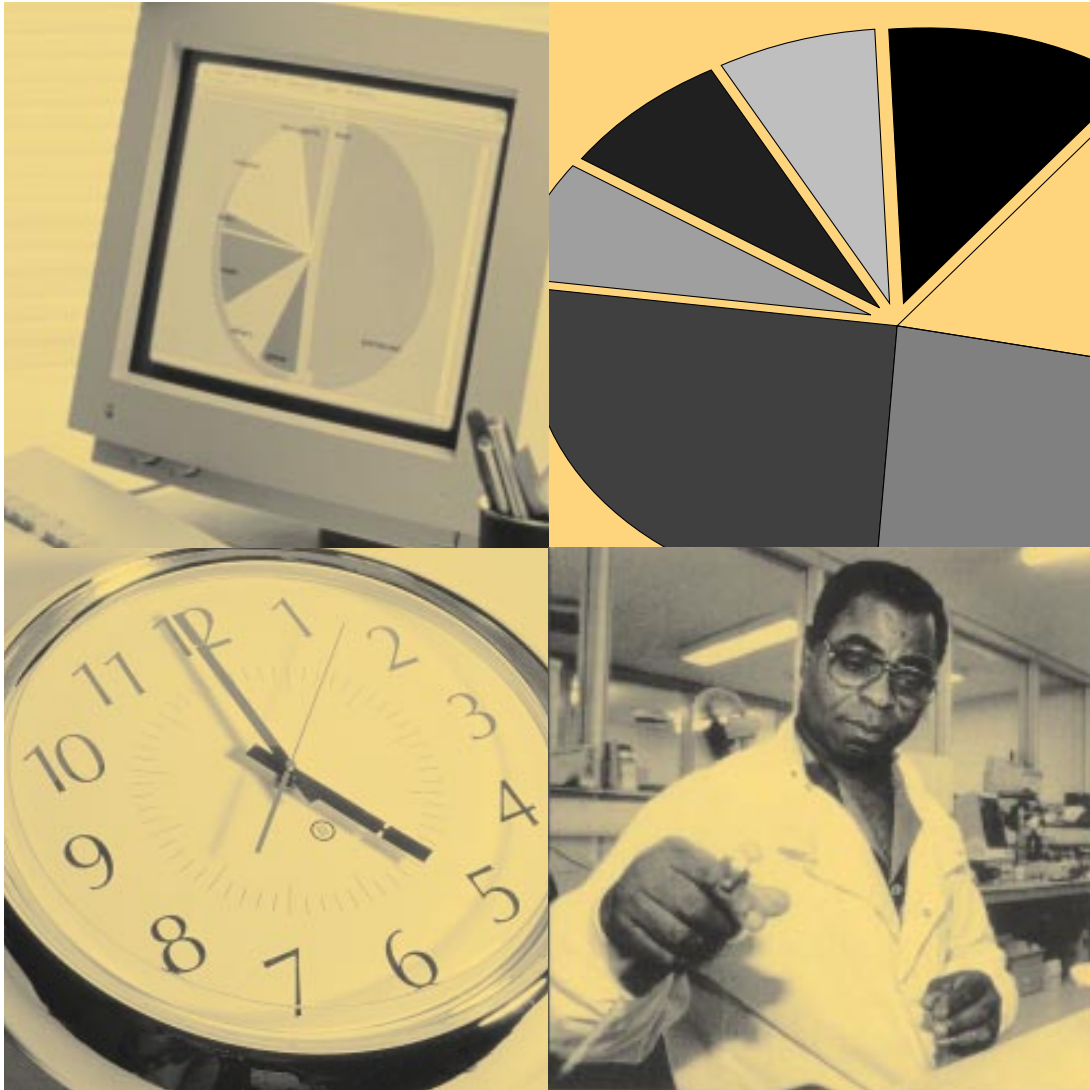


Cheques and Checks



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This confidential service is available from 10.00am to 5.00pm Monday–Friday. Any questions you have will be answered by fully trained information staff.



WORKSHEET ONE

Watch Module Three, 'Cheques and checks', carefully. Answer the following questions.

You may need to watch the video again to check your answers.

1. How many people does the NHS employ?

2. How much did the NHS spend per year when the video was made?

3. Explain how bulk buying can save the NHS money.

4. The video shows a chief executive explaining how decisions are made about spending a hospital's budget. Write down some of the factors that have to be taken into consideration when decisions are made.

5. How are family doctors funded?

6. Explain how Health Authorities make decisions on the type and number of treatments that will be offered in their area.

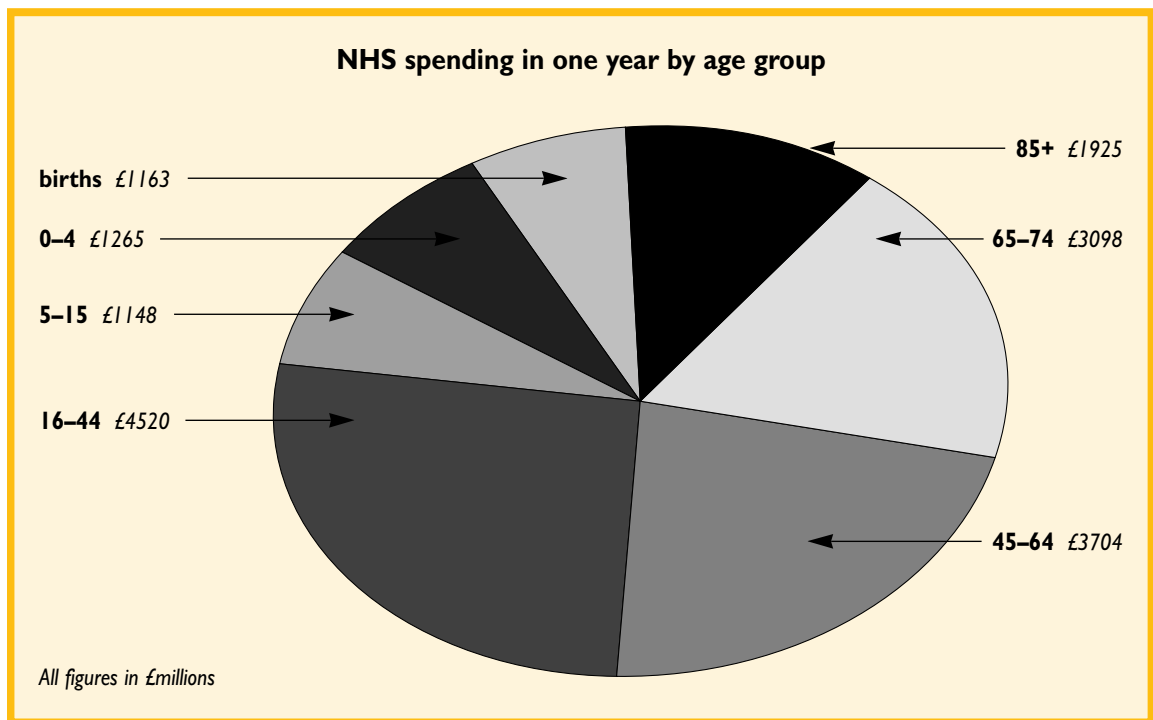
7. The money for the NHS comes from our taxes. Give examples of other services that our taxes also pay for.

8. Working in pairs, write down a list of services or items that need to be paid for to support someone staying in hospital for an operation, based on the information in the video.

How the NHS spends its money

There are many different ways of showing how the NHS spends money on services and people. For example, we could show how spending is distributed across professions or in clinical specialities. There are also different ways of calculating total spending which give slightly different figures.

The pie chart below shows how much money the NHS spent on various age groups.



Answer your questions on a separate sheet of paper.

1 How many millions were spent in total?

2. Work out the percentage spent on each age group.

3. Work out the approximate cost per year for each year group in the sector 5-15 or 16-44.

4. Discuss the possible different healthcare needs of each age group. What NHS facilities are there to meet those needs?

5. Using the information on NHS spending and the information from the population pyramids, describe the possible effect on:-

Pensions

The workforce

Healthcare

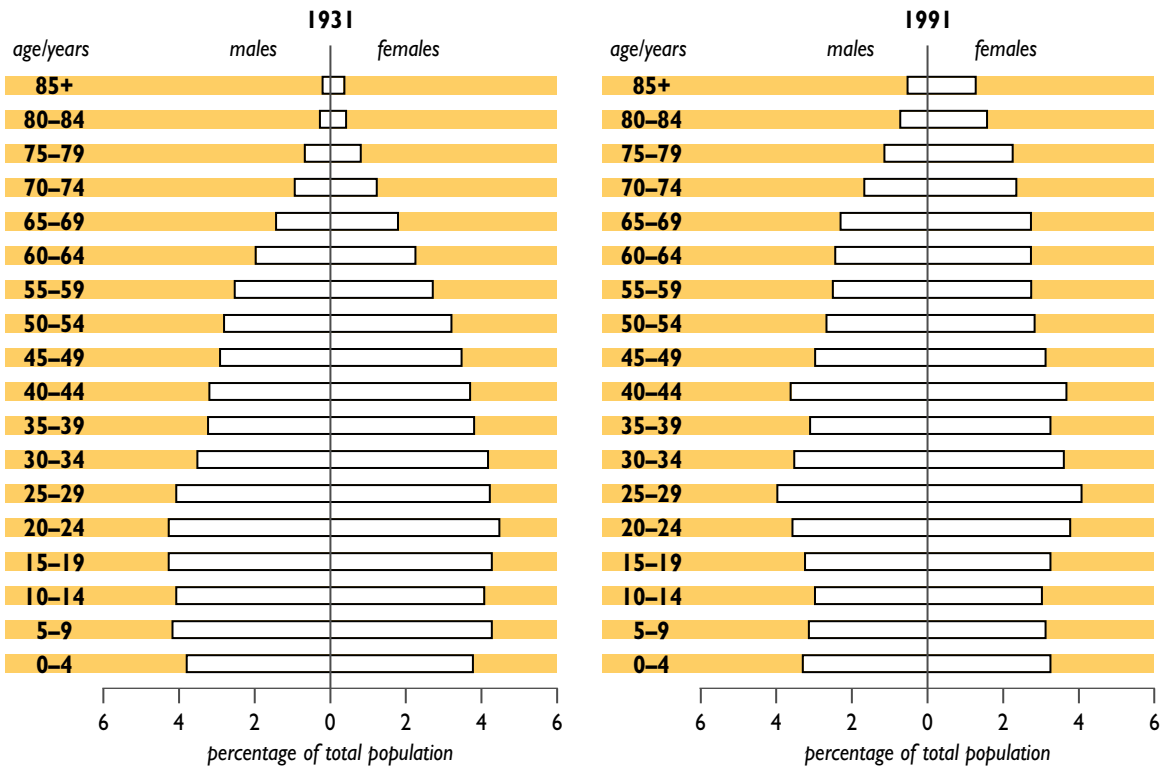
NHS provision for the future if the current trends continue.

WORKSHEET TWO *continued*



The population pyramids compare the UK population of 1931 with the population of 1991 by age.

The width of each bar gives an indication of the percentage of population in each age group.



Population pyramids for England and Wales in 1931 and 1991. (Data from official reports on the Great Britain Census of Population.)

1. What approximate percentage of people are aged under 15 in each year?

Explain the difference.

2. What approximate percentage of people are over 65 in each year?

Explain the difference.

3. What is the total percentage of people of working age (16–65) in each year? Calculate your answer using the 15–19 band as a starting point.

PERMISSION
TO PHOTOCOPY
GRANTED.

Who gets what – comparing costs

Some typical examples of the comparative costs of different treatments:

These are values which have been created for this exercise, but are typical of those in use. Real figures vary considerably, depending upon how the data is collected and how costs are calculated.

Cost of a coronary artery bypass graft operation	£7,500 per case	Cost of specialist nursing	£40.00 per visit
Cost of renal dialysis	£17,000 per year	Cost of podiatry	£100.00 per visit
Cost of a kidney transplant operation	£18,500 per case	Cost of physiotherapy	£80.00 per visit
Cost of an adult in Intensive Care	£1,500 per day	Cost of psychiatric nursing	£50.00 per visit
Cost of care of baby in a Special Care Baby Unit	£3,000 per week	Cost of health visiting	£20.00 per visit
		Cost of community nursing	£10.00 per visit
		Cost of residential care for someone with a learning disability	£100.00 per day

Answer your questions on a separate sheet of paper.

1. Calculate the cost of renal dialysis for one week.

2. Calculate the cost of an adult in an Intensive Care bed for one week.

3. If your kidneys fail, you must have dialysis treatment in order to survive. Many patients are waiting for transplants. Using your answer for question 1, work out how many weeks of dialysis is equal to the cost of a kidney transplant operation.

4. In pairs, write down reasons why you think the cost of intensive care treatment is so high.

5. Many hospitals are now doing simple operations in a day surgery centre. Write down the benefits to the hospital and to the patients of avoiding a stay in hospital.

6. Some treatments are more expensive than others. There is a dilemma which faces the Health Authorities when they are making decisions about which types of treatments to fund and how many of each. If money is spent on cheaper operations, this means that more people can be seen and waiting times will be reduced. Write down a list of arguments for or against this idea. Compare your arguments with others in your group.

7. Calculate the cost of a course of ten visits by the podiatrist.

8. Which of the above services take place in a hospital and which in the community? Why are hospital costs higher than community costs?

9. What is the cost of one week's, one month's, and one year's residential care for a person with learning disabilities?

The costs of one condition – asthma

Asthma is becoming increasingly common. During an attack, airways become inflamed and breathing is more difficult. Many asthmatics are short of breath, experience chest tightness and wheeze or cough. Asthma attacks may be triggered by a wide range of circumstances:

- active or passive smoking
- indoor or outdoor pollutants such as sulphur dioxide or ozone
- some foods, some drugs
- exercise
- stress
- living in damp houses
- illness (e.g. viral infections)
- allergens (substances that the asthmatic is allergic to), e.g. feather pillows, house dust mites, pets.

It has been estimated that in one Health Authority, 13–15% of pre-school children have asthma, 15–20% of school children have asthma and 3–5% of adults have asthma.

1. Imagine this was your Health Authority and calculate the number of people
 a) in your class b) in your school who are likely to have asthma.

Asthma can be controlled using drugs that relax the airways (reliever medicines) and drugs to make the airways less sensitive to the triggers (preventer medicines). By measuring the peak flow rate, which is how quickly air can be blown out of the lungs, many asthmatics can monitor their asthma so that the doctor can prescribe the most suitable treatment.

The table below shows the costs of asthma to one Health Authority.

	£ MILLION PER YEAR
Prescription costs (inhalers, etc)	31.7
Hospital admissions	5.5
Outpatient appointments	1
Doctor consultations	3

2. What is the total cost of asthma to the NHS in this Health Authority?

The costs of asthma are not just medical. Many people with asthma can't work when they have an attack. When this happens, costs may be borne by their employer, as the person's work won't get done, and in many cases the asthmatic person will be paid sickness benefit. The cost of this to the country has been estimated. This can be described as the social cost of asthma, as in the table below.

	£ MILLION PER YEAR
Cost of working days lost due to death	15
Cost of working days lost due to sick leave	26
Cost in sickness benefits	1.5



WORKSHEET FOUR *continued*

3. The goals of asthma treatment are:

- to be free from symptoms day and night
- to have no restrictions on everyday activities
- to have no emergency visits to hospital or emergency treatments

What might be the effect if most people with asthma achieved the goals of the treatment,

a) on prescription costs?

b) on hospital admissions?

c) on outpatient treatments?

d) on family doctor consultations?

e) on the social cost?

4. For people subject to asthmatic attacks who are taking medication as prescribed by the doctor, it makes sense, where possible, to avoid the causes of asthma. Using the list above, write down how they could avoid the common triggers. Write an advice sheet for asthmatics.

How do we do?

A lot of publicity has been given to the performance ('league') tables for waiting times for hospital treatment. The figures generally referred to are the time from the first outpatient appointment to admission to the hospital for treatment, although figures for the time between family doctor referral and the outpatient appointment are also published.

Study the following excerpt from the league tables for 1996-97.

HOSPITAL WAITING TIMES NHS Trust names and type	Accident & Emergency % of patients assessed within 5 minutes of arrival	Outpatient appointments				Admissions into hospital		
		% of patients seen for first appointments within 13 and 26 weeks of referral by GP	% of first appointments where patient did not attend	% of patients seen within 30 minutes of appointment time	% of patients admitted within 3 and 12 months of decision to admit	No. of patients not admitted within a month of last-minute cancelled operation		
		13 WEEKS	26 WEEKS			3 MONTHS	12 MONTHS	
Average performance	93%	83%	97%	11%	81%	72%	97%	11
Kettering General Hospital NHS Trust	97%	74%	96%	8%	92%	63%	96%	0
King's Lynn & Wisbech Hospitals NHS Trust	94%	76%	88%	7%	90%	62%	99%	6
Lifespan Healthcare Cambridge NHS Trust	(100%)	63%	93%	13%	98%	100%	100%	-
Luton & Dunstable Hospital NHS Trust	92%	77%	93%	11%	84%	74%	97%	-
Milton Keynes General NHS Trust	86%	75%	94%	14%	92%	69%	94%	14
Norfolk & Norwich Health Care NHS Trust	98%	83%	98%	5%	82%	63%	97%	0
Norh West Anglia Healthcare NHS Trust	(100%)	83%	95%	8%	97%	70%	98%	0
Northampton General Hospital NHS Trust	95%	73%	91%	8%	86%	71%	98%	3
Nuffield Orthopaedic Centre NHS Trust	-	85%	99%	8%	86%	45%	86%	1

NHS TRUST NAMES AND TYPES

First Tables show the results of Trusts, not the individual hospitals within

DATA TAKEN FROM THE NHS PERFORMANCE GUIDE 1996-97

Answer your questions on a separate sheet of paper.

1. Which Trusts gave the best performance for Accident and Emergency services?

2. Name the Trust where the performance for the number of patients seen within 13 weeks was better than average.

3. Which Trusts gave a lower than average performance for the percentage of patients seen within 30 minutes of their appointment time?

4. What was the total number of patients not admitted within a month of their original scheduled treatment which was cancelled at the last moment?

5. What effect do you think that the following would have on

a) the waiting time for the patient?

b) the number of people in the queue?

i) A patient whose symptoms get much worse.

ii) A patient whose symptoms clear up and whose family doctor cancels the referral.

iii) A patient who dies.

iv) A patient who has his/her treatment carried out privately.

v) A patient who gets better, but does not visit his/her family doctor.

vi) A patient who goes on holiday at his/her appointment time.

vii) A patient who hears that the local Trust is no longer providing his/her treatment.

To obtain a copy of your local performance table contact your local Health Authority.

PERMISSION TO PHOTOCOPY GRANTED.

Difficult decisions 1

Who would get a transplant?

The liver is an important organ. If someone suffers acute liver failure, there is sometimes nothing that can be done except to have a liver transplant. Transplants cost a lot of money and are dependent on suitable livers being donated from people who have died who are on the NHS donor register and carry a donor card, or whose parents, guardians or next of kin have given permission. Before a transplant, the liver needs to be closely matched with the patient's tissue types to reduce the risk of rejection. Below is a list of patients who are all waiting for a transplant.

James, a 25 year-old fire fighter, has liver failure due to an accidental overdose of paracetamol. He had had flu, and wanted to get better as quickly as possible. He didn't realise that the cough medicine, night remedy, and the two kinds of painkillers that he was taking contained paracetamol. He has a wife and a young baby.

Alec, a 55 year-old local businessman, has a failing liver due to excessive drinking of alcohol. He has had this problem before, and has already had one liver transplant. He has two grown-up children and a young baby.

Mary, a 28 year-old shop worker, has liver failure due to catching Hepatitis B, a liver disease. It is thought that she contracted this from her partner, or from an infected needle, as she and her partner are registered drug addicts. She has now stopped drug-taking, and her partner is also receiving treatment for his addiction.

Sarah, an 18 year-old single student, collapsed at a rave. Her friends told her parents that she had taken one Ecstasy tablet; it was the first time that she had ever tried it.

Vishal, a teacher aged 30, has just returned from a holiday in India. He ate some shellfish whilst he was abroad, and contracted Hepatitis A, a liver disease. He has a wife and two children.

Alison, aged 32 and married, suffered a very rare complication of her first pregnancy, and her liver has failed.

Write down a list, for each person, of why they should be given priority for a new liver.

Discuss your reasons with someone else, then try to come up with a list in order, with the most deserving person at the top of your list.

Compare these with others in your class.

WORKSHEET SEVEN

Difficult decisions 2

Cosmetic surgery – vanity or necessity?

It has been argued that cosmetic surgery should be low on the list of priority treatments on offer for patients.

Read the following accounts from people who want plastic surgery.

Tom is eight. He was born with very prominent ears and he is getting a lot of teasing at school. He is becoming more nervous and has started to wet his bed and refuse to go to school.

Joanna, aged four, has a 'port wine stain' – a bright red birthmark on the side of her face. Her mother is very anxious that she gets treatment before she starts school.

Poppy, aged 15, was born with a cleft palate. She has had nine operations at regular intervals to rebuild her soft palate and lip and now wants to have a final operation to reshape her nose and lessen the scarring.

When James, now aged 18, was 14, he and his friends tattooed their knuckles with the initials of their favourite football team. James is about to finish his A-levels and go into work or perhaps to university. He is very worried that nobody will accept him, as he can't hide his hands at interviews, so he wants plastic surgery to remove the tattoos.

Karen, aged 25, wants a breast reduction. She is very self-conscious about her bust size, can't get clothes to fit and also suffers from poor posture, with frequent backaches.

The Health Authority in the area has decided that it will not fund cosmetic surgery unless there is a genuine health reason for doing so. Choose one of the cases, and write a letter from the person or, if they are under 18, from their parents, putting forward a strong argument as to why they should be considered for cosmetic surgery.

Difficult decisions 3

Each year more and more treatments and new drugs become available, and special equipment becomes more sophisticated and thus more expensive. It would always be possible to spend more on healthcare, and so priorities have to be considered and some difficult decisions taken about how the available resources are distributed across the services. In the past, Health Authorities have made these decisions, but as the Health Service evolves over the next few years, other health professionals, especially family doctors and nurses, will be brought into the process. An extreme example of differing priorities would be that the treatment for a broken leg in Accident and Emergency would be seen as a higher priority than the removal of a tattoo.

Work in groups, and research the following treatments:

Assisted conception

Sterilisation

Cosmetic surgery

Gender reassignment

Imagine that you work for a Health Authority and it can make only one treatment available; debate in a group and decide which one you would choose.

Paying for the NHS

In the United Kingdom the National Health Service is paid for from general taxation. The money raised pays for the health service provided at present. Many other ways of paying for healthcare are possible, and other countries use other systems. These include private funding and compulsory insurance systems. The following exercise is designed to encourage you to look at different funding methods and to explore the merits and practicalities of them.

A street survey came up with the following suggestions about how money could be raised for the National Health Service.

"Money should be given out of the National Lottery"

"People should be means-tested and pay a percentage of their treatment cost if they can afford it"

"We should do as some other countries do and pay a realistic amount through a special tax worked out on the expected cost of treatment per person during a lifetime"

"There should be an additional health tax on things like cigarettes and alcohol"

"More money should be raised by putting up taxes like Income Tax"

"The NHS should be entirely funded from taxes raised by the Government"

"We should all have a charity day to support our local services so that we raise the money for our area"

"The NHS should charge for meals and services such as laundry bills – after all, if we were at home and not in hospital, we'd still have to eat"

"There should be a levy on employers for the healthcare of their employees"

"Insurance companies should pay for the Accident and Emergency costs of road accidents"

For each of these suggestions, write down its advantages and disadvantages.

Discuss as a group which of these suggestions would be fairest.

Can you think of any other ways that money could be raised?

Care in the community – who wants it?

Birchtrees Close is a small cul-de-sac in Newtown. There are seven detached houses that were built about one hundred years ago for the local wealthy businessmen of the time. They are all big houses, with eight bedrooms and a large garden each. Number 7 has just gone up for sale. The residents of the close find out that the local health Trust has put in an offer for the house and intends to apply for planning permission to make it a residence for people with learning disabilities. Mr Bryant, the chairman of the local residents' association living at number 1, calls a meeting. They invite Jane Kington, a social worker who will be working with the residents of number 7 if the application is successful, and Mr Field, a representative from the NHS Trust, so that their questions can be answered.

Divide into two groups, Group A and Group B.

Group A will role-play the local residents. Choose the available role cards and work in small groups to rehearse the arguments that the residents would use. Try to research real facts to strengthen your arguments.

Group B will rehearse the answers to the questions that you think will be raised by the worried residents and will take the roles of Jane Kington and Mr Field. You can read through the role cards to help you to prepare – remember that the residents are very worried people and need reassurance. Try to find out as much about care in the community as you can, so that you have realistic answers.

Jane Kington, social worker. You will be working with the group of adults who have been living as residents in a local hospital for people with learning disabilities. You are aware of the prejudices against people with learning disabilities and also that many people mix them up with people who are mentally ill. People with learning disabilities don't need to be 'cured' but may need a lot of support in living an independent life.

Mr Field, Trust representative. As part of improving the care of people with learning disabilities, many are offered the opportunity of more independence by living in the community, often in small groups, supported by relevant professionals. As a result of people moving away from hospitals, these large facilities are no longer required and are being closed. You know that you will fund 24-hour care. All the residents have been carefully assessed and are being prepared for the change. You believe that it is the best thing for the people concerned.

Mrs Brown (house number 3). You have three small children. You have no objection in principle to people with learning disabilities. You are very worried about the increase in traffic and parking problems, as your children often play in the front garden. You are also worried about possible noise at night, as your children go to bed early.

Mrs Pearl (house number 2). You are horrified by the proposal. You have read that these people can be disruptive. You fear that you won't sleep a wink, and none of your friends will come round.

Mr Stafford (house number 6). You are horrified by the proposal. You have only three years to go until you retire and you were hoping to sell your house for a big profit so that you could top up your pension. You have no experience of people with learning disabilities but are convinced that they have been shoved out into the community and will not be looked after properly. The house will soon look neglected and this means that your house price will fall and you will lose a lot of money – after all it is next door and who would move next to a hostel?

Dr Green (house number 5). You do not mind about the proposal except, as a doctor, you are worried that the site of the residence hasn't been thought through well enough. The house is a long way away from the shops and other local amenities and is not on a regular bus route. You are concerned that this won't increase the independence of the residents, but will mean that they are increasingly isolated. You are worried that they won't be able to cope without a very structured lifestyle. You are also concerned that you may be called upon professionally in your off-duty periods.



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