



## MODULE SPECIFICATION

<b>Academic Year (student cohort covered by specification)</b>	2020-21
<b>Module Code</b>	1107
<b>Module Title</b>	Health Services
<b>Module Organiser(s)</b>	Nick Black and Tommaso Manacorda
<b>Faculty</b>	Public Health & Policy
<b>FHEQ Level</b>	Level 7
<b>Credit Value</b>	<b>CATS:</b> 10 <b>ECTS:</b> 5
<b>HECoS Code</b>	100476 (40%); 100648 (40%); 100785 (20%)
<b>Term of Delivery</b>	Term 1
<b>Mode of Delivery</b>	For 2020-21 this module will be delivered online only.  Where specific teaching methods (lectures, seminars, discussion groups) are noted in this module specification these will be delivered using an online platform. There will be a combination of live and interactive activities (synchronous learning) as well as recorded or self-directed study (asynchronous learning).
<b>Mode of Study</b>	Full-time
<b>Language of Study</b>	English
<b>Pre-Requisites</b>	None
<b>Accreditation by Professional Statutory and Regulatory Body</b>	None
<b>Module Cap (Maximum number of students)</b>	105
<b>Target Audience</b>	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
<b>Module Description</b>	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 centers and hospitals work; and the macro-level of regional and national institutions.
<b>Duration</b>	10 weeks at 0.5 days per week
<b>Timetabling slot</b>	Term 1
<b>Last Revised (e.g. year changes approved)</b>	September 2020

<b>Programme(s)</b>	<b>Status</b>
This module is linked to the following programme(s)	
MSc Public Health (General)	Recommended
MSc Public Health (Health Economics)	Recommended
MSc Public Health (Health Promotion)	Recommended
MSc Public Health (Health Services and Management)	Compulsory
MSc Public Health (Health Services Research)	Compulsory
MSc Health Policy, Planning & Finance	Compulsory

## Module Aim and Intended Learning Outcomes

<b>Overall aim of the module</b>
<p>The overall module aim is to:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>

<b>Module Intended Learning Outcomes</b>
<p>Upon successful completion of the module a student will be able to:</p> <ol style="list-style-type: none"> <li>Describe some of the basic functions of health services and outline the reasons why services have developed in the way they have;</li> <li>Explain how the disciplines of epidemiology, history, medicine, sociology and economics each contribute unique insights to understanding how a health service functions;</li> <li>Describe and give examples of the inputs, processes and outcomes of health services;</li> <li>Critically examine responses to challenges to health services in different countries;</li> <li>Analyse key, persistent and widespread problems in providing health services and suggest approaches to resolving these problems.</li> </ol>

## 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
- Staff-patient interaction
- Quality assessment
- Quality improvement

## Teaching and Learning

### Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Contact time	22	22%
Directed self-study	25	25%
Self-directed learning	23	23%
Assessment, review and revision	30	30%
<b>Total</b>	<b>100</b>	<b>100%</b>

Student contact time refers to the tutor-mediated time allocated to teaching, provision of guidance and feedback to students. This time includes activities that take place in face-to-face contexts such as lectures, 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. Student contact time also includes tutor-mediated activities that take place in online environments, which may be synchronous (using real-time digital tools such as Zoom or Blackboard Collaborate Ultra) or asynchronous (using digital tools such as tutor-moderated discussion forums or blogs often delivered through the School's virtual learning environment, Moodle).

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

### Teaching and Learning Strategy

Seminar groups focus either on high-income countries or on low/middle income countries.

## 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. Formative assessment methods may be used to measure students' progress. The grade for summative assessment(s) only will go towards the overall award GPA.

The assessment for this module will be part of the summer exams which will be online.

Formative test : For each seminar, students will complete a pre-seminar form addressing a series of questions that will be discussed during the synchronous seminar. The formative assessment will be based on the seminar leaders' review of the forms completed by each student across the ten seminars.

The summative assessment for this module is by written examination in the summer term.

### Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Exam (Papers 1 & 2)	1 question in Paper 1	100%	1 to 5

### Resitting assessment

Resits will accord with the LSHTM's [Resits Policy](#)

The Resit assessment will be the same assessment type as the first attempt (see previous table).

## 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
- Mulley Mulley AG. (2009) The need to confront variation in practice. BMJ 339:107-9
- Coulter A, Ellins J (2007) Effectiveness of strategies for informing, educating, and involving patients BMJ 335:24-27.
- Donaldson C, Gerard K. (2005) Economics of Health Care Financing: the Visible Hand. (Chapter 7). Basingstoke: Palgrave Macmillan.
- Black N. (2012) The history of health care, in Walking London’s Medical History. London: Hodder Arnold
- Mountford J, Shojania KG. (2012) Refocusing quality measurement to best support quality improvement: local ownership of quality measurement by clinicians. BMJ Qual Saf 21:519-23
- 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 use of Panopto to record all lectures; provision of handouts prior to lectures/seminars; accessibility of teaching resources (Word, PowerPoint & Excel); all items on reading lists available in alternate or accessible formats.

The module-specific site on Moodle provides students with access to lecture notes and 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](#).