

# UK Health System and Outcomes: International Peer Comparisons

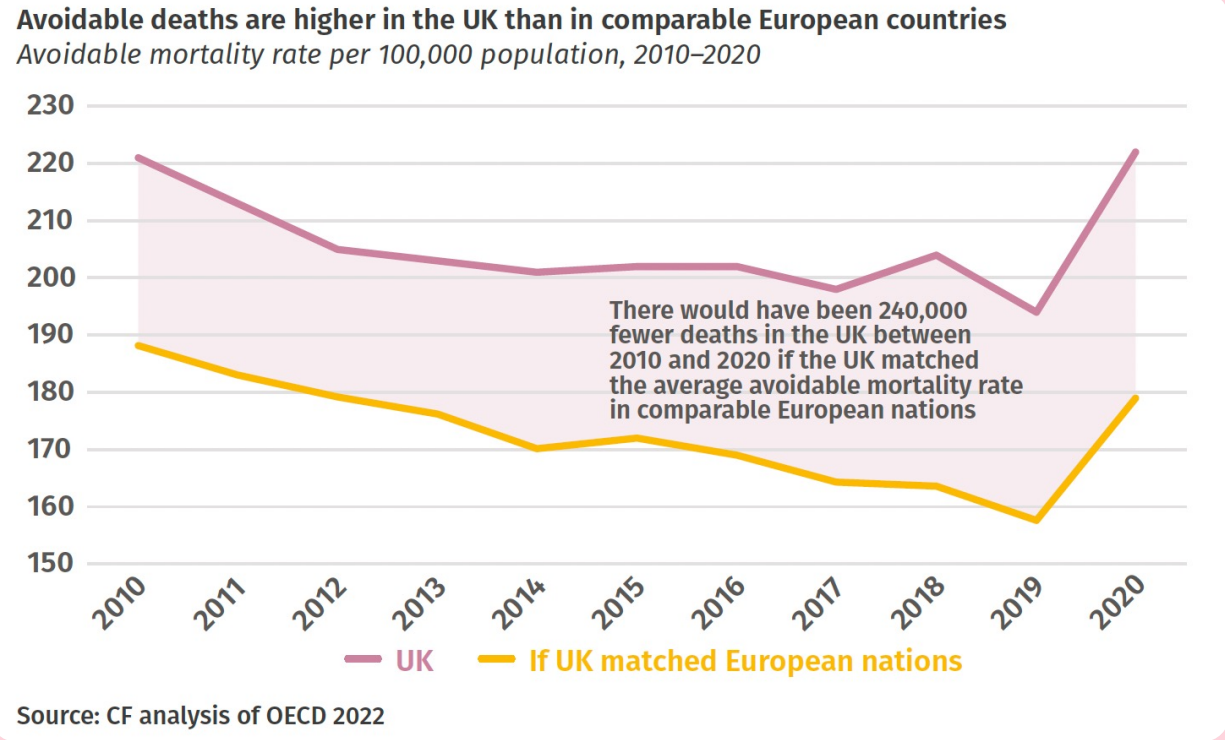
13 September 2023



# UK Health System and Outcomes: International Peer Comparisons



- The Institute for Public Policy Research (IPPR) published their highly anticipated report *'For public health and public finances: the case for reforming health and social care'* as part of the Commission on Health and Prosperity
- **CF worked with IPPR to produce the analytical fact base for this report.** A deep-dive audit of health and care services and comparisons to international peers revealed that the UK is lagging behind comparable countries on key health metrics including dementia, cancer and mental health outcomes



# Executive summary

- The Institute for Public Policy Research (IPPR) published their highly anticipated report ['For public health and public finances: the case for reforming health and social care'](#) as part of the Commission on Health and Prosperity. It sets out how bringing about once-in-a-generation NHS reform could avoid major costs and put an end to second-rate care.
- **CF worked with IPPR to produce the analytical fact base for this report.** For the benchmarking analysis, we selected a priori a range of advanced democracies comparable to the UK. The separation of Western Europe, Nordic, and Anglophone countries into three peer groups is consistent with established literature on the varieties of welfare states.
  - **CF analysis** of mortality data reveals **up to 243,000 fewer people could have died in the decade from 2010** if the UK avoidable mortality rate matched that of European peers
  - **Cancer survival remains lower in the UK** than almost all other advanced economies and **cancer mortality is far higher in the UK** and **up to 200,000 deaths could have been avoided** from 2010 to 2020 if the UK matched European peers
  - **Dementia mortality is rising in UK and far higher in the UK** than in Western European, Nordic and Anglophone countries – **up to 180,000 deaths could have been avoided** from 2010 to 2020 if the UK matched European peers
  - **Heart attack mortality is higher in the UK** than in Western European countries – **up to 30,000 deaths could have been avoided** from 2010 to 2020 if the UK matched European peers
- A deep-dive audit of health and care services and comparisons to international peers revealed that the UK is lagging behind comparable countries on key health system indicators of access:
  - **Fewer than one in six people can now see their preferred GP** – and UK patients are less likely than those in other countries to be involved in decisions about their care, or have enough time with their doctor
  - Patients **requesting adult social care have risen 10%** since 2016, but **those receiving local authority support has declined 4%**
  - **Nearly six in 10 people aged 17 to 24 with a probable mental health disorder are not getting treatment** from health services
- In our report we conclude with the imperatives to improve health system performance:
  - Focus on health
  - Focus on secondary prevention for health gain and system productivity
  - Embrace innovative therapy to improve outcomes and growth
  - Capture the potential of data to enable change
  - Invest to create value in health

# The UK is falling behind in mortality compared to European peers

## Overall mortality

- CF analysis of mortality data reveals up to 243,000 fewer people could have died in the decade from 2010 if the UK avoidable mortality rate matched that of European peers

## Cancer

- Cancer survival remains lower in the UK than almost all other advanced economies and cancer mortality is far higher in the UK
- Up to 200,000 deaths could have been avoided from 2010 to 2020 if the UK matched European peers

## Dementia

- Dementia mortality is rising in UK and far higher in the UK than in Western European, Nordic and Anglophone countries
- Up to 180,000 deaths could have been avoided from 2010 to 2020 if the UK matched European peers

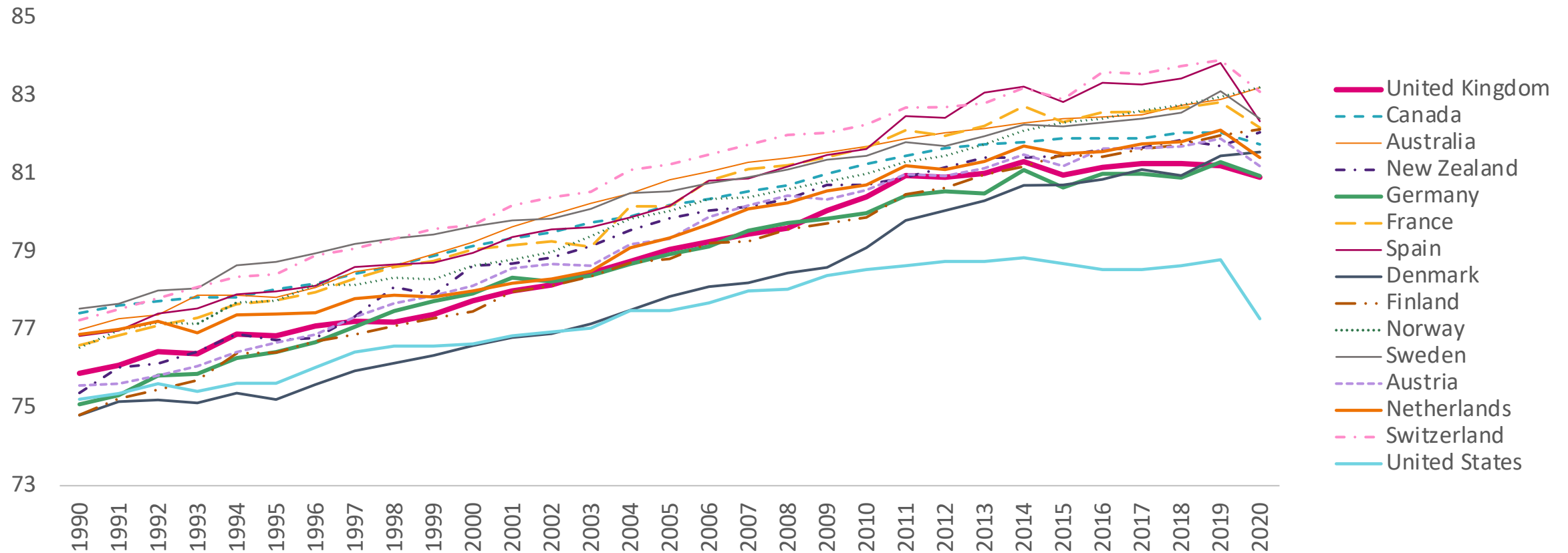
## Cardiovascular

- Heart attack mortality is higher in the UK than in Western European countries – up to 30,000 deaths could have been avoided from 2010 to 2020 if the UK matched European peers
- 30-day mortality from stroke is considerably higher in the UK than comparable countries – second only on occasion to Spain within the past decade

# Life expectancy in the UK has experienced a slight decline from 2014 to 2020, and lags behind many comparable peers

## Life expectancy at birth (years)

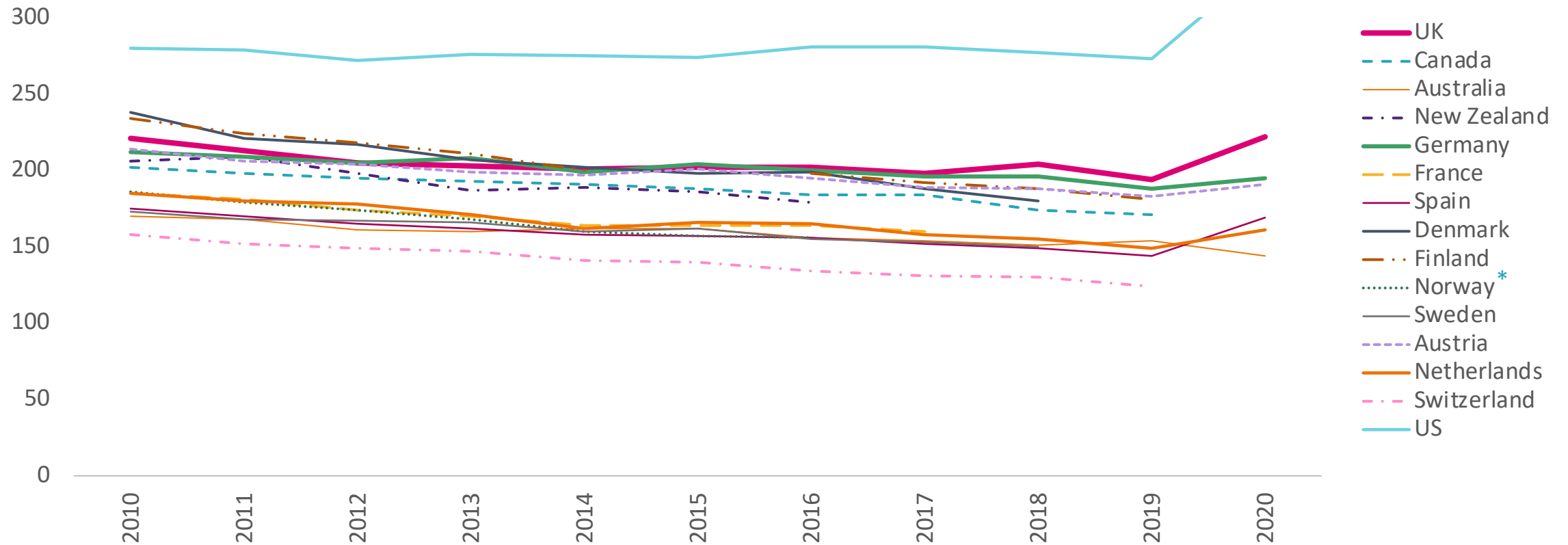
By country, 1990-2020



# Deaths due to treatable and preventable causes occur more frequently in the UK than in most peer countries

Total avoidable mortality (per 100,000 population)

By country, 2010-2020



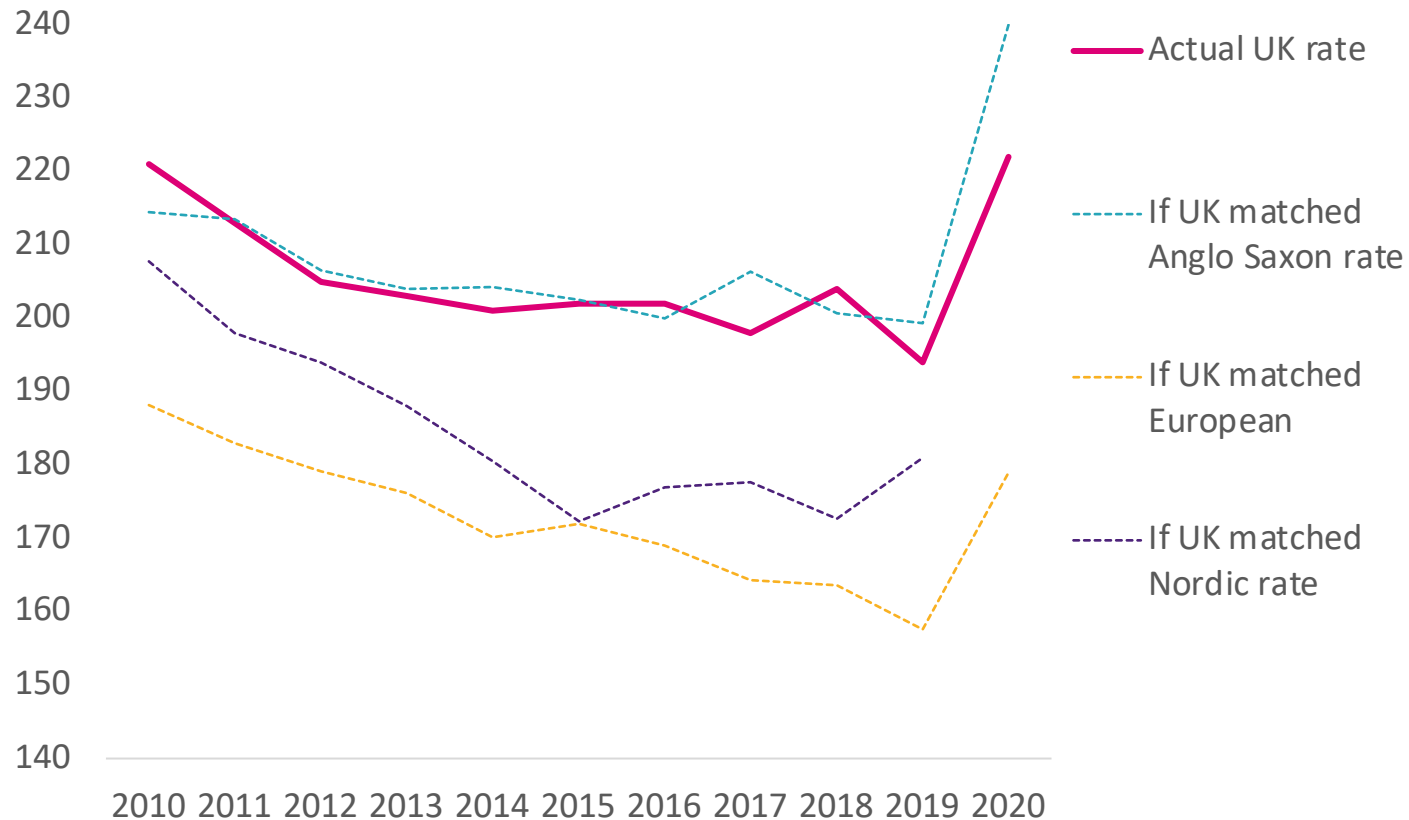
\*available data has been connected by a line due to some gaps in data

\*\* Indicators measure premature mortality (under age 75)

# The UK would have had approximately 243,000 less avoidable deaths across the last decade if it matched its European peers in avoidable mortality rate

Change in avoidable mortality rate (per 100,000 population), UK actual vs if it matched peer groups

UK actual vs UK rate if it matched other peer groups, 2010-2020



Decrease in number of UK avoidable deaths per 100,000 population if it matched peer group rates

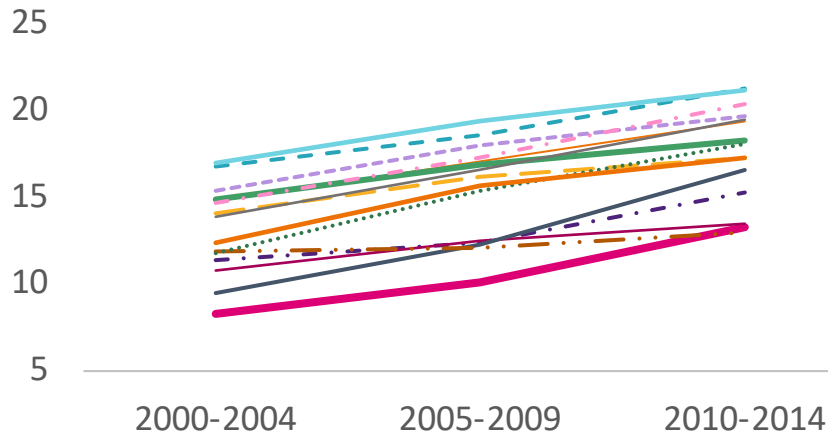
UK actual vs decrease in UK rate if it matched other peer groups, 2010-2020

Year	UK	Anglo Saxon	European	Nordic
2010	221	6.5	32.8	13.3
2011	213	-0.5	30.0	15.0
2012	205	-1.5	25.8	11.0
2013	203	-1.0	26.8	15.0
2014	201	-3.3	30.8	20.5
2015	202	-0.5	30.0	29.7
2016	202	2.0	33.0	25.0
2017	198	-8.3	33.7	20.3
2018	204	3.3	40.4	31.3
2019	194	-5.3	36.4	13.0
2020	222	-18.0	43.0	
<b>Total less deaths from 2010-2020 if UK matched peer groups</b>		(19,146)	243,050	129,288

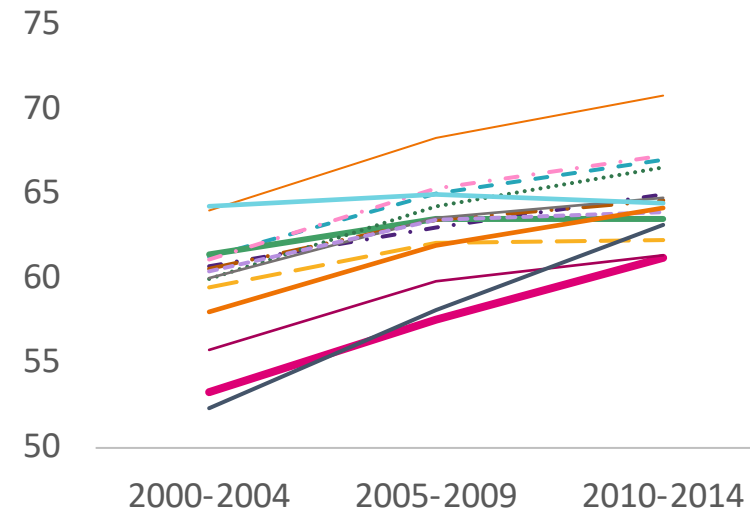
# Though UK cancer survival are slowly improving, it still performs worse than most peers

## Lung cancer five-year net survival, total

By country, 2000-2014, % age-standardised survival, 15 years and above



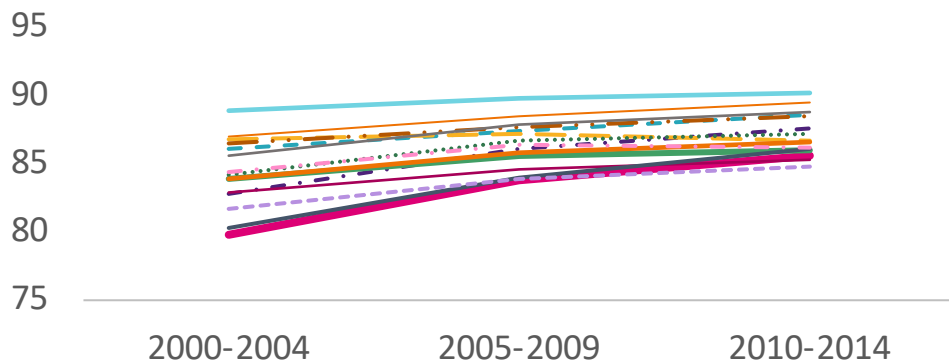
## Colorectal cancer five-year net survival, total



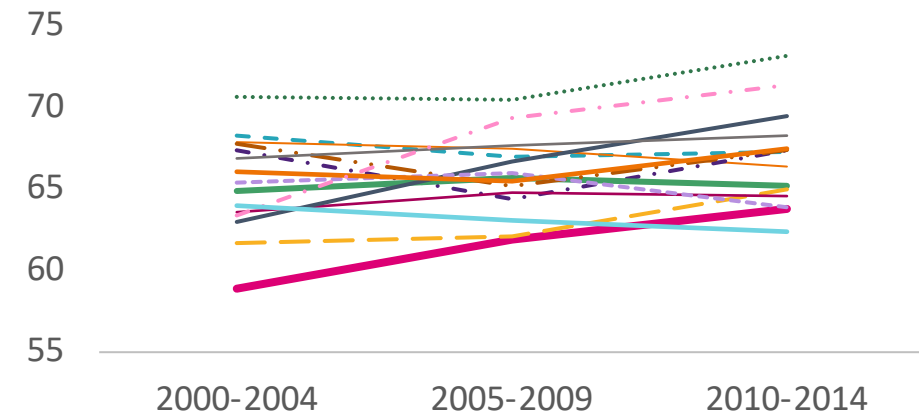
- UK
- Canada
- Australia
- New Zealand
- Germany
- France
- Spain
- Denmark
- Finland
- Norway
- Sweden
- Austria
- Netherlands
- Switzerland
- US

## Breast cancer five-year net survival, females

By country, 2000-2014, % age-standardised survival, 15 years and above



## Cervical cancer five-year net survival, females



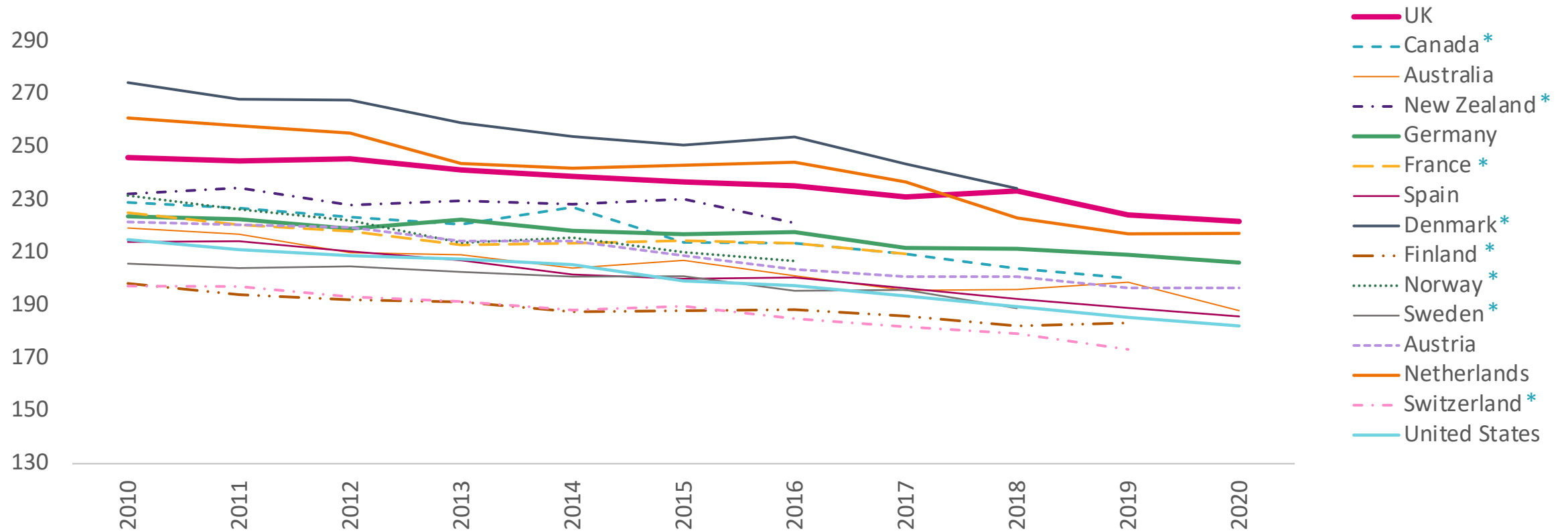
\*colorectal cancer survival rate has been calculated as a simple average between colon and rectal cancers



# The UK fares worse than most peers on cancer mortality rate

Malignant neoplasms deaths per 100,000 patients (standardised rates)

By country, 2010-2020

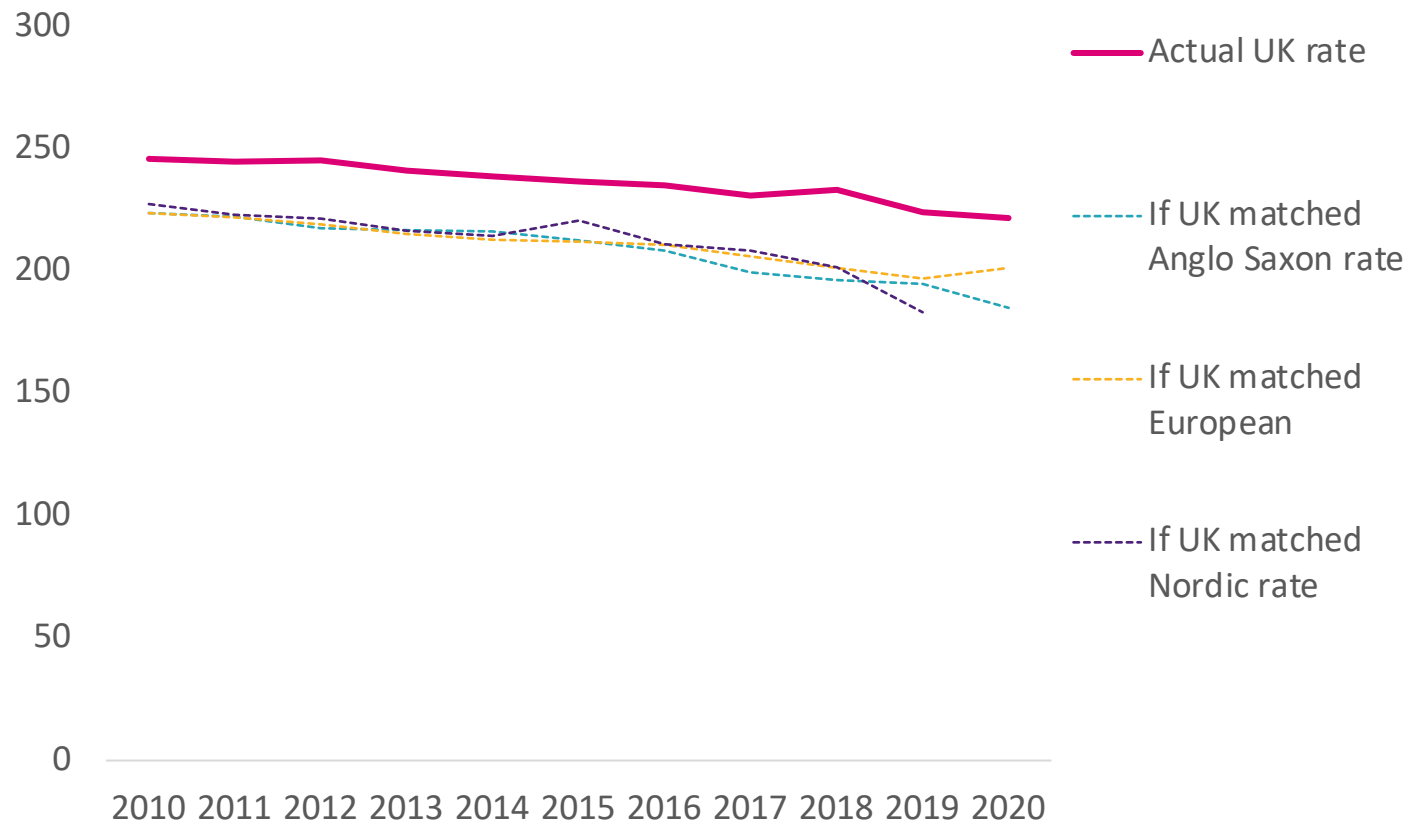


\*available data has been connected by a line due to some gaps in data

# The UK would have had between 160k-200k less cancer deaths across the last decade if it matched its other peers in mortality rate

## Change in cancer mortality rate (per 100 population), UK actual vs if it matched peer groups

UK actual vs UK rate if it matched other peer groups, 2010-2020



## Change in UK deaths if it matched peer group rates

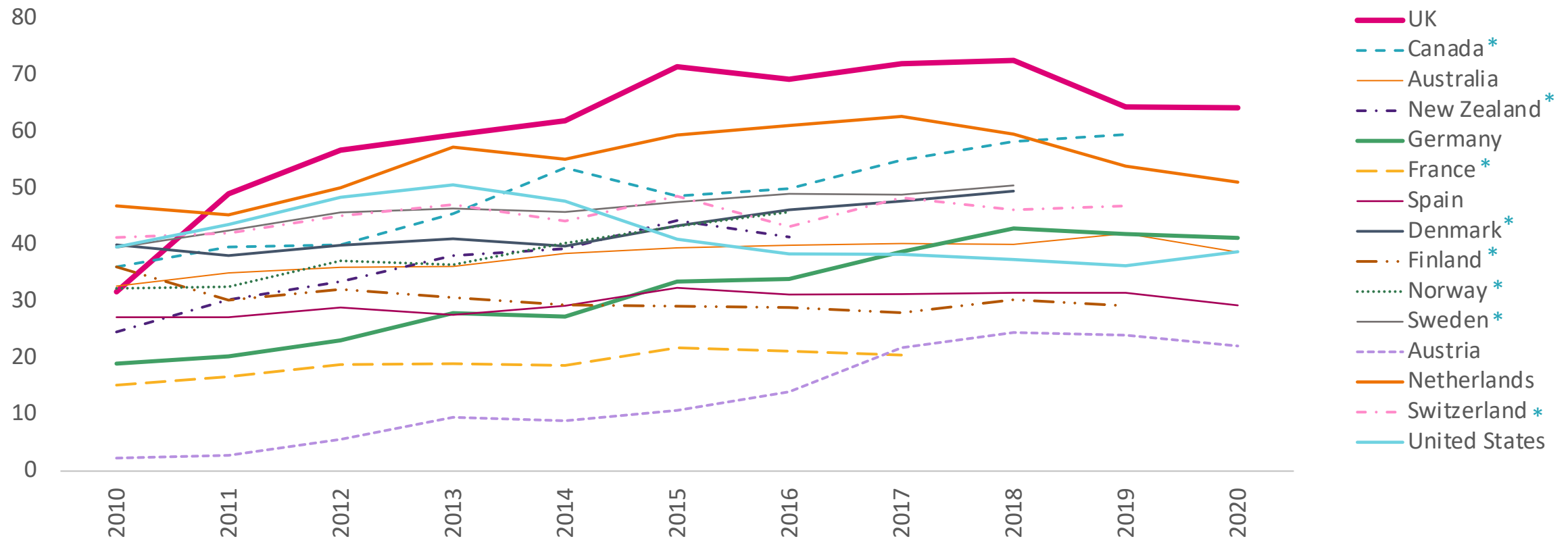
UK actual vs decrease in UK rate per 100,000 if it matched other peer groups, 2010-2020

Year	UK actual rate	Decrease if matched Anglo Saxon	Decrease if matched European	Decrease if matched Nordic
2010	246.00	22.2	22.2	18.5
2011	244.80	22.5	22.6	21.7
2012	245.50	27.9	26.2	23.8
2013	241.30	24.6	26.0	24.6
2014	238.90	22.6	25.9	24.4
2015	236.80	24.2	24.6	16.1
2016	235.30	26.9	24.5	24.2
2017	231.00	31.4	24.8	22.5
2018	233.30	36.8	31.9	31.5
2019	224.30	29.4	27.2	41.0
2020	221.80	36.7	20.4	
<b>Total avoided deaths from 2010-2020 if UK matched peer groups</b>		<b>199,163</b>	<b>179,774</b>	<b>161,559</b>

# Mortality rates from dementia are on the rise and are higher in the UK than all of its peers

Dementia deaths per 100,000 patients (standardised rates)

By country, 2010-2020

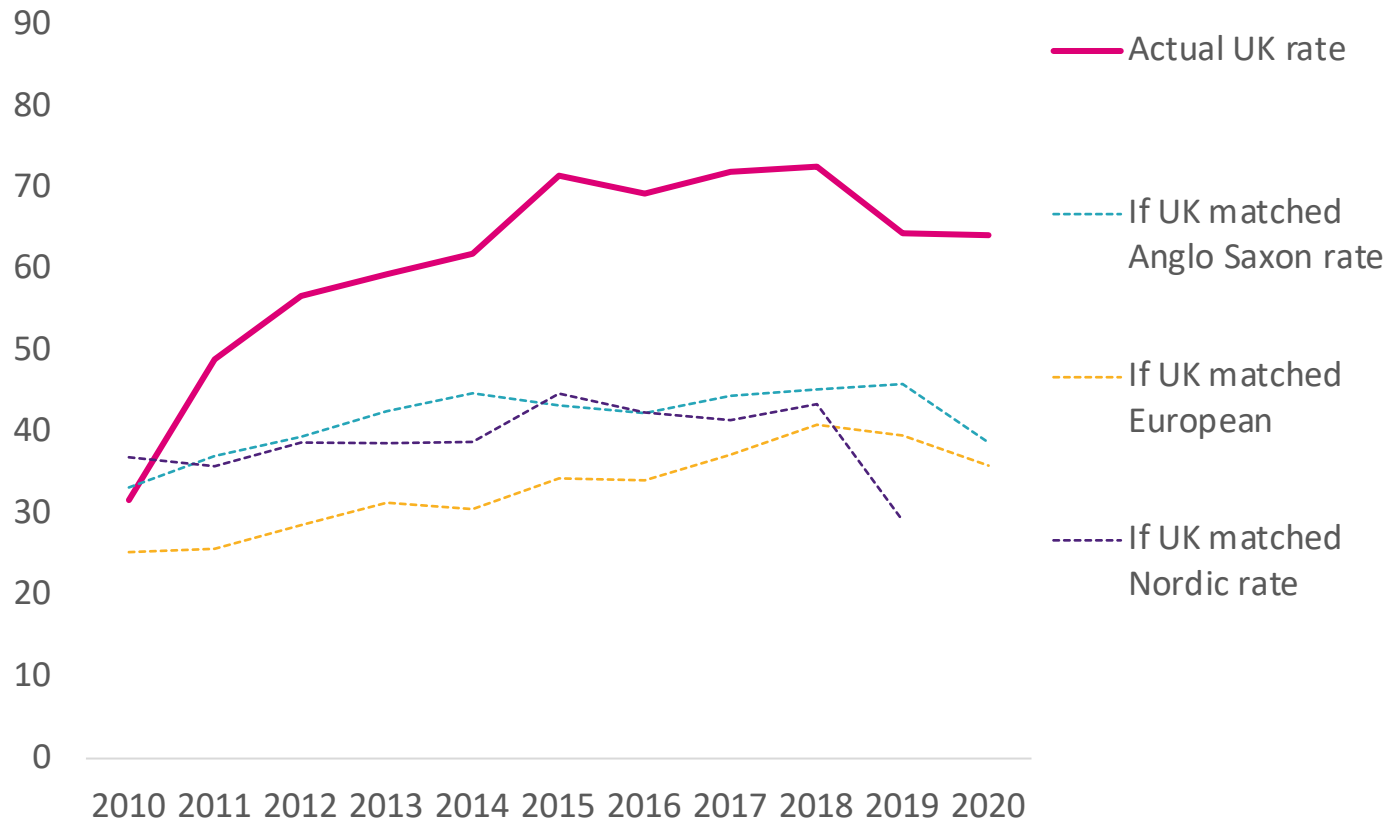


\*available data has been connected by a line due to some gaps in data

# The UK would have had between 140k-180k less dementia deaths across the last decade if it matched peer mortality rates

Change in dementia mortality rate (per 100 population), UK actual vs if it matched peer groups

UK actual vs UK rate if it matched other peer groups, 2010-2020



Change in UK deaths if it matched peer group rates

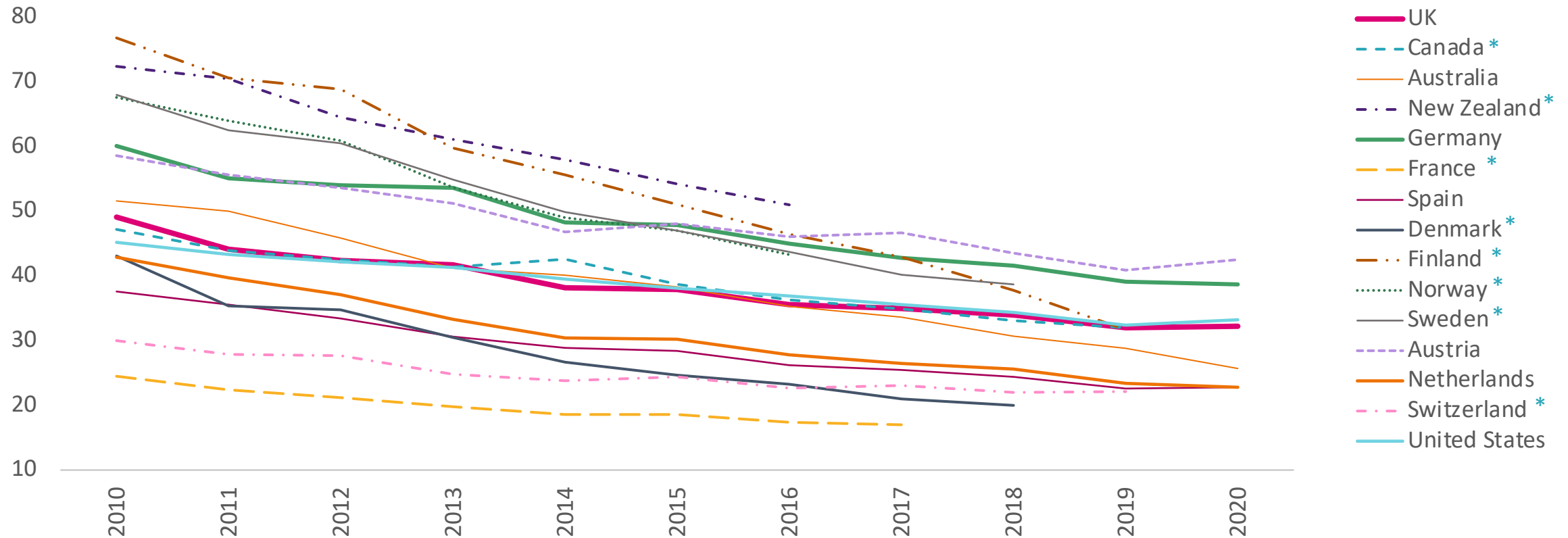
UK actual vs decrease in UK rate per 100,000 if it matched other peer groups, 2010-2020

Year	UK actual rate	Decrease if matched Anglo Saxon	Decrease if matched European	Decrease if matched Nordic
2010	31.70	-1.6	6.4	-5.3
2011	49.00	11.9	23.3	13.2
2012	56.70	17.2	28.1	18.0
2013	59.40	16.8	28.0	20.7
2014	61.90	17.1	31.3	23.1
2015	71.50	28.2	37.1	26.7
2016	69.30	26.9	35.2	26.8
2017	72.00	27.5	34.8	30.5
2018	72.60	27.3	31.7	29.2
2019	64.40	18.5	24.8	35.2
2020	64.20	25.5	28.3	
<b>Total avoided deaths from 2010-2020 if UK matched peer groups</b>		<b>141,062</b>	<b>182,606</b>	<b>142,679</b>

# Mortality from heart attacks has been slowly declining since 2010 in the UK but remains higher than European peers

Acute myocardial infarction deaths per 100,000 patients (standardised rates)

By country, 2010-2020

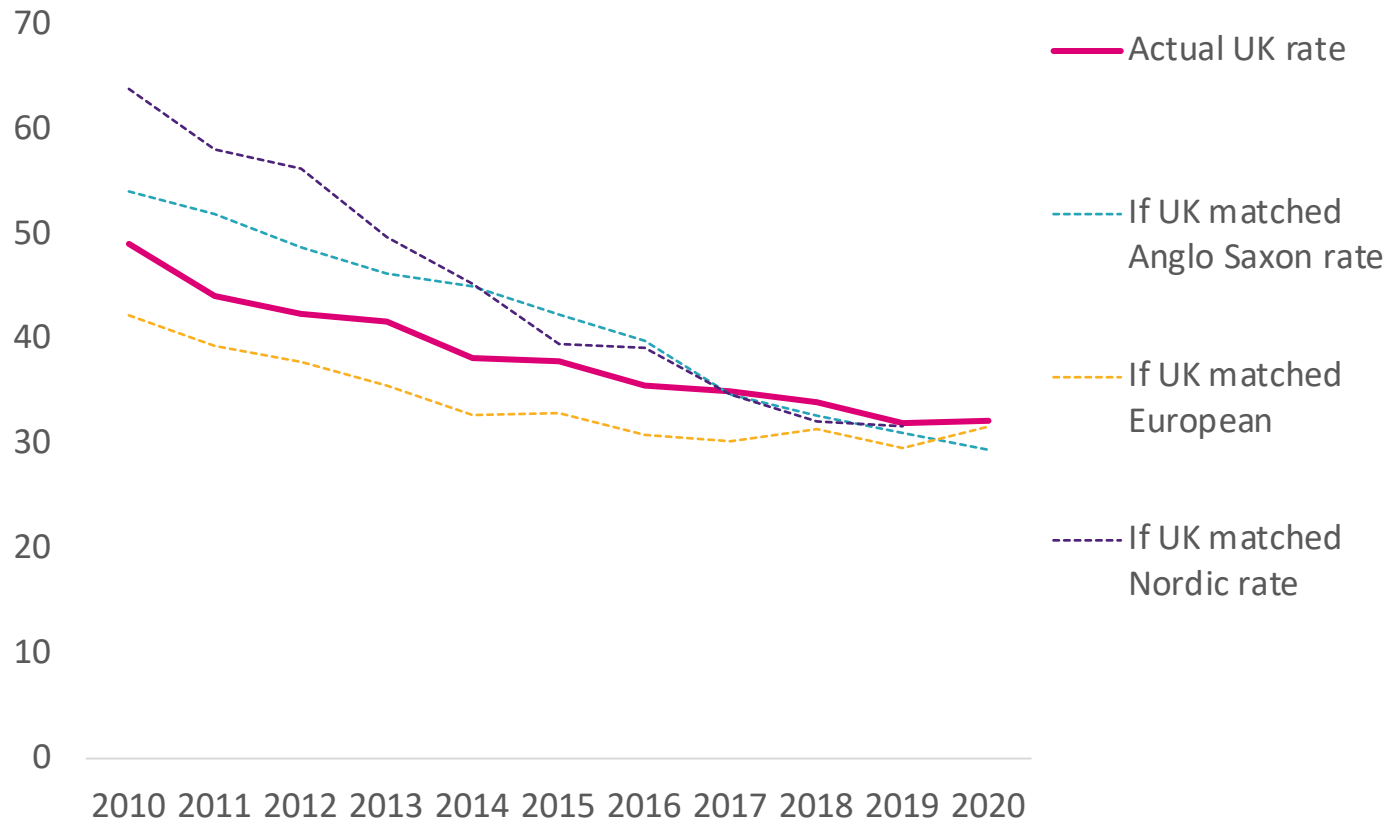


\*available data has been connected by a line due to some gaps in data

# The UK would have had approximately 31,000 less MI deaths across the last decade if it matched its European peers in mortality rate

Change in MI mortality rate (per 100 population), UK actual vs if it matched peer groups

UK actual vs UK rate if it matched other peer groups, 2010-2020



Change in UK deaths if it matched peer group rates

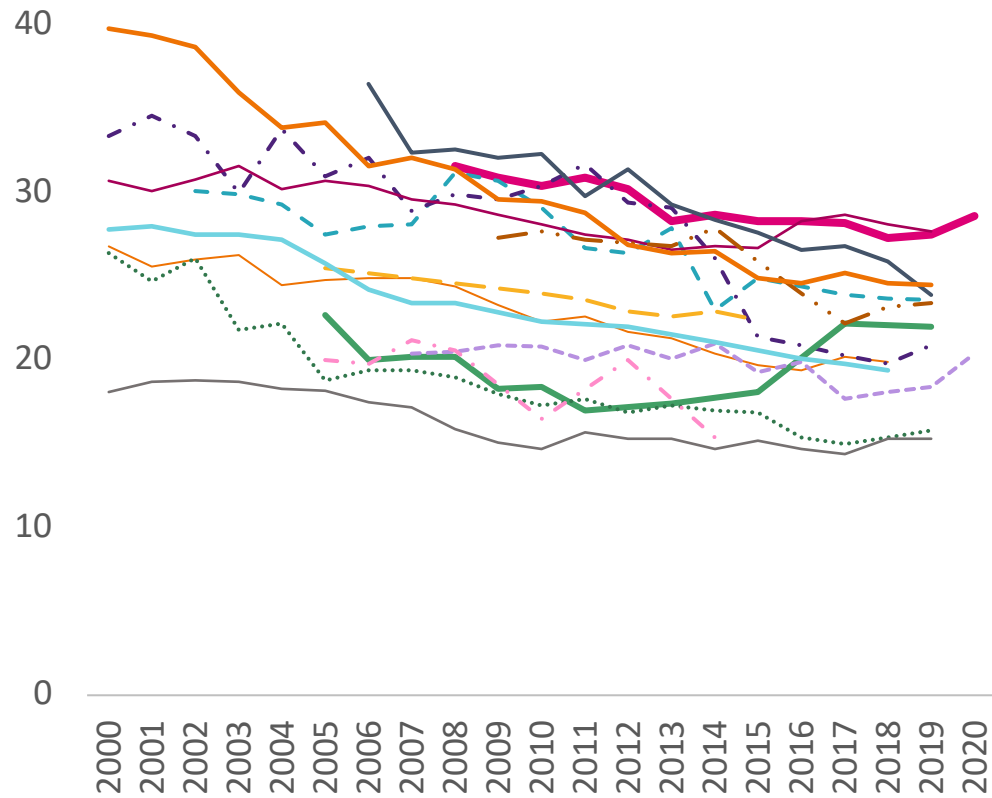
UK actual vs decrease in UK rate per 100,000 if it matched other peer groups, 2010-2020

Year	UK actual rate	Decrease if matched Anglo Saxon	Decrease if matched European	Decrease if matched Nordic
2010	49.10	-5.0	6.8	-14.8
2011	44.10	-7.8	4.7	-14.0
2012	42.40	-6.4	4.6	-13.9
2013	41.70	-4.6	6.2	-8.0
2014	38.20	-6.8	5.4	-7.1
2015	37.90	-4.4	5.0	-1.7
2016	35.60	-4.3	4.7	-3.6
2017	35.00	0.3	4.7	0.3
2018	34.00	1.3	2.6	1.8
2019	32.00	0.9	2.4	0.3
2020	32.20	2.8	0.5	
<b>Total avoided deaths from 2010-2020 if UK matched peer groups</b>		<b>(21,672)</b>	<b>30,709</b>	<b>(38,550)</b>

# 30-day mortality from stroke is considerably higher in the UK than comparable countries – second only on occasion to Spain within the past decade

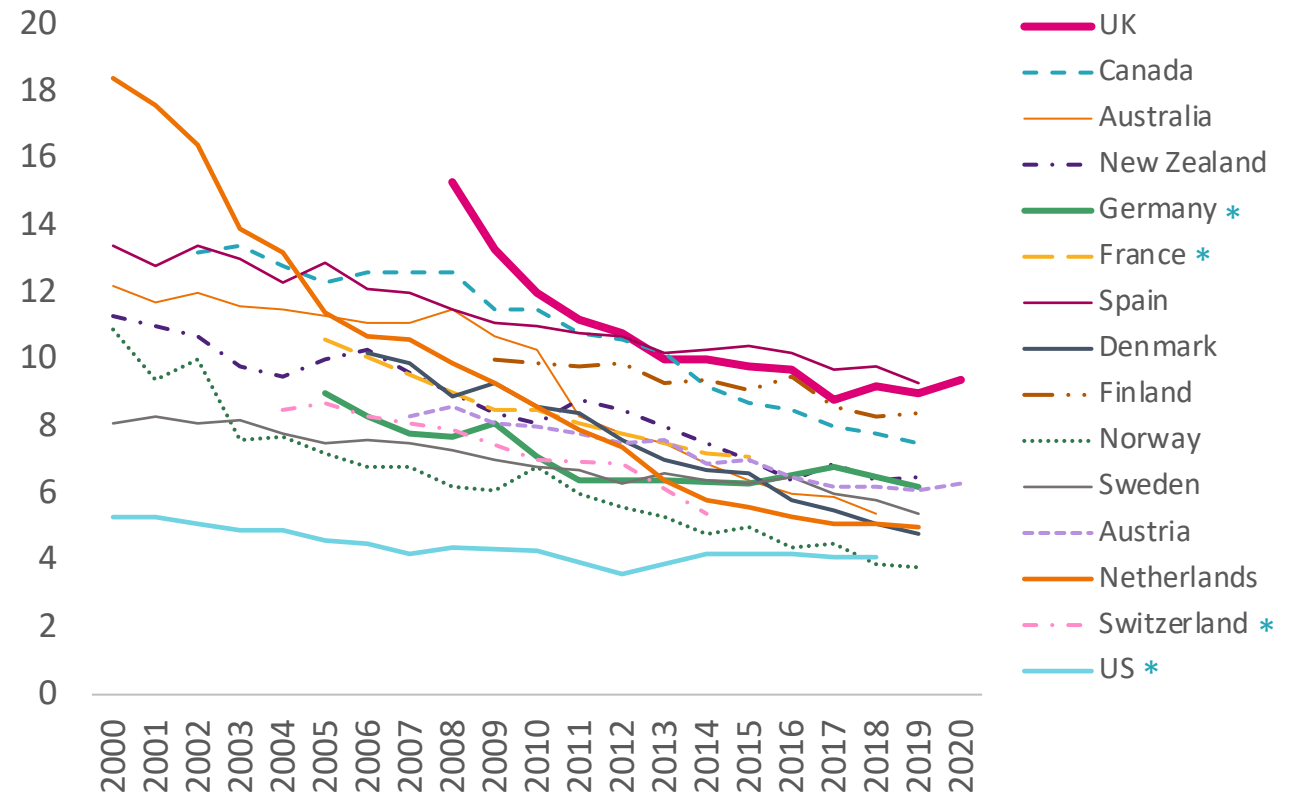
Haemorrhagic stroke 30-day mortality (age-sex standardised rates per 100 patients aged 45 and over)

By country, 2000-2020



Ischemic stroke 30-day mortality (age-sex standardised rates per 100 patients aged 45 and over)

By country 2000-2020



\*available data has been connected by a line due to some gaps in data

# The UK is falling behind wider health system access indicators

## A&E

- Waiting times in A&E departments have become progressively longer with more than 25% waiting more than 4 hours in every month of 2022/23 compared to 5% in 2013

## Waiting

- Elective care waiting lists nearly doubled from 2010 to 2020 and had increased a further 50% since February 2020 to today

## Primary care

- Access to primary care in the UK is more or less consistent with that of peers in terms of likelihood of responding to patients' medical concerns on the same day
- Though the UK historically performed better than peers on patient experience measures, these seem to have dropped
- 20% of patients said it was not easy to access primary care services in 2012 rising to 47% in 2022

## Capital

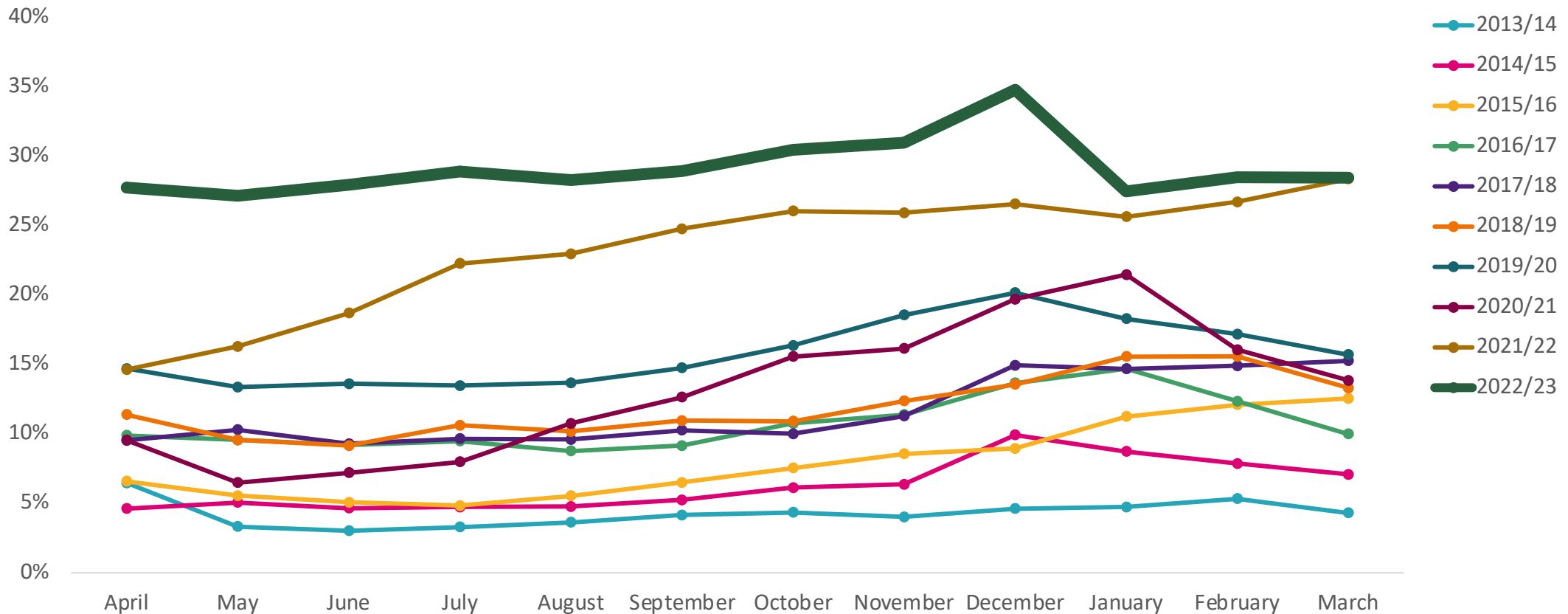
- In recent years the UK ranks lowest for capital health expenditure per capita, though it has seen the second largest growth since 2015
- The UK has some of the lowest rates of hospital beds serving its population and has experienced a 17% drop in capacity from 2009 to 2020
- The UK has historically had less MRI and CT scanners per 1 million inhabitants than nearly all peers



# Waiting times in A&E departments have become progressively longer with more than 25% waiting more than 4 hours in every month of 2022/23 compared to 5% in 2013

Percentage spending more than 4 hours in A&E in England

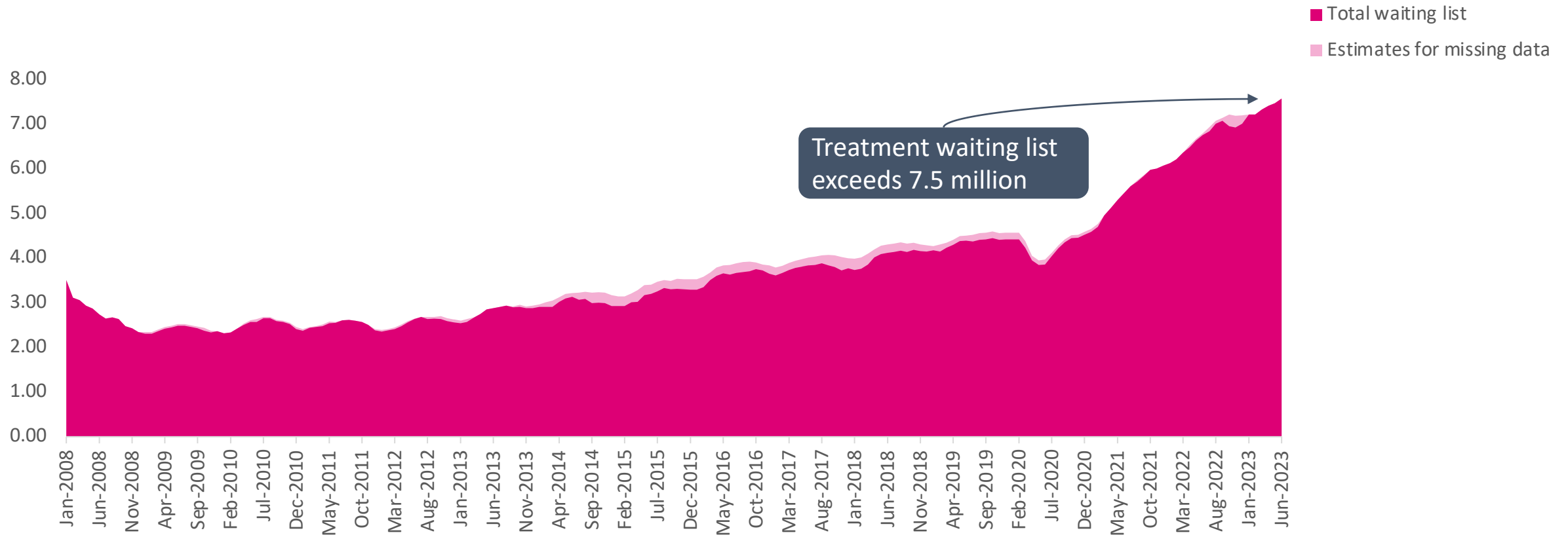
By month, 2013/14 - 2022/23



# Elective care waiting lists nearly doubled from 2010 to 2020 and had increased a further 50% since February 2020 to today

Patients waiting to start consultant-led elective treatment in England (millions)

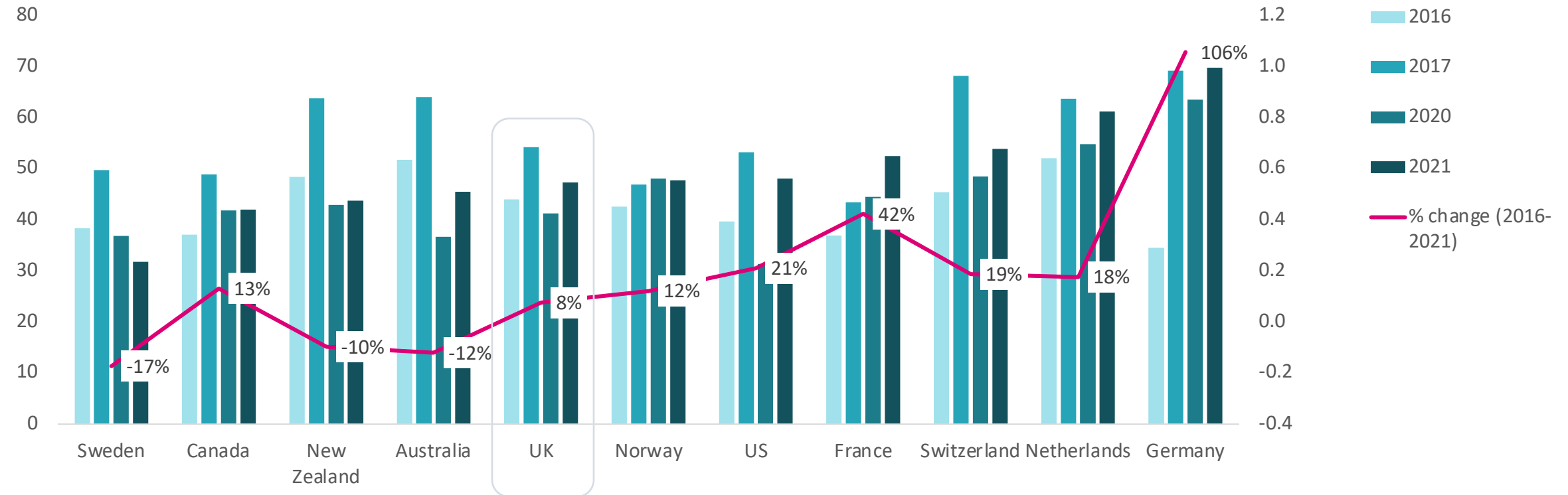
By month, Jan-2008 – Jun-2023



# Access to primary care in the UK is more or less consistent with that of peers in terms of likelihood of responding to patients' medical concerns on the same day

When you contact your usual place of care with a medical concern during regular practice hours, how often do you get an answer the same day? This could be by phone or text, through email (% of respondents reporting always)

By country, 2016, 2017, 2020, 2021



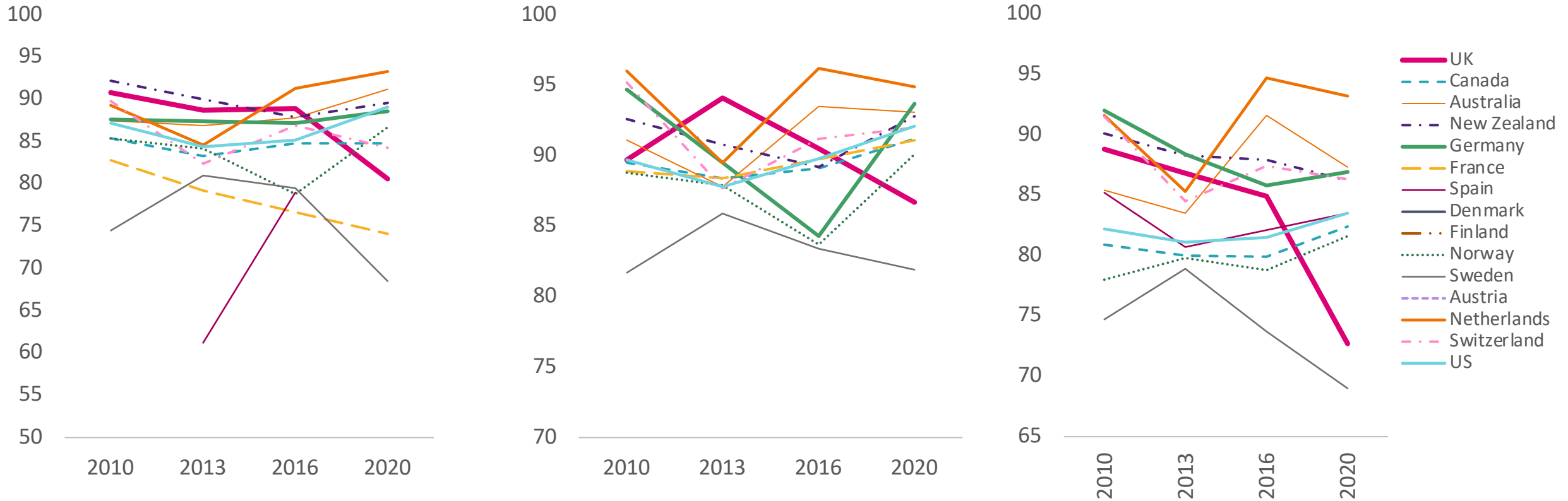
# Though the UK historically performed better than peers on patient experience measures, these seem to have dropped most recently

Regular doctor involving patients in decisions about care or treatment, per 100 patients

Regular doctor providing easy-to-understand explanations, per 100 patients

Regular doctor spending enough time with patients during the consultation, per 100 patients

By country, 2010-2013-2016-2020, 16 years and above

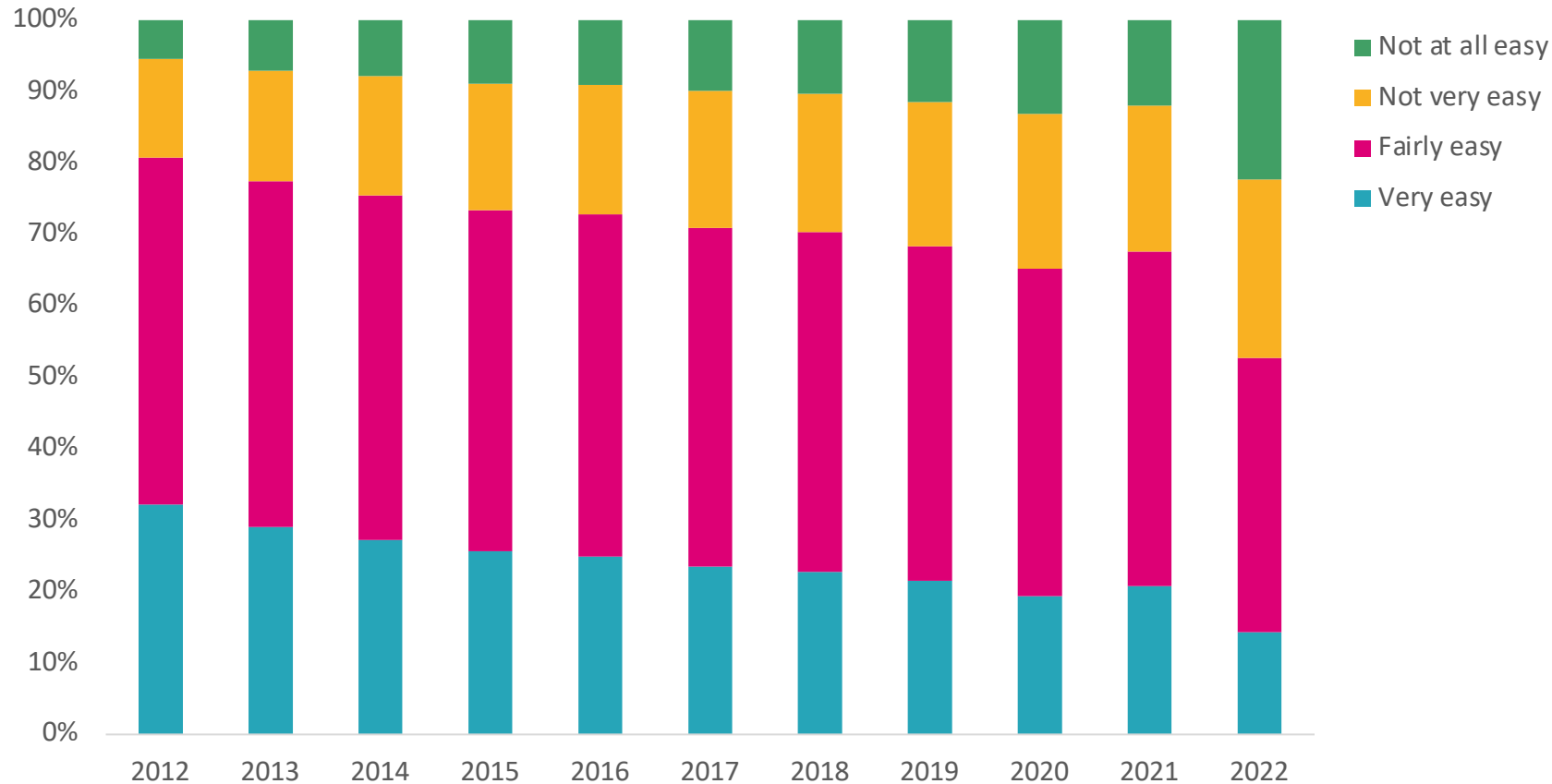


\*available data has been connected by a line due to some gaps in data

# Patient satisfaction with access to primary care services has declined with 20% saying it was not easy to access in 2012 rising to 47% in 2022

Generally, how easy is it to get through to someone at your GP practice on the phone? (% of respondents)

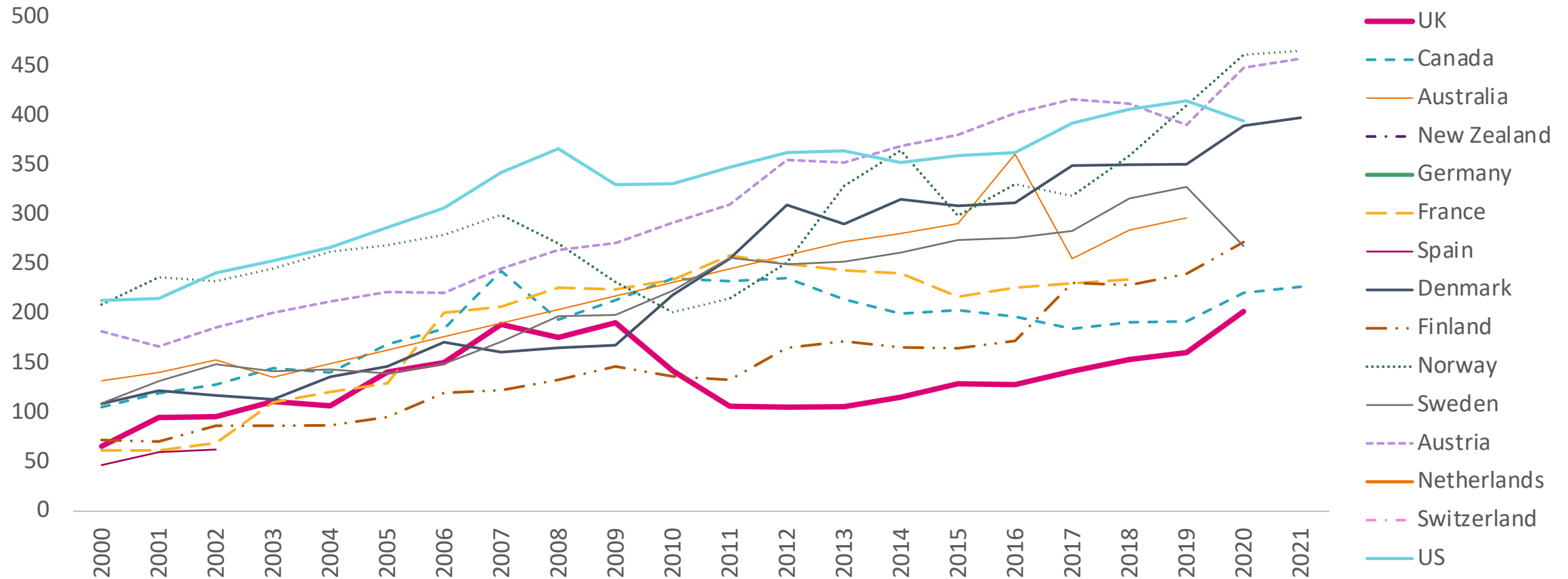
2012 - 2022



# In recent years the UK ranks lowest for capital health expenditure per capita, though it has seen the second largest growth since 2015

## Capital health expenditure (per current PPP and capita)

By country, 2000-2021



# The UK has some of the lowest rates of hospital beds serving its population and has experienced a 17% drop in capacity from 2009 to 2020

## Hospital beds, per 1,000 population

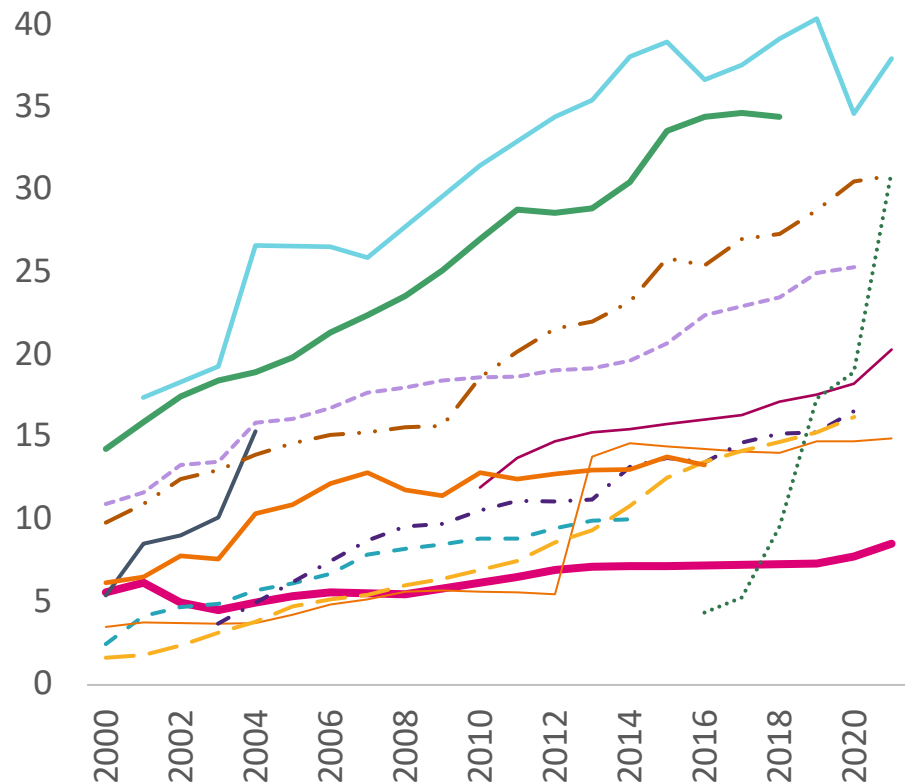
By country, 2009, 2019, 2020



# The UK has historically had less MRI and CT scanners per 1 million inhabitants than nearly all peers

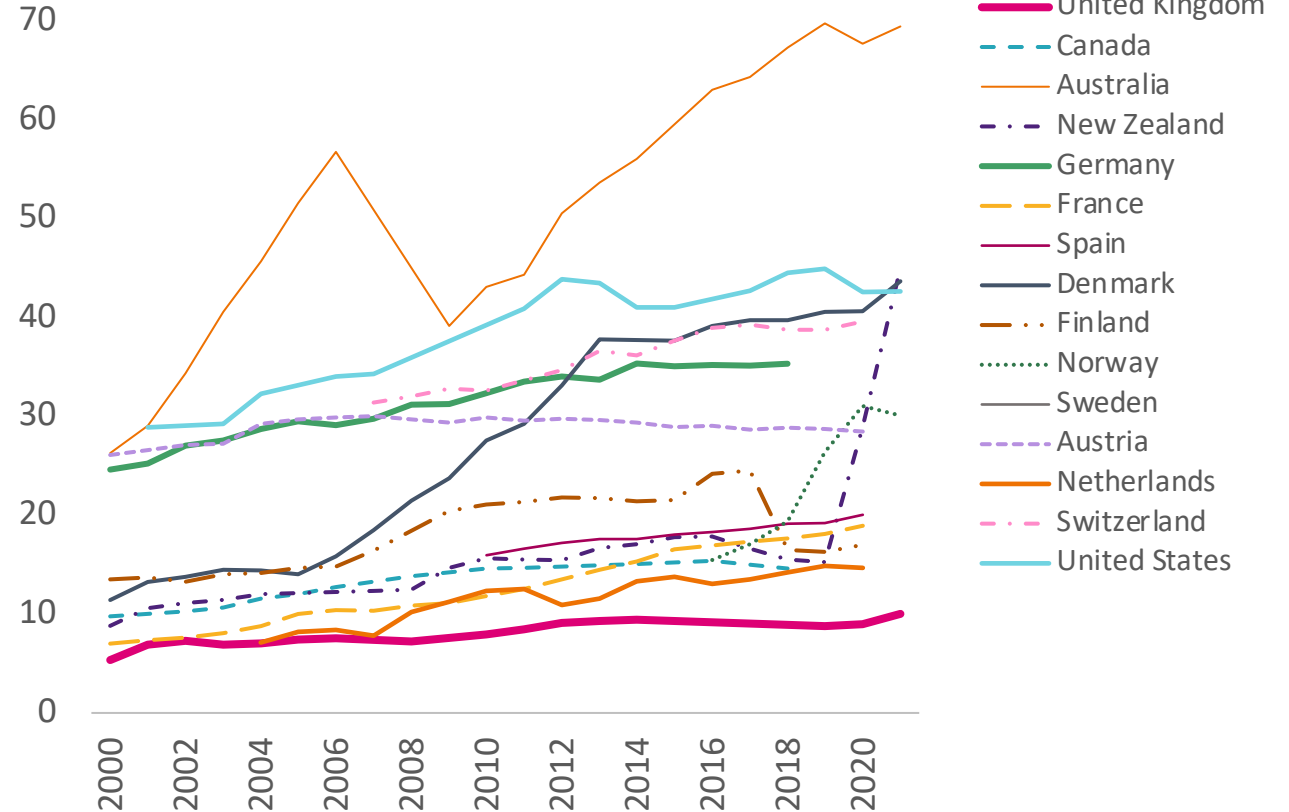
**Total Magnetic resonance imaging (MRI) units, per 1 000 000 inhabitants**

*By country, 2000-2021*



**Total Computed tomography (CT) scanners, per 1 000 000 inhabitants**

*By country, 2000-2021*



\*For select countries, available data has been connected by a line due to some gaps in data

\*\*UK figures for 2019, 2020 and 2021 are of in-hospital units as opposed to total units



# Imperatives to improve health system performance

## Focus on health

- Unhealthy habits drive up the risk of the three killers of cancer, dementia and cardiovascular, including smoking and obesity in particular
- Households in areas with the highest levels of deprivation face particular challenges in high risk factors and need to be supported with targeted action to address these

## Focus on secondary prevention for health gain and system productivity

- At scale systematic effort should concentrate on the drivers of ill health and supporting individuals to be as healthy and independent as possible through investment in at scale neighbourhood teams that can improve system productivity
  - Use population a health management approach to identify high risk patients and treat them to guidelines for management of long-term conditions especially for cardiovascular and diabetes
  - Use neighbourhood community teams to keep older people out of hospitals, safe at home

## Embrace innovative therapy to improve outcomes and growth

- The introduction of new medicine and targeted therapies has been instrumental to the improvement in cancer survival and cardiovascular mortality across the developed world
- Full adoption of existing therapies especially in cancer, cardiovascular, diabetes and obesity, and rare disease would significantly improve outcomes and economic growth
- We are on the verge of a breakthrough in dementia treatment which raises promises to transform outcomes but will need investment to be captured

## Capture the potential of data to enable change

- The UK has a universal healthcare system and a Master Patient Index covering the whole population but a fragmented data environment that falls short of its potential
- Focus on the use case of population health management, productivity, and life sciences research will require integrated data, underpinned by data sharing and backed by public engagement and partnering with private sector to access capabilities

## Invest to create value in health

- Spending on health needs to rise - it needs to focus on on the areas that will make the biggest differences including
  - Supporting addressing high risk factors especially in deprived communities
  - Investing in at scale primary care (including pharmacy) and community care
  - Expanding diagnostics especially imaging to enable earlier cancer and dementia diagnosis
  - Spending more on cost effective medicines to enable uptake of proven innovation
  - Investing in IT, data, applications and capabilities to support achieving the above