



# United Kingdom Hospitals and the Health Care System: Views of Hospital Executives

## Findings from the Commonwealth Fund International Health Policy Survey<sup>1</sup>

The most recent Commonwealth Fund International Health Policy Survey asked hospital executives in five countries—Australia, Canada, New Zealand, the United Kingdom, and the United States—for their views of their nation's health care system, the level and quality of their hospitals' resources, and efforts to improve quality of care. U.K. executives expressed confidence that hospital waiting lists are improving from what they were two years ago. When asked what were the biggest problems facing their hospitals, administrators in the U.K. named staffing shortages and overcrowded, outdated facilities, followed by inadequate funding. These challenges were echoed by hospital executives in the four other nations surveyed.

### U.K. Hospitals: A Current Snapshot

“U.K. hospitals operate as self-governed public trusts within the National Health Service (NHS). Starting in 2002–03 there has been a major increase in NHS funding, with the five-year goal of increasing real spending by 7.4 percent per year to raise the share of gross domestic product (GDP) spent on health to 9.4 percent by 2007–08 (up from 7.3% in 2000). The NHS has also embarked on a major effort to improve quality of hospital care, reduce waiting times, renovate aging facilities, and invest in information technology (IT). National initiatives include quality targets along with public reporting and rating of performance.”

From R. J. Blendon et al., “Confronting Competing Demands to Improve Quality,” *Health Affairs*, May/June 2004

While a majority of the U.K. respondents reported that their hospitals were in sound financial condition and nurse staffing levels were improved or the same as two years ago, waiting times for elective surgery, cancellations or postponements of surgeries, and long emergency department waits were still a problem. U.K. hospital executives, along with their counterparts in the other four countries, were critical of the quality of their emergency department facilities.

Nonetheless, quality improvement efforts in the U.K. appear to be gaining a firm foothold. A majority of the country's hospital administrators endorsed the disclosure of informa-

tion about the quality of care to the public. A majority also reported that physicians in their hospitals were supportive of efforts to address and report preventable medical errors. Across all five countries, respondents named information technology and electronic medical records as their top priority for a one-time capital investment to improve care.

The Commonwealth Fund survey, conducted in 2003, is the sixth in a series of surveys designed to provide a comparative perspective on health policy issues in these five countries. The 2003 survey consisted of interviews with a sample of hospital chief operating officers or top administrators of the larger hospitals in each country. The findings were reported in the May/June 2004 issue of *Health Affairs*.

### Overall Views of the U.K. Health Care System

The majority of hospital executives in all five countries said they are somewhat satisfied with their health system, although fewer than one of six said they are very satisfied.

United Kingdom Figure 1  
Two Biggest Problems Faced by Hospitals

Percent naming:	AUS	CAN	NZ	UK	US
Inadequate funding	58%	62%	57%	39%	10%
Inadequate reimbursement	8	—	—	—	60
Staffing shortage	45	60	54	64	47
Inadequate/overcrowded/ outdated facilities	32	39	54	42	7
Government regulations	4	4	7	18	7
Indigent care/uninsured	—	—	—	—	17
Malpractice costs	6	—	—	—	11

Commonwealth Fund International Health Policy Survey (2003)  
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Hospital Executives

<sup>1</sup> R. J. Blendon, C. Schoen, C. M. DesRoches, R. Osborn, K. Zapert, and E. Raleigh, “Confronting Competing Demands to Improve Quality: A Five-Country Hospital Survey,” *Health Affairs* 23 (May/June 2004): 119–35.

This data brief was prepared by Robin Osborn, Olivia Ralston, Phuong Trang Huynh, and Alice Ho.

- More than eight of 10 (82%) hospital executives in the U.K. reported being somewhat satisfied with the health care system, although only a small proportion were very satisfied (8%).
- U.K. hospital executives named staffing shortages and inadequate, overcrowded, and outdated facilities as the two biggest problems, followed by inadequate funding. Underfunding and staffing shortages topped the lists in Australia, Canada, and New Zealand (Figure 1).
- Nearly one of five U.K. hospital administrators named government regulations as one of the two biggest problems. Regulation was not a major problem in the other countries surveyed.

**Financial Health, Quality of Facilities, and Capacity to Improve or Expand Services**

A majority of U.K. hospital executives reported that their hospitals are in sound financial condition. The quality of their facilities, however, received mixed ratings, with a majority reporting the need for major renovations. Across all five countries, emergency room/department facilities were rated relatively poorly, a finding that is consistent with doctors’ ratings in the Fund’s 2000 International Health Policy Survey of Physicians.<sup>2</sup>

- The majority of U.K. hospital executives reported that their facility broke even financially in the last year. Few reported a surplus or profit, while one-third said that they had a deficit. While significantly more hospitals in Australia and the U.S. showed profits, U.K. hospitals were the most likely of the five countries to have broken even (Figure 2).

**United Kingdom Figure 2  
Hospital Finances**

In the past year:	AUS	CAN	NZ	UK	US
<b>Had a surplus or profit</b>	35%	9%	11%	7%	71%
<b>Broke even</b>	25	22	7	61	6
<b>Had a loss or deficit</b>	40	70	82	32	23

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<sup>2</sup> R. J. Blendon et al., “Physicians’ Views on Quality of Care: A Five-Country Comparison,” *Health Affairs* 20 (May/June 2001): 233–43.

- Almost two-thirds of U.K. hospital executives said that their financial situation was insufficient to maintain current levels of service. Very few said that they had sufficient resources for improvements or expansion of care. On both measures, the U.K. ranked in the middle of the five nations surveyed.
- In general, U.K. respondents did not rate the quality of their intensive care units, operating theaters, and emergency departments as highly as their counterparts in the four other countries (Figure 3).

**United Kingdom Figure 3  
Quality of Hospital Resources**  
Base: Hospitals that have the facility

Percent rating as excellent:	AUS	CAN	NZ	UK	US
<b>Intensive care unit</b>	42%	30%	35%	23%	51%
<b>Operating rooms or theaters</b>	29	21	25	9	47
<b>Emergency room or department facilities</b>	21	16	34	11	34

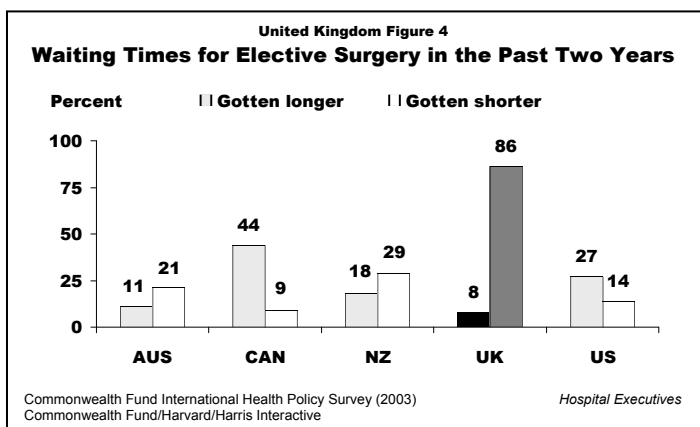
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- Across all five countries, at least one of six hospital executives rated their emergency departments as only fair or poor.
- In the U.K., 43 percent of hospital executives reported being very prepared for a terrorist attack—a far higher proportion than in the U.S. (28%), Canada or New Zealand (25%), or Australia (18%).

**Waiting Times and Access to Care**

Although waiting times for elective surgery in the U.K. were generally the longest among the countries surveyed, U.K. hospital executives overwhelmingly reported they were improving. The very short waits for elective surgery reported in the U.S. are striking compared with other countries, but these may not take into account indigent or uninsured individuals discouraged from seeking elective surgery altogether.

- Nearly nine of 10 U.K. hospital executives reported that waiting times for elective surgery had gotten shorter in the past two years (Figure 4).
- More than one-half of U.K. hospital executives (57%) reported that patients often or very often have to wait six months or more for elective surgery (compared with New Zealand, 42%; Canada, 32%; Australia, 26%; U.S., 1%).



- When asked about expected waiting times for a breast biopsy for a 50-year-old woman with an ill-defined mass in her breast (but no adenopathy), the majority (73%) of U.K. executives anticipated that treatment would be available within three weeks or less. But when asked about a routine hip replacement for a 65-year-old man, 81 percent projected a wait of six months or longer.
- U.K. patients experience longer waits in emergency departments: six of 10 (58%) hospital administrators reported that their patients wait an average of two hours or more to be seen (compared with New Zealand, 17%; Australia, 23%; U.S., 39%; Canada, 46%). However, few U.K. hospital executives (11%) said that patients are often or very often diverted to other hospitals.
- Six of 10 (58%) U.K. respondents reported that hospital discharges are often or very often delayed due to a lack of post-hospital services (compared with Canada, 58%; Australia, 43%; U.S., 40%; New Zealand, 7%).

### Staffing Issues

Hospital administrators in all five countries named hospital staffing shortages as a top concern.

- Nearly nine of 10 U.K. hospital executives reported a serious or moderate shortage of nurses, although one-half said the situation has improved from two years ago.
- U.K. respondents reported serious or moderate shortages of specialists, pharmacists, and laboratory technicians (Figure 5).
- For many U.K. hospitals, staff shortages appear to have an impact on their daily operations: one of four (24%) hospital administrators reported having to cancel 10 percent or more of scheduled surgeries or procedures due to lack of capacity or staff.



- Fewer than one of four (23%) U.K. respondents rated physician morale as excellent or very good, compared with 48 percent in Australia, 36 percent in New Zealand, 31 percent in Canada, and 30 percent in the U.S.
- U.K. staffing shortages were in the middle-high range compared with Australia, Canada, New Zealand, and the U.S.

### Patient Safety: Medical Errors

The 2002 International Health Policy Survey found that a significant number of adults with health problems in the five countries experienced medical errors.<sup>3</sup> While the 2003 survey found that the U.K. and U.S. appear to be the leaders in patient safety efforts, in no country were a majority of hospital executives very confident of their hospital's ability to identify and address preventable errors or level of physician support for these programs.

- Three-fourths or more of U.K. and U.S. respondents reported that their hospitals have a written policy to inform patients or their families when a preventable medical error resulting in serious harm had been made in their care. Six of 10 or fewer executives reported the same in Australia, New Zealand, and Canada (Figure 6).
- One of four hospital executives in the U.K., Australia, and the U.S. characterized their system for identifying and addressing preventable medical errors as very effective.
- U.K. and U.S. hospital executives were most likely to say that physicians in their hospital were very supportive of reporting and addressing medical errors.

### Quality Improvement and Public Disclosure of Data

Across all five countries, the majority of hospital executives

<sup>3</sup> R. J. Blendon et al., "Common Concerns Amid Diverse Systems: Health Care Experiences in Five Countries," *Health Affairs* 22 (May/June 2003): 106–21.

**United Kingdom Figure 6**  
**Medical Error Prevention and Disclosure in Hospitals**

	AUS	CAN	NZ	UK	US
Percent saying hospital has written policy to inform patients of preventable medical errors made in their care	59%	47%	50%	74%	88%
Percent saying program for finding and addressing medical errors is:					
Very effective	22	13	4	24	24
Somewhat effective	58	66	71	67	70
Percent reporting that physicians are:					
Very supportive of reporting and addressing medical errors	17	21	7	35	30
Somewhat/very resistant to reporting and addressing medical errors	24	20	36	11	15

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agreed that recognized strategies to improve quality of care in hospitals were at least somewhat effective and that provider performance data should be reported to the public.

- Majorities (80% or more) of hospital executives in the five countries said the following are at least somewhat effective in improving quality: electronic medical records, computerized drug ordering, treatment guidelines, and comparisons of medical outcomes with other hospitals.
- U.K. hospital administrators strongly supported use of electronic medical records: 68 percent said they would be very effective (compared with New Zealand, 50%; U.S., 46%; Canada, 45%; Australia, 43%).
- The majority (82% or more) of U.K. respondents approved of publicly disclosing quality-of-care information, such as mortality rates for specific conditions, frequency of specific procedures, medical error rates, patient satisfaction ratings, average waiting times for elective procedures, and nosocomial infection rates. U.K. hospital executives were the most consistently supportive of quality information disclosure (Figure 7).
- U.K. respondents broadly supported current government policies to improve care, with 75 percent rating them as

**United Kingdom Figure 7**  
**Disclosing Quality Information to the Public**

Percent saying should be released to the public:	AUS	CAN	NZ	UK	US
Mortality rates for specific conditions	62%	72%	79%	82%	66%
Frequency of specific procedures	82	94	96	85	85
Medical error rate	62	78	54	82	59
Patient satisfaction ratings	94	97	96	98	82
Average waiting times for elective procedures	94	98	100	99	70
Nosocomial infection rates	71	89	71	89	68

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somewhat or very effective (compared with Australia, 68%; New Zealand, 61%; Canada, 46%; U.S., 40%).

### Priorities for Investing in Quality Improvement

When hospital executives in the five countries were asked what their top priority would be for a one-time capital investment to improve quality of care for patients, information technology (IT) was the dominant choice.

- IT and electronic medical records were named as top priorities of 38 percent of U.K. respondents for a one-time capital investment to improve quality of care (Figure 8).

**United Kingdom Figure 8**  
**If You Had New Funding to Invest in a One-Time Capital Improvement in Only One Area of Your Hospital, What Would It Be?**

Percent saying:	AUS	CAN	NZ	UK	US
Electronic medical records/IT	35%	47%	46%	38%	62%
Emergency room/OR/Critical care facility	26	18	4	22	13
Basic hospital/patient facilities	17	14	21	22	3
Diagnostic equipment/medical technology	9	16	11	10	3

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- The majority of hospital administrators in all countries named high startup costs as a major barrier to expanding the use of computer technology (New Zealand, 93%; Australia and Canada, 84%; U.S., 71%; U.K., 69%), with projected maintenance costs, insufficient technical staff, and lack of uniform industry standards also seen as major barriers.

### Survey Methods

The Commonwealth Fund International Health Policy Survey consisted of interviews with hospital executives of the larger hospitals in Australia, Canada, New Zealand, the United Kingdom, and the United States. The survey drew random samples from lists of the largest general or pediatric hospitals in each country, excluding specialty hospitals. The largest hospitals surveyed in Australia and Canada had 100 or more beds, and in the United Kingdom and United States had 200 or more beds. In New Zealand, the study included hospitals in the country's 34 District Health Boards regardless of bed size. Final survey hospital sample sizes were: AUS 100; CAN 102; NZ 28; UK 103; and US 205. Harris Interactive, Inc., and country affiliates conducted the interviews by telephone with the chief operating officer or top administrator of hospitals between April and May 2003. The May/June 2004 *Health Affairs* article based on the survey provides tests for statistical differences between countries.