

# The four health systems of the United Kingdom: how do they compare?



April 2014

# Overview: the policy context

Following devolution in 1999, the four countries of the UK have taken different policy approaches to running their health care systems:

## **England:**

- quasi-market in health care
- developed patient choice
- uses private providers
- has means-tested social care
- prescriptions are paid for
- uses performance targets and applied sanctions for poor performance

## **Scotland:**

- no quasi-market in health care
- use of performance targets and applied sanctions for poor performance from 2006
- free social care for over-65s
- prescriptions are free

# Overview: the policy context

## **Wales:**

- no quasi-market in health care
- use of performance targets
- prescriptions are free

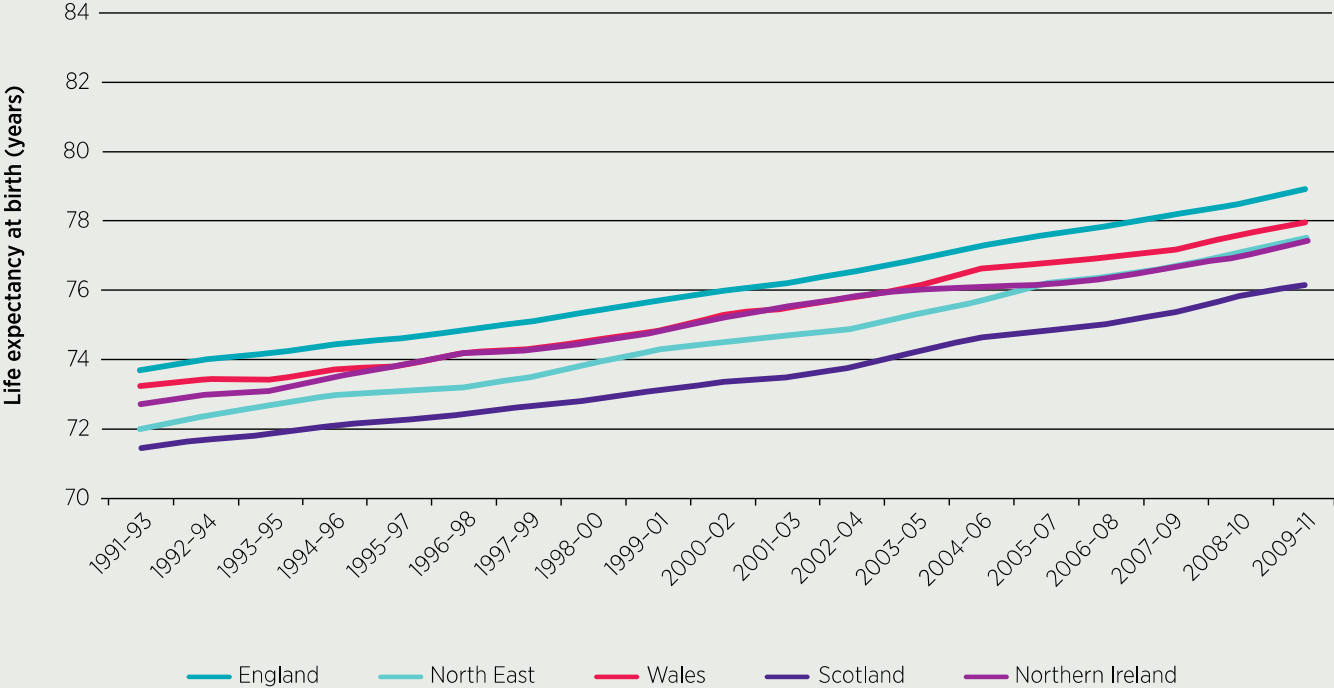
## **Northern Ireland:**

- no quasi-market in health care
- use of performance targets
- prescriptions are free
- use of competition and promotion of patient choice

The report also analyses the North East of England as a comparator to the devolved countries, chosen because it shares many characteristics with them.

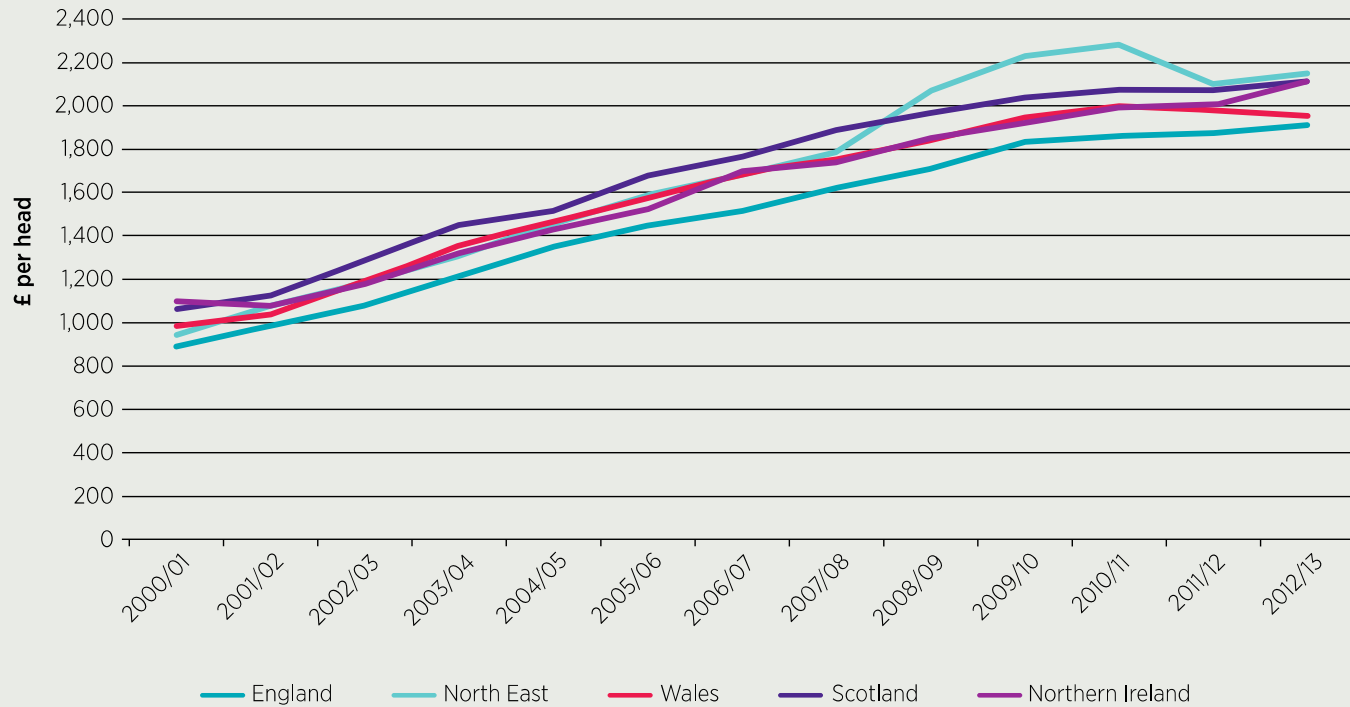
This research is the only longitudinal analysis of its kind, based on over 20 indicators comparing the performance of the countries over the past two decades.

# Male life expectancy in the UK countries and North East England, 1991-93 to 2009-11



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# Government expenditure on health, £ per head, UK countries and North East England, 2000/01 to 2012/13 (at current prices)



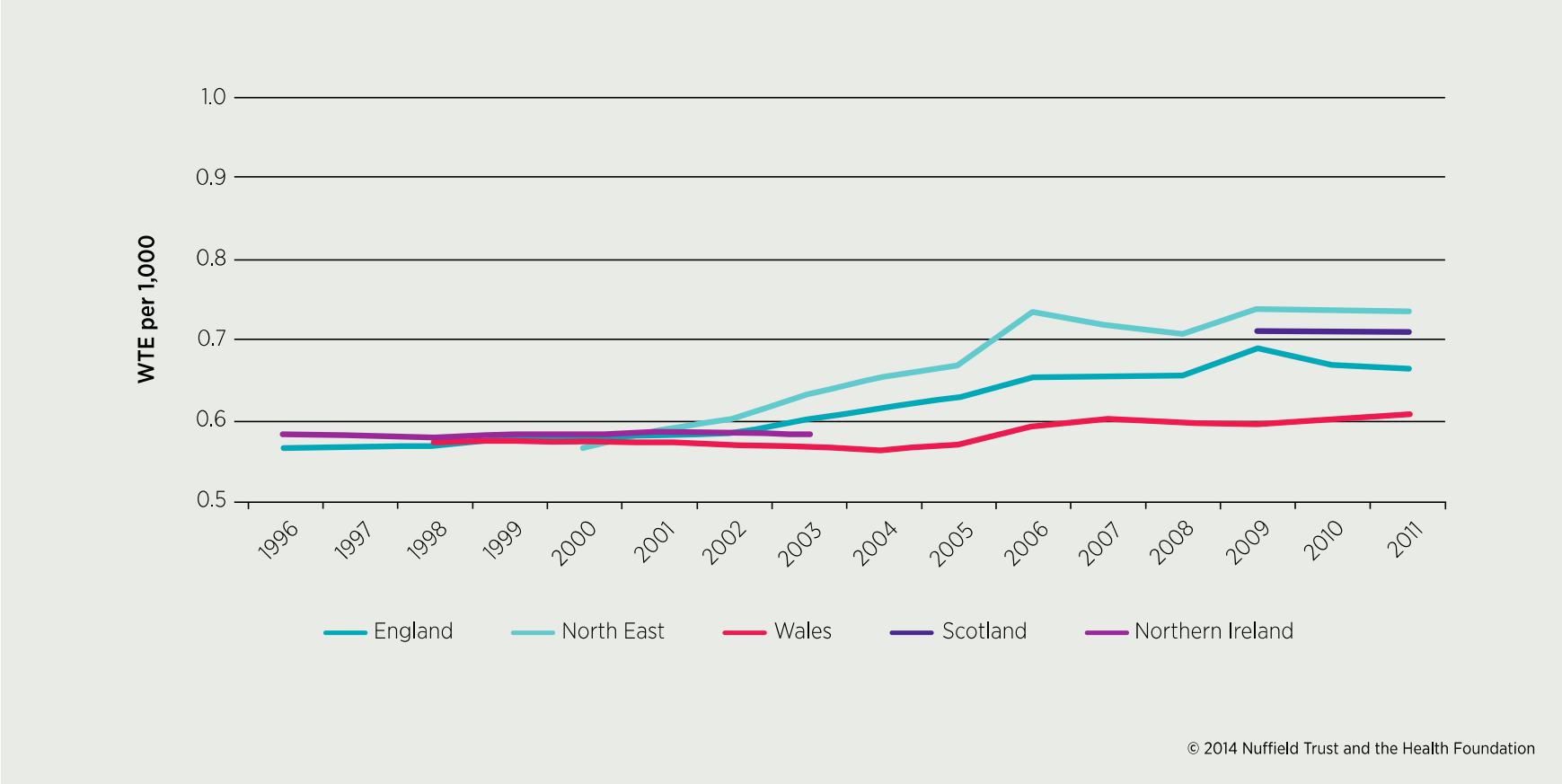
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# General practitioners (headcount) per 1,000 population, 1996–2011

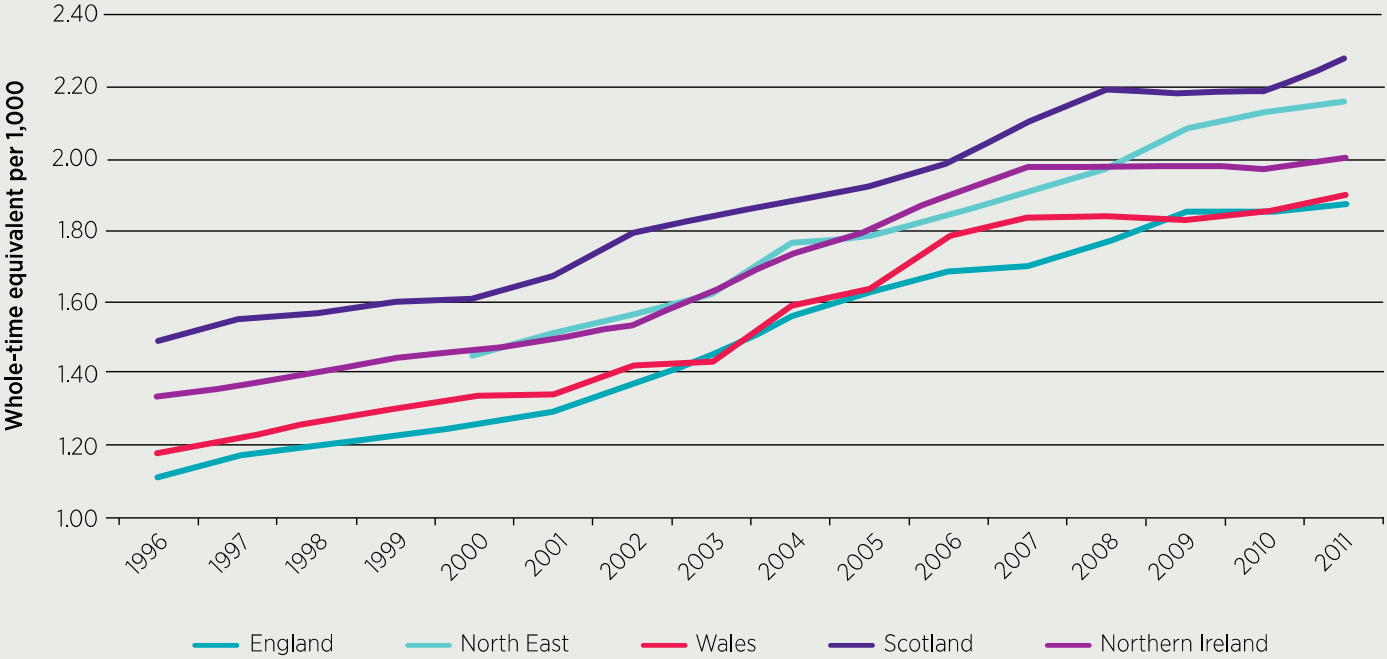


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# General practitioners (whole-time equivalent) per 1,000 population, 1996-2011



# HCHS\* doctors (whole-time equivalent) per 1,000 population, 1996-2011



\* Hospital and Community health services

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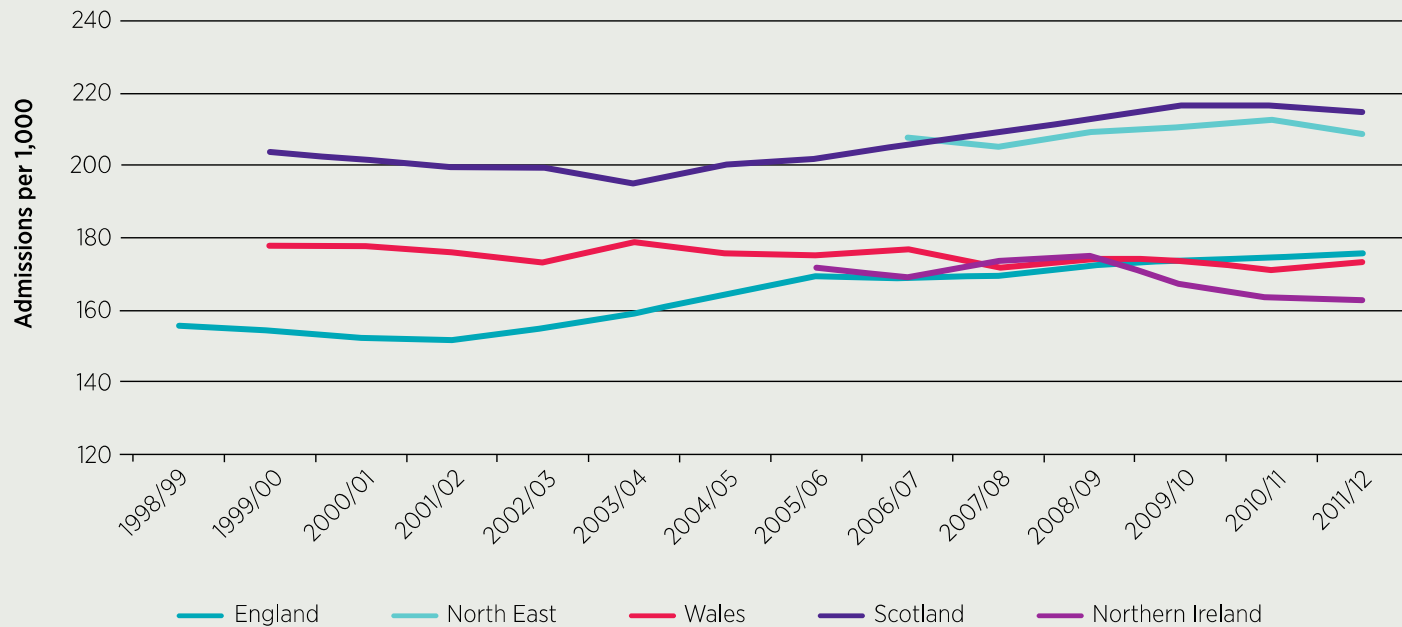


# Nurses (whole-time equivalent) per 1,000 population, 1996–2011



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# Inpatient admissions per 1,000 population, 1998/99 to 2011/12



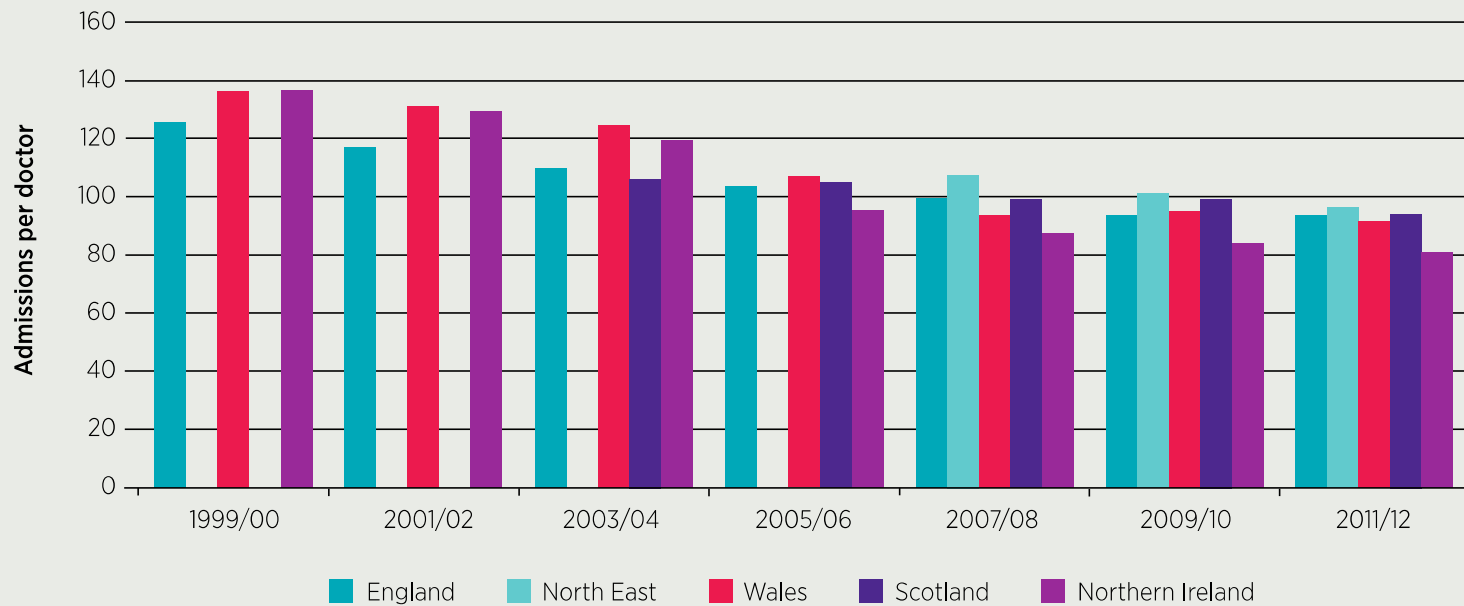
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# Differences in selected procedures in UK countries (number of procedures per 10,000, with 95% confidence intervals), 2011/12



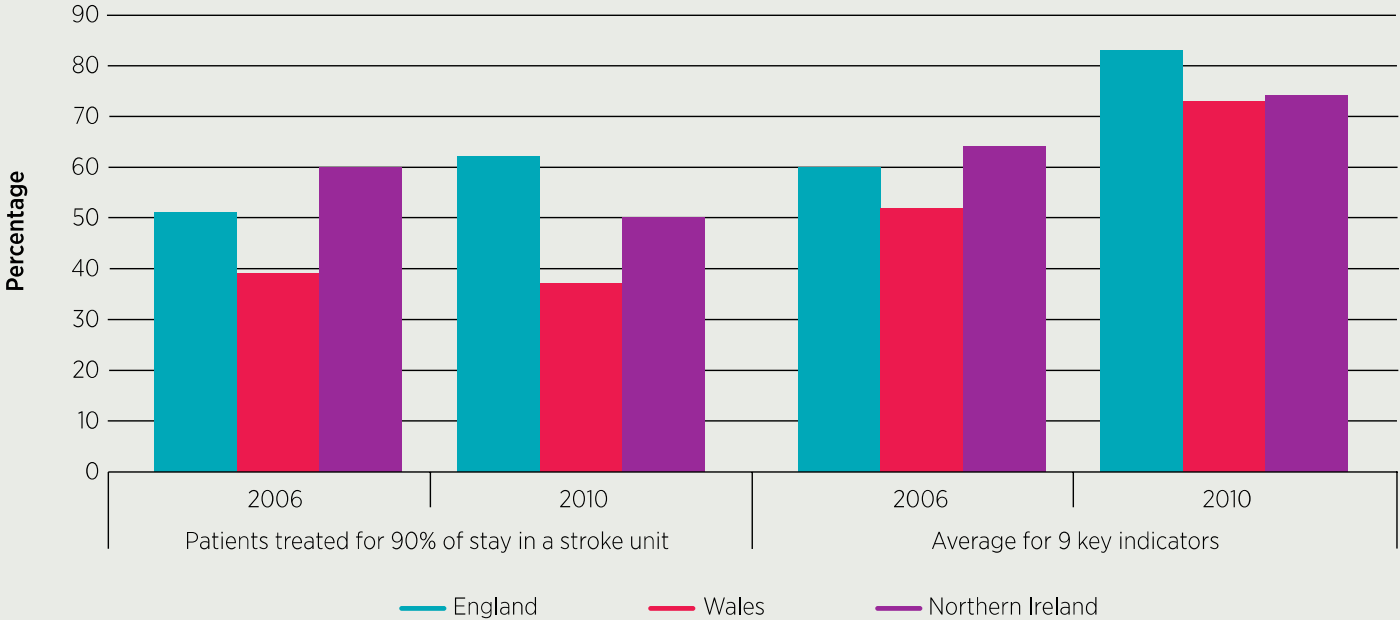
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# Inpatient admissions per hospital doctor, 1999/00 to 2011/12



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# Percentages treated in stroke units and average performance across nine key indicators of the quality of stroke care in England, Wales and Northern Ireland, 2006 and 2010



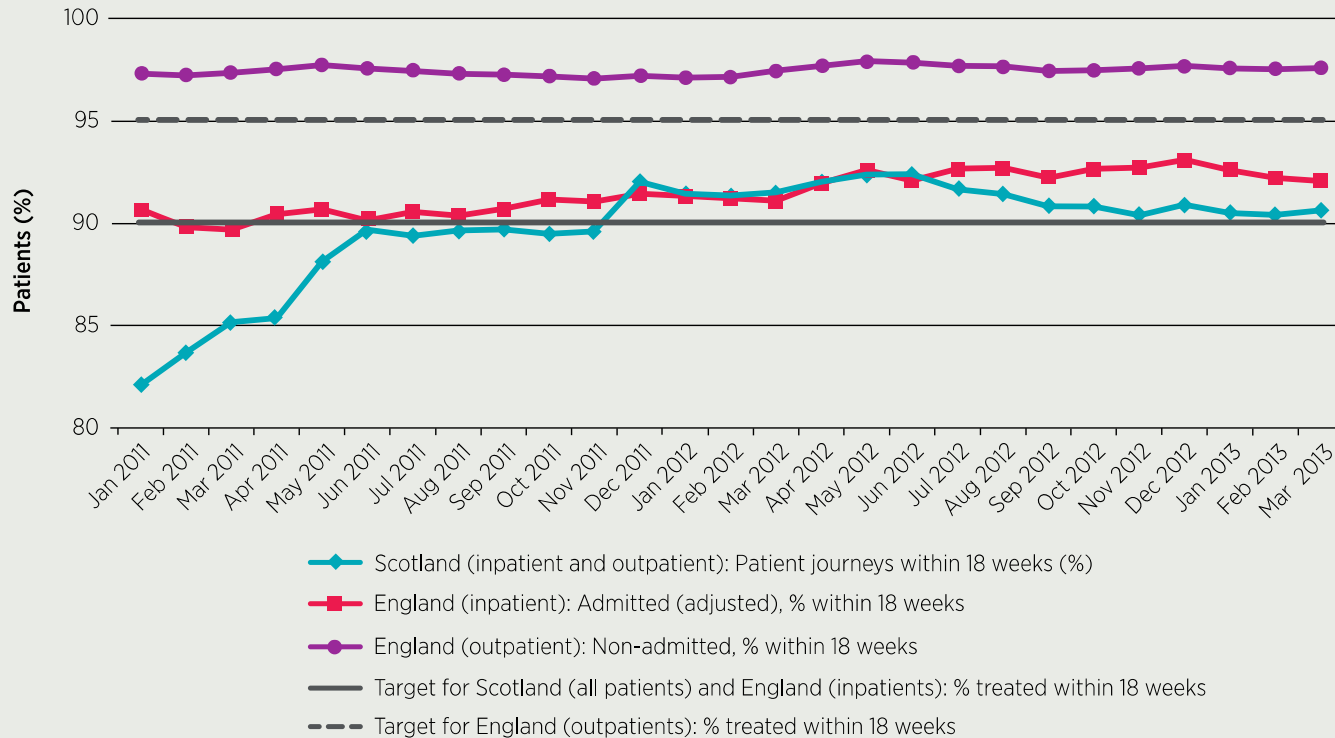
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# Ambulance response times, % of category A calls within eight minutes



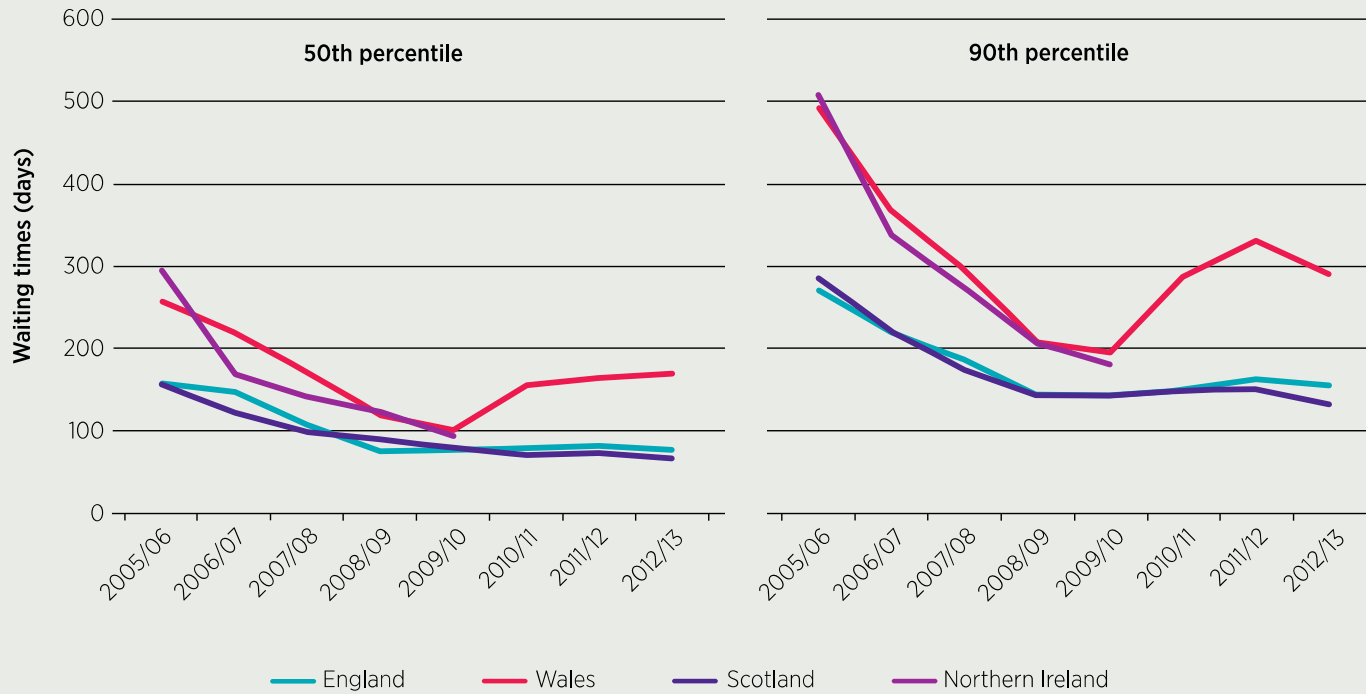
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# Waiting time (referral to treatment, percentage of patients treated within 18 weeks), Scotland and England, January 2011 – March 2013



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# Median and 90th percentile of completed waiting time for hip replacement



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# Childhood immunisation and vaccination rates at 24 months, 2011/12



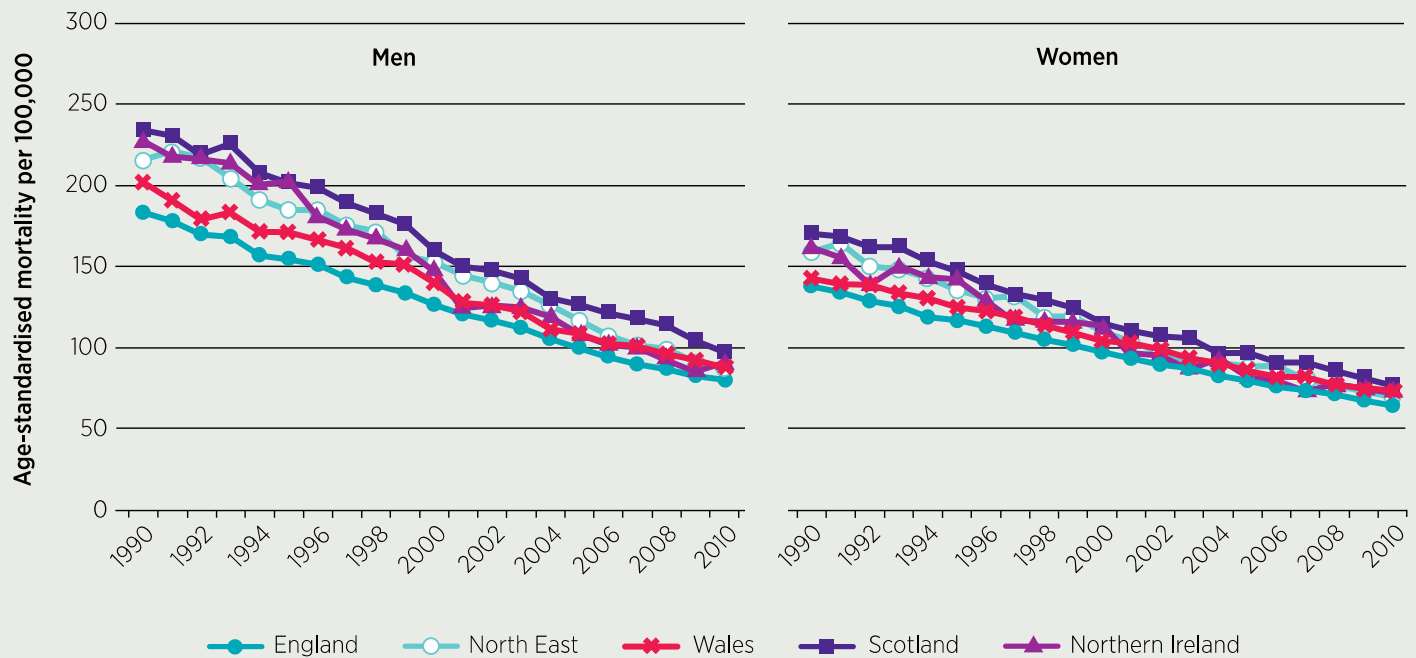
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# Seasonal influenza vaccination uptake (%) by target group, 2011/12 and 2012/13 seasons



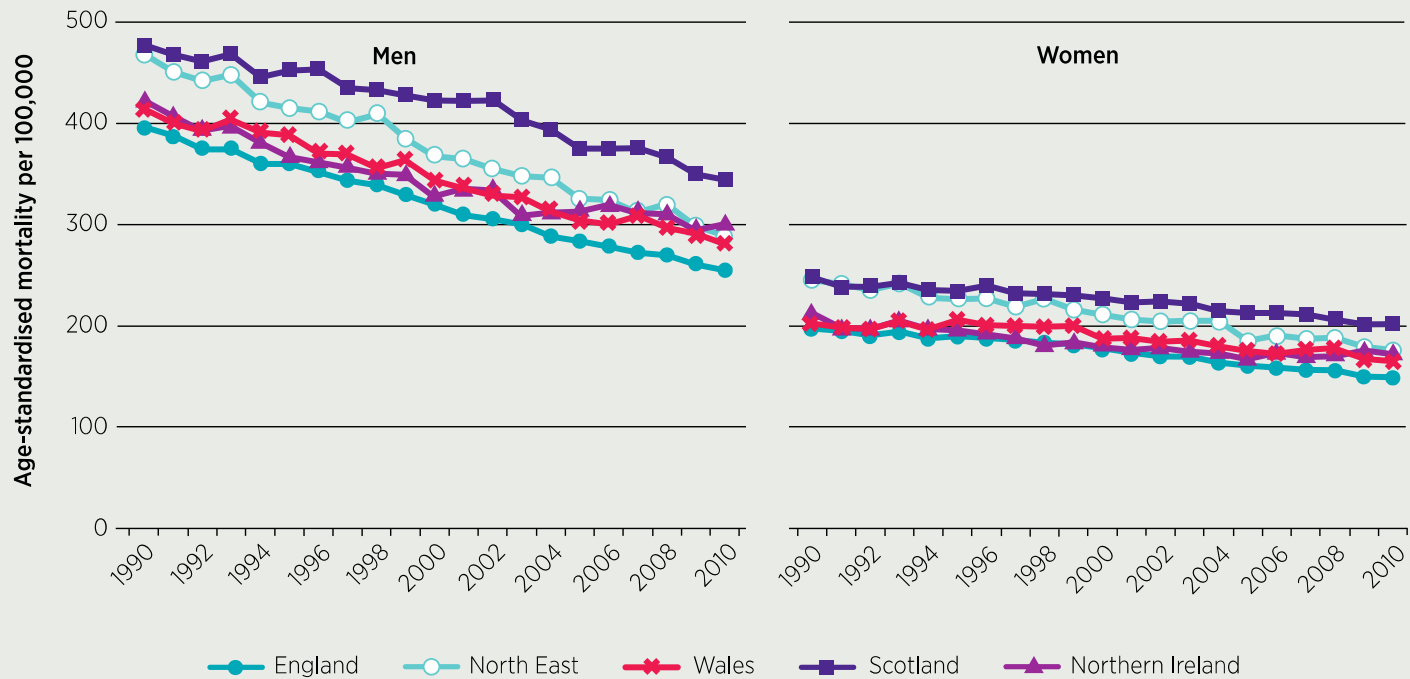
\* Provisional data

# Trends in amenable mortality in the four countries of the UK and North East England, men and women, aged 0-74, 1990-2010



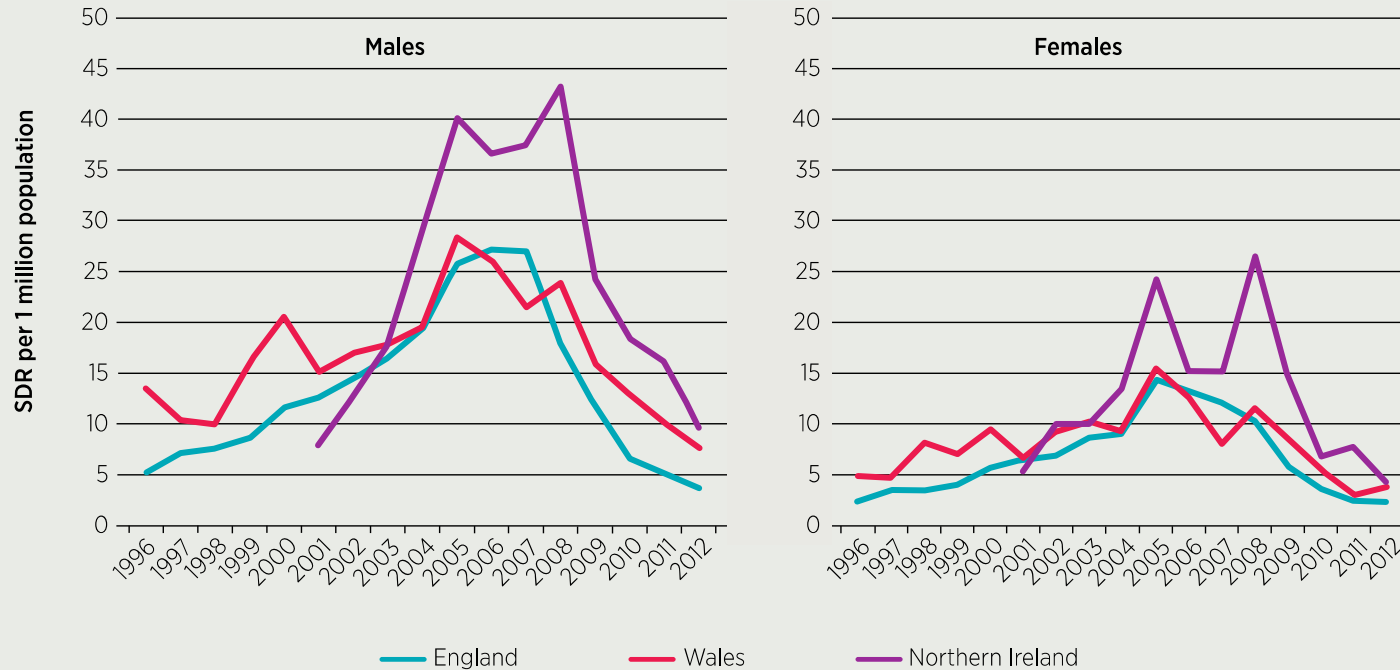
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# Trends in other mortality in the four countries of the UK and North East England, men and women, aged 0-74, 1990-2010



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# Mortality rates for deaths with MRSA mentioned on the death certificate (per one million population), 1996–2012



Note: SDR = standardised death rate.

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# Summary – 1

## **The research finds:**

- There have been improvements in the performance of the health services across all four countries, with particular progress linked to tougher sanctions and targets in Scotland, but since 2010 waiting times in Wales have risen as austerity has set in.
- The performance gap between the NHS in England and the rest of the UK has narrowed in recent years, with no single country consistently ahead of the others.

## **Spending on health care**

- All countries substantially increased investment in their health systems, doubling in cash terms (not adjusted for inflation) the amount spent on health care across the UK between 2000/01 and 2012/13, and investing in more staff.
- There have been divergent spending decisions, with Scotland spending almost £900 million from the money notionally available for health on other services or on making existing services free of charge (including free personal care for older people), and Wales spending around £450 million on other services.
- Spending across the board has slowed in response to austerity.

## Summary – 2

Since our previous research in 2010, the report found:

- England performs marginally better across a number of key indicators, including amenable mortality rates (avoidable deaths), life expectancy and ambulance response times. Nurse staffing levels have been lower in England than in the other three countries over the period studied.
- Scotland shows a marked upturn in performance on indicators associated with targets and performance management, such as waiting times for planned surgery, which now broadly match England's, and ambulance response times.
- Wales demonstrates improved performance on a number of indicators, but shows deteriorating performance on waiting times since 2010, with striking rises in waits for common procedures such as knee or hip operations. In 2012/13 a typical Welsh patient waited about 170 days for a hip or knee replacement, compared to about 70 days in England and Scotland.
- Northern Ireland has improved performance on most indicators, but MRSA rates remain higher than both England and Wales. There are no comparable waiting time data for Northern Ireland in recent years.

# Summary – 3

## North East England

- The North East has benefited from higher investment in health care than the average for England, now spending similar amounts to Scotland (£2,150 per head in 2012/13 compared to £2,115 in Scotland, while the English average was £1,912).
- The region saw marked improvements during the 2000's in treatment rates, hospital staffing, mortality rates and life expectancy.
- In the 1990s, its overall mortality rates were similar to Scotland's, but by 2010 these rates were 15 to 19 per cent higher in Scotland. The region had similar life expectancy to Scotland in 1991, but by 2011 men and women lived a year longer than their Scottish neighbours.



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