual's needs increase or her care arrangements fails, then she can ask for an urgent assessment from the council.

## **Financial Assessment**

Once the care needs assessment is over, the local authorities assess the savings and income of the person in need. It determines how much of the care-cost the person can bear and what the board can provide.

## **Support Planning and Individual Care**

Post the care needs assessment the council prepares a detailed document on how and when to provide the services. This report is known as the care and support plan. The person seeking care gets its copy, which only gets finalised upon his satisfaction.

The local authorities review the plan at least once a year or if there is a change in the care needs.

Care plans have a personal budget section towards the bottom that mentions a sum of money that local authority provides to adults to fulfil their eligible needs and services, as mentioned in the care and support plan.

There are three unique ways by which local authorities allocate personal budgets:

- Direct payment provision – These are cash payments given to the person or his family seeking care. Here, the person decides on which services he wishes to pay.
- Services in the form of charity by an organisation
- Services provided directly by the local authority

The Care Act directs that care and support plans must be person-led. When the person who needs care is incapable or has substantial difficulty understanding his care plan, a family member or a friend is involved. However, an independent advocate is appointed to help understand the care plan and check the adequacy of the related documents if no suitable person is available.



## **Partnership Working**

For nations like the UK that emphasise enabling individuals and communities to access health and social services; and fosters a holistic approach towards quality-led care, the partnership working norm is beneficial.

Partnership working in health and social care refers to the strategic alliance among different organisations to share their experiences, expertise and resources to leverage and streamline the care provisions.

### **Best Practices in Partnership Working:**

- Every partner has stake-holding in the partnership programme.
- They work towards a common objective.
- Healthy communication among organisations to get well-coordinated services and care.
- Partners share common values and beliefs.
- They value each other's contributions and efforts.
- Co-operation, trust and respect for each other are elemental attributes of partnership working.
- Every partner contributes towards service resources.

### **Challenges to the Health and Social Care in the UK**

The care system in the UK experienced tremendous pressure during the coronavirus pandemic. The challenges this system faced in recent years are as follows:

**Backlog in care services due to pandemic** – Due to the COVID situations, the focus shifted towards pandemic management. It has created a backlog in mental and physical healthcare.

**Delayed diagnosis and treatment** – There is always a huge demand for healthcare needs that overburdens the NHS system. It results in a delay in care services.

**The number of elderly seeking help from the council has increased** – Since social care needs are means-tested, not all people asking for help qualify for care services. There are more than 1.4 million people in England who seek help in day-to-day activities.

**Care homes management** – Care home residents and staff suffered from infections and sickness during the pandemic. Besides, the growing demand for equipment, medicine and other resources had further stressed the care services.

**Ageing population** – A longer life expectancy is a positive trend but, it also means health conditions and an upsurge in demand for care services and assistance with day-to-day life.

The government is taking all measures with the Health and Social Care system to solve the crisis that has cropped up due to unexpected situations.