



Health at a Glance 2015

How does the United Kingdom compare?

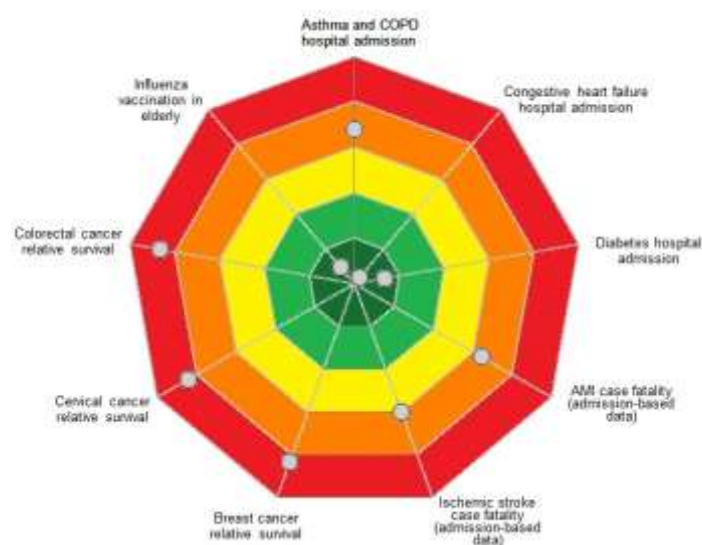
KEY FINDINGS

- While access to care is good, the quality of care in the United Kingdom is uneven and continues to lag behind that in many other OECD countries.
- Avoidable hospital admission rates for chronic conditions vary – while the United Kingdom does well in preventing hospitalisation for people with diabetes, it does less well for those with asthma and other chronic respiratory problems.
- Health spending per person in the United Kingdom remains around the level of 2009 when adjusted for inflation, and is slightly below the OECD average on a per capita basis and as a share of GDP.
- To reduce premature mortality more attention to tackling health risk factors – smoking, alcohol consumption and obesity in the United Kingdom are all above the OECD average.

Access to care is generally good but the quality of care is variable

Generally, access to care in the United Kingdom health system is good. Spending out-of-pocket on health goods and services is low, and unmet care needs for medical or dental care are also comfortably below the OECD average. Waiting times for planned interventions such as hip and knee replacement are now lower than in most other OECD countries reporting data. Coverage of vaccinations, for example influenza vaccinations for the over 65s, is also good and has been improving, and breast and cervical screening rates are well above the OECD average.

Figure 1. How the United Kingdom compares with other OECD countries on selected indicators of quality of care (2013 or nearest year)



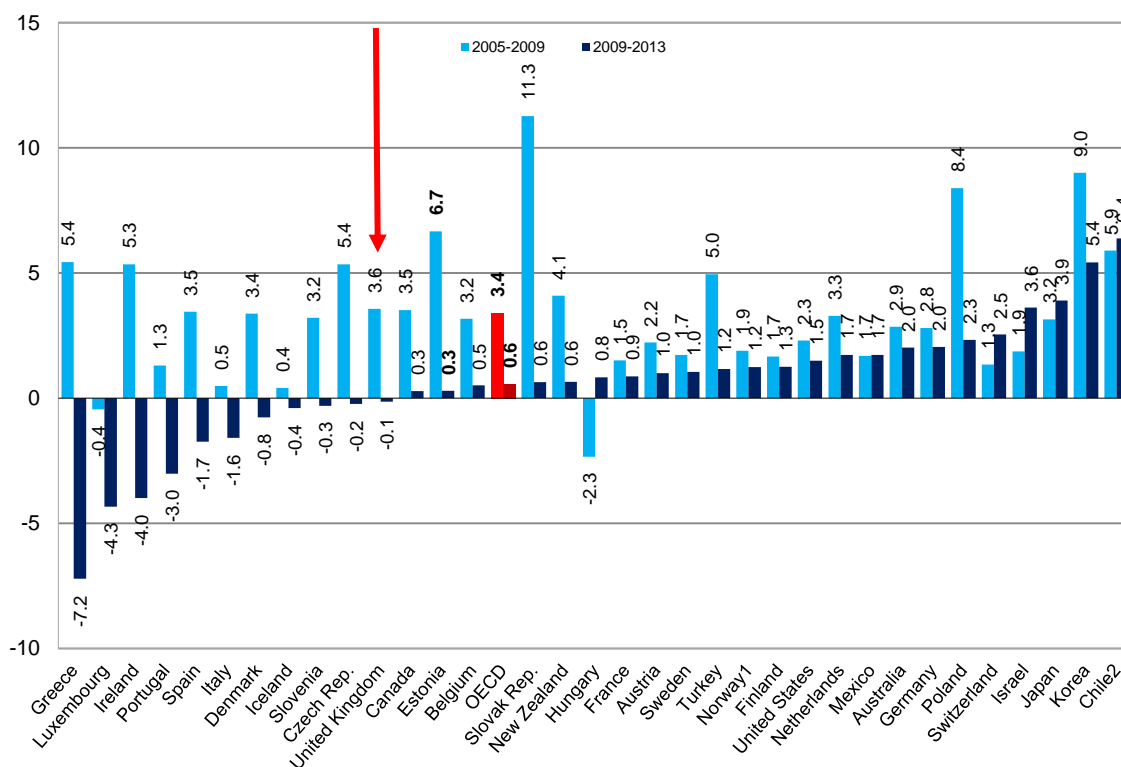
Note: The closer the dot is to the center "target", the better the country performs. The countries in the inner circle are in the top quintile among the best performing OECD countries, while those in the outer circle are in the bottom quintile.
Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS).

However, too many lives are still lost because the quality of care is not improving fast enough. Survival following diagnosis for cancer has increased in the United Kingdom over the past ten years, but the United Kingdom still remains in the bottom third of OECD countries in five-year relative survival for colorectal cancer, breast cancer and cervical cancer, though survival rates are improving at least as fast as the OECD average. The United Kingdom does not excel at delivering high-quality acute care either: survival after hospital admission for a heart attack or stroke – albeit improving considerably faster in the United Kingdom than in the OECD on average over the five years leading up to 2013 – is worse than in many OECD countries, including Canada, Italy, the Netherlands and Spain. The United Kingdom does well in avoiding hospital admissions for people with diabetes, but could do much better in preventing hospital admissions for people suffering from other chronic diseases like respiratory problems (asthma and COPD).

The NHS is under financial strain, with spending having remained static since 2009

Tight budget constraints have characterised the NHS in England in recent years, with zero growth in health spending per person in real terms between 2009 and 2013. Other OECD countries have seen a marked slowdown in health spending growth in recent years. In several other EU countries (Greece, Ireland, Portugal, Spain and Italy), health spending per person has been cut since the economic crisis. On a per capita basis and as a share of GDP, health spending in the United Kingdom is only slightly below the OECD average.

Figure 2. Annual average growth rate in per capita health expenditure, real terms, 2005 to 2013 (or nearest year)



Note: Expenditure excludes investments, unless otherwise stated.

1. Includes investments.

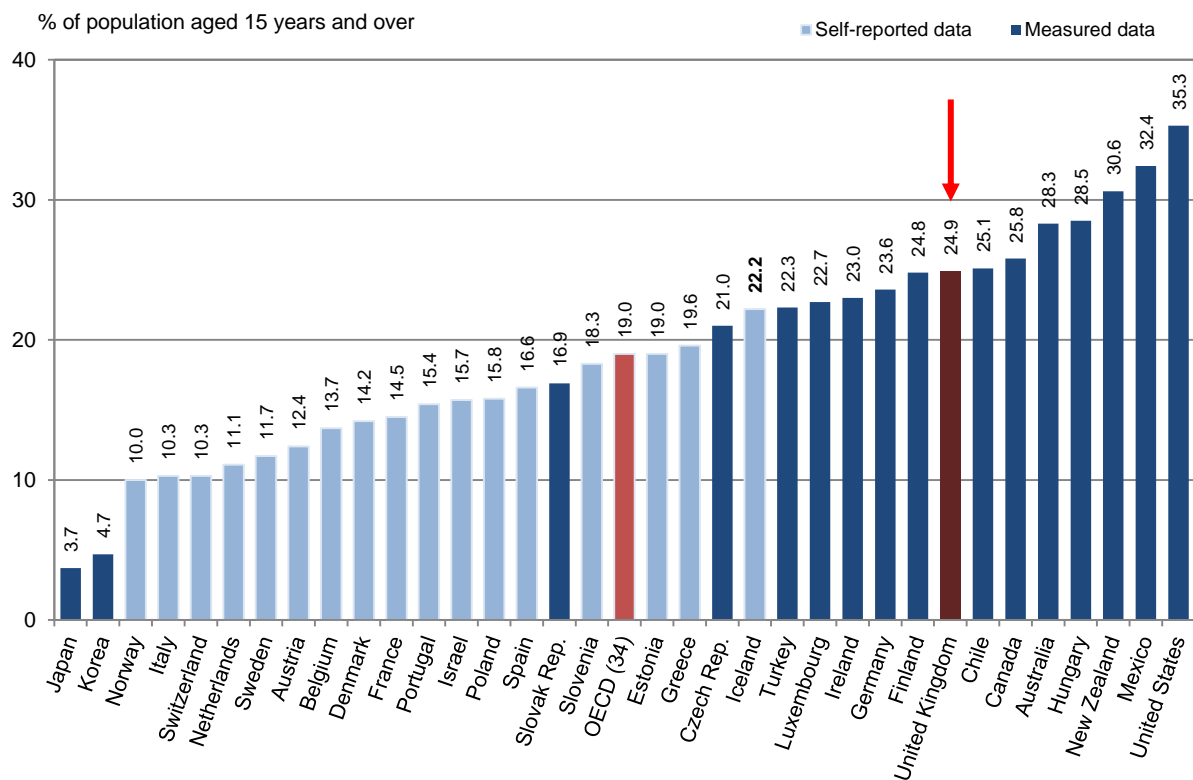
2. Data refers to 2012.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

More attention to health risk factors like smoking, harmful alcohol consumption, and obesity is needed

High rates of smoking, harmful alcohol consumption and obesity require urgent attention. These are important risk factors for some of the leading causes of premature mortality, such as cardiovascular disease, cancer and diabetes. The UK population is amongst the most overweight in the OECD; one in four British adults is obese, compared to an OECD average of 19. On other risk factors, the United Kingdom also performs poorly: although the number of smokers is falling, one in five adults were still smoking in 2013; levels of alcohol consumption in the United Kingdom are above the OECD average and have increased during the last 30 years. In England, the heaviest-drinking 20% of the population drink almost two thirds of all alcohol consumed. A range of policy responses should be considered, including counselling to reduce risky behaviour; tax and price interventions to try to reduce consumption of cigarettes, alcohol and fatty foods; and improved nutritional labelling.

Figure 3. Obesity among adults, 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

Health at a Glance 2015 provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on **Health at a Glance 2015** is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

For more information on OECD's work on the **United Kingdom**, please visit <http://www.oecd.org/unitedkingdom>.