Health and Health Care in Britain

HEALTH AND HEALTH CARE IN BRITAIN

Second Edition

Rob Baggott

© Rob Baggott 1994, 1998

All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission.

No paragraph of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and Patents Act 1988, or under the terms of any licence permitting limited copying issued by the Copyright Licensing Agency, 90 Tottenham Court Road, London W1P 9HE.

Any person who does any unauthorised act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

The author has asserted his right to be identified as the author of this work in accordance with the Copyright, Designs and Patents Act 1988.

First edition 1994
Reprinted three times
Second edition 1998

Published by
MACMILLAN PRESS LTD
Houndmills, Basingstoke, Hampshire RG21 6XS
and London
Companies and representatives
throughout the world

ISBN 978-0-333-69476-3 ISBN 978-1-349-14492-1 (eBook)
DOI 10.1007/978-1-349-14492-1

A catalogue record for this book is available
from the British Library.

This book is printed on paper suitable for recycling and
made from fully managed and sustained forest sources.

Copy-edited and typeset by Povey-Edmondson
Tavistock and Rochdale, England

Contents

<i>List of Tables, Figures and Exhibits</i>	viii
<i>Preface to the Second Edition</i>	x
<i>List of Abbreviations</i>	xii
1 Health and Illness	1
Defining health	1
Health trends and variations	3
Social structure and health	16
Conclusion	24
2 Medicine and the Medical Profession	26
Medicine	26
The medical profession	39
Conclusion	52
3 Critical Perspectives on Health Care	53
The economic critique	53
Technological pessimists	64
Marxist and other socialist perspectives	70
The feminist critique	75
Iatrogenesis: Illich's thesis	79
Conclusion	85
4 The Evolution of the British Health Care System	86
The health care system before the NHS	86
The creation of a National Health Service	91
The experience of the NHS: 1948–79	96
Thatcherism and health care	102
5 The British Health Care System Today	105
Health care systems	105
The British health care system	107
Funding the health care system	127

6	The Management of Health Care	132
	The 1982 reorganisation	132
	The Griffiths Inquiry: towards a new model of management	133
	The management of health authorities and trusts	135
	Management and the professions	142
	Central–local relations	152
	Conclusion	158
7	Resourcing Health Care	160
	Privatisation	160
	Public expenditure on health care	175
	Efficiency, audit and rationing	180
	Conclusion	186
8	Commissioning and Providing Health Care	188
	NHS: crisis and review	188
	<i>Working for Patients</i>	191
	The impact of the internal market	195
	The evolution of the internal market	203
	Reversing the reforms?	208
	Conclusion	209
9	Primary Health Care	210
	What is primary health care?	210
	The problems of primary care	211
	Primary health care in the 1980s	213
	The implementation of <i>Promoting Better Health</i>	215
	Further developments	220
	Towards a primary care-led NHS?	224
10	Care in the Community	228
	Community care policies	228
	Community care policies from the 1980s	230
	Griffiths' community care reforms	236
	The impact of the Griffiths reforms	237
	Conclusion	246
11	Health Care Users	248
	Watchdogs and complaints procedures	248
	<i>The Patient's Charter</i>	254
	Participation by patients and the general public	264
	Conclusion	269

12	The Health of the Nation	270
	The fall and rise of the public health approach	270
	Public health under the Conservatives	277
	Towards a public health strategy?	282
	The health strategy for England	286
	Conclusion	295
13	Conclusion	296
	The challenges	296
	The ideas and the reforms	296
	A health care system for the 21st century?	299
	The future	307
	<i>Further Reading</i>	315
	<i>Bibliography</i>	318
	<i>Index</i>	359

List of Tables, Figures and Exhibits

■ Table

7.1	Public and private sectors in health care	168
-----	---	-----

■ Figures

1.1	The main causes of death in selected age groups, males (England), 1995	7
1.2	Respondents reporting long-standing illness (Great Britain), 1994	8
1.3	The increase in the elderly population (UK), percentage of total population over 65 years old	9
1.4	The increase in the elderly population (UK), percentage of total population over 80 years old	9
1.5	Per capita health and social care costs by age group (England), 1989/90	10
1.6	Standardised mortality ratios (SMRs) of social classes, males 15–64, England and Wales, 1976–89	18
4.1	The original National Health Service structure (England and Wales), 1948–74	95
5.1	Health care systems	106
5.2	The Department of Health and the NHS Executive	114
5.3	The structure of the National Health Service	116
5.4	Proportion of health care privately funded (selected OECD countries), 1995	128
5.5	Spending on inpatient care as a percentage of total health care spending, 1970–90	129
6.1	Backgrounds of health authority and trust members, chairpersons and non-executives (England)	138
6.2	The NHS planning process (1998–9)	156
7.1	Cross-national comparisons of health expenditure (selected OECD countries), 1995	179
8.1	The internal market	191

9.1	Hospital beds: average number available daily (all specialties, 1978–94), England	223
10.1	Places in residential homes, by sector (UK)	233

■ Exhibits

1.1	Standardised mortality ratios	17
2.1	Diabetes mellitus	28
2.2	Myalgic encephalomyelitis	33
2.3	Alternative medicine	36
2.4	Medical education and training	40
3.1	Types of efficiency	54
3.2	Evidence-based medicine	56
3.3	QALYs (Quality Adjusted Life Years)	60
3.4	The Oregon experiment	62
3.5	New medical technologies	66
3.6	Equity in health care	76
3.7	Nurses and midwives: challenges to medicine?	80
5.1	The health care systems of France and the USA	108
7.1	Private finance and the NHS	170
7.2	Financial mismanagement in the NHS	183
8.1	Contracts for health care	193
8.2	Commissioning health services	207
9.1	Acute hospital reviews in London and other cities	226
10.1	The continuing care debate	242
10.2	Policy initiatives for mental illness	244
11.1	Patients' Charters	256
11.2	Models of consumer power	264
12.1	World Health Organisation: <i>Health for All by the Year 2000</i>	284
12.2	<i>The Health of the Nation</i> : main targets and risk factor targets	288
13.1	The Blair government's health policies	312

Preface to the Second Edition

The main objectives of the second edition of this book remain the same as for the first: to help the reader understand the workings of the British health care system while giving an insight into contemporary health issues and debates. The very fact that a comprehensive revision is necessary so soon indicates the pace of change in this field. Indeed, almost every aspect of health care has been affected to some extent by new policy developments, structural reforms, technological change, managerial and professional initiatives. Moreover, further changes can be expected. In May 1997, a Labour government took office – the first in almost two decades. Although the new government accepted several aspects of the reforms introduced by the Conservatives in the 1980s and 1990s, it declared its intention to make further changes and to develop fresh proposals.

Given the extent of change in recent years and the probability of further reform in the future, the task of revising the book has not been an easy one. However, I am grateful for the opportunity to produce a second edition, for two main reasons. First, it has enabled me to ensure that the book remains a useful resource to those requiring a broad, informative guide to the contemporary health care system and the key debates surrounding it. It is perhaps appropriate at this point to record my thanks to the many readers, tutors and reviewers who kindly expressed positive sentiments about the first edition. Secondly, the revision has enabled me to respond to various constructive comments and suggestions. Indeed, the new chapter on health service users (Chapter 11) is a direct response to comments made by some reviewers.

Apart from this new chapter, the structure of the book remains much the same. The first three chapters set out the broad context of health care: trends in health and illness, the professions, and the main critiques of health care. Chapters 4 and 5 examine the evolution of the British health care system and its present structure. Chapters 6, 7 and 8 of the book focus on the development and implementation of health policies in relation to NHS management, the funding and the provision of health services. Chapter 9 and 10 examine primary care and community care respectively, and Chapter 12 focuses upon public health. Finally, Chapter 13 assesses the broad impact of the Conservatives' health policies and examines the approach taken so far by the Blair administration.

I would like to thank a large number of people for their help and support, although ultimate responsibility for the book remains mine. First

of all, as always, I would like to thank my wife Debbie and my children Mark, Danny and Melissa for their love and support. Many of my colleagues at De Montfort University, along with researchers at other universities, have also been extremely supportive and helpful and deserve my thanks. Lack of space prevents me from mentioning everyone; but the following includes those who have been particularly helpful in relation to this project: Helen Bentley, Ellen Carter, Merrill Clarke, Holly Crossen-White, Alison Hann, Mike Hart, Jackie Leatham, Victoria McGregor-Riley, Fred Mear, Pat Mounfield, Sally Ruane, Professor Mike Saks, Professor Mel Chevannes and Professor Andrew Watterson. In addition, I would like to thank Sue Dewing, Julie Conroy and Sue Smith of the PPMS Resources Centre, librarians Elizabeth O'Neill and Olwyn Reynard, and Carole Shaw and her staff. Thanks also to Professor David Wilson and Professor John Coyne for their continued encouragement and support. Finally, I must record my appreciation to Keith Povey, my copy-editor, and to my publisher, Steven Kennedy, for his invaluable help and advice.

ROB BAGGOTT

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AHA	Area Health Authority
BMA	British Medical Association
BPA	Basic Practice Allowance
BSE	Bovine Spongiform Encephalopathy
CHC	Community Health Council
CJD	Creutzfeldt–Jakob Disease
CIP	Cost Improvement Programme
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COMA	Committee on Medical Aspects of Food
DGH	District General Hospital
DGM	District General Manager
DoH	Department of Health
DHA	District Health Authority
DHSS	Department of Health and Social Security
DMT	District Management Team
DMU	Directly Managed Units
EBM	Evidence-based Medicine
ECR	Extra Contractual Referral
EHS	Emergency Hospital Service
FHSA	Family Health Services Authority
FPC	Family Practitioner Committee
FPS	Family Practitioner Services
GHS	General Household Survey
GMC	General Medical Council
GP	General Practitioner
GPA	Good Practice Allowance
GPF	General Practitioner Fundholders
HAI	Hospital Acquired Infection
HAZ	Health Action Zone
HCHS	Hospital and Community Health Services
HISS	Hospital Information Support Systems
HIV	Human Immunodeficiency Virus
HMC	Hospital Management Committee
HMO	Health Maintenance Organisation
HRT	Hormone Replacement Therapy

HSSB	Health Services Supervisory Board
JCB	Joint Commissioning Board
LPG	Local Planning Group
ME	Myalgic Encephalomyelitis
MHCO	Managed Health Care Organisations
MIT	Minimally Invasive Therapy
MoH	Ministry of Health
MOH	Medical Officer of Health
MRI	Magnetic Resonance Imaging
NAHAT	National Association of Health Authorities and Trusts
NAO	National Audit Office
NCT	National Childbirth Trust
NCEPOD	National Confidential Enquiry into Peri-operative Deaths
NCVO	National Council for Voluntary Organisations
NHI	National Health Insurance
NHS	National Health Service
NHSE	National Health Service Executive
NHSME	National Health Service Management Executive
NNS	Neighbourhood Nursing Service
OECD	Organisation for Economic Cooperation and Development
OPCS	Office for Population, Census and Surveys
PAC	Public Account Committee
PCG	Primary Care Group
PET	Positron Emission Tomography
PHCT	Primary Health Care Team
PVS	Persistent Vegetative State
QALY	Quality Adjusted Life Year
RAWP	Resource Allocation Working Party
RCN	Royal College of Nursing
RCT	Randomised Controlled Trial
RGM	Regional General Manager
RHA	Regional Health Authority
RHB	Regional Hospital Board
RMI	Resource Management Initiative
SGT	Self-Governing Trust
SHA	Special Health Authority
SMR	Standardised Mortality Ratio
STD	Sexually Transmitted Diseases
STG	Special Transitional Grant
TQM	Total Quality Management
VFMU	Value for Money Unit
WHO	World Health Organisation
WRVS	Women's Royal Voluntary Service

To Mark, Danny and Melissa