

Recent measures may address non-negligible variations in health care use in England

According to a new OECD report, whether or not you will receive a particular health service depends to some extent on the region where you live within England (United Kingdom). The OECD study included data on health care use in England

Variations such as those documented in Table 1 suggest that either unnecessary care is being delivered in areas of high activity, or that there is unmet need in regions of low activity. In either case, this raises questions about the efficiency and equity of health care services delivered in England. The government should step-up efforts to ensure a better use of health care services.

Rates for coronary bypass operations (CABG), knee replacement, and imaging tests in areas with high activity are more than three times that of those in areas of low activity. These interventions have a higher degree of physician discretion and are more likely to be affected by regional variations in the capacity to deliver these procedures.

Table 1. Overview of geographic variations for selected health care activities and procedures by Primary Care Trust, England, 2010-11

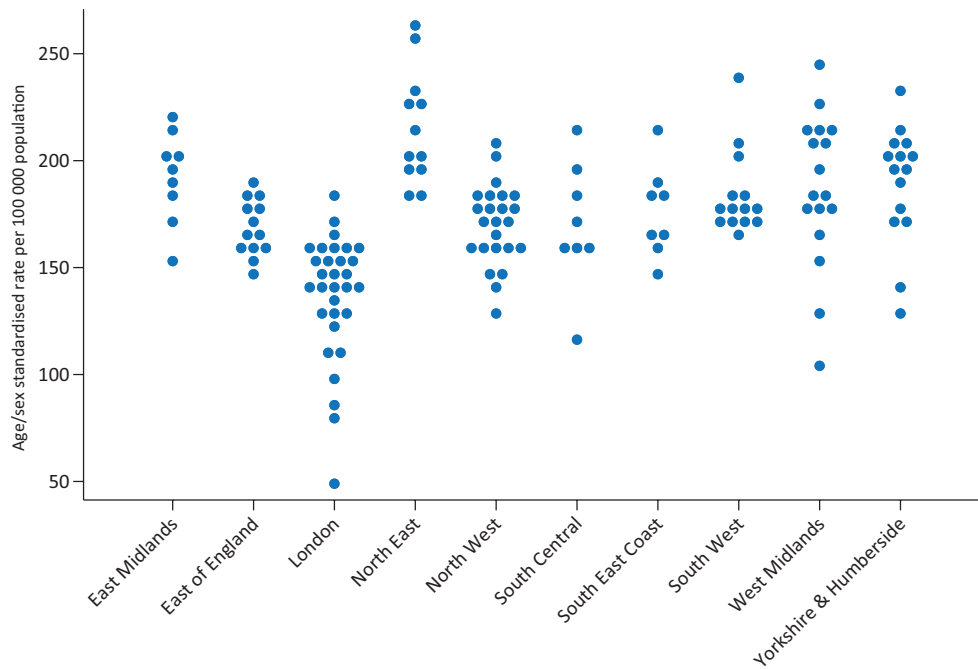
	Hospital medical admission (per 100 000 population)	CABG (per 100 000 population)	PTCA (per 100 000 population)	Admission after hip fracture (per 100 000 population 65+)	Knee replacement (per 100 000 population)	Caesarean section (per 1 000 live births)	CT (per 1 000 needs-weighted population)	MRI (per 1 000 needs-weighted population)
Crude rate	10 276	n.a.	n.a.	711	176	n.a.	n.a.	n.a.
Unweighted average rate	10 823	31	111	695	174	237	63	39
Minimum rate	5 602	12	73	468	47	142	31	18
Maximum rate	17 259	59	182	1 065	261	324	120	77
Ratio max/min	3.1	4.9	2.5	2.3	5.6	2.28	3.8	4.2
Q10	8 448	21	84	555	133	210	45	29
Q90	13 504	44	148	837	213	266	86	51
Ratio Q90/ Q10	1.6	2.1	1.76	1.51	1.6	1.26	1.91	1.76
Coefficient of variation	0.19	0.3	0.22	0.16	0.19	0.11	0.24	0.24
Systematic component of variation	4.37	n.a.	n.a.	2.06	3.4	1.14	n.a.	n.a.

Note: All rates are age/sex standardised per 100 000 population unless otherwise stated. n.a. indicates that this value is not available.

Source: Farebrother (2014). Chapter 14 United Kingdom (England): Geographic variations in health care, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

For example, a patient in the North East of England is two times more likely to have a knee replacement (above 250 per 100 000) than in parts of London (below 100 per 100 000 population).

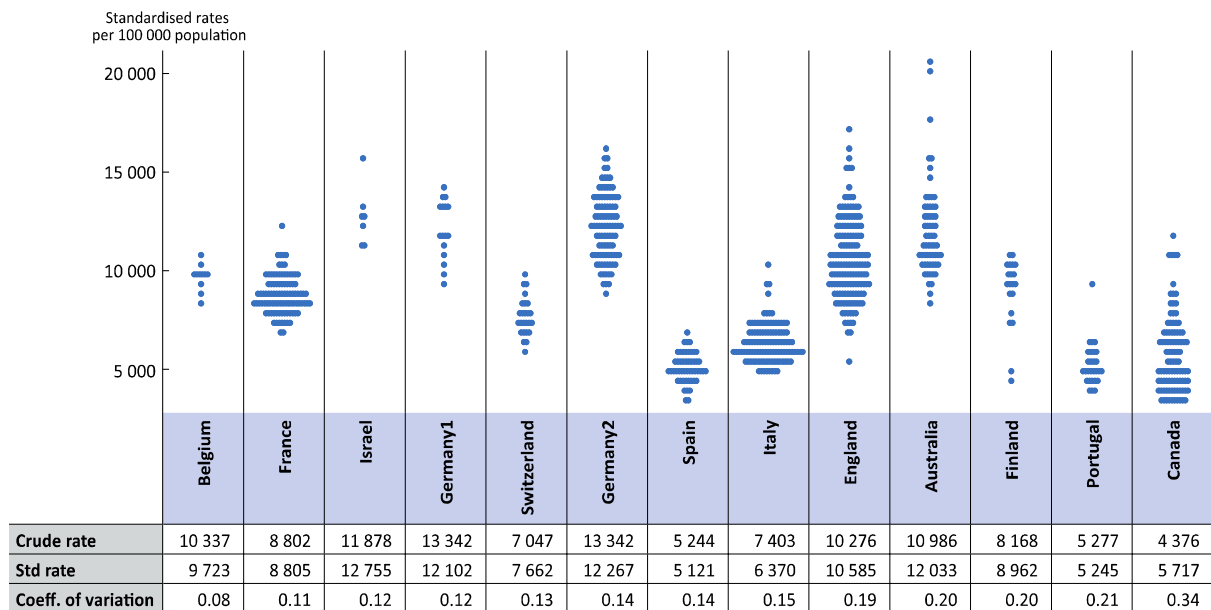
Figure 1. Knee replacement rate by Strategic Health Authority and Primary Care Trust, England, 2010-11



Source: Farebrother (2014). Chapter 14 United Kingdom (England): Geographic variations in health care in Geographic Variations in Health Care: What do we know and what can be done to improve health system performance? OECD Health Policy Studies, OECD Publishing.

Hospital medical admissions in England are less frequent (10 585 per 100 000) than in Israel, Germany or Australia (around or above 12 000 per 100 000 population), but considerably higher than in Spain, Portugal, and Canada, which stand at around or below 6 000. Like in Canada, Portugal, and Finland, hospital medical admissions rates in some parts of England can be two to three times higher than in other parts of the country.

Figure 2. Hospital medical admission rate across and within selected OECD countries, 2011 or latest year



Note: Each dot represents a territorial unit. Countries are ordered from the lowest to highest coefficient of variation within countries. Germany 1 and 2 refers respectively to Länder and Spatial Planning Regions. Canadian data do not include mental hospital admissions in general hospitals leading to a relatively small under-estimation. Data for Portugal and Spain only include public hospitals.

Source: Srivastava et al. (2014), Chapter 1: Geographic variations in health care use in 13 countries: A synthesis of findings. in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

Several factors can explain some of these *variations*, such as medical practice styles, socio-economic status of patients, and low or excess availability of hospitals, doctors and technology.

The United Kingdom has initiated a variety of policies from which other countries could learn. Public reporting in the form of 'atlases of variation' stimulates debate and discussion. In England, diagnostic tools such as "outcomes benchmarking support packs" for Clinical Commissioning Groups (CCGs) may encourage the delivery of more appropriate services. There is scope, however, to move towards policies that target providers through offering feedback, though not necessarily that which is public (e.g. as in Canada and Belgium).

Sweden and the United Kingdom have led the way by systematically collecting patient outcomes after certain surgical procedures such as knee and hip replacement. The vast majority of patients who had a knee replacement in 2010-11 reported positive outcomes (Patient Reported Outcome Measures, PROMs) following their operation, both in regions with high rates and low rates of knee replacement.

The diffusion of decision aids for patients can help patient preferences to be taken into account. The United States and the United Kingdom publish decision aids for a range of procedures (e.g., knee replacement).

England also recently introduced a financial incentive to curb the inappropriate use of caesarean sections. The impact of this measure should be closely monitored.

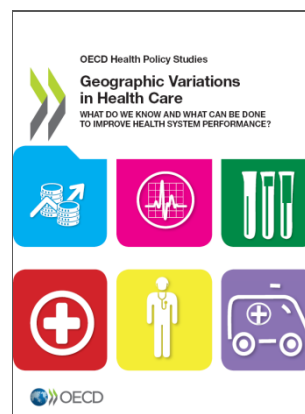
The OECD report will be released at a joint conference organised by the OECD and the Bertelsmann Foundation on 16th September in Berlin to discuss the report's findings among German stakeholders (www.faktencheck-gesundheit.de).

The report **Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?** is available at

<http://dx.doi.org/10.1787/9789264216594-en>.

More information on United Kingdom (England) is available in the report in **Chapter 14, United Kingdom (England): Geographic variations in health care.**

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The **OECD press release, country notes and further information** are available at <http://www.oecd.org/health/health-systems/medical-practice-variations.htm>.