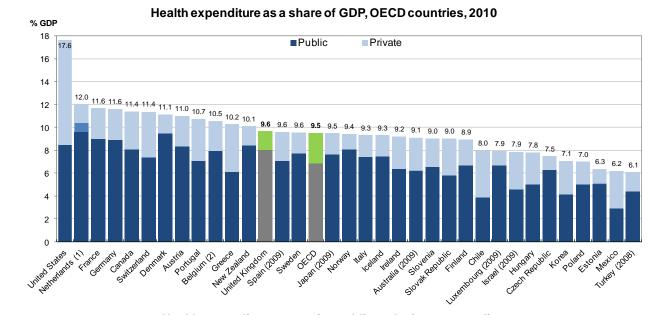


OECD Health Data 2012 **How Does the United Kingdom Compare**

Health spending accounted for 9.6% of GDP in the United Kingdom in 2010, just above the OECD average of 9.5%. The financial crisis which started in 2008 initially led to a rapid increase in the health spending to GDP ratio, as the economy slumped but health spending continued to rise. However, the subsequent need to rein in public spending on health has seen the share fall slightly. As a result, the percentage of GDP fell from 9.8% in 2009, after a full percentage point increase between 2008 and 2009.

In terms of per capita spending on health, the United Kingdom continues to spend slightly more than the OECD average, with spending of 3433 USD in 2010 (adjusted for purchasing power parity), compared with an OECD average of 3268 USD. Health spending per capita in the United Kingdom remains at a level a little over 40% of that in the United States (which spent 8233 USD per capita in 2010).



Health expenditure per capita, public and private expenditure, OECD countries, 2010 US\$ PPP per capita 9000 ■Public Private 8233 8000 7000 6000 5388 ₅₂₇₀ 5056 5000 4464 4445 4395 4338 3974 3969 3758 3718 3670 3433 3309 3268 3251 3076 3035 3022 2964 2914 2728 3000 2428 2165 2095 2035 1884 1601 1389 1294 1202 916 913 2000 1000 The Month of The 0 June Head and S. (1) Australia 2009) Julied Kinddom 50an 2009 Japan 200 Erel 2009 to Glovak Registic Cleck Republic Smiterland Baldium (2) win Zealand OECD (2008) Houngy Denman Canada Austria Germany France Sweden celand Finland Slovenia Metico Gleece

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

^{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

Source: OECD Health Data 2012, June 2012. 2. Total expenditure excluding investments.

Health spending in the **United Kingdom** grew in real terms by 5.2% per year on average between 2000 and 2009. However, this came to an abrupt halt in 2010 as health spending increased by only 0.2%. A large number of OECD countries also experienced a marked slowdown or reduction in health spending in 2010, following the recession and the need for fiscal consolidation.

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**, 83.2% of health spending was funded by public sources in 2010, down slightly from the 84.1% registered in 2009, but still well above the average of 72.2% in OECD countries.

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

In 2010, the **United Kingdom** had 2.7 practising physicians per 1000 population, a large increase from the 2.0 doctors per 1000 population in 2000, but still below the OECD average of 3.1. There were 9.6 nurses per 1000 population in the **United Kingdom** in 2010, up from 8.7 in 2000 but slightly down from the high of 9.7 in 2009. The number of nurses per population in the **United Kingdom** still remains higher than the OECD average of 8.7.

The number of acute care hospital beds in the **United Kingdom** was 2.4 per 1000 population in 2010, below the OECD average of 3.4 beds per 1 000 population and down from 2.7 in 2009. 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 day surgeries.

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 2010 was 5.9 per million population, still less than half the OECD average of 12.5. The number of CT scanners stood at 8.2 per million population, a little over a third of the OECD average of 22.6.

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 2010, life expectancy at birth in the **United Kingdom** was 80.6 years, almost one year more than the OECD average of 79.8 years. However, several major European countries – Italy, Spain and France – registered a higher life expectancy than the **United Kingdom**.

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 2009, close to the OECD average of 21.1%. The lowest rates among all OECD countries are in Sweden, Australia, and the United States, all with around 15% 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 26.1% in 2010. This is lower than for the United States at 35.9%, but higher than the average for the 15 OECD countries with measured data (22.2%). 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 2012* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on the United Kingdom, please visit www.oecd.org/uk.