

Directions:

Read the following four texts. Answer the questions after each text by choosing A, B, C or D. Mark your answers on the **ANSWER SHEET**. (40 points)

Text 2

When it was established, the National Health Service (NHS) was visionary: offering high-quality, timely care to meet the dominant needs of the population it served. Nearly 75 years on, with the UK facing very different health challenges, it is clear that model is out of date.

From life expectancy to cancer and infant mortality rates, we are lagging behind many of our peers. With more than 6.8 million on waitlists, healthcare is becoming increasingly inaccessible for those who cannot opt to pay for private treatment; and the cost of providing healthcare is increasingly squeezing out investment in other public services. As demand for healthcare continues to grow, pressures on the workforce—which is already near breaking point—will only become more acute.

Many of the answers to the crisis in health and care are well rehearsed. We need to be much better at reducing and diverting demand on health services, rather than simply managing it. Much more needs to be invested in communities and primary care to reduce our reliance on hospitals. And capacity in social care needs to be greater, to support the growing number of people living with long-term conditions.

Yet despite two decades of strategies and a number of major health reforms, we have failed to make meaningful progress on any of these aims. That is why the Reform think tank is launching a new programme of work entitled "Reimagining health", supported by ten former health ministers. Together, we are calling for a much more open and honest conversation about the future of health in the UK, and an "urgent rethink" of the hospital-centric model we retain.

This must begin with the question of how we maximise the health of the nation, rather than "fix" the NHS. It is estimated, for example, that healthcare accounts for only about 20% of health outcomes. Much more important are the places we live, work and socialise—yet there is no clear cross-government strategy for improving these social determinants of health. Worse, when policies like the national obesity strategy are scrapped, taxpayers are left with the heavy price tag of treating the illnesses, like diabetes, that result.

Reform wants to ask how power and resources should be distributed in our health system. What health functions should remain at the centre, and what should be given to local leaders, often responsible for services that create health, and with a much better understanding of the needs of their populations?

26. According to the first two paragraphs, the NHS _____.

- [A] is troubled by funding deficiencies
- [B] can hardly satisfy people's needs
- [C] can barely retain its current employees
- [D] is rivalled by private medical services

27. One answer to the crisis in health and care is to _____.

- [A] boost the efficiency of hospitals
- [B] lighten the burden on social care
- [C] increase resources for primary care
- [D] reduce the pressure on communities

28. "Reimagining health" is aimed to _____.

- [A] reinforce hospital management
- [B] readjust healthcare regulations
- [C] restructure the health system
- [D] resume suspended health reforms

29. To maximise the nation's health, the author suggests _____.

- [A] introducing relevant taxation policies
- [B] paying due attention to social factors
- [C] reevaluating major health outcomes
- [D] enhancing the quality of healthcare

30. It can be inferred that local leaders should _____.

- [A] exercise their power more reasonably
- [B] develop a stronger sense of responsibility
- [C] play a bigger role in the health system
- [D] understand people's health needs better