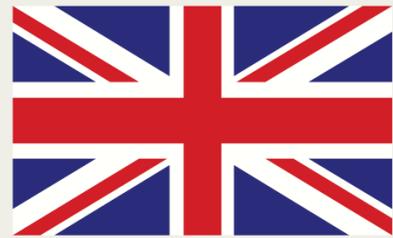


Comparison of Healthcare Systems: UK National Health Service vs. US Mixed Public-Private System



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Introduction to Healthcare Systems Comparison

Purpose: Compare two healthcare models to understand how they impact health outcomes.

Systems Being Compared:

UK NHS: Universal, government-funded, free at the point of care.

US Mixed System: Combines private insurance and government programs.

Focus Areas:

System structure

Advantages and disadvantages

Effect on health outcomes

OVERVIEW OF THE UK NATIONAL HEALTH SERVICE (NHS)

Established in 1948: Created to provide universal healthcare access.

- Founded after World War II as part of major social reforms.
- Spearheaded by Health Minister Aneurin Bevan.
- Aimed to eliminate financial barriers to healthcare access.

Funding: Primarily funded through taxation.

- Represents one of the largest publicly funded health systems in the world.
- NHS budget exceeds £150 billion annually (as of recent data).

Universal Access: Free at the point of delivery for UK residents.

- Covers general practitioner services, hospital care, emergency treatment, and more.
- Prescription costs are subsidized or free in many regions (e.g., Scotland, Wales, Northern Ireland).

Core Principle: Healthcare as a fundamental right, not a privilege.

- Based on need rather than ability to pay.
- Commitment to equity, quality, and efficiency in service delivery.



NHS STRUCTURE AND SERVICES

Primary Care: GPs (General Practitioners) as the first point of contact.

- Handles routine health concerns, chronic disease management, and preventative care.
- Coordinates referrals to specialist services when necessary.
- Includes additional services such as pharmacists, dentists, opticians, and community nursing.

Secondary Care: Specialist and hospital services by referral.

- Delivered in hospitals or specialist clinics.
- Includes services such as cardiology, dermatology, mental health, and minor surgeries.
- Managed by NHS Trusts and Foundation Trusts.

Tertiary Care: Advanced and specialized treatments.

- Includes treatments such as organ transplants, neurosurgery, and cancer therapies.
- Delivered in centers with advanced technology and multidisciplinary teams (e.g., major teaching hospitals or specialist units).

Centralized Management: Government-administered and regionally allocated resources.

- NHS England oversees the delivery of healthcare services, ensuring national standards.
- Services are regionally planned and allocated through Integrated Care Boards (ICBs), which coordinate local health priorities.
- Emphasis on equity, efficiency, and quality across all service levels.



OVERVIEW OF THE US MIXED PUBLIC-PRIVATE SYSTEM

Combination of Private and Public Funding

- Private insurance dominates, often provided through employers.
- Public programs such as Medicare, Medicaid, and the Veterans Health Administration cover specific populations.
- Healthcare expenditures are the highest per capita globally.

Employer-Based Insurance and Key Government Programs

- The majority of Americans (approx. 49%) receive health insurance through employer-sponsored private plans.
- Plans vary in coverage, premiums, and provider networks.
- Key public programs supplement the private sector:
 - Medicare: Covers individuals aged 65+ and certain younger people with disabilities.
 - Medicaid: Provides coverage for low-income individuals, with eligibility and benefits varying by state.
 - CHIP: Insurance for children in families that earn too much for Medicaid but can't afford private insurance.
 - ACA (Affordable Care Act): Created federal and state insurance exchanges to expand access and affordability.

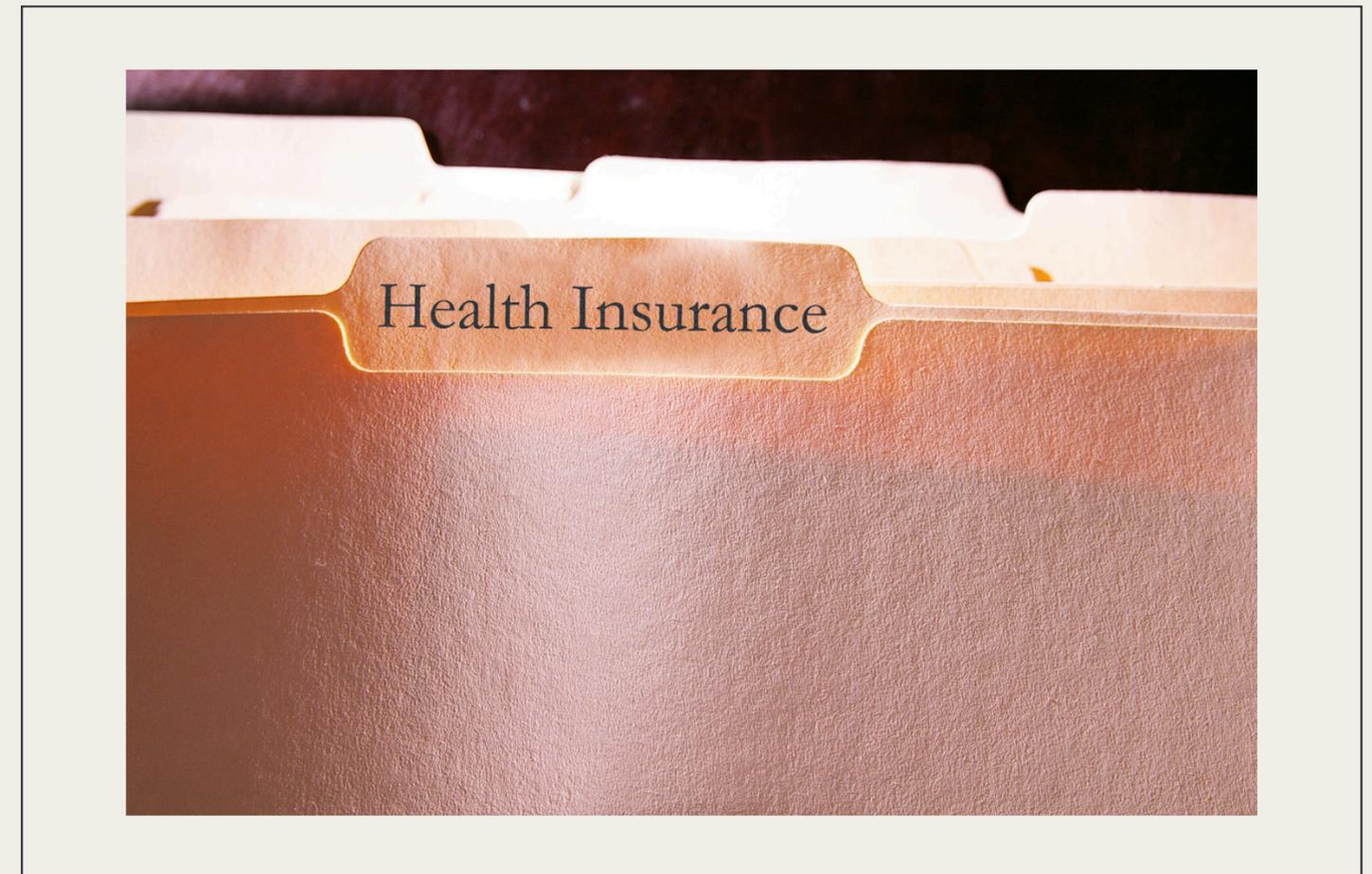


Market-Based Approach

- Providers and insurers are privately operated, and patients often choose between plans and services.
- Cost transparency is limited, with prices varying widely across providers and regions.
- Individuals are responsible for premiums, deductibles, copayments, and other out-of-pocket expenses.

US MIXED SYSTEM STRUCTURE AND SERVICES

- Primary Insurance through Employers
- Public Programs for Eligible Populations
- Diverse Providers and High Technology Access



ADVANTAGES OF THE UK NHS

- Universal Access for All Residents
- Free healthcare at point of use, covering a wide range of services (e.g., GP visits, hospital care, and emergency services).
- Lower Administrative Costs
- Centralized funding reduces overhead, allowing more resources for patient care and preventive programs.



DISADVANTAGES OF THE UK NHS

- Resource Limitations and Wait Times
- Long wait times for non-emergency procedures due to funding constraints.
- Centralized Management Challenges
- Bureaucratic structure can delay system-wide changes and innovation.



ADVANTAGES OF THE US MIXED PUBLIC-PRIVATE SYSTEM

- Wide Range of Provider Choices
- Patients can select from various private providers and specialists.
- Innovation and Advanced Technology
- High investment in medical research and technology leads to cutting-edge treatments.



DISADVANTAGES OF THE US MIXED PUBLIC-PRIVATE SYSTEM

- High Costs and Unequal Access
- Healthcare is often expensive, with costs varying significantly.
- Insurance-Dependent Coverage
- Access to care is heavily influenced by insurance status and employment.



SUMMARY AND CONCLUSION

UK NHS:

Universal access promotes health equity.

Faces resource limitations and longer wait times for care.

US Mixed System:

Advanced technology and innovation in healthcare delivery.

High costs lead to unequal access to services.

Conclusion:

Importance of balancing equity with innovation.

Need for ongoing reforms in both systems for improved health outcomes.

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