COUNTRY PROFILE: UNITED KINGDOM

The United Kingdom is a sovereign state located off the north-western coast of Europe. The country is made up of four nations: England, Wales, Scotland, and Northern Ireland.

Healthcare in the United Kingdom is handled at a subnational level with England, Northern Ireland, Scotland, and Wales each having their own systems of publicly-funded healthcare. As a result of each country having different policies and priorities, a variety of differences exists between these systems including prescription costs and social care funding.

People in the United Kingdom are living longer than in the past. Women continue to have a higher life expectancy than men: 80.5 years and 75.8 years, respectively. By 2030, about one in five people in the United Kingdom will be aged 65 or over. British people can expect to have more years of unhealthy life than people in most other European countries. The UK’s aging population is causing an increase in age-related health conditions and demand for adequate social care.

National Language: English
Capital: London
Currency: Pound Sterling
Time Zone: The United Kingdom has one standard time zone. Greenwich Mean Time (GMT) (UTC+0) is observed when the clocks move back one hour at 02:00 on the last Sunday in October. British Summer Time (BST) (UTC+1) is observed when the clocks move forward one hour at 01:00 on the last Sunday in March. The overseas territories and crown dependencies of the UK bring the total to nine time zones.
BASIC STATISTICS

Population: 66,583,057 (as of July 2018)
Population aged under 15: 17.3% (as of 2018)
Population aged over 65: 16.5% (as of 2018)
Median age: 40.2 years in 2018
Total fertility rate: 1.9 per woman in 2013
Number of live births: 824,547 (in 2017)
Number of deaths: 599,136 (in 2017)
Birth registration coverage: 100% (in 2010)
Cause-of-death registration coverage: 100% (2008-2010)
Gross national income per capita (PPP international $): $43,160 (in 2017)
WHO region: Europe
World Bank income classification: High (as of 2013)
Percentage of the total world population: 0.86%
Ranks in the list of countries (and dependencies) by population: 22nd
Percentage of the population that is urban: 81.2% (54,072,374 people) (in 2018)
Population density in the UK: 270.8 per km2 (701.3 people/mi2)
Total land area: 243,610 km2 (94,058 mi2)
LIFE EXPECTANCY

Life expectancy at birth for both sexes increased by two years over the period of 2000-2012; the WHO region average increased by four years in the same period.

<table>
<thead>
<tr>
<th>Life Expectancy (years), 2012</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Life expectancy</td>
</tr>
<tr>
<td>At birth</td>
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<tr>
<td>At age 60</td>
</tr>
<tr>
<td>Healthy life expectancy</td>
</tr>
<tr>
<td>At birth</td>
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</tbody>
</table>

In 2012, healthy expectancy in both sexes was nine years lower than overall life expectancy at birth. This lost healthy life expectancy represents nine equivalent years of full health lost through years lived with morbidity and disability.
UTILISATION OF HEALTH SERVICES

<table>
<thead>
<tr>
<th>Country</th>
<th>WHO Region</th>
<th>Contraceptive Prevalence</th>
<th>Antenatal Care (4+visits)</th>
<th>Births Attended by Skilled Health Personnel</th>
<th>Measles Immunisation (one-yr-olds)</th>
<th>Smear-positive TB treatment success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>84</td>
<td>69</td>
<td>98</td>
<td>95</td>
<td>80</td>
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- Data not available or applicable

PER CAPITA TOTAL EXPENDITURE ON HEALTH

<table>
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- Data not available or applicable

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## ADULT RISK FACTORS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Country</th>
<th>WHO Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised Blood Glucose (aged 25+), 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7.8</td>
<td>27.7</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>9.6</td>
<td>33.1</td>
<td></td>
</tr>
<tr>
<td>Raised Blood Pressure (aged 25+), 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5.7</td>
<td>19.1</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>25.6</td>
<td></td>
</tr>
<tr>
<td>Obesity (aged 20+), 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20.4</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20.4</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>Tobacco Use (aged 15+), 2008</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23.1</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>

*Last updated on 08/07/2018*
DEATHS FROM NON-COMMUNICABLE DISEASES

**Total deaths:** 557,000

NCDs are estimated to account for 89% of total deaths.

- Cardiovascular Diseases: 31%
- Cancers: 29%
- Other NCDs: 20%
- Chronic Respiratory Diseases: 8%
- Diabetes: 1%
- Communicable, Maternal, Perinatal and Nutritional Conditions: 7%
- Injuries: 4%
DID YOU KNOW?

• The number of full-time doctors in the NHS in England in 2018 is 109,648.
• The NHS is the UK’s largest employer. There are approximately 3.1 million healthcare and social assistance employees. This represents 11% of national employment and 1.4 million employees in the hospital sector, with 67% of all physicians working in hospitals.
• The quarterly number of admissions to NHS hospitals in England was over 1.47 million in quarter 2, 2016/17.
• There were approximately 381m GP visits/consultations in England alone in 2015; of those who saw their GP, 59% were women.
• There were 9 million emergency calls made to ambulance switchboards in the UK in 2014-15, which works out at 24,661 calls a day.
• In 2014 there were 57.1m prescriptions issued for antidepressants in England; an increase of more than 100% over the prior 10 years.

FINANCE

• In the United Kingdom, expenditure on the NHS accounts for 7.4% of the GDP, much lower than comparable nations.
• Total health spending in England was around £125 billion in 2017/18 and is expected to rise to over £127 billion by 2019/20, taking inflation into account.
• UK public health spending grew in real terms by an average of 1.3% per year between 2009–10 and 2015–16.
• Total UK health spending, including both public and private expenditure, was in line with the unweighted EU-15 average (9.8% of national income) in 2015.
Despite separate health services for each nation, the performance of the NHS across the UK as a whole can be measured for the purpose of making international comparisons.

In a 2014 report by the Commonwealth Fund, ranking developed-country healthcare systems, the United Kingdom was ranked the best healthcare system in the world overall and in the following categories: Quality of Care (i.e., effective, safe, coordinated, patient-oriented), Access to Care, Efficiency, and Equity.

The NHS, which was founded in 1946, is traditionally regarded as one system and receives funding from the central government but is essentially managed as four separate segments: NHS Wales, NHS Scotland, HSC Northern Ireland, and NHS England.

Rights for those eligible for NHS care are summarised in the NHS Constitution; they include the right to access to free care, at the point-of-delivery without discrimination and within certain time limits for some categories, such as emergency and planned hospital care.

The Department of Health provides stewardship for the overall health system in England, but day-to-day responsibility for running the NHS rests with a separate public body, NHS England.

Coverage in the UK is universal. All those who “ordinarily reside” in the UK are automatically entitled to NHS care, largely free at the point-of-use, as are non-residents with a European Health Insurance Card. A resident in England, for example, would be entitled to free prescriptions in Wales if they received care there during a visit.

Private medicine, where patients, or their insurers, pay for treatment in the UK is a niche market. In 2015, an estimated 10.5% of the U.K. population had private, voluntary health insurance, with 3.94 million policies held at the beginning of 2015, often paid for by companies as an employee benefit.

The NHS provides or pays for most typical preventive services.

Each NHS system uses GPs to provide primary healthcare and to make referrals to further services as necessary.

Most GPs (66%) are private contractors, and approximately 56% of practices operate under the National General Medical Services Contract, negotiated between the British Medical Association (representing doctors) and government.

Nearly all specialists are salaried employees of NHS hospitals, and CCGs (Clinical Commissioning Groups) pay hospitals for outpatient consultations at nationally determined rates. Specialists are free to engage in private practice within specially designated wards in NHS or private hospitals.
ORGANISATION OF HEALTH SYSTEM IN ENGLAND

TIPS FOR CONDUCTING MARKET RESEARCH IN THE UK

1. The UK is a very diverse, multicultural nation, with a multitude of different styles and values; don’t assume that all British businesses will have only British people working in them, especially in major cities.

2. It’s considered impolite to arrive late for a scheduled meeting in the UK. If your delay is inevitable however, apologise as soon as it’s anticipated so you don’t cause too much inconvenience.

3. The British are rather formal and are unlikely to share much personal information with you; it’s always a good rule of thumb not to discuss politics.

4. The Brits can be difficult to read, so don’t mistake people being nice and smiling to mean they agree with you. With that said, any reaction above and beyond a polite smile is probably genuinely positive. You’re unlikely to see clapping and fist bumps in a meeting in the UK, even following a presentation.

5. British people have a tendency to prioritise politeness over brutal honesty. Gentle assertion is also a good idea, using suggestion rather than being dictatorial when putting across your ideas or proposed plan.

6. A firm handshake (but not too firm) is the usual greeting for both men and women in professional situations rather than a hug. People will normally introduce themselves with their first name, which is a good indication that they would prefer you to use their first name when you’re addressing them. If interviewing physicians, take the lead from them and use their first name if they introduce themselves thus, otherwise, use their title.

7. Business culture is often relatively non-hierarchical and challenging, so it’s important to be open. Questioning a relatively senior person during a meeting wouldn’t necessarily be viewed as disrespectful so long as it’s done in a considered manner.
USING M3’S PANEL FOR MARKET RESEARCH IN THE UK

- In 2017, M3 Global Research completed 936 projects in the UK comprised of: 464 quantitative, 385 qualitative, and 87 hybrid projects.
- These 2017 studies delivered 33,217 survey completes that included 24,750 quantitative, 3,168 qualitative, and 5,299 hybrid completes.
- The 2017 studies covered 41 specialties and serviced 306 clients.
- M3 Global Research Studios, London, is the ideal viewing facility for all your market research focus group and studio needs. Our viewing facility offers three impeccably-designed, multi-purpose market research facilities that are perfect for focus groups, depth interviews, and creative workshops. They have a flexible layout to provide a relaxed environment for up 30 viewed respondents and comfortable viewing rooms to accommodate up to 15 people.
- The facility offers all you need for your in-person qualitative research needs for end-to-end field and studio services, and experienced moderators, translators and respondent recruitment services. Our modern and spacious facility in West London provides the ideal qualitative group experience. Our professional and client-focused studio team will surpass your expectations.
- Conveniently located in Hammersmith, the facility is easily accessible to clients and respondents travelling from all areas by road, tube, or flying in to Heathrow Airport.
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