

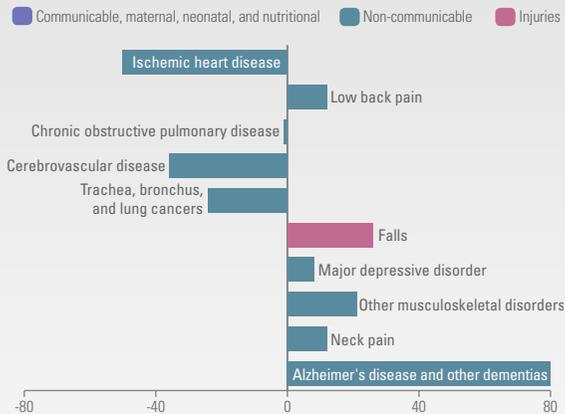
UNITED KINGDOM*

England guarantees the right to health care access to all residents through its National Health Service. Public funding is supplemented by growing private medical insurance expenditure, particularly in recent years. Overall, focus on the performance of the health workforce is increasing. Various agencies and bodies such as Health Education England and the Centre for Workforce Intelligence have been set up to improve education, training and planning. Despite these concrete measures to improve the quality of the health workforce, there are still some challenges. The ratio of nurses to physicians is below the OECD average, and the density of physicians also varies across regions. Current financial constraints are creating further workforce challenges, and the passage of the new Health and Social Care Act may have implications for coherent workforce planning. In addition, England has heavily relied on professionals trained overseas to meet service demands for many years. However, in recent years measures have been taken to scale up the domestic production of health workers and move towards self-sufficiency.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	62.1; 17; 23	(2010)
Average annual rate of population change (%)	0.6	(2010-2015)
Population living in urban areas (%)	80	(2011)
Gross national income per capita (PPP int. \$)	36010	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	-	
Total expenditure on health as a percentage of gross domestic product (%)	9.3	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	83	(2011)
External resources for health as a percentage of total expenditure on health (%)	-	
Life expectancy at birth (years) [all; female; male]	80; 82; 79	(2011)
Total fertility rate (per woman)	1.9	(2010)
Neonatal mortality rate (per 1 000 live births)	3	(2011)
Infant mortality rate (per 1 000 live births)	4	(2011)
Under-five mortality rate (per 1 000 live births)	5 [5-6]	(2011)
Maternal mortality ratio (per 100 000 live births)	12 [10-14]	(2010)
Births attended by skilled health personnel (%)	-	
Antenatal care coverage - at least one visit (%)	-	
Antenatal care coverage - at least four visits (%)	-	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	95	(2011)
Postnatal care visit within two days of birth (%)	-	

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

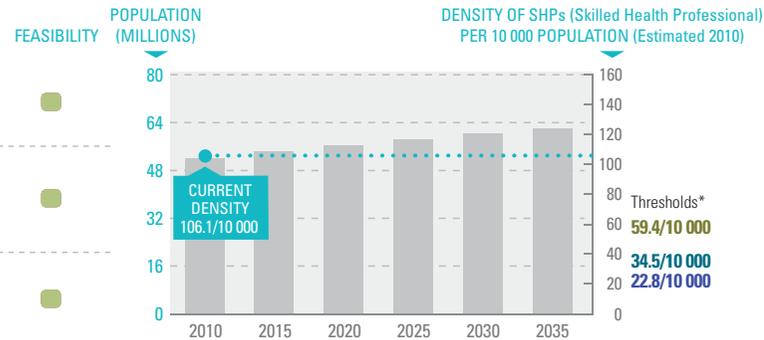
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

28.8
Physicians

36.5
Physicians

53.2
Physicians

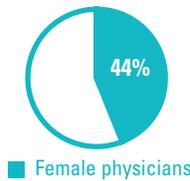
ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.9
Nurses

TO

1
Physician



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

LICENSE/RE-LICENSE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓

addressing geographical distribution and retention? ✓

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓

For which period? 2013-2015

Does the strategy/plan account for the financial costs and resource requirements to implement it? ✓

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.

* the contextual HRH and policy indicators of this country profile refer to England only.