

UnitedHealth Europe



Recent developments in the British National Health Service

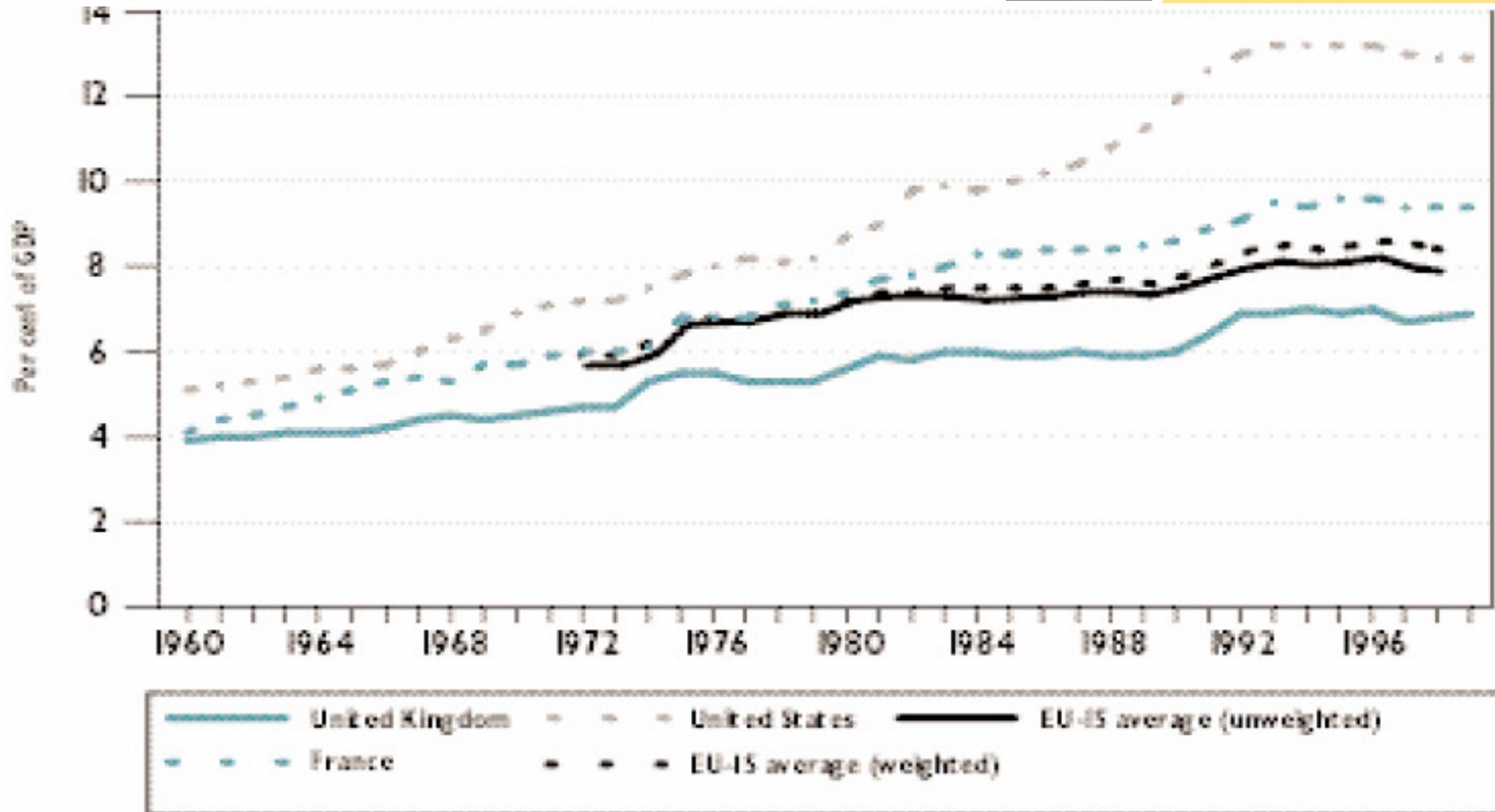
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UK health funding compared to EU

Total Health Expenditure as % of GDP



Source: Wanless Interim Report, November 2001

National strategy for NHS modernisation



Combination of:

Investment in infrastructure

High level goals

Explicit standards: NICE, NSFs

Patient safety: NPSA

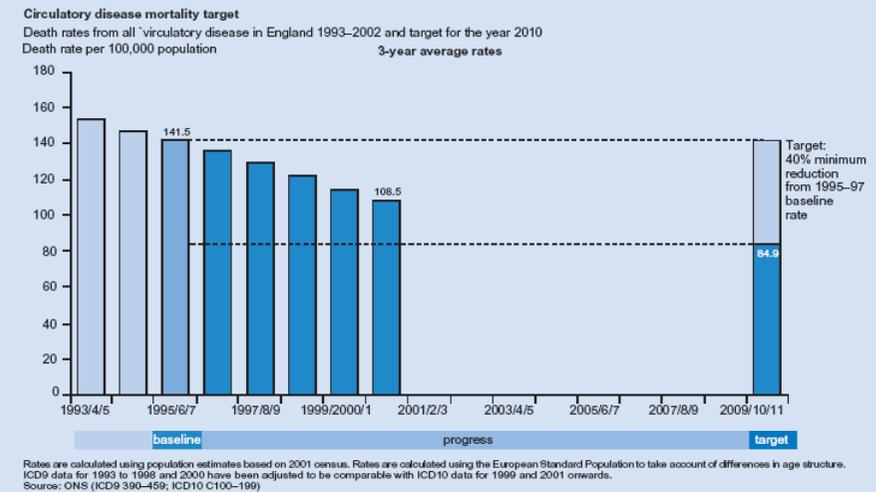
Scrutiny: Healthcare

Commission, public reporting

Provider incentives

Consumer choice

Figure 1.2: Death rates from circulatory diseases in England: 1993–2002: people under 75



National health IT infrastructure



What: national coverage for 50 million people

- electronic health records by 2008
- digital picture archiving by 2007
- ePrescribing by 2007
- eScheduling by 2005/6
- ePerformance for GPs now

How: £6bn (\$10bn) national procurement

Who: consortia of Oracle, CSC, Microsoft, Cerner, Fujitsu, Accenture, BT, GE, Kodak, Phillips et al



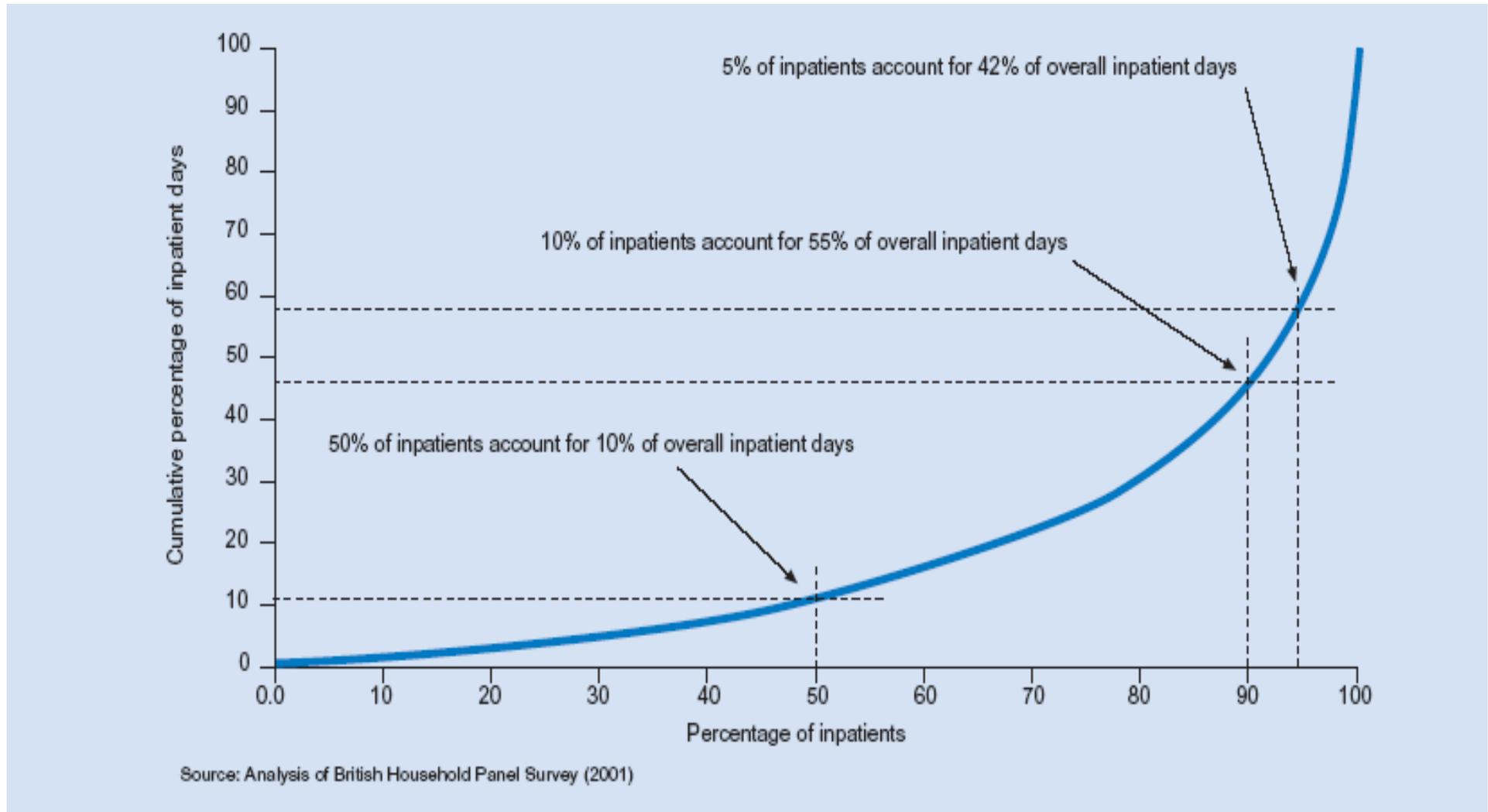
Who is doing what?



Contract	Company	Value	Duration
NHS Care Records Service - National	BT	£620m	10 years
NHS Care Records Service – North East LSP	Accenture	£1,099m	10 years
NHS Care Records Service – Eastern LSP	Accenture	£934m	10 years
NHS Care Records Service – London LSP	Capital Care Alliance (BT)	£996m	10 years
NHS Care Records Service – NW & W Mids LSP	CSC	£973m	10 years
NHS Care Records Service – Southern LSP	The Fujitsu Alliance	£896m	10 years
N3 - National	BT	£530m	7 years
Choose and Book - National	Atos Origin	£64.5m	5 years

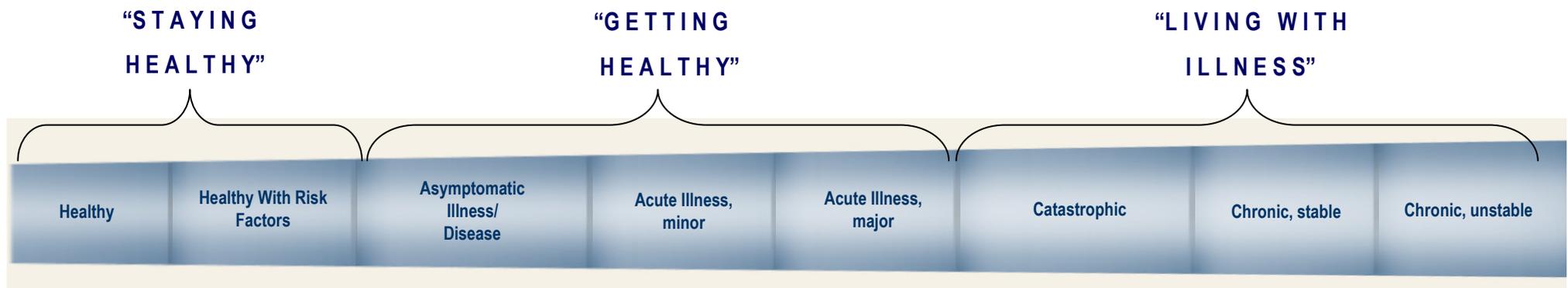
Using the data for improvement:

(1) Targeting preventive care



Source: Department of Health 2004
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Targeting the continuum of care



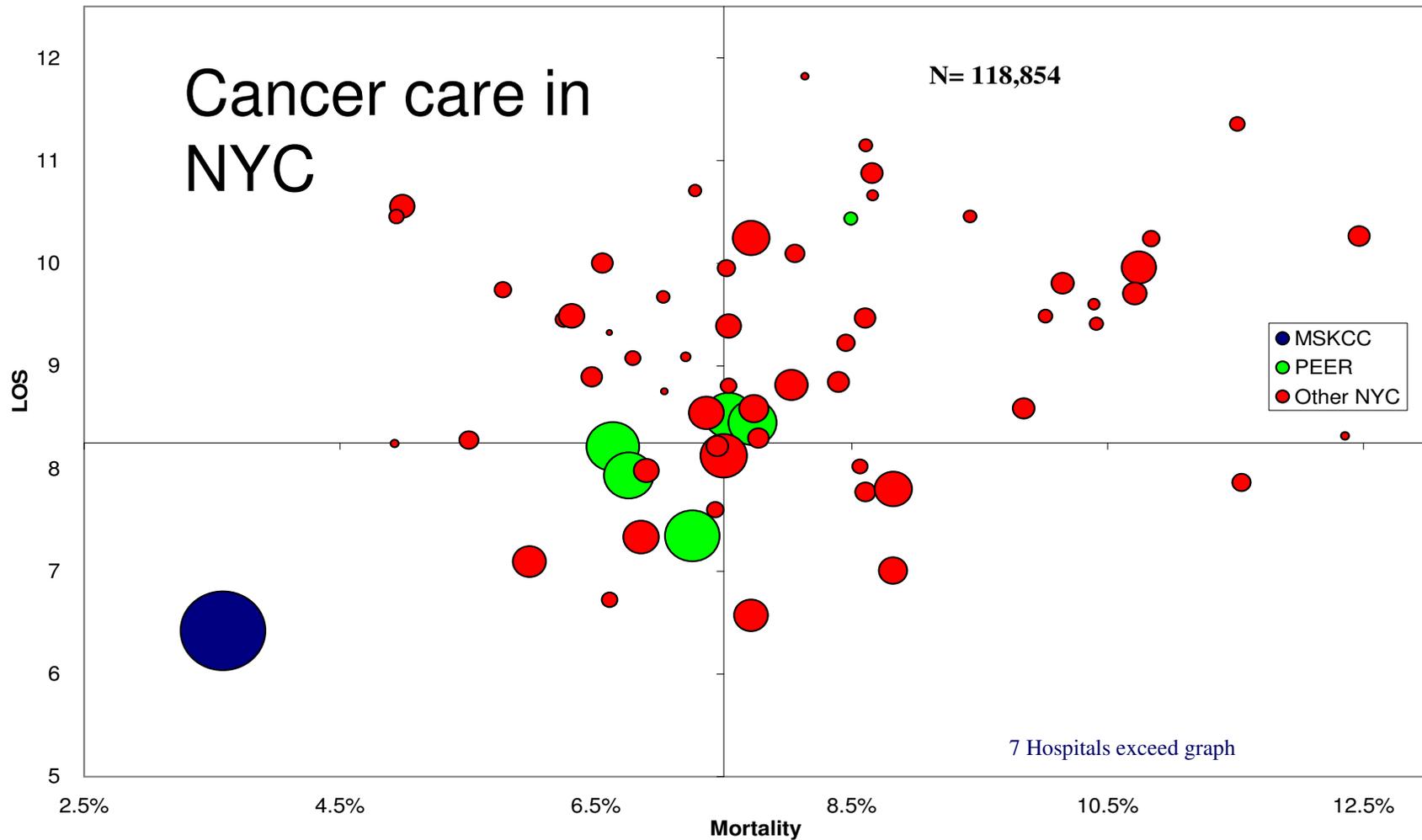
- Provide education and activities to prevent risks
- Manage risks to minimize possibility they will lead to disease
- Target reduced absenteeism, disability, mortality, and their related costs

- Guide patients through the health care system and their treatment episodes
- Address decisions about care to ensure appropriate and cost-effective treatment
- Target best possible clinical and financial outcomes, functional status, and care experience

- Prevent major events for individuals with serious illness and high severity of illness
- Target clinical management, compliance with testing, and medication and prevention of health crises
- Provide ongoing management of chronic issues that interfere with functionality and productivity
- Target absenteeism, productivity loss, reduction in quality of life

Using the data for improvement: (2) profiling provider performance

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Source: NYS SPARCS Inpatient Database; 3M APR-DRG adjusted, NE Norm in 2000

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