

How the NHS works, its structure and Organisation Types

What is the NHS?

As explained earlier, the National Health Service or NHS was set up in 1948 to provide healthcare for all citizens, based on need, not the ability to pay. It is made up of a wide range of health professionals, support workers and organisations. The NHS is funded by the taxpayer and is therefore accountable to Parliament.

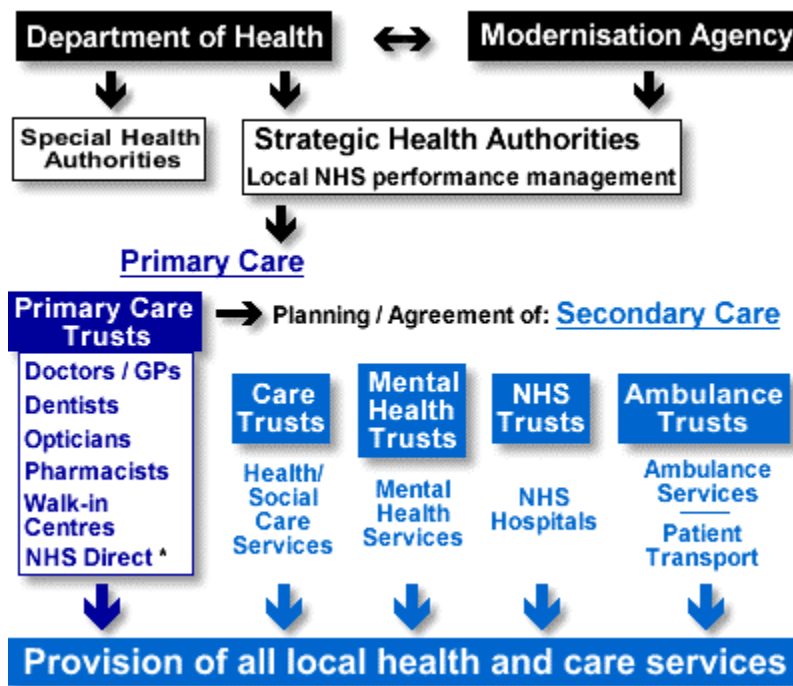
It is managed by Department of Health - which is directly responsible to the Secretary of State for Health. The department sets overall health policy in England, is the headquarters for the NHS and is responsible for putting policy into practice. It also sets targets for the NHS and monitors performance through its four directors of health and social care.

Around one million people work for the NHS in England and it costs more than £50 billion a year to run. This will rise to £69 billion by 2005. Regional assemblies control health services in Scotland, Wales and Northern Ireland. The NHS aims to bring about the highest level of physical and mental health for all citizens, within the resources available, by:

- promoting health and preventing ill-health
- diagnosing and treating injury and disease
- caring for those with a long-term illness and disability

How the NHS works

The NHS is changing the way it works to make sure patients are put first. The diagram below shows this structure.



Department of Health

This department supports the government to improve the health and well being of the population. The Department of Health has recently started a programme of change, designed to make sure they provide leadership to the NHS and social care. The Department is responsible for:

- setting overall direction and leading transformation of the NHS and social care
- setting national standards to improve quality of services
- securing resources and making investment decisions to ensure that the NHS is able to deliver services
- working with key partners to ensure quality of services, such as:
- Strategic Health Authorities, who will become the local headquarters of the NHS
- The Commission for Healthcare Audit and Improvement (CHAI) and the Commission for Social Care Inspection (CSCI), new independent bodies, the NHS Modernisation Agency and the Social Care Institute for Excellence to identify and spread best practice

Shifting the Balance of Power

'Shifting the Balance of Power' is the name for the programme of changes that are reforming the way the NHS works. The aim is to design a service centred on patients, which puts them first. The hope is that the NHS will be faster, more convenient and offer more choice.

The main feature of the change has been to give locally based Primary Care Trusts (PCTs) the role of running the NHS and improving health in their areas. This has also meant creating new Strategic Health Authorities, which cover larger areas and have a more strategic role.

Modernisation Agency

The Modernisation Agency supports NHS clinicians and managers in their efforts to deliver improvements to their services. The best performing organisations will be rewarded with more power to make decisions at a local level. The Agency will also support NHS organisations where services are poor or failing - identifying problems and helping to get these organisations back on track.

Special Health Authorities

These are Health Authorities who provide a health service to the whole of England, not just to a local community - for example, the National Blood Authority.

Strategic Health Authorities

In April 2002, 28 new, larger Strategic Health Authorities (SHA's) were set up to develop strategies for the NHS, and to make sure their local NHS organisations were performing well. The new health authorities have a strategic role. They manage the NHS locally and are a key link between the Department of Health and the NHS.

This means they are responsible for:

- developing plans for improving health services in their local area
- making sure local health services are of a high quality and are performing well
- increasing the capacity of local health services - so they can provide more services
- making sure national priorities - for example, programmes for improving cancer services are integrated into local
- health service plans

Primary Care

This is the care provided by people individuals would normally see when they first have a health problem. It might be a visit to a doctor or dentist, an optician for an eye test, or just a trip to a pharmacist to buy cough mixture. NHS Walk-in Centres, and the phone line NHS Direct, are also part of primary care. All the people offering primary care are now managed by new local health organisations called Primary Care Trusts (PCTs).

Primary Care Trusts

Primary Care Trusts (PCTs) are new local health organisations responsible for managing health services. They work with local authorities and other agencies that provide health and social care locally to make sure the community's needs are being met.

PCTs are now at the centre of the NHS and will get 75% of the NHS budget. As they are local organisations, they are in the best position to understand the needs of their community, so they can make sure that the organisations providing health and social care services are working effectively.

For example, PCTs must make sure there are enough services for people in their area and that they are accessible to patients. They must also make sure that all other health services are provided, including hospitals, dentists, opticians, mental health services, NHS Walk-In Centres, NHS Direct, patient transport (including accident and emergency, population screening, pharmacies and opticians). They are also responsible for getting health and social care systems working together to the benefit of patients.

Doctors / GPs

GPs look after the health of people in their local community and deal with a whole range of health problems. They also give health education and advice on things like smoking and diets, run clinics, give vaccinations and carry out simple surgical operations.

GPs usually work with a team including nurses, health visitors and midwives, as well as a range of other health professionals such as physiotherapists and occupational therapists. If a GP cannot deal with a specific problem themselves, they will usually refer patients to a hospital for tests, treatment or to see a consultant with specialised knowledge. Every UK citizen has a right to be registered with a local GP and visits to the surgery are free.

Dentists

Dentists treat teeth and gums. They provide check-ups and carry out treatment such as fillings, extractions, fitting bridges and dentures, and scaling and polishing. Part of their work involves teaching people to look after their teeth and gums in order to prevent problems.

Dental practices can take private and NHS patients and most practices take a mixture of both. Some dentists work with the Community Dental Service, which care for children in school and people in the community with special needs.

Dentists can refer patients to see a hospital dentist who do very specialised work, which can include surgery, orthodontics (straightening teeth) and more complicated bridge and root canal work.

Opticians

There are two kinds of optician:

Optometrists - also called ophthalmic opticians - who carry out eye tests to check the quality of sight, look for signs of eye disease which may need treatment from a doctor or eye surgeon and prescribe and fit glasses and contact lenses.
Dispensing Opticians - who fit and sell glasses, but do not test eyes.

Pharmacists

Pharmacists (sometimes called Chemists) are experts in medicines and how they work. They play a key role in providing quality healthcare to patients. Working in the community, primary care and hospitals, pharmacists use their clinical expertise together with their practical knowledge to ensure the safe supply and use of medicines by patients and members of the public.

Walk-in Centres

NHS Walk-in Centres give fast access to health advice and treatment. There are now 43 throughout England who offer:

- treatment for minor illnesses and injuries
- assessment by an experienced NHS nurse
- advice on how to stay healthy
- information on out-of-hours GP and dental services
- information on local pharmacy services
- information on other local health services

NHS Direct

NHS Direct is a 24-hour phone line (0845 4647) staffed by nurses, which offers quick access to health care advice. NHS Direct nurses will give advice and support on self-treatment or if an individual needs further help, will put them in touch with the right service. From April 2004, NHS Direct will be considered a Special Health Authority.

Care Trusts

Care Trusts are organisations that work in both health and social care. They carry out a range of services, including social care, mental health services or primary care services. Care Trusts are set up when the NHS and Local Authorities agree to work closely together, usually where it is felt that a closer relationship between health and social care is needed or would benefit local care services. At the moment there are only a small number of Care Trusts, though more will be set up in the future.

Secondary Care

If a health problem cannot be sorted out through Primary Care, or there is an emergency, the next stop is hospital. If an individual needs hospital treatment, a GP would normally arrange this for them. NHS hospitals provide acute and specialist services, treating conditions, which normally can not be dealt with by Primary Care specialists.

Mental Health Trusts

Mental health services can be provided through a GP, other primary care services, or through more specialist care. This might include counselling and other psychological therapies, community and family support, or general health screening.

For example, people suffering bereavement, depression, stress or anxiety can get help from primary care or informal community support. If they need more involved support they can be referred for specialist care.

Specialist care is normally provided by specialist mental health services, in NHS Hospital Trusts, or Local Council Social Services departments. Services range from psychological therapy, through to very specialist medical and training services for people with severe mental health problems. About two in every thousand people need specialist care for conditions such as severe anxiety problems or psychotic illness.

NHS Trusts

Hospitals are managed by NHS Trusts, which make sure that hospitals provide high quality health care, and that they spend their money efficiently. They also decide on a strategy for how the hospital will develop, so that services improve.

Trusts employ most of the NHS workforce, including nurses, doctors, dentists, pharmacists, midwives and health visitors as well as people doing jobs related to medicine - e.g. physiotherapists, radiographers, podiatrists, speech and language therapists, counsellors, occupational therapists and psychologists.

There are many other non-medical staff including receptionists, porters, cleaners, IT specialists, managers, engineers, caterers and domestic and security staff. Some trusts are regional or national centres for more specialised care. Others are attached to universities and help to train health professionals.

Trusts can also provide services in the community, for example through health centres, clinics or in peoples homes. Except in the case of emergencies, hospital treatment is arranged through a GP.

Ambulance Trusts

Ambulance Services provide emergency access to health care. When individuals call for an emergency ambulance, calls are prioritised into three categories:

Category A emergencies - which are immediately life threatening

Category B or C emergencies - which are not life threatening.

The control room decides what kind of response is needed and whether an ambulance is required. For all three types of emergency, they may send a rapid response vehicle, crewed by a paramedic, equipped to provide treatment at the scene of an accident. Over the last five years the number of ambulance 999 calls has gone up by a third.

The NHS is also responsible for providing transport to get patients to hospital for treatment. In many areas it is the Ambulance Trust which provides this service.

NHS facts and figures

Around one million people work for the NHS and it costs more than £60 billion a year to run. This will rise to £69 billion by 2005. Regional assemblies control health services in Scotland, Wales and Northern Ireland.

In a typical week:

- 1.4 million people will receive help in their home from the NHS
- more than 800,000 people will be treated in NHS hospital outpatient clinics
- 700,000 will visit a NHS dentist for a check-up
- NHS district nurses will make more than 700,000 visits
- over 10,000 babies will be delivered by the NHS

- NHS chiropractors will inspect over 150,000 pairs of feet
- NHS ambulances will make over 50,000 emergency journeys
- NHS Direct nurses will receive around 25,000 calls from people seeking medical advice
- Pharmacists will dispense approximately 8.5 million items on NHS prescriptions
- NHS surgeons perform approximately 1,200 hip, 3,000 heart and 1,050 kidney operations.

Spending on health in the UK grew more quickly than spending in the economy reaching, 7.7 per cent of GDP in 2002 on 16 December 2003. Government, households and charities spent £80.6 billion in 2002, compared with £74.8 billion the year before.

Public expenditure increased by £5.1 billion (8 per cent) in 2002 compared to a rise of just under £700 million (5 per cent) in private expenditure. However, this growth was not sufficient to change the public share of health expenditure, which remained at 83 per cent.

A report has itemised where the extra Government expenditure committed to the NHS has gone and what benefits the money has produced. Delivering the "NHS Plan - Expenditure Report" finds that the 10 per cent cash increase in investment in the financial year 2002 to 2003 has improved access and quality of services.

Approximately £1.3 billion of the increase has been spent on additional staff, goods and services while £850 million was spent on increased prescribing. As a result of the spending, hospital inpatient activity will increase by 4.5 per cent and outpatient activity by 2.5 per cent, which will produce significant reductions in waiting lists.

Investment in training, capital and research will rise by almost £1bn and the benefits to date include the completion of five major hospital schemes, 5.5 per cent more nurse training places, 17 per cent more allied health professional training places and 12 percent higher medical school intake. A further £1.6bn has been invested in higher pay to attract and retain staff.