

British National Health Service

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NHS

*National Institute for
Health and Clinical Excellence*

British Healthcare

Provision

A mixture of:

- Public provision
- Private provision
- Not-for-profit provision

Inequitable

Financially unsustainable

Public "demanded something better"

NHS

National Institute for
Health and Clinical Excellence

National Health Service

Created in 1948:

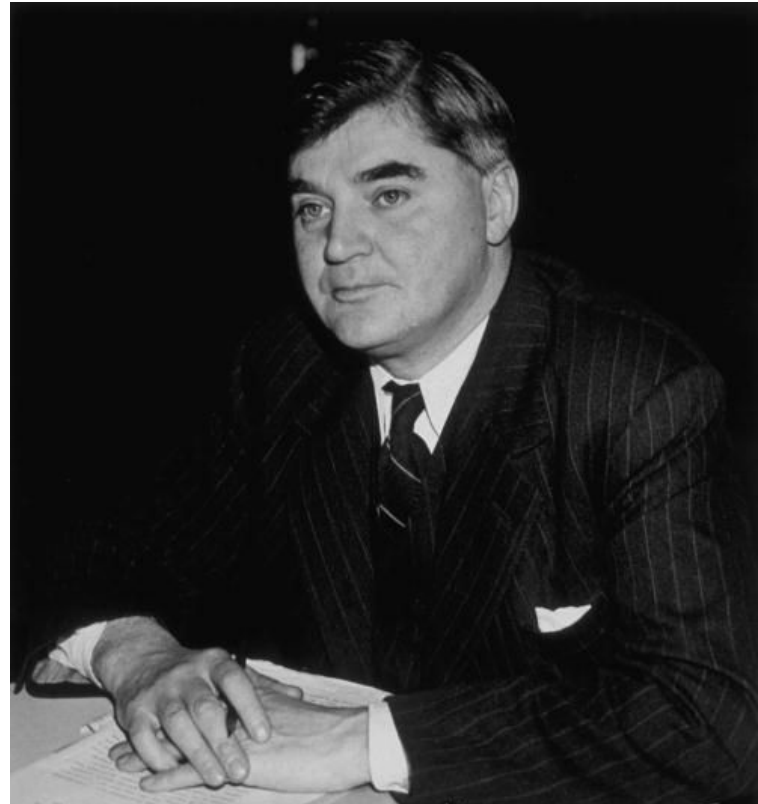
1. All the local authority and "voluntary" hospitals placed under government ownership and control.
2. NHS hospital staff became "salaried".
3. GPs remained "independent" but "contracted" to provide services.

Aneurin Bevan

1897-1960

Compromises:-

1. Hospital staff permitted to continue some "private practice".
2. Hospital staff offered "distinction awards".
3. GPs remained "independent" and not "salaried".



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“Those about to die salute you”

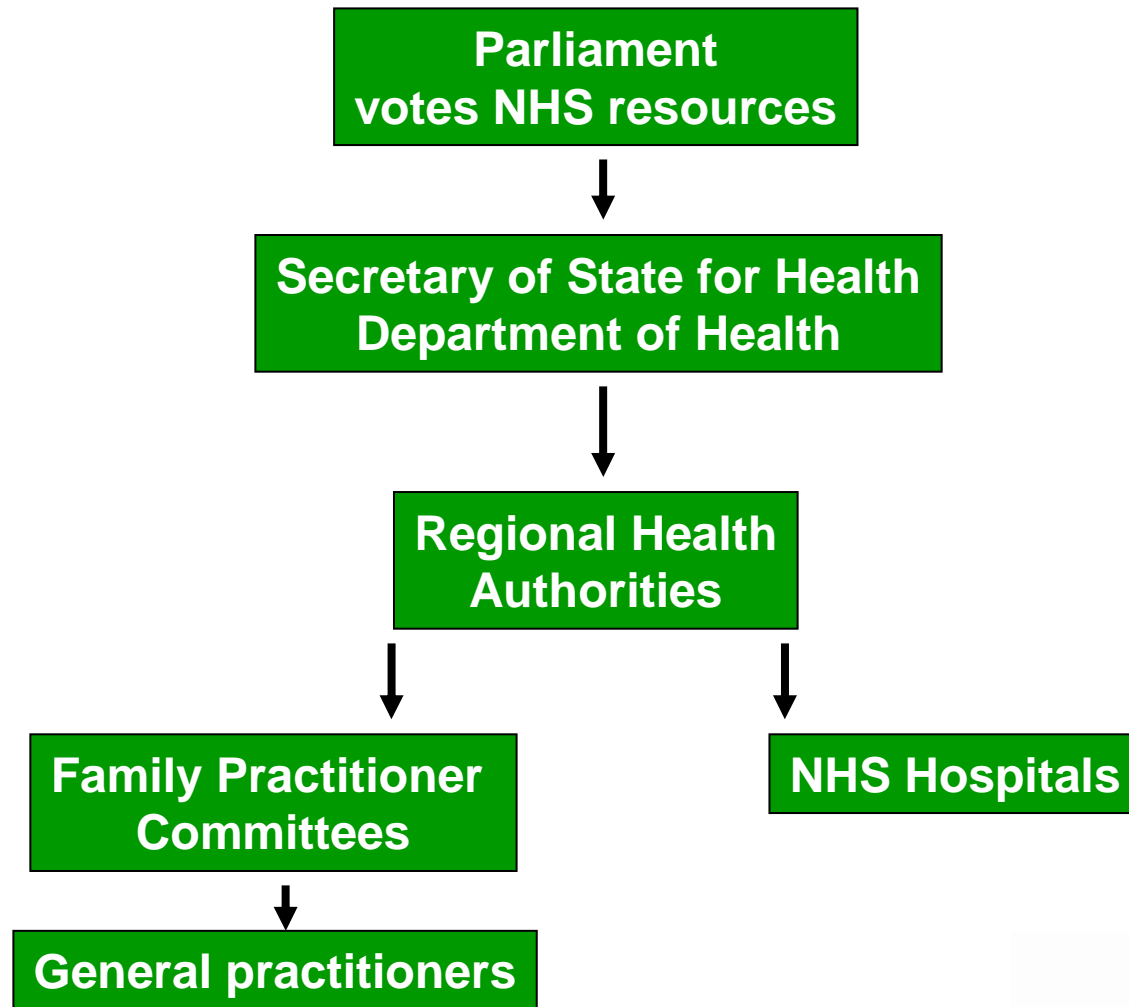


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Organisation

1948

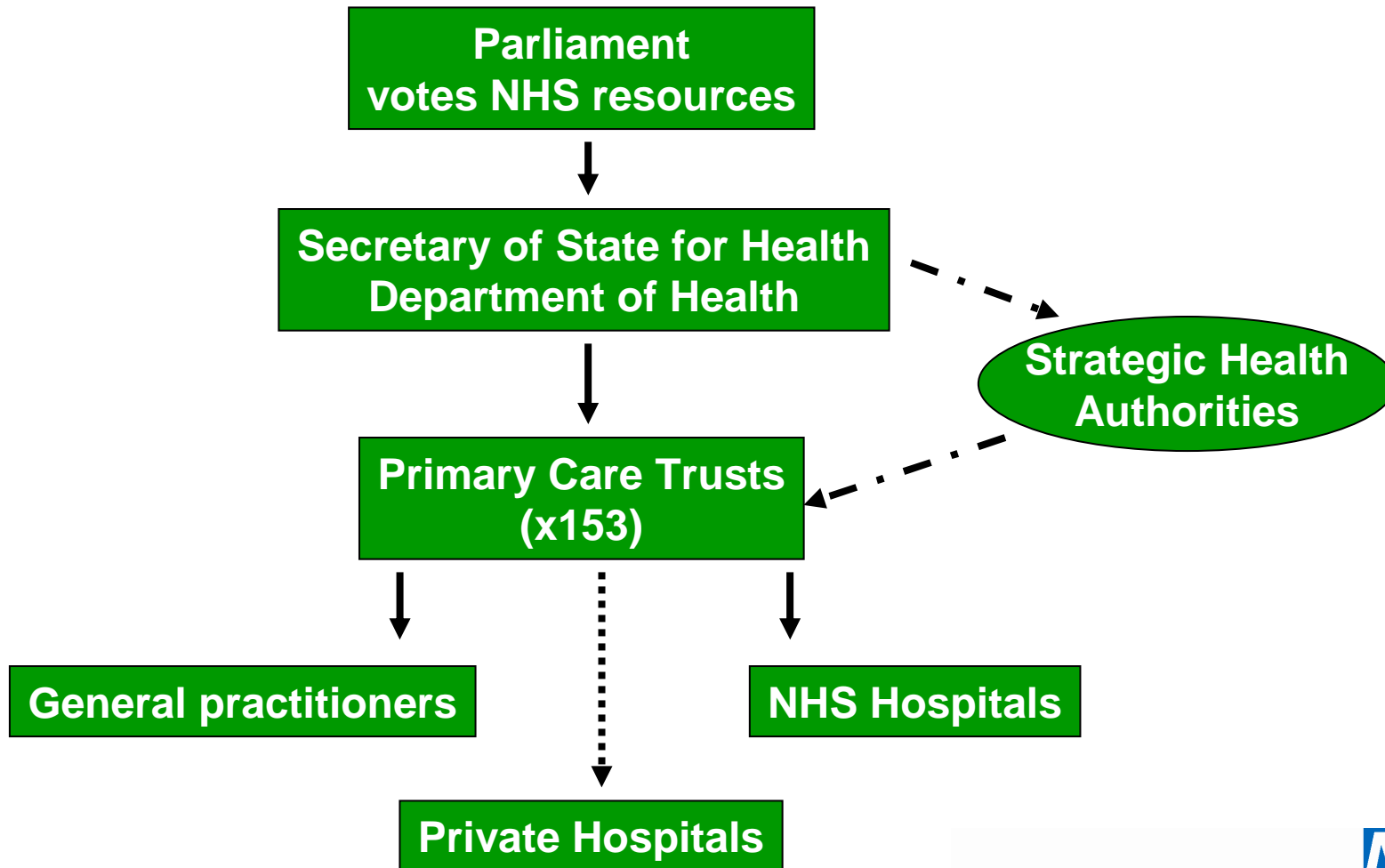


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Organisation

2008



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Resource Allocation

Allocations to Primary Care Trusts:

1. Revenue

- Population
- Age structure
- Standardised mortality ratio
- London weighting
- Rurality weighting

2. Capital:

- Regular allocations
- Special allocations

Annual revenue allocations

Allocations to PCTs incorporate:

- Demographic changes
- Inflationary uplift
- Efficiency savings
- Growth (?)

Primary Care Trusts

Allocations to providers:

1. General practitioners

- Capitation fees
- Fee-for-services (eg immunisations)

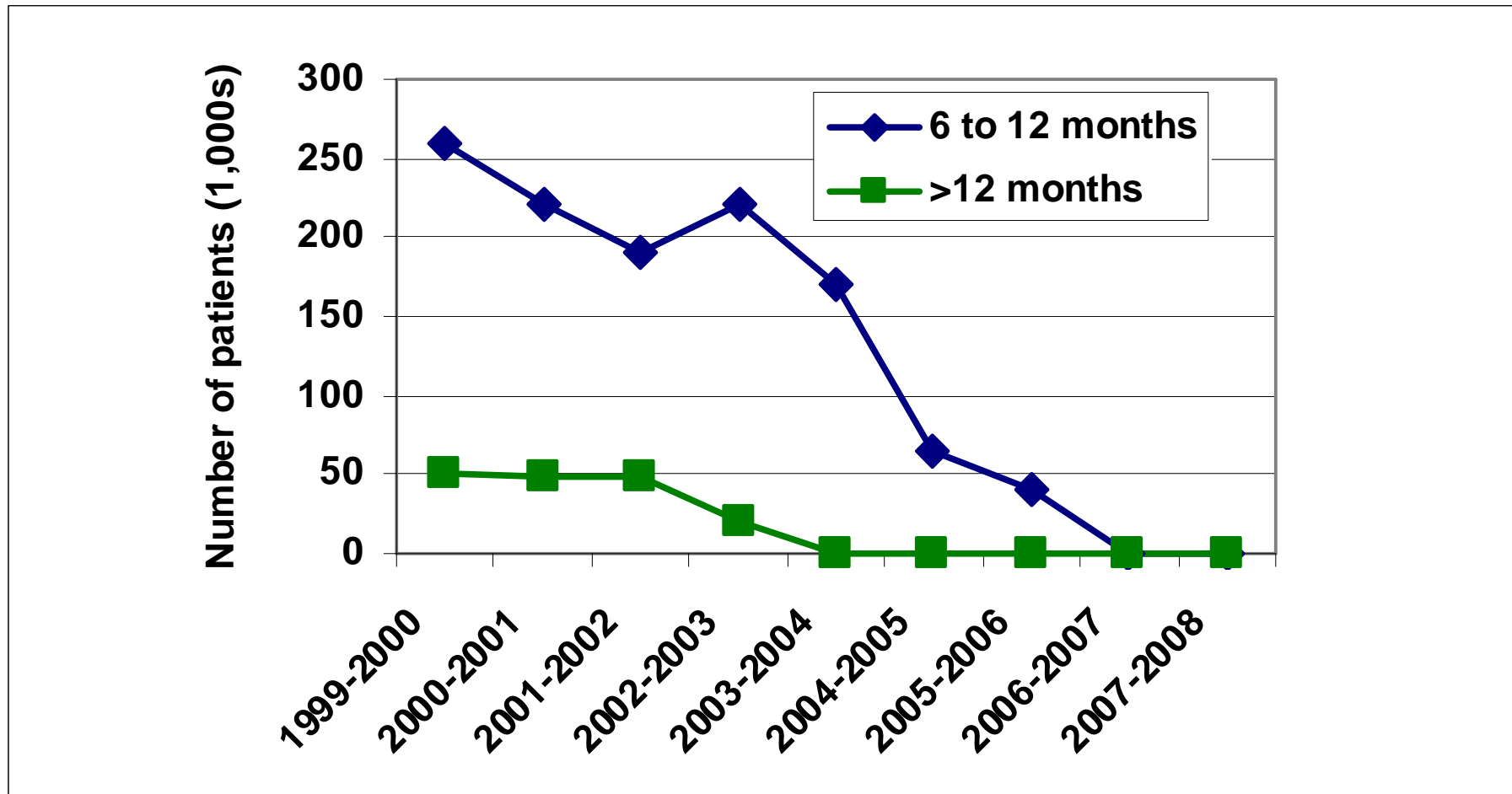
2. Hospital trusts

- Service level agreements
- Payment by results (?)

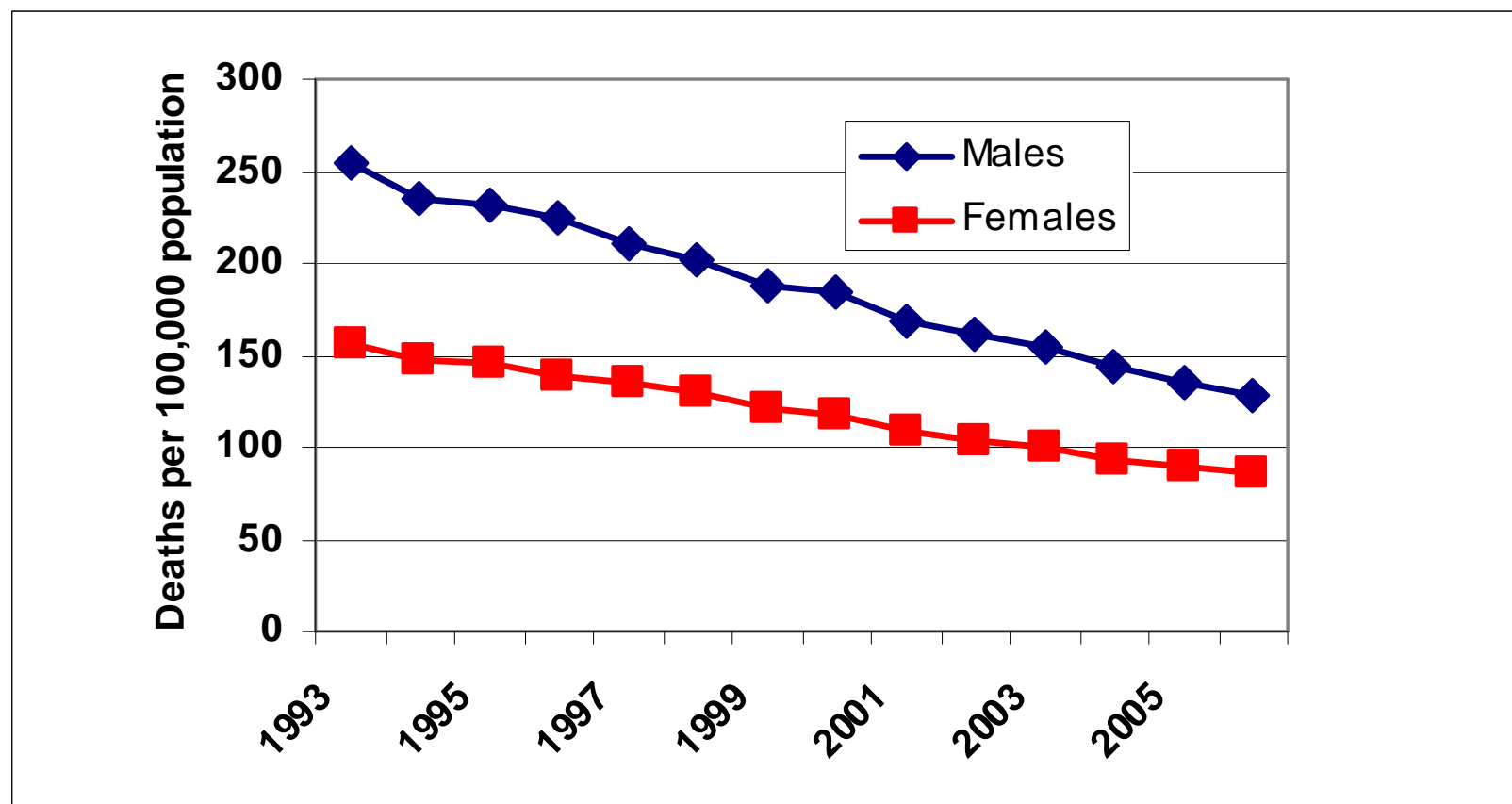
NHS: Achievements

1. Wide support from the population
2. Provides care with minimal co-payments

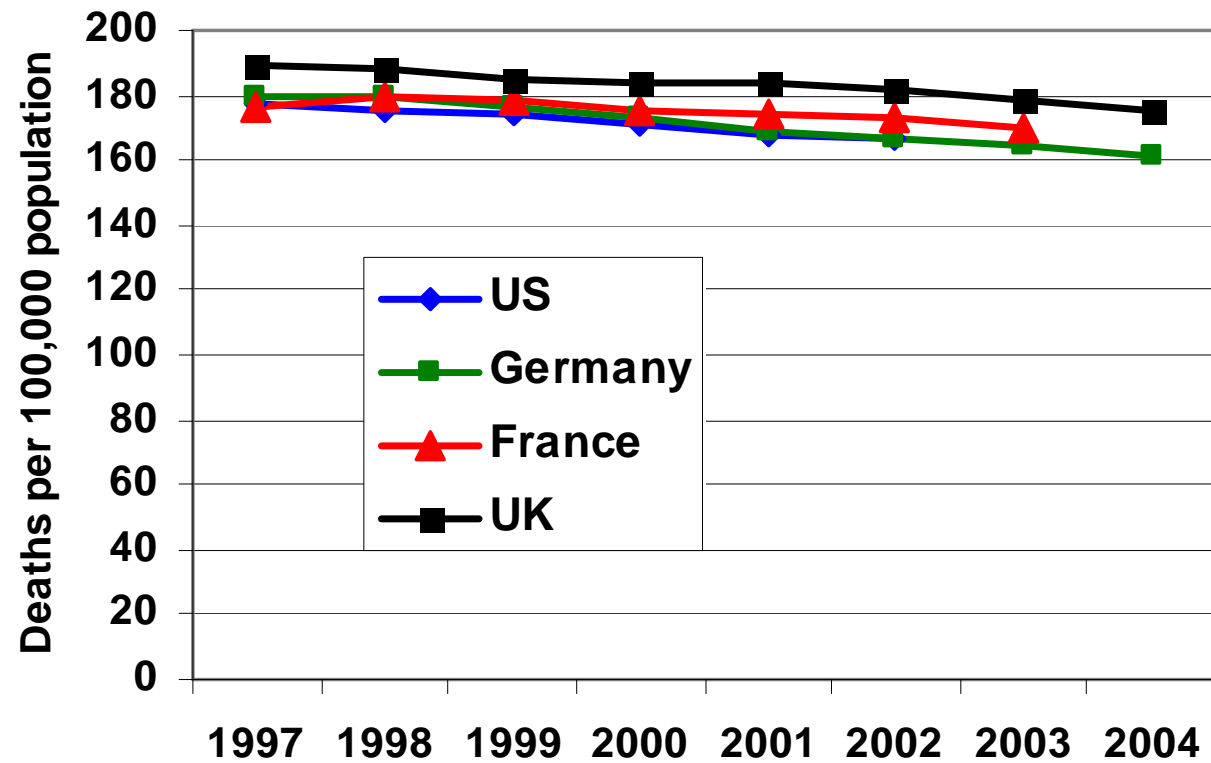
Inpatient Waiting Times



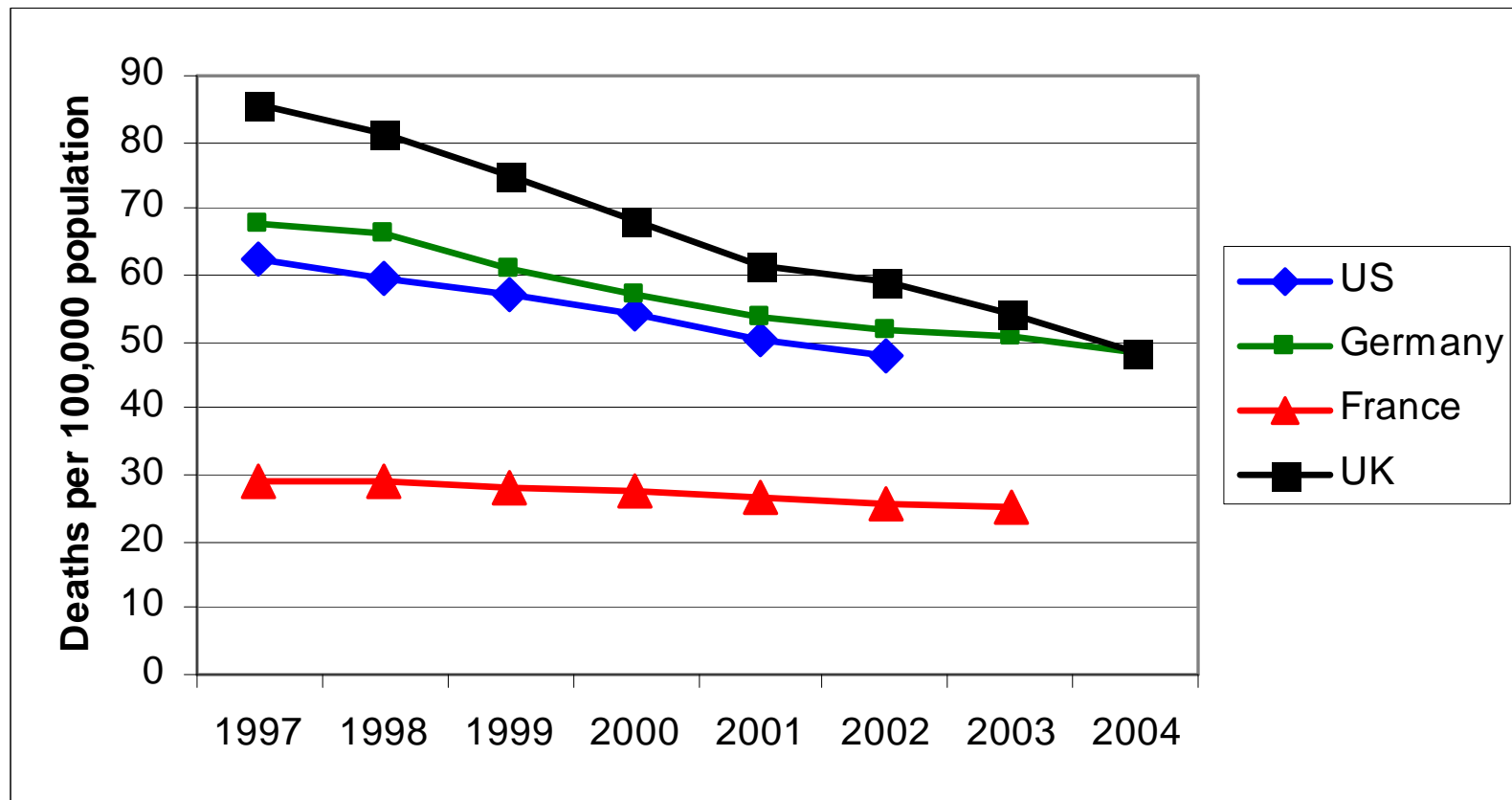
Preventable deaths



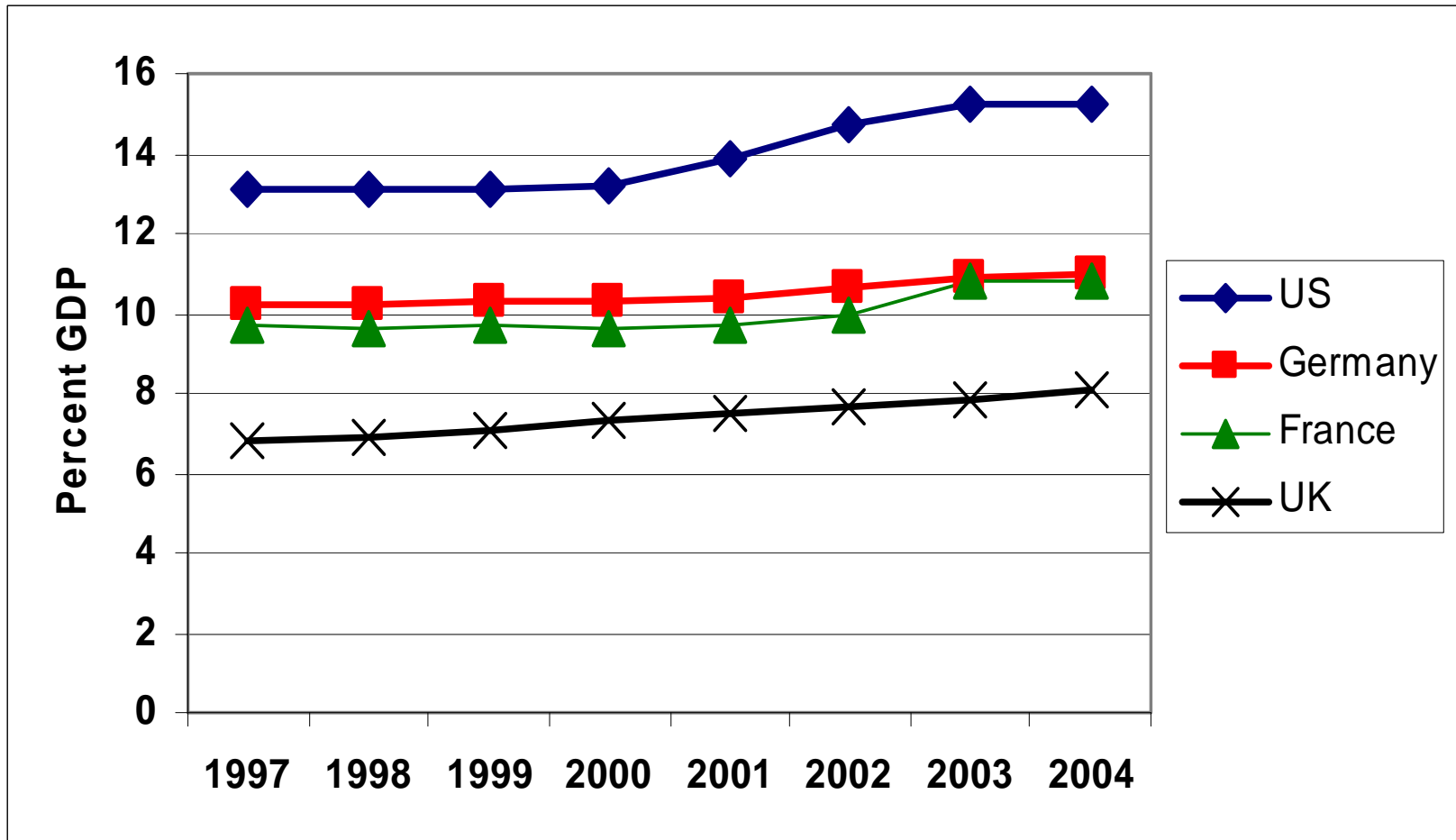
Cancer mortality



Mortality after acute myocardial infarction



Healthcare Expenditure as a Proportion of GDP



Challenges

1. Tensions between "central" and "local" control.
2. Political power of the medical profession.
3. Resource allocation decisions.
4. Balancing "efficiency" with "equity".
5. Focus on "finance" rather than "quality".
6. Public expectations

Concluding thoughts

1. The British NHS is greatly "loved" by the public.
2. Most people want it to succeed!
3. No political party proposes an alternative system.
4. Healthcare professionals also wish it to continue - largely - in its present form.
5. Attempts to introduce "competition" have not (so far) been entirely successful.