

# HEALTHCARE SYSTEM IN THE UNITED KINGDOM: HISTORY, VALUES AND CURRENT PROVISION

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## ABSTRACT:

Traditionally, healthcare in developing countries, esp, those working in rural areas, was provided by people with an 'all good' approach, but with the development of robust programs, the practice in developing world has demanded the same scrutiny as developed world with evidence based practice. There is an active debate about the informed consent. The article discusses the implications of consent in treatment and clinical research in developing countries.

## KEYWORDS:

Informed Consent, Developing world, Competence, Treatment, Clinical Research

## BACKGROUND:

Healthcare has been considered a human right for centuries, although enshrined in law or legislation in only a few countries<sup>1</sup>. This principle is recognized as Universal Healthcare. Universal health care is a term referring to organized health-care systems built around the principle of universal coverage for all members of society, combining mechanisms for health financing and service provision<sup>2</sup>. These systems allow all population to have access to healthcare regardless of their financial position. In 1883, Germany's Prime Minister Otto von Bismarck introduced the social legislation Bill, which included the Health Insurance Bill of 1883, Accident Insurance Bill of 1884, and Old Age and Disability Insurance Bill of 1889<sup>3</sup>. This is famously regarded as World's first Universal healthcare system. This provided the workers' great security in terms of health economics. It was followed by Britain's National Insurance Act in 1911, which then paved way for healthcare of most employed people and contributors to National insurance. This in turn led to great debate in United Kingdom and in 1940, a renowned economist William Beveridge was appointed to write his famous *Social Insurance and Allied Services report*, famously known as *Beveridge Report*. This report focused on providing a welfare system for the state<sup>4</sup>. In this report, it was expressed that:

'Social insurance is only one part of a "comprehensive policy of social progress". The five giants on the road to reconstruction were Want, Disease, Ignorance, Squalor and Idleness.'

He also stressed that the system should provide a minimum standard of living "below which no one should be allowed to fall"<sup>5</sup>.

Till then United Kingdom's healthcare system was very patchy with a mixture of Private, Municipal and charity systems providing support to all. What Beveridge reported, appealed to all and then Government appointed Aneurin Bevan as Secretary for Health to commence a National Health Service. It was a difficult process of providing every UK resident with 'Cradle to grave' healthcare and a strong opposition from British Medical Association. However Bevan managed to win on all

fronts and in July 1948, 2688 hospitals were nationalised, General practitioners were salaried and National Health Service (NHS) was launched from then Park Hospital, Manchester (5). Bevan defined this new service's principles as:

- That it meet the needs of everyone
- That it be free at the point of delivery
- That it be based on clinical need, not ability to pay

Since then, although there have been numerous changes in NHS, the principles of the service are followed with efforts with all in establishment in United Kingdom.

## CURRENT PRINCIPLES:

In 2000, there was a wide-scale modernization programme of NHS following which, additional principles were added: The main aims of the additional principles are that the NHS will:

- Provide a comprehensive range of services
- Shape its services around the needs and preferences of individual patients, their families and their careers
- Respond to the different needs of different populations
- Work continuously to improve the quality of services and to minimize errors
- Support and value its staff
- Use public funds for healthcare devoted solely to NHS patients
- Work with others to ensure a seamless service for patients
- Help to keep people healthy and work to reduce health inequalities

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance<sup>6</sup>.

## STRUCTURE AND FUNCTIONING:

Department of Health remains the supreme body supervising care in NHS. It is led by a Secretary of Health and he/she is supported by various Ministers. These ministers have various portfolios covering issues of healthcare in the country<sup>7</sup>. This team oversee the delivery of healthcare service nationally.

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The service provision is distributed to 10 local Strategic Health Authorities (SHA). These SHAs then look after various bodies who in turn provide healthcare to all population.

**1. Primary Care Trusts (PCTs):**

Primary Care Trusts supervise primary care and public health. They oversee General Practitioners, Dentists, Preventive Medicine, Community teams, including District nurses. They also commission services from voluntary or private sectors if necessary. They hold more than 80% of the national healthcare budget. General Practitioners working for PCT are self-employed and Government pays them money to run the service.

**2. Hospital Trusts:**

They oversee hospitals and provide specialist care. Some hospitals have achieved Foundation status running their own budget and working across many hospitals. All the NHS hospital staff including doctors and nurses are employed by NHS.

**3. Ambulance services trusts:**

Supervise Ambulance services and acute practitioners and sometimes work across counties.

**4. NHS care trusts:**

Provide liaison between health and social care services

**5. Mental health services trusts:**

Supervise Psychiatric services

NHS employs more than 1.18 million whole time equivalent employees all around the country. There are 125,629 doctors, 329,372 qualified nursing staff (including midwives) and 37,937 managers in the NHS out of a total workforce of 1,125,131 (all figures are whole-time equivalent). It is claimed that NHS is 3<sup>rd</sup> largest workforce in the world after Chinese Army and Indian Railways<sup>8</sup>.

Current annual budget for NHS in England for 2010/2011 is £105 billion or 18% of current public expenditure<sup>9</sup>.

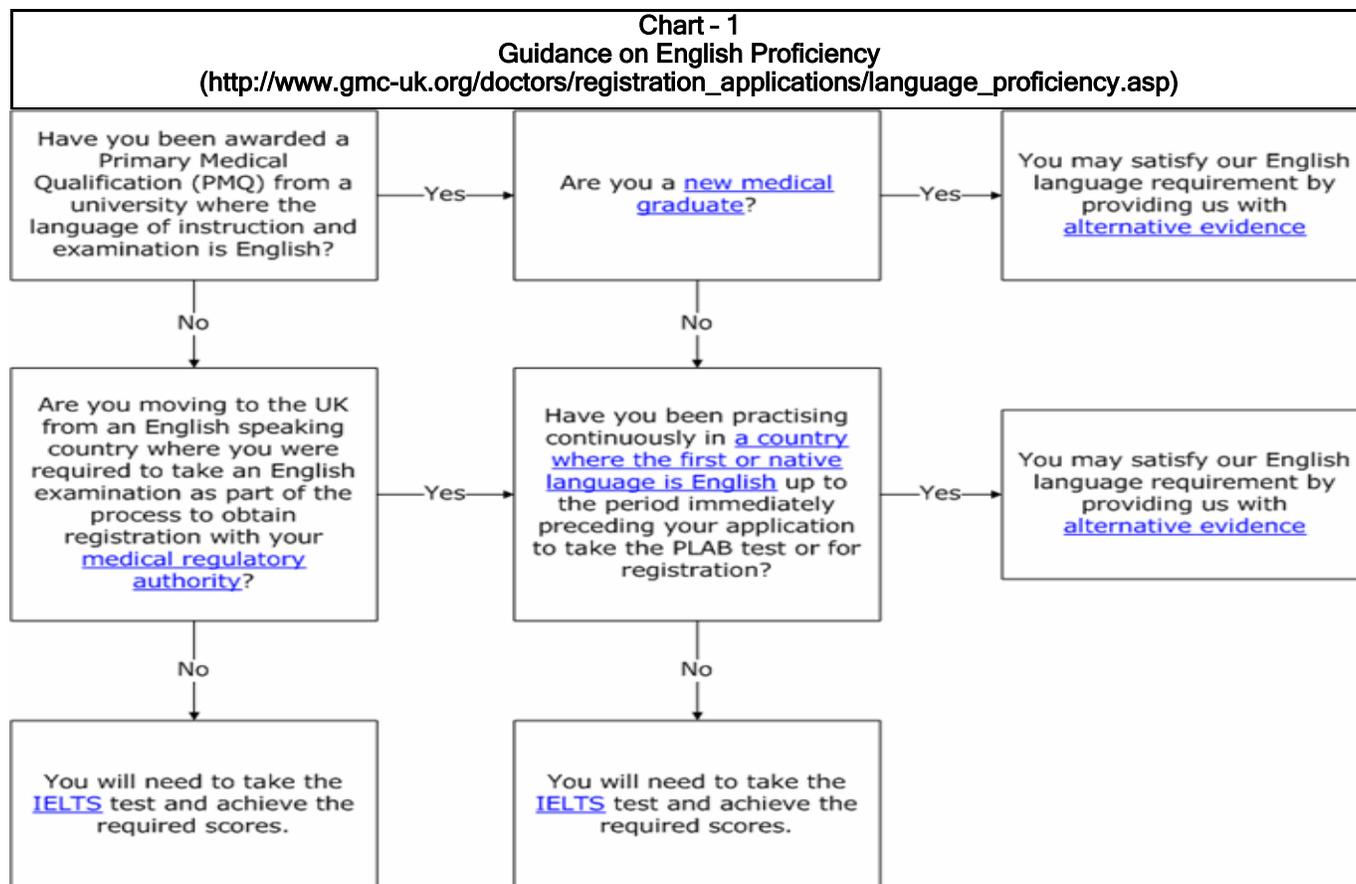
**MEDICAL TRAINING IN THE UNITED KINGDOM:**

Majority of doctors working in the United Kingdom are trained at British Medical Schools. There are currently 27 Medical Schools in UK. Admission to a Medical school is after A-levels and usually success in United Kingdom Clinical Aptitude Test (by 23 universities) and Bio Medical Admissions Test (5 universities). There are currently 8000 seats in Medical Schools in UK.

**MEDICAL TRAINING FOR OVERSEAS DOCTORS IN UNITED KINGDOM:**

General Medical Council is the registration body in the UK. It was established in 1858 and its prime role is to promote, protect and maintain the health and safety of general public. It maintains the register of all medical practitioners and a doctor needs to gain registration with them before he or she is allowed to work in the UK.

Before one is eligible for consideration for registration, he or she must be a qualified doctor and would satisfy General Medical Council that he or she is proficient in English. That is done in following ways:



After satisfying English proficiency, the entry to the list of medical registration for overseas doctors is by following means:

- 1) By sitting in and passing Professional and Linguistic Assessment Board (PLAB) Test.
- 2) By being awarded acceptable postgraduate qualifications (have a UK or international postgraduate qualification recognized by the GMC e.g., MRCP, MRCOG etc. Or have a letter from a UK medical Royal College confirming that an international qualification is equivalent to its own qualification).
- 3) By having sponsorship: Meaning that the candidate has been selected for postgraduate training by a UK medical Royal College or Faculty, or by one of a small number of postgraduate institutions.
- 4) By being eligible for specialist registration or GP registration: That is proven by having substantial experience and qualifications in a recognized field acknowledged by General Medical Council and relevant Royal College

Registration with General Medical Council allows a doctor the following privileges:

- working as a doctor in the National Health Service (NHS) or in private practice
- prescribing drugs, the sale of which is restricted by law
- Signing certificates required for statutory purposes (death certificates, etc.)

After registration, an overseas doctor has to go through Visa application to be able to work in the United Kingdom. Most doctors will either apply for a Tier - 1 visa or Tier - 2 visa.

#### **Tier - 1 Visa:**

This is the UK's current highly skilled worker immigration system, and it replaces the former HSMP system. All skilled workers, both in the UK and abroad, are able to apply for Tier 1 (General) Skilled Migration. However, a number of basic requirements and conditions apply to determine eligibility. One way to find out about one's eligibility to apply for such visa is to take an online Test at Visa Bureau website.

This system is point based and points are awarded to a Tier 1 (General) Skilled applicant based on:

- 1) Qualifications
- 2) Age
- 3) Past earnings (at least the equivalent of UK £25,000 from the 12 months the applicant is claiming); Note: Applicants who earn at least the equivalent of UK £150,000 from the 12 months they are claiming will automatically receive 75 points towards their application and automatically qualify provided they receive the mandatory points for English language ability and funds available.
- 4) UK work experience
- 5) UK qualifications
- 6) English language ability;  
AND
- 7) Funds available to maintain yourself while in the UK.

#### **Tier - 2 Visa:**

The Tier 2 work permit system replaces the old UK Work Permit system. Tier 2 work permits are applied for by

employers who need to fill a vacant position with a specific person. There are certain conditions for such employment:

- 1) Employer needs to show that the business is genuine and that there is a genuine requirement for the intended role.
- 2) The proposed employee must be suitably skilled and/or qualified for the vacant position, meeting the basic requirements and passing the Tier 2 points test.
- 3) Employers must be able to prove that they had advertised the position nationally and could not fill it with someone from inside the European Economic Area.

#### **There are 4 categories of Tier 2 work permits:**

- Skilled Worker - the Tier 2 skilled worker category is for people with a specific skilled job offer in the UK who are needed to fill a temporary gap in the labour force. Doctors fall under this category.
- Other categories are Intra-Company Transfer, Sports People and Minister of Religion.

#### **Medical Jobs and Training:**

In the United Kingdom, the jobs follow the following pathway:

**Year 1 & 2:** Foundation Program (Previous House Officer)

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**Year 3 - 8:** Specialty Registrar (StR) in a hospital specialty

**OR**

**Year 3 - 5:** Specialty Registrar (StR) in general practice.

Therefore, a Consultant takes 8 years of training whereas a General Practitioner takes 5 years of training.

All applications are submitted to postgraduate deaneries and Royal Colleges, with particular deaneries or Colleges handling national recruitment for particular disciplines. This system was adapted in 2008 after a highly funded Medical Training Application Service (MTAS) proved disappointing and expensive for all concerned. It was anticipated to be replaced but in the meantime, deaneries and Colleges are dealing with this system.

#### **Final comment:**

National Health Service in the United Kingdom remains one of the best healthcare systems in the world as it serves with providing minimum high standards of care to all the population. It also trains and retains healthcare professionals at the highest levels. It has prospered researches to the level that many times, Nobel Prize for Medicine or Physiology has been won by British doctors. Despite being a small Island with a population of 70 million people (less than half the size and population of Pakistan), in last 10 years only, R.G.Edwards (In vitro fertilization - 2010), Martin Evans (Stem cell research - 2007), Peter Mansfield (Discoveries in MRI - 2003), John Sulston (Organ development and programmed cell death - 2002) and Paul Nurse & Tim Hunt (Cell Cycle regulation - 2001) have won the Nobel Prizes.

NHS has many problems of its own including high costs of drugs and longer living population requiring more funds, training needs with more doctors than ever com-

ing to the United Kingdom from abroad and social support of elderly people.

However, NHS remains the jewel of Britain and they remain proud of it. In Founder of NHS, Aneurin Bevan's words, when he inaugurated NHS on 5<sup>th</sup> July, 1948, 'We now have the moral leadership of the world'.

#### REFERENCES:

1. Smith R, Hiatt H, Berwick D. Shared ethical principles for everybody in health care: a working draft from the Tavistock Group. *BMJ*. 1999; **318(7178)**: 248-251
2. World Health Organisation. [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng\\_part3.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng_part3.pdf) (Last accessed 26th April 2011)
3. Hennock E P. The Origin of the Welfare State in England and Germany, 1850-1914: Social Policies Compared. Cambridge University Press, 2007
4. Addison P. The Road to 1945: British Politics and the Second World War. Pimlico Press London 1975
5. Bevan A. In place of fear. Kessinger Publishing. 2010
6. <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx> (Last accessed 26th April 2011)
7. [http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH\\_116244](http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_116244) (Last accessed 26th April 2011)
8. Trefgarne, George. NHS reaches 1.4m employees. London: The Daily Telegraph date: 23<sup>rd</sup> March 2005
9. Department of Health annual report 2009 Annex A finance data tables table A:3