Influences on healthcare policy

The healthcare policies contained in *The New NHS: Modern, dependable* (DoH, 1997) and the equivalent documents in the other UK countries need to be considered against the background of a number of other White Papers which have shaped today's NHS:

- *Promoting Better Health* (DoH, 1987); the Scottish equivalent is *Scotland's Health: A challenge to us all* (Scottish Office, 1992)
- *Working for Patients* (DoH, 1989a) — this applies to Northern Ireland as well as to England, Scotland and Wales
- *Caring for People* (DoH, 1989b) — this also covers Scotland and Wales; the equivalent for Northern Ireland is *People First* (DHSS NI, 1990)
- *Saving Lives: Our healthier nation* (DoH, 1999a); the Scottish equivalent is Towards a Healthier Scotland (Scottish Office, 1999), and the Welsh is *Better Health — Better Wales* (Welsh Office, 1998); in Northern Ireland the relevant documents are *Health and Wellbeing: Into the next millennium – Regional strategy for health and social wellbeing (1992-2002)* (DHSS NI, 1996) and *Well into 2000: A positive agenda for health and wellbeing* (DHSS NI, 1997).

The health improvement agenda

Saving Lives: Our healthier nation (DoH, 1999) updated an earlier document, *The Health of the Nation* (DoH, 1992) which set out particular areas with targets for improvement:

- Coronary heart disease and stroke
- Cancer
- Mental illness
- HIV/AIDS and sexual health
- Accidents.

In 1999 the targets were amended to be achieved by the year 2010:

- Coronary heart disease and stroke: to reduce the death rate in people under 75 by at least 40%
- Cancer: to reduce the death rate in people under 75 by at least 20%
- Mental illness: to reduce the death rate from suicide and undetermined injury by at least 20%
- Accidents: to reduce the death rate by at least 20% and serious injury by at least 10%.

In *Saving Lives*, the Government acknowledged that 'social, economic and environmental factors tending towards poor health are potent' (DoH, 1999a) for poorer people and those at risk of being socially excluded, such as older people or those with learning disabilities. The document emphasises 'a new balance in which people, communities and Government work together in partnership to improve health' (DoH, 1999a), in order to counteract factors that can cause poor health, such as poverty, substandard housing and fear of being victims of crime. The government aims to tackle such problems through the HimPs published by health authorities in co-operation with PCGs.

The Patient's Charter

The first Patient's Charter was published by the DoH in 1991 and came into force in April 1992. It outlined nine existing standards and three new 'rights' for patients. The nine existing standards incorporated into the Charter were:

- Respect for privacy, dignity and religious and cultural beliefs
- Arrangements to ensure everyone, including people with special needs, can use services
- Providing information to relatives and friends
- Waiting time for an ambulance service (14 minutes in urban areas, 19 minutes in a rural area)
- To be seen immediately in A&E
- Waiting time in outpatient clinics to be within 30 minutes of a specific appointment
- Operations should not be cancelled on the day a patient is due to arrive in hospital, although this could happen because of emergencies or sickness. If, exceptionally, an operation is postponed twice, the patient should be admitted within one month of the second cancelled operation date
- A named qualified nurse, midwife or health visitor to be responsible for each patient
- Decisions on future care to be made before discharge.

activity

This Activity is to get you thinking about how healthcare policy comes into being. Choose an area of healthcare that you are particularly interested in or concerned about. List your top three concerns.

Now find out whether the issues you are concerned about are covered in any of the White Papers listed above for eventual adoption as policy.

Do any of your concerns relate to the costs of health and community care, or to changing the power of a professional group, or perhaps to making local managers more responsible for the amount of money they spend on local healthcare?

activity

Consider how some of the elements of The Patient's Charter might impact on, for example, someone from a minority ethnic background. Is there any justification for the standards being applied differently to people from specific groups? What might be the resource implications of catering for different groups of patients/clients?

'There are so few Asian nurses, I've really felt I've been useful because I can talk to patients in their own language. There was one elderly woman in particular who was going for surgery. She spoke no English and the nurses couldn't understand her. I was able to explain what was happening and reassure her. It made me feel really good.

'Even when patients can speak English, there's still a cultural barrier and they won't always talk openly about their feelings to a white person.'

Young Asian woman, commenting after completing a clinical apprenticeship scheme (in: Swinburne, 2000)