

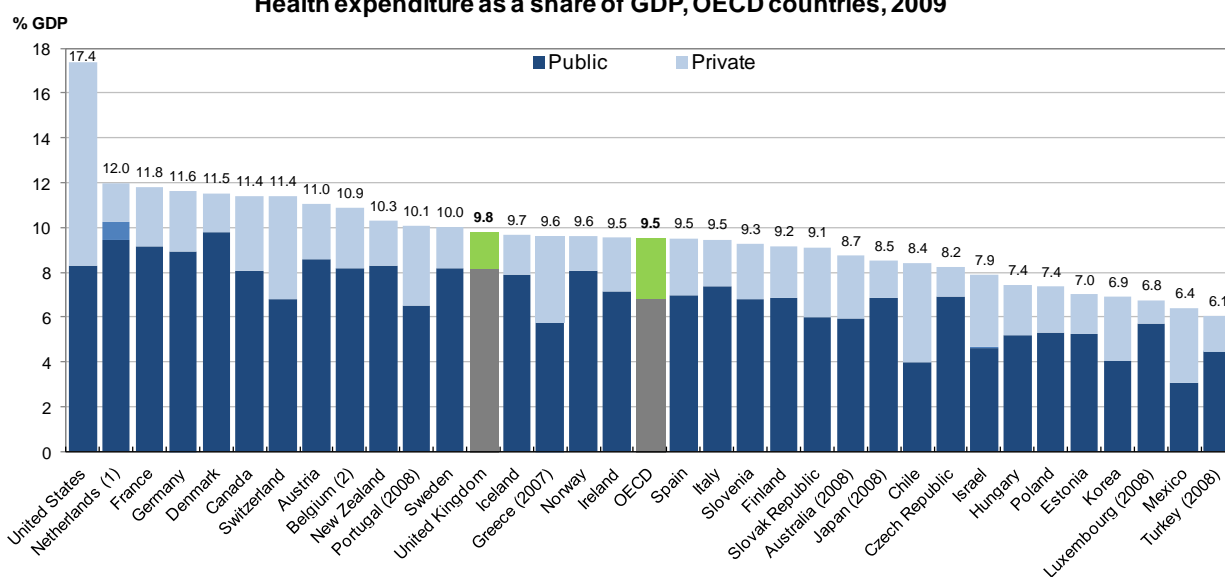
## OECD Health Data 2011

### How Does the United Kingdom Compare

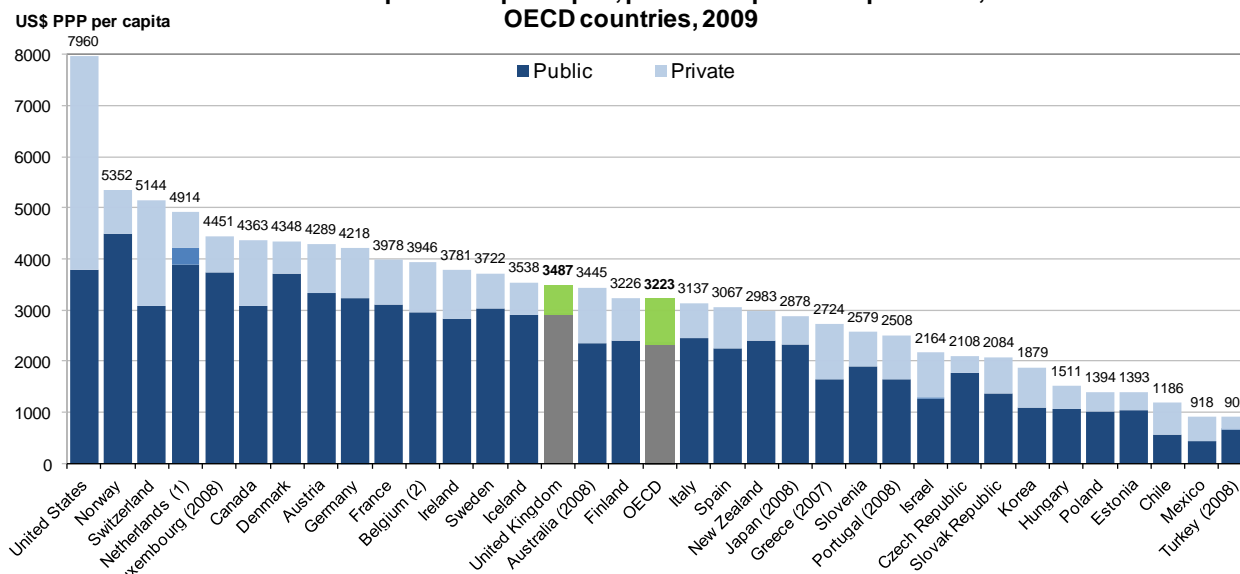
Health spending accounted for 9.8% of GDP in the **United Kingdom** in 2009, slightly more than the OECD average of 9.5%. The recent recession led to a big rise in the health spending share of GDP in the **United Kingdom**, as GDP began to fall in the second half of 2008 and in 2009 while health spending continued to increase strongly in these two years. As a result, the percentage of GDP devoted to health increased by a full percentage point between 2008 and 2009, rising from 8.8% to 9.8%.

In terms of per capita spending on health, the **United Kingdom** also now spends slightly more than the OECD average, with spending of 3487 USD in 2009 (adjusted for purchasing power parity), compared with an OECD average of 3223 USD. Health spending per capita in the **United Kingdom** remains much lower however than in the United States (which spent 7960 USD per capita in 2009).

**Health expenditure as a share of GDP, OECD countries, 2009**



**Health expenditure per capita, public and private expenditure, OECD countries, 2009**



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.

2. Total expenditure excluding investments. Source: OECD Health Data 2011, June 2011.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Between 2000 and 2009, health spending per capita in the **United Kingdom** increased in real terms by 4.8% per year on average, almost one percentage point faster than the OECD average (4.0% per year).

The public sector continues to be the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In the **United Kingdom**, 84.1% of health spending was funded by public sources in 2009, well above the average of 71.7% in OECD countries.

### **Resources in the health sector (human, physical, technological)**

In 2009, the **United Kingdom** had 2.7 practising physicians per 1 000 population, a large increase from the 2.0 doctors per 1 000 population in 2000, but still below the OECD average of 3.1. There were 9.7 nurses per 1 000 population in the **United Kingdom** in 2009, up from 8.7 in 2000. The number of nurses per population is now higher in the **United Kingdom** than the OECD average of 8.4.

The number of acute care hospital beds in the **United Kingdom** was 2.7 per 1 000 population in 2009, below the OECD average of 3.5 beds per 1 000 population. In line with many OECD countries, the number of hospital beds per capita in the **United Kingdom** has fallen gradually over the past decade or so. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. Although the **United Kingdom** has also seen some increase in such technologies, the number of MRIs in 2008 was 5.6 per million population, less than half the OECD average of 12.0. And the number of CT scanners stood at 7.4 per million population, almost three times less than the OECD average of 22.1.

### **Health status and risk factors**

Most OECD countries have enjoyed large gains in life expectancy over the past decades, linked to improvements in living conditions, public health interventions and progress in medical care. In 2009, life expectancy at birth in the **United Kingdom** was 80.4 years, almost one year more than the OECD average of 79.5 years. However, several major European countries – Italy, Spain and France – registered a higher life expectancy than the **United Kingdom**.

The infant mortality rate in the **United Kingdom**, as in other OECD countries, has fallen significantly over the past decades. It stood at 4.6 deaths per 1 000 live births in 2009, close to the OECD average, but still higher than many other European countries. The lowest infant mortality rates are reported in most Nordic countries (Iceland, Sweden, Finland and Norway), Luxembourg and Japan.

The proportion of smokers among adults has shown a marked decline over the past three decades in most OECD countries. The **United Kingdom** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults at 21.5% in 2008, close to the OECD average of 22%. Currently, the lowest rates among all OECD countries are in Sweden, Australia, Canada and the United States, all with fewer than 17% of adults reporting to be daily smokers.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In the **United Kingdom**, the obesity rate among adults - based on actual measures of height and weight - was 23% in 2009. This is lower than for the United States at 34%. The average for the 14 OECD countries with measured data was 21% in 2008. Obesity's growing prevalence foreshadows increases in the occurrence of health problems and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

For more information on OECD's work on the **United Kingdom**, please visit [www.oecd.org/uk](http://www.oecd.org/uk).