

# England



All English residents are automatically entitled to free public health care through the National Health Service (NHS), including hospital, physician, and mental health care. The NHS budget is funded primarily through general taxation. A government agency, NHS England, oversees and allocates funds to 195 Clinical Commissioning Groups (CCGs), which govern and pay for care delivery at the local level. Approximately 10.5 percent of the U.K. population carries voluntary supplemental insurance to gain more rapid access to elective care.

## INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

**Public coverage: 100%**

Automatic, free public health care through National Health Service

**Private coverage: 10.5%**

Voluntary, mainly supplementary coverage for more rapid access to elective care and other services

## HEALTH CARE DELIVERY AND PAYMENT

**General practitioners (GPs)** are generally private contractors in solo or group practices or salaried employees. Payment is a mixture of capitation for essential services, fee-for-service for additional services, and pay-for-performance bonuses. Registration with a GP is required. *Patient cost-sharing:* None for NHS-covered services, but GPs have the discretion to charge for certain services, such as vaccinations for overseas travel.

**Specialists** are almost all salaried employees of NHS hospitals, and specialist visits occur in hospitals. Hospitals are paid for most outpatient consultations at nationally determined rates. Some specialists also engage in private practice. *Patient cost-sharing:* None.

**Hospitals** are a mix of public (the majority) and some private facilities. Public hospitals contract with the local CCG to provide services and are paid mainly according to nationally determined diagnosis-related group rates. Certain specialized services are commissioned directly by NHS England. Some NHS care is delivered by private hospitals — for example, as an alternative to services that are subject to long wait times, such as elective care. Private hospital charges for private patients are not regulated in the same way or subsidized by the government. *Patient cost-sharing:* None at public hospitals.

All costs are in U.S. dollars, adjusted for cost-of-living differences.  
Conversion rate: USD 1.00 = GBP 0.70.

## DEMOGRAPHICS

**66.1M**

Total U.K. population

**18.2%**

Population age 65+

## HEALTH SYSTEM CAPACITY & UTILIZATION

**2.8**

Practicing physicians  
per 1,000 population

**7.8**

Nurses per 1,000  
population

**2.5**

Hospital beds  
per 1,000 population

**131**

Hospital discharges  
per 1,000 population



The  
Commonwealth  
Fund

**Prescription drugs** provided in hospitals are covered without copayment, as are the majority of outpatient prescriptions. Many patients are exempt from copayments: children, youth ages 16 to 18 in full-time education, adults over 60, individuals and families with low income, and women who are or were recently pregnant. *Patient cost-sharing*: USD 12.50 per prescription for outpatient drugs. Patients needing large amounts of prescription drugs can buy prepayment certificates costing USD 148 for 12 months.

**Mental health care** is fully covered under the NHS. Less-serious illnesses, such as mild depression and anxiety, are usually treated by GPs. More advanced treatments, including inpatient care, are provided by specialist mental health trusts or hospital trusts. Some of these services are provided by community-based practitioners. *Patient cost-sharing*: None.

**Long-term care** is funded mostly by local authorities and provided mostly by the private sector. The NHS covers some types of long-term care at home or in residential facilities for people with needs arising from illness, disability, or accident. Full state support for long-term residential care requires means-testing. *Patient cost-sharing*: Those eligible for long-term residential care are liable for copayments. Locally funded social care is not typically free at the point of use.

**Safety nets** are provided through cost-sharing exemptions. No copays for vision tests for children/youth, older adults, or adults with low incomes. Dental copayments are waived for children/youth, students, women who are or recently were pregnant, people with low income, and others. Transportation costs to and from provider sites also are covered for people who qualify as low-income.

**Care coordination** is the responsibility of GPs, who are increasingly working in multipartner practices that employ nurses and other clinical staff to monitor patients with chronic conditions. CCGs are also charged with promoting the coordination of local services, particularly at the intersection of hospital and social care. In addition, voluntary integrated care systems bring together local authorities, GP networks, and local hospitals to plan services for defined populations.

## TOTAL HEALTH EXPENDITURES

In 2016, the U.K. spent 9.8 percent of GDP on health care, of which nearly 80 percent represented public expenditures.

## RECENT REFORMS

- The 10-year NHS Long Term Plan, published in 2019, sets out a vision for 1) local integrated care systems to improve population health; 2) new national strategies on cardiovascular and respiratory diseases, cancer, and mental health; and 3) new primary care networks to better link together general practices.

*This overview was prepared by Ruth Thorlby.*

## SPENDING

**\$4,070**

Health care spending per capita

**\$629**

Out-of-pocket health spending per capita

**\$469**

Spending on pharmaceuticals (prescription and OTC) per capita

## HEALTH STATUS & DISEASE BURDEN

**81.3**

Life expectancy at birth (years)

**28.7%**

Obesity prevalence

**4.3%**

Diabetes prevalence

**14%**

Adults with multiple chronic conditions (2 or more)

**Data:** 2019 OECD Health Data except: diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data); adults with 2+ chronic conditions from the 2016 CMWF International Survey.