

NHS jargon buster

Introduction

Have you ever wondered what the difference is between a PCT or SHA or indeed, even what these terms mean? In the year of the sixtieth anniversary of the foundation of the NHS this article aims to make its structure and function a little clearer.

History

The NHS was founded on 5 July 1948 during Clement Atlee's Labour government, on the recommendation of the Beveridge report of 1942. William Beveridge suggested a nationalized health service would help Britain 'beat want, disease, ignorance, squalor and idleness'. Aneurin Bevan was the first appointed minister for health and housing and opened the first NHS hospital in Manchester. The aim of the NHS was to provide a free health service to all regardless of wealth, paid for by taxation. It is currently the world's largest publicly funded health service.

Funding

In its first year the NHS had a budget of £437 million in comparison to 2007/8 where the NHS received a budget of £90 billion. The 2007/8 budget equates to a contribution of approximately £1500 for every man, woman and child in the UK. The largest proportion of the budget is spent on staff. The NHS is the world's fourth largest employer, trailing behind the Chinese People's Liberation Army, Indian Railways and Wal-Mart. The funds are distributed as shown in *Table 1*.

Structure

Department of Health

The UK government controls the NHS through the Department of Health. This is

Table 1. Distribution of funds

60%	Staff
20%	Drugs and supplies
20%	Buildings, equipment, training costs, medical equipment, catering and cleaning

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led by the Secretary of State for Health, currently Rt Hon Alan Johnson MP, who reports to the Prime Minister. The Department of Health currently has three objectives:

1. Better health and wellbeing for all: helping people stay healthy and well, empowering people to live independently, and tackling health inequalities
2. Better care for all: the best possible health and social care that offers safe and effective care, when and where people need it, and empowering people in their choices
3. Better value for all: delivering affordable, efficient and sustainable services, contributing to the wider economy and the nation.

Chief Medical Officer

The Chief Medical Officer is the UK government's chief medical advisor and head of all medical staff in England. It is his/her role to advise government, the Prime Minister and the Secretary of State for Health. The post is not a political appointment but the Prime Minister must grant final approval. The current post holder is Sir Liam Donaldson.

Overview of the NHS

The NHS is divided into primary care and secondary care (*Figure 1*). Primary care is regarded as the first point of contact for the public and includes care by NHS Direct, walk-in-centres, GP practices, dentists, opticians, pharmacists, dentists, opticians, and pharmacists. Secondary care is regarded as acute care and is further subdivided into elective care and emergency care. Elective care includes planned surgical or medical treatment at a hospital upon referral from a primary care health professional, e.g. a GP.

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Strategic health authority

Strategic health authorities (SHAs) are responsible for improving health services in their area, maintaining a high quality of care, increasing the capacity of local health services and ensuring national targets are incorporated into local health service plans. There was a reorganization of the structure of the NHS in England in July 2006 with a reduction of the number of SHAs to ten (*Figure 2*). Each SHA is responsible for the primary care trusts (PCTs) within its area.

Primary care trust

The PCTs organize primary care such as GP practices, pharmacists and dentists, i.e. all services shown in blue in *Figure 1*. There are currently 152 PCTs in England and they are allocated approximately 80% of the NHS budget. The PCTs are controlled by the Department of Health and the SHAs.

Secondary care

This is provided by a number of trusts, including NHS trusts, ambulance trusts, mental health trusts and care trusts.

Figure 1. NHS structure.

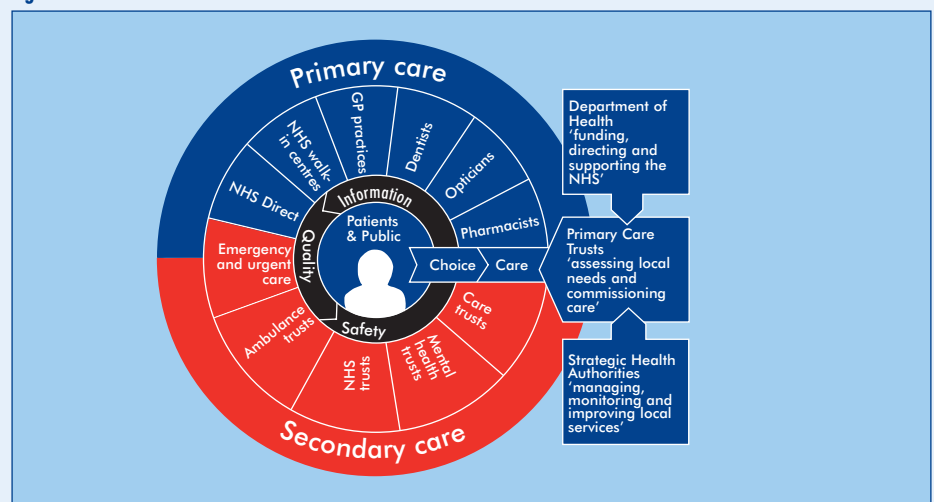




Figure 2. Distribution of strategic health authorities in England.

NHS trusts

There are currently 290 NHS hospital trusts and 92 foundation hospital trusts. These NHS trusts oversee approximately 1600 NHS hospitals and care centres. Foundation trust status is awarded to those NHS trusts who perform exceptionally well. Foundation trusts are given a greater degree of autonomy in the management of their hospitals and are run by a board consisting of local managers and members of the public.

Ambulance trusts

Ambulance trusts are responsible for providing access to health care, either for emergency or elective treatment. There are currently 13 ambulance trusts in the UK and an emergency control room (answering 999 calls) runs the provision of emergency access to health care.

Mental health trusts

Referral to mental health services can be from a primary health-care provider such as a GP or from a secondary provider, e.g. a health-care professional in an NHS trust. Mental health trusts provide a variety of services ranging from community support and counselling to psychological therapy for patients with severe mental illness.

Care trusts

These are growing in number with an apparently diverse range of functions. They are responsible for social care in the community.

Special authorities

In addition to the primary and secondary care trusts there are various special authorities. These include the Health Protection Agency (HPA), National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA), NHS Direct, Mental Health Act Commission, National Treatment Agency, NHS Appointments Commission, NHS Blood and Transplant, NHS Business Services Authority, NHS Litigation Authority, NHS Professionals Special Health Authority, The Health and Social Care Information Centre and The NHS Institute for Innovation and Improvement. Some special authorities which it is important for trainees to have an understanding of are detailed below.

Health Protection Agency

The HPA was established as a special health authority in 2003. The role of the HPA is to protect UK public health through three centres: the Centre for Emergency Preparedness and Response, the Centre for Radiation, Chemical and Environmental Hazards and the Centre for Infections. Through these centres the HPA provides support and advice to the Department of Health and the NHS.

National Institute for Health and Clinical Excellence

NICE provides national guidance on health promotion and prevention and treatment of illness. NICE divides its guidance into three main areas which include public health, health technologies and clinical practice. Guidance developed by NICE incorporates expertise from medical research, health-care professionals and patients.

National Patient Safety Agency

The NPSA aims to improve the safety of patient care by supporting the health sector through three main divisions. The

Patient Safety Division provides rapid responses to adverse incidents through incident reporting via the National Reporting and Learning System. The National Clinical Assessment Service aims to address public concerns about performance of doctors and dentists. The National Research Ethics Service facilitates ethical research and protects the rights of research participants. The NPSA also commissions three National Confidential Enquiries into Suicide and Homicide, Maternal and Child Health and lastly Patient Outcome and Death.

Conclusions

The structure of the NHS is continually changing in response to the changing demographic of the population, evolving medical knowledge and political aspirations. It is very important for trainees to keep abreast of changes. First, understanding how the NHS functions aids juniors in the daily management and discharge planning of patients. Second, questions about NHS structure are a favourite among interviewers. After all, one would not apply for a job within a firm without knowing a little background information about its structure and function.

All the information provided has been summarized from Department of Health publications that are freely available to all. With the groundwork done, trainees can use this article as a base from which to build their own knowledge about the world's largest publicly funded health-care provider. **BJHM**

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Further reading

www.nhs.uk
Merry P (1998) *The NHS Confederation 1998/99 NHS Handbook*. 13th edn. JMH Publishing, Tunbridge Wells

KEY POINTS

- The NHS is divided into primary and secondary care.
- Primary care is controlled by strategic health authorities through the primary care trusts.
- Secondary care is controlled by four main health trusts.
- Special authorities operate in addition to primary and secondary care.