MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2026-27
Module Code	1107
Module Title	Health Services
Module Organiser(s)	Mirza Lalani and Dorota Osipovic
Faculty	Public Health & Policy
FHEQ Level	Level 7
Credit Value	**CATS:** 10 **ECTS:** 5
Term of Delivery	Term 1
Mode of Delivery	For 2026-27 this module will be delivered by face-to-face (in-person) and online teaching modes. Where specific teaching methods are noted in this module specification these will be delivered by face-to-face (seminars and some lectures) and online sessions (some pre-recorded lectures and Q&A sessions). There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
Mode of Study	Full-time
Language of Study	English
Pre-Requisites	None
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Maximum number of students)	105
Target Audience	This module is aimed at students intending to purchase, plan, manage, regulate or evaluate health services. It will take examples from high, middle and low income countries
Module Description	No single discipline can provide a full account of how and why health care is the way it is. This module provides you with a series of conceptual frameworks which help to understand the apparent complexity that confronts the inexperienced observer. It demonstrates the need for a multi-disciplinary approach to understanding health services and the contributions that medicine, sociology, economics, history and epidemiology make. It also shows how it is

	necessary to consider health care at three key levels: the micro-level of the individual patient and their experiences; the meso-level of how health care organisations such as health centres and hospitals work; and the macro-level of regional and national institutions.
Duration	10 weeks at 0.5 days per week
Timetabling slot	Term 1
Last Revised (e.g. year changes approved)	August 2026

Programme(s) This module is linked to the following programme(s)	**Status**
MSc Public Health	Recommended
MSc Health Policy, Planning & Finance	Compulsory as either/or with 1117 Health Policy Process & Power

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to: • provide students with a range of ways of thinking about health services and health systems. Drawing on epidemiology, history, medicine, economics and sociology, the module will help students understand how services function, the reasons services have developed in the way they have, the basis of some universal, persistent problems, and possible solutions to such difficulties.

Module Intended Learning Outcomes
Upon successful completion of the module a student should be able to: 1. Describe some of the basic functions of health services and outline the reasons why services have developed in the way they have; 2. Explain how the disciplines of epidemiology, history, medicine, sociology and economics each contribute unique insights to understanding how a health service functions; 3. Describe and give examples of the inputs, processes and outcomes of health services; 4. Critically examine responses to challenges to health services in different countries; 5. Analyse key, persistent and widespread problems in providing health services and suggest approaches to resolving these problems.

Indicative Syllabus

Session Content
The module is expected to cover the following topics: • Inputs to health services • Diseases and medical knowledge • Health professionals • Sources of finance • Historical influences • Need, demand and use • Paying providers • Service-user interaction • Quality assessment • Quality improvement

Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	32	32%
Directed self-study	24	24%
Self-directed learning	24	24%
Assessment preparation and writing	30	30%
Total	**100**	**100%**

Student contact time refers to the teacher-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face and online contexts such as lectures, Q&A sessions, seminars, demonstrations, tutorials, supervised laboratory workshops, practical classes, project supervision as well as where tutors are available for one-to-one discussions and interaction by email.

The division of notional learning hours listed above is indicative and is designed to inform students as to the relative split between interactive and self-directed study.

Teaching and Learning Strategy
Seminar groups draw upon examples from both high-income and low/middle income countries. For each seminar, students will complete a pre-seminar form addressing a series of questions that will be discussed during the seminar.

Assessment

Assessment Strategy
The assessment for this module has been designed to measure student learning against the module intended learning outcomes (ILOs) as listed above. The grade for summative assessment(s) only will go towards the overall award GPA. The summative assessment for this module is by a 1500 word written assignment to be submitted in week 10 of term 1.

Summative Assessment

Assessment Type	**Assessment Length** (i.e. Word Count, Length of presentation in minutes)	**Weighting** (%)	**Intended Module Learning Outcomes Tested**
Individual written assignment	1500 words	100%	1 to 5

Resitting assessment
Resits will accord with Chapter 8a of the LSHTM Academic Manual The Resit assessment will be the same type as the original summative assessment.

Resources

Indicative reading list

- Brook RH. (2015) Exploiting the knowledge base of health services research, in Redefining health care systems, RAND: Santa Monica, US
- Ham C, Alberti KGMM (2002) The medical profession, the public and the government BMJ 324: 838-41
- Smith R. (2002) In search of "non-disease". BMJ 324:883-5
- Donaldson C & Gerard K. (2005) Economics of Health Care Financing: The Visible Hand. Chap 4. Palgrave MacMillan
- Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? BMJ global health. 2022;7(6):e009316
- Mulley AG. (2009) The need to confront variation in practice. BMJ 339:107-9
- Coulter AE. Effectiveness of strategies for informing, educating, and involving patients. BMJ. 2007;335(7609):24-27.
- Millar R, Waring J and Lalani M. Quality and the NHS: Fair-Weather Friends or a Long-Standing Relationship? In: The NHS at 75 The State of UK Health Policy. Bristol: Policy Press; 2023. p. 136–56.
- Black N. New era of health services will focus on systems and creativity. BMJ 2018;362:k2605

Other resources

- Gurol-Urganci I, Campbell F, Black N. (2017) Understanding health services. Maidenhead: Open University Press

Teaching for Disabilities and Learning Differences

The module-specific site on Moodle provides students with access to copies of the slides used during the lecture prior to the lecture (in pdf format). All lectures are recorded and made available on Moodle as quickly as possible. All materials posted up on Moodle areas, including computer-based sessions, have been made accessible where possible.

The LSHTM Moodle has been made accessible to the widest possible audience, using a VLE that allows for up to 300% zoom, permits navigation via keyboard and use of speech recognition software, and that allows listening through a screen reader. All students have access to "SensusAccess" software which allows conversion of files into alternative formats.

For students who require learning or assessment adjustments and support this can be arranged through the Student Support Services – details and how to request support can be found on the LSHTM Disability Support pages.