How does the NHS compare internationally? And what does it mean?

This webinar will begin shortly

8 June 2022



This is a Zoom webinar so you will be automatically muted throughout.



Your camera will also be off throughout the webinar.



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TACKLING CORONAVIRUS (COVID-19)
CONTRIBUTING TO A GLOBAL EFFORT

HEALTH SYSTEM PERFORMANCE – WHERE DOES THE UK STAND INTERNATIONALLY?

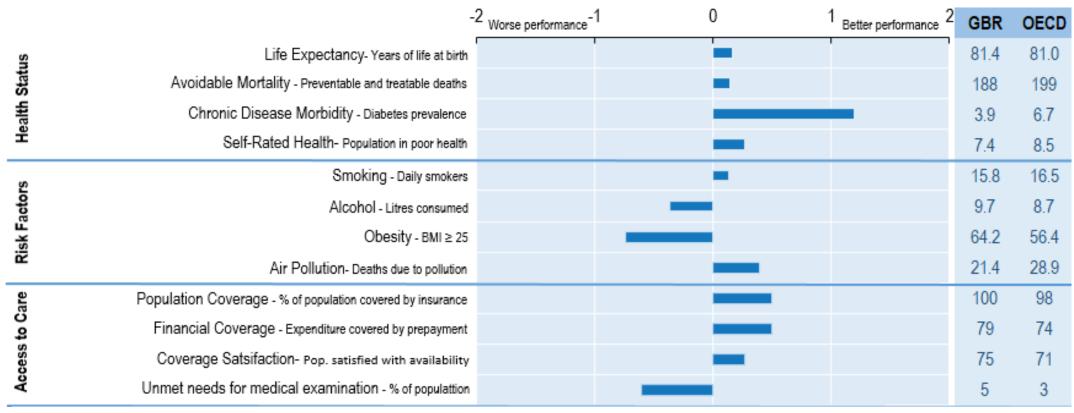
Webinar – The Health Foundation 8 June, 2022

Mark Pearson

Deputy Director
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Overall assessment (1): Health status, Risk Factors, Access to care

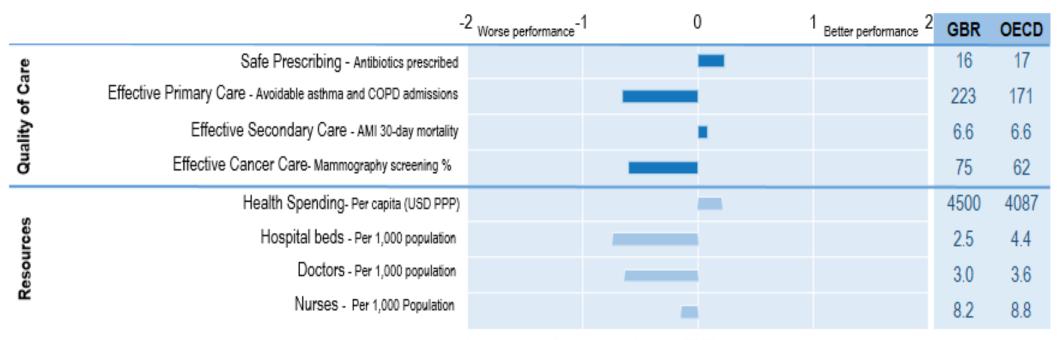


Axis shows how far a country is from the OECD average, based on the standard deviation

Source: OECD Health at a Glance 2021



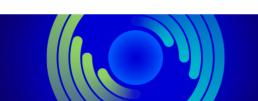
Overall assessment (2): Quality, Resources



Axis shows how far a country is from the OECD average, based on the standard deviation

Note: For the resource dimension ranking refers to more and less instead of better and worse performance

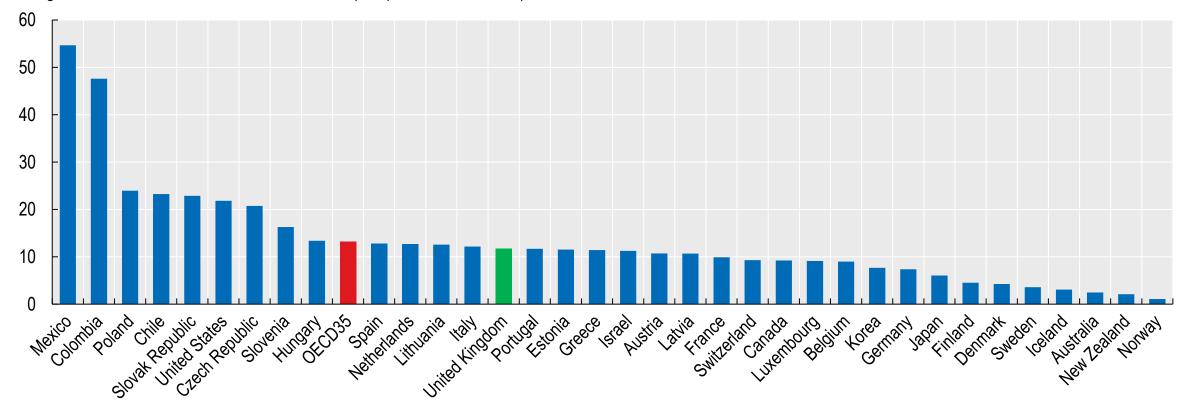
Source: OECD Health at a Glance 2021



COVID-19: excess mortality similar to other hard-hit countries

In 2020 and 2021, 13% more people died in OECD countries than expected

Percentage increase in total deaths in 2020 and 2021 (compared to 2015-2019)

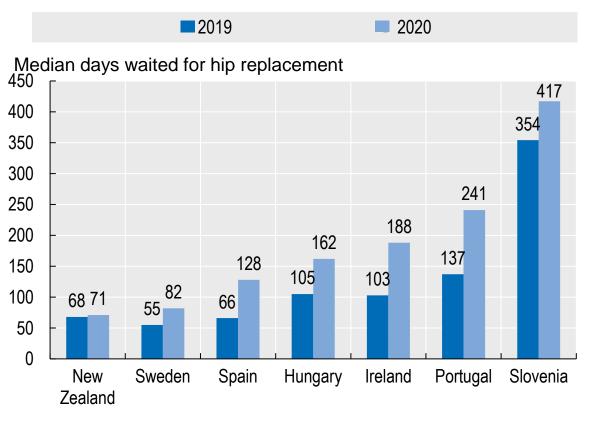


Note: No excess deaths data for Costa Rica, Ireland and Turkey. OECD average is weighted. Comparator years to calculate excess deaths are years 2015-2019.



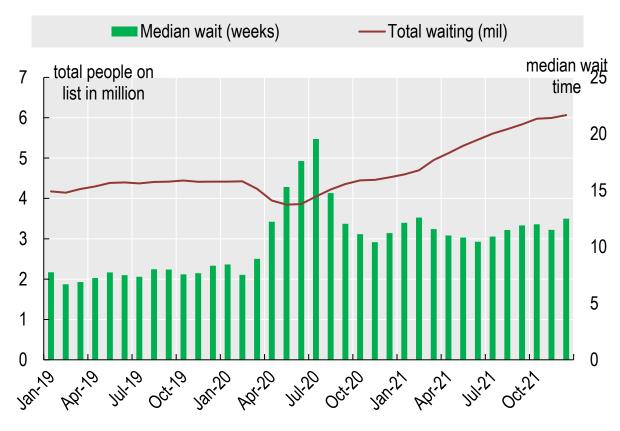
COVID-19 has put a strain on health systems

Waiting times increased in many OECD countries...



Source: OECD (2021), Health at a Glance

...including the UK (England), for elective treatment

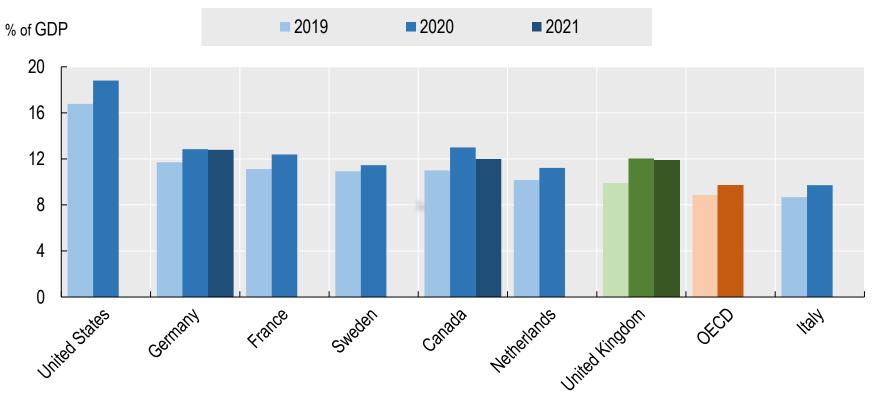


Source: NHS England and NHS Improvement (2022): monthly RTT data collection



UK health spending: Substantial increase in ratio 2020 partly driven by sharp GDP drop

Current health expenditure as % of GDP, 2019-21 (where available)



- UK health spending increased (in real terms) by 10% in 2020 and 7.1% in 2021
- In 2020, health spending to GDP ratio in UK much higher than OECD average but still below Germany or France

Source: OECD Health at a Glance 2021; ONS 2022; Destatis 2022; CIHI 2021; CMS 2021



Top three key challenges

1 Capacity and workforce issues

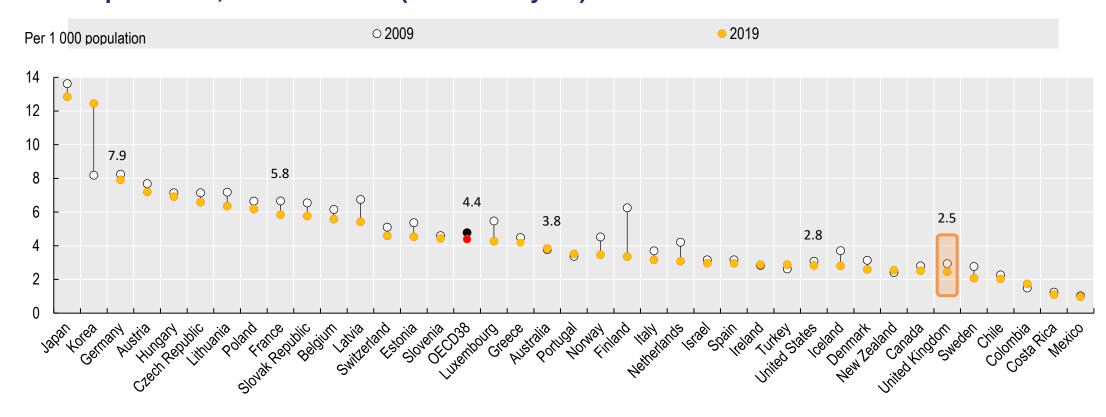
2 Primary Health Care

3 Social Care



Lack of hospital capacity...

Hospital beds, 2009 and 2019 (or nearest year)

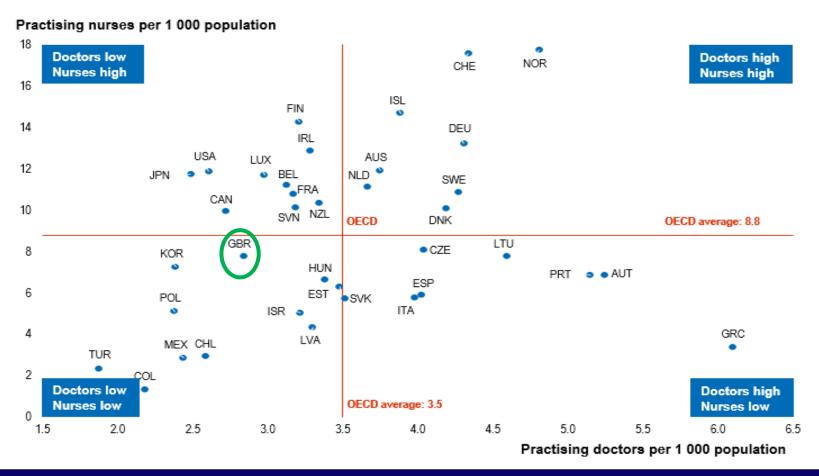


Source: OECD Health Statistics 2021



... with workforce shortages as a key barrier to health system response in the pandemic

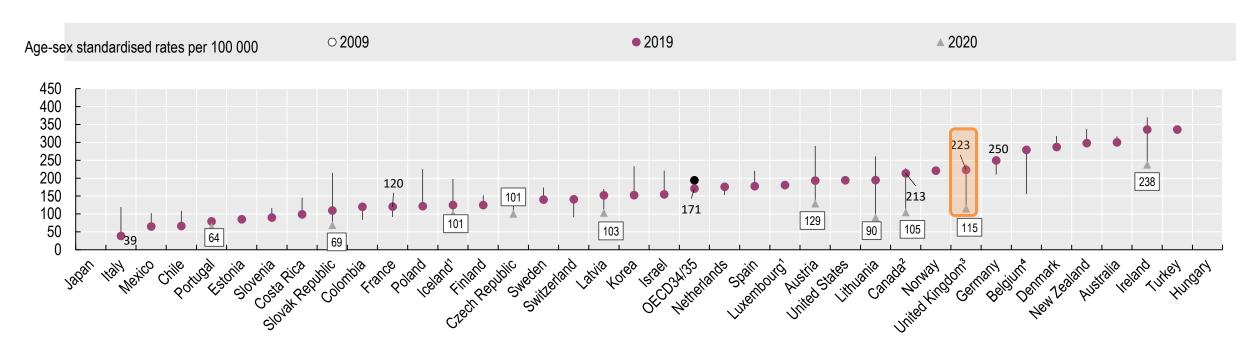
Density of practicing nurses and doctors in OECD countries, 2019



- UK generally has fewer health workers than many other OECD countries
- Increase in number of doctors over last 20 years in UK more pronounced than across OECD but level still below average
- Number of nurses in UK stagnated

High number of avoidable hospitalisations for some conditions...

COPD hospital admission in adults, 2009, 2019 (or nearest years) and 2020



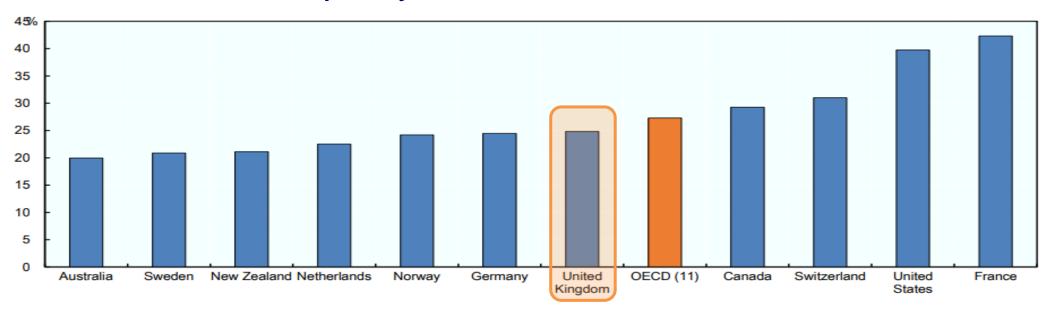
1. Three-year average. 2. 2020 estimate based on provisional data from April 1 to September 30, 2020 from all jurisdictions except Quebec. Provisional data may be incomplete and are subject to change. 3. 2020 data is provisional and includes England only. 4. Break in time-series in 2016, so changes between 2010 and 2019 need to be interpreted with care.

Source: OECD Health Statistics 2021



...and issues to access primary care for the elderly

Across the OECD almost 30% of elderly patients visited an emergency department for a condition that could have been treated in primary health care, 2017



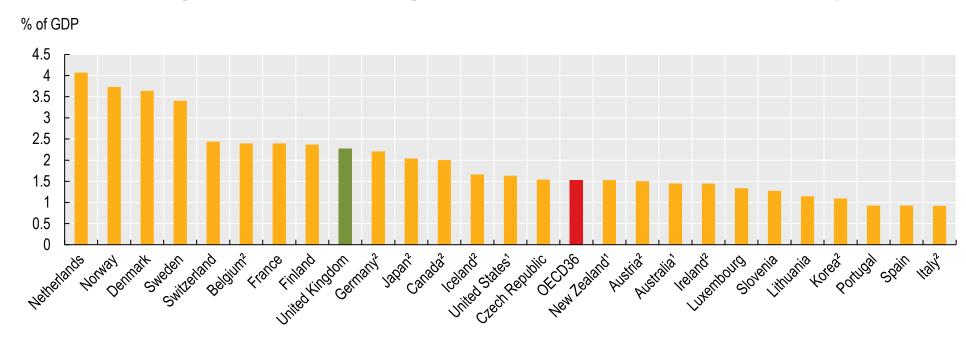
Note: Respondents were asked: "The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by the doctors or staff at the place where you usually get medical care if they had been available?" Results show the proportion of people responding "yes" to the question. In Australia, recent data from the Australian Institute of Health and Welfare show that in 2017-18, 37% of all ED presentations were for lower urgency care (Aihw, 2018_[31]).

Source: The Commonwealth Fund, 2017, International Health Policy Survey of Older Adults (65+).



Spending on social care has increased but problems remain self-evident

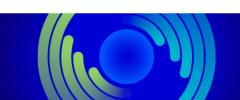
Total long-term care spending as a share of GDP, 2019 (or nearest year)



- UK spending LTC (health +social) above 2% of GDP in 2019
- Only 60% financed from public sources – a share well below many other countries

Note: 1. Estimated by OECD Secretariat. 2. Countries not reporting spending for LTC (social). In many countries this component is therefore missing from total LTC, but in some countries it is partly included under LTC (health). 3. Country not reporting spending for LTC (health).

Source: OECD Health at a Glance 2021; ONS 2022; Destatis 2022; CIHI 2021; CMS 2021



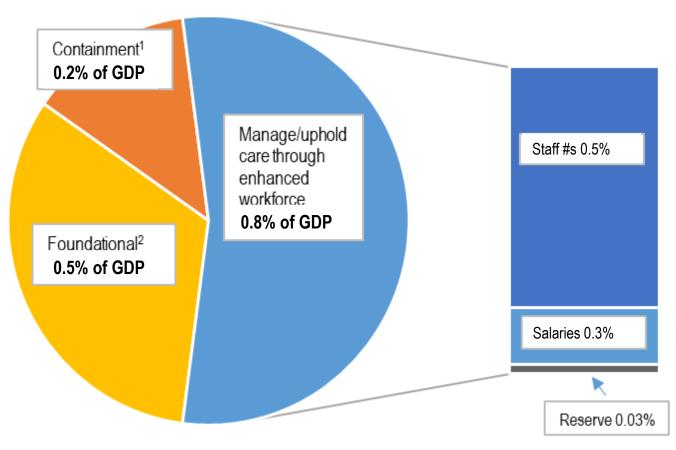
3

Social care – key thematic aspects in best practice systems

- Financial incentives Norway's municipal coordination units & financial penalties for bed blocking
- Care managers Japan's LTC Prevention Project & creation of new profession of LTC managers
- Prevention & rehabilitation— Denmark's "Life-long Living" programme increased recipients physical abilities, improved job satisfaction of caregivers & financial gains



To make health systems more resilient UK will need to invest an extra ~1.5% of GDP



- Benchmarking analysis to estimate additional health workers, higher salaries & medical reserve needed
- Part of broader investment package to boost health system resilience



¹ infection control, testing, vaccination. ² prevention, core equipment, HIS

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THANK YOU

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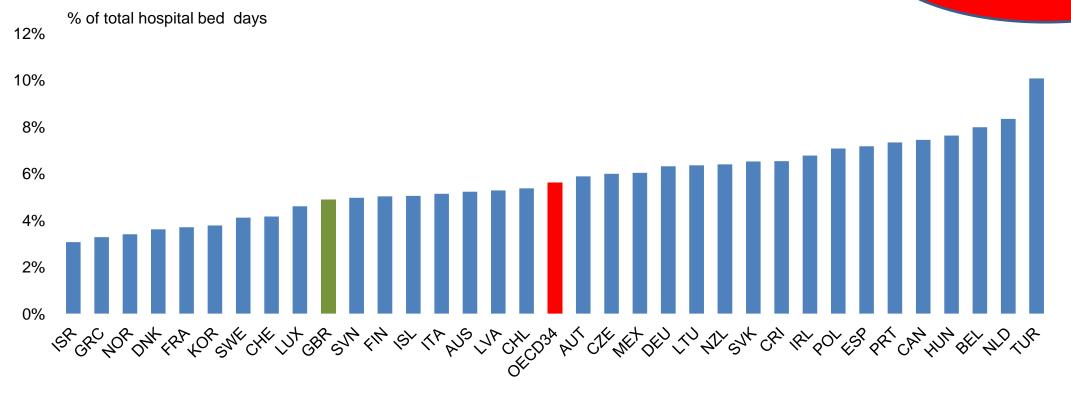


2

Quality and outcomes of primary care - avoidable admissions

Share of potentially avoidable hospital admissions due to five chronic conditions (dhypertensive diseases, heart failure, COPD and asthma) as % of total hospital bed days

Back up



Source: OECD Health Statistics 2021.



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Thank you

