Answer Guidance

# Chapter 39: Introduction to health policy and the political context of nursing

## Activity answer guidance

### Activity 39.1

Construct a timeline of the main policy developments within healthcare, over the past 30 years. The following documents will help you to do this:

 Nuffield Trust (n.d) The History of NHS Reform. Available at: <http://nhstimeline.nuffieldtrust.org.uk>

 English Heritage (n.d.) Back to the Community: Disability equality, rights, and inclusion. Available at: [www.english-heritage.org.uk/discover/people-and-places/disability-history/1945-to-the-pre­sent-day/back-to-the-community](http://www.english-heritage.org.uk/discover/people-and-places/disability-history/1945-to-the-present-day/back-to-the-community)

Can you identify any themes within the policy developments you have placed on your timeline?

### Activity 39.2

The four nations of the UK have some divergent and convergent health policy approaches, particularly since devolution in 1999. Access each country's health department website and identify their policies, relating to health inequalities.

 Department of Health (Northern Ireland): [www.health-ni.gov.uk](http://www.health-ni.gov.uk)

 Department of Health (Wales): <http://wales.gov.uk/topics/health/?lang=en>

 Department of Health (Scotland): [www.scotland.gov.uk/Topics/Health](http://www.scotland.gov.uk/Topics/Health)

 Department of Health (England): [www.dh.gov.uk](http://www.dh.gov.uk)

List them according to country and compare them.

#### Answer guidance:

*The health of the population in the UK has improved dramatically over the last century, in terms of morbidity and mortality. However these health gains are not equally shared, thus people with higher incomes tend to live longer and healthier lives than people living on lower incomes (Marmot, 2010). Income tends to be equated with social class and other characteristics tend to make a difference to people’s life chances, including gender, ethnicity, sexuality, age, and geography. The socioeconomic determinants of health clearly link social conditions and health and this is a crucial aspect of improving health (Marmot, 2010). Thus health inequalities have been defined as the “differences in health status or in the distribution of health determinants, between different population groups.” (WHO, 2013a). The social conditions of health relate to the conditions in which people are born, grow up, live, and work and include housing, education, financial security, the built environment, and the health system. The WHO (2013b) argues that these conditions are then shaped by each country’s economic, social and political policies. It is generally recognised these social determinants are responsible for significant levels of unfair health inequities. However political ideology drives the UK governmental response to this. It is imperative nurses understand and recognise the impact these social determinants have on health (RCN, 2012). Therefore tackling health inequalities is an important aspect of UK public health policy and of concern to all health care professionals.*

***Common themes across the four UK countries include*** *recognition of the complexity of tackling health inequalities; the importance of early year interventions and the need to give children the best possible start in life; the use of evidence-based practice; the need to work across government departments in partnership and approaching this from the framework of Marmot’s social determinants of health.*

***Divergent themes across the four UK countries include*** *health, housing, and changes to the UK welfare benefits system. The other three countries are concerned about the operation of the welfare benefits reforms in their countries as well as the differing approaches to reducing poverty, unemployment, and inequalities.*

### Activity 39.3

Imagine that the UK general election is fast approaching and the largest Westminster political parties – Labour, Conservative, Liberal Democrats, and the Scottish National Party – are setting out their manifestos. List their main health and social care policies.

To help with this, use Khomami, N., Torpey, P., Carrilho da Graca, D. and Holder, J. (2017) ‘Who should I vote for? The UK election manifes­tos compared’, *The Guardian*. Available at: <https://www.theguardian.com/politics/ng-interactive/2017/may/19/who-should-i-vote-for-the-uk-election-manifestos-compared>.

#### Answer guidance:

##### CONSERVATIVE

*Health policy*

 *Increase NHS spending by a minimum of £8bn in real terms over the next five years.*

 *Make it a priority in the Brexit negotiations that the 140,000 staff from EU countries can carry on their contributions to NHS and social care.*

 *Build and upgrade primary care facilities, mental health clinics, and hospitals.*

 *Recover the cost of medical treatment from non-UK residents.*

*Social policy*

 *Include the value of a family home in the means test for people receiving social care at home*

 *Cost of care to be capped and people guaranteed to keep £100,000 of assets once the care bill paid*

 *Allow deferral of care bills until after death to ensure no one is forced to sell the family home*

##### LIBERAL DEMOCRATS

*Health policy*

 *1pence on income tax to raise £6bn per year to be spent only on the NHS and social care services.*

 *Mental health waiting time standards to match those in physical health care.*

*Social policy*

 *Better integration of health and social care and implement a cap on the cost of social care.*

##### LABOUR

*Health policy*

 *Scrap the NHS pay cap and commit to over £30bn in extra funding over the next parliament.*

 *One million people are to be taken off NHS waiting lists by guaranteeing access to treatment within 18 weeks.*

 *Free parking in NHS England for patients, staff, and visitors.*

 *Increase funding to GP services and ring-fence mental health budgets.*

*Social policy*

 *Reverse privatisation and return health services into public control*

 *Lay the foundations of a National Care service and put an extra £8bn into social care over the next five years*

##### SCOTTISH NATIONAL PARTY

*Health Policy*

 *Additional NHS spending across the UK and commitment to increasing NHS Scotland budget by £2bn.*

 *Additional £1.7bn to be invested in Scotland’s health and social care partnerships over the next parliament.*

 *Call on new UK government to increase health spending per head of population in England to current Scottish level which is 7% higher.*

*Social Policy*

 *Maintain and always protect free personal and nursing care in Scotland*

### Activity 39.5

Reflect on the comments throughout this chapter, urging nurses to become more politically aware and even politically active:

• Do you agree with this argument?

• Record your current answer to the question above, and at the end of your nursing programme answer the question again.

• Is your answer still the same? If not, why not?

## Case study answer guidance

### Case study 39.1: Freya

Freya, from Northern Ireland, is 45 and lives with her 75-year-old mother, Joan. They are very close and do everything together. Freya has a learning disability but manages to cope with daily life with constant support and guidance from her mother. One of their favourite pastimes is taking long walks along the coast near their home. On returning from a walk one Friday evening, Freya’s mother complained of feeling unwell, with a severe headache and speech problems. Joan did not want to call an ambulance because she was fearful about getting Covid-19 in hospital, but when her condition worsened Freya called for an ambulance, and at 7 pm when they arrived at the local Emergency Department (ED) department, Joan’s symptoms had worsened further.

Joan was admitted to an observation ward attached to the ED because there were no beds available anywhere else in the hospital and Freya was able to stay with her. Although Freya found the whole experience very confusing and was extremely distressed and tearful, the staff did not identify that she had learning difficulties. Freya could not understand what was happening to her mother but didn’t feel able to ask any questions because the staff seemed too busy to talk to her. One of the nurses did mutter “Your mum has had a stroke,” but no one explained to Freya exactly what this meant. Freya did not know what she should do, so decided it was best just to sit quietly next to her mother’s bed. Over the next 4 hours, Freya’s mother’s level of consciousness deteriorated and her speech became less coherent. However, because the staff were very busy, her condition was only monitored every 2 hours and her deterioration went unnoticed. Just after 11 pm, a nurse said to Freya, in a very cold and rude manner, “What are you doing here? Please leave.” Feeling very upset, Freya thought it best to leave but was unsure how to get out of the hospital, let alone get home. Luckily, at that very moment, the ED receptionist phoned through with the message that Freya’s mother’s best friend Dora had arrived; she arranged to take Freya to her house because she knew Freya could not look after herself. When Freya said goodbye to her mother, it was the last time she ever spoke to her. When she returned at 2 pm the next day, she was distraught to find that her mother was deeply unconscious and no one had contacted her to tell her this. Joan died the next day, without regaining consciousness.

 Joan’s care highlights some of the problems with delivering care in an ED department. Identify these problems and reflect on how they could have been prevented.

 What national standards should have guided Joan’s treatment and care?

 Did the nursing staff treat Freya in an acceptable manner, and with the compassion she was entitled to?

 Should the staff have identified Freya’s learning disability and met her needs?

 If you were the nurse caring for Freya’s mother, what would you have done?

#### Answer guidance:

*Due to a lack of beds, Joan was placed on an observation ward- this is a temporary location to ensure Joan can leave A&E within the required timeframe. As Joan is waiting for a bed on a ward it does not appear that the staff took ownership of her case or displayed family-centred care. The staff were very busy and so did not spend time supporting Freya or adequately monitoring Joan. There was no learning disability advocate on the ward or a family liaison nurse.*

*The NHS Constitution states that 95% of patients attending A&E should be admitted, transferred, or discharged within four hours. However, this was recently reviewed and new measures are due to be implemented. National service frameworks, NICE guidelines, and the CQC also govern standards of care delivery.*

*No! They did not provide family-centred care and did not demonstrate compassion or care.*

*Yes, they should have taken the time to speak to Freya and determine her understanding of the situation.*

*You might have spent time with Freya building a therapeutic relationship, ensuring her needs were met and that she understood what was happening. You might have checked if she needed anyone to come and support her during such a difficult time. You might have increased observations of Freya’s mum and escalated your concerns, because her observations and NEWS2 score would indicate she was deteriorating*