

Although the United Kingdom excels in terms of access to health services, it is a middling performer relative to OECD peers in the domains of health status, risk factors and quality. Investment is required to improve acute care and primary care services, prevent obesity and harmful use of alcohol, and expand coverage of long-term care.

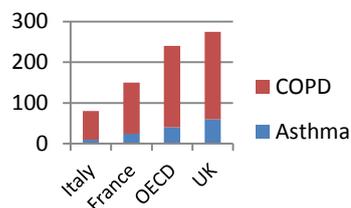
Enhance primary care services

► Access to primary care services in the UK is strong, but there is scope to further enhance the quality of services

For example, more hospital admissions could be managed by primary care services. Although hospital admissions are amongst the lowest in the OECD for heart failure, admissions for asthma and COPD are above the OECD average. Avoidable hospital admissions is a major concern not only because of the high and rising unit costs of admission but also because of the disruption it causes to elective health care.



Asthma and COPD hospital admission in adults, 2013 (age sex standardised rates)



»» What can be done?

- Engage patients more in the decision-making process about treatment options
- Continue to raise public awareness of different service options through advertising campaigns
- Improve the flow and quality of clinical information between primary care providers and hospitals to facilitate better cooperation

To read more about our work:

[OECD Reviews of Health Care Quality: United Kingdom 2016](#)
[OECD Health Statistics 2016](#)

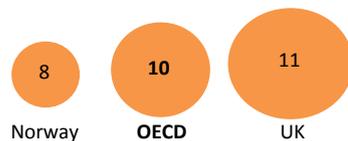
Improve acute care

► Despite improvements in recent years, UK's rate of fatality after an ischaemic stroke is worse than the OECD average

Stroke and heart attack survival reflect the overall quality of acute care. The UK performs poorly in comparison with peer countries such as Norway and the Netherlands for heart attack.



30-day fatality after admission to hospital for ischemic stroke in adults, 2013 (age sex standardised rates per 100 000 population)



»» What can be done?

- Provide 7-day hospital services, backed up by sufficient funding
- Concentrate acute stroke services into select hospitals that can provide specialised and multidisciplinary care 24/7 and stroke-specific rehabilitation

To read more about our work:

[Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#)

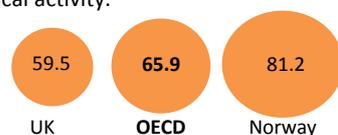
Availability of quality acute care is more limited on the weekends in the UK, with the risk of death for patients admitted on a Sunday compared with a weekday significantly higher for acute care.

Increase survival rates for cancer

► Cancer survival rates have improved in the UK in recent years. Nevertheless, breast, cervical and colorectal cancer survival rates remain below the OECD average, despite high screening rates for breast and cervical cancer. Cancer causes an increasing number of deaths and significant social and financial cost (within and beyond the health care sector). More than 30% of cancer deaths can be prevented by modifying or avoiding key risk factors, including tobacco use, unhealthy diet, physical activity.



Colorectal cancer 5-year relative survival, follow-up until 2013 (%)



»» What can be done?

- Accurate diagnosis and staging that give the most information with the least risk to the patient
- Prompt access to appropriate care, including treatment with surgery, radiotherapy and chemotherapy

To read more about our work:

[Cancer Care: Assuring Quality to Improve Survival](#)

Prevent the spread of obesity

► Prevalence of obesity in the UK is one of the highest in OECD countries (the highest in Western Europe). One in four British adults is obese

Obesity means higher risk of chronic illnesses (particularly hypertension, cholesterol, diabetes, cardiovascular diseases) and is a known risk factor for some forms of cancer.



Prevalence of obesity (% of adult population)

	2000	2011
USA	30.7	36.5 (+19%)
UK	21	24.8 (+18%)
OECD	13.2	17.2 (+30%)
ITALY	8.6	10 (+16%)

» What can be done?

- Create a tax on unhealthy food and beverage, especially those high in sugar, salt and saturated fat
- Promote more active lifestyles through mass media campaigns and make physical activity an easier choice in the workplace
- Tighten regulations of food advertising to better protect children
- Meet minimum healthy mandatory standards on the food available in all schools

To read more about our work:

<http://www.oecd.org/health/economics-of-prevention.htm>

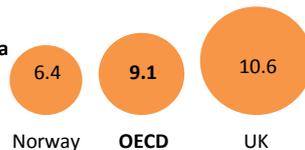
Tackle harmful alcohol use

► Levels of alcohol consumption in the UK are higher than the OECD average, and have increased over time

Harmful alcohol use is associated with numerous adverse health and social consequences. It also contributes to death and disability through accidents, violence, homicide and suicide.



Alcohol consumption (annual litres per capita 15 years +)



Initiation into alcohol drinking happens at increasingly early ages. In the United Kingdom, the proportion of 15 year olds who have experienced alcohol reached 75% in 2010.

» What can be done?

- Maintain tax levels on alcohol and impose a minimum price
- Police more strictly public drunkenness and enforce more severely drunk driving legislation and measures
- Strengthen regulation of alcohol advertising, including sponsorships and other forms of marketing, to better protect young people
- Ensure that all health and social care personnel are trained to routinely provide early identification and brief alcohol advice
- Adopt health warnings on alcohol containers

To read more about our work:

<http://www.oecd.org/health/economics-of-prevention.htm>

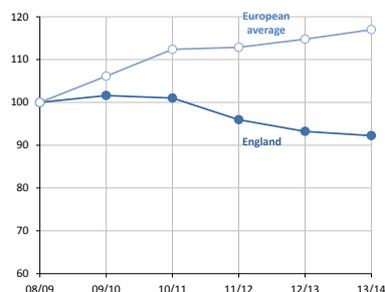
<http://data.oecd.org/healthrisk/alcohol-consumption.htm#indicator-chart>

[Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)

Provide financial protection for long-term care

► Spending on social care in England has fallen substantially in recent years. This risks more users facing large out-of-pocket costs or forgoing care completely.

Public spending on long-term care (2013/14 prices, index 2008/09=100)



» What can be done?

- Provide financial protection against the costs of care
- Cap lifetime contribution to long-term care costs that any individual needs to make
- Move towards a combined health and long-term care system, to improve care coordination

To read more about our work:

<http://www.oecd.org/health/long-term-care.htm>