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Module: LCH4003 – Introduction to health and social care

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The historical context of the National Health Service (NHS) began with the Beveridge report of 1942, which identified the needs of social illness and disease.

This led to the inaugural Labour government establishing the NHS in 1948, as a tax funding service available to all citizens.

Key historical Context

The Beveridge report: Commissioned in 1941, this report recommended reforms to tackle poverty, and disease. The “five giants”, The Beveridge report of 1941 is the lack of education, poverty, poor housing conditions, disease, and unemployment.

World war 11's influences: The war and the government's Emergency medical Service, which helped hospitals to organise casualties, it helped establish the idea to unity, a state –funded health service.

Aneurin Bevan and the Labour government: The labour government elected in 1945, the minister of health, Aneurin Beva, he led the legislation, despite the opposition from doctors, dentists, who feared that they would lose their independence.

Implementation challenges: Despite resistance, the NHS launched on July 5, 1948. The plan involved nationalising hospitals and creating a new government system to manage the service.

Core Principles: The NHS was founded on the idea of a thorough health care system, based on needs and, not the ability to pay, it

created a wider series of improvements and aimed at providing social security as a protective structure for all citizens.

The NHS was established on 3 three core principles: that it should meet the needs of everyone (universal access), comprehensive care, be free, based on a clinical need and not the ability to pay.

Comprehensive services the NHS would meet a full range of services, such as GP visits, hospital treatment, dental work, optical care.

The NHS made access to medical free of charge care, when a patient needed it. Care would be provided on an individual clinical need, and not their wealth. This was a radical change on the previous system, which was a mix of private, charitable schemes, or a particular town or district.

The current structure of the NHS and its functioning: The NHS in the UK, is a complex system. The NHS is made up of multiple organisations, individual organisations and having they have their own recruitment team and list of vacancies.

National bodies that oversee and regulate the NHS.

An Integrated Care system- (ICSs) that plan and commission care for local populations.

Acute hospital trusts, mental health trusts, community trusts, ambulance trusts, charities and social enterprises.

Do these systems collaborate between the NHS providers, local authorities, and community services.

How effective are these systems? How well is the NHS structured?

How well is it performing? What are the challenges that the NHS are facing?

The NHS relies on the taxation the budget is fixed and must cover the services. This involves the rising costs of medicines, technology and staff. Productivity such as staff, equipment, services such as consultations and surgical procedures.

Are patients getting care on time? How long are waiting times in the A&E department? How many people are waiting on the waiting list for appointments and treatment?

The biggest challenges for the NHS are in increased demand due to with an ageing population and more people with long term-illnesses.

Also, the post pandemic effects, the system is still recovering from the impact of coronavirus pandemic.

What are the latest changes according to ICSs? An introduction of a new performance assessment framework. Are these plans and structures fixing problems?

The NHS has significant weaknesses. These include waiting times, funding constraints, politics, poor IT, staffing shortages, and unfair avoidable differences in health outcomes and health care access in different geographical areas in the UK.

References:

[Bmcpregnancychildbirth.biomedcentral.com](https://bmcpregnancychildbirth.biomedcentral.com)

[Platform.who.int](https://platform.who.int)

Beveridge.W. (1942). Social Insurance and allied services. His
Majestys Stationery Office.

Nhs.co.uk



Clement Attlee, Prime Minister 1945-1951



1948

- The NHS was founded on three key principles:
 - It meets the needs of everyone
 - It is free at the point of use.
 - It is based on clinical need, not ability to pay
- In short, the NHS was established to ensure that everyone in Britain could access quality healthcare, regardless of wealth, marking a major step toward social equality.

On 5th July 1948 the National Health Service was established in the United Kingdom.

MIDWIFERY

- 'Road to Recovery' mandate
- Reduce elective care waiting times
 - Improve urgent and emergency care
 - Enhance access to primary and dental care
 - Address mental health needs
 - Maximise productivity and manage finances

1. Short-term Operational Priorities

- Criticism of NHS Functions
- Inability to meet demand (exceeding capacity, crisis in waiting times, social care link)
 - Workforce crisis (staff shortages, retention issues, inadequate planning)
- 10 Unequal and Fragmented Access
- Regional disparities
 - Poor data sharing

2025



1. Long-term Strategic Shifts

THE REASON I CHOSE THE HEALTHCARE SERVICE, IS BECAUSE OF WOMEN WHO I KNOW WHO HAVE SUFFERED TRAUMA DURING PREGNANCY AND CHILDBIRTH, BECAUSE OF THE LACK OF TRUST BETWEEN THE WIDOW AND THE EXPECTANT MOTHER. EMPOWERING PREGNANT WOMEN TO MAKE CHOICES AND PERSONAL PREFERENCES AND HAVE MORE OPTIONS.

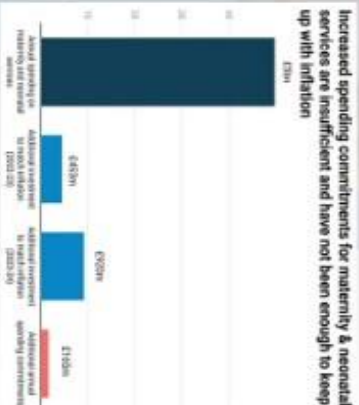
Long-term Strategic Shifts

- The NHS is laying foundations for three major strategic shifts over the next decade:
- From hospital to community
 - From sickness to prevention areas with high health inequalities.
 - From analogue to digital

CRITICISMS

1. Persistent Underinvestment
- Declining capital funding
 - Strained day-to-day budgets

Community antenatal midwifery services



REF: <https://bmcpregnancychildbirth.biomedcentral.com/articles/supplements/volume-17-supplement-2>

REF: 2021/23 STATE OF CARE REPORT

