

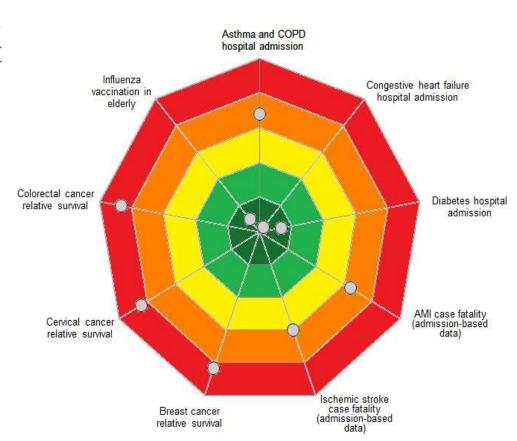
Mark Pearson, Deputy Director Directorate for Employment, Labour and Social Affairs





Health at a Glance 2015 – How does the UK perform?

- A leader in innovative health policies, but not on OECD international benchmarks
- Based on OECD 2015
 benchmarking, the UK is
 a middling-to-low
 performer on 3 out of 4
 key domains health
 status, risk factors,
 and quality
- UK is only excelling relative to OECD peers access





Health status: middling performance compared to OECD peers

Health status indicators	UK in the OECD
Life expectancy at birth – Men	14 th /34
Life expectancy at birth - women	24 th /34
Life expectancy at 65 - men	14 th /34
Life expectancy at 65 - women	23 rd /34
Mortality from cardiovascular diseases	9 th /34



Risk factors: lagging behind OECD peers

Health risk indicators	UK in the OECD
Smoking in adults	20 th /34
Alcohol consumption	19 th /34
Obesity in adults	27 th /34
Overweight and obesity in children	32 nd /34



Quality: a mixed and mediocre picture

Health status indicators	UK in the OECD
Asthma and COPD hospital admission	22 nd /32
Diabetes hospital admission	5 th /29
Case-fatality for heart attach (admission-based)	20 th /32
Case-fatality for stroke (admission-based)	19 th /31
Cervical cancer survival	21 st /23
Breast and colorectal cancer survival	20 th /23



Access: a strong performance

Health status indicators	UK in the OECD
Share of out of pocket medical expenditure in household consumption	3rd/34
Unmet medical care needs	9 th /23
Unmet dental care needs	8 th /24
Waiting times – cataract surgery (median)	4 th /14
Waiting times – knee replacement (median)	2 nd /14



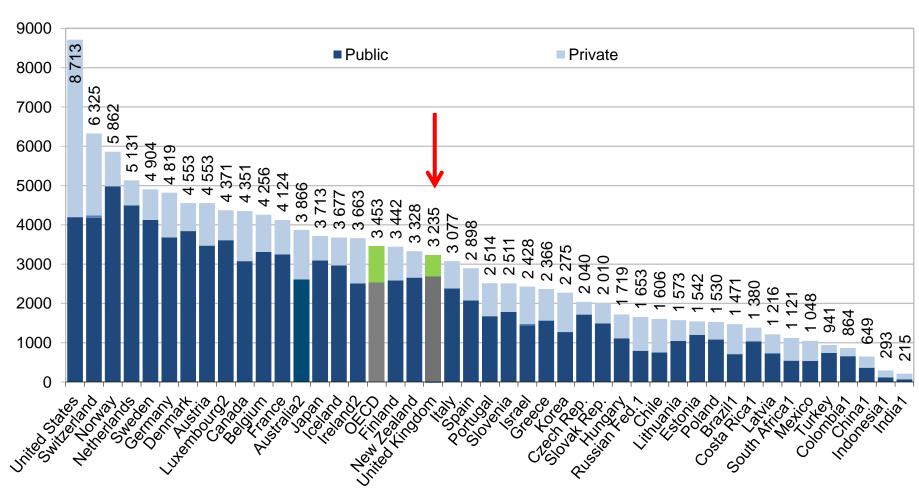
Resource levels are still relatively low





UK per capita spend on health is below the OECD average

Health expenditure per capita USD PPP, 2013 (or nearest year)

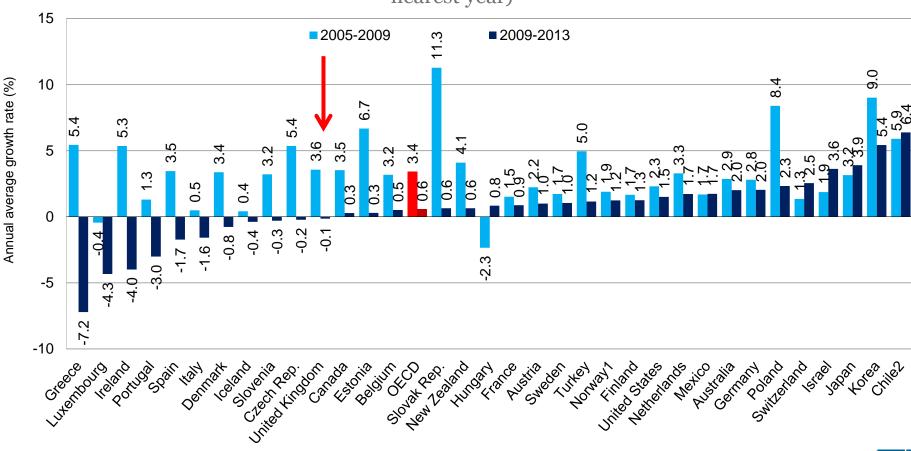






Average growth rate per capita in real terms has been flat since 2009

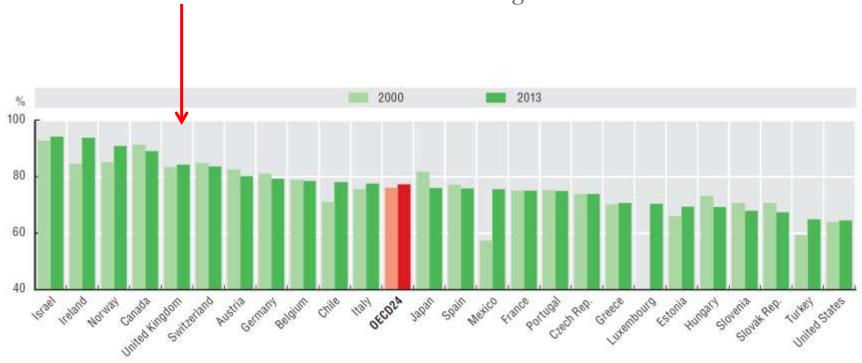
Annual average growth rate in per capita health expenditure, real terms, 2005 to 2013 (or nearest year)





High bed occupancy rate (rising slightly from 2000 to 2010) which suggests efficient use of resources...

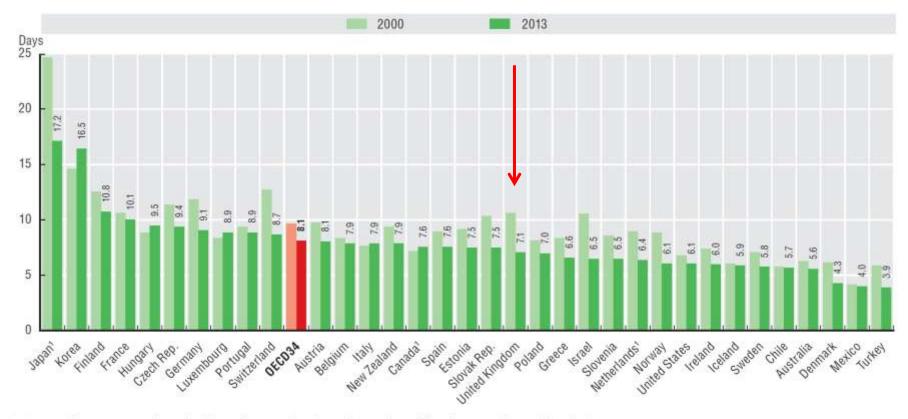
Occupancy rate of curative (acute) care beds, 2000 and 2013 – latest data is 2010 for the United Kingdom





... and short (and falling) average lengths of stay in hospitals

Average length of stay in hospitals, 2000 and 2013

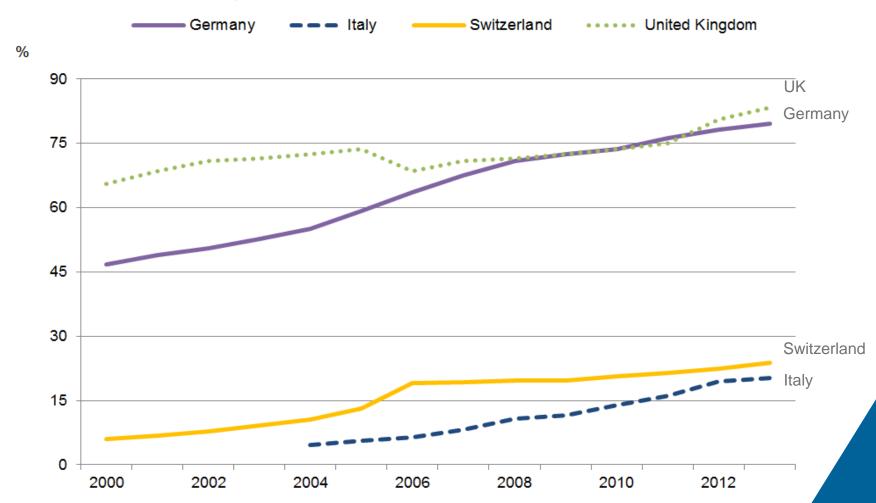


Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).
 Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.



UK is already doing well at increasing the volume of generic pharmaceuticals in the market

Trend in share of generics (in volume) in pharmaceutical market, 2000 to 2013

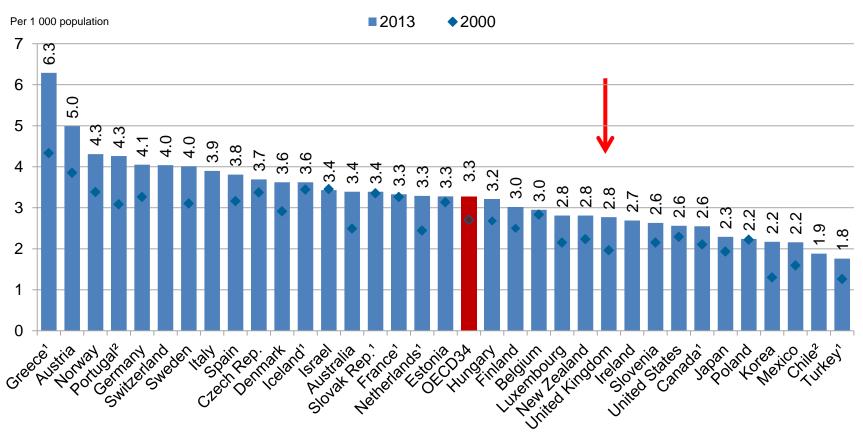


Source: Health at a Glance 2015



Lower than average numbers of doctors...

Practicing doctors per 1 000 population, 2000 and 2013



1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors). 2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal, of around 30%).



Access to care is good... but health risk factors are undermining population health

Alcohol is the only drug epidemic we've £200m cuts to public health: the situation is are's the national taskforce on

Can the NHS help tackle the UK's obesity epidemic?

Alcohol

Harmful drinking among middle-class over-50s is a 'hidden phenomenon'

Sugar tax: could a price Prevention is better than a cure increase solve Britain's obesity crisis?

refuse to lose weigh 5 cut, David Camero

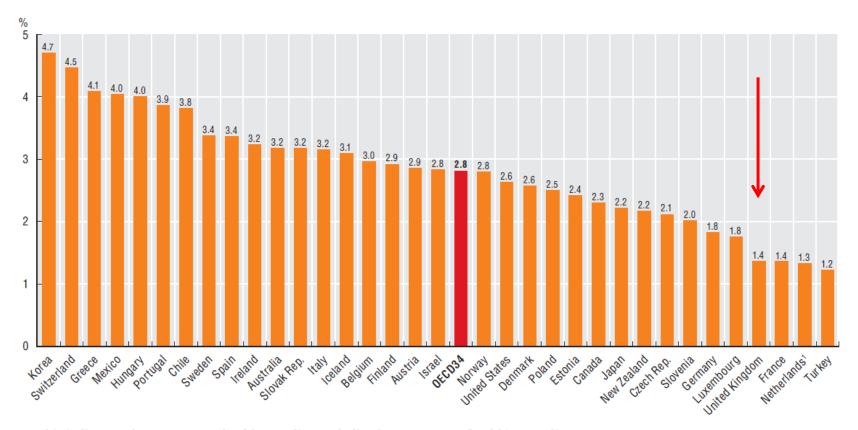
Oct 23, 2015

Long awaited report calls for a tay on se



Access in the UK is good – low out-of-pocket spending

Out-of-pocket medical spending as a share of final household consumption, 2013



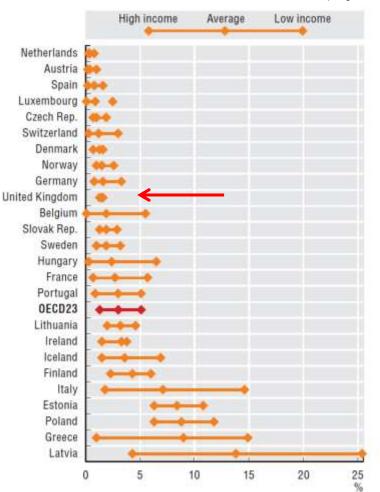
Note: This indicator relates to current health spending excluding long-term care (health) expenditure.

^{1.} The value for the Netherlands is underestimated as it excludes compulsory co-payments by patients to health insurers (if these were taken into account this would double the share).



Access in the UK is good – low unmet need

Unmet care needs for medical examination, by income level, 2013



- UK has very little unmet need for medical examination, and very low variation in need by income
- Waiting times for planned interventions are now lower than in most other OECD countries
- Coverage of vaccinations, for example influenza for the over 65s, is also good and has been improving.

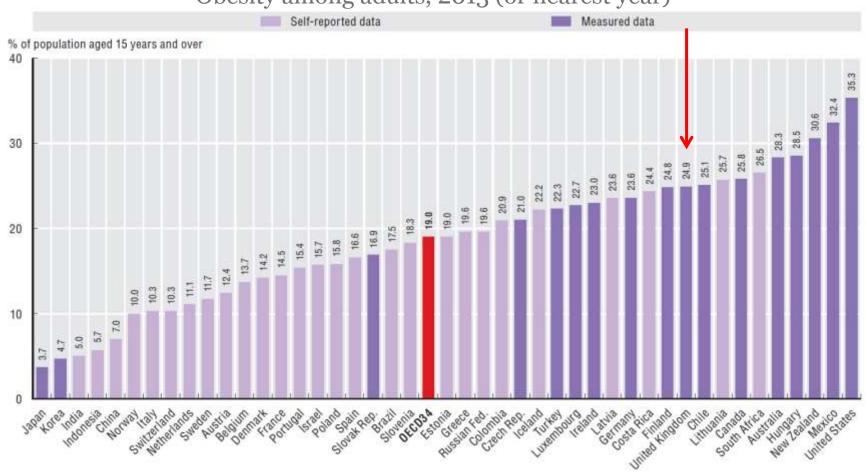
Note: Unmet care needs for following reasons: too expensive, too far to travel, or waiting time.

Source: EU-SILC 2013.



Health risk factors are undermining population health: obesity...

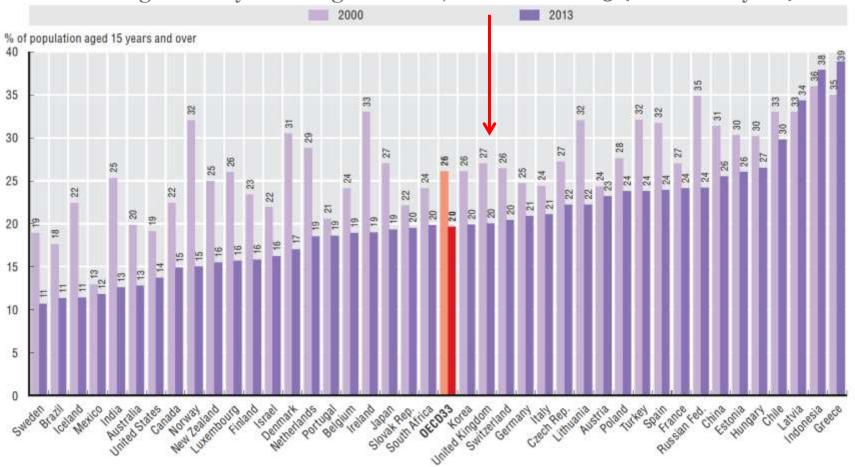
Obesity among adults, 2013 (or nearest year)





Health risk factors are undermining population health: smoking...

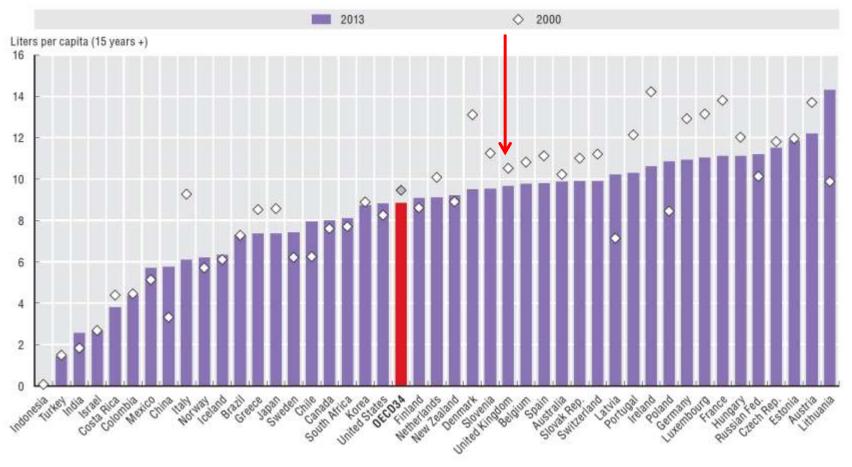
Change in daily smoking in adults, 2000 and 2013 (or nearest year)





Health risk factors are undermining population health: alcohol

Alcohol consumption among adults, 2000 and 2013 (or nearest year)



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en; WHO for non-OECD countries.



UK is a quality policy innovator... but quality of care outcomes are mediocre

Three quarters of NHS host 'unsafe' according to new

A new report by the Care Quality Commission found 61 per cent of the hosp patient safety - and 13 per cent were deemed 'inadequate' Caroline Mortimer | @cjmortimer | Thursday 15 October 2015 | □ 2 comments





Closer to Critical? QualityWatch statement 2015

NHS and care sector: Safety a 'big concern' in England By Nick Triggle Health correspond

The damning of NHC hospitals: Devastating 'aing enough to report reveals 74% keep patients safe

. Care Quality Commission's 1

. Graded 74% 'inadequate' or

. Warned of a culture of bluf

. Comes as an NHS whistle

Record A&E waits show NHS is cracking under pressure - doctors' chief

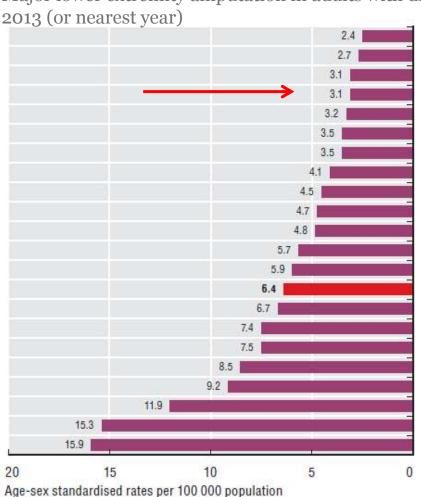
BMA's Mark Porter says care is suffering as latest figures reveal service can't cope

By SOPHIE BORLAND HEALTH CORRESPONDENT FOR THE LOCAL PUBLISHED: 21:55 GMT, 14 October 2015 | UPDATED: 13:09 GMT, 15 October 2015



In some areas quality outcomes are good...

Major lower extremity amputation in adults with diabetes,



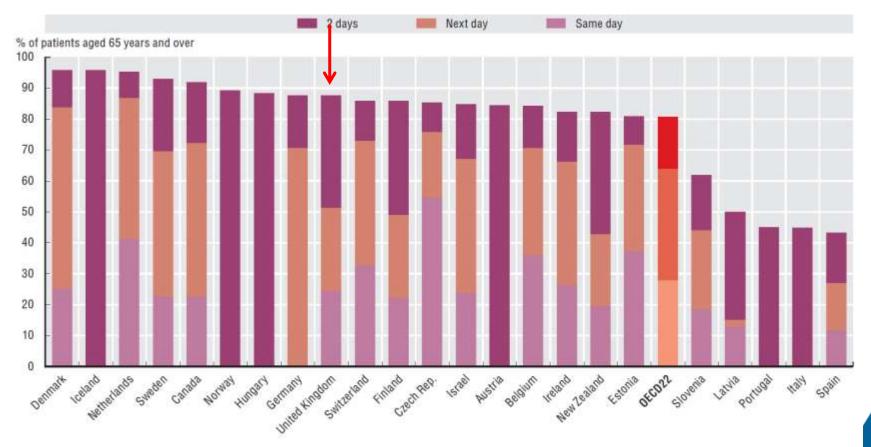
- Korea Italy Switzerland United Kingdom Ireland Luxembourg Iceland Sweden Australia Netherlands Belgium Norway New Zealand OECD 21/11 Spain Canada France Denmark Germany Portugal Slovenia Israel
- On some indicators
 UK is doing well –
 which reflects well on
 the primary care
 sector
- 'Avoidable admissions' for diabetes and congestive heart failure are low, as are amputations for diabetics
- Though antibiotic prescribing is slightly above the OECD average, prescribing of 2nd line antibiotics is very low

Note: Three-year average for Iceland and Luxembourg.



Care seems to being delivered in a timely way

Hip fracture surgery initiation after admission to hospital, 2013 (or nearest year)

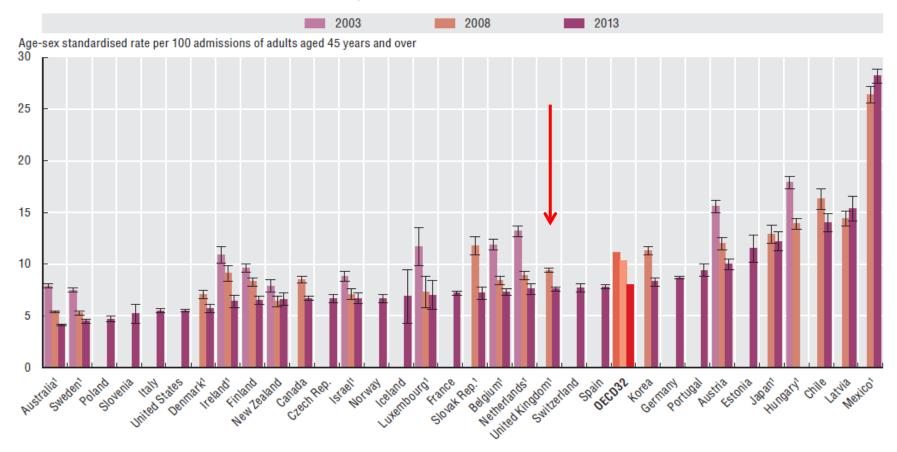


Note: Three-year average for Iceland.



Outcomes for acute care are mediocre

Thirty-day mortality after admission to hospital for AMI based on admission data, 2003 to 2013 (or nearest years)



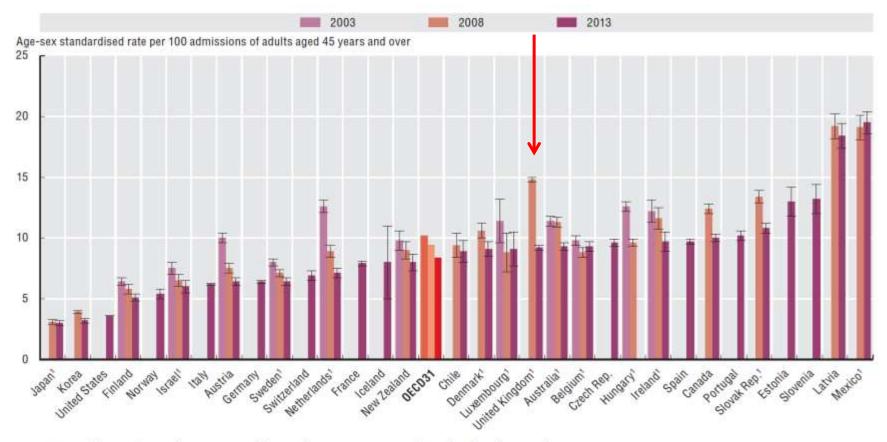
Note: 95% confidence intervals represented by H. Three-year average for Iceland and Luxembourg.

1. Admissions resulting in a transfer are included.



Outcomes for acute care are mediocre

Thirty-day mortality after admission to hospital for ischemic stroke based on admission data, 2003 to 2013 (or nearest years)



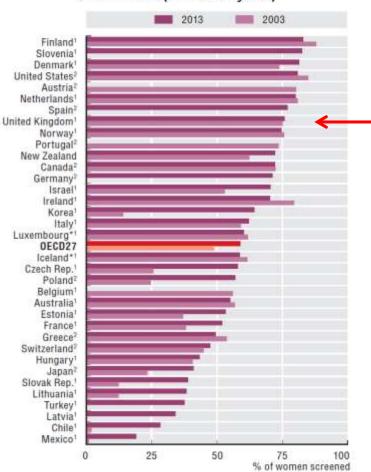
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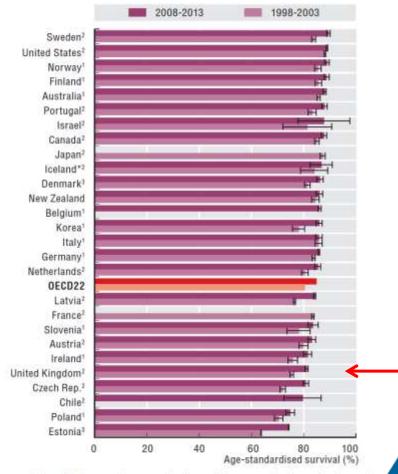
Above average screening rates but below average survival for cancer

Mammography screening in women aged 50-69, 2003 to 2013 (or nearest years)



Programme. 2. Survey. *Three-year average. Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en. StatLink *** http://dx.doi.org/10.1787/888933281202

Breast cancer five-year relative survival, 1998-2003 and 2008-2013 (or nearest periods)



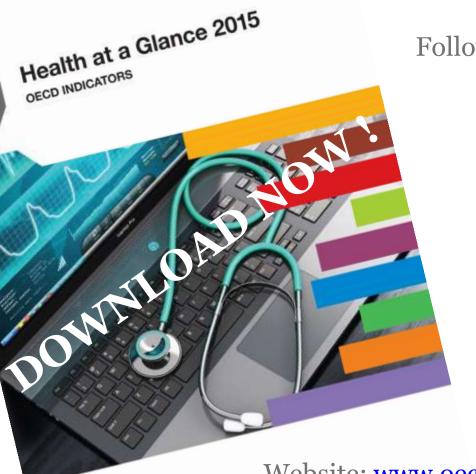
 Period analysis. 2. Cohort analysis. 3 Different analysis methods used for different years. * Three-period average. 95% confidence intervals represented by H.



- Access to care is very good, but population health is undermined by high levels of smoking, drinking and obesity.
- England is the pioneer in quality policies, but basics are still not done right -- investing in community care; adequate staffing so that procedures and guidelines can be properly followed; flow and quality of clinical information
- Per capita spending on health is close to the OECD average, but below peers such as Ireland, the Netherlands, Germany, France or Australia.



Thank you - http://www.oecd.org/health/health-at-a-glance.htm



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