

The Home Front

England, of course, swallows up most of the NHS budget and it is consequently here that the biggest pressures lie. But what is the situation in the other UK countries?

■ SCOTLAND

Structure: a near-autonomous health service, more centralised than in England. 14 regional boards commission and provide a range of acute and primary care. Community health partnerships deliver primary care.

Funding: healthcare budget for 2007-8 is £10.26bn.

Policy differences: personal and nursing care for elderly people is free. Smoking in public places was banned last year. Waiting times are falling – 96 per cent of patients get hospital treatment within 18 weeks. Patient choice and foundation hospitals have not been adopted.

■ WALES

Structure: managed by the NHS Wales department of the Welsh Assembly. Three regional offices set the strategic direction. Twenty two local health boards, all coterminous with local authorities, commission acute and primary services and provide primary care. Fourteen integrated trusts are responsible for care in 136 hospitals.

Funding: healthcare budget for 2007-8 is £5.47bn

Policy differences: no hospitals have foundation status. Wales has retained its community health councils. Patients who have been waiting for more than 18 months are now offered treatment at an alternative hospital. The aim is to cut maximum waiting times to 26 weeks by 2009.

■ NORTHERN IRELAND

Structure: Northern Ireland's health service remains directly accountable to the UK parliament. The current structure is about to be replaced. Under the new system a single country-wide strategic authority will oversee five health and social services trusts responsible for the country's 15 hospitals and seven primary care-led commissioning groups.

Funding: healthcare budget for 2007-8 is £3.75bn

Policy differences: N Ireland's health and social services are fully integrated, reflected in the fact a single department is responsible for health, social services and public safety.

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The agenda

Future articles in this series will look in detail at the major planks of the reforms and their impacts on the ground

■ THE 18-WEEK TARGET

The policy: cutting waiting times for hospital treatment remains a top priority in the NHS.

Pros:

- > more patients are treated quicker
- > mortality and morbidity decreases

Cons:

- > can distort priorities and encourage manipulation of figures
- > hitting targets at all costs has pushed many trusts into the red

■ WORKING WITH LOCAL GOVERNMENT

The policy: local government overview and scrutiny committees and local involvement networks have replaced community health councils and patient forums.

Pros:

- > democratic overview of unelected trusts
- > offers a joined-up approach

Cons:

- > patient representatives are more remote than with CHCs
- > does local government have the resources and knowledge for this?

■ PAYMENT BY RESULTS

The policy: hospitals are now being paid according to the number of patients they treat.

Pros:

- > incentive for hospitals to become more efficient, responding to patient need
- > essential for government reforms such as patient choice

Cons:

- > is it a perverse incentive to increase hospital work?
- > is it realistic to extend PBR to primary care and mental health as intended?

■ PRACTICE-BASED COMMISSIONING

The policy: GPs will have their own budget to buy services for their patients.

Pros:

- > brings decision-making to the patient-doctor level
- > helps shift care from hospital to community

Cons:

- > can it work while trusts are in turmoil?
- > are the systems in place to make it happen?

■ NEW PROVIDERS

The policy: the government is encouraging a range of organisations outside the NHS, including charities and private companies, to provide healthcare.

Pros:

- > new organisations could fill gaps left by statutory services
- > new, imaginative solutions to old problems

Cons:

- > increased fragmentation in the service
- > what happens if a private provider goes bust?

■ PUBLIC HEALTH

The policy: the government's new public health agenda places great emphasis on health education and empowering individuals to make 'healthy choices'.

Pros:

- > huge health benefits
- > the NHS could founder without more preventive healthcare.

Cons:

- > the NHS has a poor track record in turning rhetoric into reality
- > public health goals are long-term; NHS political priorities are short-term.