



## Health Inequalities – A Programme for Action

Roundtable on Health Disparities

Minneapolis, MN

May 2009

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# United Kingdom of Great Britain and Northern Ireland

- Officially, the United Kingdom of Great Britain and Northern Ireland
- We are talking about England and the NHS of England
- Scotland, Wales and Northern Ireland each has its own NHS



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## Key economic indicators – UK and US, 2006

	UK	US
Population:		
• England, Scotland, Wales, Northern Ireland*	60.6 million	298.4 million
• England	50.1 million	
GDP per capita (2005 est)	\$30,900	\$42,000
Income per capita (2004)	\$33,940	\$41,400
Unemployment rates (2005 est)	4.7%	5.1%
Population below poverty line	17%	12%
Land mass	Same size as Oregon	

\* Scotland: 5 million, Wales: 3 million, Northern Ireland: 1.7 million.

Source: CIA World Fact Books US, UK, 2006 ([www.cia.gov/cia/publications/factbooks/geos/uk.html](http://www.cia.gov/cia/publications/factbooks/geos/uk.html))

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# NHS is world's largest unified health care system

In 2005, the NHS was the world's 4<sup>th</sup> largest employer and by revenues would have been the 9<sup>th</sup> largest company.

## World's largest employers:

1	Chinese Army	2.8 million
2	Wal-Mart	1.7 million
3	Indian Railways	1.6 million
4	UK National Health Service	1.4 million

Note: Wal-Mart has 4,300 stores; the NHS is served by nearly 100,000 outlets.

## World's largest companies – by sales revenue:

Rank	Name	Country	Sales (\$b)
1	Wal-Mart Stores	US	285.22
2	BP	UK	285.06
3	Royal Dutch/Shell Group	Netherlands/ UK	265.19
4	Exxon Mobil	US	263.99
5	General Motors	US	193.45
6	Daimler Chrysler	Germany	192.75
7	Ford Motor	US	170.84
8	Toyota Motor	Japan	165.68
9	National Health Service in England	UK	160.00
10	General Electric	US	152.36

Source: Forbes

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## Beveridge – The Five Giants

- Want - or the need for an adequate income for all
- Disease - or the need for access to health care
- Ignorance - or the need for access to educational opportunity
- Squalor - or the need for adequate housing
- Idleness - or the need for gainful employment

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## Founding principles unchanged despite reform

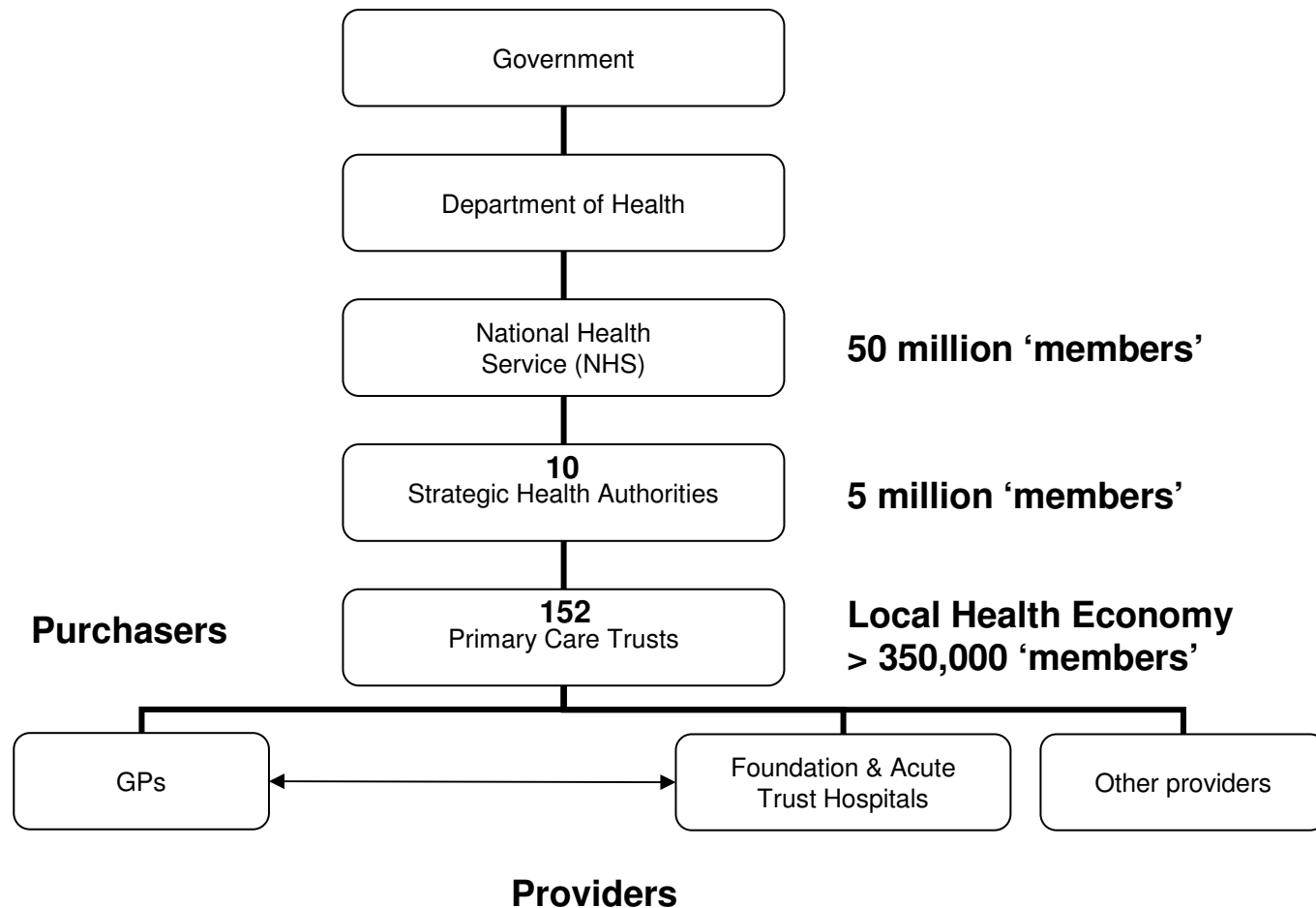
- Financed by central taxation
- Citizens register with a local GP and receive care free at the point of use.
- Pharmaceuticals free and unlimited, except for those who can afford a co-pay (\$10 per script).
- Hospital, out-patient and community care is free (with some exceptions, viz IVF).
- New procedures and drugs have to be approved by NICE, but there are regional variations in supply

## The NHS Plan

- Fundamental re-structuring of NHS
- Ten core principles and practical step-by-step reforms.
- NHS Improvement Plan 2004 goals:
  - The NHS becomes a health service, not a sickness service
  - More choice for patients; money follows the patient
  - Local communities assume more budgetary control
  - Better use of information and information technology
  - Payment by results
  - Waiting times reduced to a maximum of 18 weeks (they had been 18 months in 1997)
  - Patients with long-term conditions will get “joined-up” DM solutions

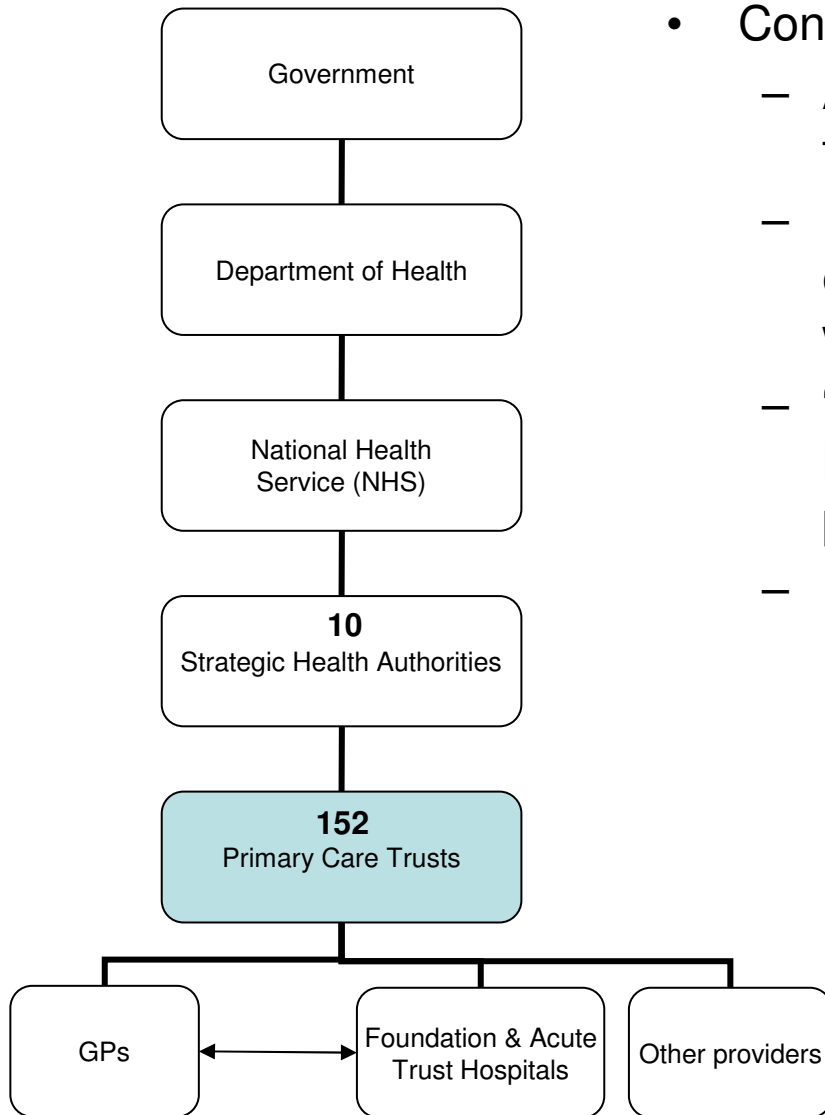
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# Organization of the NHS



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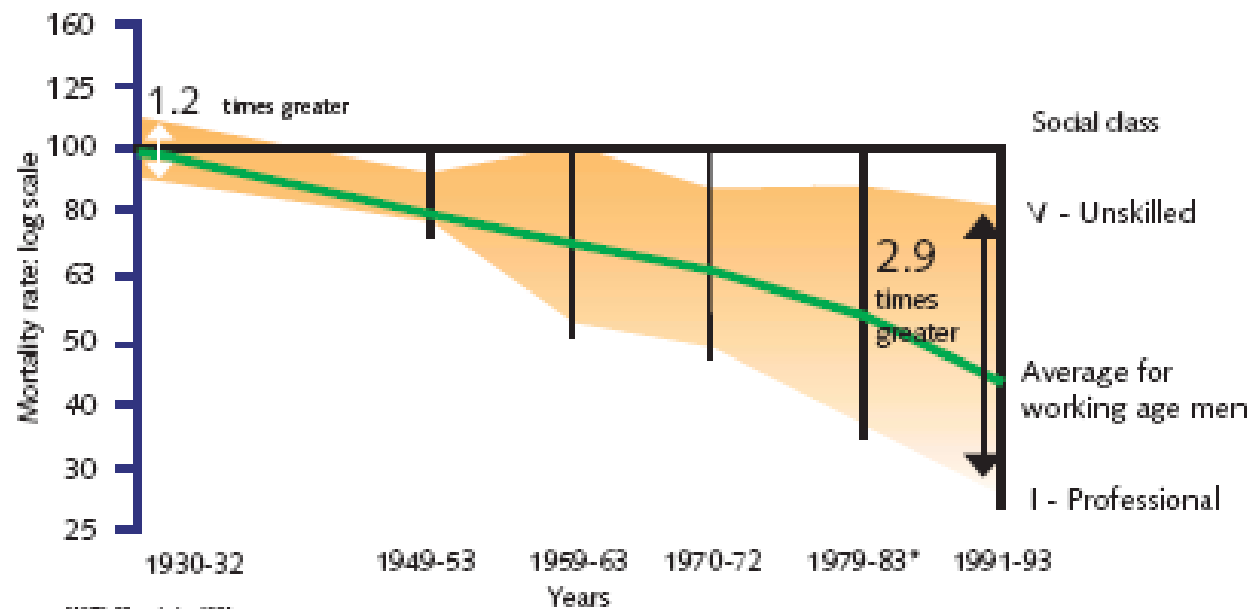
# Primary Care Trusts (PCTs)



- Control 80 percent of the total NHS budget. They:
  - Assess the health needs of all the people in their local area, ensuring equity in delivery.
  - Balance and optimize delivery in their health economy, ensuring purchasers and providers work effectively.
  - “Commission” services from GP practices, hospitals and dentists to meet local population’s needs.
  - Deliver services within allocated budgets.

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## The widening mortality gap between the social classes



\*1979-83 excludes 1981

England and Wales. Men of working age (over according to year, either aged 15 or 20 to age 64 or 65)

Source: Office for National Statistics, Decennial Supplements, analysis by CH Statistics Division

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## National Health Inequalities PSA Target

- By 2010 to reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth.
- This is underpinned by two more detailed targets:
  - starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole; and
  - starting with local authorities, by 2010 to reduce by at least 10% the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead group) and the population as a whole.

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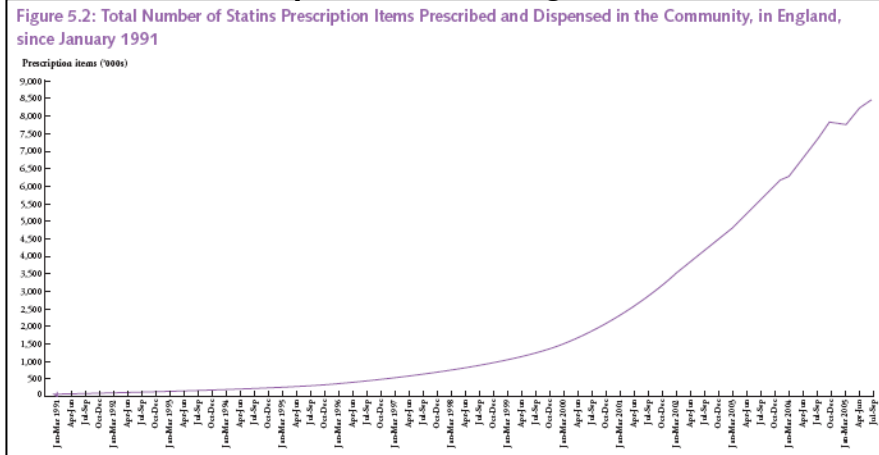
## Spearhead Areas

- Local Authorities in bottom fifth for 3 or more of the following:
  - Male life expectancy at birth
  - Female life expectancy at birth
  - Cancer mortality rate in under 75s
  - Cardiovascular disease mortality rate in under 75s
  - Index of Multiple Deprivation 2004 (Local Authority Summary), average score
- The Spearhead Group comprises 70 Local Authority areas mapping to 62 Primary Care Trusts.

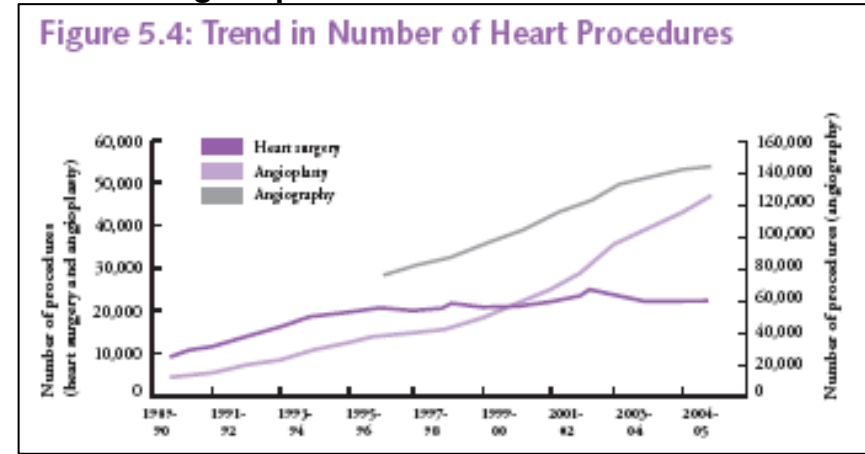
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# When the NHS puts its resources into a program, it gets results

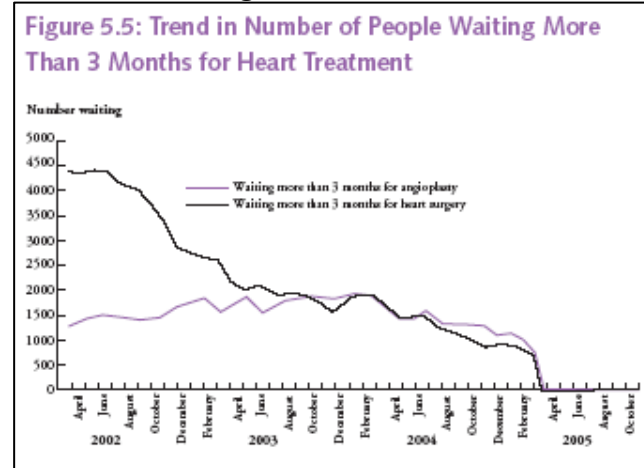
## Number of statins prescribed in England



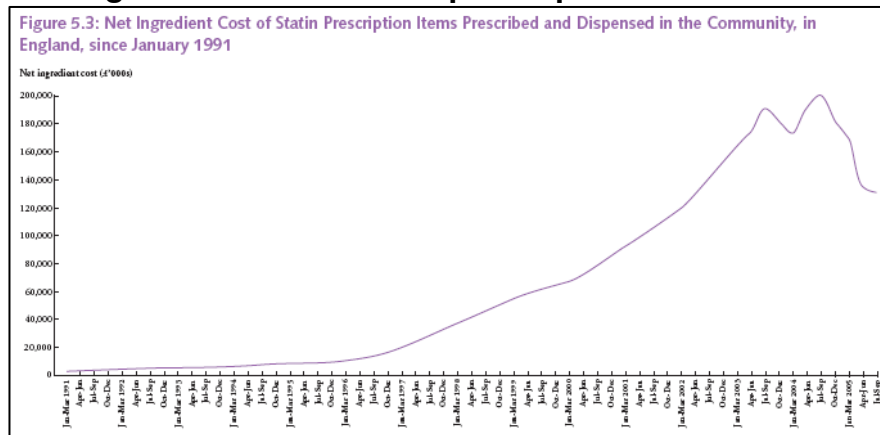
## Cardiac surgical procedures



## Patients waiting for heart treatment



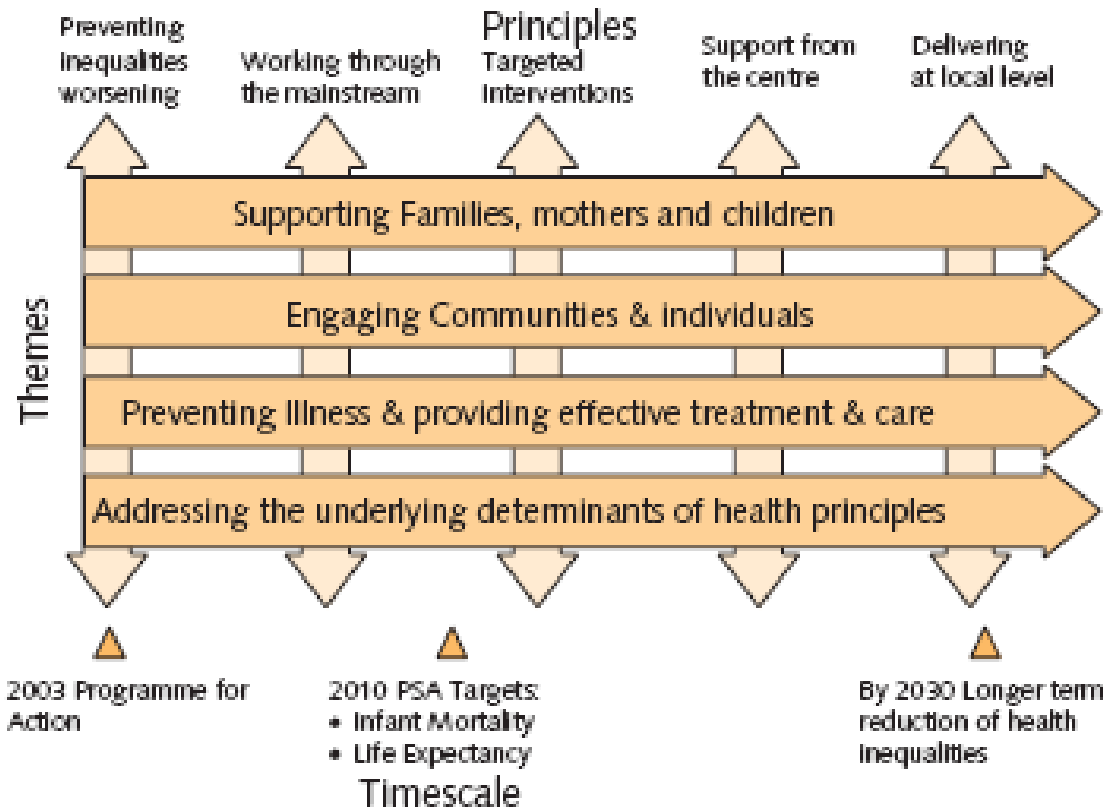
## Net ingredient cost of statin prescriptions



Source: DoH: Departmental Report 2006

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# Programme for Action – Themes and Principles



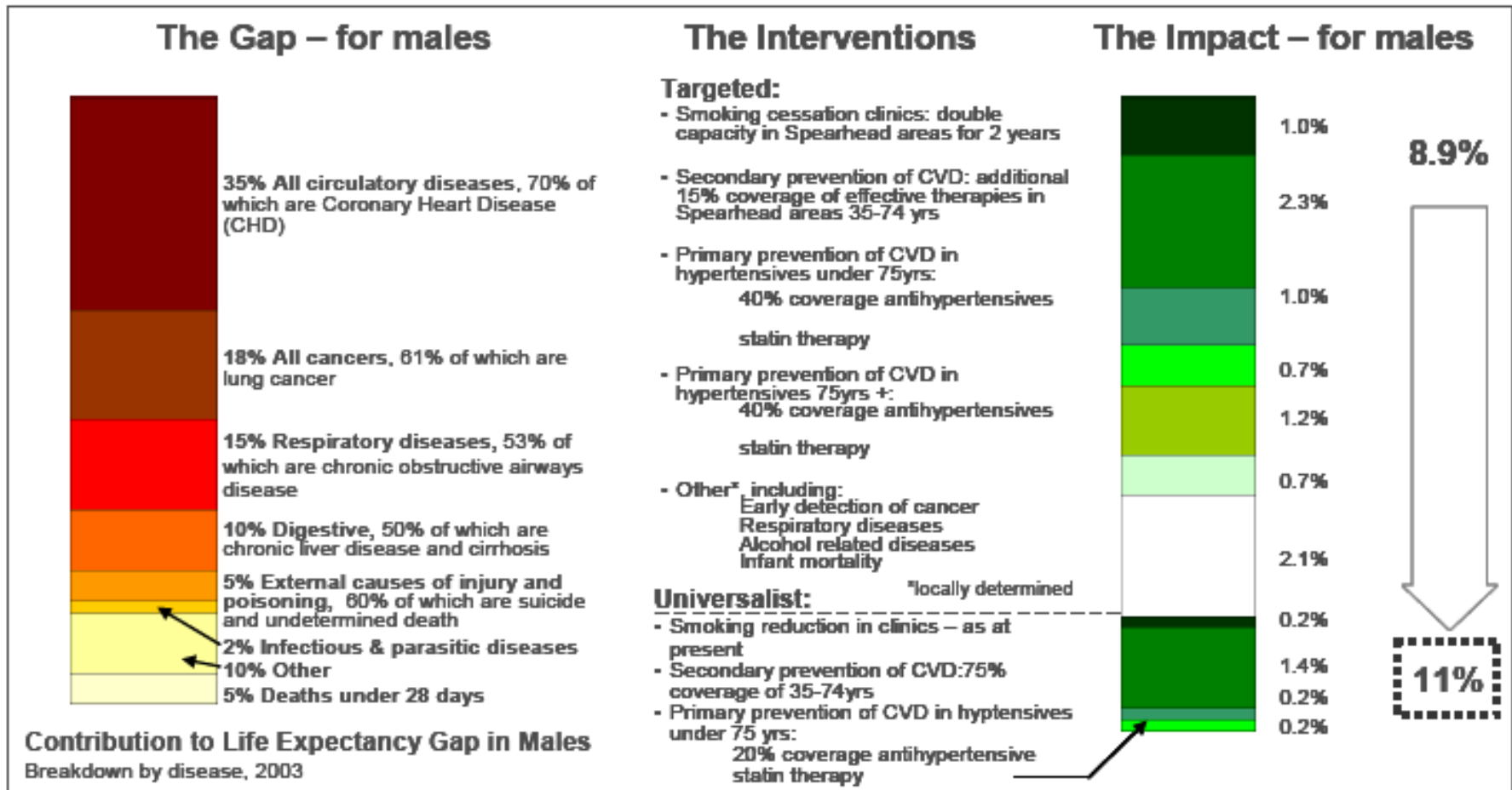
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## The approach

- supporting families, mothers and children – to ensure the best start in life and break the inter-generational cycle of health
- engaging communities and individuals – to ensure relevance, responsiveness and sustainability
- preventing illness and providing effective treatment and care – making certain that the NHS
- provides leadership and makes the contribution to reducing inequalities that is expected of it
- addressing the underlying determinants of health – dealing with the long-term underlying causes of health inequalities.

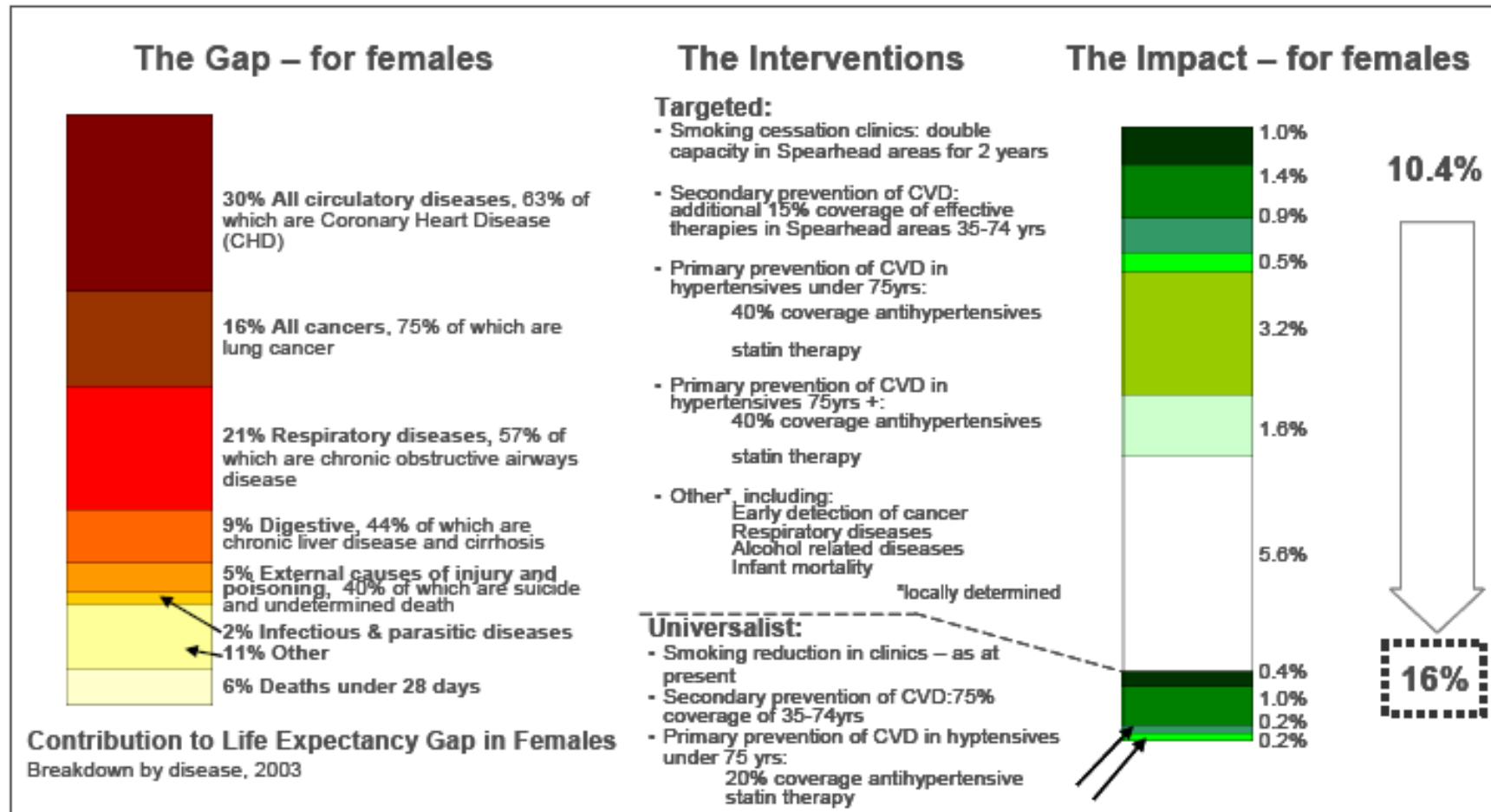
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# The approach



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# The Approach



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## Progress

- The 2004–2006 infant mortality rate for routine and manual groups is the same as the rate for the whole population in 1997–1999.
- Life expectancy for men in the target Spearhead group has increased by over two-and-a-half years in the period since 1995–1997, and by over one-and-a-half years for women.
- CVD rates and cancer mortality rates for those under 75 have fallen fastest in the Spearhead areas – by 32% for CVD and 11% for cancer.

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## For us to think about

- Accountability
- Setting explicit goals
- Primary v. secondary prevention
- Intergovernmental responsibilities
- Integration of public health
- Levers for action