



# The United Kingdom Health Care System: Views and Experiences of Adults with Health Problems

## Findings from the Commonwealth Fund 2002 International Health Policy Survey

The Commonwealth Fund 2002 International Health Policy Survey of adults with health problems in five nations finds that the U.K. health system is notable for its lack of financial barriers to needed care. Adults with health problems in the U.K. were far less likely than their counterparts in Australia, Canada, New Zealand, or the United States to forgo needed medical care due to costs or say that costs of medical care were a major burden. Yet, U.K. adults were more likely than their counterparts in other countries to indicate missed opportunities to discuss treatments or concerns with their doctors. Adults in the U.K. also reported difficulties seeing specialists and problems with waiting times and shortages.

Like their counterparts in other countries, U.K. adults with health problems are at risk for medical or medication errors. More than one of six (18%) believe a medical mistake or medication error was made in their personal care in the past two years. The majority of those reporting an error said the error had caused serious health problems. U.K. reported error rates, however, were generally lower than rates reported in the other four countries.

U.K. patients also indicate concerns with care coordination, including one of four patients who reported that records or tests did not reach their doctors' office in time for their appointment. U.K. adults' reports on their interactions with physicians indicate frequent failures to communicate and missed opportunities to involve patients more in their own care. Two-thirds said their doctor did not ask for their ideas about treatment or care and two of five said that their doctor did not make the goals of treatment clear.

The Commonwealth Fund 2002 International Health Policy Survey consisted of interviews with a sample of adults with health problems in the five countries. Adults with health problems included: those rating their health as fair or poor, those with a recent hospitalization or major surgery, or those with a serious illness or injury that required intensive medical care in the past two years. These adults are among the most intensive users of the

health care system and are particularly vulnerable to variations in quality and to cost or access barriers. Comparative findings from the five-nation survey were reported in the May/June 2003 issue of *Health Affairs*.<sup>1</sup>

**Patient Safety: Medical/Medication Errors**  
Medical errors have become a highly visible quality of care issue in the U.K. Reports by U.K. adults with health problems about errors support this concern.

- Eighteen percent of U.K. adults with health problems reported experiencing either a medical mistake or medication error in the past two years (Figure 1).

United Kingdom Figure 1  
Medication and Medical Errors

Percent in the past two years:	AUS	CAN	NZ	UK	US
Given the wrong medication or wrong dose by a doctor, hospital or pharmacist	11	11	13	10	12
Believed a medical mistake was made in your treatment or care	19	20	18	13	23
Either error: medication error or medical mistake	23	25	23	18	28

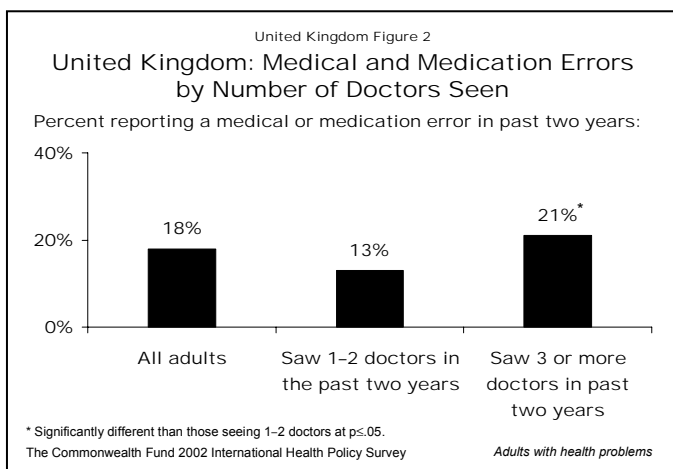
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- Half (51%) of those who experienced an error said the error caused a serious health problem. Including all adults surveyed in the U.K., 9 percent reported an error that caused a serious health problem.
- Errors were more frequent among adults seeing multiple physicians. One-fifth of those seeing three or more doctors reported an error, compared with 13 percent of those seeing one or two doctors (Figure 2).
- Medication error rates were higher than average among those taking multiple medications: 17 percent of U.K. respondents taking four or more medicines

<sup>1</sup> R. J. Blendon, C. Schoen, C. DesRoches, R. Osborn, and K. Zapert, "Common Concerns Amid Diverse Systems: Health Care Experiences in Five Countries," *Health Affairs* 22 (May/June 2003): 106-21.

said they had received the wrong medication or incorrect dose.

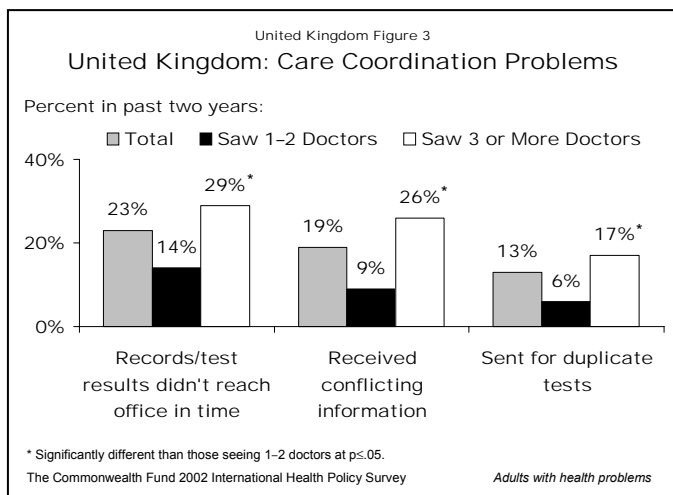
- The U.K. reported medical error rates were the lowest in the five-nation survey.



## Care Coordination

By design, all U.K. adults participating in the survey had either current or recent health problems. The survey revealed that these adults often saw multiple physicians and encountered frequent problems in the coordination of their care.

- One-fifth (19%) said they received conflicting information from different health professionals during the past two years (Figure 3).



- Lack of coordination can lead to waste or delays. One-quarter (23%) of U.K. adults said their tests or records had not reached their doctor's office in time for their appointment and 13 percent said they had

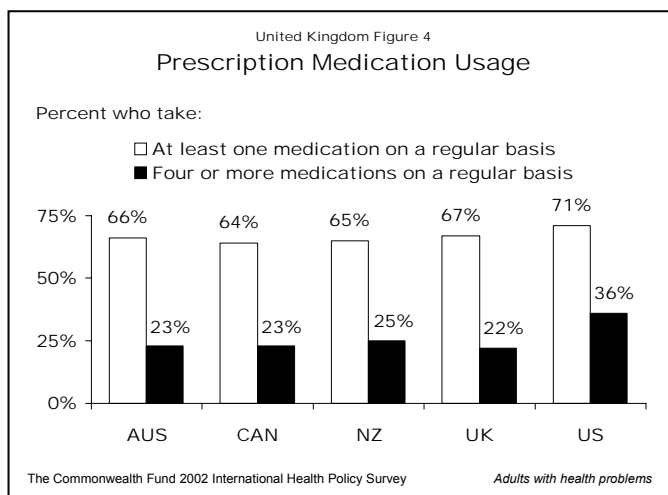
been sent for duplicate tests or procedures by different health professionals.

- Compared with their counterparts in other countries, U.K. adults were among the least likely to report receiving duplicate tests and conflicting information, but among the most likely to report delays due to medical records or test results not reaching doctor offices in time for appointments.
- U.K. adults seeing three or more doctors were significantly more likely than those seeing fewer doctors to report care coordination problems.

## Prescription Drugs

U.K. adults with health problems rely on prescription drugs on a regular basis, often taking multiple medications. Yet, many report that their physician had not discussed their medication regimen with them.

- Sixty-seven percent said they take prescription drugs on a regular basis. More than one of five (22%) regularly take four or more prescription drugs (Figure 4).



- Among U.K. adults taking prescriptions regularly, 32 percent said the doctor they rely on most for their care had not discussed all of the medications they were taking. Even among those taking four or more drugs, 28 percent said such discussions had not occurred.
- Side effects are of concern. Sixteen percent of adults in the U.K. reported that they stopped taking a prescription drug without their doctor's advice because of side effects. One of 10 (11%) said they were taking a medication that had serious side effects that their doctor did not tell them about.

## Doctor–Patient Communication and Physician Ratings

Involving patients in care decisions and communicating treatment goals has the potential to improve care. The survey indicates deficiencies in U.K. patient–doctor communications. U.K. adults were among the most likely to have missed opportunities to discuss care with their physicians in the five-nation survey.

- Two-thirds (67%) of adults in the U.K. reported that their regular doctor does not ask for their ideas and opinions about their treatment and care and 38 percent said their doctor does not make clear the specific goals for their treatment (Figure 5).

United Kingdom Figure 5  
Doctor–Patient Communication

Percent reporting:	AUS	CAN	NZ	UK	US
Regular doctor does NOT:					
Ask for ideas/opinions about care	51	49	47	67	47
Keep you motivated to do the things you need to do	29	28	34	43	30
Make clear the specific goals for treatment	23	21	25	38	20
Help you understand what you need to do for your health	12	14	17	26	14

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- Twenty-six percent said their doctor does not help them understand what they need to do for their health.
- On each of these measures, U.K. adults were more likely than adults in other countries to report a lack of patient–physician exchange.
- Serious or chronic illness can result in emotional strain for patients. Yet, 66 percent of adults in the U.K. reported that their regular doctor had not discussed with them the emotional burden of coping with their condition—a higher rate than in the other four countries.
- One-fifth of U.K. patients reported a time in the last two years when they did not follow their physicians' advice. This rate was the lowest in the survey (Figure 6).
- The leading reasons given in the U.K. for not following a doctor's advice were disagreeing with their doctor (34%) and finding it too difficult to follow the advice (35%). U.K. adults were less likely than adults in the other countries to cite costs as a reason for not adhering to recommended care.

United Kingdom Figure 6  
Communication with Doctors

In the past two years:	AUS	CAN	NZ	UK	US
Left a doctor's office without getting important questions answered	21	25	20	19	31
Did not follow a doctor's advice	31	31	27	21	39

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Of the five countries surveyed, U.K. adults with health problems gave their doctors among the lowest average ratings on five dimensions of care (ability to diagnose problems, spending enough time, being accessible, listening to their health concerns, and treating them with dignity and respect).

- On average, 60 percent of U.K. adults rated their physicians as “excellent” or “very good” (N.Z. 73%; AUS 68%; CAN 62%; U.S. 59%)
- U.K. physician ratings were lowest on measures of doctors being accessible by phone or in person and physicians spending enough time with patients (N.Z. 68%; AUS 57%; CAN 52%; U.S. 51%; U.K. 50%).

## Waiting Times

When asked about problems in the health care system, U.K. adults with health problems most frequently cited concerns over waiting times—a longstanding issue in the British National Health Service.

- Thirty-eight percent of respondents said it was “very” (17%) or “somewhat” (21%) difficult to see a specialist when needed. Seventy-five percent of those who reported this cited long waiting times for an appointment as the main reason for this difficulty (Figure 7).

United Kingdom Figure 7  
Difficulty Seeing a Specialist and Waiting Problems

Percent reporting:	AUS	CAN	NZ	UK	US
Very or somewhat difficult to see specialist	41	53	36	38	40
The following were “big problems” in the past two years:					
Long waits for hospital admission	20	28	21	19	13
Long waits for doctor's appointment	17	24	5	21	14
Delay of scheduled surgery or procedure due to cancellation	10	16	9	10	5

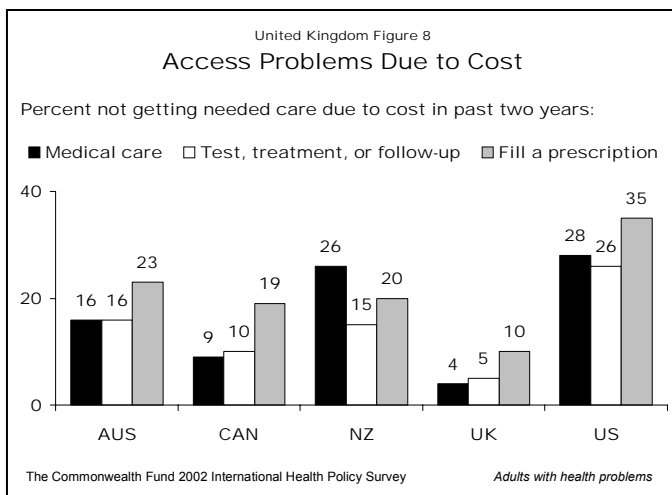
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- About one of five (21%) adults with health problems reported that getting an appointment with their regular doctor was a “big problem” in the past two years. One of five (19%) also reported that long waits for hospital admittance were a big problem.
- Among those using or trying to use emergency care (hospital) in the past two years, 36 percent said waits were a big problem, a rate similar to that reported in other countries (CAN 37%; AUS 31%; U.S. 31%; N.Z. 28%).

### Access Problems Due to Cost

U.K. adults reported few instances of going without needed care due to cost. Rates of cost-related access problems in the U.K. were the lowest in the survey.

- Adults in the U.K. were significantly less likely than those in the other four countries surveyed to report not visiting a doctor or not getting a recommended test or treatment due to cost (Figure 8).



- U.K. respondents were also significantly less likely than adults in the other countries to report not filling a prescription due to cost.
- Dental care posed a greater problem to U.K. adults, with one-fifth (21%) reporting forgoing needed dental care due to cost. Yet, this rate was far below reported rates in the other countries surveyed (N.Z. 47%; AUS 44%; U.S. 40%; CAN 35%).
- U.K. adults were also less likely to cite cost as a reason for not adhering to physician recommendations. Only 6 percent of U.K. adults reported skipping doses to make medications last longer, compared with 16 percent of U.S. respondents.

### Views of the Health Care System

- About a third (31%) of U.K. adults with health problems reported being “not very satisfied” or “not at all satisfied” with their health care system. This dissatisfaction rate was the lowest in the five-nation survey (N.Z. 48%; U.S. 44%; CAN 36%; AUS 35%). However, only one of four (25%) U.K. respondents said they were “very” satisfied with the health care system.
- Adults in the U.K. who were dissatisfied with the health care system were more likely than those who were satisfied to have experienced medical errors, care coordination problems, long waits, or communication problems.
- When asked to name the two biggest problems with the health care system, 39 percent of U.K. adults cited waiting times and one-third (33%) named shortages of health professionals or hospital beds. In addition, 24 percent mentioned inadequate government funding.
- Asked the single most important action the government could take to improve health care, the leading answer (31%) was “spend more money.”

#### Survey Methods

The Commonwealth Fund 2002 International Health Policy Survey consisted of interviews with adults with health problems in Australia, Canada, New Zealand, the United Kingdom, and the United States. The survey screened initial random samples of adults 18 or older to identify those who met at least one of four criteria: reported their health as fair or poor; or in the past two years had serious illness that required intensive medical care, major surgery, or hospitalization for something other than a normal birth. These questions resulted in final survey samples of: AUS 844; CAN 750; N.Z. 750; U.K. 750; and U.S. 755. These samples represent one-fourth to one-third of the adults initially contacted. Harris Interactive, Inc., and country affiliates conducted the interviews by telephone between March and May 2002. Please see the [Health Affairs](#) article for significant differences among each country.

*This data brief was prepared by Cathy Schoen and Deirdre Downey (Commonwealth Fund), Catherine DesRoches (Harvard University), and Robin Osborn (Commonwealth Fund).*