
NHS Is Lagging Behind Other Countries



Indicators of spending, patient safety and population health demonstrated by the UK National Health Service (NHS), are below average to average at best when compared to other high income countries. These are the conclusions of a recent research, *Performance of UK National Health Service compared with other high income countries: observational study*, published in The BMJ. The authors point out the need for the NHS to increase spending for the improvement of staffing numbers, long-term care and other social services.

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Papanicolas and colleagues analysed data (typically for 2017) for the UK, Australia, Canada, Denmark, France, Germany, the Netherlands, Sweden, Switzerland and the US. They compared the UK to the health systems of the other nine countries in seven key areas including spending, structural capacity, accessibility, quality and health outcomes (79 metrics in total). It is stressed that the study is observational, the data are purely descriptive and the interpretation of the results is country-specific.

The results show that in the UK spending on healthcare in 2017 was the lowest €3,417/pp (\$3,825) compared with a mean of \$5,700, but similar to the average healthcare expenditure of the OECD member states (\$3,854) and the EU member states (\$3,616). Its growth in 2014–2017 was slower than average (0.02% of GDP in the UK vs. 0.07% on average).

The rates of unmet need in the UK were the lowest and the numbers of healthcare professionals per capita were among the lowest (UK 2.8 doctors per 1000 population compared with 3.5 study average). Furthermore, the UK had among the highest proportion of foreign trained professionals (doctors 28.6%, nurses 15%). Considering the decrease in the migration of healthcare professionals since 2015, the researches predict that in the context of Brexit staff shortage issues will persist in the NHS.

Spending on long-term care was lower than in other countries despite the comparable numbers of people over 65, and the share of private sources in it was relatively higher. The UK had higher scores for waiting times and access to care, but utilisation (number of hospital admissions) was lower than average. It also had slightly below average life expectancy (81.3 years vs. a mean of 81.7 years) and low survival rates for several types of cancer (eg breast and cervical).

The quality of outcomes varied from poor in death rates for heart attack (UK 7.1%; mean 5.5%) and ischaemic stroke (UK 9.6%; mean 6.6%) to better than average in terms of rates of deep venous thrombosis after joint surgery and the number of healthcare associated infections.

The UK population had a similar to other countries' levels of perception of the quality of care provided by the NHS: 44% thought the NHS worked well (45% on average), although this had declined by 19 percentage points since 2010. This was in high contrast with opinions of general practitioners, with only 22% of primary care physicians viewing the work of the NHS positively (compared with the study average of 33%).

In conclusion, the authors acknowledged a remarkable job the NHS was doing in managing the constrained funding environment, but underscored the need for the UK to spend more on healthcare staffing, long-term care and other social services if the country wanted to improve its health system's performance and the nation's health outcomes.

References

Papanicolas I et al. (2019) Performance of UK National Health Service compared with other high income countries: observational study. BMJ 367:l6326. Available from <https://www.bmj.com/content/bmj/367/bmj.l6326.full.pdf>.

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