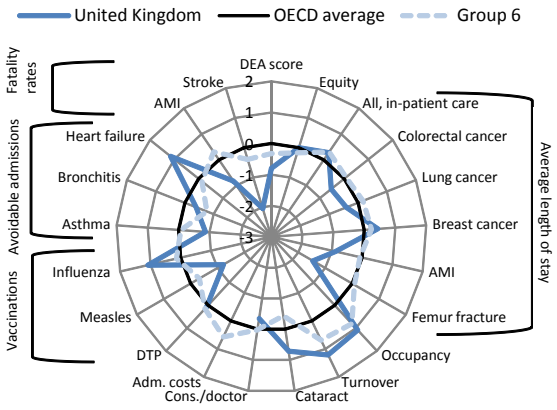
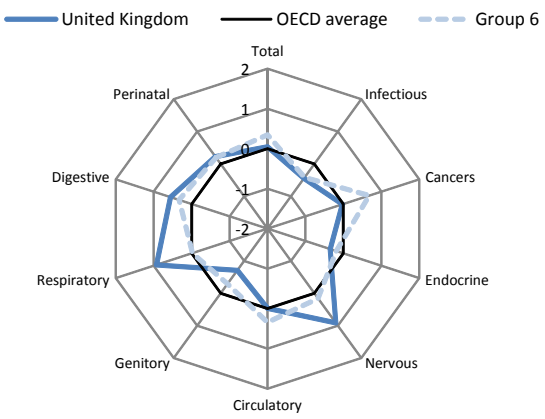
United Kingdom: health care indicators

Group 6: Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom

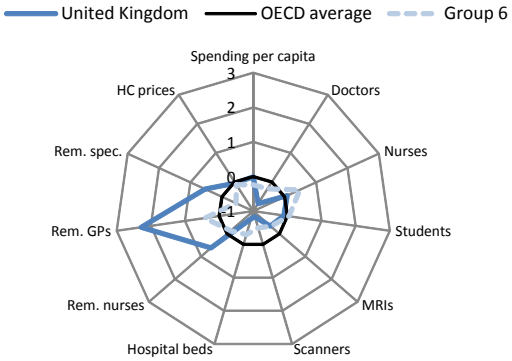
A. Efficiency and quality



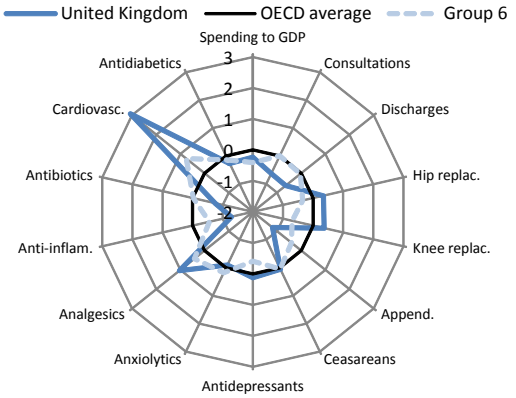
B. Amenable mortality by group of causes



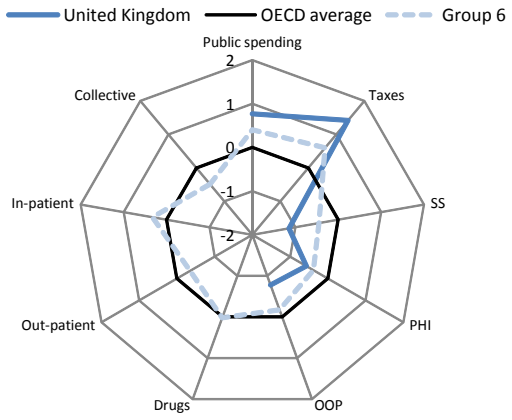
C. Prices and physical resources



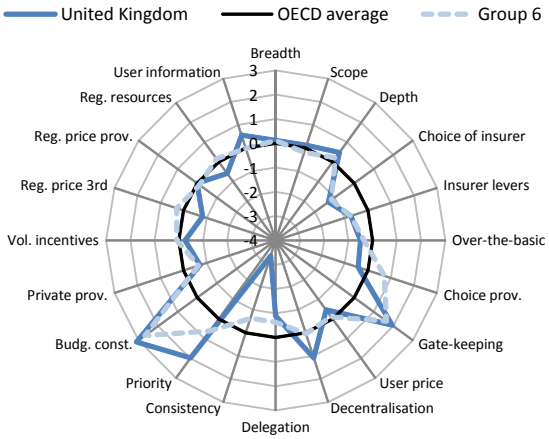
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

UNITED KINGDOM

GROUP 6: Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed *via* the budget process.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Below average DEA score	About average spending *per capita*		Large public spending share, mostly tax-financed		The quantity and quality of health care services remain lower than the OECD average while compensation levels are higher. Reinforcing competitive pressures on providers could help mitigate price pressures, *e.g.* by increasing user choice further and reforming compensation systems
Mixed scores on output efficiency in the acute care sector	Less acute care beds *per capita* and high-tech equipment	Less hospital discharges *per capita*		More restricted choice among providers	
Mixed signals on the quality of out-patient and preventive care	Less doctors *per capita*	Less doctor consultations *per capita*			
No internationally-comparable data on administrative costs	High relative income level of health professionals		Low out-of-pocket payments	High degree of priority setting but low consistency in responsibility assignment across government bodies	Efforts to increase consistency in the allocation of responsibility across government bodies could contribute to raise spending efficiency. Improve availability of comparable data on the allocation of spending across sub-sectors