

Annex 4.3

Streamlined Health and Long-Term Care Portfolio

Summary

This paper aims to outline the major trends and emerging challenges shown by the streamlined health and long-term care portfolio indicators. Indicators are to be used for monitoring the health and long-term care strand of the Social Protection and Social Inclusion Strategy. The indicators fall under three main objectives – access to care, quality of care and long-term sustainability of systems. The key trends in the health and long-term care indicators show the following:

- Life expectancy in the UK has steadily increased for males and females between 1995 and 2005. Increases for males have been at a slightly faster rate than for females in recent years and consequently the gap has narrowed slightly. Healthy life expectancy at birth has also increased in the same period, and healthy life expectancy at age 65 has increased between 2001 and 2004.
- Infant mortality rates in the UK have declined considerably over the last 15 years from 7.9 deaths per 1,000 live births in 1990 to 5.0 in 2006. In 2004, the average across the EU was 4.5 deaths per 1,000 live births.
- Perinatal mortality rates in the UK have fallen from 9.0 deaths per 1,000 stillbirths and live births in 1994 to 7.9 in 2006. In 2006 the average across the EU was 6.0 deaths per 1,000 births.
- All UK residents are covered by the National Health Service system, financed by general taxation. However, residents are also able to take up private health insurance. Therefore, public health expenditure accounts for just over 87% of total health expenditure, with around 13% on out-of-pocket payments for private health insurance.
- Total health expenditure has increased considerably, having increased from 1,600 to 2,724 purchasing power parity (US\$) per capita between 1998 and 2005. In 1999, health expenditure per capita in the UK was higher than for the EU for the first time, and has remained higher since.
- Health expenditure as a proportion of GDP has also been steadily increasing since 1998, and was 8.3% in 2005. The gap between the figures for the UK and the EU has decreased since 1998.

Access to care and inequalities in outcomes

Life expectancy and healthy life expectancy

1. Life expectancy at birth for males and females has steadily increased since the mid-1990s. For men, life expectancy at birth has increased from 74.0 years to 77.1 years between 1995 and 2005, while over the same period, life expectancy at birth for women increased from 79.3 to 81.1 years. The difference between the life expectancy for men and women has fallen in the same period from 5.3 years in 1995 to 4.0 years in 2005.
2. Similarly, while the life expectancy at ages 45 and 65 has increased for both men and women, the gap between the sexes has decreased. In 2005, life expectancy at age

45 was 34.0 for males and 37.4 for females, and at age 65, it was 17.0 years for men and 19.5 years for women.

3. In 2005, healthy life expectancy at birth was 63.2 for males and 65.0 for females. In the UK, a change in the method of collecting this data means that comparison with previous years is not possible. In the UK, healthy life expectancy at age 65 has increased from 11.9 years in 2001 to 12.5 years in 2004 for males, and from 14.0 years in 2001 to 14.5 years in 2004 for females.

Infant and perinatal mortality

4. Infant mortality rates are a key indicator of health and health inequalities, and highlight social disadvantage. The rate of infant mortality has declined from 7.9 per 1,000 live births in 1990 to 5.0 in 2006. The infant mortality rate is the ratio of deaths of infants under one year of age to the number of live births in that year – expressed per 1,000 live births.

5. The rate of perinatal mortality has fallen from 9.0 deaths per 1,000 stillbirths and live births in 1994 to 7.9 in 2006, but is not showing a particular trend in recent years. In 2006, the average across the EU was 6.0 deaths per 1,000 births. The perinatal mortality rate is the number of stillbirths and neonatal deaths (0-6 days) per 1,000 stillbirths and live births.

Health insurance coverage

6. Health insurance coverage in the UK is largely determined by the fact that all UK residents are covered by the National Health Service, which is funded by general taxation. However, in 2005 just over 87% of total health expenditure came from public health expenditure, as residents are also able to make out-of-pocket payments on health and/or take up private health insurance to duplicate or supplement public provision through the National Health Service. This has increased from around 81% in 2000.

7. Comparisons with other EU countries can only be done by describing different national models for funding health care. Public health expenditure as a proportion of total health expenditure in the EU ranged between around 43% to 91% in 2005.

Unmet need

8. In 2006, 1.9% of the UK population reported that they were unable to attend a medical examination due to reasons of access – where this relates to paying for care, waiting for care, or distance to travel to care. Across the EU, 3.5% of the population reported unmet need for medical care in 2006.

9. In 2006, 4.4% of the UK population reported that they were unable to attend a dental examination due to reasons of access. Across the EU, 5.1% of the population reported unmet need for dental care in 2006.

Quality of care: Effectiveness, safety and patient centredness

General health

10. In 2005, 78% of adults in the UK reported no activity restriction in the six months prior to interview. This compares to 75% across the EU. In the UK, 76% of adults reported their general health as good or very good in 2006. Across the EU, this figure was 63%.

Vaccination coverage

11. In 2005, 75% of adults aged 65 and over in the UK received the influenza vaccination. This is the second highest proportion of those member states that reported their coverage.

Long-term Sustainability of systems: Expenditure and efficiency

Expenditure on health care services

12. Health expenditure per capita has increased by 70% between 1998 and 2005, from 1,600 to 2,724 PPP per capita (US\$), and since 1999 is higher than the expenditure per capita across the EU. Health expenditure as a percentage of GDP has also increased in this time, from 6.9% to 8.3%, but this remains lower than across the EU – although the gap has decreased. Although private expenditure per capita has increased, private expenditure on healthcare as a proportion of total expenditure has decreased.

13. Expenditure on health and long-term care are both projected to continue increasing as a share of national GDP, by around 2% to just under 9% on health in 2050, and by around 1% to just under 2% on long-term care in 2050. This would put the UK around 1% ahead of the EU-25 projection for 2050 health expenditure (7.9%).

Lifestyle indicators

14. In 2005, the proportion of the adult population who were regular smokers ranged between 16% to 39% across the EU, while 24% of the UK adult population were regular smokers. This was higher for males (25%) than for females (23%). Alcohol consumption in people aged 15 and over in the EU ranged from 7 to 16 litres per capita in 2005. In the same year, 11 litres of alcohol were consumed per capita in the UK. In England, the proportion of the adult population (aged 16 and over) classed as obese has increased from 7% in 1980 to 24% in 2006.

Indicators regarding access to care and inequalities in outcomes

Primary indicators

P1. Self-reported unmet need for medical care

In 2006, 1.9% of the UK population reported unmet need for medical care, for reasons related to access – that is, waiting for care, paying for care and distance to care. This compares to an average of 3.5% across the EU¹.

Table P1 - Percentage of population reporting unmet need for medical care, UK and EU-25

	2005	2006
UK	2.3	1.9
EU-25	4.6	3.5

Definition: Defined as the proportion of people surveyed who reported that at least once in the previous 12 months they felt they needed medical care and did not receive it either because they had to wait, it was too expensive, or it was too far to travel.

Data source: EU-SILC 2006

P2. Self-reported unmet need for dental care

In 2006, 4.4 % of the UK population reported unmet need for dental care, for reasons related to access – that is, waiting for care, paying for care and distance to care. This compares to an average of 5.1% across the EU¹.

Table P2 - Percentage of population reporting unmet need for dental care, UK and EU-25

	2005	2006
UK	4.9	4.4
EU-25	6.1	5.1

Definition: Defined as the proportion of people surveyed who reported that at least once in the previous 12 months they felt they needed medical care and did not receive it either because they had to wait, it was too expensive, or it was too far to travel.

Data source: EU-SILC 2006

P3. Proportion of the population covered by health insurance

All UK residents are covered by the National Health Service system, which is financed by general taxation. UK residents are also able to make out-of-pocket payments on health and/or take up private health insurance to duplicate or supplement public provision through the National Health Service. In 2005, it was estimated that around 11% of the population were covered by private health insurance, in the form of duplicate or supplementary health insurance.

Table P3 – Public and private health expenditure 2005, UK

¹ Part of the observed country differences may be due to differences in formulation or design of the survey questions and alternative responses, or cultural factors that affect the way individuals answer the questions.

	<i>Public health expenditure as % of total health expenditure</i>	<i>Public system coverage</i>	<i>Population covered by private health insurance</i>	<i>Types of private coverage</i>
UK	87.1%	100%	11%	Duplicate, Supplementary

Data sources: OECD System of Health Accounts data

P4. Infant mortality

Table P4 – Infant mortality rate in UK and EU-25

	1990	1995	2000	2001	2002	2003	2004	2005	2006
UK	7.9	6.2	5.6	5.5	5.3	5.3	5.1	5.1	5.0
EU-25	9.2	6.7	5.2	5.0	4.8	4.6	4.5	n/a	n/a

Definition: Infant mortality rate is defined as the ratio of the number of deaths of infants under 1 year of age during the year to the number of live births in that year. This is expressed per 1,000 live births

Data source: Health Statistics Quarterly, ONS (UK data), Eurostat (EU data)

P5. Life expectancy at birth, at 45, at 65

Table P5a – Life expectancy at birth in UK for males and females

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	74.0	74.3	74.6	74.8	75.0	75.5	75.8	76.0	76.2	76.8	77.1
Females	79.3	79.5	79.7	79.8	79.9	80.3	80.5	80.6	80.5	81.0	81.1

Table P5b – Life expectancy at age 45 in UK for males and females

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	31.2	31.5	31.8	31.9	32.1	32.5	32.8	32.9	n/a	33.8	34.0
Females	35.6	35.9	36.0	36.1	36.2	36.6	36.8	36.8	n/a	37.2	37.4

Table P5c – Life expectancy at age 65 in UK for males and females

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Males	14.6	14.9	15.1	15.2	15.3	15.7	15.9	16.1	n/a	16.8	17.0
Females	18.2	18.4	18.4	18.5	18.5	18.9	19.1	19.1	n/a	19.4	19.5

Definition: The life expectancy of a person is the number of years they may be expected to live if subjected throughout their lives to current mortality conditions. This is calculated for persons at birth, aged 45 and aged 65. Data cover all individuals in the UK

Data source: Eurostat

P6. Healthy Life Years at birth, at 65

Table P6a – Healthy life years at birth for males and females in the UK

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005 ⁽¹⁾
Males	60.6	60.8	60.9	60.8	61.2	61.3	61.1	61.4	61.5	n/a	63.2
Females	61.2	61.8	61.2	62.2	61.3	61.2	60.8	60.9	60.9	n/a	65.0

Notes: ⁽¹⁾ There is a break in the series in 2005 when the EU-SILC started to be used as the survey tool to compute healthy life years

Definition: Healthy life years are the number of years that a person at birth can expect to live in a healthy condition (also called disability-free life expectancy).

Data source: Eurostat

Healthy life years at 65 is not available at EU-level – UK data for healthy life expectancy shown below.

Table P6b – Healthy life expectancy at age 65 for males and females in the UK

	2001	2002	2003	2004
Males	11.9	12.0	12.3	12.5
Females	14.0	14.0	14.3	14.5

Definition: Health life expectancy is the number of years that a person aged 65 can expect to live in good or fairly good self-perceived general health.

Data sources: Office for National Statistics; Government Actuary's Department

Secondary indicators

S1. Self-perceived limitations in daily activities

Table S1 – Percentage of adults (aged 15 and over) who reported some level of activity restriction in the 6 months prior to interview, 2005

	Severely hampered	To some extent	Not hampered
UK	9	13	78
EU	8	17	75

Definition: Percentage of adults who recorded their activity in the 6 months prior to interview as severely hampered, hampered to some extent, or not hampered.

Data source: EU-SILC

S2. Self-perceived general health

Table S2 – Self-perceived health of adults aged 18 and over, 2006

	<i>Very good</i>	<i>Good</i>	<i>Fair</i>	<i>Bad</i>	<i>Very bad</i>
UK	33	43	17	5	1
EU	20	43	25	9	2

Definition: Percentage of adults aged 18 and over who reported their general health as being very good, good, fair, bad or very bad in 2006.

Data source: EU-SILC

Indicators regarding quality of care: effectiveness, safety and patient-centredness

Primary indicators

P7. Vaccination coverage in children

Table P7a – Proportion of children vaccinated against disease, EU

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Measles	85	88	90	91	89	90	90	91	92
Mumps	80	81	82	83	84	84	n/a	n/a	n/a
Rubella	85	86	81	82	83	84	86	91	n/a
Diphtheria, Pertussis, Tetanus	93	95	96	96	96	96	96	94	95
Poliomyelitis	96	95	96	96	96	95	95	95	96

Table P7b – Proportion of children vaccinated against disease by their 2nd birthday, UK

	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
MMR	88	88	88	84	83	81	82	85	86
Diphtheria, Tetanus, Polio	95	95	95	94	94	94	94	94	94
Pertussis	94	94	94	93	93	93	94	94	94

Definitions: Percentage of infants reaching their second birthday in the given year who have been fully vaccinated against pertussis (whooping cough), diphtheria, tetanus, and

poliomyelitis, measles, mumps and rubella (the combined vaccination is known as MMR).

Source: WHO health data for all database (EU data), UK Health Statistics, ONS (UK data)

P8. Influenza vaccination for adults aged 65+

Table P8 – Coverage of population aged 65 and over for influenza vaccination, (2005, or latest year available)

	<i>% coverage of population 65 and over</i>
Netherlands	77
United Kingdom	75
Spain	70
Italy	68
France	68
Germany	63
Ireland	63
Belgium	60
Denmark	55
Switzerland	54
Finland	52
Portugal	42
Hungary	37
Slovak Republic ⁽²⁾	23
Czech Republic ⁽¹⁾	17

Notes: ⁽¹⁾2002 data ⁽²⁾2004 data

Definitions: Proportion of adults aged 65 and over who were vaccinated against influenza in 2005 (or latest year available)

Data source: OECD HCQI project, OECD health at a glance 2007

P9. Cervical cancer screening

Table P9 – Cervical cancer screening in women aged 20-69 (2007, or latest year available)

	<i>Percentage of women aged 20-69 screened</i>
France ⁽²⁾	75
Sweden ⁽¹⁾	72
Finland ⁽²⁾	72
Slovenia	71
Germany (including ex-GDR from 1991) ⁽⁶⁾	70

United Kingdom ⁽⁵⁾	70
Netherlands ⁽⁴⁾	70
Denmark ⁽⁴⁾	69
Belgium ⁽³⁾	63
Ireland ⁽⁴⁾	61
Poland ⁽³⁾	49
Czech Republic ⁽¹⁾	39
Italy ⁽⁴⁾	37
Hungary ⁽³⁾	28

Notes: ⁽¹⁾2002 data ⁽²⁾2003 data ⁽³⁾2004 data ⁽⁴⁾2005 data ⁽⁵⁾2006 data ⁽⁶⁾year unknown

Definitions: Percentage of women aged 20-69 that were screened for cervical cancer using a cervical smear test over the last three years, latest year available.²

Data source: OECD health at a glance 2007 and national data

P10. Breast cancer screening

Table P10 – Breast cancer screening in women aged 50-69 (2005, or latest year available)

	<i>Percentage of women aged 50- 69 screened</i>
Norway ⁽²⁾	98
Finland ⁽²⁾	88
Sweden ⁽³⁾	84
Netherlands	82
Ireland	77
France ⁽²⁾	73
United Kingdom	70
Portugal ⁽²⁾	60
Italy ⁽³⁾	59
Belgium ⁽³⁾	56
Hungary ⁽³⁾	55
Switzerland ⁽¹⁾	27
Czech Republic ⁽¹⁾	27
Slovak Republic	17
Poland ⁽³⁾	15

Notes: ⁽¹⁾2002 data ⁽²⁾2003 data ⁽³⁾2004 data

Definition: Percentage of women aged 50-69 that were screened for breast cancer using a mammography over the last year

Data source: OECD health at a glance 2007 and national data

² Comparisons are difficult across countries due to the different methods of collecting data. For some countries, data comes from health surveys, while for others it is administrative data based on screening programmes.

P11. Cervical cancer survival rates

Table P11 – Five-year survival rates for cervical cancer

	<i>Age-standardized relative survival (%), 5-years after diagnosis for women with cervical cancer</i>
England	64
Europe	62

Definitions: Percentage of those still alive five years after the disease has been diagnosed compared to a non-diseased comparison group of similar structure (relative rates). Adults diagnosed between 1990-1994.

Source: ECHI

Note: For adults diagnosed between 1999-2003, the age-standardized relative survival rate five years after diagnosis was 63% in the UK (Source: ONS).

P12. Breast cancer survival rate

Table P12 – Five-year survival rates for women with breast cancer

	<i>Age-standardized relative survival (%), 5-years after diagnosis for women with breast cancer</i>
England	74
Europe	76

Definitions: Percentage of those still alive five years after the disease has been diagnosed compared to a non-diseased comparison group of similar structure (relative rates). Women diagnosed between 1990-1994.

Source: ECHI

Note: For adult women diagnosed between 1999-2003, the age-standardized relative survival rate five years after diagnosis was 81% in the UK (Source: ONS).

P13. Colorectal cancer survival rate

Table P13 – Five-year relative survival rates for colorectal cancer (%)

	<i>Men</i>	<i>Women</i>
Finland (1999-2003)	57	61
Netherlands (1996-2000)	56	57
France (1990-1994)	56	62
Germany (1993-1997)	55	56
Ireland (1999-2004)	52	48
United Kingdom (1999-2003)	50	51

Definitions: Percentage of those still alive five years after the disease has been diagnosed compared to a non-diseased comparison group of similar structure (relative rates). Latest period available.

Source: OECD health at a glance 2007, ONS (UK data)

P14. Perinatal mortality

Table P14 – Perinatal deaths per 1,000 births, UK and EU

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
UK	9.0	8.9	8.7	8.3	8.3	8.2	8.1	8.0	8.2	8.5	8.2	8.0	7.9
EU	7.7	7.4	7.2	6.9	6.9	6.7	6.8	6.7	6.6	6.5	6.4	6.2	6.0

Definition: Number of stillbirths plus neonatal deaths (0-6 days) per 1,000 live births and stillbirths.

Source: Health Statistics Quarterly, ONS (UK data), WHO Health for all database (EU)

P15. Satisfaction with health services

Table P15a – Proportion of people who rate the quality of hospitals as very good or fairly good, 2007

	%
UK	77
EU-27	71

Table P15b – Proportion of people who rate the quality of dental care as very good or fairly good, 2007

	%
UK	70
EU-27	74

Table P15c – Proportion of people who rate the quality of medical or surgical specialists as good or fairly good, 2007

	%
UK	71
EU-27	74

Definition: Proportion of persons who consider the quality of hospitals, dental care and medical or surgical specialists to be “very good” or “fairly good”.³

Source: Eurobarometer 283 – “Health and long-term care in the European Union”, based on a sample of around 1,300 adults aged 15 and over.

Indicators regarding long-term sustainability of systems: expenditure and efficiency

Primary indicators

P16. Total health expenditure per capita

Table P16 – Total health expenditure per capita (US\$) PPP, UK and EU

	1998	1999	2000	2001	2002	2003	2004	2005
UK	1,600	1,713	1,859	2,034	2,228	2,328	2,560	2,724
EU	1,629	1,706	1,820	1,941	2,078	2,175	2,334	n/a

Definition: Total health expenditure per capita in purchasing power parity (US\$)

Data source: OECD health data 2007 (UK), WHO Health for all database (EU)

P17. Total health care expenditure as a % of GDP

Table P17 – Total health expenditure as a percentage of GDP, UK and EU

	1998	1999	2000	2001	2002	2003	2004	2005
UK	6.9	7.1	7.3	7.5	7.7	7.8	8.1	8.3
EU	8.2	8.3	8.3	8.5	8.7	8.7	8.7	n/a

Definition: Total public and private expenditure on health as a percentage of GDP

Data source: OECD System of Health Accounts data (UK), WHO Health for all database (EU)

³ In 2002, the Department of Health agreed, as part of its Public Services Agreement (PSA) with HM Treasury, to measure patient experience. Patient experience was used instead of patient satisfaction, as it is considered a more meaningful measure because satisfaction does not appear to capture change over time and may reflect aspects other than user experience. Since 2003-04 the patient experience score for adult inpatients has increased slightly from 75.7 to 76.4 in 2006-07. Primary care scores have remained fairly static – at 76.9 in 2003-04 and 77.0 in 2005-06.

P18. Total long-term care expenditure as a % of GDP

Information not available for UK

P19. Public and private expenditure as a percentage of total health expenditure

Table P19a – Public expenditure on health as a percentage of total health expenditure, UK

	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
UK	83.6	83.9	82.9	80.4	80.4	80.6	80.9	83.0	83.4	85.7	85.9	87.1

Data source: OECD SHA data

Private health expenditure – private sector expenditure as a percentage of total health expenditure

Table P19b – Private expenditure on health as a percentage of total health expenditure, UK and EU

	1998	1999	2000	2001	2002	2003	2004
UK	19.6	19.4	19.1	17.0	16.6	14.3	14.1
EU	25.6	25.2	25.2	24.5	24.4	24.4	24.1

Data source: OECD SHA data

Table P19c – Private out-of-pocket payments as a percentage of total health expenditure, UK and EU

	1998	1999	2000	2001	2002	2003	2004	2005
UK	10.9	10.7	10.5	10.6	10.8	11.0	10.8	12.9
EU	17.9	17.4	17.6	17.1	16.8	16.8	16.7	n/a

Data source: OECD SHA data

P20. Projections of public expenditure on health care as a % of GDP

Table P20 – Projections of public expenditure on health care as a % of GDP, UK and EU-25

	2004	2010	2030	2050	Percentage point difference 2004-2050
UK	7.0%	7.2%	8.1%	8.9%	1.9
EU-25	6.4%	6.6%	7.4%	7.9%	1.6

Data source: DG-ECFIN calculations

P21. Projections of public expenditure on long-term care as a % of GDP

Table P21 – Projections of public expenditure on long-term care as a % of GDP, UK

	2004	2010	2020	2030	2040	2050	Percentage point difference 2004- 2050
UK	1.0%	1.0%	1.1%	1.3%	1.5%	1.8%	0.8

Data source: DG-ECFIN calculations

P22. Hospital inpatient discharges

Table P22 – Number of hospital inpatient discharges per 100,000 inhabitants (2005 or latest year available)

	Hospital inpatient discharges per 100,000 inhabitants
Austria	26,809
Czech Republic	23,030
Lithuania	22,411
Finland ⁽³⁾	20,514
Romania	20,305
Germany (incl ex-GDR from 1991) ⁽¹⁾	20,164
Bulgaria	19,852
Slovakia	19,124
Poland	17,955
Estonia	17,923
Luxembourg	17,242
France	16,445
Belgium	16,084
Denmark ⁽²⁾	15,936
Slovenia	15,358
Italy ⁽³⁾	14,928
Sweden ⁽²⁾	14,751
Ireland	13,505
United Kingdom⁽⁴⁾	12,540
Spain	10,780
Netherlands	10,135
Malta ⁽³⁾	6,871
Cyprus	6,617

Notes: ⁽¹⁾2002 data ⁽²⁾2003 data ⁽³⁾2004 data ⁽⁴⁾2006 data

Definition: Hospital inpatient discharges (excluding healthy newborn babies and daycases) per 100,000 inhabitants (all ages)

Data source: Eurostat

P23. Hospital daycases

Table P23 – Number of hospital inpatient discharges per 100,000 inhabitants, UK - daycases

	2002	2003
UK	9,809	10,229

Definition: Hospital inpatient discharges (excluding healthy newborn babies) per 100,000 inhabitants (all ages) - daycases

Data Source: Eurostat

P24. Regular smokers

Table P24 – Percentage of adult population smoking daily, 2005

	Total	Females	Males
Greece	39	31	46
Netherlands	31	26	35
Hungary	30	25	37
Spain	28	22	34
Ireland	27	26	28
Poland	26	19	34
Denmark	26	23	29
Czech Republic	24	19	30
Germany	24	19	30
Slovak Republic	24	23	26
United Kingdom	24	23	25
France	23	19	28
Luxembourg	23	19	27
Italy	22	16	29
Finland	22	18	26
Belgium	20	16	23
Portugal	17	9	26
Sweden	16	18	14

Definition: Percentage of daily cigarette smokers in the population aged 15+

Data source: OECD

P25. Alcohol consumption

Table P25 – Alcohol consumption in litres per capita (2005, or latest year available)

<i>Alcohol consumption in litres per capita</i>	
Luxembourg ⁽¹⁾	15.5
Ireland	13.5
Hungary ⁽²⁾	13.2
France ⁽²⁾	13.0
Czech Republic	12.0
Spain ⁽¹⁾	11.7
Portugal ⁽¹⁾	11.4
Denmark	11.3
United Kingdom	11.3
Austria ⁽¹⁾	11.1
Belgium ⁽¹⁾	10.7
Finland	10.0
Germany	10.0
Netherlands ⁽¹⁾	9.7
Slovak Republic	9.3
Greece ⁽¹⁾	9.0
Italy ⁽¹⁾	8.1
Poland ⁽¹⁾	8.1
Sweden	6.6

Notes: ⁽¹⁾2003 data ⁽²⁾2004 data

Definition: Number of litres of pure alcohol consumed per person aged 15+ a year

Data source: OECD

P26. Obesity

Table P26 – Percentage of obese persons in the adult population (aged 16 and over), England

	1980	1990	2000	2001	2002	2003	2004	2005	2006
England	7	14	21	22	23	23	23	23	24

Definition: An obese person is defined as a person with a BMI greater than or equal to 30kg/m²⁴

Data source: Health Survey for England (The Information Centre for health and social care), OECD

Secondary Indicators

⁴ Estimates for the UK are based on the actual measurement of weight and height, whereas measurements for most countries are based on self-reported survey data on height and weight. This difference in survey methodologies limits data comparability, as estimates arising from the actual measurement of weight and height are significantly higher than those based on self-report.

S3. Sales of generics

Table S3 – Generic share of prescription items, England

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
England	47%	48%	48%	52%	52%	53%	55%	58%	59%	62%	64%

Definition: Proportion of prescription items (excluding dressings and appliances) that are prescribed and dispensed generically in the community, England.

Data source: Prescription Cost Analysis (PCA), the Information Centre for health and social care

S4. Acute care bed occupancy rate

Table S4 – Occupancy rate of acute care hospital beds (%)

	1990	2005
Ireland	85	86
United Kingdom	n/a	84
Austria	79	79
Spain	74	79
Poland	66	77
Italy	69	76
Hungary	75	76
Germany	84	76
Czech Republic	70	75
France	77	73
Portugal	67	73
Slovak Republic	n/a	67
Luxembourg	n/a	65
Netherlands	73	64

Definition: The number of acute care beds effectively occupied in inpatient institutions divided by the number of available acute care beds, expressed as a percentage

Data source: OECD Health data 2007

Note: In 2006, the acute care bed occupancy rate was 82% in the UK (Source: The Information Centre for health and social care).

S5. Hospital average length of stay

Table S5 – Average length of stay (days) in hospital (all causes), UK

	2000	2001	2002	2003	2004	2005	2006
UK	9.6	10.0	9.6	9.5	9.1	8.9	8.6

Definition: Average length of stay in hospital for inpatients and acute care, excluding healthy newborn babies and day cases.

Data source: OECD Health data 2007

S6. Total expenditure on main types of activities or functions of care

Table S6 – Pharmaceutical expenditure as a percentage of total health expenditure

	1990	1991	1992	1993	1994	1995	1996	1997
UK	13.5	13.8	14.2	14.8	15.1	15.3	15.6	15.8

Definition: Total expenditure on pharmaceuticals & other medical non-durables as a percentage of total expenditure on health

Data source: OECD