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VARIA

Comparison of health care systems in Poland and Great Britain by Poles staying temporarily in Great Britain prior to the COVID pandemic

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Abstract

Introduction. Poland's accession to the European Union intensified migration for work purposes. One of the most popular destinations for emigration was Great Britain, which allocates more money to health protection than Poland, where there is a widespread belief that the quality of public health care is poor. However, more negative opinions were expressed by migrants about health care in Great Britain.

Objective. The aim of the study was to compare and assess the quality of health services in Poland and Great Britain prior to the SARS COVID-19 pandemic.

Materials and method. The study was conducted in the form of a questionnaire addressed to Poles who stay or stayed in the territory of Great Britain and used services provided by both Polish and British medical entities. 1,625 people took part in the study: 1,402 women (86.28%) and 223 men (13.72%). The survey contained 30 questions, of which statistically significant results were obtained in 5 of them.

Results. There was a statistically significant difference in the average assessments of health services in Poland and Great Britain. The availability of primary health care services and specialist services, other than gynaecology, in Poland was rated higher. In addition, the quality and costs of treatment received a much higher average score in the evaluation of Polish health care compared to the British system.

Conclusions. Although the amount of financial outlays and statistical data should suggest the advantage of the British health care system, the respondents assessed the services provided in Poland being better.

Key words

healthcare system, Covid pandemic, Great Britain, health care service, Poland

INTRODUCTION

Poland's accession to the European Union intensified migration to Western countries for work purposes. One of the most popular destinations for emigration was Great Britain, a wealthy country which spends much more money on health services than Poland. Great Britain was not a major destination at the turn of the 1990s, and the number of official migrants was estimated about 200 per year during the period 1998 – 2002. The scale of emigration changed rapidly in 2004, reaching maximum 24,000 in 2006, then stabilizing at the level between 3,500 – 5,000. However, these official data do not reflect the real scale of emigration to Great Britain which, in fact, was much higher than recorded, including a large number of temporary migrants [1, 2]. It is obvious that such a large group of migrants, permanent and temporary, made extensive use of the services of the medical sector, and thus had a unique opportunity to directly compare the functioning of both health care systems.

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In Poland, there is a widespread belief that the quality of public health care is poor. The vast majority of society critically assess the availability and quality of medical services provided by Polish public medical entities. Data on Polish health care indicate its low funding compared to Western European systems, and a shortage of medical personnel, both medical and nursing [3]. Therefore, it would seem obvious that the ratings given to the Polish health service by patients using its services are low. However, patients' negative opinions about the health care system were often observed, not in Poland, but in Great Britain, among people who have had contact with both health care systems. Therefore, it was of interest to verify the opinions of the British health care system on a large group of people who were temporarily staying in Great Britain, and to compare them with the assessments of the Polish health care system.

OBJECTIVE

The aim of the study was to conduct a survey and compare the assessment of the quality of health services in Poland and Great Britain in the period prior to the SARS COVID-19 pandemic.

MATERIALS AND METHOD

The study was conducted in the form of a questionnaire addressed to Poles who stay or stayed in the territory of Great Britain, and during recent years had used the services provided by both the Polish and British medical entities. 1,625 people took part in the study: 1,402 women (86.28%) and 223 men (13.72%). Most of the respondents (70.09%) were aged 25–40 and had higher education (44.49%). 610 people (37.54%) have lived in Great Britain for over 10 years. The survey contained 30 questions, of which statistically significant results were obtained in five of them. The questions concerned the availability of primary health care services, availability of specialist services (other than gynaecology), quality of treatment, treatment costs, and the availability of a gynaecologist. Each question was rated on a scale of zero to five, with zero being the lowest and five being the highest.

Statistical analysis. The obtained results were analyzed statistically. Values of the analyzed measurable parameters were presented by means of the mean value and standard deviation, and for the non-measurable – by the number and percentage. Comparison of health services assessments in Poland and Great Britain was made using the Student's t-test for dependent samples. A significance level of $p < 0.001$ was adopted, indicating the existence of statistically significant differences or relationships. The database and statistical research were carried out on Statistica 9.1 computer software (StatSoft, Poland).

Results. There was a statistically significant difference in the average assessments of health services in Poland and Great Britain. The availability of primary health care services and specialist services (other than gynaecology) was rated higher in Poland. In addition, the quality and costs of treatment received a much higher average score in the evaluation of the Polish health care, compared to the British system. Moreover, the availability of a gynaecologist in Poland was also better assessed in relation to Great Britain. However, in the case of the assessment of care for a pregnant woman, the advantage of the British health care system was noted, but without statistical significance (Tab. 1).

Table 1. Comparison of assessments of health services in Poland and Great Britain

Assessment	Amount of assessments	Assessment of benefits in Poland		Assessment of benefits in Great Britain		p
		M	SD	M	SD	
Availability of primary health care services	1,624	3.60	1.12	3.25	1.25	<0.001
Availability of specialist services other than gynaecology	1,600	3.05	1.28	2.68	1.33	<0.001
Quality of treatment	1,624	3.58	1.03	2.88	1.24	<0.001
Treatment costs	1,624	3.96	1.23	2.21	1.47	<0.001
Availability of a gynaecologist	1,377	4.02	1.10	2.25	1.30	<0.001
Caring for a pregnant woman	574	3.42	1.25	3.53	1.33	0.244

Table 2 shows the number of respondents who rated a given parameter higher, lower or comparable in a given country. 725 people rated the availability of primary health care services in Poland higher than in Great Britain, while 459 people voted for the advantage of this parameter in British health care. Availability of specialist services (other than gynaecology) was assessed by 253 people at the same level in both Poland and Great Britain, and 788 respondents assessed this service in favour of Poland. The quality and costs of treatment were also appreciated to a greater extent in the Polish health care system. In 1,026 cases, the availability of a gynaecologist in Poland was rated higher than in Great Britain, although the caring of pregnant women gained a slight advantage in the assessment in favour of British health care (44.08%), compared to the Polish system (40.07%). 15.85% rated caring for a pregnant woman the same in both countries. This comparison is intended to emphasize the superiority of the evaluation of the procedure, not the detailed differences between them.

Table 2. Distribution of respondents who either rated Great Britain higher or rated Poland higher, or rated the two countries the same

Assessment		Preference				none/not applicable (N=1625)
		Great Britain	the same	Poland	Overall	
Availability of primary health care services	N	459	440	725	1624	1
	%	28.27	27.09	44,64	100	0.06
Availability of specialist services (other than gynaecology)	N	559	253	788	1600	25
	%	34.94	15.81	49.25	100	1.54
Quality of treatment	N	421	315	888	1624	1
	%	25.92	19.40	54.68	100	0.06
Treatment costs	N	286	193	1145	1624	1
	%	17.61	11.88	70.51	100	0.06
Availability of a gynaecologist	N	185	166	1026	1377	248
	%	13.43	12.06	74.51	100	15.26
Care of pregnant women	N	253	91	230	574	1,051
	%	44.08	15.85	40.07	100	64.68

DISCUSSION

Comparison of health care systems in Poland and Great Britain. The results of the study indicate that people who have contact with both the Polish and British health care systems, in their subjective opinion, gave higher scores to the Polish health service, and this concerned both primary and specialist care. Statistical data show the advantage of the British health care system over the Polish system, especially in terms of financial outlays. Nevertheless, the Polish health care system was assessed better on many levels by the respondents than the British system. Patients who had contact with health care in both Poland and Great Britain appreciated the availability of a primary care physician, specialist care, as well as the costs and quality of treatment in favour of the former.

Poland. In 2017, the Polish population totaled 37,975,000 people; GDP *per capita* at purchasing power parity was EUR 20,900; life expectancy at birth was 77.8 years, and

health expenditure amounted to EUR 1,507 per person. In 2017, Poland allocated 6.5% of its GDP to health care [4, 5]. The number of preventable deaths due to prevention by prophylaxis is 218/100 thousands and the number of preventable deaths thanks to medical intervention – 130/100 thousands; the number of doctors per 1,000 inhabitants – 2.3; the number of nurses – 5.1 per 1,000 inhabitants [6], and the number of primary care physicians accounted for 9% of all physicians (Tab. 3). In 2017, the percentage of the Polish population reporting unmet needs for medical research due to costs, distance or waiting time was 3.3%. Compulsory health insurance covers 91% of the population, but those not insured under the general health insurance system have access to outpatient emergency medical care, and some population groups (e.g. pregnant women and children under 18) have the right to access publicly-funded health care, regardless of their insurance status.

The health care system in Poland is based on the universal health insurance system (Bismarck model), with the monopoly of the National Health Fund (NFZ). The Ministry of Health shares health care management with three levels of local government. Starting from 2003–2004, the National Health Fund is the sole buyer of benefits in the general health insurance system, operating through 16 provincial branches that contract health services in individual provinces [7].

Great Britain. In 2017, Great Britain had a population of 66,059,000. GDP *per capita* at purchasing power parity was EUR 31,700; life expectancy at birth was 81.3 years; health expenditure amounted to EUR 2,900 per person. In 2017, the UK spent 9.6% of GDP on healthcare. The number of preventable deaths due to prophylaxis was 154/100 thousands, and the number of preventable deaths thanks to medical intervention – 90/100 thousands. The number of doctors per 1,000 inhabitants was 2.8, and the number of nurses – 7.8 per 1,000 inhabitants; the number of primary care physicians accounted for approximately 27% of all physicians (Tab. 3). In 2017, the proportion of the UK population reporting unmet medical research needs due to cost, distance or waiting times was 3%. All persons who are ordinary residents in Great Britain are entitled to comprehensive NHF care.

The British National Health Service (NHS) – the equivalent of the Polish National Health Fund (NFZ), provides universal, free access to comprehensive medical services. Contrary to the Polish health care system, the British system is financed from the State budget (Beveridge model). Since 1999, healthcare has become decentralized, with each of the four countries of the United Kingdom assuming responsibility. Despite the different ways in which health care is organized and medical services are paid for, they are all financed by NHS taxes [8].

Table 3. Comparison of health protection in Poland and Great Britain

	Poland	Great Britain
GDP *per capita*	EUR 20,900	EUR 31,700
% of GDP for healthcare	6.5%	9.6%
Healthcare expenditure per person	EUR 1,507	EUR 2,900
No. of preventable deaths due to medical intervention	130/100 thousands	90/100 thousands
No. of preventable deaths due to prophylaxis	218/100 thousands	154/100 thousands
No. of doctors per 1,000 inhabitants	2.4	2.8
No. of nurses per 1,000 inhabitants	5.1	7.8
Percentage of primary care physicians compared to doctors of other specialties	9%	27%

Despite the lack of statistical significance, the respondents assessed care during pregnancy better in the British system. In Great Britain, the care of a pregnant woman is the responsibility of a GP or midwife. Only in the case of symptoms indicating difficulties in the course of pregnancy, a specialist takes over the care of the pregnant woman [9]. In Poland, care during pregnancy can also be carried out by a midwife, but it is more usually undertaken by a specialist in gynaecology and obstetrics [10, 11].

In the period prior to the SARS COVID-19 epidemic, despite better funding, the British health care system faced the same problems as the Polish system. Montgomery et al. noticed problems in NHS, such as a decrease in funding in recent years in relation to the needs, too little preventive and prophylactic measures, too much hospitalization, especially for terminally ill patients. One of the reasons was poor organization of health care, especially in terms of coordination between the various levels of health care units [12]. Within the Polish healthcare system, the 2018 report by NIK (Najwyższa Izba Kontroli – Supreme Audit Office), lists similar problems – too high a percentage of hospitalized patients compared to outpatient patients, low financial outlays, poor activity in the field of prophylaxis, poor organization and coordination of treatment. In addition, Polish health care is struggling with large staff shortages, delayed access to the most modern treatment, especially in oncology, and low cost of medical procedures, which leads to enormous debts, especially in hospitals [13, 14, 15].

SUMMARY

The presented study was inspired by the often negative opinions about the British health care system, and was carried out on a large population which confirmed these individual opinions. The study was conducted in the period prior to the SARS Covid-19 pandemic and, of course, could differ from the opinions that would have been issued during the pandemic; however, the intention was not to analyze the preparedness of health care for emergencies. Undoubtedly, it would be very interesting to compare the assessment of health care systems also in other typically migratory countries, e.g. Germany or Norway, but Great Britain was selected consciously, due to the scale of emigration, especially in the last few years.

CONCLUSIONS

The conclusions drawn from the above-cited articles, together with the statistical data, are in contradiction with the results of the current study. The respondents assessed the availability of services provided by a primary care physician, specialist care, as well as the costs and quality of treatment of the Polish health care system, as better than the British system. It should be emphasized however, that the study was conducted prior to the SARS COVID-19 epidemic, which undoubtedly had a different effect on Polish and British health care systems, as well as societal responses [16, 17].

The following may be considered as potential reasons for the higher assessment of medical services in Poland in relation to the United Kingdom:

1) Higher work culture of doctors in Western countries, which limits the over-exploitation of health care staff, by setting strict limits on the number of patients that can be attended to on a given day. Paradoxically, the orderly admission system may be perceived by patients as a restriction of access to medical services. Over-exploitation is common in the Polish health care system, and GPs and specialist clinics very often see additional 'over-limit' patients.
2) Undoubtedly, in some cases, the language barrier could be an obstacle in communication, and thus affect the patient's level of satisfaction with the visit. It should be emphasized, however, that the current emigration, which mainly includes younger people, is much better educated linguistically, and in the current study most of the respondents (70.09%) were in the 25–40 age group and had higher education.

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