



GCSE

3700U20-1A



A18-3700U20-1A

ENGLISH LANGUAGE

UNIT 2

Reading and Writing: Description, Narration and Exposition

MONDAY, 5 NOVEMBER 2018 – MORNING

Resource Material

For use with Section A

3700U201A
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Text A shows information about the history of the NHS.



Health A-Z

Live Well

Care and support

You are here: [The NHS](#) / [NHS history](#) / NHS beginnings

The history of the NHS

1948 - 1959

1960s

1970s

1980s

1990s

2000s

2100s

The early years 1948-1959

July 5 1948 – The NHS was born

When health secretary Aneurin Bevan (image right) launched the NHS at Park Hospital in Manchester (today known as Trafford General Hospital), it was the climax of a hugely ambitious plan to bring good healthcare to all. For the first time, hospitals, doctors, nurses, pharmacists, opticians and dentists were brought together to provide services that were free for all.

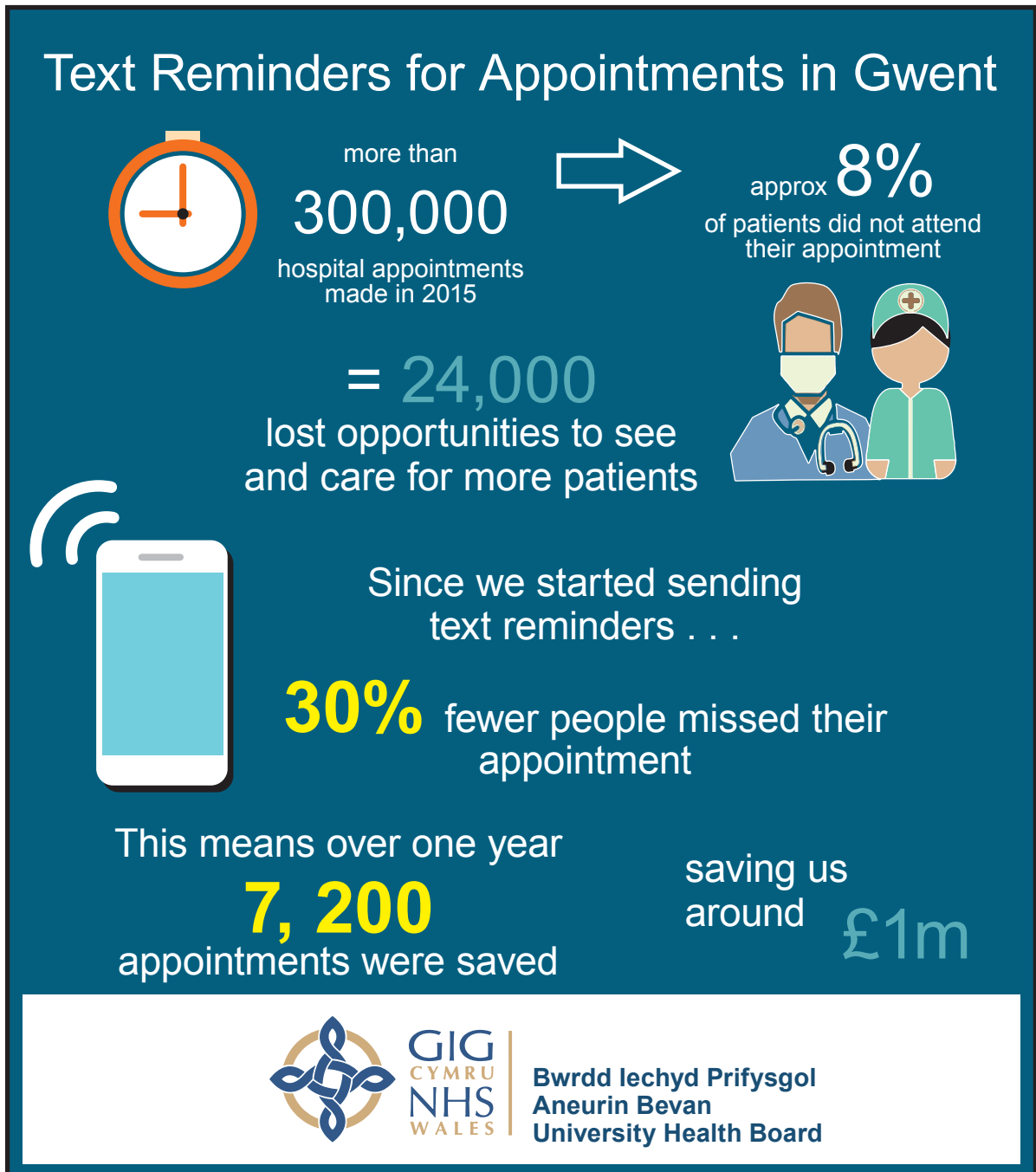
The central principles were clear: the health service would be available to all and financed entirely out of the taxes that people paid. The amount paid varied according to what they earned.



Text B is adapted from the political biography *Nye: The Political Life of Aneurin Bevan* by Nicklaus Thomas-Symonds.

Aneurin Bevan MP was a great British statesman, the twentieth century's most outstanding government minister who never held the office of prime minister. The National Health Service that he created on 5 July 1948 is a living, breathing example of his wish to bring a better life for his fellow citizens. With a budget of over £108 billion, the modern-day NHS is the world's largest publicly funded health service, employing more than 1.7 million people and providing health care to over 63 million people in the UK. Such is the scale of Bevan's achievement that the central aim of the NHS, to provide care that is free, based on need and regardless of wealth, has not been challenged by any major political party for the 60 years since it was created. Still improving the lives of millions of people in the twenty-first century, the NHS is the Labour Party's greatest achievement.

Text C is a poster displayed in an NHS hospital.



TEXT D is adapted from the autobiography *Sick Notes: True Stories from the GP's Surgery* by Dr Tony Copperfield.

My name is Tony Copperfield, and I'm an NHS doctor.

Some days I could give up being a GP in a busy surgery just like that.

Particularly on one of those days when I arrive to find that the computers have crashed, or one of the other doctors is off sick, or the flu season is kicking in, or the TV doctor this morning covered his/her backside by ending every piece of advice with, 'If you're really worried, see your GP', or the switchboard's on meltdown, or the visit book's on to its third page by 9.30am, or my first three patients each bring a list because, 'I don't come very often, doctor,' or there are no biscuits or coffee, or I'm constantly interrupted by phone calls, or I'm already late for the first of three meetings and I may not be feeling too well myself.

Other days are just fine.

So, I guess it's like any other job, except that the key aspects are perhaps more amplified: the frustration, the satisfaction, the distraction, the rewards and – always lurking, ready to stab you in the back – the potential for disaster.

One way of training for this job would be to try to do the *Times* crossword on a high wire while one person shouts at you and another hits you with a plank. Instead, we use a decade of medical school and constant ongoing training. There are about 41,000 of us. Mostly, we work in practices. Mine, consisting of five full time GPs, is pretty typical.

So what about the job itself? We're contracted to provide family doctor services from 8am to 6.30pm, though the government has recently bullied us into providing 'extended hours' surgeries in the evenings and weekends for those too busy to be ill at conventional times. We also do some home visits – hence the 'visit book' above.

Each GP has around 2,000 patients to look after, and we're the first port of call for whatever symptom you have. If it's an emergency we'll see you as soon as possible, and if you want a standard appointment it'll usually be within 48 hours if you don't mind who you see.

Though we might appear cynical, we GPs are actually proud of our role. Here's how it works. The GP's knowledge is very broad but superficial, as opposed to the specialist's, which is narrow but deep. (Put simply, GPs know something about everything, while specialists know everything about something.) Combine these two skill-sets and you have an excellent system. GPs filter out the vast masses of people who are worried about their health, but are actually well, only allowing through the hospital gates the few who really do need further investigation. Patients are saved from unnecessary – sometimes dangerous – tests, and hospitals are saved from unnecessary patients. It's a safe, sensible and very efficient approach.

There's more to the job than that, though. We're also experts at creating order from chaos. Patients often present multiple problems, in confusing ways, plus we have the disadvantage of seeing illness at its earliest and most perplexing stages. Factor in large dollops of patient anxiety, the usual, 'While I'm here, doctor' extra questions and our role as confidante together with the distraction of someone's child trying to pull the electricity cable out of my computer and you start to appreciate that being an NHS doctor can be a tricky job.

TEXT E is based on an NHS survey.

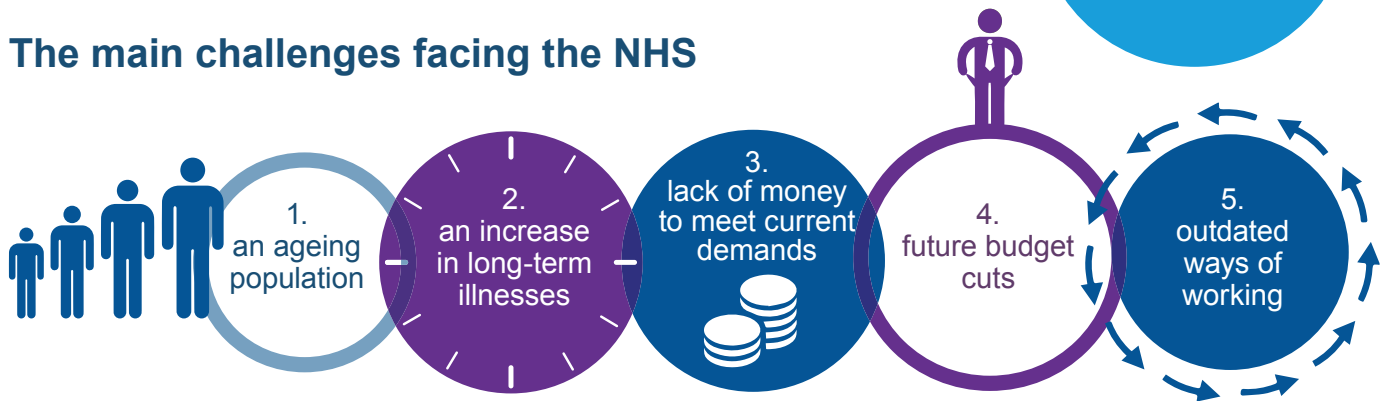


The views of healthcare leaders on the future of the NHS

Our 2015 survey shows the scale and nature of change needed to ensure a sustainable healthcare system for the future. Here are the views of healthcare leaders.



The main challenges facing the NHS



The case for change



“The NHS needs to make large scale changes to the way it currently operates and provides services in order to maintain current levels of care”



that even if the NHS makes large scale changes, “this alone will not ensure it can maintain current levels of care”