



Health at a Glance 2011: OECD Indicators

KEY FINDINGS: UNITED KINGDOM

The OECD's latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but better prevention and management of chronic diseases is required to reduce costs.

QUALITY OF CARE

Although survival rates for different cancers are improving in the UK, most other OECD countries achieve higher rates. The UK does well in avoiding hospital admissions for people with uncontrolled diabetes, but could improve the treatment of people with asthma and chronic obstructive pulmonary disease.

Details:

- The 5-year relative survival rate for breast cancer during 2004-2009 was 81%, up from 75% during 1997-2002, but still lower than the OECD average of 84%. For cervical cancer, it was 59%, also lower than the OECD average of 66%. And for colorectal cancer, the 5-year relative survival rate in the UK during 2004-2009 was 54% for females and 53% for males, compared with an OECD average of 62% for females and 60% for males.
- Avoidable hospital admissions for asthma complications and chronic obstructive pulmonary disease are higher in the UK than the OECD average. For asthma admissions, the rate was 74 per 100 000 adults in 2009, compared to an OECD average of 52. For COPD it was 213 (OECD average 198). On the other hand, admissions for uncontrolled diabetes in the United Kingdom are less than half the OECD average (24 vs. 50 admissions per 100 000 population).

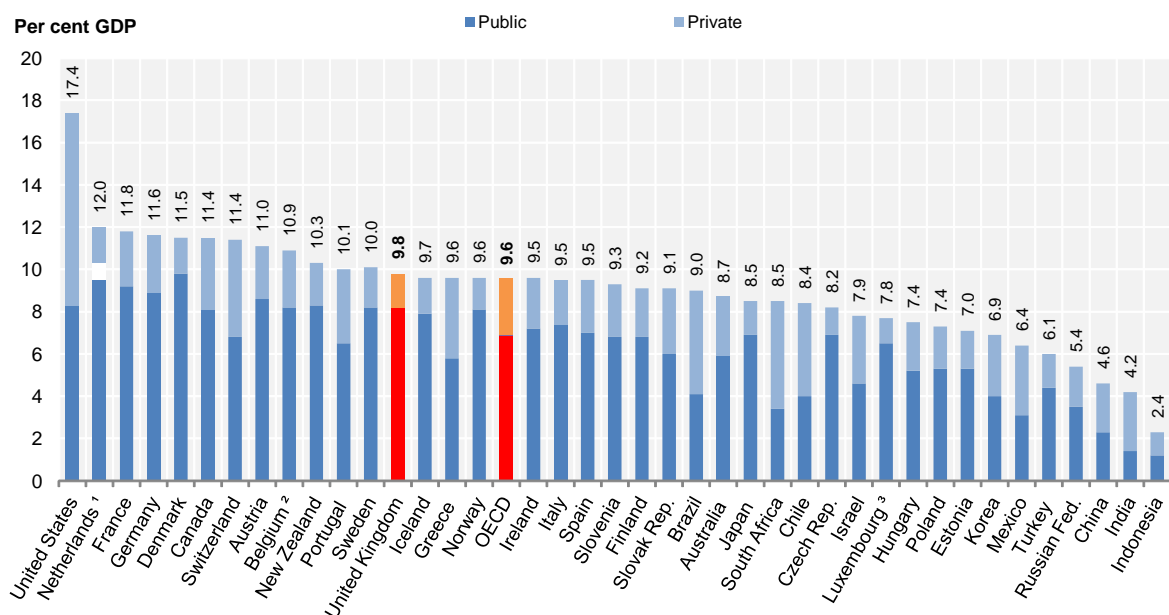
HEALTH EXPENDITURE

For the first time in 2009, the share of GDP allocated to health in the United Kingdom exceeded the OECD average. Spending per person is also now slightly above the OECD average.

Details:

- Health spending accounted for 9.8% of GDP in the United Kingdom in 2009, exceeding the OECD average of 9.6%. The share of GDP allocated to health has increased strongly in the United Kingdom over the past decade, particularly during the 2008-09 recession. It went up from 8.4% in 2007 to 9.8% in 2009.
- The UK's spending on health per person is also now slightly above the OECD average, with spending of USD 3487 in 2009, adjusted for purchasing power parity. The average was USD 3233. Per capita health spending over 2000-2009 grew in real terms by 4.8%, more than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In the United Kingdom, 84% of health spending was funded by public sources in 2009, well above the average of 72%, and among the highest share in OECD countries.

Health expenditure as a share of GDP, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD's Media Relations Division (tel.: 33 1 45 24 97 00 or news.contact@oecd.org) to obtain a copy of *Health at a Glance 2011*.
- For further information about the content of *Health at a Glance 2011*, please contact Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) in the OECD Health Division.
- More information on *Health at a Glance 2011* is available at www.oecd.org/health/healthataglance.
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