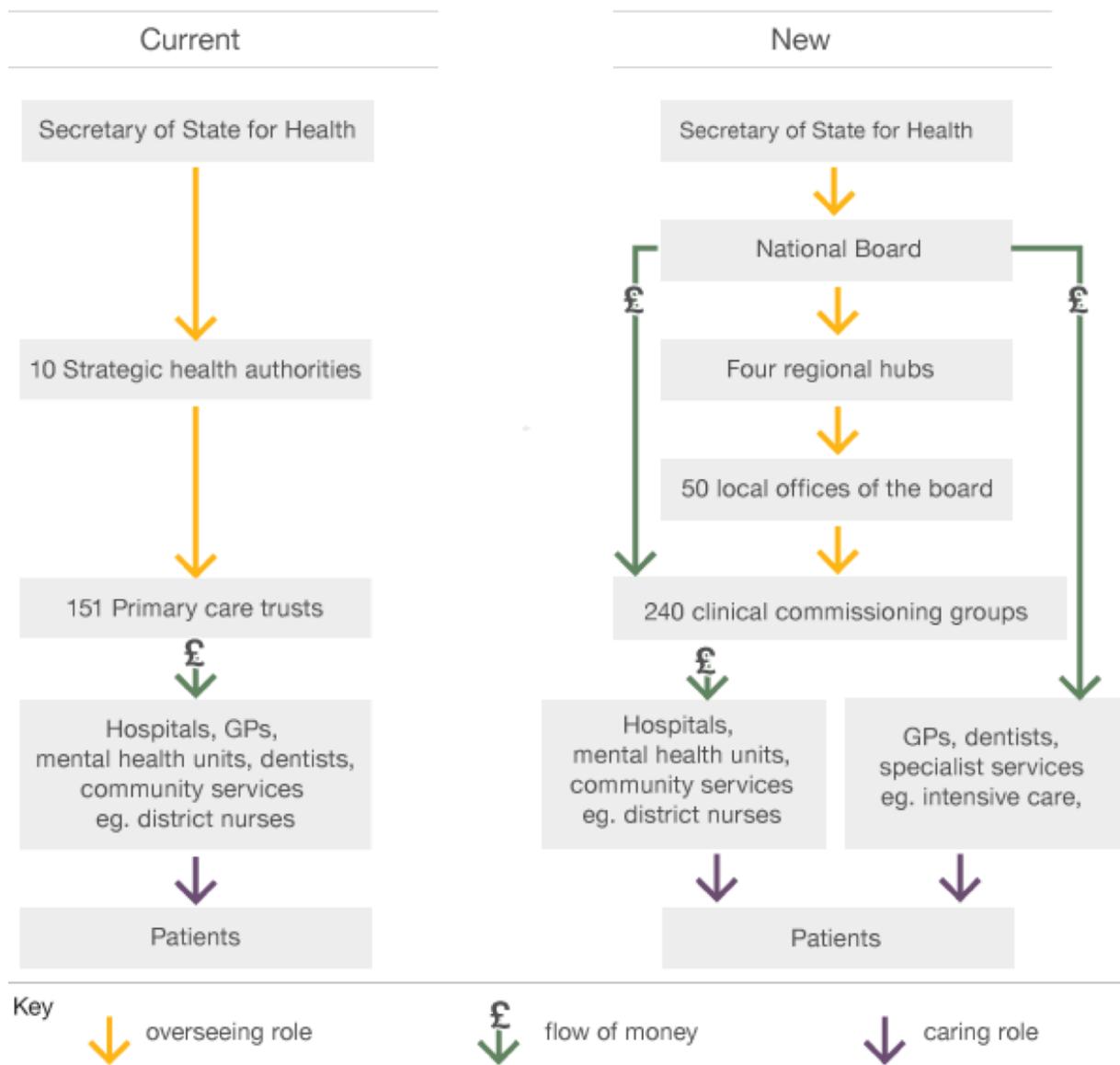


Questions on NHS

1. What is the structure of NHS? and what is it's function?



<http://www.bbc.com/news/health-12177084>

Function on NHS: An introductory booklet [2] said the NHS would "make all the health services available to every man, woman and child in the population, irrespective of their age or where they live, or how much money they have; and to make the total cost of the Service a charge on the national income in the same way as the Defence Services and other national necessities."

2. Can a patient choose where to receive treatment? How does a patient get a referral to an NHS specialist?

Under the NHS e-Referral Service, you can choose the hospital or clinic where you would like to receive treatment, as long as your GP feels that you need to visit a particular hospital or clinic to receive appropriate medical treatment.

Access to NHS specialist treatment is via your GP and is based on need. You can ask for a referral for specialist treatment on the NHS. You will need to see your GP if you wish to be referred to a specialist in a particular field, such as a surgeon or a gynaecologist (a specialist in the female reproductive system).

3. What services do sexual health clinics (GUM clinics) provide? Who can use sexual health clinics?

Sexual health or genitourinary medicine (GUM) clinics offer a range of services, including:

- testing and treatment for sexually transmitted infections (STIs)
- advice and information about sexual health
- free condoms
- contraception – including emergency contraception, such as the morning after pill
- pregnancy testing
- HIV testing – including rapid tests that give results in about 30 minutes and counselling for people who are HIV-positive
- PEP (post-exposure prophylaxis) – medication that can help prevent people from developing HIV if they've been exposed to it
- hepatitis B vaccination
- advice about abortion
- help for people who have been sexually assaulted
- if necessary, a referral to a specialist

Anybody can go to a sexual health clinic, no matter what their age. Some clinics hold sessions for specific groups of people, including young people, gay men and lesbians. Some clinics require you to make an appointment, while others offer "drop-in" sessions, where you can turn up without an appointment.

Appropriate arrangements should be in place so patients with special needs can access sexual health services – for example, providing access to interpreters. There should also be clinic facilities for people with physical disabilities, learning disabilities, people who have been sexually assaulted, sex workers and substance misusers.

All services are free and completely confidential, and all tests are optional.

4. What is post code lottery? The NHS has ended post code lottery for IVF. Under what conditions can a patient get an IVF treatment on the NHS?

THE POSTCODE LOTTERY

- There have been concerns since the late 1990s about the notion of the postcode lottery, rising from differences in access to NHS treatment throughout the country, and concerns that where you live can define the quality and availability of NHS services you can expect.
- The postcode lottery has become a big issue in the NHS, where the gap between the idea of a nationwide, comprehensive service and the reality of local decision making has been increasingly tense.
- Services which have been affected by the postcode lottery have included access to certain cancer drugs, fertility treatments, hernia repair, hip and knee replacements, cataracts and varicose vein surgeries, as well as variations in waiting times, access to cancer screening programmes and availability of drugs for mental health conditions.
- The postcode lottery came about largely from the practice of GP fundholding during the 1990s, a system which enabled GPs to receive a fixed budget from which to pay for primary care, drugs, and non-urgent hospital treatment for patients. The concept of a postcode lottery is also a by-product of patients and consumers becoming more aware: patient groups have become more adept at lobbying for their consumer "rights" to drugs and services.

There will be an expectation that all NHS trusts comply with the new Nice 'quality standard'.

The draft standard said women under the age of 40 who have not conceived after two years of trying or 12 cycles of artificial insemination should be offered three full cycles of IVF on the NHS.

Women aged between 40 and 42 should be offered one cycle providing they have not previously had IVF.

"It is for local NHS organisations to consider Nice guidance when making decisions about offering IVF to their communities. We know that around a quarter of NHS organisations currently offer three full cycles of IVF to eligible couples, so it is certainly possible to follow Nice guidelines in full and offer IVF to those who are eligible and we would encourage them to do so."

5. What is NHS continuing healthcare? Will the NHS pay for long term care?

NHS continuing healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a "primary health need".

Long-term care is sometimes provided and funded by the NHS. If it isn't funded by the NHS, it may be provided by your local authority. Your local authority may charge for the services provided. Depending on your financial circumstances, you may have to pay for some or all of the care you receive.

You can have an assessment to determine whether you are entitled to NHS-funded care and, if not, how much you will pay towards your care.

6. What is meant by cherry picking? Why does it occur in the NHS?

Cherry picking refers to the process of selecting the best or most desirable candidates from a group or population. In the context of healthcare, it refers to instances where private healthcare providers choose patients which are at the lowest risk to them, typically those that are generally healthy, and referring less desirable patients back to the NHS, typically those with complex and ongoing medical conditions. With the increased marketisation in many areas of the NHS, cherry picking is likely to increase.

Cherry picking occurs because private health companies will seek to avoid potentially risky patients with complicated health problems, as they will need higher cost treatments, therefore reducing the profit made by these companies.

7. Why does the government want to make changes in NHS? What are the causes of the suggested reasons?

Ministers believe they are essential to allow the health service to become more efficient and meet the challenges it is facing. Despite the NHS budget being protected, it is not immune from the need to make savings. Costs in the NHS are rising at a much higher rate than inflation.

This is because of factors like the ageing population, costs of new drugs and treatments and lifestyle factors, such as obesity. Without change, the government argues, services would increasingly have to be rationed in the future.

8. Who is responsible for NHS budget now and how is that changing?

Local health managers working for primary care trusts (PCTs) currently control much of the spending. They use the funds to plan and buy services for patients including community clinics, mental health units and hospital care.

The changes will transfer much of that responsibility to clinical commissioning groups.

Although it is likely responsibility for services such as dentistry and specialist care like neurosurgery will end up with the national board that is being set up to oversee the new system.

Originally, the commissioning groups were to be led by GPs, but other professionals including hospital doctors and nurses will now be involved too.

As the changes happen, both PCTs and regional bodies known as strategic health authorities are to be phased out.