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Impact of National Health Service on the United Kingdom Health System

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Abstract

National Health Service (NHS) is a health system in the United Kingdom. It was set up in 1948 and provided by charities and voluntary hospitals, private medical clubs, and occupational medical services. What is the relationship between NHS and healthcare? This present article discusses the background of a health service organization, financial management, the role of a private sector, its finance and provision, also current issues and challenges, as well as a brief comparison with the Hong Kong health system.

Keywords: National Health Service, United Kingdom, health system

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1 INTRODUCTION

National Health Service (NHS) is a government-sponsored universal healthcare system in the United Kingdom (UK). This was founded in 1946 and was responsible for the public healthcare sector. It provided preventive medicine, primary care, and hospital services to all of the "ordinarily residents" in the four regions, such as England, Scotland, Wales, and Northern Ireland from the UK[1]. These health services were largely free at the point of use for about 58 million people. Citizens also had the other option to buy private health or medical insurance (PMI) which offered access to acute elective care in the private sector and covers over 12% of the population. The Department of Health set a series of health policies and strategies, as well as dealing with legislations and regulations for NHS that should be significantly shorter waiting times for appointments, improved healthcare for older patients, and tougher standards[2].

The UK government was progressing NHS to the Foundation Trust status in 2010 which was extending NHS freedoms and flexibilities through the forthcoming legislation[3]. However, Primary Care Trusts were still using a target-based framework for the operation that reflects the need for health policy of its local populations. The health care sector was regulated by a Care Quality Commission via registration, annual inspection, monitoring complaints, and enforcement. These policies ensured the creation of a more responsive, patient-centered NHS[4].

On 6 July 2022, the UK government published the "Health and Care Bill" 2021-2022 which changed some NHS rules and structures including the promotion of collaboration in a health system, strengthening the health secretary's control over the daily running of the NHS in England[5]. The long-term plan for NHS was regarding primary care development, such as "Healthy Conversation Skills" training with prevention and management of disease through improving health behaviors[6].

2 METHODOLOGY

Some library search engines are used, such as SCI/SCIE, PubMed, and Scopus, for ten to twenty years or more,

from 2010 to 2022. The searched keywords and phrases are "National Health Service", "United Kingdom", "Health System", "National Health Service + United Kingdom", "National Health Service + Health System", "United Kingdom + Health System", "National Health Service + United Kingdom + Health System" etc.

3 RESULTS AND DISCUSSION

3.1 Health Service Financial Management

The health services in the UK were mainly financed from some public sources including general taxation and National Insurance contributions, also it was funded privately through private health or medical insurance (PMI). Public sources of finance for health care were allocated by a central government to the Department of Health which contained user charges, cost-sharing, and direct payments for health care from the NHS and private sectors[2].

Gross Domestic Product trended up in 1908s and the total healthcare expenditure increased proportionally from 10.6% to 16.7% from 1980 until 1999. According to the Towers Watson report, the medical trend rates grew from 6.0% to 9.5%, from 2006 to 2011. There are some private sectors played an important role in health insurance since 1990, which created an internal market to improve performance for its health services as the original NHS system lacked international standards and is over-centralized[7].

In 1998, the UK government updated the NHS plan to modernize its system, especially in the hospital sector. The estimated total NHS current expenditure of £99.8 million from 2009 to 2010, and the services excluded by NHS, patients must pay out-of-pocket payments. Between 1998 to 2010, the total expenditure on out-of-pocket payments increased by over 100%, from £62 to £230. It consisted of 41% devoted to over-the-counter medicines that around 13% of the total NHS service[2].

3.2 Role of the Private Sector

Some private sectors provided many services for the NHS including psychiatric care and long-term residential care for people with learning disabilities. Seven million people were covered by PMI. It was around 12% of its population in the United Kingdom but only 75% of acute medical and psychiatric inpatient and outpatient hospital treatment in the private sector[8].

3.3 Finance

The aggregate value of private sector services was about £13.7 billion in 1996. This included 46% for the physically disabled people, 22% for the pharmaceutical product and devices as well as 17% for the hospital sector. The private healthcare sector was financed for 57% of long-term people with learning disabilities, and 34% of long-term residential care for the elderly, but less than 1% of patients having elective surgery in the private sector[9]. Up to 2020, the total healthcare expenditure was approximately £269 billion, which was 20 times as 1996, and still growing in non-government healthcare expenditure varied by financing scheme[10].

3.4 Provision

Most private sectors were changing a case mix and increased demand to conduct some complex surgeries, e.g., coronary artery bypass grafts, acute and subacute care, intensive care, and cancer[11]. People's expectation of health was changing that were making heavier demands on health services[12], but NHS was only within a limited budget[13]. Thus, the private sector should be supported and encouraged to take a proportion of the workload from the NHS. This would be effective provide health services to centralize corresponding patients for reducing waiting times, acute or emergency care, and also not limited to the introduction of a mixed economy in healthcare.

3.5 Issues and Challenges

UK's Health System was in crisis, with central funding no longer keeping pace with demand. Health care model provision was unsustainable as the number of patients multiple increased, leading to poor health or social care integration such as hospital beds being blocked by those not needing hospitalization, and "hospital working inefficiency"[14]. The current system was focused not on "Health Maintenance" but on "Treatment of Disease", as a result, the overburdening of acute care with preventable conditions, and a disproportionate expenditure on treating end-stage disease[15]. There was only 33% for Intensive Care Unit admission with non-beneficial chemotherapy in the last six weeks, causing an 'intensive healthcare' risks with many problems, particularly for the elderly with multiple chronic comorbidities that becoming "hospital-dependent", with a progressive functional decline to death[16]. Health policies must be prioritized which were used to support health rather than address treating disease. The radical process of changing that focus on the patient, not disease was required. Meanwhile, it should be standardized the effectiveness of medical care to address the issue of "opportunity cost"[17].

The NHS in England faces unprecedented challenges in 2021 because the COVID-19 happened. It will be a long term the responses from the UK government, such as physical and mental healthcare, implement the COVID-19 vaccination programme, etc. This will enable the NHS to intense pressure suddenly, focus on the prevention and re-construction of the depleted public health system[18]. COVID-19 is still ongoing and never ends within this year. How will the UK health system become?

3.6 Compare with Hong Kong

The Hong Kong health system is world-class. It receives lifelong holistic health care and leads the world in health service systems. These are encompassing the public and private sectors[19]. The Hong Kong Government increases the financial support for both public and individual health care each year. It has been established some private hospital

developments to improve the long-term healthcare system problem[20]. However, the aging population is another serious issue facing Hong Kong. It is a great challenge to the health care facilities, such as emergency care, and elderly professional care, as well as a lack the professional specialist for the primary support[21]. Therefore, Hong Kong's health care policy must be regularly updated to endorse this change.

4 CONCLUSION

Up to the present, there is no single healthcare system established to dominate and satisfy patient demand, it should be a two-way collaboration relationship between the public and private healthcare sectors either in the United Kingdom or Hong Kong. Expand the use of private sector provision and develop comprehensive guidelines to regulate and monitor the quality of its healthcare services.

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Ethical Statement

Not applicable.

Conflicts of Interest

The author had no conflict of interest to disclose. This manuscript's contents originated from Siu-Kan Law Professional Certificate in Chinese and Integrative Medicine Management, Course: HSYS5001 Health System, Policy and Management (CUHK in 2022).

Data Availability

No additional data are available.

Author Contribution

The author contributed to the concept, acquisition, and analysis of data, drafting of the manuscript, and critical revision of the manuscript for important intellectual content which was approved as a final version for publication.

Abbreviation List

NHS, National Health Service
PMI, Health or medical insurance
UK, United Kingdom

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