



United Kingdom Adults' Health Care System Views and Experiences, 2001

Findings from the Commonwealth Fund 2001 International Health Policy Survey

The Commonwealth Fund 2001 International Health Policy Survey finds that a majority of British citizens believe their nation's health care system requires major reforms. Yet the survey also finds that the U.K. health care system effectively protects people against medical costs and provides ready access to care without regard to income. The United Kingdom stood out among the five nations surveyed—which also included Australia, Canada, New Zealand, and the United States—for the absence of income-related differences in health care access. At the same time, waiting times for care emerged as a central British concern.

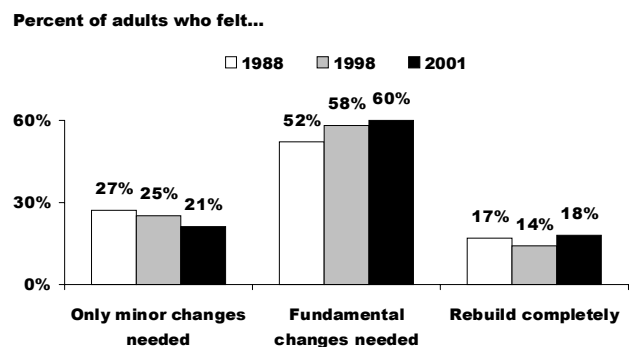
This data brief based on The Commonwealth Fund 2001 International Health Policy Survey focuses on the health system views and experiences of adults in the United Kingdom. Comparative findings from the five-nation survey were reported in the May/June issue of *Health Affairs*.¹ The data brief includes additional analysis of the survey that does not appear in the *Health Affairs* article.

Satisfaction with the Health Care System

- Seventy-eight percent of U.K. respondents to the survey said that their country's health care system needed either fundamental changes (60%) or complete rebuilding (18%). Only 21 percent thought the system needed only minor change. These views have changed little since 1998 or 1988 (Figure 1). The level of discontent echoes that found in the other four countries.
- One of six adults (17%) said that his or her ability to get needed medical care has worsened over the past two years—roughly the same as reported in the other four countries. Eleven percent said it has got-

ten better. Most respondents (69%) said it was about the same.

United Kingdom Figure 1
United Kingdom: Satisfaction with the Health Care System, 1988, 1998, and 2001



Source: Harvard Survey 1988 and The Commonwealth Fund 1998 and 2001 International Health Policy Surveys

- Health system views varied little between adults with below-average and above-average income.

Access to Health Care

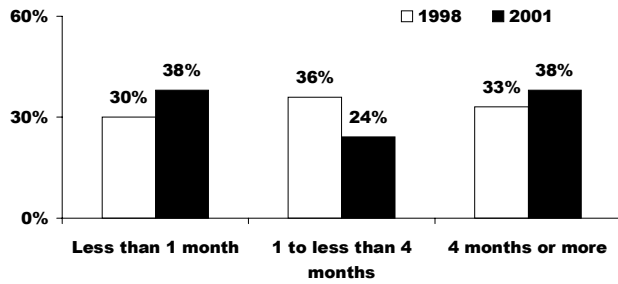
- Waiting times emerged as one of the central access concerns in the U.K. survey.
- One-third of Britons said it was difficult to see a specialist when needed: 13 percent reported it was very or extremely difficult, and another 22 percent said it was somewhat difficult. The chief reason respondents cited was long waiting times for care (46%) or having to wait for an appointment or consultation (46%). Only 5 percent said that cost was a reason.
- Among Britons who were hospitalized for elective (nonemergency) surgery in the past two years, 38 percent reported waiting four months or more for their surgery. Although this was the highest proportion among the five nations, it was not up significantly from the 1998 survey (Figure 2).

¹ Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert, "Inequities in Health Care: A Five-Country Survey," *Health Affairs* 21 (May/June 2002): 182–91.

United Kingdom Figure 2

United Kingdom: Waiting Times for Elective Surgery
 Base: Adults with elective surgery in the past two years

Percent of adults needing elective surgery in the past two years who waited...



Source: The Commonwealth Fund 1998 and 2001 International Health Policy Surveys

- Thirty-eight percent of U.K. respondents reported waiting less than one month for their elective surgery.
- For the 9 percent who said there was a time when they needed care but did not get it, the most-cited reason for not getting care was waiting times (45%).
- One-third of U.K. adults reported that it was very or somewhat difficult to get care on nights and weekends. This is less than the 41-percent rates found in the United States and Canada.

Cost-Related Difficulties

The survey asked several questions about going without needed medical care during the past year because of the cost. On most measures, few Britons reported forgoing needed care because of affordability concerns or reported problems paying medical bills. Among the five countries, the United Kingdom stood out for the absence of income-related access disparities.

- No more than 3 percent of British adults said they did not go to the doctor when sick or did not get a recommended test or treatment because of the expense. Seven percent went without a prescription because of the cost. Only 3 percent reported a problem paying their medical bills in the past year.
- Concerns about the cost of dental care were more prevalent. One of five Britons (19%) said they had gone without needed dental care because of the cost.
- U.K. rates of cost-related access problems were the lowest reported in the five-nation survey (Figure 3).

United Kingdom Figure 3

Access Problems in the Past Year Due to Cost, 2001

Percent of adults in the past year who:	UK	AUS	CAN	NZ	US
Did not fill prescription due to cost	7	19	13	15	26
Had a medical problem but did not visit doctor due to cost	3	11	5	20	24
Did not get test, treatment, or follow-up due to cost	2	15	6	14	22
Needed dental care but did not see a dentist due to cost	19	33	26	37	35

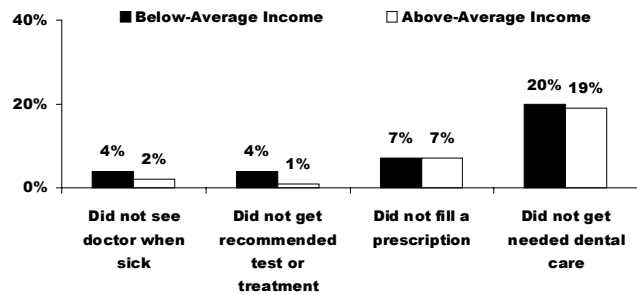
Note: UK significantly different from other countries on all measures at $p \leq .05$
 Source: The Commonwealth Fund 2001 International Health Policy Survey

- The United Kingdom was the only one of the five countries for which there were no significant differences between income groups regarding cost-related access problems (Figure 4).

United Kingdom Figure 4

United Kingdom: Access Problems Due to Cost, by Income

Percent of adults who went without care in the past year due to cost



Source: The Commonwealth Fund 2001 International Health Policy Survey

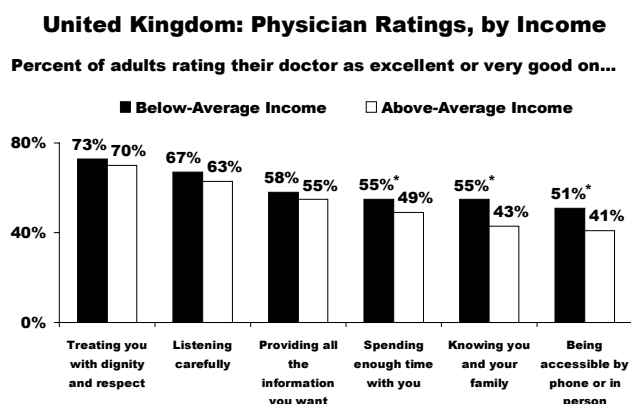
- Despite the apparent equity in Britons' experiences, 70 percent of U.K. respondents believed that people with low incomes often or sometimes have more problems getting needed medical care than people with higher incomes.

Quality-of-Care Ratings

- Asked about the quality of health care overall, half of Britons (53%) rated the care they received in the past year as excellent or very good. Fifteen percent rated their care as fair or poor. The distribution of quality ratings was similar to that observed for the other four countries.

- The majority of Britons rated their doctor as excellent or very good on six different measures of physician responsiveness. As in other countries, doctors did the least well on accessibility by phone or in person (48% excellent or very good), spending enough time with patients (51% excellent or very good), or providing information (58% excellent or very good).
- Respondents with income below the national average were more likely than those with income above the average to give their physicians a strong positive rating on three of six measures: being accessible by phone, spending enough time with the patient, and knowing the patient and his or her family situation and how it affects health (Figure 5).

United Kingdom Figure 5



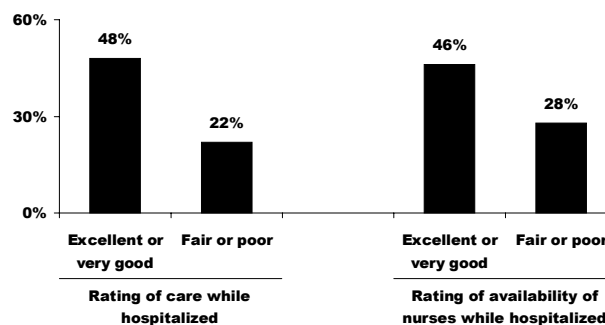
- Hospital ratings were more negative than physician ratings. Among survey respondents who were hospitalized in the past two years, 22 percent rated the hospital care they or their family received as fair or poor (Figure 6).
- Hospital nursing staff was of particular concern: 28 percent rated the availability of nurses in the hospital as fair or poor (Figure 6).

United Kingdom Figure 6

United Kingdom: Hospital Quality Ratings

Base: Adults hospitalized in the past two years

Percent of adults who rated care as...



Source: The Commonwealth Fund 2001 International Health Policy Survey

Summary

Waiting times emerged as a key access concern for U.K. survey respondents. The United Kingdom stands out among the five countries, however, in its residents' lack of financial barriers to care and freedom from medical bill burdens, particularly for those with below-average income. In general, comparisons between Britons with below-average and above-average income indicate equity in health care access.

The Commonwealth Fund 2001 International Health Policy Survey consisted of telephone interviews with 1,400 adults in each of five countries: Australia, Canada, New Zealand, the United Kingdom, and the United States. Conducted in April and May of 2001 by Harris Interactive, the survey explored adults' views of their health care system and recent care experiences; to permit analysis of trends over time, the survey also included questions asked in earlier surveys. To compare experiences between lower- and higher-income adults, the survey participants were quoted the national median household income in 2001 and asked whether their own income was much or somewhat below this amount, about average, or much or somewhat above the national median. In the United Kingdom, 40 percent of adults described their income as below average, 24 percent as average, and 33 percent as above average. Three percent did not answer the income question. Adults with average income were included in the country totals but not shown separately when comparing those with below-average and above-average income.

This data brief was prepared by Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, and Deirdre Downey.