

English for Life in the UK

Podcast Transcript

Episode 19 - Health in the UK

(Mark) Welcome to Episode 19 of the podcast English for Life in the UK. This podcast is for intermediate-level learners of English and is produced by a group of volunteer teachers from the St. Augustine's Centre in Halifax, Yorkshire, where we provide a range of support and advice to those in need and in particular, to asylum seekers, refugees and migrants. In normal times we run a course at our Centre, which is supported by this podcast but we are now recording these podcast from our homes as a result of the virus lockdown and we do apologise for slight reduction in the quality of the sound as a result.

We believe that one of the most effective ways to learn any language is to listen to a range of native speakers talking about different subjects. We choose subjects we hope will be of interest and will help those who may want to become British citizens and will need to take a Citizenship test. You can find links to other episodes and the transcripts of these episodes at our website: www.staugustinescentrehalifax.org.uk

Here, you can also find more information about the Centre, the support that's available and for any of those of you who can afford it, information about how to make a donation to help to keep our work going in these difficult times.

Today's episode is about Health in the United Kingdom. The health service in particular and it is brought to you by Christine, John and myself, Mark

(Music)

(Christine) So John, I think you would like to tell us a bit about the National Health Service. Am I right?

(John) - Yeah - Hi Christine, Hi Mark - Obviously throughout the Covid crisis of recent months and in the elections of recent months, the NHS - the National Health Service - we refer to it as the NHS in every day use, has been at the front of of the news - it's been a very important part of the news over recent months.

So, I'm just going to talk a little bit about the history, where the NHS came from, and why it's such an important part of life in the UK. During t - we've seen VE Day, this week we're celebrating the 75th

anniversary of the end of World War 2 - and that takes us back to the birth of the National Health Service. Previous to World War 2, health service was what we'd describe as piecemeal. There was the insurance model of health care - so you might access health care through a charity, through an insurance scheme or through a local authority - there wasn't one over-arching Health Service in the UK until World War 2.

And during the war, after the Depression in the 1930s a lot of unemployment, and obviously, world war 2 brought a lot of upheaval, people started to think about the future. Our politicians in the UK started to think about how we would order society after the war had finished and things had needed to change and one of the most important things they looked at was the provision of health care. Part of the planning for the NHS came about in what was called the Beveridge report - so that was Liberal politician called William Beveridge. He was commissioned in 1943 to look at how we deal with things after the end of the war. So in 1943, it became quite clear that we were going to win the war, we were fighting alongside the Americans and the Soviet Union, so we turned our minds to planning how we were going to work things out in society, after the war. And famously, there were 5 key things the Beveridge Report was asked to examine - these were known as "the 5 great evils", These were want, squalor, idleness, ignorance, and disease. There were five problems that were besetting society in Britain before the war - and during the war - and 5 problems we wanted to look to solve.

In terms of "ignorance", we looked at education;

"idleness" meant putting men and women back to work;

"squalor" was looking at housing, better housing provision,

and

"want" was looking at things to do with the welfare state, unemployment, insurance, sick pay, things like that.

The one we're obviously looking at was "disease". So part of the plan was to bring together all the health provision under a national health service and the key, most important issue really, for people accessing it, was that previously it had been done through an insurance scheme, so you would have to pay a certain amount out of your wages each week into an insurance scheme, and then you'd be provided with health care, and the key change in the move to the NHS was that health care was paid for fully from taxation. The other key point as well that Aneurin Bevin who was the first health minister under the Labour Government wanted to impose was to make it a universal - so it was a plan to universalise care, and not just act as a safety net, and not just poor people who couldn't afford health care. So it became what we know and love today - the National Health Service and that was brought into being in 1948, a couple of years after the end of the war,

by the post-war Labour Government. And it retains the basic sense of being a national health care provider, free at the point of demand, free to everybody in the United Kingdom, to this day.

(M) John, you used the phrase "Universal Health Care". What does that mean?

(J) It meant that the best health care was available to everybody - so universal means across the board, it means everybody. It didn't matter whether you were rich or poor, you would be ... everybody would have access to the same level and same quality of health care, no matter how much you earned, everybody paid their national insurance into the system and everybody received the same care, under the NHS.

(M) So I'm going to talk a little bit about how the health service works today - how it works in practice. And it is a national service but of course it's delivered locally, and that is it is at the local level where people experience it and where our listeners, you will need to know how it works for you. And I suppose the core of it is your local doctor and we call them "GPs" - that stands for General Practitioner, but you will hear people talk about their GP and that is their doctor, their local doctor.

And doctors are organised, usually, in practices, so there will be - there might be a single doctor - but in most cases, these days, there's more than one doctor in a practice - and you have to register - so you register with a GP. And the GP, as it says - General Practitioner: this doctor knows a lot about a wide range of things, in terms of health - so he or she is not a specialist, they are a generalist about health, they have a good range of knowledge about all the things to do with people's health. And you can get an appointment with your doctor, very often these days that starts with a telephone call but usually you can get to see your doctor, your GP, face to face and talk to them about the issues that you've got and they can then refer you on to more specialist services, so you might go along and have some problems ... let's say, with back problems that you have, then your doctor may send you to a specialist who knows about spinal injuries or who knows about back problems from there. So that's the GP service.

Then of course there are hospitals and the doctor might refer you to the hospital but you can go along to the hospital yourself, if you have an emergency. and I think Christine 's going to talk us through a little more about what counts as an emergency, but hospitals will have an "A & E" - that is, Accident and Emergency - Centre and you can go there if what you've got is serious. The rest of the hospital is organised very much in specialist areas and that is where they undertake operations, they undertake treatment of the more specialist kind, depending on what your particular needs are and most people who are in hospitals will have been

referred there, from their doctor, from their GP, but as I say, you could go there, if you have an emergency, yourself, and if they keep you in, then they would move into the part of the hospital that deals with your particular problem.

These days, as well, you can get a lot of information about health through the internet and some of that is reliable and some of it isn't and we would strongly recommend that you use the NHS's own website. So they have something called "111 NHS" which is both a 'phone number - you can dial 111 - or you can go on the website and put in 111.NHS.UK and it will come up with a whole series of questions and menus that you can follow to get advice over the internet, or over the 'phone, from people within the Health Service.

I suppose the other thing to say would be that there are other kinds of services which are all part of the Health Service. There are mental health services for those people who have particular issues around, for example, anxiety or depression. Then there are dentists, who specialise in obviously looking after your teeth and doing things for your teeth and your gums and your mouth. Some dentists are private but some dentists also work through the National Health Service.

Then another important thing I think to know about are pharmacies, or chemists. You will see them all over the place in most shopping centres - most high streets will have a pharmacy or a chemist - and in there, there are people who are trained specialists, who can give you advice and help you with medications for what you might need, for what your particular circumstances are. So pharmacies are an important part of the system here, as well. And then a final one that I thought I would mention here, are opticians. If you have eye problems - if your eyesight isn't good enough, if you need glasses - or you think you might need glasses, then you can go to an optician and some of those services are available free but some of them you also have to pay for.

(13:05) So I hope that gives you an idea of broadly what the system looks like from a local level and I think, Christine, you're going to kind of explore some of the options that people might have.

(C) Yes, I will Mark, thank you, but I want first of all to say something about - just to emphasise what you've already said - it is free of charge, you mentioned this as well, all this health care is free of charge at source, however, you need to be able to prove that you are eligible for free health care, in order to not pay anything and - erm - for some people - particularly for people from other countries, you need to do that. For asylum seekers, refugees and for people on low wages there's a form called the HC2 which you need to get,

which will just show that you're entitled to free medical treatment and you can show that to your Doctor, you can show that in the hospital, and you can show it in the pharmacy when you're getting any medicines and your need to apply for that, using a form called HC1. They're quite long forms but they're straight forward, but I recommend anybody in this country who has not got evidence that they're entitled to free treatment applies for an HC2 as soon as possible. If we at St Augustine's, if you're local, in the Halifax area, we can help you with that.

If you do get treatment and you haven't got an HC2 and you have to spend your own money, then keep all the receipts and when your HC2 eventually comes through that can be refunded, the money you've spent already.

Another thing you mentioned Mark, is that its important to register with the GP and there are lots of different GP practices in the country and they all have different ways of working, but almost all of them require people to register first and then they spend a few days, or perhaps even a few weeks, recording you on that system - on their internal system, and until they've done that, you can't see a GP - so again I encourage any listeners to register with a GP now, when you're healthy so if and when the moment comes that you need to see a doctor, you are already registered so you make an appointment. And you're right - generally, what you need to do is to 'phone up and speak to a receptionist and ask to make an appointment to see a doctor. That receptionist will often ask you what is the problem and they will then suggest that, perhaps instead of seeing a doctor, the doctor might 'phone you back, to talk to you, so that a doctor's call, a 'phone call, is quite common now.

So, you've covered a lot of things here, Mark, but I think I'd just try to put them in some sort of order - y'know: "What to do if you get ill".

And I mean the first thing to do is, if you have a minor illness of some sort, is to treat yourself. Most of us do that, you know, and it's easy to do, especially if you have things at home to help you. So, Mark, you mentioned the pharmacy as being a good source of advice, and you're right, it is, as long as you speak to the pharmacist. So when you go in, you can just ask at the counter - ask anybody, and say "I'd like to speak the pharmacist, please", and they will help you and often, if it's a good place, they will take you quietly to a place where other people can't hear your conversation. And they can give you good advice.

(17:56)

You mentioned NHS 111 as being a good source of advice, as well. They can.... they will ask you a lot of questions and recommend you either see your GP, or perhaps, that you go to A&E. So, NHS 111 - you can

either contact them by ringing 111 or you can find them online, NHS 111. And when you ring them, if you don't speak English very well, they will provide an interpreter. So when they answer the 'phone call - and that might take some time, particularly at the moment - but when they eventually answer your 'phone call, if you say "I need an interpreter, please" and tell them the language that you need - that you speak - your first language - and they will try to get an interpreter to come on to the 'phone call. Again, you will need to wait, but they should be able to do that.

In some areas - we don't in Halifax - but in some parts of the country, in fact, I think, in most parts of the country, as well as the GPs surgery, you know the doctors' place and A&E, which you mentioned, Mark, they have things called Urgent Treatment Centres, or sometimes, Minor Injuries Centres, and they're places which are open 7 days a week and you can walk in, if you have a problem. As I say, we don't have them in Halifax, but that's a good place to go if you have a major problem, not life-threatening. If you have any problem, any medical problem, that threatens your life - for example, if somebody becomes unconscious or if they suddenly lose a whole lot of blood, or if they're choking, or severe chest pain, or serious burns, or if they have a stroke or persistent fits - those are life-threatening emergencies - and in that case, what you should do is ring on your 'phone - ring 999. When you ring you will be asked "which emergency service do you require?" - that means 'who are you asking for?' And they might tell you - it might be Fire, Police, Ambulance, Coastguard : all sorts of things.

So you would say 'Ambulance' and then when you get through to the health people, the Ambulance Service, there are four questions you'll be asked: they'll say - is the patient, the person who's ill - are they breathing? Then they'll ask what address are you calling from? then, what number are you calling from? what telephone number? and only after that, they will say what is the reason for your call? So when you ring 999, you need to have a clear enough head to have your address and your 'phone number and understand a way of saying what the reason for the call is. But they will ask more questions after that and then they might well ask an ambulance to come to you with a paramedic - they're trained people who can either treat the patient there, or will take the person into hospital - into the A&E part of the hospital.

(M) Christine, you talked about somebody being taken to A&E if they 'phone and an ambulance came, am I right that you could also go to A&E yourself, if you're well enough.

(C) You're quite right Mark. That's an important point: you can do that. It's important not to go to A&E for very minor problems. A&E is only for what it says, accidents and emergencies - so broken bones, or major

problems, but you can go there by yourself if you've got the means to do that, you don't have to wait for the ambulance.

Its quite a complicated subject and we're going over this quite quickly. Where could people find out more if they were interested?

(J) I used the Open Learn website which is part of the Open University and there's a course - there's some free courses on there, and one of them is covering the history of the establishment of the Welfare State and the National Health Service. The course is called The Beveridge Vision. And that is on the Open Learn section of the Open University website, for anybody who's interested in finding out more about the history of the NHS.

(23:47)

(M) That's great John, and I think I would emphasise, we've said it already, but the NHS's own website is very good and does have a lot of information on it, so people who want to know the practicalities of how to use the health service today, that would be the main source of information. And as Christine said, for those of you who are local, then we would be able to help you at the St Augustine's Centre, to signpost you to where it would be most useful for you to go.

(Music)

Language Support

(24:33)

(M) In this part of the podcast I choose a few of the more difficult words and phrases from the podcast and help people to make sure they understand them. Today I've chosen a number of phrases all of which relate to the subject of health which we have been talking about.

I'm going to start when early on I said that a doctor would refer you on - refer you on. Now, to refer normally means to mention, to have to do with something, but in this case, to refer on - means to send or direct somebody for treatment. So the doctor would refer you on to a specialist or a hospital where you can get your treatment.

Christine talked about being eligible for free health care. Eligible just means allowed, qualified for, you will be able to get, free health care.

Later we referred to the surgery - the doctor's surgery and this is simply the place where the doctor works, where he or she sees their patients.

Christine referred to one of the serious things that could happen to you is that you could become unconscious - unconscious. Now to be *conscious* is to be aware of things, to know what's going on; when you are unconscious, normally you have collapsed, you can't hear, or speak or see anything. Its as if you are asleep, or dead - but you're neither of those! You've collapsed and you're simply not aware of what's going on and that's a serious health condition.

We also used the word 'patient' a few times in this episode. This word can have at least two meanings: you can talk about a person *being* patient - that means that they are easy-going, prepared to wait, tolerant. But in this case *a* patient is a person who is ill and is being treated by a doctor or hospital, so a person is described as being a patient of the doctor.

And finally, I talked about the Centre sign-posting people to where they can get further help. Now a signpost can be a physical sign in the road, or at the side of the road, which shows you where to go, that's a signpost - but in this case, we're saying that a person can give information about where to go to somebody else and they will be signposting that person where to go.

That's it for today's episode. We hope you've found it useful. Don't forget you can find the transcripts for all our episodes on our website: www.staugustinescentrehalifax.org.uk.

And we recommend that you first listen to the podcast without the transcript and then, you listen to it again, following it, in the transcript. Once again, thank you very much for listening and we look forward to joining you again, next week.

