

**LONDON:
THE KEY FACTS**

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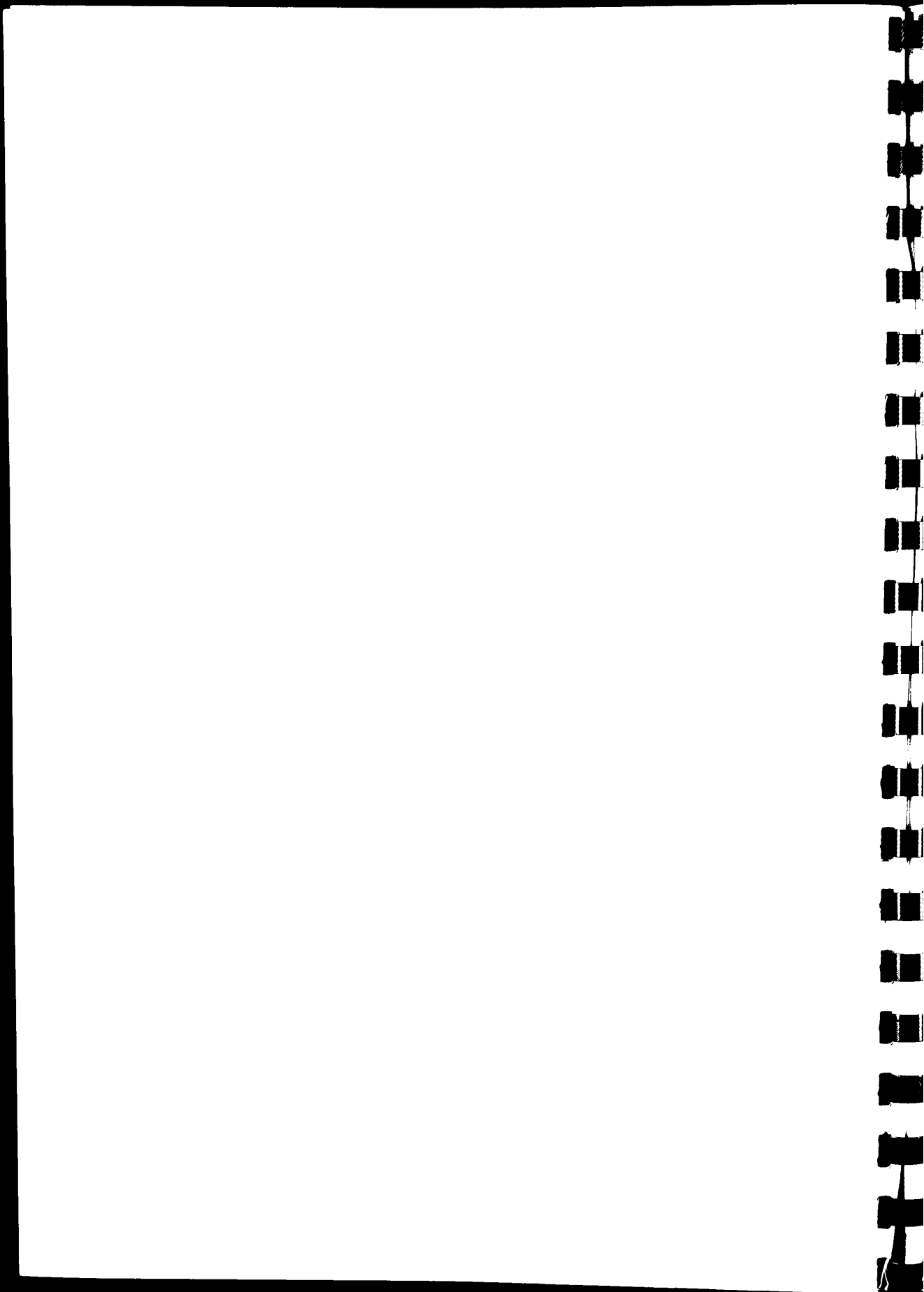
A briefing paper about
health and health care
in London

Compiled by
King's Fund Institute
April 1994

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SUMMARY



INTRODUCTORY SUMMARY

London's health care system is experiencing great turbulence. The pace of change in the capital has been considerable. The question to be asked is whether this process has moved too quickly. It is now time to pause and take stock. Is it possible to achieve a wider consensus around three critical issues?

- * What is the capital's fair share of national resources?
- * What is the appropriate way of responding to the health care needs of Londoners?
- * How can any necessary changes in the balance of health and social care best be implemented?

The King's Fund remains committed to the view that the balance of health and social care in the capital is not appropriate to meet the needs of its resident population. However, adjusting the balance between hospital and community-based care will take time. New services must be put in place before old ones are declared redundant.

To achieve sensible change without reducing health care for Londoners requires a substantial new investment of resources in the capital. This has been opposed in some quarters on the grounds that London is overfunded. Newly-emerging evidence, however, suggests that the capital's health care needs have been underestimated. There are now good reasons for believing that

London merits a larger - not a smaller - share of the NHS cake. Calculations by the King's Fund Institute suggest that purchasing power for Hospital and Community Health Services in London should be increased by approximately £200 million.

Whether or not this estimate stands up to close scrutiny in national debate must await the outcome of the current review of weighted capitation which is due to be presented to Ministers in May. In the meantime, arguments about the future size, shape and direction of the capital's health care system will continue.

There is a real danger, however, that the partisan nature of the debate will blur some of the essential facts. This briefing paper has been produced in response to this concern. Its aim is to provide some of the key statistics about London's health care system in an appropriate comparative context.

We begin by emphasising why we believe a comparative framework is so essential for making sense of the key data which are outlined in this paper.

COMPARATIVE CONSIDERATIONS

London is Europe's largest city. Nearly seven million live in Greater London, and a further 4.3 million people across the south east of England are supported by the economic activity it generates. Given the size, visibility and importance within the United Kingdom, therefore, the position of London is unique.

Historically, there have always been suspicions concerning the 'special treatment' given to health care in the capital. In the light of the current concerns about London's health services, it is essential to begin by asking the question: 'What is London's fair share of national resources for health care services?' In seeking to find an answer to this question, it is necessary to adopt some kind of comparative perspective, in order to ascertain the relative position of London's needs and resources.

The first step is to establish an appropriate comparative framework, i.e. 'What do we compare London with?' The level of resources in London can only be properly considered in relation to its relative needs. One frequent convention is to compare London figures with those for the country as a whole. However, this is unsatisfactory since it is important to compare areas which are similar to each other.

It is also crucial to begin by clarifying what we mean by London. Commonly defined as the area previously under the administration of the Greater London Council (GLC), a conventional distinction is made between inner and outer London. It is important to recognise the diversity which exists within London. As the information presented here about the health care needs of Londoners shows, there is significantly greater deprivation in inner London than in outer London.

The analysis presented here shows that London as a whole is unique, even when compared with other conurbations. Data for London as a whole are actually more like those for England, since aggregate information tends to hide diversity and variations. When comparing inner and outer London separately with data for other cities, it is inner London specifically that is more similar to other conurbations. It is essential, therefore, to disaggregate

total London figures so that the situations in inner and outer London can be distinguished. Only in this way can London be compared sensibly with other parts of the country in order to assess its relative position.

The categories employed in this paper are set out in Box 1.

Box 1

CATEGORIES OF HEALTH AUTHORITY

Inner London

- Camden and Islington
- East London and the City
- Kensington Chelsea and Westminster
- South East London

Outer London

- all London health authorities except the four listed above

Total London

Non-London Conurbations

- Birmingham
- Leeds and Bradford
- Liverpool
- Manchester and Salford
- Tyneside*

* including Newcastle, Gateshead, Sunderland, North Tyneside and South Tyneside.

England

Some of the key findings which emerge from the analysis in this paper are set out below.

- * Inner and outer London have differing needs
- * Inner London is best compared with other conurbations which have similarly high needs
- * Outer London is similar in many respects to England as a whole
- * The number of GPs in London compares well with elsewhere, but quality indicators suggest the service is poorer
- * There is a marked lack of non-NHS continuing care facilities (eg nursing homes) throughout the capital; this is particularly problematic in inner London

HIGH NEEDS AND POOR COMMUNITY-BASED CARE LEAD TO GREATER PRESSURE ON HOSPITALS

- * Inner London residents rely on hospital services more than people elsewhere
- * Inner London has lost acute beds at a faster rate than elsewhere
- * Inner London still has approximately 50 per cent more beds than the England average
- * London as a whole has 14 per cent more beds than the England average
- * London has many more doctors and nurses than elsewhere
- * Londoners are more dissatisfied with all aspects of their health services than people elsewhere
- * Inner London health authorities spend much more on hospital provision than elsewhere
- * Higher costs of provision and the concentration of medical education in the capital provide some explanation for the extra expenditure
- * Nevertheless the Department of Health estimates that London overspends by about £70 million
- * New evidence suggests that the Department of Health figures are wrong. The King's Fund Institute estimates that instead of losing £70 million, London should gain an extra £200 million.

The remaining sections of this paper elaborate these key facts about London. Information is presented in the following sections:

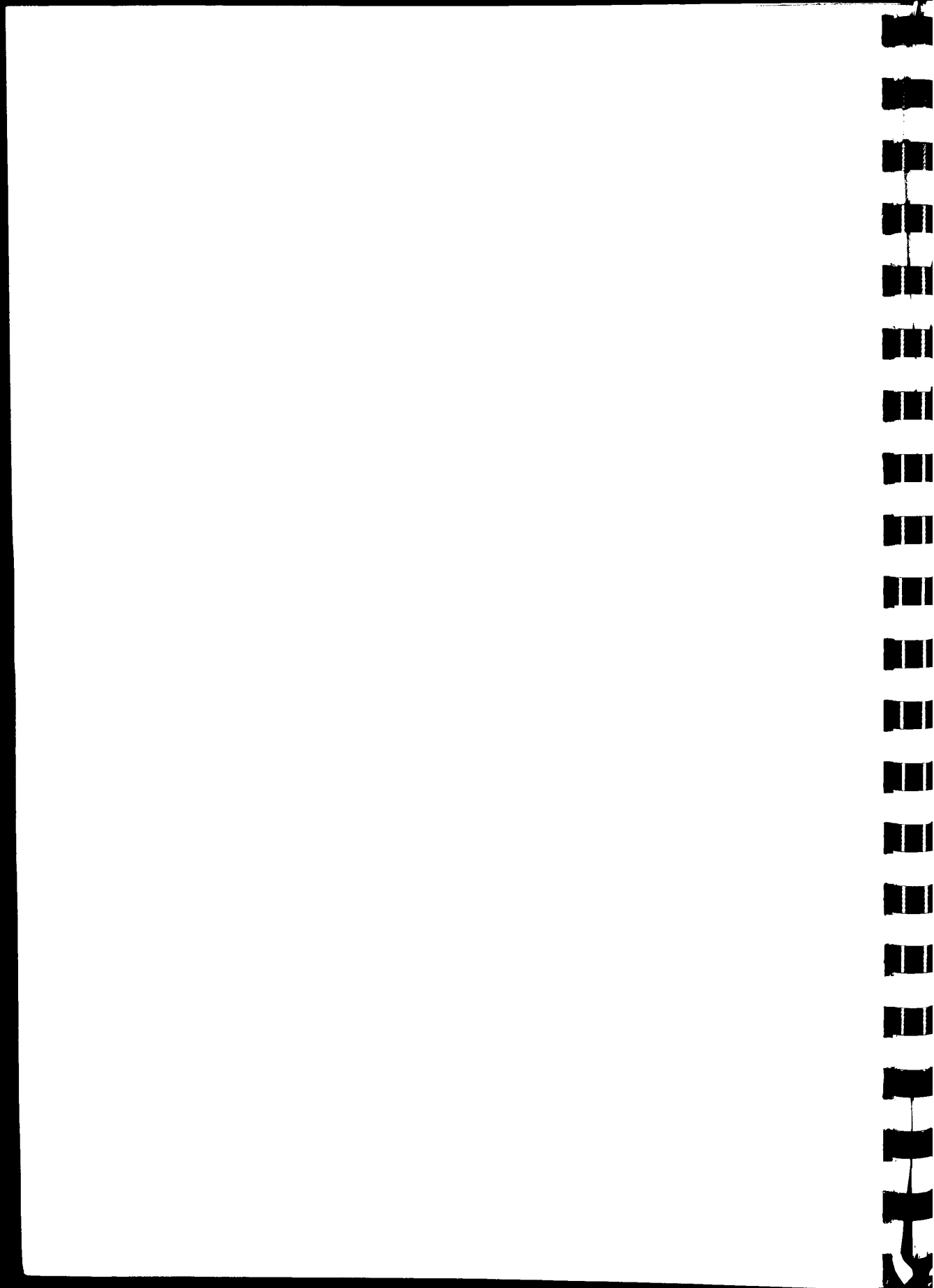
- * Health and Social Characteristics
- * Primary and Continuing Care
- * Hospitals and Community Health Services Provision
- * Public Opinion
- * Patterns of Spending

FOR FUTHER INFORMATION CONTACT:

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**HEALTH AND SOCIAL
CHARACTERISTICS**



1

HEALTH AND SOCIAL CHARACTERISTICS

Information is presented in this section about:

Mortality

Morbidity

Social characteristics

Mortality

The most easily accessible information about the health status and health needs of populations is mortality data, which are contained in the Department of Health's Public Health Common Dataset.

- * Under the age of 65 premature mortality is much higher in inner London than England, but similar to the rate experienced in other conurbations, as shown in Table 1 and illustrated in Figure 1.
- * Over the age of 65 the SMR is lower in inner London than other conurbations; over 75 it is also lower than the ratio for England as a whole.
- * Across all age groups outer London has lower standardised mortality ratios than England as a whole.
- * Infant and neonatal mortality are as high in inner London as in other conurbations, as shown in Table 2. The figure in outer London is similar to the figure for England as a whole.
- * Years of potential life lost is an alternative mortality indicator, giving increased weight to deaths which occur at a relatively young age. The indicator in inner London is the same as for other conurbations, while the outer London figure is much better.
- * SMRs for 'avoidable' causes of death are slightly higher in inner London than in comparable areas. Again the outer London figure is below that of England as a whole.

In summary, the analysis of mortality data presented shows that the health status of people living in inner London is comparable to the health of people living in other conurbations. Both have worse mortality than the country overall. However, mortality in the capital as a whole is generally similar to the national average.

Morbidity

Evidence is presented here from the 1991/92 *General Household Survey*, which covers 25,000 individuals in Great Britain. Table 3 and Figure 2 show that:

- * Inner London has a poorer health experience than England as a whole, while outer London is much better.
- * The health status of Londoners overall is similar to that experienced in the country as a whole.

In an analysis of both mortality and morbidity data from a variety of sources, researchers at the King's Fund Institute came to the same conclusion. *The Health Status of Londoners* had two main findings:

The first is that London as a whole does not have a worse health experience than other comparable parts of England. The second is that, throughout London as in the country as a whole, deprivation is strongly associated with poor health (M Benzeval, K Judge and M Solomon, 1992, p 129).

Social Characteristics

Evidence is presented here on a range of factors derived from the 1991 Census.

Table 4 and Figure 3 show that:

- * London has a markedly higher proportion of individuals from minority ethnic groups. For example, inner London has over four times the national proportion.
- * Inner London and other conurbations have much higher unemployment rates than the national average.
- * Outer London, however, has an unemployment level only slightly higher than England as a whole.
- * London, particularly inner London, has much higher rates of overcrowding and households which lack basic amenities than the rest of the country.

The Census also provides information on individuals with potentially high social care needs such as the elderly living alone, as shown in Table 5 and Figure 3.

- * There is a higher rate of over 75s living alone, both in inner London and other conurbations, than England as a whole.
- * Dependants are more likely to live without a carer or in a lone carer household in inner London and other conurbations than in England as a whole.

* Overall London has a below average proportion of permanently sick adults. However, this conceals considerable variation between inner (10 per cent higher) and outer London (21 per cent lower).

All Cause Standardised Mortality Ratios

1988-1992



Figure 1

Source: King's Fund Institute Analysis of Public Health Common Dataset (1993)

Proportion of Individuals Reporting their Health as 'Not Good' 1991/1992

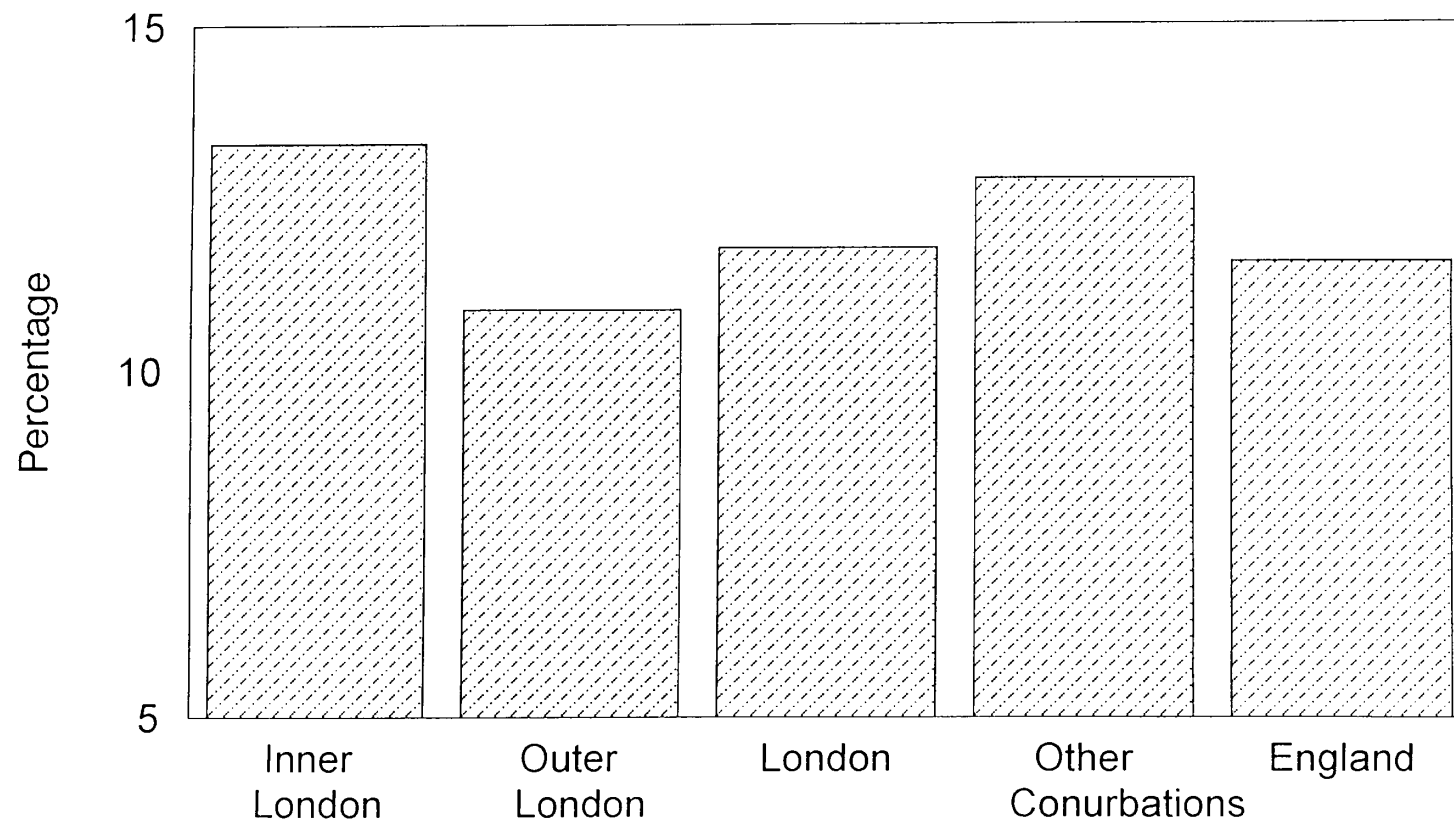


Figure 2

Source: King's Fund Institute Analysis of General Household Survey (1991/92)

Census Profile of Social Characteristics

1991



Figure 3

Source: King's Fund Institute Analysis of 1991 Census, OPCS Crown Copyright

TABLE 1

ALL CAUSE STANDARDISED MORTALITY RATIOS 1988-1992

AGE GROUPS

	0-14	15-64	64-74	75+	All Ages
Inner London	113	127	107	91	101
Outer London	93	91	92	93	93
London	101	103	97	93	96
Other Conurbations	119	124	119	104	112
England	100	100	100	100	100

Source: King's Fund Institute Analysis of DoH's Public Health Common Dataset, 1993.

TABLE 2

VARIOUS MORTALITY INDICATORS 1988-1992

(RATIOS STANDARDISED TO ENGLAND VALUE)

	Infant * Mortality	Neonatal * Mortality	Years of Potential Life Lost	SMPs for 'Avoidable' Causes
Inner London	120	119	120	122
Outer London	101	97	91	95
London	108	105	101	104
Other Conurbations	120	121	120	118
England	100	100	100	100
Value for England	6.5	4.3	647	100
	Per 1,000 live births	Per 1,000 live births	Per 10,000 population	

*1992 Data only

Source: King's Fund Institute Analysis of DoH's Public Health Common Dataset, 1993.

TABLE 3

HEALTH STATUS INDICATORS
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Has Limiting Long-Standing Illness	Self Reported Health Status of 'Not Good'
Inner London	113	115
Outer London	89	94
London	97	102
Other Metropolitan Areas	101	110
Non-Metropolitan Areas	100	93
England	100	100
Value for England	17.5%	11.6%

Source: King's Fund Institute Analysis of the General Household Survey 1991/1992.

TABLE 4

PROFILE OF 1991 CENSUS SOCIAL CHARACTERISTICS

(RATIOS STANDARDISED TO ENGLAND VALUE)

	Minority Ethnic Population	Unemployed	Lacking Amenities	Overcrowding >1 Person/Room
Inner London	431	182	335	280
Outer London	282	105	174	147
London	324	127	220	184
Other Conurbations	155	153	78	142
England	100	100	100	100
Value for England	6.2%	9.1%	0.4%	4.6%

Source: King's Fund Institute Analysis of 1991 Census, OPCS Crown Copyright.

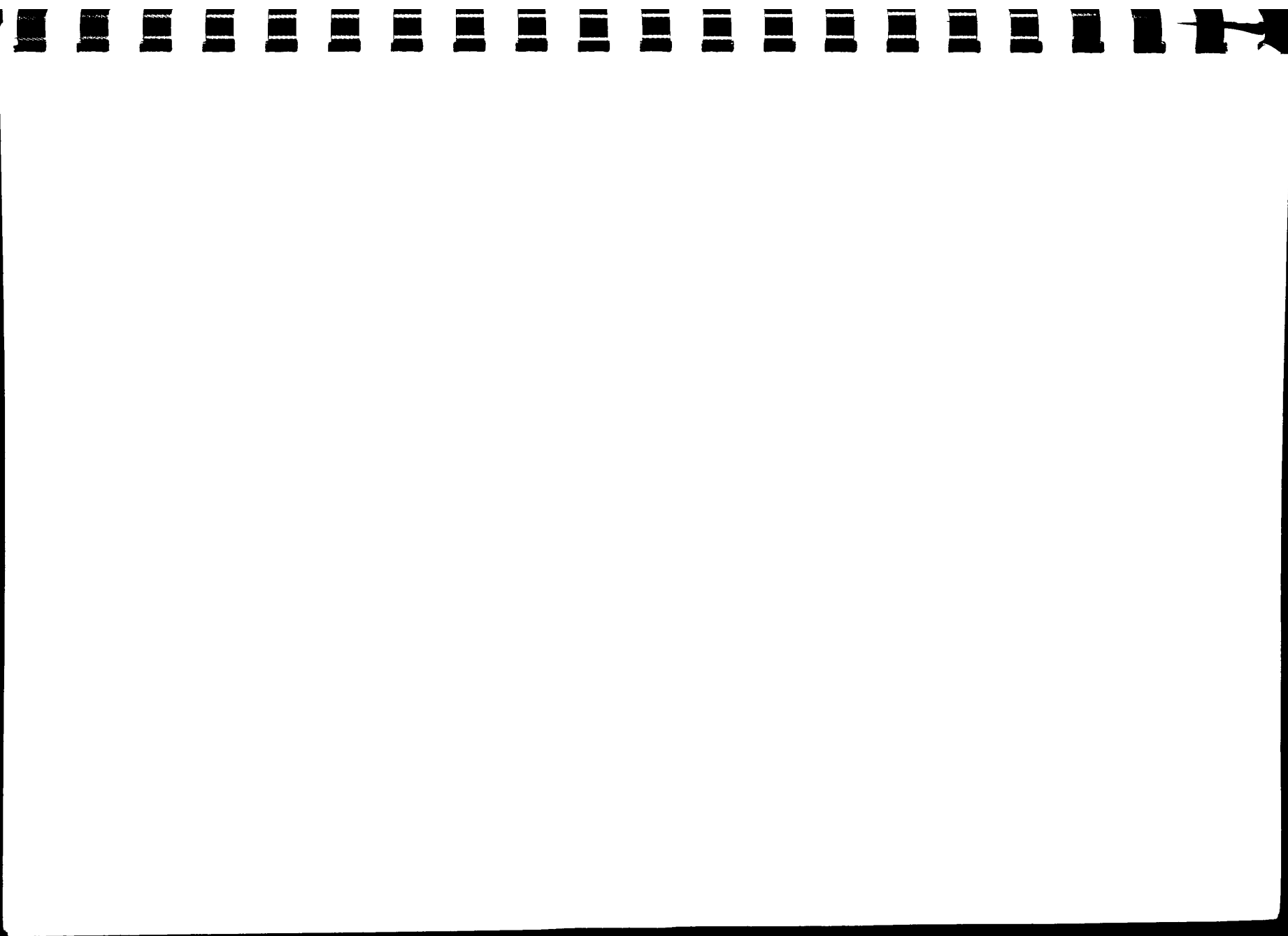
TABLE 5

PROFILE OF 1991 CENSUS SOCIAL CHARACTERISTICS
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Over 75s Living Alone	Dependants With No Carer	Dependants in Lone Carer Household	Permanently Sick Adults
Inner London	113	116	141	110
Outer London	100	93	99	79
London	103	100	111	87
Other Conurbations	108	120	124	150
England	100	100	100	100
Value for England	47.9%	14.8%	20%	3.8%

Source: King's Fund Institute Analysis of 1991 Census, OPCS Crown Copyright.

**PRIMARY AND
CONTINUING CARE**



PRIMARY AND CONTINUING CARE

It has long been recognised that London's primary and continuing care services are underdeveloped and under-resourced in comparison with elsewhere in the country. The evidence presented below confirms that this broad pattern still persists.

Information derived from NHS statistics for the year 1991/2 is presented in this section about:

The provision of GP services in London

The provision of continuing care for the elderly

GP Services

Information on the resourcing and structure of GP services is displayed in Tables 6 and 7 which show that:

- * Overall, London has approximately the same number of GPs per capita resident population as both England and other conurbations. Inner London has slightly more GPs than the national average.
- * There are slightly fewer practice nurses per capita resident population in London than is the case nationally. There are more nurses in outer London than inner London, but even inner London has more nurses relative to its population than the other conurbations.
- * According to several widely used indicators of practice quality, London is at a disadvantage compared to the situation both nationally and in other conurbations. As Figure 4 indicates, more than four times as many practices in inner London fail to meet minimum standards than is the case nationally, and even in outer London there is nearly a threefold excess. London also fares worse than elsewhere in terms of the number of single-handed and elderly GPs.
- * Levels of provision of standard GP services are poor in London overall, and are particularly poor in inner London. For example, Table 7 shows that 40 per cent fewer inner London GPs reach cervical cytology targets than is the case nationally and 60 per cent fewer are registered to provide minor surgery services. By contrast, provision in other conurbations is reasonably good. Recent work by the King's Fund Institute indicates that these differences are in keeping with the

level of provision for a range of other services (Boyle and Smaje,
1993).

Continuing Care

A lack of places for the long-term care of the elderly in London has often been noted. Table 8 indicates:

- * Many fewer elderly Londoners are in any form of residential care in comparison with either national rates or those for other conurbations. In inner London, 40 per cent fewer people over the age of 75 are in long-term residential care than the national figure.
- * Residence in "non-NHS" homes is especially low throughout London, and in inner London only just exceeds half the national figure.
- * There is relatively greater provision of residential care for the elderly in both NHS and independent hospitals in London. However, the overall contribution of these hospitals to providing elderly residential care is slight.

Summary

London appears under-resourced in terms of continuing care services but is reasonably well provided with GPs and associated staff. However, the available evidence suggests that, on average, the overall quality of GP services is poorer in London than in the rest of the country, including other large conurbations. Two features of London's community-based services - the quality of GP premises and the lack of residential places for the elderly - stand out as issues which urgently need to be addressed.

Proportion of GP Premises below Minimum Standards 1991/92

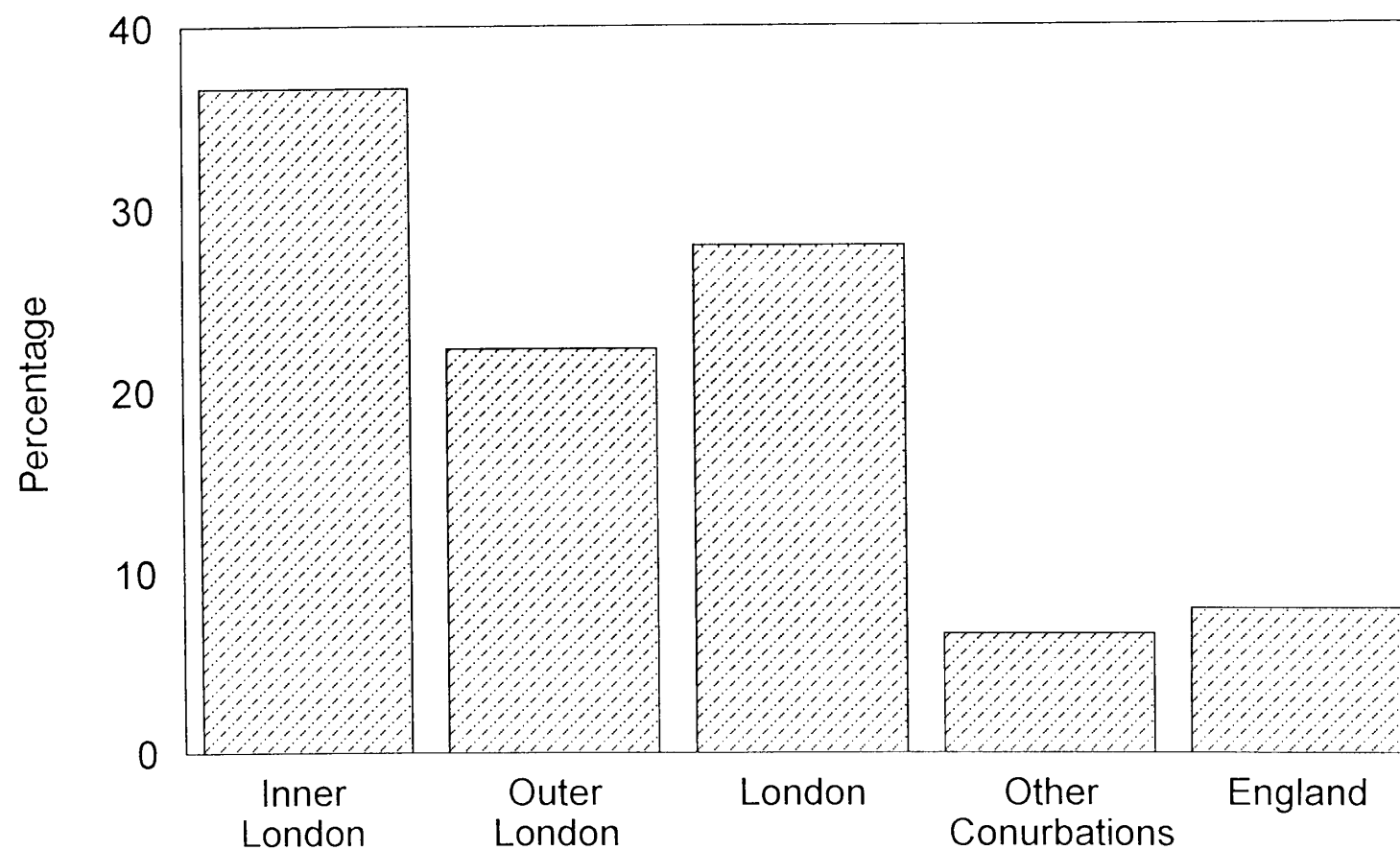


Figure 4

Source: King's Fund Institute Analysis of Health Service Indicators, Department of Health (1993)

Proportion of Elderly (75+) in Medical and Care Establishments 1991

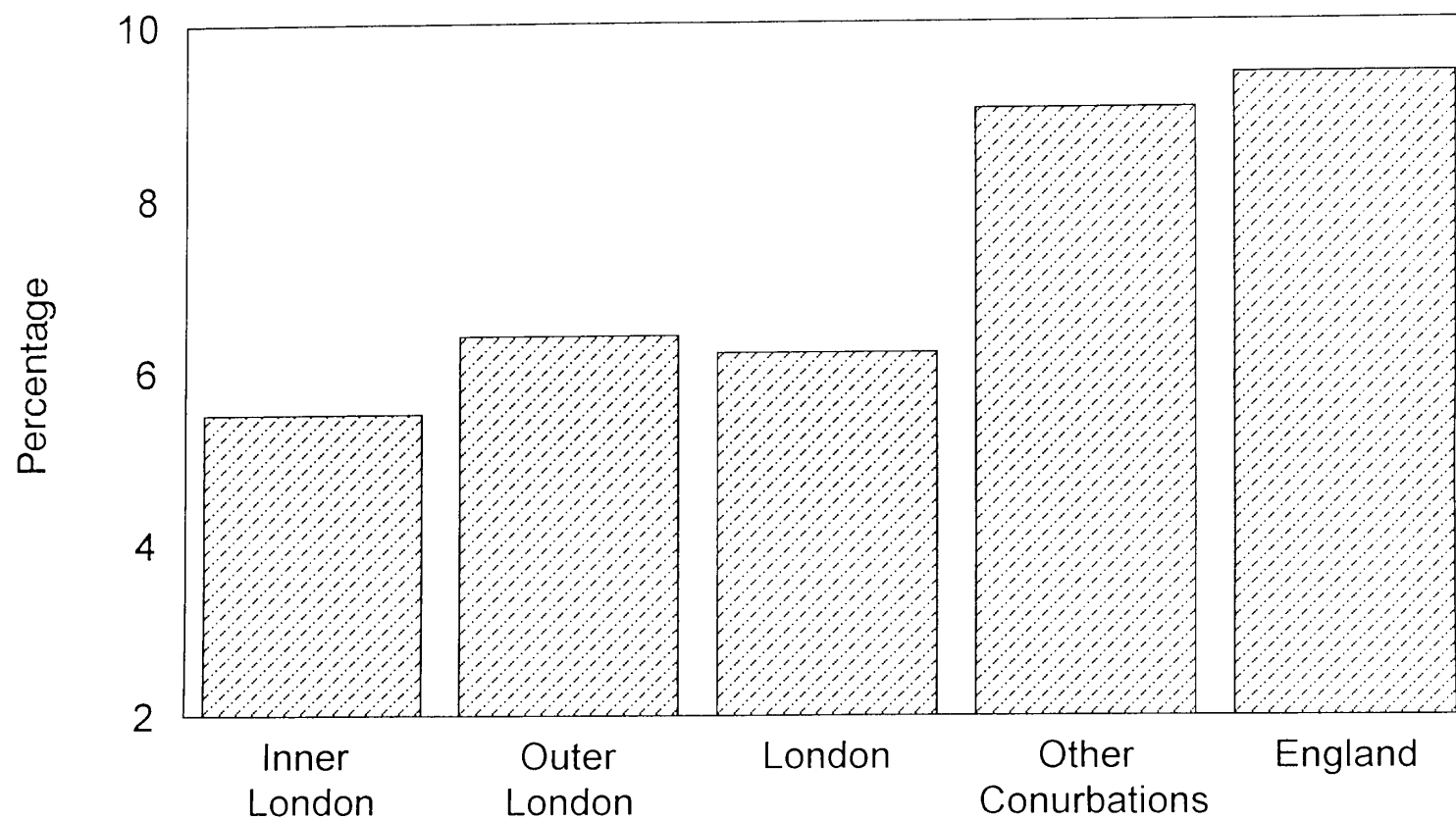


Figure 5

Source: King's Fund Institute Analysis of 1991 Census, OPCS Crown Copyright

TABLE 6

GP SERVICES: STAFFING LEVELS
(RATIOS STANDARDISED TO ENGLAND VALUE)

	GPs per 10,000 Residents	Practice Nurses per 10,000 Residents
Inner London	108	92
Outer London	98	97
London	101	96
Other Conurbations	100	87
England	100	100
Value for England	5.5	1.9

Source: King's Fund Institute Analysis of DoH's Health Service Indicators
Dataset (1993).

TABLE 7

THE STRUCTURE OF GP SERVICE PROVISION
(RATIOS STANDARDISED TO ENGLAND VALUE)

	GPs' Premises Below Minimum Standards	Single-Handed GPs	GPs Older than 65	GPs Meeting Either High or Low Cervical Cytology Targets	GPs on Minor Surgery List
Inner London	452	183	311	58	38
Outer London	277	179	222	90	66
London	348	180	249	82	58
Other Conurbations	82	127	139	103	85
England	100	100	100	100	100
Value for England	8.0%	11.4%	1.9%	92.6%	73.2%

Source: King's Fund Institute Analysis of DoH's Health Service Indicators Dataset (1993)

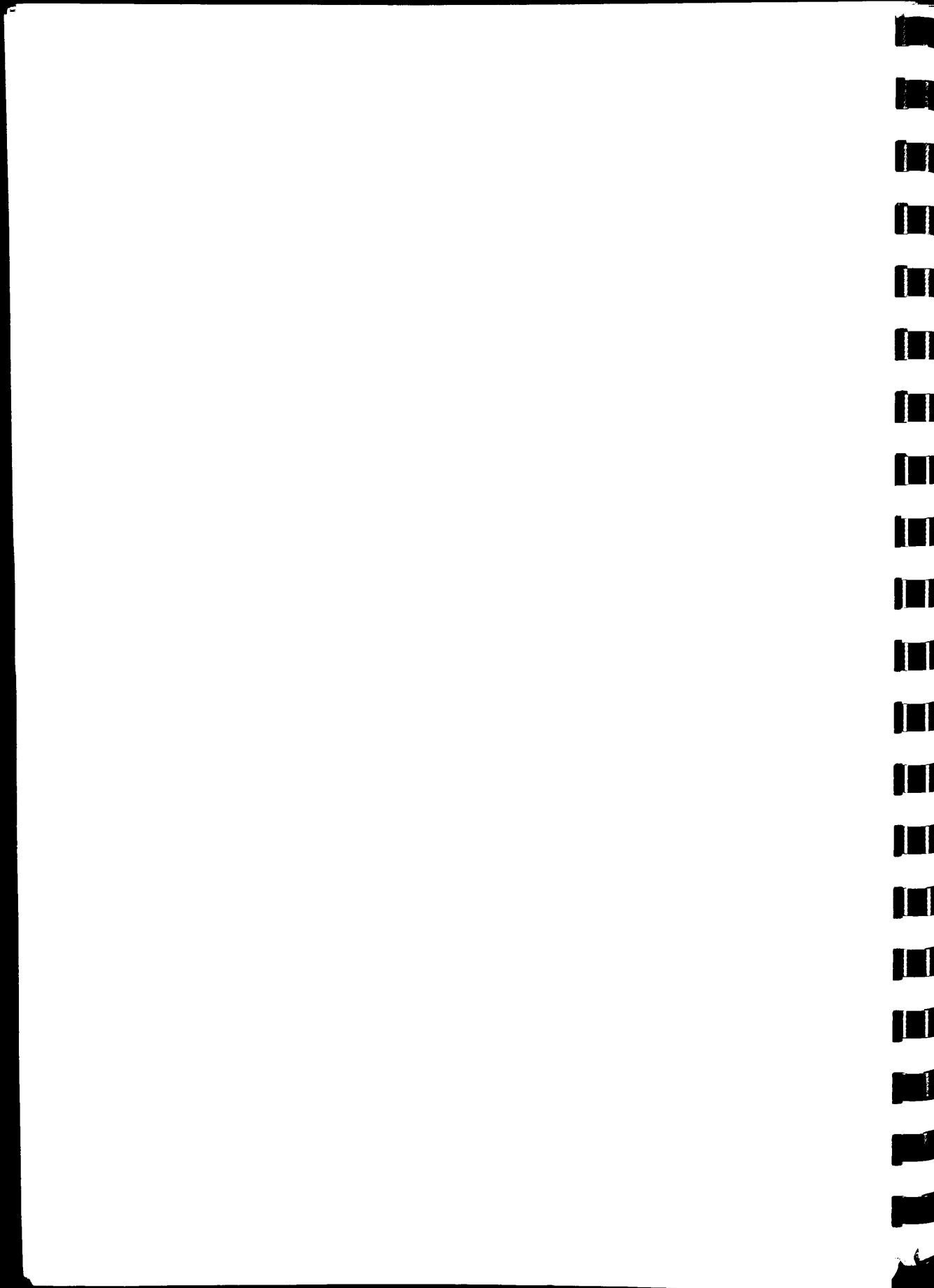
TABLE 8

PROPORTION OF ELDERLY (75+) IN MEDICAL AND CARE ESTABLISHMENTS

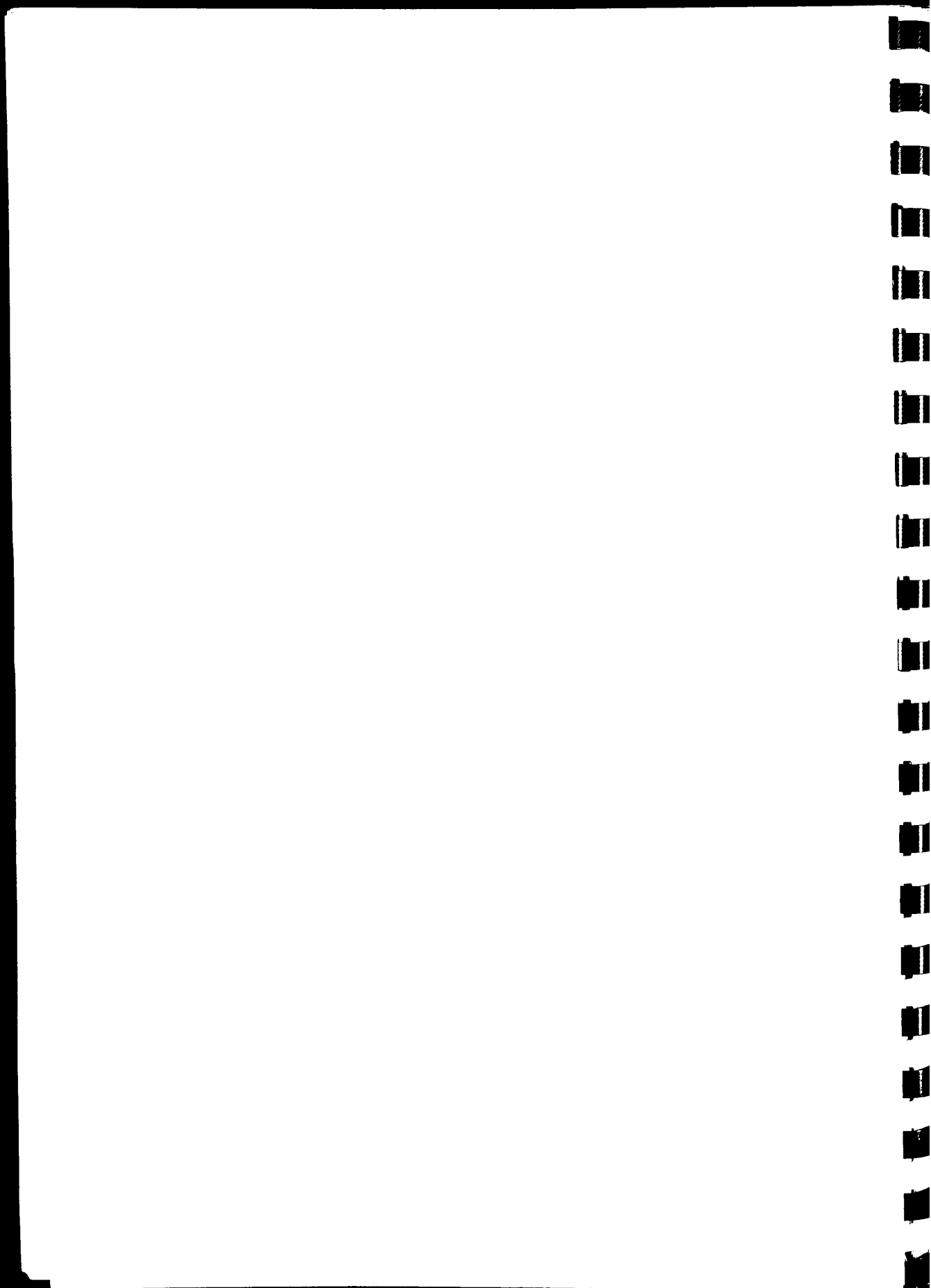
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Non-NHS Homes	NHS Hospitals	Non-NHS Hospitals	All Medical and Care Establishments
Inner London	56	89	217	59
Outer London	64	118	67	68
London	62	111	100	65
Other Conurbations	95	100	83	95
England	100	100	100	100
Value for England	8.7%	0.6%	0.1%	9.4%

Source: King's Fund Institute Analysis of 1991 Census, OPCS Crown Copyright.



**HOSPITAL AND COMMUNITY HEALTH
SERVICES PROVISION**



HOSPITAL AND COMMUNITY SERVICE PROVISION

This section provides information on the provision of Hospital and Community Health Services. Inner London has more resources per capita resident population than England, both in terms of acute beds and human resources. Higher levels of need in inner London and the relative underdevelopment of community-based services are reflected in higher utilisation of hospital services.

- * Table 9 and Figure 6 show a rapid decline in the number of acute beds in inner London since 1982. There are now the same number of beds per capita as in other conurbations.
- * Table 9 also shows that although there has been this decline, there are still 50 per cent more beds per capita resident population in inner London than in England as a whole.
- * Table 10 and Figure 7 show that there are nearly three times as many Medical & Dental staff and 50 per cent more nursing staff in inner London per capita resident population than in England as a whole.
- * Table 10 also shows a higher level of district nurses and health visitors per capita in inner London relative to the national figure, though comparable with that available in other conurbations.
- * Inner London residents are shown, in Table 11 and Figure 8, to make more use of hospital services, both than the England average and relative to other conurbations, with 15 per cent more inpatient stays and 7.5 per

cent more outpatient attendances than the England figure.

- * Table 12 shows that, although elderly people in inner London make as much use of district nurse services as those nationally, the younger adult population make less use. Other conurbations are shown to have a greater utilisation of these services than both the London and the national figures.

Acute Beds per 1000 Resident Population 1982-1992/93

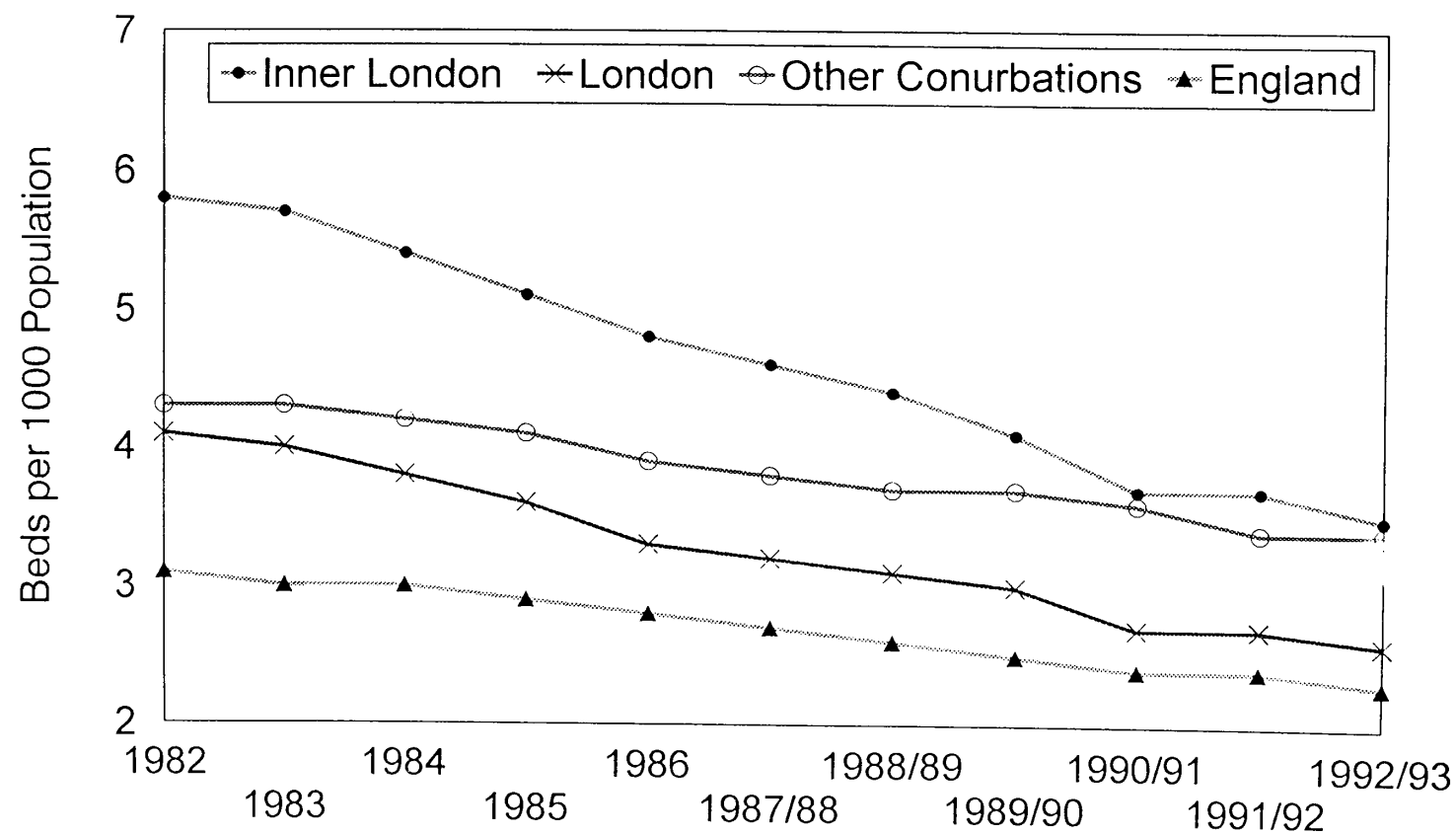


Figure 6

Source: King's Fund Institute Analysis of Bed Availability for England, Department of Health (1993)

HCHS Human Resources 1990/91

WTE staff per 100,000 Resident Population

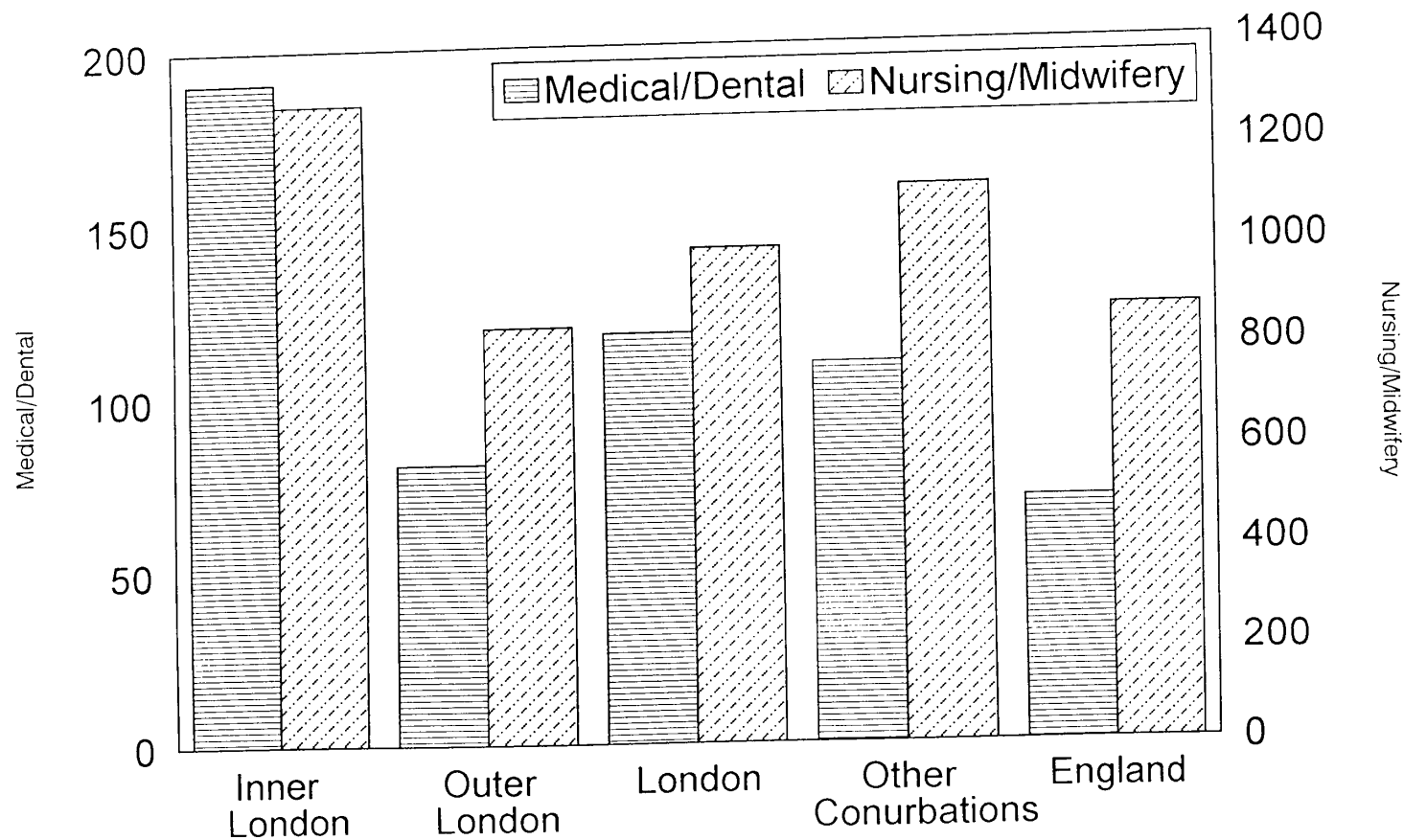


Figure 7

Source: King's Fund Institute Analysis of Health Service Indicators, Department of Health (1992)

Proportion of Individuals who were Inpatients in the Last Year

1991/1992

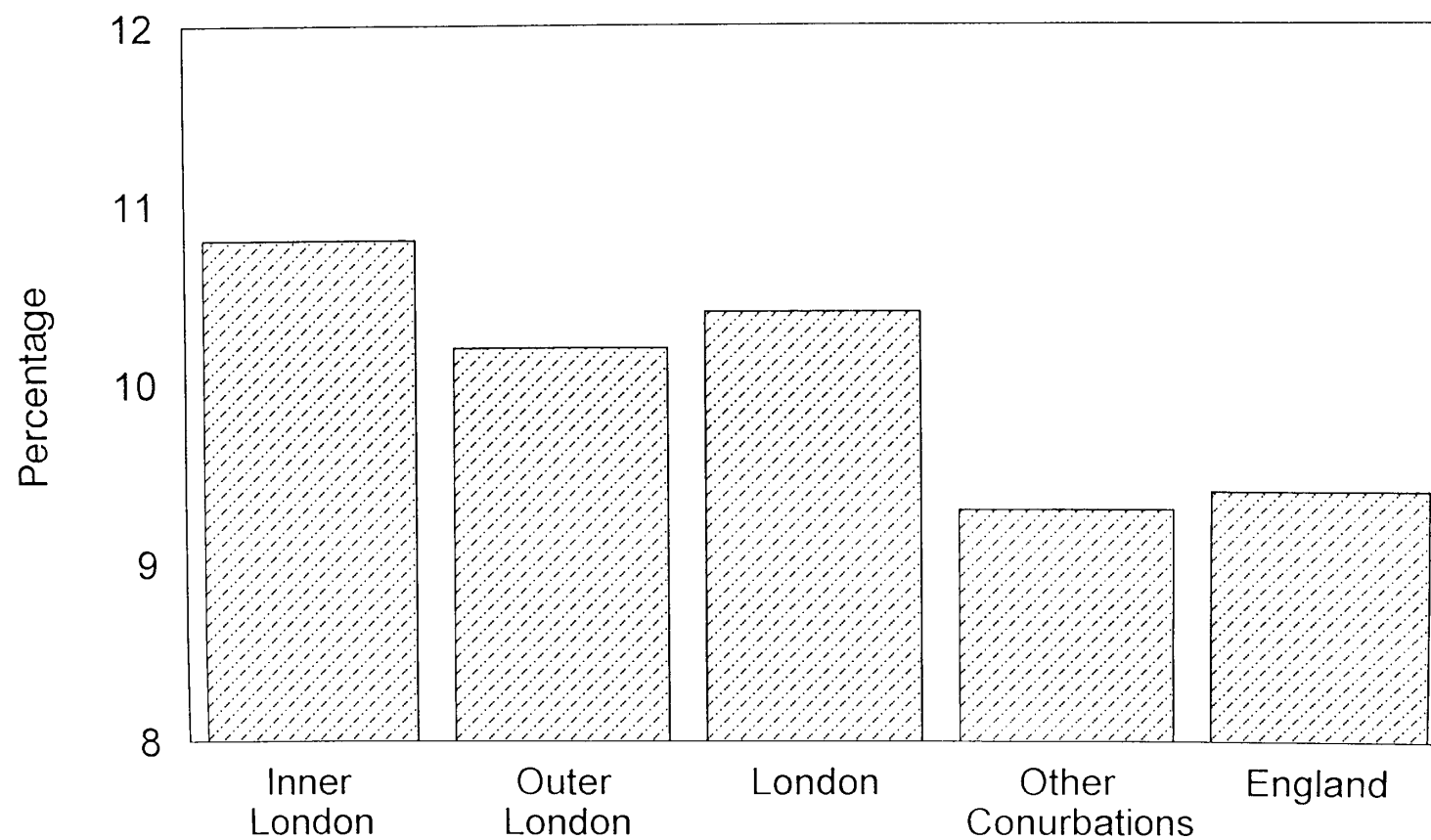


Figure 8

Source: King's Fund Institute Analysis of General Household Survey (1991/92)

TABLE 9

ACUTE BEDS PER 1000 RESIDENT POPULATION

	1982	1983	1984	1985	1986	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Inner London	190	187	176	166	157	149	145	134	121	120	116
Outer London	104	102	97	93	85	83	78	77	73	71	68
London	132	130	123	118	109	105	101	96	89	87	84
Other Conurbations	139	139	135	132	129	124	122	120	116	112	111
England	100	99	96	94	92	88	84	83	79	78	76

2/3 of SHA beds have been allocated to inner and outer London.
The figures are standardised on the England value of 3.1 in 1982.

Source: King's Fund Institute Analysis of Bed Availability for England, DoH (1993).

TABLE 10

HCHS HUMAN RESOURCES 1990/1991
(WTE STAFF PER 100,000 RESIDENT POPULATION)
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Medical & Dental	Nursing & Midwifery	District Nurses	Health Visitors
Inner London	273	148	107	120
Outer London	115	97	104	96
London	169	114	105	104
Other Conurbations	156	128	113	110
England	100	100	100	100
Value for England	70	870	33	22

Source: King's Fund Institute Analysis of DoH's Health Service Indicators Dataset (1992).

TABLE 11

HOSPITAL UTILISATION RATES
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Out-Patient Attendance in the last 3 Months	Hospital In-Patient Stay in the last Year
Inner London	107	115
Outer London	104	108
London	105	111
Other Metropolitan Areas	101	99
Non-Metropolitan Areas	98	98
England	100	100
Value for England	13.3%	9.4%

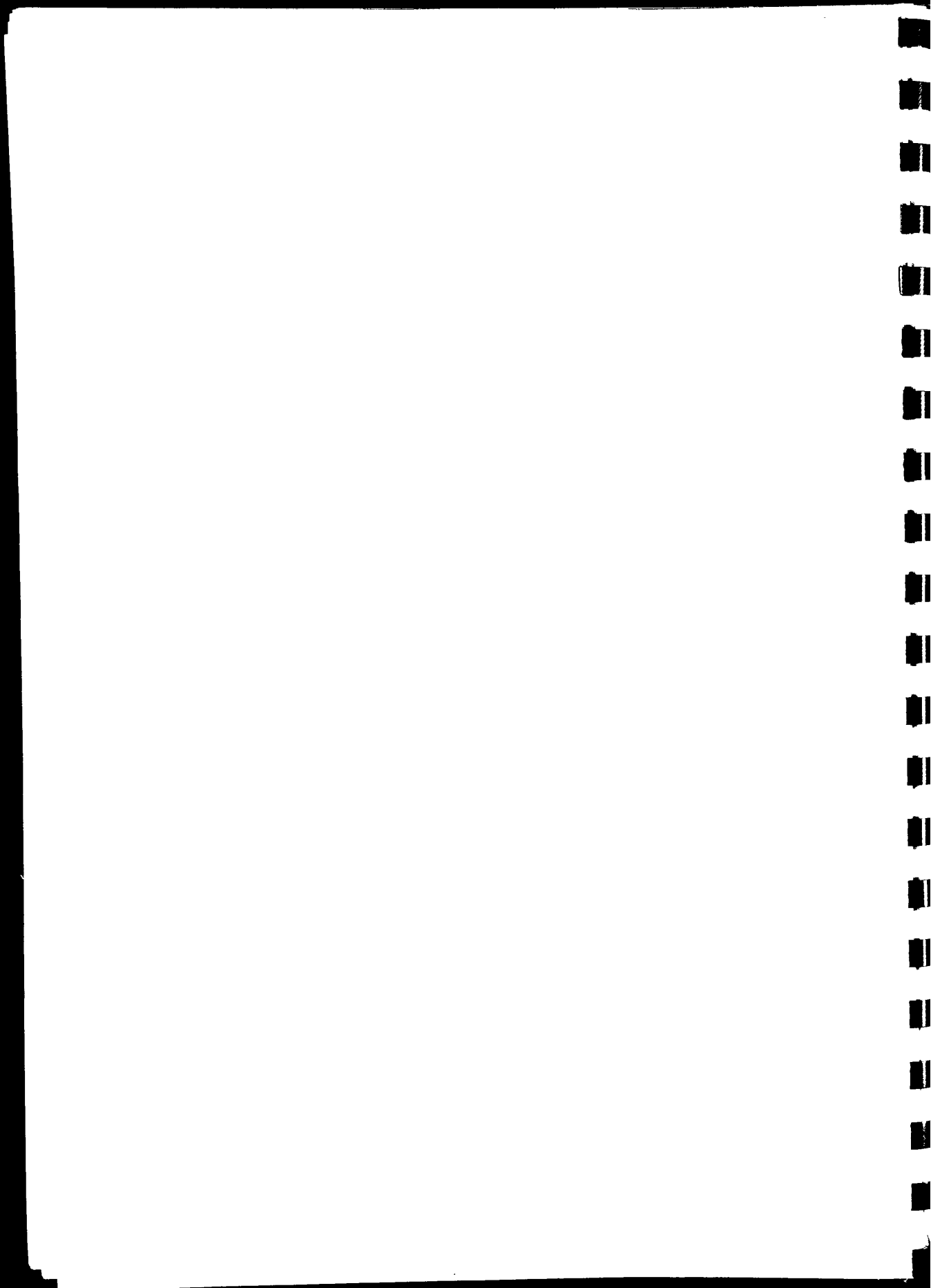
Source: King's Fund Institute Analysis of the General Household Survey 1991/1992.

TABLE 12

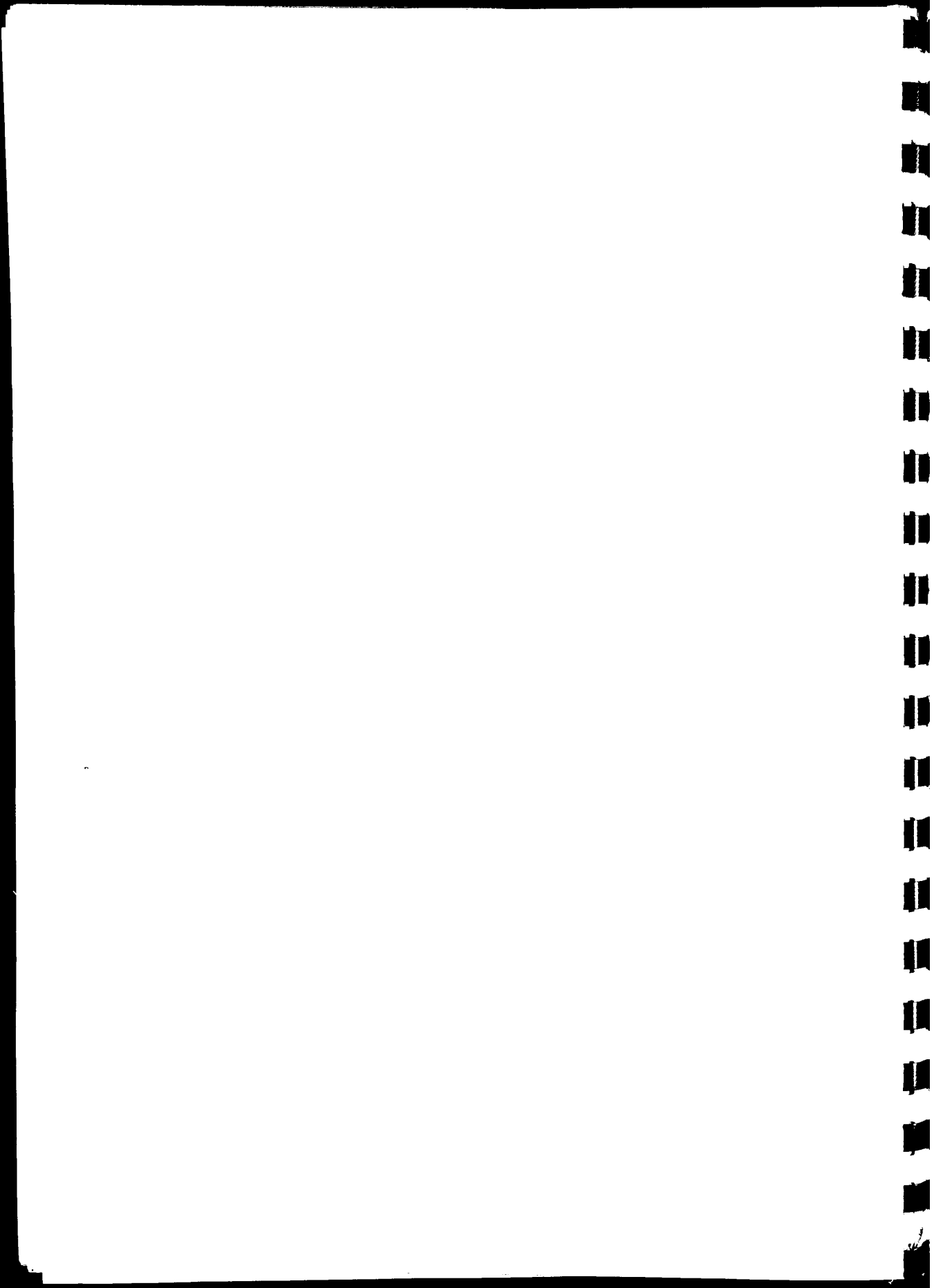
FIRST CONTACTS WITH DISTRICT NURSES
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Aged 16-64	Aged 75+
Inner London	63	102
Outer London	85	84
London	78	89
Other Conurbations	155	129
England	100.0	100.0
Value for England	28.7	273.2
	(per 1,000 population)	

Source: King's Fund Institute Analysis of DoH's Public Health Common Dataset, 1993.



PUBLIC OPINION



PUBLIC OPINION

Information is presented in this section about:

Quantitative survey data comparing levels of dissatisfaction in
London with other areas

A more detailed account of the views of Londoners about their health
care

Comparing dissatisfaction

The King's Fund Institute has collected and analysed national survey data on the views held by Londoners and by people in the rest of the country concerning the NHS and constituent services. The key findings are shown in Table 13 and illustrated in Figure 9.

- * Londoners are consistently more dissatisfied with all aspects of their health services than people living in comparable metropolitan areas in England.
- * One in four Londoners is dissatisfied with the running of the NHS as a whole, compared with 20 per cent of people in other areas.
- * One in four people in inner London is dissatisfied with hospital outpatient services, compared with just over 20 per cent in other metropolitan areas.
- * 14 per cent of Londoners are dissatisfied with hospital inpatient services, compared with 10 per cent in comparable areas.
- * A range of factors influence people's opinions about health services. However, after controlling for the most salient characteristics, people living in London and the south east are consistently less likely to be satisfied with their health services than people in the rest of the country (see Judge and Solomon, 1993).

The detailed views of Londoners

A report published on 28th April, 1994 by the King's Fund provides a detailed account of the views of people in London concerning their health care. The research found that:

- * Londoners strongly support the NHS as the main provider of health care.
- * Londoners want a combination of well-resourced central hospitals as 'centres of excellence' together with expanded primary care offering minor surgery, specialist clinics, social care and community support.
- * People in the capital want to see 'seamless' care and increased co-ordination between primary and secondary services, and between health and social care.
- * People want increased recognition of the importance of the 'care' element in health care and the quality of relationships between professionals and patients.
- * Londoners want to see information provided to patients about illnesses, treatments and delays in treatment. There is also a need for more information to be shared between professionals and self-help groups. People also want to see counselling services that are easily accessible.
- * Londoners want the needs of people from diverse religious and ethnic backgrounds to be recognised fully.

Proportion of Individuals Dissatisfied with the Running of the NHS 1991/92

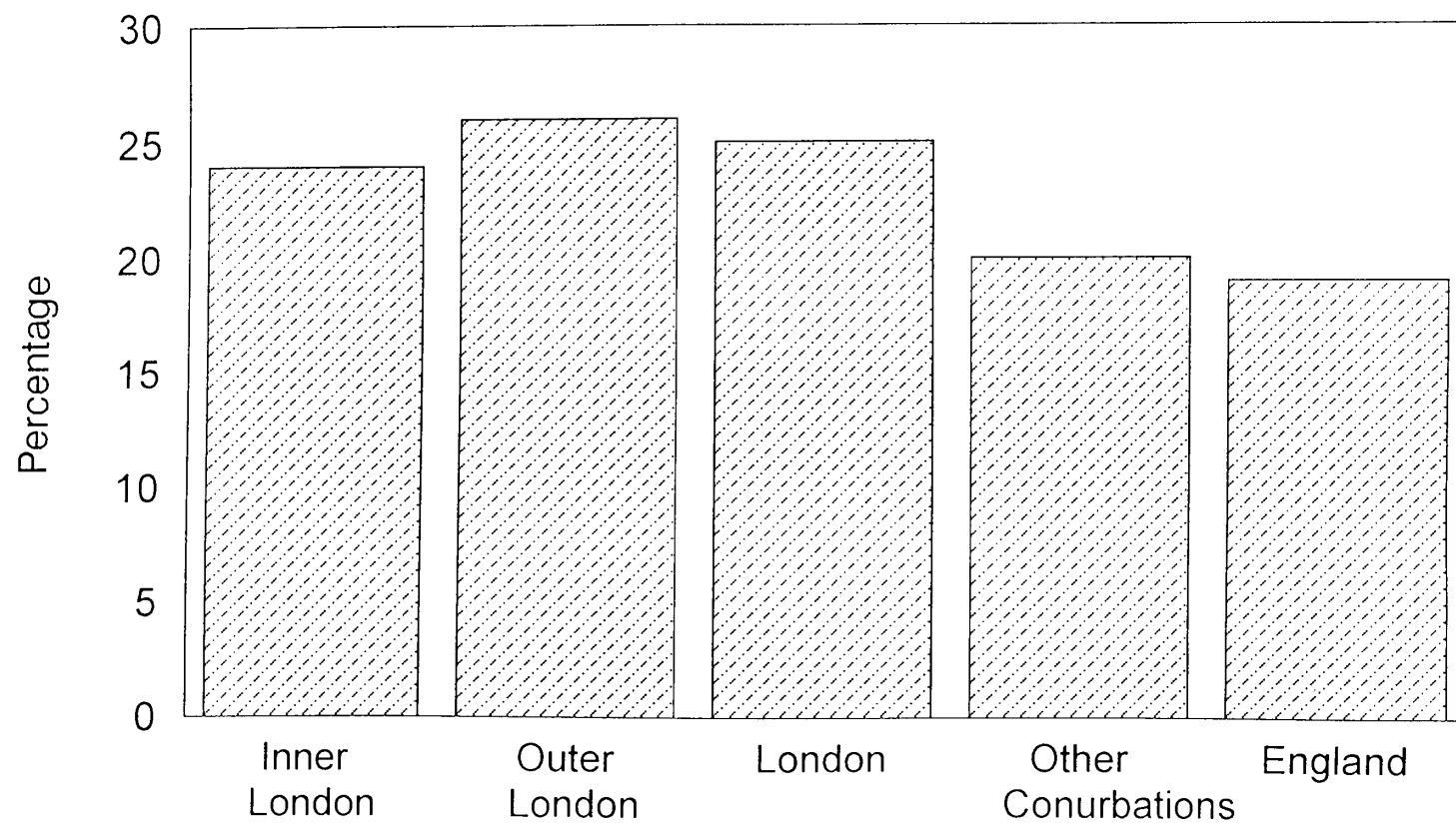


Figure 9

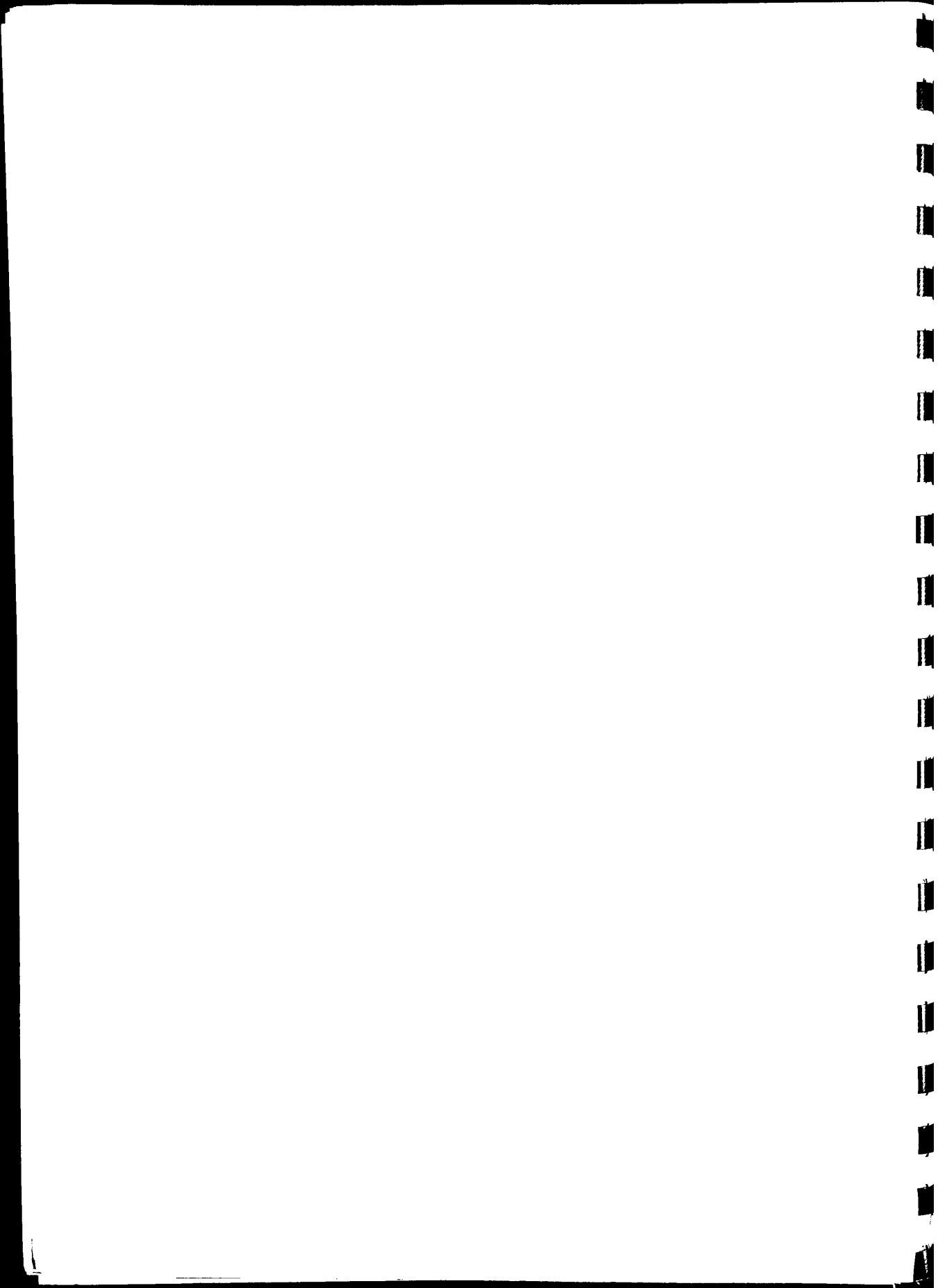
Source: King's Fund Institute Analysis of OPCS Omnibus Surveys 1991-92

TABLE 13

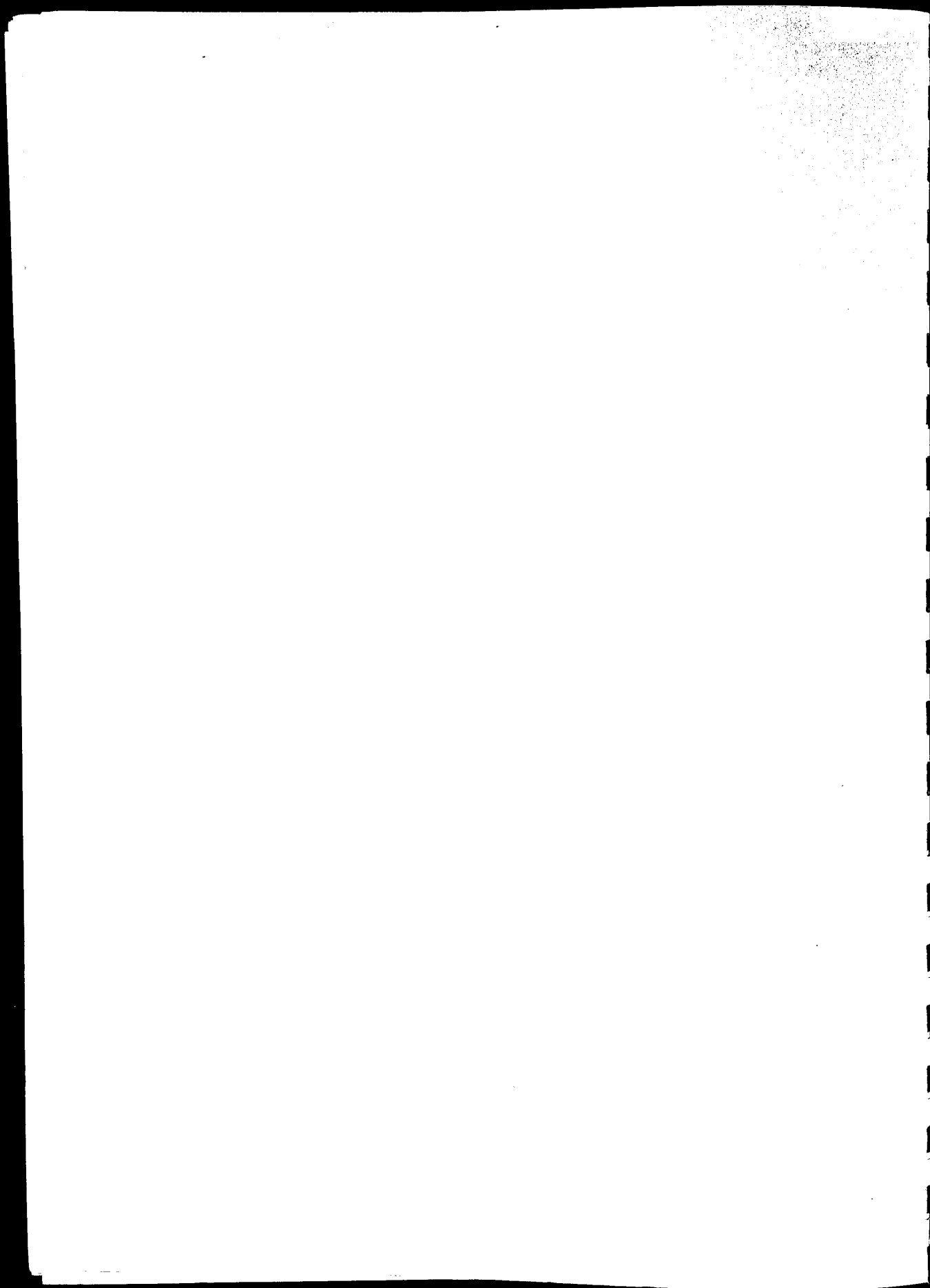
PUBLIC OPINION
(RATIOS STANDARDISED TO ENGLAND VALUE)

	Dissatisfaction with:			
	The Running of the NHS as a Whole	GP services	Hospital In-Patient Services	Hospital Out-Patient Services
Inner London	124	108	154	131
Outer London	131	133	144	115
London	129	124	147	121
Other Metropolitan Areas	105	100	113	114
Non-Metropolitan Areas	90	94	81	86
England	100	100	100	100
Value for England	19.5%	7.8%	9.3%	18.8%

Source: King's Fund Institute Analysis of four OPCS Omnibus Surveys 1991-1992.



PATTERNS OF SPENDING



PATTERNS OF SPENDING

Comparisons of spending levels in London with elsewhere are complicated by such factors as the higher costs of service provision and the concentration of medical education in the capital. Nevertheless, we present data comparing HCHS and FHS expenditure.

- * District health authorities in inner London spend nearly 50 per cent more per capita resident population than the England average and 20 per cent more than other conurbations, as shown in Table 14 and illustrated in figure 10.
- * Per capita expenditure on Family Health Services in inner London is almost the same as in other conurbations and five per cent more than in England as a whole.
- * Combining expenditure by district health authorities and family health services, inner London spends 36 per cent more per capita than England as a whole, and 16 per cent more than in other conurbations.

Weighted Capitation

The most significant mechanism for allocating resources for HCHS is the system of weighted capitation introduced in 1991. Population estimates are weighted on the basis of an assessment of health care needs, and resources are allocated in proportion to weighted populations.

* Table 15 shows that inner London has substantially higher weighted capitation needs than either outer London or other conurbations.

* Nevertheless, in relation to weighted capitation targets, the DoH estimates shown in Table 15 suggest that London as a whole and other conurbations are currently over-funded.

However, newly-emerging evidence suggests that these weighted capitation targets underestimate the needs of inner city areas.

Preliminary estimates by the King's Fund Institute suggest that instead of losing £70 million as implied in Table 15, London should gain an extra £200 million.

Total Health Authority Expenditure 1992/93

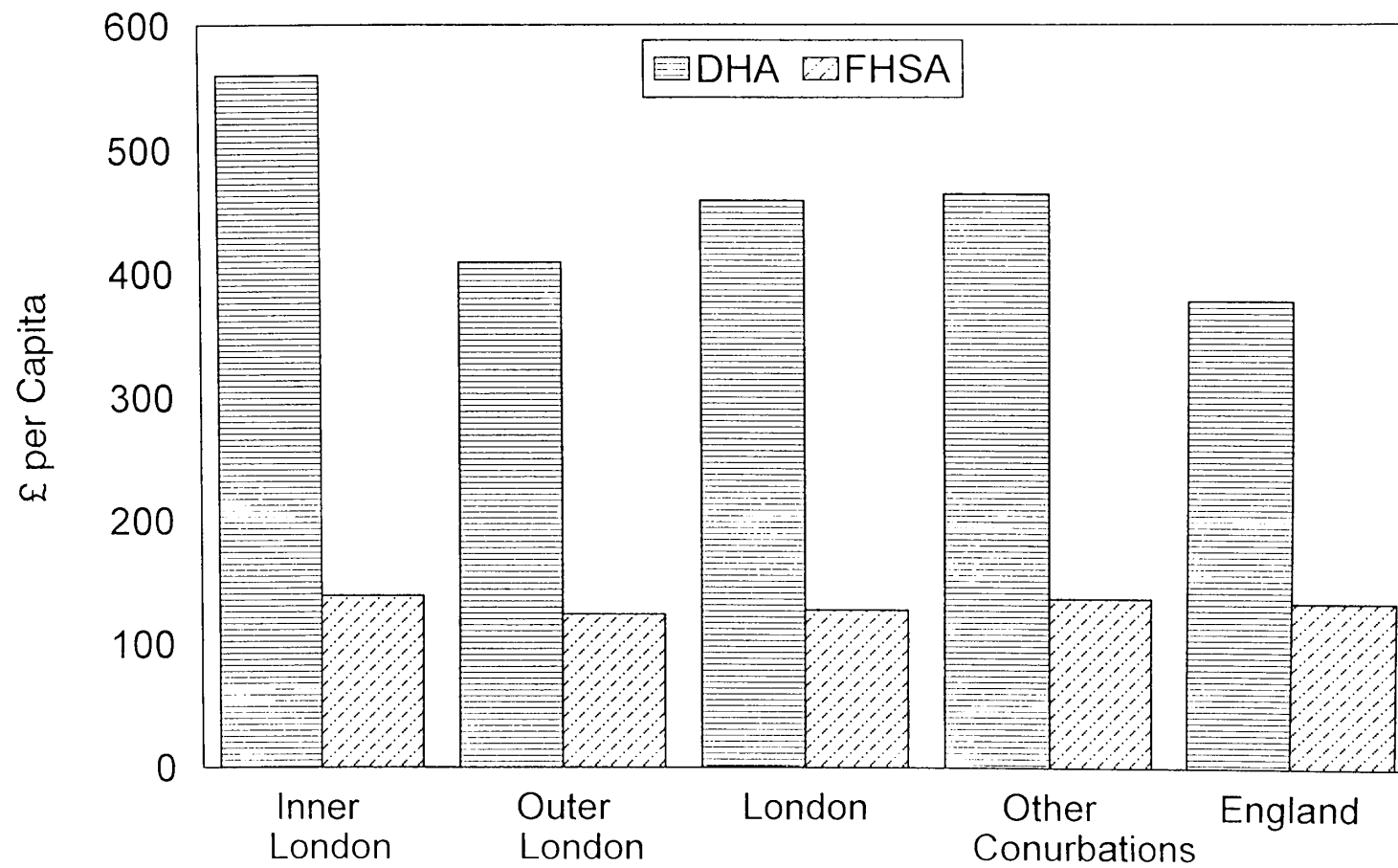


Figure 10

Source: King's Fund Institute Analysis of Department of Health figures (1994)

TABLE 14

TOTAL HEALTH AUTHORITY EXPENDITURE (£) 1992/1993
(RATIOS STANDARDISED TO ENGLAND VALUE)

	DHA Expenditure	FHSA Expenditure	Total Expenditure
Inner London	148	104	136
Outer London	108	93	104
London	121	96	115
*Other Conurbations	123	102	117
England	100	100	100
Value for England	378	134	512

Source: King's Fund Institute Analysis of Department of Health (1994) figures.

* This aggregate is different from that used in other tables. It consists of Manchester, Birmingham, Liverpool, Newcastle and Leeds.

TABLE 15

WEIGHTED CAPITATION,
HOSPITAL AND COMMUNITY HEALTH SERVICES

	Weighted Capitation Index*	Estimated Overspending 1993-1994+
		£ million
Inner London	116	12.6
Outer London	101	59.2
London	105	71.8
Other Conurbations	105	67.8
England	100	-

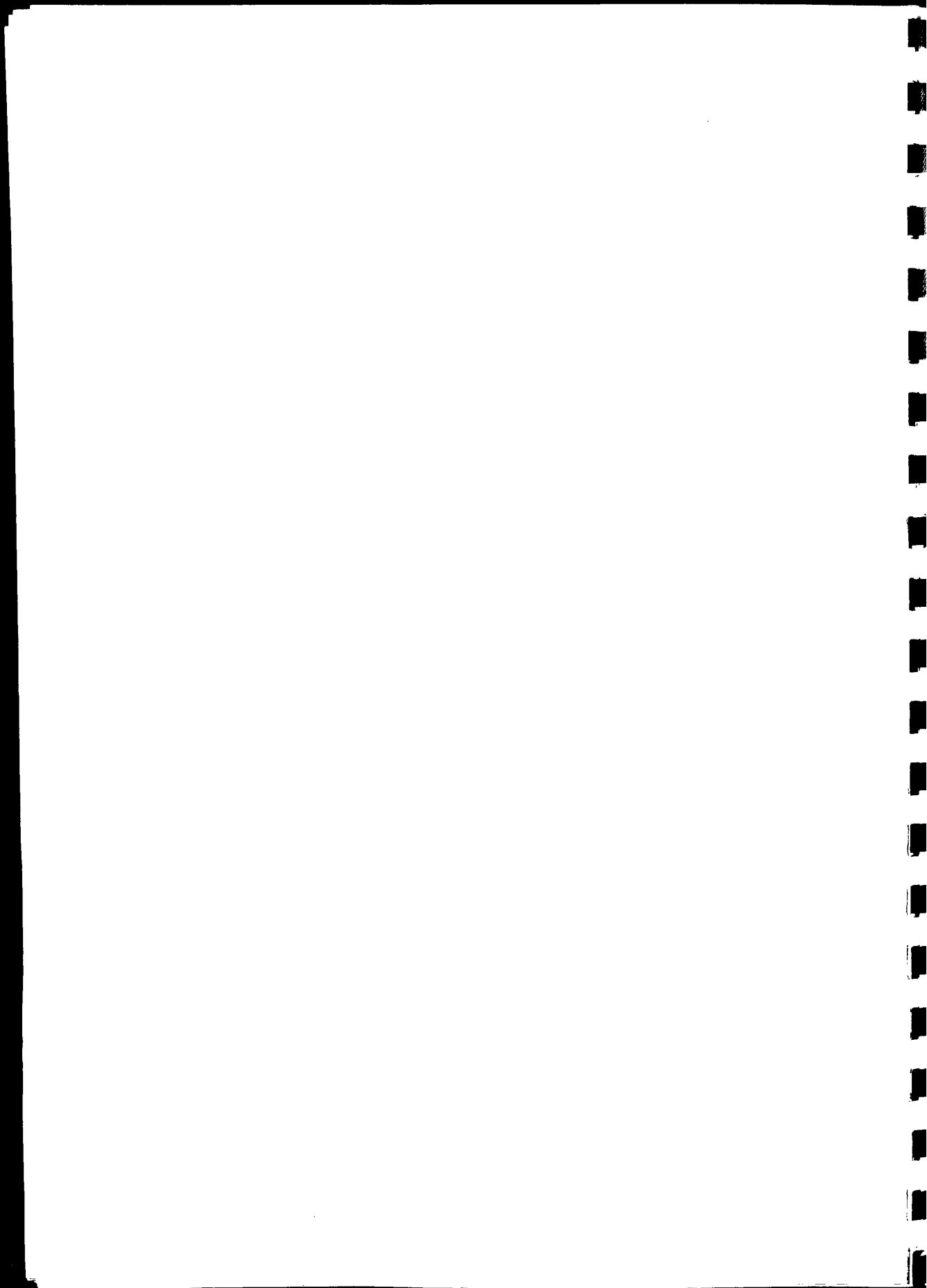
* Calculated by the King's Fund Institute.

+ Data from the Department of Health, deposited in the House of Commons Library.



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