



Health Care in the United Kingdom

Who provides health care in the United Kingdom?

Health care in the United Kingdom (including England, Scotland, Northern Ireland, and Wales) is coordinated by the National Health Service, which was set up in 1948 “to provide health care for all citizens, based on need, not the ability to pay.”¹ The NHS is run with taxpayer funds and is managed by the Department of Health. The Department of Health “sets overall health policy in England, is the headquarters for the NHS, and is responsible for putting policy into practice.”²

The NHS recently delegated most patient care to organizations called Primary Care Trusts, or PCTs. PCTs receive 75% of the NHS budget and are locally based; “they control their own budgets and own their own assets.”³ They coordinate care between providers and local agencies, and ensure that “all other health services are provided, including hospitals, dentists, opticians, mental health service, NHS Walk-In Centres, NHS Direct, patient transport, population screening, pharmacies and opticians.”⁴

Some UK residents opt for private insurance rather than coverage under the NHS. According to Dr. Trisha McNair in the BBC, more than 10% of the population in the UK is now covered by some form of private health insurance; she believes that most have private medical insurance as a work-related benefit, while the number of people paying for it themselves has recently dropped, probably due to higher prices.⁵ According to the Independent Health care Association or IHA, which represents private health care providers and insurers in Great Britain, the independent health sector accounts for 25% of all UK health and social care spending. In 2001 an agreement was reached between the IHA and the NHS, under which NHS patients were eligible to receive treatment at independent medical facilities. Individuals can also take out additional, private health insurance to cover expenses not covered by NHS, while still utilizing some NHS services. Researchers at the Organization for Economic Cooperation and Development have suggested that private insurance in the United Kingdom largely replicates the care

¹ “The NHS explained,” http://www.nhs.uk/thenhsexplained/what_is_nhs.asp, 20 February 2004.

² “The NHS explained,” <http://www.nhs.uk/thenhsexplained/HowTheNHSWorks.asp>, 20 February 2004

³ “What affects the way I receive NJS treatment?” <http://www.nhs.uk/innerpage.asp>

⁴ Ibid.

⁵ “Medical Insurance,” by Dr. Trisha McNair.

http://www.bbc.co.uk/health/features/medical_insurance.shtml, 20 February 2004.

offered by the state, and that consumers primarily choose private coverage to gain access to more providers and more timely delivery of care.⁶

Who qualifies for health care in the United Kingdom?

According to the NHS, “Every UK citizen has a right to be registered with a local GP (general practitioner).”⁷ People seeking asylum and refugees are subject to a slightly different process; according to the Department of Health, “Like other UK residents, persons with an outstanding application for refuge in the UK, are entitled to use NHS services without charge.”⁸

What does health care cost in the United Kingdom?

Basic services – such as a visit to a primary care physician, a specialist, in-patient care or x-ray and pathology services – are free for persons eligible for health care under the National Health Service.⁹ Other costs of health care – such as prescriptions, dental treatment, optical services, travel for treatment, wigs or fabric supports – may be paid by the patient, or they may be subsidized by the NHS depending on a number of factors. According to the NHS booklet HC11, “Help with Health Costs,” the several categories people (children under 18, pregnant women, pensioners, etc) are eligible for some forms of assistance with specific expenses, including prescription drugs and vision and dental care.

What are the issues regarding health care in the United Kingdom?

The British health care system is experiencing serious problems with its funding, service, and staff that vary in severity across the region. A long-standing problem has been long waiting times for care, particularly for elective services and procedures. In the United Kingdom in 1990, 41.2 percent of Britons reported waiting more than 12 weeks between seeing a specialist and receiving surgical care.¹⁰ A NHS watchdog group reported that some PCTs lack essential senior staff, forcing “some practices to close their lists, while other areas suffer from a severe lack of district nurses. There are also long waiting lists for therapists, particularly physiotherapists.”¹¹ Another study found that for the past several years, waiting to see a specialist and waiting for elective surgery have been

⁶ Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

⁷ Ibid.

⁸ <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/>, 20 February 2004

⁹ Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

¹⁰ Jeremy Hurst and Luigi Siciliani, “Tackling Excessive Waiting Times for Elective Surgery: A Comparison of Policies in Twelve OECD Countries,” OECD Health Working Papers 6, Organization for Economic Cooperation and Development, 7 July 2003.

¹¹ “NHS suffers senior staff shortage,” *BBC News*, 4 March 2004, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/3529459.htm>.

ranked as the first and second most critical failures of the NHS.¹² There are also allegations of declining quality of equipment and staff; another group, Audit Scotland, found that a quarter of all NHS equipment in Scotland has become dangerously outdated, while “only half of Scotland’s health trusts could demonstrate that staff had a proper understanding of the equipment.”¹³ Together these factors have contributed to serious dissatisfaction with the health care system. In the London *Telegraph*, Sheila Lawlor declared that the question was “who provides the healthcare and whether we get value for money. The answer, patently, is that we do not.”¹⁴ Those who can afford it may opt for private care: conservative shadow health secretary Liam Fox suggested that the number of people opting for private care rose by 29% in 2001 because of dissatisfaction with the NHS.¹⁵ A recent poll found that 35% of British citizens ranked health care the most pressing national issue.¹⁶ A 1999 poll found that a slim majority of 55.7 percent were very or fairly satisfied with their health care system, while 42.3 percent were fairly or very dissatisfied with it.¹⁷

An additional hot-button issue is the idea of “health tourism.” The *Daily Mail* in London recently alleged that “Migrant health tourists jump NHS queue (and we foot the bill)”. In June of 2003 the shadow health secretary Liam Fox claimed that the NHS was becoming “the health equivalent of Disneyland’ as many people came from abroad to get free treatment.”¹⁸ One study suggested that such abuse costs up to 200 million pounds per year, although exact figures on the scope of the problem are lacking.¹⁹ To correct this problem, the NHS released new rules governing care; most controversial is the new requirement that “those seeking routine care will have to pay in advance if they cannot prove their NHS entitlement.”²⁰

The government has introduced various efforts to improve the health care system, including performance targets that emphasize “safety, clinical cost effectiveness, governance, patient focus, accessible and responsive care, health care environment and

¹² Jowell et al; quoted in Jeremy Hurst and Luigi Siciliani, “Tackling Excessive Waiting Times for Elective Surgery: A Comparison of Policies in Twelve OECD Countries,” OECD Health Working Papers 6, Organization for Economic Cooperation and Development, 7 July 2003.

¹³ “Concern of NHS equipment,” *BBC News*, 26 February 2004, <http://news.bb.co.uk/go/pr/fr/-/1/hi/scotland/3486658.stm>.

¹⁴ Sheila Lawlor, “Only competition will make the NHS treat patients better,” *Telegraph*, 10 February 2004, <http://www.opinion.telegraph.co.uk/>

¹⁵ “Tories reignite health funds row,” *BBC News*, 11 April 2002, http://news.bbc.co.uk/1/hi/uk_politics/1922785.stm

¹⁶ “Poll Says Defense, Terror Top List of UK Public Concerns,” *Wall Street Journal*, 18 March 2004, http://online.wsj.com/article/0,,BT_CO_20040318_002972,00.html

¹⁷ Table 8, Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

¹⁸ Ollie Stone-Lee, “When two big issues collide,” *BBC News*

¹⁹ “‘Health tourism’ rules unveiled,” *BBC News*, 30 December 2003, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/3355751.stm>.

²⁰ “When two big issues collide,” *Ibid.*

amenities, and public health.”²¹ Additionally, in 2001 the NHS began ranking Public Care Trusts with a star system, similar to that used with hotels. Those trusts that score highest in categories ranging from staff absence rates to the length of time a patient wait see a GP are awarded three stars, while the worst receive none. However, “very few people outside the government believe the star ratings provide an accurate picture of how the NHS is doing.” The British Medical Association has pointed out that the system fails to consider the quality of patient care or survival rates.²²

In terms of cost containment, the NHS recently announced that hospitals would, for the first time, receive a standardized fee for 48 different types of treatments for NHS patients as part of an effort to standardize the cost of care and reduce costs. The British Medical Association, however, has protested that “some tariffs will be far lower than the real costs of providing care, putting undue pressure on hospitals to make cuts.”²³ The NHS is also experimenting with a system in which patients can receive treatment in other countries, provided that demand for that treatment far exceeds supply in Great Britain.²⁴

²¹ “New performance targets for NHS,” *BBC News*, 20 February 2004, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/3475455.stm>

²² “Q & A: NHS star ratings,” *BBC News*, 16 July 2003, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/3070715.stm>

²³ “Fixed prices for NHS operations,” *BBC News*,

²⁴ Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.