THE BRITISH NATIONAL HEALTHCARE SERVICE AND PUBLIC HEALTHCARE DELIVERY IN PAKISTAN: A COMPARISON

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Abstract
This article describes the establishment and evolution of the British National Health Service (NHS). It delineates its structure and operating mechanism along with the pressures it has had to face in the last seven decades since its conception. It then compares the details with the healthcare sector in Pakistan. It holds that public spending on health and medicine in Pakistan does not encompass the rapidly changing demographics and urbanization. Additionally, the NHS could provide a way forward for any meaningful and substantive state intervention in this regard. The article concludes with some policy suggestions that in the opinion of the authors if implemented may offset the growing challenges in the public health sector.

Introduction

Healthcare was chiefly private and individuals needed to pay for the alleviation of pain. Therapeutic care tended to bargain for the most part with genuine diseases. Nearby specialists of big towns gave metropolitan clinics, maternity healing facilities, doctor's facilities for irresistible illnesses like smallpox and tuberculosis, and in addition doctor's facilities for the elderly.[1]

Several humanists and social reformers sought to provide free medical care to the poor. In 1828, a young specialist, William Marsden, opened a pharmacy with warnings and medicines - the London General Institute for Free Malignant Care. The four-storey house in one of the poorest parts of the city was designed as a health resort that would contain the most important international testimonies of needs and diseases. Treatment was given sans of charge to any down and out or debilitated individual who requested it - the interest for his administrations was overpowering. By the

[1] Karen Davis, Kristof Stremikis, David Squires and Cathy Schoen, *Mirror, Mirror on the Wall, 2014. Update: How the U.S. Health Care System Compares Internationally*, The Commonwealth Fund, June 2014. Retrieved from www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror.

year 1844, these sites were referred as the Royal Free Hospital, and 30,000 patients were treated every year. In spite of expert therapeutic staff giving their administrations for nothing out of pocket, they needed to depend on cash from inheritances, gifts, memberships and raising support occasions. In any case, in 1920, it was on the very edge of insolvency, and thus compelled to request that patients to pay for treatment.[2]

During the First World War, the medical administration of the armed forces showed the advantages of association and transportation. At the request of the government in 1920, Lord Dawson prepared a historic report on the possibility of organizing a social security administration. Under a local government law (1929), nearby specialists took control of the treatment centres, which were now administered by the municipal medical centres, serving the rescuers and not the homeless. This required a number of updates. In general, existing administrations had to be destroyed. The quality varied greatly from city to city, and national regions were served inefficiently. The County Councils of London and Middlesex were closed down, but many others trudged on. The number of specialized administrations doubled. In the 1930s, the British Medical Association think tanks presented a series of reports, such as political and economic planning and the Hospital Association. The King's Fund and the Nuffield Provincial Hospital Foundation, as defenders of the clinics, also remained deeply involved in assessing that the fate of conscious development depends on their effectiveness. Cooperation and regionalization had been the way forward.[3]

Basic medical care for the working population was only provided by the National Insurance Act of 1911. Workers (men) who earned less than £2 every seven days were given access to a specialist, but this did not actually include the spouse or children, or other workers, or those with a higher standard of living. Treatment facilities are burdened with administrative costs but are less often reimbursed to the poorest. All things being equal, it implied paying for the administration in any case, which most couldn't manage. The requirement with the expectation of complementary medicinal services was ending up generally perceived however the industrialists were not set up to help it.[4]

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[2] Ibid.

[3] National Health Service History, http://www.nhshistory.net/shorthistory.htm

[4] Ibid.

All through history, healthcare administrations and the medicinal calling have been utilized as a method for the communal regulator. Regardless of either, it is constrained sanitization of entire areas of the populaces or as a guard for administrations and advantages, the restorative calling has dependably represented to help the benefits of the entrepreneur sector.[5]

Dr Benjamin Moore, a physician from Liverpool, was probably the first to use the word "National Health Service" in 1910 in “The Dawn of Health Age”. He founded the Society of State Medical Service, which first met in 1912 and existed until it was replaced by the Socialist Medical Society in 1930.[6]

Before the National Health Fund was established in 1948, most patients had to pay social security contributions. Free treatment was some of the time accessible from Voluntary Hospitals. Some nearby specialists worked doctor's facilities for neighbourhood payers (under a framework beginning with the Poor Law). The London County Council (LCC) assumed control from the defunct Metropolitan Asylums Board obligation regarding 140 doctor's facilities, therapeutic colleges and other medicinal establishments. The Local Government Act 1929 enabled nearby specialists to run benefits well beyond those approved by the Poor Law and in actuality give a therapeutic procedure to everybody. By the flare-up of the World War II, the LCC was operating the biggest general wellbeing administration in Britain.[7]

Founded in 1939, the Emergency Hospital gave the essence of what the national health service could be. The healthcare framework is usually composed of private plans, such as well-designed social orders. In accordance with the National Insurance Act of 1911, presented by David Lloyd George, a small sum, which covered the liabilities of the company and the legislature, was subtracted from the weekly compensation. As an end-result of the record of commitments, the labourer was qualified for therapeutic care (and also retirement and joblessness benefits) however not really to the medications endorsed. To acquire therapeutic care, he enlisted as a specialist. Each specialist in general practice who took an interest in the

[5] Ibid.

[6] History of the National Health Service (England), https://ipfs.io/ipfs/QmXoypizjW3WknFiJnKLwHCnL72vedxjQkDDP1mXWo6uco/wiki/History_of_the_National_Health_Service_(England).html

[7] Eric Jackson, "Achievement: A Short History of the LCC", 25.

plan along these lines had a 'board' of the individuals that completed a protection under the framework and was compensated a duty give out of the store figured upon the number. The name of Lloyd George gets by in the "Lloyd George envelopes" in which maximum essential healthcare accounts in England have put away, most working records in essential care are in any event in part electronic. This flawed plan just secured specialists who waged their National Insurance Contributions and 'Lloyd George's Ambulance Wagon' was established. Most of the ladies and youngsters weren't secured.[8]

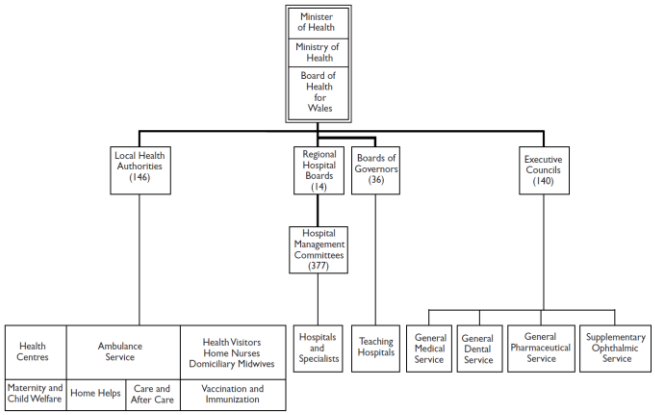
A noteworthy question that later divided the Labor Party was whether the future national health system should be controlled by experts nearby or independently of the voivodeship's premises. In the midst of the war, Conservatives presented the most important White Paper on future administration, which would include experts from neighbouring countries. But after the triumph of the workshop in 1945, Beveridge showed the cabinet a profoundly unusual layout that favoured the nationalization of all medical and gastronomic practices, and the existing territorial system.

The National Health Service

The National Health Service is the largest tax-funded healthcare provider in the world. It is also the biggest employer in the United Kingdom. Approximately 1.5 million people are directly associated with the NHS, which is more active personnel than many standing armed forces and business giants. Most of its staff comprised of the female gender.[9]

[8] Lord Dawson, Socialist Health Association, Interim Report on the Future Provision of Medical and Allied Services 1920, May 26, 2015, retrieved from https://www.sochealth.co.uk/national-health-service/healthcare-generally/history-of-healthcare/interim-report-on-the-future-provision-of-medical-and-allied-services-1920-lord-dawson-of-penn/

[9] Tony White, *A Guide to the NHS* (Oxford: Radcliffe Publishing, 2010), 3, also see NHS Facts at https://www.nhs70.nhs.uk/about/nhs-facts/



The NHS hierarchy in 1948[10]

The ideals of egalitarianism and social equity spurred the foundation of this service. After the devastation of the Second World War, Britain, although on the winning side, had to undergo the excruciating task of rebuilding. The new Labour Government under Prime Minister Atlee responded with ambitious interventionary programs that aimed to satisfy basic public needs namely, education, health and shelter. Hitherto, Medicare had failed to keep up with the pace of industrialization. Quality healthcare eluded the poor in big cities like London and Birmingham. Therefore, Labour's Minister of Health Aneurin Bevan from Wales decided that it was time to nationalize all hospitals.[11]

Needless to say, this shift from private to the state bureaucracy was not without resistance. According to Andrew Marr:

> A more dangerous enemy by far were the hospital doctors. What followed was the most important, most difficult domestic fight of the post-war Labour government's life. The doctors, organized under the Conservative-leaning leadership of the British Medical Association, had it in their power to stop the NHS dead in its tracks by simply refusing to work for it. They were worried about their standing in the new system – would they be mere state functionaries? And they were suspicious of Bevan [Aneurin Bevan, minister of

[10] Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 2002), 21.

[11] Andrew Marr, *A History of Modern Britain* (London: Pan Books, 2008), 65.

> health (1945-51), he introduced the National Health Service] quite rightly. He had wanted to have the doctors nationalized too, all employed by the state, all paid by the state, with no private fees allowed. This would mean a war with the very men and women trusted by millions to cure and care for them. But Bevan, the red-hot socialist, turned out to be a realist and diplomatist. He began by wooing the top hospital doctors, the consultants. The physicians and surgeons were promised they could keep their lucrative pay beds and private practice. Bevan later admitted that he had 'stuffed their mouths with gold'.[12]

After the ouster of Labour in 1951, there were apprehensions in some quarters that the NHS might not survive. Its budgetary allocations came under pressure when the Korean War demanded more defence spending. Moreover, it had to keep pace with the growing rate of population.[13]

In November 1968, the Ministry of Health was amalgamated with the Ministry of Social Security to form the new Department of Health and Social Security. Naturally, it raised the profile of the NHS because now the Ministry was to be headed by a senior political figure. However, as it happens, swelling stature brought increasing scrutiny.[14]

The two decades of Conservative Administration from 1979 to 1997, which had fought a battle against powerful trade union, did not open a front against the NHS.

> Government policies towards the NHS between 1979 and 1997 had assumed a pattern recognisable in some other social policy programmes. The broad parameters of government responsibilities for health services remained unchanged and there was no explicit policy of transferring health care away from the NHS and into the private sector. But attempts were made to introduce 'private sector efficiencies' into the NHS by 'contracting out' services,

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[12] Ibid, 66.

[13] John Carrier and Ian Kendall, *Health and the National Health Service* (Oxford: Routledge, 2016), 114.

[14] Charles Webster, *The National Health Service: A Political History*, 66.

> bringing in a system of management modelled on the private sector and by introducing the quasi-market with the purchaser/provider split.[15]

The Blairites New Labour succeeded Conservatives in 1997. It announced increase in the NHS funding while at the same time pursuing a comprehensive reform agenda. Prime Minister Tony Blair appeared determined to bring British health spending on par with the European average, which was 9% of the Gross Domestic Product (GDP).[16]

In July 2010, the newly formed David Cameron-led coalition government presented a white paper titled, 'Equity and Excellence: Liberating the NHS', that proposed to trim the bureaucracy and increase efficiency. These measures were legislated in March 2012.[17]

The Structure of the NHS

The NHS comprises of the following organs:

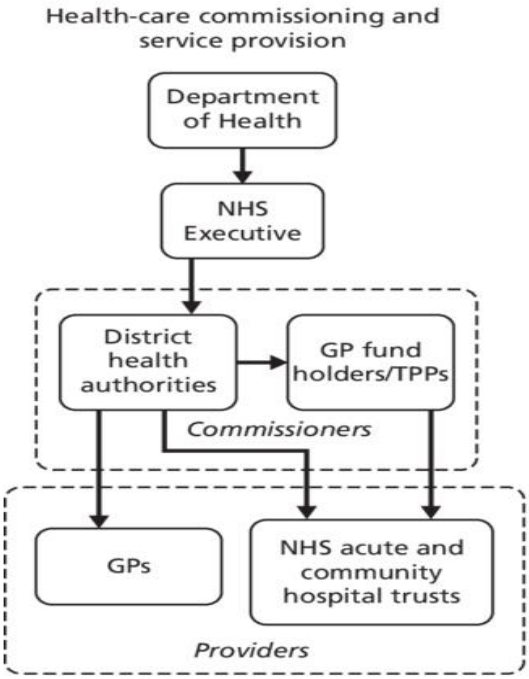
- NHS in England
- NHS in Northern Ireland
- NHS in Scotland
- NHS in Wales
- Isle of Man
- Channel Islands[18]

[15] John Carrier and Ian Kendall, 141.

[16] "An Independent Audit of the NHS under Labour (1997-2005)", available at https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/independent-audit-nhs-under-labour-1997%E2%80%932005-sunday-times-march-2005.pdf

[17] "Equity and excellence: Liberating the NHS", available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

[18] Tony White, *A Guide to the NHS*, 7.



Source: *Towards a framework for enhancing procurement and supply chain management practice in the NHS: Lessons for managers and clinicians from a synthesis of the theoretical and empirical literature - Scientific Figure on ResearchGate. Available from: https://www.researchgate.net/figure/Structure-and-organisation-of-NHS-commissioning-and-procurement-circa-1997-TPP-Total_fig1_275969202 [accessed 1 Dec, 2018].*

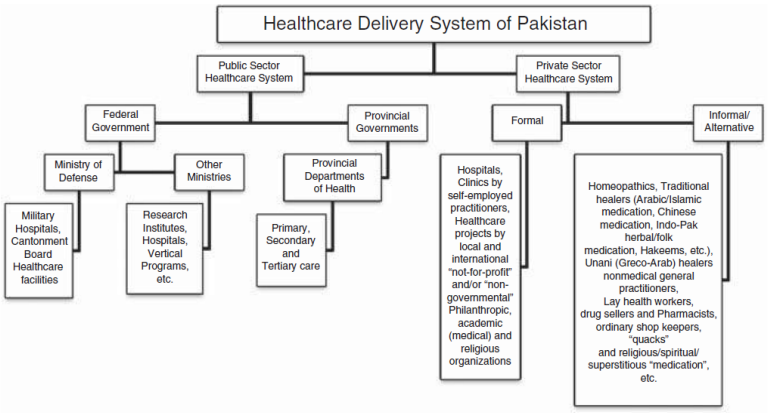
Healthcare delivery in Pakistan

Healthcare in Pakistan is quite decentralized. The private sector dominates the industry. Although medical establishments under military administration offer secondary and tertiary care, the majority still prefers large non-governmental hospitals. There is also a vast presence of traditional practitioners known as Hakims and Tabibs. The National Council for Tibb, established in 1965, regulates Unani, Ayurvedic and Homeopathic practice in the country.[19]

[19] "National Council for Tibb", available at https://www.nct.gov.pk/about/national-council-for-tibb/, accessed December 2, 2018.

The Pakistan Bureau of Statistics in their 2016 report on the social indicators of Pakistan calculated the total health figures as follows:

- Total registered MBBS doctors: 184711
- Total registered Dentists: 16652
- Total Hospitals: 1172
- Total Dispensaries: 5695[20]



source: *By Authors themselves*
https://commons.wikimedia.org/w/index.php?curid=73466713

The country has been witnessing massive urbanization for the last few decades. Rural to urban migration has increased exponentially. Consequently, the governments tried to augment public spending but socio-political instability sapped much of their resources. Attacks on polio eradication programme resulted in the deaths of countless health officials. Moreover, every now and then lack of proper sanitation results in epidemics.

After the passage of the 18th Amendment, the health portfolio transferred to the provincial units. Nevertheless, the shift has not been frictionless. Some medical institutions resisted this change in the pecking order, and

[20] "Social Indicators of Pakistan 2016", 70-71, available at http://www.pbs.gov.pk/sites/default/files//SOCIAL%20INDICATORS%202016%20%20(FINAL)%20%20COLOUR%201.pdf

there is an apprehension that any such future occurrence may jeopardise the smooth deliverance of medicare[21].

State intervention in healthcare

As stated earlier, Pakistan has had a significant private sector footprint in the field of medicine. Over the years, the state-run institutions have improved their infrastructure to address the ever-growing population. Still, an integrated system with a dedicated administrative machinery that supervises the nationwide medical network like the NHS seems a far cry. Perhaps, one of the reasons may be the size of the economy and its overall state of affairs. The tax base is already restive. A comprehensive undertaking of this size would require huge financing. Obviously, the pressure would be on the existing and fatigued tax-payer. It goes without saying that an efficient and well-oiled economy is a prerequisite for any such endeavour.

Nevertheless, the presently functioning institutions can be brought under a mechanism so that quality healthcare reaches the masses without any much hassle.

The rural areas require special attention. The state must afford primary care in localities that lack these amenities.

The following space is dedicated to some recommendations, which in the opinion of these authors could ease the anguish that usually accompanies the quest for quality medicare.

Structural directions for Pakistan

1) *The NHS Edifice*: Structurally, it is one of the best organizations in the world. It is an example for other underdeveloped and developing countries. It is an autonomous system and works under a systematic way in all the four constituents of the United Kingdom.
2) *Management*: The NHS has a very competent management from top to bottom. It is closely scrutinized, and because of such rigorous oversight it has been able to fulfil the primary and secondary health care needs of the UK citizens.

[21] Naeem Sahoutara, "Back and Forth: SC Overrules SHC in JPMC Devolution Case", *The Express Tribune*, July 25, 2016, available at https://tribune.com.pk/story/1149067/back-forth-sc-overrules-shc-jpmc-devolution-case/

3) *Performance*: Following a competent structure and managerial steps, the NHS has tried to achieve its health care targets and problem-solving methods for the people of the United Kingdom.
4) *Check & Balance*: The performance of the NHS in all four units of the UK is looked after and checked on regular basis. The health policy think tank Nuffield Trust yearly publishes a report regarding the changes, patient ratio, treatment procedures and even the behaviour of GPS and nurses.

There are some important aspects which made the NHS world's best social healthcare organization where patient satisfaction is the only priority. The NHS is an exemplary organization. Countries of the developing world can make NHS their role model.

Lack of policy continuation and the debilitating state of healthcare facilities in Pakistan are there for all to see. To overcome these problems a few steps should be taken such as:

- *Strict accountability* should be enforced for all the staff but, mostly for the health and social care managers because the administration is a vital tool to change the whole atmosphere.
- *An annual assessment should be adopted*: By doing this the administration will feel its responsibility more effectively.
- *Reward and Punishment system*: If a hospital receives no stars for its administrative and patient-care procedure, it should be taken to task. Likewise, a hospital that performs well should be granted special incentives.
- *Continuation of Policies*: Policies should be long-term because short-term policies are never fruitful.
- *Co-ordination between Federal and Provincial Governments*: Due to political rivalry Federal and Provincial governments do not co-ordinate with each other for most of the time. Therefore, to continue the smooth running of healthcare facilities for the population, it is suggested that they should abandon mutual distrust and acrimony.
- *Role of Social elements*: Societal backwardness has harmed feminine health. The NHS works in coordination with all the countries and their governments to eradicate social factors and false traditions. These steps should also be taken by our government. People needed to be educated about the demerits of early marriages. Electronic and print media can be utilized for this cause.

- *Role of Private Health-care System*: It offers more facilities than public sector establishment. To reduce the role of expensive and out of reach private healthcare system, the governments should try to create state of the art health care facilities, which will logically raise the stature of governmental organisations.

Conclusion

Healthcare is a fundamental right. Its deliverance is, therefore, incumbent upon the state. The taxpayer expects that in the time of distress the state would look after him/her and his/her family. It does not imply that there should be no room for private investment in the said sector. There have been some glorious examples of billionaires and business magnates putting their capital behind noble ventures. In our own country, Shaukat Khanum Cancer Hospital and Agha Khan University Hospital have been the two brightest symbols of non-governmental achievement.

The National Health Service has been the greatest manifestation of government-controlled medicare system. It began when Britain stood on the verge of bankruptcy. It has fought its way through so doggedly that it enjoys a strong bipartisan consensus. Every political party whether on the Right or Left of the political spectrum reserves a special place for NHS in its manifesto. Pakistan must also strive for such an arrangement. The federal and provincial stakeholders need to come forward and demonstrate that somethings should lie above political manoeuvrings, and that an efficient medicare scheme would ensure that our future generations remain healthy and productive members of society.