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Introduction:

Within the United Kingdom the National Health Service (NHS) is one of the biggest publicly funded healthcare systems in the world. All UK (United Kingdom) citizens would receive free healthcare at the point of use thanks to general taxation according to the NHSs founding principles when it was proved in 1948. Primary care hospital treatments, dental care and specialized services are all provided by the NHS. Universal access equality and a dedication to delivering care based on clinical need rather than financial means are its guiding principles. (NHS.uk)

Due to its role in guaranteeing fair access to healthcare the NHS has grown to be regarded as an essential institution in British society over time. NHS England NHS Scotland NHS Wales and Health and Social Care in Northern Ireland are the four components of the system they are each in charge of providing healthcare in their own areas while running within the general parameters set up by the UK government.

The National Health Service (NHS) has met several difficulties in recent times such as the need to incorporate new treatments and technologies budgetary restrictions and rising demand brought on by an aging population. Against this backdrop of political upheaval and worldwide health emergencies such as the COVID-19 pandemic these forces have sparked continuous discussions concerning the NHSs finances effectiveness and way forward. (Gov.uk)



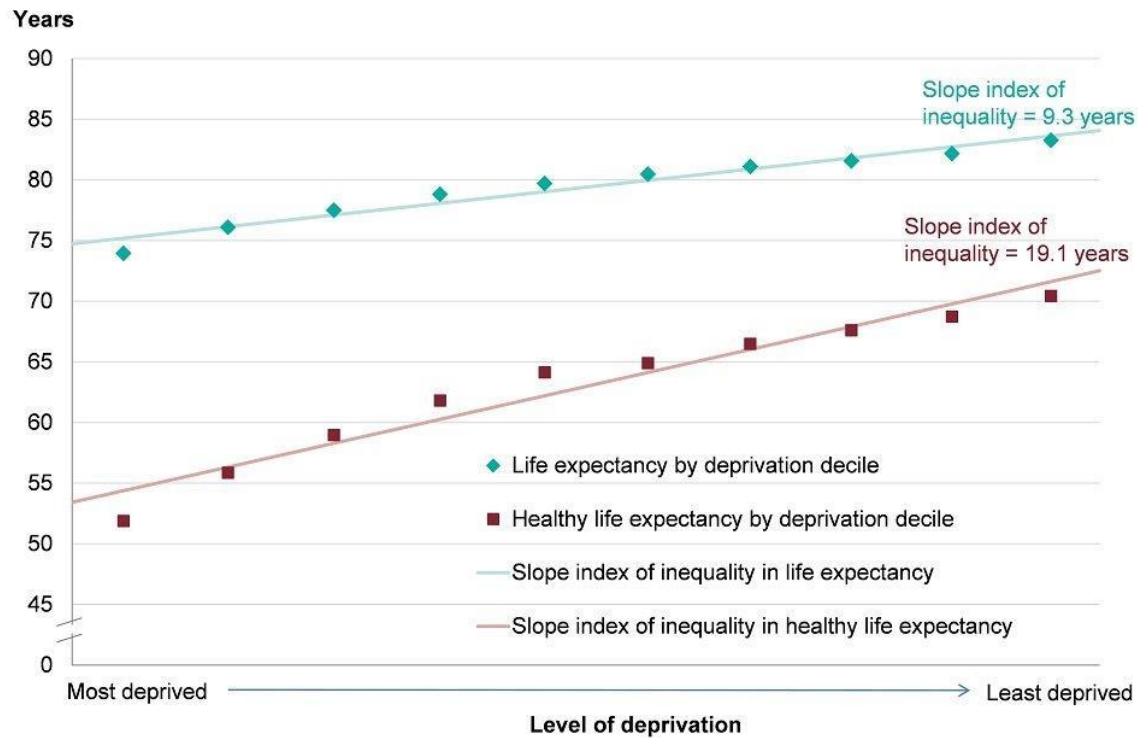
The next general election will decide who will inherit the desperately needed reforms to the health and care system. The NHS is overworked which means that many people are not getting the care they need. The waiting list for routine hospital treatment in England now numbered nearly seven thousand. 7 million in July 2023, the highest number ever with 390000 people (about half the population of Delaware) waiting more than a year. The data about hospital care access is dismal and illustrates the strains in community services mental health general practice and social care—all sides of the system. These pressures are not only putting a great deal of strain on the staff, but they are also causing unnecessary suffering for individuals and their families. The public's satisfaction with the healthcare system is at an all-time low.

Major Five Challenges Facing Health and Care in England:

1) Life Expectancy is Stalling and Health Inequalities are Widening:

Life expectancy improvements among the UK population peaked ten years before the COVID-19 pandemic following a century of steady rises. For a few however these gains were reversed: between 2010–12 and 2016–18 women's life expectancy decreased in the ten percent most deprived regions of England with the biggest declines occurring in the Northeast. Although many nations saw a similar trend the UK stands out from other comparable nations due to the severity of its slowdown. About female life expectancy at birth the UK came in at number 21 out of 38 countries in 2000. It had dropped to 26th place by 2019. Not just how long someone lives but also how many years they can expect to live in good health has stagnated. This is known as healthy life expectancy. Current government targets aim to increase healthy life expectancy by 5 years (for men) but if trends from the decade before the COVID-19 pandemic continue it will take two centuries (192 years). (NHS.uk)

Life expectancy & healthy life expectancy at birth by deprivation decile: Great Britain, 2017–19

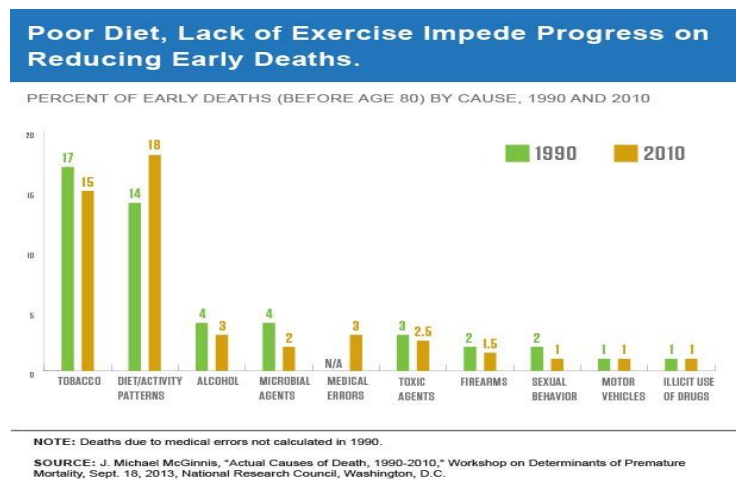


Source: <https://reader.health.org.uk/addressing-leading-risk-factors/introduction>

2) Driving a Significant and Unequal Burden of Preventable ill Health and Premature Death:

The primary risk factors for preventable illness and death in the UK are excessive alcohol consumption, poor eating habits, and smoking. Each of these risk factors has a variety of root causes such as ingrained social and economic conditions and social behavior patterns. People's ability to adopt healthy habits, for instance, is influenced by their employment type, the stores in their

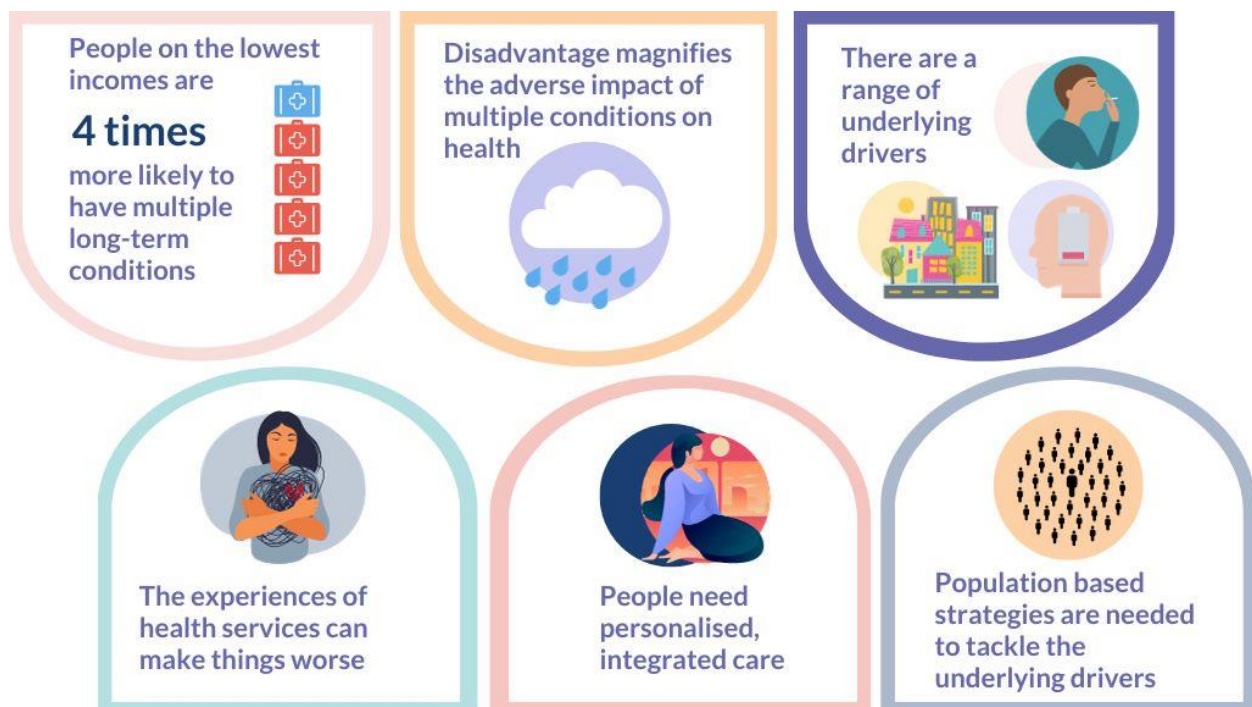
neighborhoods, the resources they have available for food purchases and the availability of secure areas for play and exercise. Commercial factors also play a significant role in shaping the cost accessibility and marketing of unhealthy food alcohol and tobacco products. Changes in national policy such as adjustments to regulations and prices can affect exposure to these risks. Additionally, both individuals and society bear a heavy financial burden from this preventable burden of illness. For instance, it is estimated that obesity costs the UK economy up to £58 billion a year significantly reducing worker productivity and raising the burden on the NHS and other public services. (NHS.uk)



Source: <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health> (Public Health England)

3) People are Living for Longer but with Major Health Conditions:

The frequency of significant disease risk factors, social and economic conditions age, and other factors all impact the number of ill people. The population increased by more than 25% in the ten years prior to the pandemic. in England who were suffering from serious illnesses like dementia and cancer or illnesses that were coupled with other conditions. From the beginning of the new millennium there has been a notable increase in the population of individuals managing several medical conditions. (NHS.uk)

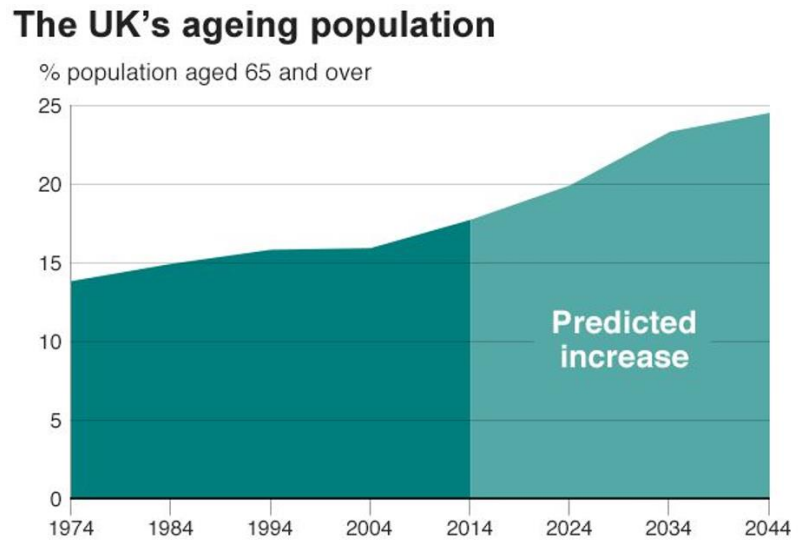


Source: <https://evidence.nihr.ac.uk/collection/multiple-long-term-conditions-multimorbidity-and-inequality-addressing-the-challenge-insights-from-research/> (Roy)

4) Social Care Services is Substantial and Increasing:

Healthcare and social services are already having difficulty meeting the growing demand for health care while providing care and support

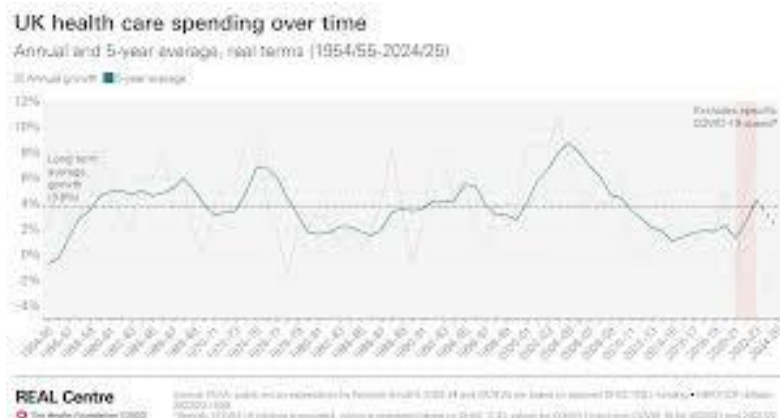
to those in need. Services were severely disrupted by COVID-19 but a decade prior to the pandemic conditions about access to care had been getting worse. As of July 2023, there were seven patients on England's waiting list for standard medical care. 68 million is the greatest number recorded in the history of the data (Figure 5). The number of people who had been waiting for more than a year was over 39000 which is almost half of Delawares population. There were 232 million people on the NHS waiting list in January 2010 compared to 457 million in January 2020, a sharp increase in the ten years prior to the pandemic. Goals for patient care are frequently not met. Since 2016 there has been a national failure to meet the NHS Constitutional standard which stipulates that 92 percent of patients should not wait longer than 18 weeks (approximately 4 months) from referral to beginning therapy. (NHS.uk)



Source: <https://pennypost.org.uk/2020/02/who-pays-for-social-care/>

5) Long-Run trends in Health and Care Spending show a Decade of Underinvestment:

Before the pandemic, health and care services were underfunded for ten years, limiting their capacity to provide services. In the ten years before the pandemic, total government health spending in England increased by just 2 percent annually. This is significantly less than the long-run average of 3-point 8 percent. Spending increased dramatically during the pandemic (with annual growth of 5-point 7 percent between 2019/20 and 2022/23) when the NHS had to deal with the biggest shock in its history. Most of the added funding went toward hiring more staff. Health spending is expected to increase by 0-point 1 percent in real terms between 2023/24 and 2024/25 and the NHSs future spending plans are uncertain. In our most recent survey 80% of respondents expressed dedicated support for increased funding for the NHS including most Conservative voters (60%) and Labour voters (93%). (NHS.uk)



Several crucial factors need to be considered when estimating the internal and external supply of human resources, especially considering the nursing shortage. The issues encompassed in this list are those related to labor market dynamics pipelines for education and training workforce demographics policy implications and external factors like healthcare demand and economic conditions. Here is an overview of the key considerations:

1) Workforce Demographics:

A significant percentage of the nursing workforce is getting close to retirement age, especially in nations where the population is aging such as the US and the UK. The retirement of these seasoned nurses may result in a significant decrease in the nursing workforce, worsening the shortage.

Historically women have dominated the nursing profession. Nonetheless one tactic to increase the supply might be to draw in and keep male nurses. Changes in recruitment tactics and gender norms may have an impact on this. (Dunn et al.)

2) Education and Training Pipelines:

Future nursing supply is directly affected by the number of students enrolling in nursing programs. Restrictions on enrollment may arise from factors like insufficient faculty clinical placements and financial constraints.

Not every student who enrolls in nursing programs goes on to finish their education. The efficiency of education programs in addressing shortages may be weakened by high attrition rates.

Career advancement opportunities offered by continuing education and specialization can help keep nurses in the field. But it also takes a lot of resources to do this. (Dunn et al.)

4) Other External Factors:

Sveral External Factors Can Influence Both the Internal and External Supply of Nurses:

Economic Conditions: The number of nurses in the workforce may be affected by economic downturns that result in lower financing for healthcare and education. On the other hand, there may be a rise in healthcare spending during economic expansion.

Healthcare Demand: The current nursing shortage may be worsened by growing healthcare needs brought on by aging populations population growth and the rising incidence of chronic illnesses. To satisfy this demand more nurses must be available as well as more efficient healthcare delivery. (Dunn et al.)

Buchan, J., & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, 17(24), 3262-3264.

Bureaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered nurse workforce. *JAMA*, 283(22), 2948-2954.

World Health Organization (WHO). (2020). State of the World's Nursing 2020: Investing in Education, Jobs, and Leadership. Retrieved from WHO.

A Position Analysis for Doctors Working in The NHS (National Health Services):

Several factors such as job roles and responsibilities, working conditions challenges and the larger context within the healthcare system must be considered when conducting a position analysis for doctors employed by the National Health Service (NHS). This analysis makes use of publicly available data from government reports, the NHS website and newspapers. (NHS, 2023.)

Roles & Responsibilities:

Junior physicians' specialists, General Practitioners (GPs) and consultants are just a few of the many roles that doctors in the NHS play in a variety of specializations. The Primary Responsibilities of Doctors Include:

Patient Care: Providing high-quality care to patients, including diagnosis, treatment, and management of illnesses and injuries.

Clinical Leadership: Directing and overseeing clinical teams, particularly those of consultants and senior physicians, to guarantee the provision of high-quality medical care.

Education and Training: Involvement in the training of junior doctors, medical students, and other healthcare professionals.

Research and Development: Contributing to medical research and innovations to advance healthcare practices and improve patient outcomes.

(British Medical Association (BMA), 2022)

Work Conditions:

The larger pressures facing the NHS significantly affect the working conditions for doctors there, including Resource constraints and increasing patient demand:

Workload: In the National Health Service (NHS) doctors often deal with heavy workloads, long hours, and difficult working conditions. This may cause burnout especially in junior physicians just starting their careers.

Remuneration: NHS doctors are paid well but pay scales differ according to specialization region and experience level. National contracts which professional associations such as the British Medical Association (BMA) periodically review and negotiate set the pay scale.

Support and Resources: The effective performance of doctors in their roles can be affected by their NHS trust's ability to provide them with sufficient resources such as staffing equipment and administrative support.

(King's Fund, 2021)

Challenges:

Sveral Challenges affect the position of doctors within the NHS, influencing their work environment and overall job satisfaction:

Staffing Shortage: There has been a severe staffing shortage in the NHS, especially in some specializations and regions. This puts more strain on the current workforce which can result in overwork and in certain situations a drop in the standard of care.

Budget Constraints: The NHS runs within tight budgetary limits, which can lead to underfunding in certain areas, affecting the availability of resources and support for doctors.

COVID-19 Pandemic: The pandemic has put the National Health Service (NHS) under unprecedented strain with front-line doctors

dealing with serious physical and mental health issues due to their increased workload and risk of infection.

(Department of Health and Social Care, 2021.)

Combining their important roles and responsibilities with the difficult working conditions they endure and the larger systemic problems facing the NHS doctors' position in the organization is shaped by these factors. Despite these obstacles physicians are still an essential part of the NHS helping it fulfill its goal of offering everyone access to high-quality healthcare. To ensure that physicians can continue to provide high-quality care and preserve their own wellbeing it is crucial to address problems like staffing shortages workload demands and resource limitations.

Works Cited (References)

- Dunn, Phoebe, et al. "Nine Major Challenges Facing Health and Care in England - the Health Foundation." [Www.health.org.uk](http://www.health.org.uk), The Health Foundation, 3 Nov. 2023, www.health.org.uk/publications/long-reads/nine-major-challenges-facing-health-and-care-in-england.
- "Introduction | Addressing the Leading Risk Factors for Ill Health." *Health Foundation*, reader.health.org.uk/addressing-leading-risk-factors/introduction.
- Public Health England. "Chapter 5: Inequalities in Health." *GOV.UK*, 2018, www.gov.uk/government/publications/health-profile-for-england-2018/chapter-5-inequalities-in-health.
- Roy, Ananya. "Multiple Conditions and Health Inequalities: Addressing the Challenge with Research." *NIHR Evidence*, 20 Sept. 2023, evidence.nihr.ac.uk/collection/multiple-long-term-conditions-multimorbidity-and-inequality-addressing-the-challenge-insights-from-research/.
- NHS. (2023). NHS roles: doctors. Retrieved from NHS Careers
- British Medical Association (BMA). (2022). Pay and contracts for doctors. Retrieved from BMA
- King's Fund. (2021). The NHS workforce crisis. Retrieved from King's Fund
- Department of Health and Social Care. (2021). NHS Long Term Plan. Retrieved from Gov.uk
- Buchan, J., & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, 17(24), 3262-3264.
- Bureaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Implications of an aging registered nurse workforce. *JAMA*, 283(22), 2948-2954.

World Health Organization (WHO). (2020). State of the World's Nursing 2020: Investing in Education, Jobs, and Leadership. Retrieved from WHO.

King's Fund. (2021). Nursing workforce. Retrieved from King's Fund

British Medical Association (BMA). (2019). Workforce shortages in the NHS: A guide to tackling the crisis. Retrieved from BMA