

The NHS – Trends in Delivering Services in the UK

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The Confederation is a learning and dissemination organisation – and we can learn from Europe – and now from each other

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I said last year: - and a Europe of the regions means:

- Mobility
- Social Change
- Inter-cultural liaisons
- Local variety, innovations and experimentation
- Central control will concede to local initiations

[The UK]

Devolved administrations:

- England – markets and targets
- Scotland – rejects the purchaser provider split
- Northern Ireland retained commissioning within the NHS
- - and here an end to the market by 2011 and a corporate whole



[England]

- Targets – 4 hours; 18 weeks
- PbR
- Choice and Competition
- Commissioner / Provider split
- Private Sector – 15% target

Beds: 3.8 per 1000

GPs: .57 per 1000



[Scotland]

- No internal market
- Integrated health boards [14]
- Block contracts

Beds: 6 per 1000

GPs: .76 per 1000

[Northern Ireland]

- 5 Commissioners [Local Commissioning Groups] – sounds like PECs
- Commissioner / Provider split
- 5 HSC Trusts coterminous with Commissioners
- No PbR
- 1 Regional Health and Social Care Board

Beds: 4.9 per 1000

GPs: .63 per 1000



[Wales]

- 7 health organisations
 - + ambulances
 - + public health body
 - + cancer organisation
- End to internal market
- Block contracts with NHS providers
- No PbR or tariff

Beds: 5 per 1000

GPs: .61 per 1000



[So:]

- 10m living in non “marketised” health economies
- 45m living in an increasingly private sector context:

“Cultural reluctance to drive home that the public have a choice...[but patients treated privately] will continue to grow”

Ben Bradshaw, Minister of State, Department of Health

[Paradox]

- Opportunity to learn
- European comparators of interest
- Outcomes central to thinking
- Where's the evidence?

[Does it matter?]

- Are national ambitions and values so different?
- Are health dynamics so different?
- Are the politics / politicians so different?



[Does it matter?]

Values:-

- Comprehensive
- Universal
- Free
- Taxation



[But outcomes seem to differ:]

- Elective day surgery 40% higher in England than Scotland
- A & E admissions 20% higher in Wales than anywhere else
- Discharges on day of admission up from 17%, 24 - 26% in Wales and England – down from 18% to 15% in Scotland [over 2002-2008]
- Electives up 165 to 193 per 1000 in N.I. Up 145 to 155 in Scotland, Wales down from 145 – 125



[Conclusions:]

- Law of unintended consequences
- e.g. – 4 hour wait target has led to huge uplift in English A & E attendance [and admissions]
- PbR – 17% uplift in acute referrals

[Conclusions:]

Process matters more than structure:

- Markets
- ISTCs
- Choice
- Competition
- Targets

[Conclusions:]

Still core principles **but:**

- Top ups
- Co-payments
- Rationing
- Prescription charges
- Car parking

[Europe]

- Cross border rules
- Co-payment
- Erosion of health as an investment good
- Public Health's location
- Italy's NHS – more like our NHS than our NHS!

[We will see more comparators]

- Outcomes
- Quality
- Prevention
- Regulation

[European Union]

- Demonstrates huge inequalities in health: Male life expectancy in Estonia and Latvia is 12 years shorter than in Sweden
- Heart disease mortality of women is 40 times higher in Slovak Republic than France
- Lung cancer deaths 2 x as high in Hungary as Finland

[Why?]

- Different facilities – Austria has 11 MRI scanners per million elsewhere 1 to 2
- Smoking prevalence ranges from 25% to 50%
- Inequality varies – Gini Coefficient highest in Britain 2.5 compared with 1.5 in France, Spain and Germany



[**So:**]

- We need more information about different outcomes – no longer restricted to NHS
- We need to be more aware of interaction between systems and results
- Ireland itself is a case study for the impact of different systems – we need joint analysis
- So are Wales, Scotland and England now