



### **Purchaser Provider Split in the UK**

### February 28 2005 The Old Mill Toronto

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### No Need to Take Notes

 This presentation and other material can be found at the web site

www.healthandeverything.org

For more information you can write to me at sholom@glouberman.com

# WHO World Report 2000

	UK	USA	Canada
Per Capita Expenditure on Health	$26^{\text{th}}$	$2^{nd}$	10 <sup>th</sup>
Overall Health System Performance	$18^{\text{th}}$	37 <sup>th</sup>	30 <sup>th</sup>
Fairness of Health Distribution	$2^{nd}$	32 <sup>nd</sup>	18 <sup>th</sup>
Fairness of Financial Contribution	$8^{th}$	54 <sup>th</sup>	17 <sup>th</sup>

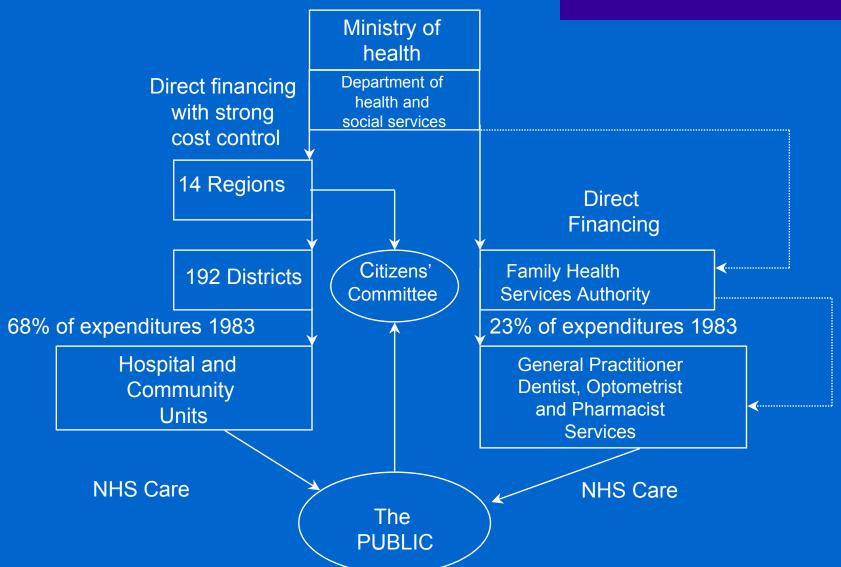
# Three Snapshots of the NHS

### 1987:Thatcher's Reforms

• 1997: The Blair Reforms

2005: A May Election Looms

# NHS:1987



### 1987: Single Centralized System

- 14 Regions.
  - General manager (RGMs) with authority over
- 192 Districts (Average pop 250,000)
  - General managers DGMs with budget and authority
  - responsible for health of local population.
  - Includes Units
    - Acute (UGM), Community (UGM), Mental Health (UGM)
- Doctors
  - GPs independent contractors to the NHS
  - Specialists contracted to regions but work in districts
- Funding: Historically Based Annual Budgets

# Strength of the NHS (1987)

- A deep national affection for the NHS
- Comparatively comprehensive
- Reasonably equitable and accessible, irrespective of the ability of pay
- Good record on cost containment
- Relatively good standards of care and treatment
- Effective personalised primary care doctor system
- Low administrative (transaction) overhead costs

# Weaknesses of the NHS (1987)

- Low over all level of investment in healthcare
- Under-investment in capital, medical technology and staff remuneration
- Lack of consumer responsiveness and of consumer choice
- Long, (and getting longer), waiting times and waiting lists for elective surgery
- Clinical productivity penalised by the system
- A centralist public bureaucracy market forces are valued by the conservative government
- Widely varying efficiency levels
- Effectiveness unmeasured

## The Thatcher Reforms (1987)

- Enthoven and Managed Competition
  - Market forces will increase quality and efficiency
- Purchaser Provider Split
  - Districts purchase services for their population
  - As an Afterthought: Doctors in group practice car hold funds to purchase
- Hospitals and Community Units
  - become providers of services
  - and become independent Trusts

## King's Fund Predictions 1987

- Two hospitals will become trusts before the 1991 elections
- GPs will not agree to purchase services
- Central authority will be reinforced despite the claimed decentralization
  - From bureaucracy to hypocrisy

NHS:1997 Minister of Health Department of Health Financing with strict 8 cost control Regions **Purchasers** Citizen 80 Family Health Service committees Districts Authorities (GPs) **Purchasers of some** non-GP services Contractual Relation majority of gps are AND members of **Providers** 400 Trusts: purchasing groups Providers hospitals, community service Of GP mental health service **Services NHS** Care **NHS** Care The PUBLIC

Health and Everything

### Strengths

# (1987) Report Card (1997)

- Deep affection
- Comparatively comprehensive
- Reasonably equitable
- Reasonably accessible
- Cost containment
- Relatively good standards of care
- Effective primary care
- Low admin costs

#### $\downarrow$ Fear for future of NHS

- Comparatively comprehensive
- Reasonably equitable
- ↓ Accessibility worse
- ↓ Financial problems emerge
- Relatively good standards of care
- ↑ More effective primary care
- $\downarrow$  Admin costs rise
- purchaser Provider problems increase

### Weaknesses

# (1987) Report Card (1997)

- Low investment
- Consumer confidence eroding
- Long waiting lists
- Perverse incentives for clinicians
- Large Public bureaucracy
- Not enough competition (Tories)
- Varying efficiency
- Unmeasured effectiveness

- ↑ More investment
- Consumer confidence eroding
- Longer waiting lists
- Different Perverse incentives
- Large Ineffective Purchasing bureaucracy
- GP purchasing
  improves
  impro
- Varying efficiency
- Unmeasured effectiveness

### Lessons from the Thatcher Reforms

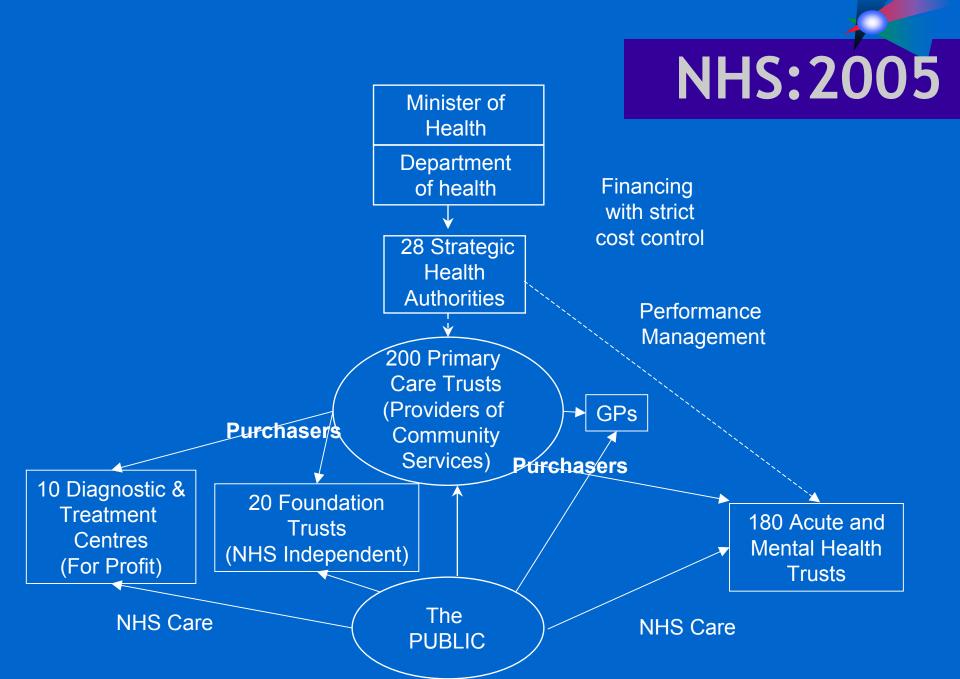
- There are always unexpected consequences when one tries to change a complex system
- Changing the structure is rarely sufficient
  - It is necessary and more difficult to change the dynamic relationships in a system

## Some 1997 Numbers

- Emergency admissions rise 5% per quarter during 1997
- Waiting lists growing by 5% per annum
- Drug bills rising by 9% per annum
- Labour gains a landslide 179 seat majority

## The Blair Reforms 1997

- Collaboration replaces managed competition
- No more GP fund holding
  - Involve all GPs in commissioning (not as individuals)
  - In Primary Care Organizations for 100,000
  - Take over community service trusts
  - Commission all health services
- Health Authorities
  - to develop Health Improvement Programs (HIPs)
- New Providers
  - Diagnostic Treatment Centres
  - Foundation Trusts
- Strong central control over quality and access:
  - NICE for guidelines, CHI for inspection
  - Targets



# (1997) Report Card (2005)

#### $\downarrow$ Fear for future of NHS

- Comparatively comprehensive
- Reasonably equitable
- ↓ Accessibility worse
- ↓ Financial problems emerge
- Relatively good standards of care
- ↑ More effective primary care
- $\downarrow$  Admin costs rise
- Purchaser Provider problems increase

- $\downarrow$  Fear for future of NHS
- Comparatively comprehensive
- Reasonably equitable
- ↑ Accessibility better
- ↓ Admissions go up
- ↓ Financial problems larger
- Relatively good standards of care
- $\downarrow$  Community Care at risk

#### $\downarrow$ Admin costs rise

Purchaser Provider problems get worse

# (1997) Report Card (2005)

### ↑ More investment

- Consumer confidence eroding
- Longer waiting lists
- Different Perverse incentives
- Large Ineffective Purchasing bureaucracy
- GP purchasing improves
   impr
- Varying efficiency
- Unmeasured effectiveness

- Aore investment
- Consumer confidence eroding
- ↑ Shorter waiting lists
- Different Perverse incentives
- Small Ineffective Purchasing bureaucracy
- New Agencies increase pressures
- Varying efficiency
- Contradictory measures of effectiveness

## Some Cautions

- We become so excited when we think we understand a new idea, that we think it should be implemented.
- Do not understand new ideas too quickly
- How simple solutions expand to respond to the complexity of the environment
- Purchaser provider split has lots of risk
  - While the UK introduced the split, the US was creating managed care to integrate purchasers and providers

## For More About the UK

Tenth Annual

Canada - United Kingdom Exchange Programme

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