

MUDr Sylva Dolenská

Lesson 16

## **Hospital Care**

The practice of medicine comprises prevention, diagnosis and treatment of disease. Health education and promotion of health among the general public aids disease prevention, whilst medical education in medical schools enables medical practitioners to diagnose and treat disease. Medical school graduates in the United Kingdom obtain a bachelor degree (MBBS or similar) but are commonly known as doctors. All doctors must be registered with the General Medical Council in order to practise medicine. The General Medical Council is a regulator of the medical profession. It oversees adherence to standards and fulfilment of doctors' duties.

There are many careers within the medical profession but the majority of medical men or women are primarily engaged in general medical practice, hospital medicine or community medicine. Dentistry is taught at separate schools – dental schools, which usually co-exist with a medical school but have a separate programme. After recent change in medical training, medical school graduates join a training scheme designed either for general practice or for hospital medicine. In the first year after medical school, called the foundation year, the newly qualified doctor works under close supervision and with only provisional registration. Such post was in the past called house officer, due to the fact that the young doctor spent a lot of time on call „in house“, i.e. in the hospital. In the second foundation year, the doctors obtain full registration, choose their speciality and apply for rotational training schemes.

Postgraduate training is designed and overseen by the medical royal colleges, such as the Royal College of Physicians, Royal College of Surgeons etc. Future general practitioners join a three year rotational training, half of which takes place in the hospital. Training in other

specialities takes on average another 5 years. Doctors starting on speciality training are called senior house officers, and after attaining the first part of the royal college examination they become specialist registrars. Having completed their training and passed the second part of royal college examination, they are eligible to be included in the specialist register and apply for consultant posts. Thus the consultant is the most senior grade in the hospital. Consultants work as partners in a department, and choose a lead specialist for administrative purposes only. Doctors who have not undergone the training or have not passed the royal college examination cannot be included in the specialist register. They are able to work as staff grade doctors, who work within certain constraints. All doctors must demonstrate that they undergo continuous professional development during their working life.

A district hospital with acute services will have a casualty (or accident and emergency) department for trauma and acute intake, inpatient facilities (wards) and outpatient facilities called clinics, where hospital patients are followed up after discharge from hospital.

Hospital specialities are grouped into clinical departments such as medicine, surgery, obstetrics and gynaecology, anaesthetics and paediatrics. The surgical department may comprise smaller specialities such as urology, ophthalmology and ENT, but orthopaedics is usually a separate department. Clinical support services such as radiology, pathology, occupational therapy and physiotherapy may be grouped together in a department or variously incorporated into other departments.

The basic component unit of the inpatient department is called the ward, consisting of rooms for patients, treatment rooms, bathrooms, lavatories, a kitchen and sister's office.

The day to day running of the ward is administered by the nurses, who have their own hierarchy. Skilled nurses called staff nurses are qualified to administer medication, assist the doctor with procedures, change dressings, perform vital function monitoring and other medical observations, and similar tasks. Health care assistants do ancillary jobs – they wash

and feed patients, assist with temperature and blood pressure measurement, and accompany patients to investigations if they need assistance. Bed making has been subcontracted to cleaning staff and no longer is a part of the nurse's duty. The nurse responsible for the ward is the ward manager; this entails both clinical and administrative responsibility, such as ordering of equipment and stock, and assignment of nursing staff to shifts. Each shift has a lead nurse – nurse in charge, or charge nurse. During their professional career, nurses achieve various levels of seniority, starting with sister (an experienced nurse with additional qualifications), progressing through matron (senior nurse, usually in charge of a department) to managerial levels of various titles. Nurse consultant works usually on her own and her qualifications include prescribing in her chosen speciality. Nursing course is partly undertaken at a nursing college, and allows for university degrees in nursing. Student nurses have periods of learning in hospital, where they work under supervision of a nurse tutor.

Apart from *medical and nursing staff*, the hospital also employs professions allied to medicine, such as *physiotherapists, laboratory assistants and radiographers*. These are referred to as *paramedical staff*. Other hospital employees include *ancillary staff* – porters or orderlies, *secretarial staff* – medical secretaries for each department, *ward clerks* for daily administration of wards, *technical staff* such as medical physics engineers, information technology staff and „estates“ for routine house maintenance, and *managerial staff*. With the advent of information technology and the trend for electronic ordering and electronic test results, the ward clerks are gradually disappearing from the wards.

The uppermost managerial level is non-medical. At the head of a large medical unit called NHS Trust is a chief executive who is appointed into the post after a competitive interview by the Department of Health, i.e. by central government. The chief executive bears overall responsibility for the Trust. He or she is assisted in their duties by the Clinical

Management Board, consisting of heads of departments, head nurses and non-clinical managers.

## Lesson 17

### **National Health Service in Great Britain**

The British social welfare system comprises the National Health Service (the NHS), social services (care for disadvantaged members of the society), and social security (financial support for those who do not have other sources of income). The NHS was founded in 1948 by the then Labour government and has survived for almost sixty years with only minor reforms. It provides a comprehensive range of medical services available to all residents in the UK. Social services are funded by local authorities and provide assistance to the elderly, disabled, and children in need. Social security is administered by the central government, and ensures a basic standard of living for people without temporary or permanent income.

The NHS is funded from general taxation by the central government but the responsibility for financial management is devolved to local units called NHS Trusts. The principal fundholders in the NHS system are the NHS Primary Care Trusts (PCTs), who commission healthcare from hospitals, general practitioners and others and pay them on an agreed tariff or contract basis, according to guidelines set out by the Department of Health. Other types of NHS trusts are NHS Hospital Trusts, NHS Ambulance Services Trusts, NHS Care Trusts and NHS Mental Health Services Trusts. NHS dental services are provided for children only, with the general population having to pay dental insurance. Opticians and pharmacists also operate on a similar basis partly outside the NHS.

Private health insurance operates in parallel with the NHS. Doctors may work in private practice provided they are registered with the General Medical Council as

specialists, and maintain their standard, which usually (but not always) means an employment in the NHS. Patients who have additional medical insurance will often use it to have an operation at a hospital of their choice and performed by a consultant of their choice, or to secure the involvement of a particular specialist in their medical care. A recent development in the NHS is the “Choose and Book” system, whereby the general practitioners should be able to refer directly to a particular hospital within the NHS. However, a substantial part of the value of the private insurance is in the postoperative nursing and physiotherapy care, and a close involvement of the medical specialist over the course of the illness.

Primary health care is provided by doctors, district nurses, health visitors and midwives employed by the Primary Care Trust but working in the community as independent practitioners. Family doctors, known as general practitioners (GPs), provide the first point of contact in case of disease, and depending on the diagnosis will either treat the patient in their surgery, send the patient directly to the hospital for admission, or refer the patient to a hospital consultant for an outpatient appointment. Most GPs work in a group practice which employs also nurses and sometimes paramedical staff such as physiotherapists. Single-doctor practice is now a rare phenomenon, partly due to cost, partly driven by legislation. Large group practices are usually located in purpose built premises known as health centres. There are 29 000 GPs working in Great Britain, and 18 000 NHS dentists.

District nurses are employed by the Primary Care trusts and provide home nursing service to patients unable to attend hospital. This is an invaluable part of the health service, enabling patients to stay at home without overburdening the hospital services. District nurses give injections, change or apply dressings, remove sutures and monitor

patients discharged from hospital. Similarly, the community midwives provide antenatal and postnatal services, and home births if desired; community mental health nurses visit psychiatric patients to ensure compliance with medication and their general welfare; and the health visitors, skilled paediatric nurses, oversee a child's development from birth to school, including regular checks such as hearing and sight, and vaccination.

Social workers employed by local authorities visit one parent or other socially disadvantaged families to ensure that the living conditions in such families are of an acceptable standard, and that children get the care they need.

Emergency medical services are provided by the NHS ambulance trusts, with a single dialling contact – 999. For large conurbations, helicopter services are provided and funded by additional fundraising. Ambulances are staffed by paramedics with special training, who have to be able to provide basic care for trauma cases, resuscitate and defibrillate. This service is free to all.

Patients with terminal cancer are cared for in hospices, small hospitals specially equipped for the terminally ill. Due to extra resources needed, hospices are funded by charity fundraising, not by the central government.

Medicines in hospital are provided free of charge, i.e. included in the NHS care. However, in primary care patients who have an income and do not have a chronic illness have to pay for prescriptions a charge which grows periodically, now exceeding £ 6 per item. However, prescriptions for children, the elderly and chronically ill patients are free. Thus the NHS provides a high quality service which is free at the point of contact and available to all.